ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Prairie Mountain Health

Souris, MB

On-site survey dates: May 26, 2024 - May 31, 2024

Report issued: October 16, 2024

About the Accreditation Report

Prairie Mountain Health (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 May 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

Prairie Mountain Health (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

Prairie Mountain Health's accreditation decision is:

Accredited (Report)

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

About the On-site Survey

- **On-site survey dates: May 26, 2024 to May 31, 2024**

- **Locations**

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

1. Baldur Health Centre
2. Birdtail Sioux First Nation
3. Birtle Health Centre
4. Boissevain - Westview Lodge PCH
5. Brandon - 7th Street Health Access Centre
6. Brandon - Child and Adolescent Treatment Centre
7. Brandon - Parkwood (formerly AFM)
8. Brandon - Rideau Park Personal Care Home
9. Brandon - Western Manitoba Cancer Centre
10. Brandon - Westman Crisis Services
11. Brandon Regional Health Centre
12. Brandon Town Centre Main Level (Population Health & Wellness)
13. Brandon Town Centre Upper Level (Home Care)
14. Centre for Geriatric Psychiatry (CGP) - Brandon
15. Dauphin (Formerly) AFM (Addictions Services & Primary Care Outreach Centre)
16. Dauphin - St. Paul's Personal Care Home
17. Dauphin Regional Health Centre
18. Deloraine - Bren-Del-Win Lodge Personal Care Home
19. Deloraine Health Centre
20. EMS Boissevain
21. EMS Brandon
22. EMS Glenboro
23. EMS Mafeking
24. EMS Shoal Lake

25. EMS Swan River
26. EMS Virden
27. Grandview Personal Care Home
28. Hamiota Health Centre
29. Hartney Personal Care Home
30. Killarney - Tri-Lake Health Centre
31. McCreary/Alonsa Health Centre
32. Minnedosa Health Centre
33. Neepawa Health Center
34. Neepawa Health Unit (Mental Health & Public Health)
35. Neepawa Personal Care Home
36. Rivers Health Centre
37. Roblin District Health Centre
38. Rossburn Health Centre
39. Russell Health Centre
40. Sandy Lake Personal Care Home
41. Shoal Lake / Strathclair Health Centre
42. Souris Health Center
43. Ste. Rose District Hospital
44. Swan River - Community Health Service Office
45. Swan River - Swan Valley Health Centre
46. Swan River Valley PCH
47. Treherne - Tiger Hills Health Centre
48. Virden Health Centre
49. Wawanesa Health Centre

- **Standards**

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

  System-Wide Standards

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

Population-specific Standards

4. Population Health and Wellness

Service Excellence Standards

5. Ambulatory Care Services - Service Excellence Standards
6. Cancer Care - Service Excellence Standards
7. Community-Based Mental Health Services and Supports - Service Excellence Standards
8. Critical Care Services - Service Excellence Standards
9. Emergency Department - Service Excellence Standards
10. EMS and Interfacility Transport - Service Excellence Standards
11. Home Care Services - Service Excellence Standards
12. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
13. Inpatient Services - Service Excellence Standards
14. Long-Term Care Services - Service Excellence Standards
15. Medication Management (For Surveys in 2021) - Service Excellence Standards
16. Mental Health Services - Service Excellence Standards
17. Obstetrics Services - Service Excellence Standards
18. Perioperative Services and Invasive Procedures - Service Excellence Standards
19. Primary Care Services - Service Excellence Standards
20. Public Health Services - Service Excellence Standards
21. Rehabilitation Services - Service Excellence Standards
22. Reprocessing of Reusable Medical Devices - Service Excellence Standards
23. Substance Abuse and Problem Gambling - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Governance Functioning Tool (2016)
  2. 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)	116	0	0	116
 Accessibility (Give me timely and equitable services)	154	4	0	158
 Safety (Keep me safe)	767	32	11	810
 Worklife (Take care of those who take care of me)	200	13	2	215
 Client-centred Services (Partner with me and my family in our care)	649	16	0	665
 Continuity (Coordinate my care across the continuum)	152	3	0	155
 Appropriateness (Do the right thing to achieve the best results)	1145	33	4	1182
 Efficiency (Make the best use of resources)	81	5	0	86
Total	**3264**	**106**	**17**	**3387**

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	49 (100.0%)	0 (0.0%)	1	35 (97.2%)	1 (2.8%)	0	84 (98.8%)	1 (1.2%)	1
Leadership	48 (100.0%)	0 (0.0%)	2	93 (97.9%)	2 (2.1%)	1	141 (98.6%)	2 (1.4%)	3
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)	85 (85.0%)	15 (15.0%)	0	48 (96.0%)	2 (4.0%)	0	133 (88.7%)	17 (11.3%)	0
Ambulatory Care Services	44 (97.8%)	1 (2.2%)	2	76 (97.4%)	2 (2.6%)	0	120 (97.6%)	3 (2.4%)	2
Cancer Care	81 (100.0%)	0 (0.0%)	0	113 (99.1%)	1 (0.9%)	0	194 (99.5%)	1 (0.5%)	0
Community-Based Mental Health Services and Supports	43 (95.6%)	2 (4.4%)	0	92 (97.9%)	2 (2.1%)	0	135 (97.1%)	4 (2.9%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Critical Care Services	60 (100.0%)	0 (0.0%)	0	105 (100.0%)	0 (0.0%)	0	165 (100.0%)	0 (0.0%)	0
Emergency Department	62 (86.1%)	10 (13.9%)	0	95 (88.8%)	12 (11.2%)	0	157 (87.7%)	22 (12.3%)	0
EMS and Interfacility Transport	110 (96.5%)	4 (3.5%)	0	120 (100.0%)	0 (0.0%)	0	230 (98.3%)	4 (1.7%)	0
Home Care Services	48 (100.0%)	0 (0.0%)	0	75 (100.0%)	0 (0.0%)	0	123 (100.0%)	0 (0.0%)	0
Hospice, Palliative, End-of-Life Services	42 (93.3%)	3 (6.7%)	0	104 (96.3%)	4 (3.7%)	0	146 (95.4%)	7 (4.6%)	0
Inpatient Services	55 (91.7%)	5 (8.3%)	0	82 (96.5%)	3 (3.5%)	0	137 (94.5%)	8 (5.5%)	0
Long-Term Care Services	53 (94.6%)	3 (5.4%)	0	96 (98.0%)	2 (2.0%)	1	149 (96.8%)	5 (3.2%)	1
Mental Health Services	49 (98.0%)	1 (2.0%)	0	92 (100.0%)	0 (0.0%)	0	141 (99.3%)	1 (0.7%)	0
Obstetrics Services	71 (97.3%)	2 (2.7%)	0	84 (95.5%)	4 (4.5%)	0	155 (96.3%)	6 (3.7%)	0
Perioperative Services and Invasive Procedures	112 (97.4%)	3 (2.6%)	0	109 (100.0%)	0 (0.0%)	0	221 (98.7%)	3 (1.3%)	0
Primary Care Services	59 (100.0%)	0 (0.0%)	0	88 (97.8%)	2 (2.2%)	1	147 (98.7%)	2 (1.3%)	1
Public Health Services	47 (100.0%)	0 (0.0%)	0	69 (100.0%)	0 (0.0%)	0	116 (100.0%)	0 (0.0%)	0
Rehabilitation Services	43 (95.6%)	2 (4.4%)	0	77 (96.3%)	3 (3.8%)	0	120 (96.0%)	5 (4.0%)	0
Reprocessing of Reusable Medical Devices	82 (95.3%)	4 (4.7%)	2	37 (94.9%)	2 (5.1%)	1	119 (95.2%)	6 (4.8%)	3
Substance Abuse and Problem Gambling	45 (97.8%)	1 (2.2%)	0	81 (98.8%)	1 (1.2%)	0	126 (98.4%)	2 (1.6%)	0
Total	**1332 (96.0%)**	56 (4.0%)	7	1835 (97.7%)	43 (2.3%)	6	3167 (97.0%)	99 (3.0%)	13

* 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			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Cancer Care)	Met	1 of 1	0 of 0
Client Identification (Critical Care 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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Client Identification (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Unmet	0 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Substance Abuse and Problem Gambling)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Cancer Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	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 (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 (Home Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	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
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Cancer Care)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Critical Care Services)	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 (Home Care Services)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Unmet	3 of 4	0 of 0
Medication reconciliation at care transitions (Inpatient 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 (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
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 (Rehabilitation Services)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Unmet	4 of 4	2 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Unmet	3 of 4	0 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Unmet	2 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
High-Alert Medications (Medication Management (For Surveys in 2021))	Unmet	5 of 5	2 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Cancer Care)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Infusion Pumps Training (Home Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (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
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

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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1
Suicide Prevention (Community-Based Mental Health Services and Supports)	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 (Emergency Department)	Unmet	3 of 5	0 of 0
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.

Prairie Mountain Health (PMH) was officially formed in June 2012, following the Manitoba government amalgamation of the former regional health authorities of Assiniboine, Brandon, and Parkland. It is one of five regional service delivery organizations (SDO) in the province. The region covers a large geography and is recognized as the traditional territories of the Cree, Dakota, Ojibway, Oji-Cree and homelands of the Metis with 14 First Nations Communities.

The Board of Directors (The Board) consists of 11 members appointed by and accountable to the Minister of Health, Seniors and Active Living. The board members are very committed to the region, and it is evident that they are focused on their mandate to ensure quality care for all and advancing person centered care. The members represent the various communities of interest and come with leadership and life experiences that enable them to lead the strategic priorities of PMH. The board has a well-established committee structure with four standing committees supporting finance and audit, human resources, quality and patient safety, and ethics. The Board ensures that the organization complies with applicable legislation, regulations, provincial policies, and Ministerial directives.

In 2023, the Board successfully completed the five-year strategic plan that establishes a vision to guide the organization forward into the future. The strategic roadmap identifies the health region’s four priorities aimed at building a healthier population and creating a quality, integrated, and sustainable health system.

The survey process provided an opportunity to meet with community members and partners in the region. Overall, the feedback from the participants was positive and they welcomed the openness and transparent relationships that exist between the PMH staff and the community. Participants were complimentary in their observations and recognized that there are many opportunities to participate through surveys, forums, and committees to shape programs and services. The individuals recognized and participated in development of the new five-year strategic plan.

The PMH leadership team has undergone considerable change since the last accreditation and the team has navigated the many challenges associated with the pandemic. Since 2024, there has been a new Chief Medical Officer, Chief Nursing Officer, and Chief Executive Officer. These changes are seen as positive and lay the foundation for the future as the region continues to grow and address long-standing challenges. The team is committed to advancing efforts to improve quality care and services, in partnerships within the region and across the province. The region continues to struggle with staff and physician recruitment, aging infrastructure and facilities, along with population growth, while maintaining financial stability.

Since the last survey, PMH has successfully managed through the COVID-19 pandemic. The patient’s focus group recognized the efforts of the staff in supporting patients and the community throughout this unprecedented period. There is a recognition that PMH leadership and staff were focused on providing

quality care and services which kept individuals safe and completed necessary directives to protect the community. During this time, lives were lost, and individuals and teams are commended for their commitment to patient care.

There is recognition that there are many challenges currently with respect to recruitment and retention of staff. The organization continues to advance strategies to hire appropriate staff, often engaging in innovative approaches, and this will be ongoing in the following years through efforts to hire skilled staff and physicians. Exploring new models of care delivery and partnerships will need to continue to ensure access to care is available to the community. The organization will be working on completing staff work-life surveys in the future to ensure the focus on retention, reward, and staff recognition.

PMH works to obtain feedback from patients on their programs and services to advance quality care. Patient experience information is continually obtained in the form of surveys, direct feedback, and focus groups to ensure there is a constant connection with the individuals served. Patients were positive in their comments and feedback and recognized that PMH is committed to providing the best care possible for the community.

The evolving nature of the organization of health care in Manitoba presents some challenges to PMH. Some services formerly delivered by PMH are now delivered by Shared Health Manitoba. There seems to be a lack of awareness of the digital health roadmap for the province and how it will be implemented within PMH. There is a need to advance the implementation of clinical information systems to enhance care and service, and yet little seems to be known of the plan to achieve that vision.

Through multiple site visits across the organization, a fragmented and multiple electronic medical record (EMR) system was discovered. This fragmentation has created significant barriers in clinical service delivery, leading to inefficiencies and inconsistencies in patient care. Transitioning to a single platform EMR would provide a cohesive framework to support PMH in strengthening clinical and process standards. An integrated approach will ensure increased consistency of care, reducing the risk of errors and omissions. Patients will also experience faster access to their test results and medication therapies, allowing for more timely interventions and treatments.

Educational partners, municipal officials, and community partners are very complementary of their relationship with PMH. They recognize the challenges facing the organization while, at the same time, confirming the commitment that PMH has made to engage with them and deliver on shared solutions.

PMH has made significant strides over the past four years despite much of that time being spent responding to the pandemic. The organization can take pride in what it has achieved and the advancement that it has made in quality, person-centred care and the level of engagement with its communities.

Detailed Required Organizational Practices

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

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

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	· Inpatient Services 10.2
The Do Not Use list of abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	· Medication Management (For Surveys in 2021) 15.6
Medication reconciliation at care transitions Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	· Hospice, Palliative, End-of-Life Services 8.5
Patient Safety Goal Area: Medication Use	
Concentrated Electrolytes The availability of concentrated electrolytes is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	· Medication Management (For Surveys in 2021) 13.10
Antimicrobial Stewardship There is an antimicrobial stewardship program to optimize antimicrobial use.Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.	· Medication Management (For Surveys in 2021) 2.3

Unmet Required Organizational Practice	Standards Set
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	· Medication Management (For Surveys in 2021) 2.5
Patient Safety Goal Area: Risk Assessment	
Suicide Prevention Clients are assessed and monitored for risk of suicide.	· Emergency Department 10.7

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
12.7 The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	

Surveyor comments on the priority process(es)

Prairie Mountain Health (PMH) has a dedicated Board of Directors (Board) who fulfill their responsibilities regarding governance of the organization. Board members are appointed by the Minister of Health. There is a full complement of board members, which is an improvement from the last survey when there were vacancies on the Board. The Board has also implemented a subcommittee structure which is an improvement on the last survey when the board was meeting as a committee of the whole rather than using a subcommittee structure.

The Board of Directors is provided with an annual orientation and all members are invited to participate, even if they are not new. The Board has developed a skills matrix to guide recommendations with respect to nominations to the Board and recognizes that they need to increase representation of the Indigenous population.

The Board has recently completed a defined process to recruit and select a new CEO. It conducts regular reviews of its processes, and there are ongoing evaluations of the function of the Board and its members. There is a good understanding, at the Board, that it provides strategic oversight to the organization and sets strategic direction. The recently completed strategic plan for 2023-28 demonstrates that understanding and leadership role. The Board regularly receives progress updates on the organization's achievement of the strategic priorities of the organization.

There are four subcommittees of the Board: Ethics, Finance and Audit, Human Resources, and Quality and Patient Safety. Each of these subcommittees follows a regular meeting process with reports and recommendations going to the full Board for approval. It is impressive that there is patient representation

at some of these subcommittees. The QPS committee creates time on each agenda to hear client stories which are presented in person.

The Board is proud of its connection to communities across PMH, both large and small. It is also proud of the Board's cohesiveness, and the strong connection with the Executive Management Team while at the same time respecting their governance and operational roles, respectively. The Board is aware of the significant challenges that the organization is facing with respect to staffing and resources.

Overall, PMH has a committed group of community leaders who serve on its Board. They are dedicated to ensuring the success of the organization and guiding it strategically. There have been significant improvements made in the function of the Board over the past four years and it is evident in how well it is currently functioning.

Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
4.12 Policies and procedures for all of the organization's primary functions, operations, and systems are documented, authorized, implemented, and up to date.	

Surveyor comments on the priority process(es)

Prairie Mountain Health (PMH) has recently completed a strategic planning process that will guide the organization until 2028. It was a very engaged process and commenced with a kick-off by the Board of Directors. At that time, the Board confirmed the mission, vision and values of the organization. To support this process, a survey of staff was conducted to get staff input into the strategic planning process. The values of the organization are very visible and there is good awareness of the new strategic plan within PMH. Achievement of the plan's strategic priorities is supported by the development of an annual operating plan, with performance related to the plan's strategic priorities measured through regular reports.

Community health profiles are available through regular community health assessments published for the province. These reports are valuable tools to understand the health needs of the communities within PMH. These community health assessments are routinely used to support planning and service development.

PMH is innovative when it comes to developing data, tools, and reports to support planning and decision making and monitor organization performance. Business intelligence tools are being deployed to support leaders within the organization to understand their performance and to develop action plans to address opportunities for improvement. These same tools are used to support regular reporting to the board on the key metrics that measure organizational performance.

PMH routinely monitors its risks and maintains a risk register. Information on the key organizational risks is reported annually to Manitoba Health. There is good alignment between the risk register and the strategic plan and operating plans of PMH.

PMH leadership is very proud of how well they engage with communities within the region as true partners. Also, in many ways, PMH sets the standard for key strategic processes which are then adopted by others in the province and may ultimately become the provincial standard. There are opportunities to improve the engagement of Indigenous populations and PMH is taking steps to move in that direction.

Overall, the planning process for PMH is very engaged and the strategic plan sets the overall context within which the organization will operate for the coming years.

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)

Prairie Mountain Health (PMH) has good processes in place to support operational and capital resource management. There is a defined schedule for the creation of annual operating and capital budgets that culminates in a recommendation to the Board of operating and capital budgets. The budgeting process is driven by the organization's strategic priorities and directly connects to its annual operating plan.

The organization is experiencing some significant financial pressures due to staff shortages that have resulted in high use of agencies to provide staff. The lack of funding for equipment replacement has resulted in some equipment being maintained and supported well beyond its useful life. Many pieces of equipment and building systems are at risk of failure due to lack of funds for replacement.

Major capital project funding is managed by the province. Requests for funding for major capital projects are made to the province through a defined process. Requests pass through Shared Health and then onto the Ministry of Health for consideration. PMH has developed high quality briefing notes to support their requests for capital funding and has some major capital projects underway.

There is a Board Finance Committee that meets regularly. This committee makes recommendations to the Board on budget plans. There is a standard reporting tool used for reporting to the Board Finance Committee, which includes information on financial performance, variances, and forecasts. Board orientation includes information on the Board's role in providing financial oversight to the organization.

Leaders within PMH are provided with regular reports on the budget performance of their cost centres and team members from Finance support leaders with financial information and analysis. Education is provided to new managers to help them become familiar with financial management.

There are good systems and processes in place to support financial management at PMH. The organization has a good budget planning cycle in place and engages the Board through regular reports to the Board Finance Committee. Leaders in the organization are given reports on the financial status of their portfolios and new leaders are supported with training and ongoing support from the finance coordinators. The financial situation at PMH is one of the key challenges facing the organization from both an operating budget and capital equipment perspective. The organization is well positioned to understand the drivers of its financial challenges and to provide leaders, at all levels of the organization and the Board, with information on the drivers of these financial challenges and the consequences.

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)

Probably the biggest challenge facing Prairie Mountain Health (PMH) is the availability of staff resources. Human resource challenges are facing health care organizations across the country and this challenge is being felt significantly within PMH. The organization is focused on retaining, developing and recruiting people to be part of the PMH family.

Within PMH, there is a strong focus on staff well-being with many programs being developed to support the wellness of staff. There are Wellness Ambassadors and a Wellness Committee, which have access to funds that can be used to support staff well-being. This approach has been very successful within PMH and is being sustained.

Staff education is available through the learning management system and there are a variety of staff development opportunities available. The intranet is a valuable resource to support staff in their development and to support key human resource functions. Postings are all online and applications are all made online. There are some staff self-service options through the human resource information system. The organization may wish to pursue automated shift call-out technology adopted in many jurisdictions that creates efficiency in the process of filling short-call vacancies.

Recruitment and retention are key challenges for the organization. There are excellent partnerships with local educational institutions whose graduates may become employees of PMH. PMH is very willing to accept students for placement experiences and will offer accommodation and other options to support students to take their placement at a PMH site. Existing staff are supported in growing their careers within PMH by taking advantage of interest-free loans to pursue educational opportunities. Also, there are opportunities for uncertified health care aides to upgrade their education to become certified.

The organization provides recognition of staff who have been with the organization for more than 20 years and retirees. PMH may wish to lower the age of recognition considering that some staff do not remain with organizations as long as staff did in the past. Also, the organization may wish to consider a general recognition program for staff and teams who have gone above and beyond in their roles as members of the PMH family.

PMH has an excellent volunteer program in place, and there has been a significant growth in the number of volunteers since the end of the pandemic. There are many opportunities for volunteer engagement with coordinators in place to support their recruitment and retention. PMH has a good onboarding process in place and volunteer recognition events are held each year. Volunteers are a vital part of the PMH community.

It was evident that performance conversations were not routinely documented or held at the prescribed frequency. However, it is understood that there are many competing priorities for managers at PMH and it is challenging to complete these in a timely fashion. Based on the personnel files reviewed, there was no organization to the human resource records except for pages filed in chronological order. There are many good examples of how personnel records can be organized based on the type of information to ensure that documents can be easily found.

Human resource availability is probably the most significant challenge facing PMH. Organizational leadership is aware of this challenge and is making efforts to overcome it. For staff members, there is good human resource support available to help them sustain and grow their careers within PMH. There are some opportunities for innovation that the organization may wish to consider toward enhancing engagement and bringing about process efficiency. Hopefully, staffing challenges will ease through the excellent relationships that PMH has with educational institutions and the reputation of PMH as a good place to work and grow your career.

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)

Prairie Mountain Health (PMH) has made a significant organizational commitment to quality improvement. This starts at the governance level at the board's Quality and Patient Safety (QPS) Committee and cascades to direct care staff throughout the organization. There are education programs in place to support staff applying quality improvement methodologies to opportunities for improvement and resources in the QI team to support teams. PMH has established roles and processes to hear feedback from clients and there are various avenues through which feedback, positive and negative, can be received.

There is an annual project plan intake process and resources are assigned to projects identified as priorities. PMH has a strong focus on audit with fifty percent of the organization's services being audited each year. The results of the audits are widely shared and opportunities for improvement are identified. PMH has an electronic system for reporting incidents and data on incidents is shared at various committees. There is a move towards implementing a provincial system for reporting incidents and tracking complaints and compliments.

PMH has made significant progress on the engagement of patients and families in quality improvement. There are formal patient partners who have completed an intake process with the organization. There are also mechanisms to hear the voice of patients as part of critical incident reviews and for patients to share their experience at the board QPS committee and through forums attended by staff and leaders. PMH actively seeks out feedback from patients and families as part of its planning and quality improvement processes.

Disclosure is extremely well done at PMH. There is a clear disclosure policy and process with defined timelines for response. As part of the process, there is a close-out meeting held with the patient and family impacted by the event. In addition, a letter is prepared at the end of the process to highlight where progress has been made and which areas have yet to be addressed. As a result of learning from critical incidents, there have been changes made to some key care areas such as stroke care and interfacility transfer.

PMH conducts a prospective analysis using the Failure Modes Effects Analysis methodology. These prospective analyses are done regularly with a focus on key areas requiring improvement.

PMH is very focused on receiving client feedback. Client experience surveys are regularly undertaken to solicit feedback. Results are analysed and reported, and opportunities for improvement are identified.

The results of the surveys and action plans are shared at the Board's QPS committee.

An organizational approach to medication reconciliation has been implemented. There are some challenges with adherence to the policy and the recent implementation of the electronic medical record at BRHC has created some challenges with medication reconciliation. There are routine audits of medication reconciliation progress and action plans developed to address any gaps.

There is a modest amount of recognition for staff participation in quality improvement initiatives. PMH may wish to consider a more fulsome recognition approach when it comes to quality improvement initiatives. It would be advisable that any recognition programs include involvement of the Board.

PMH has very good data and reporting to support measuring quality. Some new tools are about to be rolled out and the organization is encouraged to support leaders in adopting these new tools. PMH has developed very good dashboards to support reporting on quality initiatives at all levels of the organization.

The PMH team is very proud of the work that has been done to bring the voice of the client to the Board and the greater connection to quality that that has been created at the Board level. The commitment of the organization to engaging client partners should be lauded. Tremendous progress has been made in this area. In recent years, the organization has significantly matured in its approach to quality improvement, and that is evident. There may be unequal adoption of quality improvement strategies across the various sites in PMH however, there is an excellent infrastructure, leadership, and resources in place to support the broad-based adoption of quality improvement across PMH while at the same time engaging clients in the quality improvement process.

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)

Prairie Mountain Health (PMH) has in place a robust ethics framework that supports ethical decision making. The Ethics Committee is very proud of the ethics framework and their role in supporting ethical decision-making at PMH. It is encouraging to see both patient and board representation on the Ethics Committee. Board and Executive Management Team members spoke of how the ethics framework influences decision-making within PMH.

Research activities are guided by the need to have research projects reviewed by an institutional review board within Manitoba if the research involves humans. The Chief Medical Officer reviews research requests and makes recommendations to the executive team. The research infrastructure also provides support to rural communities where research could potentially occur.

Staff and leaders are supported in ethical decision-making through education and support by the ethics team. There are good educational resources available to team members and educational programs can be tailored to individual departments. There has been considerable progress made in engaging patients and families in the ethical decision-making process.

The Ethics Committee meets quarterly and will include information on emerging topics involving ethical decision-making, education, policy and, potentially, case scenarios to proactively explore ethical issues. The committee also supports the development of educational materials.

Bioethicist resources are limited in Manitoba with only one bioethicist in the province who can be called upon for consultation.

Overall, ethical decision-making is well supported at PMH. At the local level, staff could not universally speak to the existence of the ethics framework. However, it was evident that staff are making decisions from an ethical decision-making lens. It is clear that the ethics framework is used to guide decision-making within the organization, and there have been excellent resources developed to support staff in their decision-making. The organization is to be commended for engaging patient partners as members of the Ethics Committee.

Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Prairie Mountain Health (PMH) has a strong focus on communications with both internal and external stakeholders. This includes communities, organizations, and affiliates. Tools for external communications include the use of social media, local distribution lists, public service announcements, media releases. and broad-based updates through the PMH website. PMH has created mechanisms whereby members of the public can connect with the organization through social media channels or generic email addresses. The communications team will then forward any concerns or feedback to the appropriate part of the organization.

Given the continually changing availability of services at PMH sites, the organization encourages patients to access the PMH website as the source of truth for any updates on service changes.

For internal stakeholders, there is a multi-pronged approach to connecting with staff, physicians, and volunteers. The intranet is a key source of information, weekly updates are sent internally each Wednesday, and a CEO update every six weeks. Internal stakeholders can now subscribe to the weekly updates if they prefer to receive them on their personal email rather than their PMH email.

Last year, there was a significant motor vehicle event in the PMH region and both internal and external communication processes worked well. Response was quick and coordinated. There were some lessons to be learned and the team is moving forward with making some improvements.

Regarding information systems, especially clinical information systems, there seems to be a lack of understanding of the digital health roadmap for the province and for PMH. This is a responsibility of Shared Health Manitoba, and it seems unclear what the digital health vision is for the province and the planned roll-out of information system infrastructure within PMH. There also seems to be a lack of local clinical informatics expertise to support those clinical information systems that have already been implemented.

Privacy and confidentiality are well managed and there is good awareness ofthe need to respect privacy and confidentiality among staff, physicians and volunteers. There is some concern about the amount of personal information displayed on electronic information boards on some units. There are defined processes for patients to access their own personal health information.

Staff can access best practice information and standards on the intranet, which is easily accessible.

Overall, there is a dedicated team in place to support communications to both internal and external stakeholders. PMH is innovative in using various means of communication to connect with partners. Good processes are in place and constantly evolving. An area of improvement is to establish a clear understanding and awareness of the province's digital health roadmap and where PMH stands with respect to the roll-out of core clinical information systems and how these systems are supported, on an ongoing basis, once implemented.

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: EMS and Interfacility Transport		
11.3	Annual checks of the driving or operating records of team members' who operate transport vehicles are performed and documented.	!
11.4	All changes to driving or operating records are reported to the organization.	!
11.5	Vehicle operators participate in regular training on how to operate transport vehicles.	!
Standards Set: Perioperative Services and Invasive Procedures		
3.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	!

Surveyor comments on the priority process(es)

The leadership for physical environment comes together under a portfolio with several departments that oversee all the planning, maintenance, and capital acquisition for Prairie Mountain Health. Team members are very proud of how they are working together, however recognize that they are challenged when being stretched with chronic staff shortages and staff with minimal skillsets in certain areas. In several rural areas recruitment is very challenging, and this has necessitated the hiring of more individuals with handy skills versus educated individuals with knowledge and understanding related to facility operations and infrastructure. The cohesiveness between the different departments supporting the physical environment is strong. The teams discussed the collaboration that is needed with the environmental and facilities teams to keep the sites operational, recognizing that there will be many years before projects can be funded.

The leadership has completed annual oversight of the facilities and has detailed information related to the sites and associated deficiencies. PMH is encouraged to advance conversations at the provincial level to have more accelerated planning to replace, retire, or rebuild aging facilities and infrastructure that do not meet acceptable standards and support care for the region.

Several clinical teams identify the challenge to get small projects completed due to the capacity of the redevelopment teams and all efforts are exerted on larger projects. There is an opportunity to restructure smaller-scale projects that can be led by clinical teams hiring outside resources or companies where funding is available to ensure small upgrades are done without having to wait for years. An example of this is the palliative care unit where enhancements to the patient family quiet room can be made with leadership from the team and hiring of outside support that will not place demands on already strained redevelopment and facilities teams.

The amalgamation of the dispersed but interrelated departments came together over a decade ago when there was a consolidation across the province. The teams recognize this integration of areas and how they work and support the overall space planning, acquisition of capital, operations, and maintenance for all the buildings as a strength. The teams are dedicated to ensuring that safe care is provided for the population in the facilities and the sites are maintained well by environmental services. The team discussed the fact that they have a total of over 160 buildings for oversight.

In review of the services and programs, not all areas at the Town Centre need to go together, rather natural alignment and synergies can be considered as the site has multiple problems related to building deterioration, roof leaks, ceilings dropping, mold, concrete deterioration, and overall age and poor condition. Staff express safety concerns with drug use on site by outside community members. The Brandon Town Centre is being used for several services for Prairie Mountain Health and the site is in poor condition with risks for both patients and staff. The organization is encouraged to explore other rental spaces in the city to support the ambulatory, mental health, home care, Public Health, and chronic disease education programs. This can be aligned to facilitating aspects of the vision for ambulatory services as other programs, such as the renal clinic, are compressed for space and the chronic disease education program would be a natural alignment given many of the same patients go to separate locations for services. Identifying synergies and alignments of programs for spaces outside of the hospital has the potential to be more patient centered, reduce multiple visions, and create one stop approaches to care rather than multiple visits to different locations for the same patients.

As with many health systems across the country, PMH struggles with the age of some of their facilities and their inability to have timely replacement of infrastructure and equipment. Team members talked about equipment that has reached the end of life, often exceeding three to four times its life expectancy and the workarounds that are needed to keep the equipment in operation given the funding is limited for purchase of new equipment or infrastructure. Often, replacements occur with the necessary equipment and support when it becomes a crisis. The facilities maintenance teams across the various facilities work hard to ensure that backup support is in place for assisting failures. They noted that in some facilities they do not have backup generators for support related to resources.

The teams described well-developed processes to identify equipment needs and how this is evaluated and prioritized with all other competing priorities across the health system. The leadership describes their prioritization which identifies facilities and infrastructure that require updates and changes if funds are received. The region, in partnership with the province, needs to have an escalated discussion on the upgrading of outdated facilities infrastructure and dedicated annual funding for equipment replacement as there is heightened risk for safety issues in this area.

Where approvals have been obtained, the team members are proud of the support they have received for redevelopment projects that advanced patient care such as the new patient tower in Brandon. There are very strong linkages with capital planning across PMH with input from the clinical teams, and appropriate departments and services.

At the Brandon site, plans are being made to support pressure areas such as emergency care and critical care. Congestion in the main emergency department and NICU was noted. The design of the NICU with the volume of neonates and the proximity of babies is not ideal.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Emergency Preparedness (EP) is a strength of Prairie Mountain Health (PMH) and, in many ways, PMH is seen as the leader for EP standards and processes in the province. There is a dedicated team in place to support and lead EP and it was evident, across the organisation, that this is a strength.

There is an excellent Emergency Response Plan in place with an integrated incident response and command structure embedded in the plan. There are many natural and environmental risks in the geography of PMH and there are regular assessments and re-assessments made of potential risks and response.

Regarding the response to the COVID-19 pandemic, PMH was extremely proactive and many of the standards and processes that were developed at PMH were adopted provincially during the pandemic.

An excellent database is in place for collecting information on incidents and to support effective reporting and analysis.

There have been several real-life tests of the emergency response system and the organization has effectively responded to any events or potential events. There have been instances of municipalities potentially running out of water as well as incidents such as a recent major motor vehicle incident that required a large-scale emergency response.

The EP program also includes critical incident stress response/management as a key component of the program. There are good processes in place for debriefing after an incident and learning from real and mock exercises. Monthly drills are conducted, and the EP team establishes a theme for each month which is widely shared so there is consistency of drill exercises across PMH.

The team also reinforces personal emergency preparedness for staff members at home to ensure that they are prepared should they be impacted by a situation outside of work. The organization has in place business continuity plans. Even though each site may not have an emergency generator, there are processes in place to support sites that do not have back-up power. There is supplemental equipment that can be quickly deployed, as needed.

Overall, outbreak management is well done and there are good communication processes in place to support outbreak management. There is a provincial Pandemic Plan which aligns with PMH's response plan for a pandemic.

EP is a strength for the organization. There are good partnerships in place with community partners and service providers across PMH. A significant amount of progress has been made in establishing robust EP plans, assessments and response strategies. The organization is commended for being the provincial leader in many aspects of 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.

Unmet Criteria		High Priority Criteria
Standards Set: Community-Based Mental Health Services and Supports		
1.2	Services are co-designed with clients and families, partners, and the community.	!
3.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
Standards Set: Emergency Department		
2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
4.15	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
Standards Set: Inpatient Services		
1.1	Services are co-designed with clients and families, partners, and the community.	!
2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
Standards Set: Long-Term Care Services		
17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!
Standards Set: Mental Health Services		
1.1	Services are co-designed with clients and families, partners, and the community.	!
Standards Set: Obstetrics Services		
1.1	Services are co-designed with clients and families, partners, and the community.	!

2.4	Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.13	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
Standards Set: Substance Abuse and Problem Gambling		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.8	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	

Surveyor comments on the priority process(es)

Overall, Prairie Mountain Health (PMH) has made a significant commitment to people-centred care (PCC). This was evident throughout the organization and at the sites visited. PMH seeks to hear the voice of clients and engage clients in service delivery and improvement. PMH is commended for bringing the voice of the client to the Board through its Quality and Patient Safety Committee and for including patients as members of board committees.

The creation of patient partner roles has been a significant achievement for PMH. With, 33 current patient partners, PMH can easily include patient participation in key activities of the organization. Feedback from these partners was consistently very positive. PMH would be well served to look at how to grow the patient partner role, and to engage more patient partners, in rural settings.

PMH is committed to receiving feedback on care and service and there are a variety of mechanisms through which the voice of the client can be heard. PMH is to be congratulated for embedding the opportunity to become a patient partner in their client feedback surveys and by reaching out to patients and families who have had significant care incidents at PMH to ask if they would like to be engaged as patient partners.

It was evident that clients feel that they are provided with compassionate care and that they felt included, respected, and listened to as they engaged with teams regardless of the setting at which care is provided.

PMH is encouraged to look at some institutional protocols which are not aligned with a PCC orientation. It was observed that there is an excessive amount of overhead paging at some sites and that visiting hours are still in place at some sites. Philosophically, these are things that are not aligned with a PCC approach to care.

There are some excellent examples of PMH, clients and communities working together to co-design services and space. At the same time, there are some places where this is an opportunity for improvement.

Some good examples were seen where patients and families were involved from a project's inception through consultation and engagement with the project patient partners. Project-specific focus or working groups were established, with defined timeframes, to measure project outcomes for each initiative.

Overall, PMH is to be congratulated for its focus on PCC. It is evident that PMH has made a significant organizational commitment to hear the voices of the people it serves and to actively engage them in the work of the organization. This is an area of strength of the organization and one which can only be strengthened as PMH continues to evolve on its journey of person-centred care.

Priority Process: Patient Flow

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
13.3 The organization's leaders collaborate with other service providers and partners to improve and optimize client flow.	

Surveyor comments on the priority process(es)

Patient flow is on the institutional radar and everyone from administration to front line providers has a responsibility to ensure that things keep moving without compromising patient care. This is well understood at all levels from senior leadership to the bedside, and there is teamwork and commitment to patient flow at the unit and site levels. All units visited during the survey understood the pressure on beds as patients were transferred to their areas to help Emergency Departments (ED), and bed meetings were held regularly with a focus on patient flow. Numerous access and flow initiatives have been put in place in various locations across PMH.

PMH's approach to management of patient flow is anchored in the recognition that access to patient care is not simply an ED problem. PMH has a strong, documented, and coordinated approach to improve patient flow, starting with making it a strategic priority. There are many initiatives throughout the organization to help improve patient flow directly and indirectly. There are multiple daily capacity assessments with clinical team leaders in close communication on potential discharges, staffing difficulties, barriers and levels of occupancy. Escalation procedures are in place, with strong accountability of leaders, physicians, and staff defined.

Surgical wait times for endoscopy, cataracts, hips and knees are monitored. At the rural sites the surgical lists are controlled by the surgeon but are orchestrated within the site with scheduled OR days by service type. Brandon has block booking. There are also provincial wait lists and prioritization.

Despite these many efforts, demand regularly continues to outstrip capacity, largely due to staffing shortages. Health human resource capacity to maintain care and patient flow have been a significant challenge.

Flow coordinators in Brandon and Dauphin, and CRNs at the rural sites are spending a significant amount of time facilitating movement of patients between PMH facilities. PMH is encouraged to review roles and responsibilities of regional flow coordinators to improve seamless flow of patients when transfers/ repatriations are required.

Mental Health is one of biggest medical issues that creates heavy use of the EDs. Throughout PMH, limited access to mental health supports, such as social work, psychiatrists, and mental health liaison nurses),was identified. Perhaps there may be an opportunity for the provincial mental health patient flow group to create an opportunity for managing mental health issues in a different way.

A significant barrier to flow is lack of EMS availability for the rural sites, despite being stationed in town. This has added a layer of complexity for inter-facility transfers, specialized procedures, and diagnostics, all adding to increased length of stays. Where and when available, air transport is available.

Some of the rural sites reported concern about the lack of consistent use of forms for repatriating patents. Despite having the PMH logo on the repatriation form, staff were of the view that only Winnipeg was approved for using the form. This has resulted in variability in what information is provided to sites, when patients are transferred to them.

In some of the rural sites, the very small footprint of the EDs has been a significant barrier to patient flow.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria		High Priority Criteria
Standards Set: Reprocessing of Reusable Medical Devices		
3.1	The layout of the MDR department is designed based on service volumes, range of reprocessing services, and one way flow of medical devices.	
3.2	The MDR department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	!
3.4	The MDR department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	!
3.6	The MDR department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	!
8.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.	
12.1	The MDR department has an appropriate storage area for sterilized medical devices and equipment.	!

Surveyor comments on the priority process(es)

Reprocessing of reusable medical devices across Prairie Mountain Health is coordinated through five sites across the region: Brandon, Dauphin, Swan River, Neepawa and Minnedosa. These five sites service 43 smaller communities with the supplies being transported to and from the smaller sites for reprocessing. All five sites reprocess surgical equipment, emergency department equipment, and patient care items, with all but Minnedosa also reprocessing flexible scopes. Work has been done to standardize activities across all five sites, including training, preventative maintenance, multifunctional positions, and product expiration. Due to human resource challenges, the majority of applicants do not have a recognized completed course in reprocessing; however, it is expected that this course will be completed within 15 months of hire. Staff are encouraged to complete a certification course for reprocessing, but this is not provincially mandated. It is recommended that Prairie Mountain Health advocate for this to be mandated across the province.

The Brandon site operates 24/7 and supports the Brandon hospital as well as 13 off-site rural programs. The Dauphin site supports the Dauphin hospital as well as nine off-site programs. Neepawa supports the

local hospital and six off-site rural programs and Minnedosa similarly supports the hospital and eight rural off-site programs. Swan River supports the hospital and one off-site program.

Sites visited during this survey include Dauphin, Minnedosa and Neepawa. In addition to the challenge of staff recruitment, which is being felt across all of Prairie Mountain Health, the three sites surveyed are also facing significant physical facility issues. The sites are older buildings and the space allocated to the programs are challenged to support best practices for medical device reprocessing.

The Dauphin site is commended for the recent completion of a state-of-the-art endoscopy suite with a dedicated decontamination/clean room and pass through windows from the suite to the dirty and clean rooms. However, there remains an urgent need to also focus on the main MDR and several major pieces of equipment including autoclaves, CUBE washers, and a cart washer. The autoclaves and CUBE washer put in place, reportedly second hand in 2009, are at end of life. It was also felt that the cart washer which has been out of service for several years needs to be replaced to ensure that the carts are being adequately cleaned. The Dauphin MDR is supported by a dedicated group of new and longer-term employees. The team is collaborative and noted they are appreciative of the good support they receive from their matrix leaders.

The MDR at Minnedosa is small but adequate to support the volume and range of surgical services provided here which is mainly cataracts and minor orthopedics. Physically there is not a good separation between clean and dirty areas. The wall separating these areas has a gap of 18 inches from the ceiling and there is no barrier at the floor level. The sink is hand-operated so there is not the option of hands-free access with foot, elbow, or knee controls. All aspects of reprocessing are in place and compliant.

The Neepawa MDR is also small and a row of carts with covers form the separation between the dirty and clean area. Equipment comes in and out of the same entry point. Endoscopes are transported from the OR and cleaned in the decontamination/dirty area of the MDR and then transported back up to the sterilizer which is situated in an area off of the outer OR corridor. Once sterilized the scopes are hung in a cabinet between the OR theatres. All sinks in the MDR are hand operated and do not allow for hands-free access using foot, elbow or knee controls. Given the physical constraints of the MDR at Neepawa, it is recommended that extra caution be taken within this physical setting until the service moves to the new hospital, which is planned for 2025/2026.

The MDR staff move between Minnedosa and Neepawa according to the OR schedules at each site. Staff interviewed indicated they are comfortable in their role and very cognizant of patient safety.
A number of indicators which are being monitored regionally relate to the safe and efficient functioning of the sites. As the facility structures are older and, in several areas, restrict the implementation of best practice, data is being collected to determine the most appropriate and doable action to move closer to meeting standards. Challenges with staff have limited the time dedicated to QI at the site level.

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 population health and wellness program was reviewed at the Brandon Regional Health Center and the Brandon Town Center. The program consists of interdisciplinary team members who are highly focused on providing health promotion, disease prevention, and disease management as it relates to chronic diseases.

At Brandon Town Center there was an opportunity to meet with the nursing and dietician staff who work in the Chronic Disease Education Program (CDEP). The professional staff are very dedicated and committed to focusing on vulnerable patients in the community, to increase screening and preventive care to avoid the advancement of more complex disease. The team have a strong understanding of the population served as well as the more vulnerable members of the community especially as this relates to the 14 First Nations communities. The team is fortunate to have a team member who works on building relationships within the Indigenous community to advance the health and wellness of those individuals.

Over the past few years, the program has changed at the provincial level from the Manitoba Renal Program to now being called Kidney Health. Brandon is fortunate, along with Winnipeg, to have more nephrology support and is considered an intermediate center. The team were clear on what their priorities are from providing opportunities for screening for diabetes and kidney disease. They are pleased to have received a grant which is helping them to advance disruptive thinking within the population by introducing point-of-care testing for markers of advanced kidney disease such as AIC, albumin and creatine levels . As part of this point-of-care testing, both urine and renal screening are involved in this early detection, two-system, bending the curve for advancement on diabetes and kidney disease.

The team is excited about the campaign that has been launched to help increase awareness around kidney disease. The marketing and education program that focuses on “have you bean checked” was the product of a program that started with Brandon University Faculty of Nursing students. The program focuses on the importance of screening, knowing your kidney health and educating people about potential symptoms and the impact of kidney disease along with the two leading causes of kidney disease. This program was launched with good success and the teams are hoping to do an evaluation component. There has been a focus to ensure that this program penetrates the Indigenous communities as many of these individuals are at risk for developing chronic disease in this area.

In meeting with the population health and wellness team there are opportunities for innovation and advancement of the model of care to support the community and those served. The team is encouraged to explore opportunities for further alignment with the renal clinic and the ambulatory hemodialysis area. Education and programming involving the chronic disease program, renal clinic, and hemodialysis area have opportunities that can be leveraged to support care and education of staff in a more consolidated way.

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:

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

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.

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
5.3	Team members are recognized for their contributions.	
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		
15.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The ambulatory program continues to evolve and has been coming together since January 2024 to participate in their first survey. For the on-site survey, the ambulatory programs at the Brandon site were reviewed with the participation of the hemodialysis unit and the outpatient care unit. As noted with the team interview there is a very collaborative interprofessional team that consists of professionals, an Indigenous advocate, patients and families, and members of the executive and management team.

This program is still in its infancy with two areas and there are many opportunities that exist to leverage other ambulatory programs and services with the vision for care in this area in the future. Many synergies exist across other program areas such as population health and wellness as it relates to the chronic disease education program which can be considered for further advancements of the ambulatory strategy.

Priority Process: Competency

The staff working in the ambulatory care center are dedicated and committed with many expressing their commitment to PMH. Many of the staff that were met with during the survey have many years of experience of working in multiple areas and this is an asset in both the outpatient care unit and the hemodialysis area. As with other challenges related to health human resources, the ambulatory program has experienced challenges that were amplified with the COVID-19 pandemic. The staff are competent and have professional education formally along with ongoing education that is provided through the hospital. The hemodialysis unit is very pleased that they are receiving a new dedicated educator which no doubt will have an impact on educational training for the individuals working in the area.

Staff expressed the need for more acknowledgement of their contribution and value to the organization. As well it will be important to ensure focused attention is given to the completion of performance conversations every two years.

Priority Process: Episode of Care

Throughout the on-site survey, there was strong evidence of a patient-centered approach to care in the hemodialysis unit and the outpatient care unit. The interprofessional team works well together to ensure that care is comprehensive and supports the needs of the patient and the family. As noted in the hemodialysis area, many of these patients are longstanding and significant relationships have formed to ensure positive outcomes.

The pharmacy supports are recognized within the team. The pharmacist completes medication reconciliation in the hemodialysis unit with all new admissions. And reviewing the process there was a clear understanding of new patients being admitted to the program, how the review is taking place, discontinuation of medications that then will be delivered through the dialysis process, and completion of the new medication administration record for the area. The pharmacists encouraged that medication administration protocols and documentation tools be reviewed to further align with standardized tools for this area.

The ambulatory area has the support of an Indigenous advocate who is highly visible and supportive of patients as they enter the health system and the ambulatory program. PMH has extended its smudging traditions to occur across the organization. This change in practice for smudging has been extended from the pandemic and is well received with those patients who need this type of support when coming to the center. Continuation of practices related to building trust and relationships with historically marginalized and vulnerable communities, including Indigenous individuals is encouraged.

Priority Process: Decision Support

The ambulatory program team at the Brandon site in hemodialysis and outpatient care can demonstrate that it provides protection for the clinical record and has completion of information related to the client's care for sharing amongst the professional team. Opportunities exist to fully understand the digital strategy and the long-term approach to an integrated electronic health record, as information is collected in a paper format and an electronic system. Having different components of the patient's record in different formats such as paper and electronic presents risk for error in the delivery of care.

Priority Process: Impact on Outcomes

The hemodialysis and outpatient care unit continue to come together to help elevate the ambulatory programming, and there are many opportunities for them to grow and advance to achieve positive outcomes for the community. During the survey and working with other areas, opportunities were noted with population health and wellness for further alignment to enhance patient outcomes and their experience living with chronic disease.

The staff working in the area are very professional and have good knowledge of the program and how to support patients and families with episodic care in the outpatient care unit and longer state patients in the hemodialysis unit. Opportunities exist to further advance the leadership and governance for these areas and their focus on quality improvement activities. Of note in relationship to renal patients, there are well established performance targets and quality initiatives that can be more visible and used to advance areas of care such as fistula completion rates.

The teams are encouraged to explore the leadership structure with the goal of having strong oversight and alignment of key programming from inpatient to outpatient such as medicine and surgery. There is particularly good collaboration with the outpatient care unit and the emergency department opportunities are in place to decant from the emergency department wherever possible.

Standards Set: Cancer Care - 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	
24.4 Technologies, systems, and software are interoperable.	
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 provincial cancer authority, Cancer Care Manitoba (CCMB), sets provincial cancer standards, policy and clinical practice direction, and establishes provincial priorities. The Prairie Mountain Health (PMH) Regional Cancer Program has a strong and productive partnership with (CCMB). Policies and protocols developed by CCMB drive the delivery of cancer care and hence support evidence-based practice across the province.

The PMH Manager Health Services, Regional Cancer Care and Regional Palliative Care started in the role just before the last survey. Key partners at CCMB are the Director of Patient Services, Systemic Therapy Program at Cancer Care Manitoba and the Director of the Community Oncology Program. The leaders acknowledged that the partnership has been enhanced over the last few years as relationships have matured and collaborative initiatives have grown. Key committees such as Provincial Navigation have representatives from CCMB and across the region.

There are highly engaged, knowledgeable, patient centric, and compassionate interprofessional team members across the PMH Regional Cancer Program. Respect is evident. Team members spoke about the benefits of the regional structure from a practice and education perspective.

The goals and objectives for the PMH Regional Cancer Program are aligned with CCMB and PMH strategic priorities. Team members spoke proudly of initiatives to enhance quality, safety, and the patient/family experience. The MyCare Noona patient app has been rolled out in the region. Patients and families who use the app spoke highly of receiving appointment information and reminders. Some challenges exist in the region as patients and families may not have the technology to benefit from the app.

The PMH Regional Cancer Program and CCMB leaders are encouraged to continue to advance cancer care collaboration through common goals and regular meetings.

Priority Process: Competency

A comprehensive orientation program exists for cancer care staff in the region. This process is a strong collaboration with CCMB. New staff in both urban and rural settings spoke highly about the competency-based orientation program and the support and guidance of knowledgeable cancer care staff and the CCMB clinical educator. PMH is encouraged to work with CCMB to look at clinical educator support going forward to support recruitment and retention in the face of increasing cancer demands.

All staff, including the family practice oncologists (FPOs) spoke highly about access to continuing education opportunities from CCMB. Weekly rounds, an annual conference, and many other education opportunities are important to continue to support knowledge development and competence with new treatments and complexity in cancer care.

Performance conversations are held at some sites and not at others. The organization is encouraged to look at how to enable these conversations so that individual growth and development of staff is supported.

Teamwork and collaboration in delivering cancer care were evident at all sites. In some rural sites physician coverage schedules change daily and that can be a challenge for the local teamwork and consistent care delivery.

Priority Process: Episode of Care

There are standardized assessment and documentation tools in the ARIA Information System (a type of electronic medical record used for Cancer Care) that support a consistent approach to evidence-based care delivery across the region and the province. Currently wait times are being met.

Cancer navigation services are in place. Recently, the introduction of the electronic medical record (EMR) at Brandon Regional Health Centre has impacted navigation services as referrals were no longer sent automatically. An autofax process has been implemented. The team continues to monitor referrals to navigation and CCMB to minimize impact on wait times. PMH is encouraged to review these efforts to

ensure that additional steps are taken to support electronic referral processes. Some rural sites would benefit from a refresh on how to access Cancer navigation services so that staff are aware that anyone can call the navigation team to support patient flow and access to cancer care diagnostic and treatment.

Highly engaged interprofessional teams deliver cancer care across the region. With increasing demand and complexity of cancer care, the impact on workload can be significant. PMH is encouraged to look at volume and complexity across the regional cancer program to ensure the staffing resources match the needs. The loss of a clinical pharmacy position in Brandon is a concern for staff. The change resulted from pharmacy staffing pressures. Some rural sites have clinical pharmacist support and others do not. PMH is encouraged to look at the clinical pharmacist role in Brandon and other sites to support practice, safety, and education.

A provincial smart infusion pump program has been rolled out. The staff have reported challenges with the pump. CCMB and regional program leaders are encouraged to continue to work with staff and vendors to address the issues.

Work is underway by CCMB to support systemic therapy scheduling using standardized chemotherapy schedule guidelines. This work will be implemented via a web-based application developed by the pharmacy team. This initiative will help to support chemotherapy scheduling and looking at volumes and, potentially, workload. The CCMB and the regional cancer program are encouraged to monitor the impact of this new initiative.

Patients and family members spoke highly of the compassion and caring demonstrated by the cancer care interprofessional team members.

There are several examples in some centers of improvement made based on patient feedback. In Russell, a significant example of co-design is the new community cancer care building funded by the efforts of a highly engaged Expanding Community Cancer Care (ECCC) committee. Cancer survivors and community members were highly engaged with the team in this project.

The regional cancer program is encouraged to look at advancing patient and family engagement with more formal advisor roles as well as committee engagement.

Priority Process: Decision Support

CCMB cancer care protocols and orders are evidence-based. All cancer treatment orders and documentation are in the ARIA cancer information system. Staff find the ARIA system to be user-friendly however, ARIA does not interface with the EMR. An interface, if possible, would strongly benefit the cancer system patients and teams.

CCMB has developed Regimen Reference Orders (RROs) for the cancer system. These standardized, approved support documents are created at CCMB by teams of pharmacists, nurses, and guideline developers as part of the formal Manitoba Oncology Drug Review Process. Staff find the RROs to be exceptional tools to support safe and comprehensive delivery of cancer care across the region.

Priority Process: Impact on Outcomes

The PMH regional cancer team has a quality committee. Key foci in the last year have been accreditation, improving communication across the Community Cancer Programs (CCP) with regional CCP meetings, and initiatives to improve the patient experience. A regional Client Experience Questionnaire (CEQ) has recently been completed. Initial response rates were low however, efforts were made to increase the number of responses.
The organization is encouraged to analyze the data, identify strengths and opportunities, update the current quality committee action plan and share results with patients, families and staff across the region.

PMH has organizational level dashboards and reports. The current focus in the regional cancer program is primarily on operational volumes. The cancer team also provides statistics to CCMB which are collected by staff at various sites. CCMB has indicators and dashboards for each region which are distributed quarterly. The director of the Community Cancer Program will be meeting with the regions to look at regional level data. A new systemic therapy dashboard is being developed by CCMB to have provincial level wait time data broken into the key steps in the cancer pathway. In addition, there is a focus on infusion reaction data for the province. CCMB will work with the regions to look at regional data to identify trends and develop action plans.

The PMH Regional Program leaders are encouraged to develop a PMH Cancer Program performance dashboard and key performance indicator report in collaboration with CCMB and key partners at PMH. The dashboard will help support and advance the work of the regional quality committee.

Priority Process: Medication Management

Safe and effective medication management practices were evident across the sites visited. Cancer Care Manitoba (CCMB) protocols are incorporated into regimen reference orders in the ARIA system. Systemic therapy medications are prepared in Brandon and delivered to the Western Manitoba Cancer Care and community cancer care sites. Policies, procedures and guidelines for safe handling of systemic therapy are followed.

Since the last survey, work has been done to improve the timeliness of orders for systemic therapy to support pharmacy workflow and workload. Incidents related to systemic cancer therapy medications are reviewed and any changes implemented, where required. Any infusion reactions are recorded in the ARIA information system. The CCMB Director Of Patient Services, Systemic Therapy Program and the CCMB decision support team are collating infusion reaction data. There is a plan to look at infusion reactions across the region and share this with key stakeholders and partners to analyze trends and identify opportunities for improvement.

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		
9.6	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	!
12.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support		
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 sites visited for the Community Mental Health Standard included the 7th Street RAAM (Rapid Access Addiction Medicine) clinic; Child and Adolescent Treatment Centre; Westman Crisis Services; Neepawa Health Unit; and Swan River Community Health.

Staff within these diverse yet connected programs are passionate and take pride in what they do. Staff who met with the survey team shared that they loved their jobs despite challenging circumstances and staffing challenges at times. Their commitment, knowledge, and skill help support the development of respectful and trusting relationships with the clients and their families. The intentional development of a strong therapeutic relationship and meeting the clients where they are contributes to patients actively engaging in their own treatment. Front line leadership is exemplary within these teams.

The organization is to be commended for excellent frontline leaders, many of whom are fairly new to the role. The collaboration and support observed was remarkable.

Through initiatives such as the Digital Front Door being rolled out at the RAAM Clinic to increase accessibility for rural clients, peer support workers, child and adolescent client led programs such as the Lego Group, and the provincial echo knowledge exchange support, the organization's people-centred care efforts are to be commended.

Potential areas for improvements identified include working in collaboration with primary care to implement primary care opioid agonist treatment (OAT) clinics, and/or nurse/NP led OAT clinics linked to RAAM, to work in collaboration with the RAAM clinic to support the population requiring this service.

Patients who are unattached to a primary care provider have challenges 1) with accessing prescriptions for anti-depressants (Crisis Service Patients) which can result in worsening symptoms and other service needs and 2) obtaining antibiotics. Collaboration with primary care is recommended to investigate unique solutions to address these challenges.

Priority Process: Competency

Orientation and education are provided to all staff. Staff have access to many online training modules. All staff take part in the mandatory education required. Performance is evaluated, and growth opportunities are made available as a result. Education is valued and provided despite lack of educator resources at times.

Team members are recognized for their contributions at the service level - improvement in recognizing staff at the organizational level is encouraged.

Priority Process: Episode of Care

The approach to care is to be commended. Staff consistently support clients and families in the community while awaiting service, sometimes directly or by referring to other services in the community to support their needs. The organization has been recognized for its work in developing individualized care plans, in collaboration with clients and families, since the last accreditation survey. The care is truly person centred. The roll out of the Virtual Front Door will increase accessibility for clients living in rural areas, who otherwise may be unable to attend for treatment.

Warm handover is an initiative where the client is introduced to another member of staff in person/or virtually before leaving the care of the original staff member to encourage continued participation in care to help the client achieve their treatment goals.

Clients and families speak very highly of staff and frontline leaders, stating they feel heard and understood, and they feel comfortable giving feedback.

Priority Process: Decision Support

An accurate and up-to-date record is maintained and there is a procedure for clients to access their records.

Priority Process: Impact on Outcomes

Quality improvement is embedded into everyday work, metrics are monitored, and staff informed. It is acknowledged that the organization is committed to continuous quality improvement.

To ensure continuous quality improvement at all levels, it is important that direct care staff are involved in this process. An example of how this can be done is through safety huddles/quality and safety board's where staff can see the impact of their care and how it improves outcomes. These initiatives can also help identify when improvements are required.

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	
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 Prairie Mountain Health (PMH) the 10 bed Brandon intensive care unit (ICU) is the only ICU that serves the region. The leadership has a good overall understanding of the population they serve and the population that they refer to tertiary and quaternary care in Winnipeg. The unit is closed and the intensivists all currently come to Brandon while on their rotations. The Brandon intensivists also work in Winnipeg allowing for great cross pollination of critical care (CC) best practices in the unit, which has been evidenced by their ability to support the province with the CC beds. This started during the pandemic and has enabled a higher acuity CC population to stay in Brandon and the program's continued growth and support in the region, keeping patients closer to home. The unit has clear criteria of which patients can remain onsite and which they need to send to Winnipeg. The unit works with Winnipeg to support rapid access and repatriation back to Brandon which allows patients in the west to be closer to home.

The unit is supported by in-house physicians and has access to diagnostics, lab, RT and consultants 24/7 when required. The ICU team is passionate, engaged, dedicated, and is driving patient- and family-focused care. This is evidenced by many of their new initiatives such as the keepsake program, three wishes,

comfort candle, and integrating families during rounds, which is currently underway. The keepsake program, which is intended for families of patients who pass in the unit, was led by their unit clerk who is to be commended on her work and contribution in the department. The team is currently working on shifting the culture from visiting hours toward full integration of families into rounds which is making a difference daily.

The new ICU is currently being built in the new tower and the staff are fully integrated within the new unit build, design, and move planning. This new unit will have a better designed space that will allow them to grow as a program and further develop leading best practices in ICU and meet a higher standard of IPC. Staff interviewed stated that they had a direct line to their leadership, felt their voices were heard and that they were supported with regard to education and training required to enact their roles. There is a positive culture of recognition and trust in the department under the new manager's leadership, who can rightfully be proud.

One area of concern is the lack of medical oversight and organizational compliance with the existing telemetry program and protocols on site. At this time, the telemetry patients are housed in the surgical and medical units and can be initiated by the most responsible practitioner (MRP), however the oversight of telemetry is done by the ICU RNs where the monitor is housed. The monitors' alarms are turned off in the respective units, which creates a disconnect between the patient, the primary nurse, and the ICU nurse. The intensivists do not have oversight over the telemetry and the MRP's do not regularly follow the organizational policy or review the patients' needs or requirements for monitoring. This unintentionally can put patients and staff at risk. PMH is encouraged to review the telemetry program and come up with a solution that mitigates risk with a higher level of medical and operational oversight.

Priority Process: Competency

The ICU demonstrated full and expanded scope of nursing skill mix. The staff have access to education and training as well as continuing education, and support when needed, be it in person, online or virtual. Overall, there is a high level of competency and growth of the ICU staff over the past few years, with a solid training platform and mentorship/preceptorship program in place. This training also lines up with the provincial standards and has positively affected recruitment and retention in the department and the need for contracted staff.

Pumps and equipment are standardized, and staff are compliant with the ROP's.

Priority Process: Episode of Care

As the only ICU in the region, they do not refuse patients, and quickly pull PMH patients back from Winnipeg when they meet the level of care they can safely provide. The department is well equipped with standardized equipment needed to support ICU and resuscitative care. They support Code Blues at the site. Standardized documentation and communication tools are used in the department, daily integrated interdisciplinary rounds are done at the bedside with care and diligence.

Based on a scenario presented at the bedside, all hands are 'on deck' to support care. The acuity and complexity of patients presenting for care in the department has become higher, so the CRN is at the bedside supporting staff who require mentorship daily. The ICU interdisciplinary team visited is proud and collaborative; they work tirelessly to support the clients' needs; and they support the department, the site and community and are very resilient, which is required in today's changing health care environment. The team has worked tirelessly to address the unmet ROP's from the last accreditation and is to be commended for their commitment to change, high quality, and patient care.

Priority Process: Decision Support

The ICU uses standardized regional documents in a hybrid EMR and paper format. Although it is a bit clunky, the staff have adapted well to the new system. During rounds, the Workplace on Wheels (WOWs) are brought to the bedside and real-time information is shared and charts updated. The paper is scanned at discharge. ICU has easy-to-access, online evidence-based protocols available that are used. The staff noted that they are vigilant in maintaining privacy and confidentiality for their patients. There are no identified concerns with the priority practice.

Priority Process: Impact on Outcomes

There is a regional approach to all guidelines and policies that the ICU uses. Standard data sets are collected, and standard quality indicators are used and reported on. The data is pushed up to the region and the output is circulated down. There are quality posters displayed in the unit and the standard indicators are displayed. The leadership team have created their own unit specific indicators and are tracking a lot of valuable data. The team is encouraged to work with their PMH quality teams to create more formalized quality initiatives and indicators that can be showcased at the organization level. They should also be encouraged to integrate the findings and display them on an ICU quality board when their new unit opens, and adequate space allows. This would further facilitate a deeper integration of quality in their program and showcase the importance of quality to the staff and public.

Priority Process: Organ and Tissue Donation

Currently, the Manitoba Transplant program is provincial and situated in Winnipeg. The contact information is easily visible and available to the ICU staff with policies and protocols in place when a patient meets criteria. Currently, the program is undergoing changes in its processes and the ICU is aware and is connected to the program. Due 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 they are supported and transferred to Winnipeg when deemed appropriate.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
2.6	Seclusion rooms and/or private and secure areas are available for clients.		!
Priority Process: Competency			
12.12	Access to spiritual space and care is provided to meet clients' needs.		
Priority Process: Episode of Care			
7.1	Entrance(s) to the emergency department are clearly marked and accessible.		!
9.12	Ethics-related issues are proactively identified, managed, and addressed.		!
9.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.		!
10.6	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.		!
10.7	Clients are assessed and monitored for risk of suicide.		ROP
	10.7.1	Clients at risk of suicide are identified.	**MAJOR**
	10.7.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	**MAJOR**
Priority Process: Decision Support			
14.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.		!
Priority Process: Impact on Outcomes			
16.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.		
16.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.		!
16.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.		!

16.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
17.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	!
Priority Process: Organ and Tissue Donation		
11.1	There are established protocols and policies on organ and tissue donation.	
11.2	There is a policy on neurological determination of death (NDD).	
11.3	There is a policy to transfer potential organ donors to another level of care once they have been identified.	
11.4	There are established clinical referral triggers to identify potential organ and tissue donors.	
11.5	Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.	
11.6	Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from clients and families.	
11.7	When death is imminent or established for potential donors, the OPO or tissue centre is notified in a timely manner.	
11.8	All aspects of the donation process are recorded in the client record, including the family's decision about organ and tissue donation.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Emergency Services are provided in 19 communities across Prairie Mountain Health (PMH) with large catchment areas especially in the northern communities. Nine Emergency Departments were assessed during the survey: Brandon Regional Health Centre, Dauphin Regional Health Centre, Killarney-Tri-Lake Health Centre, Minnedosa Health Centre, Neepawa Health Center, Russell Health Centre, Souris Health Center, Swan Valley Health Centre, and Virden Health Centre. The sites serve both urban and rural emergency service areas. Brandon Is the tertiary hospital for PMH (20,000 + visits per year) followed by Russell, Dauphin and Swan River (10,000 + visits per year). Fifteen sites have less than 10,000 visits per year.

A high level of collaboration and interdependence between medical and nursing leadership is evident in the emergency department (ED). Staff at all sites feel that leadership is approachable and highly invested in the units. Staff and physicians reported feeling well supported by their respective leadership teams have been encouraged to rise to their full potential.

Staff and medical staff are skilled, respectful, and proud of the work they are doing. Clients interviewed commended the EDs for the services provided, the caring environment, and the overall support to their communities.

It was demonstrated at multiple locations that PMH has moved to a true multidisciplinary model of care with physicians, registered nurses, licensed practical nurses, care aides, physician assistants, and nurse practitioners working to full scope to ensure skill task alignment, depending on the site. The introduction of mental health liaison nurses at BRHC and Swan River has been well received.

The physical space across EDs varied from older sites where space was smaller and cramped to new sites with significantly newer and purpose-built space to meet the needs of the team, clients and community. Some smaller sites are challenged to maintain privacy for clients during the triage process.

The EDs have seen an increase in both volume and acuity so the constraints of some physical space will become increasingly more challenging. Poor line of sight of those awaiting service was noted in several sites.

Multiple purpose space is used for seclusion/safe room purposes at many of the rural sites. Given the changing patient populations, PMH is encouraged to review the current space relative to best practice standards for seclusion/safe room.. It is unclear if there are consistent standards across PMH.

The EDs are struggling with unprecedented staffing pressures, resulting in chaotic and stressful work environments for health care workers and unfortunate care environments resulting in ED closures for communities. However, all the teams have demonstrated resiliency in their commitment to patients and providing high-quality care.

Priority Process: Competency

Human Resource is a challenge in the EDs of Prairie Mountain Health (PMH). In some sites, there is a fifty percent vacancy rate. This has resulted in the large use of agency staff. As reported by one the PMH leaders, “we are one sick call away from closing down an ED.”

There has been significant attention put into ensuring staff have the necessary knowledge and skills to work effectively within the department. Many departments have a group of relatively new staff. All confirmed they received the required education and training when oriented and felt supported.

Required ED training includes Advanced Cardiovascular Life Support, Pediatric Advanced Life Support, Trauma Nursing Core Course, and Triage. Staff at the point of care were aware of an ethics framework.

Education resources in rural sites was a challenge stated by multiple team members and leaders as they had difficulty ensuring all requirements are met in a timely way with the limited education supports.

While education on mental health and addictions is provided, both staff and leaders noted it was basic in nature and needed to be strengthened. As a regional organization, there is an opportunity for PMH to support lesser-resourced locations through mentorship and support from better-resourced locations. The tertiary site's commitment to education and training opportunities should be modelled throughout the region. The organization should leverage the resources and expertise of the tertiary ED to support and strengthen all EDs.

Regular and ongoing training on workplace violence was noted. Staff in the ED are not prioritized for funding towards taking the Non-Violent Crisis Intervention training. PMH is encouraged to offer nonviolent crisis intervention to all ED staff and physicians. This would go a long way towards supporting staff who are dealing with increased acting-out behaviours/aggression with limited security or seclusion areas.

Professional development plans/ performance conversations are in place with the expectation this meeting/conversation occurs at a minimum every two years. Most staff reported not having a formal conversation but have had informal conversations with the leader and continue to get the support they need for professional development.

There is evidence of a documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, training, evaluation of competence, and a process to report problems with infusion pump use is implemented. This is in alignment with the organization’s strategy for infusion pump safety.

There are composite ED nursing lines that work between the inpatient and outpatient units for greater flexibility and continuity of care/practice.

Priority Process: Episode of Care

Staff speak with passion and pride about their departments, colleagues, and the care they deliver. Whether speaking with leadership, physicians, support staff or frontline staff, all speak of the positive work culture that has been created. All recognize the challenges that the health human resource shortages have presented but can speak to the collaborative processes in place that support patient care to achieve positive outcomes, staff safety, and the positive workplace.

The COVID-19 pandemic has contributed to changes in patient acuity, based on the Canadian Triage and Acuity Scale levels. Speculation from the team suggests that this is primarily due to patients avoiding ED and health care in general during the pandemic, resulting in the current presentation of more complex patients requiring increased interventions

Great variability was noted in how EDs approached suicide screening. Those with an Emergency Department Information System (EDIS) only screened the clients at the secondary nursing assessment and only if they presented with a mental health issue. EDs without an EMR were using two different triage

forms...some described the triage form as 'new', and were confused as to where/when to screen for suicide; and some without an EMR were using older" forms but did not consistently ask screening questions. At some of the sites, staff proceed with screening and treatment planning based on verbal comments and visual cues. The result is that clients are not consistently being screened at the time of triage. The leadership team and staff report a higher volume of mental health presentations and assessing all patients for suicide risk would provide an opportunity for early recognition of the signs of suicidal thinking and to offer appropriate interventions.

Triage processes followed required procedures and processes and used the Canadian Triage and Acuity Scale (CTAS) system.

There are some issues with the physical space and signage for some of the EDs. At the Minnedosa site, the entrances are confusing. Entrances are clearly marked but patients are supposed to go to the main entrance during the day and be registered prior to their Emergency Department encounter. Emergency Medical Services (EMS) always uses the 'Emergency' marked entrance. After hours patients are buzzed in through these doors and met by the nurse from the inpatient area. At the Virden Health Centre, there is great signage about the ED from outside the building. However, there is concern about the poor signage inside and the distance patients travel inside the building after hours to be triaged and assessed.

Diagnostic services and specialist consultation were noted to be available. In smaller rural sites the teams rely on transfer to another facility for a higher level of care but have processes in place to manage many tests and immediate blood tests locally. Medical staff noted a challenge with access to some diagnostic services such as CT when required.

There are policies and procedures in place to support patient safety, including policies for falls prevention, medication reconciliation, patient care transitions, and two patient identifiers. Documentation tools and communication strategies are used to standardize information transfer at care transitions.

Patient safety incidents are reported according to the organization's policy and documented in the Incident Reporting System. Incidents are reviewed with actions implemented as needed. Support is available for staff following critical or stressful incidents. The team has created a safe – no blame culture of reporting, that is used to track and trend cases as well as look for opportunities to improve processes.

Staff and leaders have recognized that there are not appropriate seclusion rooms and/or private and secure areas for patients at many of the rural sites. This would be a great opportunity to have patient input to co-design a space that would meet the patients' needs.

PMH is encouraged to consider elevating the awareness and availability of the Indigenous navigator role in the organization. Visual cues at entrances could make patients who identify as Indigenous feel more welcome and raise awareness about what support is available for them to navigate their illness and the health care system.

There is an opportunity to better align staffing resources amongst hospitals within nearby geography to level the load and ensure that sites where volumes are increasing due to closures at other locations are supported by additional staffing from the closed location.

Overall, the emergency department teams were a welcoming, cohesive group who were very proud of the care they provide. There was a strong focus on sharing effective information in the transitions of care whether at discharge or transfer to another unit of service.

Priority Process: Decision Support

There is much anticipation from front line health care workers to managers regarding moving to an electronic medical record for all of Prairie Mountain Health (PMH). Currently, the majority of the ED record keeping is paper based. Brandon has an electronic medical record (EMR).

The Emergency Department Information System (EDIS) is in place in Brandon and Dauphin. EDIS captures a variety of data, including patient demographics and high-level information about care provided, such as laboratory and diagnostics.

Risk management for continuity of care and improved communication could be achieved by moving away from a hybrid documentation system, allowing clinicians to easily access information on patient care throughout the continuum of care. The paper-based systems that are in use require additional effort and resources to collect indicator data to use for monitoring, evaluation, and quality improvement activities.

All staff are trained in the importance of patient privacy.

Where possible standardized order sets are used with the continuous development of new ones. Policies and protocols are easily available to frontline staff via the hospital intranet.

Priority Process: Impact on Outcomes

Prairie Mountain Health (PMH) is committed to building and maintaining a culture of safety that is open, honest, fair, and accountable, which aligns with the vision and values of the organization. It was very apparent that the organization embraces opportunities to improve care delivery systems with a focus on learning and system improvement.

A lot of work has been done in implementing clinical care pathways and standardized order sets. These were consistently used throughout the EDs and are valuable tools for improving the consistency of care. Use of clinical care pathways and standardized order sets also assists to standardize care and support evidence-based medicine.

In varying degrees, the EDs are using data to inform quality initiatives and to identify areas of risk. The implementation of electronic incident reporting has improved reporting rates. Continuing to educate and support staff on reporting good catches as well as incidents is encouraged to help identify trends and areas of risk so they can be addressed.

uncovered inconsistencies in how different teams are approaching quality and safety. At an individual client level, there is active involvement in identifying and reducing risks. However, at some of the rural sites, at a program level, there is little to no involvement of clients and families in identifying and reducing risks. The organization is encouraged to ensure the culture of quality and safety is consistently embraced and implemented across all teams at PMH, with input from clients and families.

The EDs may benefit from developing an integrated quality improvement framework to proactively identify quality improvement goals with corresponding timelines, measurable outcomes, action plans, and accountabilities. It is strongly recommended that front-line staff and patient input be solicited in the development of quality improvement initiatives as well as the setting of departmental goals and objectives. In addition, it is recommended that the quality framework demonstrates its linkage to the PMH strategic plan as well as demonstrating its expected engagement across the EDs.

Indicators that monitor quality improvement could be better communicated throughout the EDs. Indicator data may be used, but it is not well-known beyond leadership. Quality improvement data needs to be made more visible and available. Teams need to see what the organization is working towards. However, the ability to track data in real time is limited in a paper-based documentation system.

There is an opportunity to better educate staff working in all EDs across all three sites on their role in organ and tissue donation. The emergency department is an important location where the identification of organ donation can occur. There is an opportunity to engage the community better, and staff at PMH can play a role in that.

Priority Process: Organ and Tissue Donation

In speaking with physicians and several staff, it was noted that there is a dearth of education and training around organ and tissue donation. Neurological Determination of Death is not determined at many of the rural sites. However, there are other deaths where tissue and corneas might be used. There may be some missed opportunities in the EDs. It would be helpful if the staff and physicians had additional training about how to approach individuals and families about organ and tissue donation. This could represent an opportunity to make meaning out of something tragic/difficult.

Prairie Mountain Health (PMH) is encouraged to work with Transplant Manitoba's Gift of Life (TMGoL) program to have clear processes, brochures, notification algorithms, and reminders in place to guide staff in ensuring that every patient or substitute decision-maker (SDM) has an opportunity to consider donation of organs and tissues as part of quality end-of-life care.

A regional organ and tissue donation policy/process is in development that will include referral triggers. However, PMH is encouraged to collaborate with TMGoL where there are already resources for clinical referral triggers. The TMGoL in turn will support the organ donation process once a clinical referral is triggered.

Posters have been placed in the ED in Dauphin and Brandon regarding the central provincial number to call in Winnipeg for organ donation, but were absent in the rural EDs.

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	
5.20 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
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

The West Zone of the EMS Service for Prairie Mountain Health covers a 70,000 sq/km region with 30 operational stations, five operational districts, and deploying 58 ambulances. They have one service agreement with the City of Brandon where a combined Fire and Paramedic Service is operated. The call volume per year is approximately 30,000 and 70 per cent are primary 911 calls and 30 per cent are inter-facility transports (ICTs). The communication centre is in Brandon where all primary and ICT calls are triaged and dispatched. The EMS Service covers a population of urban, small town, rural, remote northern communities and First Nations and Metis communities.

They continue their success in standardizing equipment which includes a new fleet of ambulances, specialized medical equipment tracking, power stretchers, and Zoll Auto-Pulse CPR Devices in all

ambulances. Each ambulance has intermediate paramedics who are trained with additional critical care skills that are more advanced than that of a primary care paramedic. The service is looking to train advanced care paramedics, while discontinuing the training for intermediate level staff.

Recruitment is mostly shared centrally within Shared Health. There is a critical staff shortage with over 70 FTE's remaining open. This represents a 30 percent staff shortage. The West Zone is focusing on hiring locally. They engage the local high schools to help raise awareness about the profession. Often new recruits join the team from Winnipeg and often return to Winnipeg after a year to be back with family and friends. New clinical service leads were implemented to replace an antiquated on-call manager system and this new role is showing great success with the oversight for each station.

There are a lot of demands on the team. The demand for primary call and inter-facility transports creates stress on the team. Crews are extending themselves to various stations, often leaving areas short on staffing. Emergency Department closures also add to the complexity. Being short staffed, and stretched thin, results in extended response times. The addition of an air ambulance service has been a game-changer and has drastically reduced the number of times when ambulances are deployed for inter-facility transports; which can lead to ambulances being critically limited from their zone for hours at a time.

There is very good competency training. Training occurs in-person and virtually. Policies and procedures are updated weekly and sometimes daily. Paramedics have access to an online app called "PPP" which updates their policies and procedures with the latest protocols. The frequency of updates varies based on clinical need, scope of work and format changes, medication changes, and safety/risk concerns. The app is updated by Shared Health. The paramedics appreciate these updates, and they see the benefits with the amalgamation with the regional Shared Service's approach to standardized care. The one area of training that is lacking is annual driver training. Given the complex driving conditions, the length of time paramedics spend driving and the large geography, it is encouraged that paramedics have formal driving training that is offered annually.

Currently no client experience surveys are being completed due to the transition to Shared Health. Feedback is received through the compliments and complaints process and at any community event they attend.

The comradery among paramedics is palpable. The managers and staff have a great relationship. These are amazing people, and they truly want to make a difference in their community. As the amalgamation with Shared Service matures, it will be important that they maintain the culture that exists. Paramedics really care about each other, and morale is high.

Priority Process: Competency

Education is a priority, and it is evident that a lot of effort goes into ensuring paramedics are supported. All paramedics are educated on the new CPR devices as well as the new patient stretchers. Often this involves having the educators drive many hours to each site for the hands-on training. All paramedics are trained on infusion pumps despite not having enough pumps for each vehicle. The EMS Service takes advantage of community events to connect with patients, however the attendance is low.

Priority Process: Episode of Care

The staff are dedicated and care about each other. Due to the staffing issues, the team is scheduled for on-call shifts. Some paramedics stay with friends to be available when they are called in. Often, they are moving ambulances from site-to-site to maintain service. Crews may arrive at one location and work out of a totally different location each day. The managers are very proactive when they build their schedules and ensure ambulance availability is the best it can be, given the staffing shortages. A challenge is the lack of health literacy, such as for prenatal care. The paramedics are very competent and often deal with complex medical and traumatic calls.

Priority Process: Decision Support

The teams continue to use carbon-copy ambulance call reports. All information is collected and documented on these forms. If patients refuse care, the same reports are generated. There is discussion about having an electronic documentation system and this is something the team is looking forward to. All staff are trained on the CTAS acuity scale. The phone app has benefited the team, and it is kept up to date as it acts as a quick reference for policies and protocols.

Priority Process: Impact on Outcomes

The EMS Service has invested in new equipment and new ambulances. The ambulances are taller inside and offer efficiencies and space, which is very nice to have given the long transport times. The new power stretchers benefit the paramedics so that they don't have to lift heavy patients every time they are at scene or when they load patients in the ambulance. The new CPR device is fitted on all ambulances and helps when having to perform CPR for long periods of time. The new investments have proven successful and directly improve the care at the front line. As new paramedics join the organization, the management and educators will continue upgrading skills to an advanced level paramedic. The intermediate level has proven successful but is not recognized the same as a formal advance paramedic program. It is a benefit to have in-person training and virtual training has proven very successful as well.

Priority Process: Medication Management

Each vehicle is stocked with medications. Narcotics and controlled drugs are safely stored and tracked. Rural sites have standardized medication readily available, and medication will be replenished at 'hub' sites. This helps limit the amount of medication stored onsite and at remote stations. The medications are locked and there are two signatures documented when signing out or wasting drugs. The medication management is very well organized.

Priority Process: Infection Prevention and Control

Infection control practices are evident with each crew. PPE is stored safely and is readily available. Gloves and hand hygiene appears to be automatic for everyone. Vehicles are cleaned regularly with products that the paramedics are trained on. Training such is WHMIS is provided during their annual learning and the paramedics are trained on. Training such is WHMIS is provided during their annual learning and education sessions. Linen is centrally managed out of Brandon and Dauphin. Although the process differs slightly in areas such as Swan Valley, there is an ample supply of linen and blankets.

Standards Set: Home Care Services - Direct Service Provision

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Home Care services are provided to residents of Prairie Mountain Health via 30 locations that serve patients across the age spectrum with the majority served being seniors. The scope of services provided includes assessment and care planning, care management and case coordination, assistance with personal care and ADLs, home support, nursing care, respite care, and end of life care. The Home Care Program delivers services in patients' homes, in the community (such as services provided to residents living in supportive housing) and Home Care treatment clinics across the geographic region of the communities served by the regional health authority. In addition to providing services that are managed and coordinated for patients, the Home Care Program oversees a managed care option for patients and families (self-managed or family-managed care). Four Home Care program locations were included during the onsite survey visit: Dauphin Regional Health Centre, Souris Health Centre, Killarney-Tri-Lake Health Centre, and Virden Health Centre.

The Home Care teams of clinical and administrative leaders demonstrated during the onsite tracers and during home and clinic visits that they are nimble and agile, adapting to the needs of individual clients and being responsive to community needs. As noted by one leader, "We respect geographic variation and the individual differences of our clients, while standardizing for efficiency and equitable allocation of resources". The commitment of all members of the teams encountered during the tracers to the provision of high quality, compassionate, and safe care, and their creativity, is a testament to the collective passion

demonstrated for the patients and families served by the organization. Leaders and clinicians described the desire to provide equity-oriented care to patients from diverse cultural and ethnic backgrounds and openly discussed with the surveyors the challenges faced when planning and delivering care to the increasing numbers of patients presenting with substance use and mental health issues in a manner that ensures both patient and staff safety.

Excellent partnerships were found to be in place between the Home Care Program and other community health and social services, including communication with acute services to address patient flow issues by being actively engaged in discharge planning when existing or potentially new patients are returning to their home community following a hospital stay, requiring Home Care services. Electronic access to the records of patients in hospitals facilitates seamless planning and coordination between hospital-based Home Care coordinators and home-based care providers who work together to facilitate discharge planning and care planning.

A Lean Yellow Belt project undertaken by the Home Care case coordinator in Dauphin to increase awareness of the Home Care program within the community and to simultaneously take information to ‘where people live’ is noteworthy. The project demonstrated a decrease in the number of patient/family complaints and a decrease in program management time. In addition, a comprehensive review with involvement from patient partners was undertaken to ensure Home Care applications are complete and comprehensive and easy to understand. Comprehensive and complete applications are now available to assist the Evaluation (Board) Panel in deciding if patient needs meet or exceed the supports available in the community from the Home Care program or, in the event of a change in a patient's care needs due to an event, such as a hospitalization, if the patient still meets the Home Care program's eligibility criteria. Adding the patient voice to the Panel application review process is an excellent example of co-design with patients and the community. Plans are now in place to spread the learnings and tools developed from this project throughout the region.

Priority Process: Competency

All team members interviewed during the onsite tracers appreciated the excellent organizational support they received to build their expertise. Mandatory education requirements were noted to be clearly defined and available via the PMH SPOT online training platform. Examples were provided demonstrating that both virtual and in-person training are offered across all employee groups, completed, and monitored. The Level 1 Wound Care training that must be completed by all Home Care nurses, is an example; noteworthy is that most nurses have completed Level 2 training to become Wound Care Champions. With the support of the Regional Wound Care Coordinator, Wound Care, based in Brandon was cited as a valuable resource to the Home Care program teams across the region, especially given the volume of skin and wound care issues that they manage. The improvements to Home Care Attendant (HCA) orientation for new hires and ongoing education for all HCAs was cited across all programs during the onsite survey as having created an excellent standardized orientation and training program with a digital delivery model. It is noteworthy that HCAs were engaged to inform the content and the delivery model.

Numerous ethical issues can arise in Home Care, and several were shared. Staff reported they immediately discuss these issues with their supervisor. An organization wide ethics framework is in place and helps support clinical and administrative leaders in addressing ethical situations as they arise.

Discussions with staff indicated an excellent collaborative team approach. Staff noted that their team approach and communication are areas they are very proud of.

Priority Process: Episode of Care

The Home Care team is commended for the development of a Centralized Intake Process that now serves as a resource to all seniors living in the communities within the PMH Home Care catchment area. There has been a concerted effort since the last Accreditation survey to move away from a focus on north, central and south, and to adopt a regional approach. The centralized intake phone number thus allows existing Home Care clients, seniors living in all the communities served by the program and their families to access information about services that the PMH Home Care program offers. The impetus for the centralized Intake process and contact number was to address the gap between the Services to Seniors Program and the Home Care Program. The PMH Home Care Program applied for an Enabling Seniors Grant (that supports initiatives promoting aging in place) to develop an electronic database with a detailed list of all the local community resources for seniors living in the PMH catchment area. The newly created position of navigation coordinator visited over 60 communities to engage with seniors in their home communities to gather information for the database and to meet with municipalities, First Nations and Metis communities, Service to Seniors boards, and community resource coordinators to gather the information for the database.

An excellent example of the efforts of the program to engage with patient partners is the message at the end of the Home Care Client Experience Survey that reads, “Home Care Client Advisor Volunteers Needed!! Someone just like you helped to design this survey! We want to partner with existing Home Care clients, or their family members/support system who might be interested in helping us review Home Care programs and services by being part of a Home Care Quality Team, or by reviewing policies or other related documents. If you are interested in this, please leave your name, phone number and email address in the boxes below.”

A Home Safety Risk Assessment is conducted for each patient at the beginning of service. Patients are fully informed when home safety issues are identified. Patients are involved in managing identified risks in their home, as appropriate.

Goals of care/care plans are co-designed with the patient and family. Goals and patient rights and responsibilities are documented and were noted on patient files reviewed during the onsite tracers. Informed consent processes and updates are in place.

Priority Process: Decision Support

There are processes in place to ensure requirements are met for informed consent and that privacy protocols are hardwired into the intake process. Documentation policies are in place at the organizational level.

The PMH Home Care Program is commended for making the difficult decision to suspend use of its electronic Point of Care (PoC) medication module as a result of an incident that highlighted the potential for medication administration errors when archived medications became unarchived with no visible documentation trail for the cirect service nurse or the home care case coordinator in the eMAR. While it is common for paper MARs (medication administration records) to serve as a backup system when electronic systems are down, in this case, the use of the paper MAR, resulting in the use of a hybrid paper and electronic documentation system, ensures patient safety, mitigating the risk of medication administration errors out of the control of clinicians, until such time that the vendor of the electronic module is able to provide assurances that this and other issues with the module have been rectified.

The rollout of the Procura Mobile App is the culmination of the work of the Regional Scheduling Project that was started to standardize scheduling across the Home Care Program. The Procura Mobile App will be installed on smartphones provided to Home Care staff. The App will give staff real-time access to client schedules, making updates or cancellations visible in real-time, and provide automated mileage tracking that will highlight the best route to patients' homes. The mobile App will also offer secure messaging for communications between Home Care office staff and staff working in the community, providing improved safety for staff working alone who can check in and out when arriving and leaving a client's home. The program is commended for its focus on ensuring safety for staff working alone in patient homes and the ongoing review of its Home Risk Assessment protocols.

Noteworthy is that the Home Care Program has a wonderful resource page on the PMH intranet that includes detailed SOPs with embedded videos for a wide range of procedures and care provided by Home Care clinicians. Teams noted during tracers that the site has been useful for refreshing their knowledge and reviewing techniques in advance of interacting with their patients.

Priority Process: Impact on Outcomes

Organizational policies and standardized tools are in place to reduce variation in service delivery.

Staff of the Home Care Program interviewed during the onsite tracers were aware of the online incident reporting system and reported being comfortable to document incidents, including near misses. Staff reported having the opportunity to debrief and define opportunities for tests of change to mitigate the risks identified with each incident. An organization-wide disclosure policy is also in place.

During one of the onsite tracers, a patient presented to the Home Care clinic for wound care. Review of the patient record showed that a standardized set of indicators was used to monitor and report on the progression of the patient's wound/healing, including dated and labeled photographs. The patient's record(s) when admitted to hospital were also accessible to the Home Care staff through the electronic medical record.

The range of initiatives undertaken by the Home Care program as Lean QI projects is commendable. The program focus on using data to inform progress with tests of change is noteworthy. Several examples of Yellow Belt projects were shared with the surveyor team and are noted throughout this report. Bravo to the leaders, staff, and patient and family partners across the program who contributed to these projects!

The Home Care program and teams are encouraged to work towards a metric to more effectively monitor waitlists, as the current Procura system was cited as having limitations for report generation.

Standards Set: Hospice, Palliative, End-of-Life Services - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
2.10	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.		
Priority Process: Competency			
3.10	Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.		!
3.12	Education and training are provided on information systems and other technology used in service delivery.		
3.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.		!
3.16	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.		!
Priority Process: Episode of Care			
8.5	Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.		ROP
	8.5.2	The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	**MAJOR**
Priority Process: Decision Support			
2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.		
13.1	Training and education about legislation to protect client privacy and appropriately use client information are provided.		
Priority Process: Impact on Outcomes			

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The hospice, palliative care, and end of life services provide essential programming and support to the community of Brandon and beyond. During the survey, the inpatient palliative care services were visited at the BRHC and the Home Care Services at the Town Center.

Both the inpatient and home care programs have administrative leadership. This is recognized and supported by the staff in the programs and keeps the programs functioning well. Regarding palliative care overall, there is a need to really understand the strategic vision of the program for the region and how this aligns with the provincial strategy. The palliative care team, to be successful, needs to ensure they have physician leadership within the program structure and at the executive table to advance the overall palliative care agenda for the patients in the region. The inpatient area has rotating hospitalists who attend service and there's an opportunity to look at how one of these individuals can become a lead from a physician's perspective to work with administration to advance the program's goals and objectives. Also, having support from the executive level leadership will be a critical success factor for this program to ensure best practice guidelines for management of palliative care patients.

Overall, the vision for palliative care across the entire province and the region remains underdeveloped. There is an opportunity to really examine the roles, responsibilities, structures, and resources that exist in the different regions and align them to the best standards in palliative and hospice care. For example, the team describes the different resource allocations and resources available in the Southern Health Santé Sud region that need to be considered for Prairie Mountain Health. PMH has prepared and submitted a proposal to enhance the palliative care program to ensure that patients and families in the region get the best support for palliation and end of life care. The proposal outlines the population demand and the focus on the Indigenous communities and the need for different resources in the form of nursing, palliative care beds, and administrative support along with a lead palliative care physician. Also, the 12-bed palliative care unit needs to ensure the criteria for admission, transfer, and discharge are clear and the unit is protected for those patients who need it. The palliative care inpatient unit works very well with the home care team, and as part of the proposal they have requested additional nursing hours to help support patients for after-hours consultation.

Priority Process: Competency

The hospice, palliative and home care program consists of interprofessional teams who have the required education to complete their roles and responsibilities. As with many teams in the region, there are ongoing challenges related to staffing at both the frontline and leadership level. Palliative care and Home Care Services related to individuals who endstage and dying would benefit from a comprehensive facilitated approach to the vision of the program with the identification of key leadership roles at both the unit and executive level. The team is struggling with system issues and requires a physician lead for the program, ideally a palliative care specialist however, if this is not available a medical lead to help advance the program's goals.

An electronic medical record has been introduced for the palliative unit. However, the team describes the support and ability to have contacts for ongoing issues as very limited. Teams describe working together to sort and try to understand some of the IT issues that arise and they would welcome further support in this area. This wish for IT support was noted both in the palliative care unit and the home care program.

New electronic boards have been placed on the units with the different room numbers, patients, and other information related to their care team and treatments. These boards need to be reviewed as there are breaches of confidentiality with the patients' names and ages along with services being accessed that can be viewed by the public.

Priority Process: Episode of Care

The teams surveyed on the inpatient palliative care unit and the Home Care program are committed to providing high level palliative care and end of life support for individuals and their families. The team is very fortunate to have Indigenous care representation, a lead for volunteer support, and spiritual care representation. The team is very patient focused and works hard to ensure no gaps exist in care, and patients and families are supported on their journey through the death and dying process.

The new electronic health record continues to be introduced and adopted on the palliative care unit and further support is needed to ensure comprehensive documentation is complete. Each individual admitted to the unit is considered a fall risk however, there needs to be documentation of this on the electronic record. In addition, medication reconciliation continues to need further support and education with the physician group to ensure that a complete reconciliation is done and documented in the electronic record. Currently, the nursing staff are unable to see the complete medication reconciliation, which poses safety concerns as they are the individuals who are administering the medication. The staff would like to have ongoing support from the IT department to ensure that all components of the new electronic medical record are fully implemented, and staff have full access to areas that impact on their care delivery.

The individuals who work in palliative and end of life care demonstrate strong teamwork and commitment in supporting patients and their families through this difficult period in their life journey. Ongoing support to ensure that the team has leadership and a vision for the service to fully meet the needs of the community will help advance the program and two best practices in this area. There has been a formal submission to enhance the palliative care program at Prairie Mountain Health with the necessary staff and resources that would align to some of the needs to ensure best practice palliation and end of life care is given to the community. The team is very committed and there is a high level of commitment to stay on the course and obtain the supports needed. Several of the recommendations include the addition of a palliative care physician to the team, increasing the community nursing resources based on the population need, adding palliative care nurses in districts and intermediate acute care facilities to support families, increasing after hours consultation for nursing, adding a social work to the team along with the full-time palliative care educator. The team is fortunate to have an Indigenous lead with the program however, in the long term they would like to have an end-of-life doula as part of the team.

Priority Process: Decision Support

The organization is transitioning from paper forms in the palliative care unit to an electronic medical record. Ongoing work will need to continue to increase the adoption with the necessary support from the IT department. The home care program at Town Center is fully using an electronic medical record and there's recognition of further opportunities to integrate systems from acute care to home care to ensure full information is available to the care team. At this point the systems are very separate, unable to communicate or share information. As noted, patient information needs to be protected from the public or those walking onto patient care units.

Priority Process: Impact on Outcomes

Overall, the individuals and team members surveyed with the hospice, palliative and Home Care services are dedicated to ensuring their services are of high quality and they are meeting the needs of the community. With the resources they have to date they are doing the best they can however, ongoing work and support will be needed with physician leadership and executive leadership to ensure their program aligns with best practices and they have the resources to do their work well.

The team is encouraged to work with the foundation as there are low hanging improvements that can be made to enhance the unit with minimal costs. Understanding that there are other priority projects such as the new construction of the tower, there are projects that the team can undertake with minimal effort along with support from the foundation to enhance the appeal of the unit and make it more comfortable for patients and their families. At the entry of the unit, there is a small space for private family use however, it does not have warmth. The team is willing to take this on and with small upgrades this can be enhanced. Providing staff with the ability to complete small projects on their own without having to go through extensive processes or compete with large scale projects would increase the morale for the staff and provide more comfort for patients and families who are at end of life.

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

Those with accountability for oversight of Infection Prevention and Control (IPAC) at Prairie Mountain Health have given great attention to ensuring that structures and processes are in place to support and make improvements with the prevention and control of infections. There is strong, committed and engaged leadership. The interdisciplinary team is comprised of pharmacists, infectious disease specialists, infection control professionals, nursing, occupational health, long term care, quality and safety, and several other groups. The team provides support across the many sites. There is variable collaboration among infection control, environmental services, dietary and food services, laundry services, and waste management regarding IPAC processes. Several gaps remain regarding collaboration between IPAC and environmental services. Huge workloads for IPAC staff limit their involvement. There is access to qualified IPC physicians.

There has been extensive investment in resources for IPAC. This followed a recent Stevenson report, now known as the PCH Quality Initiatives, on services at Prairie Mountain Health. Policies across the organization have been harmonized. The IPAC staff provide extensive education and training for staff. PMH is to be commended for the recruitment of two additional Infection Control Professionals (ICP) and eight Infection Professional Associates for long-term care. They are involved in education about infection control measures. These associates walk around, do hand hygiene audits, and educate staff and physicians on best practices. Acute care sites have the support of an ICP who also supports several other sites. The ICPs are available to staff by phone daily and visit sites regularly. However, they have many sites to cover and are stretched thin. Further guidance is provided by the regional IPAC committee.

Infection Prevention and Control is involved with renovations and capital projects. The organization may want to consider having the infection professional associates in the acute care sector. Hand hygiene has been brought to the forefront for PMH, which has a comprehensive hand hygiene policy. There is extensive training for staff, families, patients and community members. There is ongoing compliance and monitoring at all the sites. PMH has enough dispensers, sinks, and resources in most locations, and has implemented an electronic hand hygiene audit tool. This electronic system is more in-depth than the four moments hand hygiene visualization method. There has been a reduction in some of the hand hygiene rates at several sites which may be related to the wider evaluation of data obtained by the electronic audited system.

The current target is 80 per cent. Improvement plans are required when audit results are less than this target.

The electronic monitoring of hand hygiene adherence counts all dispenses of alcohol handrub and soap on each patient unit, merges the data with a downloaded hourly patient census, and calculates hand hygiene adherence by comparing the measured dispenses per patient care hour to the average number of hand hygiene opportunities needed per patient hour in the nursing unit. Reports are available at any time on a website, and by email. The team is analyzing the information to reconcile the different rates obtained by direct observation and electronic monitoring.

Hand hygiene audit results are posted in areas that are seen by staff, patients and visitors. The teams are commended for their work to increase hand hygiene compliance.

Staff members indicated that they receive education at orientation and at regular intervals. There is extensive clinical education, that is promoted by a Keep Educating Yourselves (KEY) program. Education of patients and families is ongoing. An education program for residents at Rideau Park was started in January 2020. Residents learn about infections and sleep, advanced care planning, grief, and urinary tract infections. There are handouts on infection prevention and control for visitors.

There have been several outbreaks of different infectious diseases within PMH. Outbreak management is coordinated with Public Health. Teams are familiar with outbreak protocol and outbreaks are usually contained and managed quickly. The organization may wish to consider additional quality improvement activities that could reduce the duration of the outbreaks. .
Processes related to waste management are good. Many sites do their laundry in house.

The team is to be commended for its ongoing work to reduce health care associated infections. PMH is encouraged to consider frontline education and training in quality improvement.
The environmental services records/audits are not shared with the IPAC team. PMH is encouraged to ensure that standards of practice are followed and audited. Given the age of several of the facilities, the organization is encouraged to monitor and frequently audit, cleaning routines of patient care rooms and other high traffic areas. It may be helpful to have these audit results shared with the IPAC team who can support prompt awareness of potential issues.

Several environmental issues were noted at some sites. These included COVID signs are still up, paper is taped on walls, there are numerous posters and cork boards, clean equipment rooms are crowded, there are laminate countertops and chipped areas in the ceiling and flooring. Some of these issues speak to the age of the facilities.

Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
10.12	Access to spiritual space and care is provided to meet clients' needs.	
Priority Process: Episode of Care		
9.14	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.	
10.2	Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	ROP
10.2.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	**MAJOR**
Priority Process: Decision Support		
12.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	!
Priority Process: Impact on Outcomes		
14.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The inpatient service is spread over 18 acute care facilities. Three of the larger facilities are in Brandon with 60 beds, Dauphin with 40 beds and Swan River with 52 beds. Additionally, there are 15 medium-sized facilities with nine to 25 beds.

There are two regional director positions with several site managers reporting to this position. Site managers, except one, have oversight for at least two sites and multiple service areas within their portfolios. Several managers are new to their managerial role within the last one to three years.

Not all sites or site managers have the support of a clinical resource nurse. The presence of a clinical resource nurse to assist in the education/training and reinforcement of best practices would be beneficial to not only support staff but also to augment the many responsibilities of the site managers.

The inpatient leadership team of director and managers have identified two main goals for the upcoming year. One pertains to falls and the other to information that is shared at points of transition. Each site manager is working toward these goals within their specific site responsibilities. At this time there are no site-specific goals and objectives in place although this may be a consideration for the future. The inpatient team meets regularly and all managers cited the valued support of their director and the support colleagues as crucial to their success.

Priority Process: Competency

There are many robust education and training opportunities within the service area, most of which are online and accessed through the PMH intranet. All staff are aware of the S.P.O.T learning site that is home to many learning modules such as the workplace violence prevention program, and infection prevention and control hand hygiene, . There is an annual calendar of mandatory education for staff and a calendar of scheduled certification and recertification modules for clinical staff.

The ways in which recognition is given and perceived across the sites vary. Some staff stated that there were social activities among the staff often facilitated by the manager to show appreciation. One member of the staff was very proud of a letter they received acknowledging the work that they did for patients and the team. However, at other sites it was noted that staff would like more recognition, sharing that at their regular meetings they discuss their shortcomings but do not discuss their successes.

Maintaining a stable unit schedule is an ongoing challenge given the significant staffing shortages across the PMH system. While recruitment and retention efforts are ongoing, there still are significant gaps in scheduling. Staff are offered additional shifts and/or overtime but because many of the staff have young families, they are reluctant to accept these shifts as they do not know their child's activity schedule in advance. So, it is a balancing act for the staff to help their unit and support their family needs. As a result, agency nurses are frequently used. It was noted that if the agency nurse has already accepted a shift this cannot be changed if the staff member finds they are free and able to accept additional work.

There is no easy solution to the staffing dilemma that is facing our national and international healthcare system. Even with ongoing recruitment this situation will not be resolved without solid and creative retention strategies for staff and physicians. Strategies to recognize and value the work that is done and provision of feedback, such as in regular performance reviews given with support and encouragement for professional and personal growth, cannot be overestimated.

Priority Process: Episode of Care

At all PMH sites within it was noted that staff and physicians of the inpatient service are caring and compassionate. Their kindness and patient centered care is evident. Patients describe the care as good to excellent and say that information is provided in an understandable way. The degree to which patients are involved in their care is largely depends on them.

The staff are doing a great job of empowering patients and families to make decisions related to their care. Patients and families are engaged whenever there is a change in status or when transition is required. Patient and family meetings occur regularly. At the St. Rose site, weekly interdisciplinary meetings with staff and physicians (including students) are held with community partners (community mental health, home care, and the Indigenous liaison) to review patient care plan status, and preparedness for discharge. There are additional patient and family conferences as required in a meaningful way toward decision making regarding the best treatment or transition plan.
Even with the great work that is being done within the inpatient services across all sites, there are opportunities the inpatient team will want to address. There is a policy regarding two person identifiers and most times staff use this to verify patients, however, there are inconsistencies of this practice. For example, arm bands were missing on some patients. One armband was taped to the wall behind the patient. In speaking with several patients, they recalled the staff asking their name but not checking the armband for name and date of birth. Additionally, there are inconsistencies in documentation. For example, the Safe Client Assessment Tool was not always completed and lacked a signature, and signatures were not always present on the admission assessment. The completion of the DVT assessment tool is also a challenge at some sites and was found not to be completed consistently.

Not all sites have an infection prevention and control practitioner onsite. Staff were not always aware if there was anyone to call if questions arose after hours. While there is access to the infection prevention and control policies on the intranet there is a need for on-call infection prevention and control support after hours and on weekends to answer questions and advise staff.

Agency nurses are used frequently. There is an effort to have consistent agency nurses, however this is often not possible. Agency nurses spoken to at several sites cited they were always welcomed and supported by the staff. A brief orientation was always provided, and agency nurses felt very comfortable asking questions. While the agency nurses are a necessity given the staffing shortages and the staff are grateful for their presence there was also mention of the strain the use of agency staff can put on the regular staff as they have to be sure to take time to answer agency staff questions and generally have to remain watchful.

Acute Care Patient surveys are done at each of the sites, managed and operationalized by Manitoba Health (not PMH). The survey is ongoing throughout the year based on monthly discharges. PMH receives annual data, and the most recent survey report was for 2022-2023. It did not include Nutrition Services information. PMH Nutrition Services conducted a specific food services satisfaction survey in 2022. The food satisfaction survey compares site results to the overall PMH survey results. Depending on the site

the food services may vary. At one site staff and patients complained about the type of food being served to the inpatients. Examples include wraps served to the older farmers who did not know what to make of them and salads to those without adequate teeth to eat salad. In one survey done at a larger site the food satisfaction was rated between 42 per cent for choice and 100 per cent for time given to complete a meal. Of note 93 per cent of respondents said the meal was delivered by friendly/pleasant staff compared to 95 per cent for PMH. Dietary staff in each of the areas are encouraged to develop action plans to address the gaps identified in their survey results. It is suggested that staff, patients and families be invited to help develop the action plans and to evaluate their effectiveness.

A goal for the inpatient service is to improve the information about the patient at transition points. The inpatient team is encouraged to continue their efforts to streamline and improve the process for gathering information at points of transition as inconsistencies remain. In one instance it was observed that there was a lack of verbal information transfer related to contact precautions in handing over care to the EMS. Paper records make information transfer a challenge as well.

Some opportunities the inpatient team may wish to consider are, in partnership with the EMS, to develop bypass protocol for the smaller sites regarding birthing patients as well as trauma; provide nonviolent crisis intervention training for staff and physicians especially those in rural areas where there is no security during the day or afterhours. Mental Health and Addictions Training would also be beneficial for these sites; increase ethics framework awareness and applicability to clinical and non-clinical situations. Scenarios to demonstrate utility may be beneficial during ethics week.

Some further opportunities include exploring the feasibility of joint educational sessions, perhaps quarterly with physicians and staff, pertinent to inpatient issues, and considering a regional centralized system for the placement of patients into long-term care and/or transitional care. Currently, there is a long-term care coordinator who supports these placement. However, the increased number of patients requiring placement in the largest sites, such as Brandon, reduces the ability to ensure that there is attention paid to the long-term care and transitional patients' requirements for the smaller sites. The expansion of the coordination system for long-term care to improve placement of patients in rural sites is encouraged.

Finally, consideration for the expansion of point of care testing may help alleviate the number of times samples have to be sent to Brandon.

Priority Process: Decision Support

For the most part, the patient record is paper based. Laboratory and diagnostic reports are electronic and are scanned or copied and then added to the paper chart. The records reviewed were all well organized and neat in appearance.
There are audits done to support the continuity and integrity of the health record, however there are still inconsistencies where an admission screen tool was missed or not signed off. Managers and the clinical resource nurses will follow up with the individual and communicate audit results with the team.

At some sites space and workflow is shared with different service areas such as the emergency department, ambulatory care and inpatient service. This can be confusing, especially for patients and families, to have different staff move between the services. For example, one ambulatory patient in for an IGIV in a span of a five-minute conversation had three different nurses who dropped in as the IV alarm kept going off on the infusion pump. Each of the nurses mentioned they were going to get his next bottle of medication.

While it may be a strength to have nurses who are cross trained and capable of moving from service to service, it can be disconcerting for the patient and may also be a risk to the continuity of care and patient safety. For example, an initial assessment of suicide risk is done but then is not consistently monitored during the stay due to staff movement. The team is encouraged to explore ways in which workload is distributed in such situations to minimize confusion and to promote continuity of care.

Priority Process: Impact on Outcomes

Quality improvement activities and the general understanding of a formal quality improvement initiative varies from site to site. Not all improvements are formally framed using the PDSA cycle framework. Not all improvements are structured with goals and objectives. Most improvements are initiated to benefit the patients, such as, the creation of a picture board to help an aphasic patient communicate with the staff. Other sites have impressive QI initiatives underway. These sites have their goals posted on a bulletin board visible to patients and staff. They generally use the regional patient experience measure and complaints to determine what areas to work on.

Sites such as in Killarney involve their clients and family members by offering education, exposure to promotional posters, surveys, and inviting them to sit on various working committees, such as the hospital-wide dietary committee and facility design groups. For example, clients and family members identified the need to renovate the washrooms. A client-created subcommittee and society raised $350,000 from the community to renovate the bathrooms, ensuring safe handicap accessibility. This included new toilets, wider door frames, sinks, and assistive systems.

Standards Set: Long-Term Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.6	The effectiveness of resources, space, and staffing is evaluated with input from residents and families, the team, and stakeholders.	
2.8	A universally-accessible environment is created with input from residents and families.	
Priority Process: Competency		
3.15	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.17	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		
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

A sizable percentage of Prairie Mountain Health personal care homes (18/43 sites) participated in the accreditation survey this year. There was a consistent finding of strong community integration in rural settings with strong ties to the local community, fostering a sense of belonging and support for staff and residents. The efforts to encourage shared decision-making through resident and family councils and annual care conferences were recognized.

Staff recruitment and retention challenges are variable throughout PMH sites surveyed with some having more difficulty than others resulting in a continual reliance on agency staff. Leadership and staff expressed excitement regarding the provincial staffing pool and they look forward to participating in the initiative.

There are challenges with aging infrastructure and required maintenance at older sites/facilities.

Surveyors noted the current project of updating sites with the installation of sprinkler systems and encourage PMH to continue with modernizing their patient care homes. Renovations are required to upgrade facilities to current IPAC recommendations, wheelchair accessibility, and providing HVAC for resident comfort.

Clear evidence exists in multiple sites that they are moving towards providing resident choices. The introduction of various dining options and beverage carts were examples of personalizing care through the recent PMH initiatives to enhance care and cater to preferences of each resident.

The following sites were surveyed: Baldur Health Centre, Birtle Health Centre, Boissevain - Westview Lodge PCH, Brandon - Rideau Park Personal Care Home, Dauphin - St. Paul's Personal Care Home, Deloraine - Bren-Del-Win Lodge Personal Care Home, Deloraine Health Centre- Delwynda Court PCH, Grandview Personal Care Home, Hamiota Health Centre, Hartney Personal Care Home, Neepawa Personal Care Home, Rivers Health Centre, Rossburn Health Centre, Sandy Lake Personal Care Home, Shoal Lake / Strathclair Health Centre, Swan River Valley PCH, Treherne - Tiger Hills Health Centre, and Wawanesa Health Centre.

Priority Process: Competency

Staff education for LTC is well defined and examples were provided to support that training was completed, and monitored, including annual recertifications. Evidence of visual training manuals were noted for frequently used medical equipment such as mechanical lifts and Point of Care devices.

There were no infusion pumps used at the sites visited. Education on restraint usage is provided and the correct process of monitoring and documenting was adhered to and staff receive violence and aggression training biannually. Leadership at smaller sites recommended the training be mandatory annually as the prevalence of aggression has increased. As well, the aging infrastructure limits opportunities to provide a dedicated space for spiritual care at most sites.

With the increased presence of agency/contract nurses there was variability regarding available education of IPAC and site-specific processes provided to these staff members.

Performance conversations were not completed in a timely manner at all sites.

Priority Process: Episode of Care

Surveyors who spoke to residents and family members heard appreciation for the quality of care received in the care homes. Programs to promote resident choices were found at multiple sites and the innovative personalized door covering initiative is outstanding. The interprofessional team works very well together to ensure that care is comprehensive and supports the needs of the resident and the family.

The quarterly medication reviews were conducted for all residents by the physician, pharmacist, MH RN, and CRN. Medication reconciliation processes were confirmed at all the sites. Inclusion of the behavior

safety care plan, suicide assessment, and restraint monitoring was noted. The Braden Scale assessment tool is used on admission, weekly every four weeks, then quarterly or as needed. The risk assessment and actions to prevent falls were reviewed by the surveyors who were impressed to see locations completing QI reviews to improve their processes.

Resident and family councils have significantly impacted providing communication flow between staff, residents, and families. They can help identify problems, suggest solutions, and ensure that residents' perspectives are considered in decision-making processes. Additionally, resident councils can foster a sense of community and camaraderie among residents, which can contribute to their overall well-being. Staff and leadership are encouraged to continue to prioritize these councils and use the information received to prioritize initiatives and quality improvement activities.

The sites are encouraged to participate in research activities related to enhancing care within their facilities.

Priority Process: Decision Support

There are processes in place to ensure requirements are met for informed consent and privacy protocols are followed. Documentation continues to be paper based, however the addition of read-only electronic health records to larger centres is a benefit. Documentation requirements, for security and safe storage are met.

Staff were aware of the resources to assist residents and families with ethical issues and had knowledge of the Ethical Decision-Making Framework.

Interviews with staff confirmed knowledge of the process for residents and families to access medical/health records.

Priority Process: Impact on Outcomes

Staff are committed to providing outstanding care for their residents and families. Frontline staff and leadership are engaged and show dedication to their facility and respective community. With the resources they have to date they are doing the best they can, however ongoing work and support will be needed with hiring and maintaining staffing levels while prioritizing the renovations of older facilities.

There is staff excitement and willingness for quality improvement initiatives that enhance the experience and wellbeing of residents. The work of the larger LTC Quality Improvement Committee is acknowledged and support of more grassroot projects which would increase the morale for the staff and provide better care for residents is encouraged.

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

Unmet Criteria			High Priority Criteria
Priority Process: Medication Management			
2.3	There is an antimicrobial stewardship program to optimize antimicrobial use. Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.		ROP
	2.3.4	The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	**MAJOR**
	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	**MINOR**
2.5	A documented and coordinated approach to safely manage high-alert medications is implemented.		ROP
	2.5.6	Client service areas are regularly audited for high-alert medications.	**MINOR**
8.1	The type of alerts used by the CPOE system includes, at minimum, alerts for medication interactions, medication allergies, and maximum doses for high-alert medications.		!
8.2	A policy is developed and implemented on when and how to override the CPOE system alerts.		!
8.5	Alert fatigue is managed by regularly evaluating the type of alerts required by the CPOE system based on best practice information and by collecting input from teams.		
8.6	The CPOE system is integrated with other information systems used for 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.	!
12.1	Soft- and hard-dose limits are set for all medications administered via infusion.	!
13.2	Medication storage areas are clean and organized.	!
13.7	Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	!
13.9	Multi-dose vials are used only for a single client in client service areas.	!
13.10	The availability of concentrated electrolytes is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	ROP
13.10.1	An audit of the following concentrated electrolytes in client service areas is completed at least annually: - Calcium (all salts): concentrations greater than or equal to 10% - Magnesium sulfate: concentrations greater than 20% - Potassium (all salts): concentrations greater than or equal to 2 mmol/mL (2 mEq/mL) - Sodium acetate and sodium phosphate: concentrations greater than or equal to 4 mmol/mL - Sodium chloride: concentrations greater than 0.9%	**MAJOR**
13.11	Medication storage areas are regularly inspected, and improvements are made if needed.	
14.2	Regulations for handling raw materials used for compounding in the pharmacy, including storage and cleaning up spills, are followed.	!
15.6	A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	ROP
15.6.7	Compliance with the organization's 'Do Not Use' List is audited and process changes are implemented based on identified issues.	**MINOR**
16.1	The pharmacist reviews each medication order prior to the first dose being administered	!

17.3	There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	!
17.4	Sterile products are prepared in a separate area that meets standards for aseptic compounding.	!
18.1	Medication packages or units are labelled in a standardized manner.	!
19.2	Medications are dispensed in unit dose packaging and exclusions (e.g., liquids, topical preparations, antacids, otic/ophthalmics, multi-dose vials) are specified in organizational policy.	!
24.7	When using any medication intended for injection, it is drawn into the syringe from the original vial and labelled immediately prior to use.	!

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Prairie Mountain Health (PMH) oversite for Medication Management is provided by the pharmacy program organizational structure and regional multi-disciplinary committees.

PMH pharmacy services are provided by five regional pharmacies located in Brandon, Dauphin, Neepawa, Russell and Swan River. Three sites receive services from contracted pharmacy providers. There is a provincial contract provider for long-term care pharmacy services. Oversight for PMH medication management is provided by the pharmacy program and seven regional committees that focus on practice, medication management, and administration (e.g. acute care, Antimicrobial Stewardship Program [ASP], pumps). In addition, there are several provincial medication management oversight committees in which the pharmacy team is actively engaged. The organization is encouraged to look at workload and workflow associated with the large number of committees to ensure the team can balance workload and care delivery across the region. This is particularly important in the face of significant shortages in pharmacy staffing which are currently impacting service delivery in some areas.

Since the last survey, PMH has completed significant work to support medication management. Standardization of processes and practices, developing order sets, and updating numerous policies have been completed. Currently, there are several projects focused on enhancing safety with technology. Some examples include Computerized Provider Order Entry (CPOE), smart pump implementation, automated dispensing cabinets and unit dose capability, among others.

Computerized Provider Order Entry (CPOE) was implemented at the Brandon site in November 2023. Digital Health is the owner of CPOE. As with any information system implementation there have been challenges. PMH is encouraged to monitor the impact of the CPOE implementation. Lessons learned can be applied to expansion of CPOE. Further work is needed to enable full alert functionality within the CPOE.

Smart pumps have rolled out in all areas. Staff are reporting some challenges with the new pumps and the organization is working with the vendor on the issues. Some elements of the drug library have been implemented. To advance with the upload of the provincial drug library, which will bring additional features, an analysis of current wi-fi capacity across PMH is underway. Some rural sites already have significant issues with internet and wi-fi stability. These will need to be addressed before the proposed implementation can occur later this year. A three-year plan has been developed to implement automated dispensing cabinets (ADCs) at larger sites. All Required Organizational Practices were met. While the Do Not Use list has been implemented, there are still issues at times with abbreviations on paper orders. PMH is encouraged to look at this practice and update the audit process so that physicians can be engaged in a quality improvement project focused on ordering and medication safety.

The National Association of Pharmacy Regulatory Authorities (NAPRA) standards have not yet been implemented at the Brandon Regional Health Centre (BRHC). Final approval of the renovation plan has not yet been received. Once approval is obtained, it may take up to a year to complete the construction. Once this is completed, the site will be compliant with NAPRA standards.

The organization has an Antimicrobial Stewardship Committee (ASP) a standing committee of the Acute/Community and Long-Term Care Pharmacy and Therapeutics Committee. The ASP committee and pharmacist are commended for their accomplishments which are highlighted in the ASP Annual Report. A comprehensive gap analysis was completed this year and an action plan developed. PMH uses the World Health Organization (WHO) antibiotic classification AWaRE (Assess, Watch and Reserve) antibiotic classification system that helps select antibiotics with the least likelihood of inducing antibiotic resistance. WHO has targeted 60 per cent of antibiotic use as assessed. PMH results in 2022-2023 were 44.9 percent which was an improvement over the previous year (39.5 percent). Canadian hospital data in 2020/2021 showed 49.3 per cent of antibiotic use assessed. PMH is encouraged to look at what supports, including identifying a physician champion, are needed to continue to advance this important work.

In the face of the progress made, there are several challenges. Pharmacy human resources are strained, and this is impacting service. The large geographic size of the region leads to a large volume of diverse practices and policies as well as varied pharmacy distribution and clinical models. It is suggested that the organization review the current pharmacy structure and demands and identify opportunities to stabilize the workforce and consider innovative models to support service delivery.

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

The sites visited were the Centre for Geriatric Psychiatry in Brandon and Dauphin Regional Centre.

Clinical frontline leadership is very strong and strategic objectives are incorporated into unit level goals. People centred care is evident and feedback is sought from clients and families at every opportunity. The teams are strong, collaborative and supportive of each other. There is a strong safety culture and an emphasis on a culture of safety and learning.

Priority Process: Competency

Orientation and education is provided for all staff. Staff have access to many online training modules.

All staff take part in the mandatory education required. Performance is evaluated and growth opportunities are made available. Education is valued and provided despite lack of educator resources at times. A gap in dementia education was identified with staff. This is an area for improvement as dementia patients are referred for expert care to the CGP unit.

Team members are recognized for their contributions at the service level. Improvement in recognizing staff at the organizational level is recommended.

Priority Process: Episode of Care

As the main program in the region the team at Brandon does not refuse patients, and quickly moves patients around to safely care for them when there are many patients in the department. As noted previously, the Brandon site provides 24/7 care for all patients who require a higher level of care in the region. There is a well-integrated inclusive interdisciplinary team that supports obstetrics that includes patients, families, all health disciplines and providers, Indigenous health, lactation consultants, students and residents, community nurses, community programs and many more, that help in serving the population. There is a wholistic and culturally safe approach to care given that integrates and respects the patient and family needs as well as the rights of the newborn.

The teams have worked hard to have a higher compliance of audit with the ROP's for obstetrical care and can be proud of their commitment and the changes in quality they have made.

Capacity is a challenge in the region, both in rural and urban sites, and due to the unpredictability of the population and how they present, which can be planned or unplanned, urgent and critical. There are challenges with access and flow at times in some communities. There has also been a rise in mothers presenting with mental health and addictions challenges as well as a high rate of STDs, which further strains the existing resources in the communities. PMH is encouraged to examine resources to ensure that adequate care is provided at all levels.

Priority Process: Decision Support

The Brandon program has a hybrid EMR and paper-based chart; paper is scanned into EMR at discharge. Some rural communities in PMH have not yet implemented an EMR, however documentation is standardized for obstetrical care in the region. There are easy to access, online evidence-based protocols available for use. The staff take pride in the population they serve and are diligent in maintaining the privacy and confidentiality of the diverse population and patients they serve.

Priority Process: Impact on Outcomes

There is a regional approach to all evidence-based guidelines and policies that the obstetrical program uses. A standard dataset is collected, and standard quality indicators are used and reported on. The data is pushed up to the region and the output is circulated down not unlike at other larger regional programs. Many of the QI initiatives are informal in nature, and the organization is encouraged to broaden the depth of the quality program with further integration with the frontline teams who deliver care throughout the region to meet each site's unique needs. Although some quality metrics, such as hand washing are posted, it would be good to develop public facing quality boards with easy to read and clear metrics that are meaning full to the communities they serve.

Regional initiatives to enhance skin-to-skin and increase breast feeding have been successful. However, some patient experience questionnaires showed poor scores in overall patient satisfaction related to nutrition and food. The teams adapted quickly to meet the needs of their patients and found a local solution by putting stocked fridges in each room. The regional team are to be commended on their informed consent for oxytocin project, which has been a success in being rolled out. The teaching booklets have been updated with engagement of patients and families.

Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.7	Mothers are provided with 24-hour rooming-in facilities or access to private, comfortable and quiet rooms for feeding.	
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
11.9	Established policies on handling, storing, labelling, and disposing of medications and breast milk safely and securely are followed.	!
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 Prairie Mountain Health (PMH) Obstetrical program should be proud of the work and system wide changes that have been implemented since the last accreditation. The much-needed changes and additional resources are helping to support the diverse needs and challenges of the population they serve in both the urban and rural settings. There is a varied socio-economic population with diverse cultural needs that need to be respected to safely and inclusively care for them. The obstetrical program has a good overall growing understanding of this and they are working on a clear levels of care document for the sites in the region so that providers clearly understand which patients they can keep and which they should send to Brandon so they can maintain the highest level of care for everyone.

The obstetrical program in Brandon provides 24 hour in-house care and access for emergency C-sections. It is staffed with obstetricians, midwives, and pediatricians, and supports the region. The entire program and system have dedicated passionate and committed teams which is evidenced by a lower vacancy rate in nursing. Although there are still challenges in the rural communities for many specialty resources such as lactation consultants, the communities come together to support the mothers who require assistance.

As noted, many of the rural birthing sites are older, such as Dauphin, where the birthing centre is antiquated and too small to meet the volume and demand of the area. This results in a cluttered and high-risk space with moms and babies sharing rooms which is not optimal for IPAC standards. The organization is encouraged to start to address these issues, by exploring renovations or seeking funding for new buildings to address the challenge.

There is a positive culture of recognition and community trust in the program. Staff at most sites had regular performance conversations and felt that they had open and respectful communication with their leadership and peers in most situations. If there are issues or complaints from either the internal or external public, all situations are reviewed and responded to promptly. Staff stated they felt recognized by both their peers and leadership, and that they have a good and growing relationship and integration with the public, patients, and families they serve.

Priority Process: Competency

Since the last accreditation, there have been additional educational resources in the region to meet the needs of the obstetrical staff/team. There are now two FTE maternal child educators, as well as a full-time educator in Neepawa. The educators and CRN's who support practice are passionate and committed to the program and are making a difference every day to the teams they support. They provide mentorship and leadership with a goal to standardizing appropriate care in the right setting in the region.

All nurses complete OBS2 orientation and are buddied for up to six months before working independently; senior nurses have OBS2. Rural staff can have further mentorship in Brandon to uplift their skills and confidence when needed. The rural teams also have real-time support and guidance with Telehealth from Winnipeg when needed to support both baby and mother.

All staff are trained on infusion pumps, and the pumps and lines are standard in the region, which makes it easy for transfer and handover. All are trained in Fetal Health Surveillance, and the Spinning Babies course was introduced with success in Dauphin this spring. Currently, all physicians are trained in the Neonatal Resuscitation Program, however it was noted that ongoing recertification was not being mandated for the physician groups who support the obstetrical program at the Brandon site. The organization and medical leadership are encouraged to ensure that all providers of emergency care maintain the highest and most current standards of specialty certification to support quality care and prevent negative outcomes for this specialty and high-risk population.

Priority Process: Episode of Care

As the main program in the region the team at Brandon does not refuse patients, and quickly move patients around to safely care when they have many patients in department. As noted previously, the Brandon site provides 24/7 care for all patients who require a higher level of care in the region. There is a well integrated inclusive interdisciplinary team that supports Obstetrics that includes patients, families, all health disciplines and providers, indigenous health, lactation consultants, students and residents,

community nurses, community programs as well as many more that help in serving the population. There is a wholistic and culturally safe approach to care given that integrates and respects the patient and family needs as well as the rights to the newborn.

The teams have worked hard to have a higher compliance of audit with the ROP's for obstetrical care and should be proud of their commitment and the changes in quality they have made.

Capacity is a challenge in the region both rural and urban and due to the unpredictability of the of the population and how they present which can be planned or unplanned, urgent and critical, there are challenges with access and flow at times in some communities. There has also been a rise in mothers presenting with MH and addictions as well as a high rate of STD's which further puts a strain on the existing resources in the communities. The organization is encouraged to relook at resources to ensure that adequate care is provided at all levels.

Priority Process: Decision Support

The Brandon program has a hybrid EPR and paper based chart, paper is scanned into EPR at discharge. Some of the rural communities in PMH have not yet implemented a EPR, however documentation is standardized for obstetrical care in the region. There is easy to access, online evidence based protocols available that are used. The staff take pride in the population they serve and are diligent in maintaining privacy of and confidentiality of the diverse population and patients they serve.

Priority Process: Impact on Outcomes

There is a regional approach to all evidence based guidelines and policies that the Obstetrical Program uses. Standard data set is collected and and standard quality indicators are used and reported on. The data is pushed up to the region and the output is circulated down not unlike other larger regional programs. At this time the majority of QI initiatives are informal in nature, and the organization is encouraged to further broaden the depth of the Quality program with further integration with the front lines teams who deliver care throughout the region to meet each sites unique needs. Although some quality metric such as hand washing are posted, it would be good to develop public facing quality boards with easy to reach and understand metric that are meaning full tot he communities they serve.

Regional initiatives such as Skin to Skin and increasing planned Breast feeding initiatives have been successful. However some client experience questionnaires showed poor scores in overall patient satisfaction related to nutrition and food. The teams adapted quickly to meet the needs of their clients and found a local solution of putting stocked fridges in each room. The regional team should be commended on their informed consent for Oxytocin project which has been a success in being rolled out. The teaching booklets have also been updated with engagement of patients and families.

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		
6.1	Required training and education are defined for all team members with input from clients and families.	!
6.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
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 oversight committee for all sites, rural and urban, is responsible for the distribution and selection of services in conjunction with the Manitoba Health. There is no consistent patient / family partner, but information is collected from the community and First Nations populations.

Resources are provided regionally and supported provincially with allocation within the region adjusted by this committee. There are plans for upgrading and renovation at some sites and there has been some input from the consumer groups with these proposals. There is a great opportunity for patient and family input into the design of the new structure in Neepawa.

There are ongoing difficulties with recruitment and retention, and a higher use of agency and temporary staff in rural areas, but where possible there is consistency in job design and assignments.

Priority Process: Competency

Staff are well trained with opportunities for ongoing education and upgrading. There is no evidence of input from patients and families in these processes. Clinical educators are available to provide retraining and education on new equipment and/or procedures. There is an opportunity to enhance the educator roles in some sites in a --move toward consistency. The teams work well and collaboratively with the outcome of patients at the forefront. Exchanges of information are done well using standard communication tools.

Performance conversation completion is varied throughout the sites. PMH is encouraged to have these completed in the designated timeframes to help staff develop their own professional requirements.

Workplace violence and staff safety are readily addressed by the organization, and staff feel comfortable reporting incidents that may occur.

Priority Process: Episode of Care

The surgical program has been developed to make the maximum use of all available sites. There is considerable flexibility, and the staff are well trained and very adaptable. The surgeons generate and manage the booking list but do so with the complete cooperation of the site. There are no standardized booking lists and wait time monitoring seems to be done at a provincial level.

All patients are seen and vetted by the surgeon and where necessary a pre-anesthetic assessment is performed. The documentation for each patient is available at the site, albeit in various styles. Patients receive appropriate instructions pre- and post-op that is general and procedure specific. Medication reconciliation is evident, but most patients have a best possible medical history (BPMH) and are being managed as outpatients. Where required all ROPs are met within the program though physicians at some sites could be more diligent in performing the two-identifier mechanism. Surgical site marking must be done by the operating surgeon; the practice of nurse marking and confirmation by the surgeon does not meet the required standard,
particularly for cataract surgery where the installation of eye drops occurs prior to the surgeon confirming the correct eye.

All intraoperative activities are in compliance, and transitions to the PACU or same day surgery are done face-to-face verbally and documented.

Priority Process: Decision Support

Documentation throughout PMH is still quite varied with paper-based charting, electronic platforms, and various forms that creates a lack of standardization among sites. An electronic medical record system (EMR) has recently been adopted at the Brandon site and hopefully other sites will implement soon. This implementation will take time and effort. The addition of dedicated IT trainers would be highly beneficia in this implementation and allow health care providers to provide health care rather than spend a lot of time learning how to use the EMR.

Priority Process: Impact on Outcomes

There is widespread use of clinical practice guidelines and pathways. Many of these come from specialty societies and academic centers where there has been input from consumer groups, although there is no evidence of any local input from the region. There are some patient/family participants in aspects of the organizational operations, but this is not consistent and far from stable.

There are good policies concerning patient safety and complaint management with all aspects undergoing review at the appropriate staffing level and results/remediations communicated to the frontline and/or precipitator.

The quality department in conjunction with the program has developed indicators for aspects of quality improvement. When these data are analysed, the results are communicated to the appropriate members of the program. There are opportunities for an enhanced QI program with increased input and involvement at the site level.

Priority Process: Medication Management

Medication management is compliant throughout the program with standardization of medication carts in the operating rooms (OR). Control mechanisms are in place and medication distribution is well monitored.

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
Priority Process: Episode of Care		
11.13	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support		
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

Prairie Mountain Health has some notable successes. Clinically, these include their mobile bus which serves populations that are not able to get into regular clinics and the Dauphin Primary Care Outreach Clinic serving people who use substances. The personnel working in their primary care sites work well in their teams and are providing care that is appreciated by the communities they work in. Successes in recruitment includes 30 new NPs and the development of a program to grow their own NPs where RNs are supported to complete the NP training in return for service. PMH has a dedicated Chronic Disease Education Program (CDEP) program including a leadership structure, and a large health promotion staff, and has developed close collaborations with Indigenous and other partners. PMH uses metrics and QI to improve care.

Although PMH has a dedicated CDEP, there is an opportunity for it to be expanded to other settings, including a mobile setting, so that those who are not able to access the current sites could gain access. There is also an opportunity to explore an increase in face-to-face group sessions so that peer groups could form in communities.

As mentioned, the primary care teams work well together. The relationship between physicians and therest of the team could be strengthened by increasing opportunities for joint education, either by ensuring that the education is certified by the College of Family Physicians or by funding the physicians to attend joint sessions.

Increasing connectivity between services in the form of an electronic record could help facilitate care and decrease patient safety risks. This would include improving internet capability in some of the more rural sites. Increased use of electronic records would also facilitate quality improvement and program monitoring.

Recruitment of physicians and staff is another opportunity. The survey team were made aware of several vacancies for physicians and the use of many agency staff. PMH is to be commended for their response during COVID with pivoting to virtual care. Primary care in PMH could be even more effective with more funding for their programs.

Primary health care within PMH has interdisciplinary teams including patients and families, NPs, physicians, primary care connectors, managers/leaders, community health nurses, dieticians, health promotion, My Health Team Facilitator, administrators and registered CDEP nurses.

PMH is using a number of techniques to increase recruitment and retention of both physicians and other health care providers including an innovative program where RNs are supported to become NPs in return for service. PMH has developed teams composed of RNs, NPs and physicians that help increase access to primary care. Creating cultures where people enjoy working is helping with retention of staff and physicians. PMH has been working on expanding chronic disease programs.

PMH is leveraging partnerships to improve care for their population, especially with their Indigenous population, but also with foundations and community groups to improve funding for such things as equipment, translations services, and police agencies.

One excellent example of patient-centred programming is the Dauphin Primary Care Outreach Clinic where every decision is guided by the wishes and needs of the patients. This clinic serves a complex population of patients with substance use who are not otherwise connected to primary care. The current staffing complement is limited to one full-time RN, an administrative staff member and two physicians. The vision of the team is to expand to include a social worker, an NP and an OT. At this point, outreach visits are only conducted when there is an urgent need.

Funding of primary care programs is a challenge. Expanding the Dauphin outreach clinic is an example of where more patients and better service could be provided with increased funding. PMH is challenged by geography. The addition of more mobile units, a dedicated transport system, or an increase in home visits would help reach those people who do not have access to transportation, have limited mobility, or have challenges such as no access to care for young children while they attend their appointments.

There is an opportunity to continue to increase input from patients and families in many of the programs in primary care. This process could be formalized in primary care and improved by increasing the structure of input from patients and families. Patient councils or more than one patient on a committee is preferable so that there is a diversity of input, and the patients feel empowered to give their opinions and suggestions.

An increased recruitment effort for staff, NPs, and physicians is necessary to reduce the use of agency staff and increase the availability of family physicians and NPs so that every person living in Prairie Mountain Health has access to a Primary Care Provider.

Priority Process: Competency

Primary care in Prairie Mountain Health has developed a good working culture. Multidisciplinary teams work well together and trust each other. Staff at the sites visited were very happy with their work environment and with their relationships with their colleagues. Communities and patients are also very happy with the care they receive, especially from the mobile unit.

Education and training are part of the culture and there are many opportunities to engage in education and training. Regular performance conversations are conducted where successes and opportunities are discussed, and educational opportunities are identified to help the employee decrease gaps in knowledge. Recognition for work well done is used to help increase morale.

Like many regions in the country, Prairie Mountain Health struggles with the recruitment and retention of staff and physicians. There is an opportunity to develop novel methods for recruitment and retention. There is also an opportunity to increase the standardization of communication between primary care and the partners they refer to.

Priority Process: Episode of Care

The programs visited in this survey demonstrated good patient centered care. Patients were actively encouraged to be involved in their own care and treatment plans were reviewed for acceptability bythe patient.

An increase in the hours and services provided by programs in primary care in PMH would improve access and care for vulnerable populations. At this point the Dauphin Outreach Clinic works only Monday to Friday during business hours. Also increased outreach and advertising of programs such as CDM would help increase the program's reach to those who don't know about the program but would benefit from the education on how to improve the self-management of their disease. Increasing face-to-face groups in various communities throughout PMH would also help create peer groups that could continue to encourage each other in their self-management of their conditions.

Priority Process: Decision Support

There are some examples in PMH where interconnectivity of medical records is available and used to improve care and decrease patient frustration with having to repeat their story, such as the Chronic Disease Management Program can access the charts of some of the primary care providers who refer patients to them.

Another success is the use of guidelines and protocols to standardize care in the PMH primary care sites. There have also been many policies and procedures regarding charting/charts that have been developed to help standardize clinic processes. Continuing to work on standardizing the EMR is an important initiative that PMH is working on.

Standardized input would greatly help in being able to use EMR data to monitor care, identify areas for improvement, ensure that the improvements have made a difference, and ensure that programs are reaching the goals that have been determined to be important for that program. Increasing the interconnectivity of electronic records in all programs and clinics in primary care would increase patient safety by decreasing lost information. Increasing the input of patients and families in choosing the guidelines and protocols used in care could increase the ability of patients to accept and follow the advice given to them by their health care provider. It would be important to ensure that guidelines and protocols are flexible enough to accommodate different cultures.

Priority Process: Impact on Outcomes

Treatment protocols are consistently followed in the primary care settings visited. There is not rigid adherence to the protocols so that patients can have input into their care.

Referrals are timely and are sent with the information required by the receiving provider/service.

There is an opportunity to increase patient and family input on protocols so that they are more patient friendly.

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

The Public Health Services at PMH exemplify a steadfast dedication to patient-centred care through the active involvement of service users and their families in determining the focus of treatment and service plans. This collaborative process commences upon receipt of the client's service request via telephone, walk-in, or referral from community organizations or other health care providers. Service users and families have the autonomy to select from a variety of services that can be provided in the client's home, community settings, or at the Health Centre.

While programs are generally voluntary, exceptions exist for certain communicable diseases. Nevertheless, clients and their families are proactively engaged in deciding when, how, where, and with whom they would like to receive their health care services.

Within the PMH Public Health Program, there exists a robust culture of client and family-centered care. Clients are consistently encouraged to play an active role in their care, and feedback is regularly sought to identify opportunities for further enhancing or expanding services to meet community needs.

PMH Public Health actively involves clients and families in its Quality Improvement program. They are solicited for feedback and engaged as equal partners in the design, validation, and evaluation processes. While information is readily shared with families, there is potential benefit in establishing dedicated communication boards for QI. These boards would serve to widely disseminate their work to staff, clients, families, and community stakeholders.

Priority Process: Competency

The organization places paramount importance on ensuring that new staff members are seamlessly integrated into their roles. This begins with a meticulously designed onboarding process that combines a blend of online modules and hands-on, on-site orientation classes. These sessions are carefully crafted to provide a comprehensive understanding of the organization's mission, values, policies, and procedures.

However, what sets PMH apart is its commitment to going beyond the basics of onboarding. New staff members are paired with experienced team members who serve as mentors during extended job shadowing. This allows newcomers to observe and learn from seasoned mentors, gaining invaluable insights into the nuances of their roles and the dynamics of the organization.

One notable aspect of PMH's onboarding process is its emphasis on cultural competency. Recognizing the diversity of the population they serve, the organization places special emphasis on fostering cultural awareness and sensitivity among its staff. Through targeted training sessions and interactive workshops, new employees are equipped with the tools and knowledge needed to effectively engage with individuals from various cultural backgrounds.

PMH understands that learning is a lifelong journey. As such, staff members are not only encouraged but actively supported in seeking out ongoing educational opportunities. This may include attending conferences, workshops, or seminars both internally and externally. Staff are encouraged to participate in inter-agency meetings and visits, where they can collaborate with professionals from other organizations and gain fresh perspectives on best practices in the field.

This proactive approach to staff development not only enhances individual professional growth but also strengthens the organization as a whole. By continually investing in their staff's education and skill development, PMH ensures that they are equipped to deliver the highest quality of care and services to the community and service users.

Priority Process: Impact on Outcomes

The organization demonstrates a strong culture of quality improvement, evident in the articulate descriptions of initiatives by staff. These include the promotion of hand hygiene, infection control protocols, and adherence to the Do Not Use Abbreviations list. Team members express a genuine eagerness to continue their involvement in these initiatives, recognizing the positive impact on enhancing clinical care.

A notable quality improvement project involves streamlining the Families First screening process, achieving an 88 per cent completion rate by standardizing workflows and eliminating procedural variances. This program provides home visit support to families from pregnancy until their children are ready for school, with data collected on the Families First Screening (FFS) form. Public Health nurses aim to assess all families with newborns within a week of hospital discharge. Families identified with three or more risk factors may receive additional support, such as intensive home visiting, financial aid, parenting programs, mental health services, or childcare.

Other initiatives include establishing a physical literacy champion network, enhancing breastfeeding rates in northern communities (Waterhen, Ethelbert, Camperville), and developing programs for vaping prevention and cessation.

Increasing awareness of health promotion, improving data collection accuracy from electronic health records, conducting Provincial Public Health Information Management System (PHIMS) audits, and producing monthly quality assurance reports for communicable diseases are also prioritized.

Priority Process: Public Health

Public Health staff collaborate with individuals, families, groups, and communities, prioritizing health equity and addressing social determinants of health. Programs like Families First and Healthy Baby have specific criteria but are open to all.

PMH Public Health promotes community well-being with services such as prenatal and postpartum care, child health clinics, early childhood development, breastfeeding support, parenting guidance, and school health initiatives. Immunization services include flu shots, COVID vaccinations, and outbreak response. Sexual health services cover contraception, pregnancy testing and counselling, and infection testing and treatment. The Healthy Baby program supports prenatal benefits and infant development. Health Promotion Community Development empowers communities, and the Families First program offers home visits for families with children up to three years old.

The Toward Flourishing initiative enhances mental health among parents and families. Staff support harm reduction supply distribution, including naloxone. Parent-Child Coalitions (PCC) organize community programs on positive parenting, nutrition, physical health, and literacy. The Healthy Together Now program promotes healthy lifestyles to prevent chronic diseases. Project Reset raises awareness about digital well-being, and the Strive to Thrive program enhances personal skills and resilience.

Get Better Together offers a six-week program for managing chronic health conditions, while Craving Change addresses relationships with food. Vaping presentations in schools target smoking and vaping prevention among students, and the Community PLAY Network enhances physical literacy in children aged 0-12.

Specialized programs include Brandon's Healthy Sexuality Harm Reduction (HSHR) team for sexual assault follow-up, HIV testing, transgender clinic services, and outreach to correctional centers. Travel Health services in Brandon offer pre-travel consultations and vaccinations. Harm reduction networks in Brandon, Dauphin, and Swan River conduct events. Teen clinics in schools provide health services with nurse practitioners and mental health workers. Community mobilization efforts like the Swan Valley HUB and Westman HUB aim to mitigate risks through coordinated responses. The BAG program distributes fresh produce, while Neepawa Eats Healthy and the Hummingbird Garden promote healthy local food environments. Health Checks offers health information and screenings for older adults.

PMH Public Health receives oversight from Manitoba Health’s Population Public Health Branch, ensuring service delivery meets provincial standards.

Challenges include recruitment and retention issues, capacity constraints, increased demands for addiction and mental health services, and rising complexity in individuals' needs. STBBI crises, including HIV outbreaks, affect disadvantaged populations. The vast geographical area necessitates significant travel for providers and clients, with poor cell service and Wi-Fi access hindering communication and online programs. Efforts to integrate technology for client engagement continue.

Client and family engagement is central. Initiatives include client experience questionnaires for prenatal, postpartum, and Travel Health services. To reduce barriers and improve access to harm reduction and immunization services, PMH offers after-hours and offsite clinics. PMH also participates in developing provincial Public Health guidelines, standards, orientation, and training plans, with ongoing efforts to standardize processes.

PMH raises awareness about its programs through public speaking engagements and community learning fairs. A mobile program with outreach vehicles enables health promotional activities and pop-up public health centers in harder-to-engage areas, co-designed with client input.

PMH and the Public Health team adapted swiftly to the COVID pandemic challenges, organizing vaccination clinics, implementing contact tracing, and distributing information to manage the crisis effectively. The team's efforts were instrumental in curbing the spread of the virus and supporting the community.

Post-pandemic, PMH continues its return to normal services despite staff departures as temporary term positions concluded. New staff onboarding is ongoing, but there's a need for additional staff to support community needs and greater service engagement with partners.

Site visits revealed a fragmented electronic medical record (EMR) system, creating barriers in clinical service delivery. A single standardized EMR system would enhance medication safety, consistency of care, access to test results, and reduce repetition of medical history during consultations, improving patient satisfaction and care efficiency. It would also allow greater data collection, aiding PMH in strategizing effective use of their Public Health program and staff.

Further barriers exist to timely access to immunization histories for clients receiving dual services from PMH and the First Nations & Inuit Health Branch (FNIHB). Immunization records housed in FNIHB are inaccessible and require 24-48 hours from request, impeding timely health care delivery. PMH is encouraged to engage with FNIHB to explore strategies for more timely access to client information. By establishing a more integrated approach to data sharing, PMH can ensure prompt and efficient care for all clients.

Overall, PMH Public Health remains dedicated to improving health outcomes through comprehensive and equitable services, adapting to challenges, and fostering strong community connections.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.7	A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency		
4.4	Standardized communication tools are used to share information about a client's care within and between teams.	!
5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
Priority Process: Episode of Care		
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		
15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

A wide range of rehabilitation services are offered within Prairie Mountain Health through multiple professions. Services are provided in ambulatory care/outpatient settings, personal care homes, inpatient settings and in client homes.

The programs reviewed during this survey included the Brandon Regional Health Centre Assiniboine Centre A2 – a 49-bed adult medical rehabilitation ward that accepts medical patients, and rehabilitation patients, requiring additional time to focus on maximizing mobility and/or function. As well, the Riverdale Health Centre – a 13-bed adult inpatient rehabilitation unit also offers inpatient rehabilitation to support individuals who require more time to maximize goals for mobility and/or function.

Within both of these programs, there is strong clinical leadership supporting the delivery of quality rehabilitative programs and services. Team collaboration is supported by regional and local mechanisms. In sites visited, the presence of Nursing/Therapy Steering Committees was noted as one mechanism supporting team collaboration.

In partnership with Shared Health and the other Regional Health Authorities in Manitoba, the rehabilitation leadership are active participants on several Shared Health Rehabilitation Working Groups that include Rehabilitation, Stroke Rehabilitation, and Hip and Knee Surgical Pathways. The development of pathways to standardize access to care based on evidence informed practices was noted by leaders across the region as a positive enabler for clinical transformation in rehabilitation.

Priority Process: Competency

Highly engaged interdisciplinary teams are in place across both sites. A commitment to excellence in care was evident in discussions with staff and appreciated by clients.

Staff expressed appreciation for the availability of continuing education – both virtual and in person. The availability of an annual funding allocation and paid time to support education was noted as positive. Required training and education is well-defined for team members.

Although performance conversations were not consistently completed, those team members who have participated in a performance conversation noted it was positive for growth and development.

The completion of advanced competency certification for fiberoptic endoscopic evaluation for a speech language pathologist working in adult services is a positive enhancement for care delivery.

Priority Process: Episode of Care

Several new rehabilitation positions have been funded across the region in response to resource gaps. The program is experiencing high vacancy rates across multiple professions. Contract staff have been employed where possible to support access to services, and the role of rehabilitation care aide/health care aide has been employed in one location to support care. Health human resources remain a significant challenge locally, provincially, and nationally. A strong focus on recruitment and retention, and a health human resource strategy specific to rehabilitation that includes projections and based on needs would be beneficial. Innovation and creative models of care are necessary. The team is encouraged to explore new delivery models in partnership with clients and families.

Within both locations visited, the physical environments are not purpose built, the units were originally designed as acute inpatient hospital units. Although excellent care is provided within the constraints of the physical environment, there are opportunities for improvement. A review to ensure adequate availability of equipment on each of these rehabilitation units is suggested. In Brandon, it was noted that there were limited numbers of standing poles available to the unit and limited raised toilet seats, both necessary to support safe transfers and promote independence. At Rivers Health Centre, the small,

reconfigured patient rooms make mobilizing independently within the room challenging and may increase the risk of falls. A lack of a bariatric rehabilitation care strategy was noted as an area for improvement.

There is no dedicated stroke rehabilitation unit within Prairie Mountain Health. Both units surveyed were general rehabilitation units. The exploration of optimal models for stroke rehabilitation services was noted as an area for consideration.

At Rivers, the team is commended for improvement work that included the implementation of a new policy regarding patient referral and admission criteria. A video was developed as one communication strategy targeting providers. The team at Rivers is encouraged to evaluate the impact of the new criteria and policy from the referral source perspective, providers, and clients. Assessing the trajectory for those patients who are ineligible for rehabilitation would be helpful to identify gaps in the rehabilitation continuum. It was noted that draft programming eligibility criteria for Brandon Regional Health Centre have been developed.

A people centered care philosophy was evident in discussions with staff, clients and families. Client specific, measurable goals of rehabilitation are documented on admission. Clients identify what outcomes are important to them and the team members working with the client focus on strategies to support achievement of those outcomes. At Rivers the site prescribes specific visiting hours, Exploration of the impact of this on family presence and the role of families in supporting rehabilitation goals is encouraged.

Priority Process: Decision Support

Various methods and systems for documentation were noted. A review of documentation processes across sites and professions to identify areas for standardization is suggested.

There is an urgent need for a modernized integrated electronic information system. The current hybrid model poses risks. To support transformation for rehabilitation within the region, enhanced decision support is necessary, and this requires improved data capture.

Priority Process: Impact on Outcomes

During the survey it was noted that in partnership with Manitoba Shared Health standardized processes are being established to support delivery of consistent, quality rehabilitation. Regional clinical leaders are actively involved in structures supporting this work.

The rehabilitation teams employ research and best practice information to introduce new programs that are likely to improve care outcomes and experiences. For example, since the last Accreditation, Pre-rehab was introduced to better prepare clients undergoing total hip replacement (THR) and total knee replacement (TKR), and the Mobilization of Vulnerable Elders (MOVE) program was introduced to optimize mobility for hospitalized patients. The team is encouraged to build engagement mechanisms for clients throughout the identification, implementation, and evaluation of changes/improvements.

Programs are encouraged to consider incorporating patient reported outcome measurements (PROMs) and aggregating these results for QI, and performance monitoring over time. And, building upon the excellent Client Experience Questionnaire (CEQ), the team is encouraged to develop processes to routinize the collection and reporting of client experience. Currently, CEQ is completed as a snapshot in time, once every two to three years.

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

Parkwood has in-house beds for substance use and problem gambling as well as community-based programming. The frontline leadership are commended for their commitment to high quality care for the clients they serve and for the support provided to staff. Both clients and staff spoke to the supportive environment; staff are proud of the team and work they do, and clients feel heard and supported by staff and leadership.

Parkwood has undergone significant changes in recent years, where leadership and effective change management was essential. They came under the umbrella of PMH two years ago and are currently still in the transition phase, and they have received the report from the office of the Auditor General in 2023. These strategic initiatives have helped inform action plans along with input from the team, clients and families, and community partners. The program is recognized for efforts related to cultural safety, including artwork, knowledge keepers in the team, cultural facilitators, and the Indigenous prevention education consultant who connects with Indigenous Communities and runs courses on the seven sacred teachings.

The community-based Dauphin Addictions Services Program was co-located with the Primary Care Outreach Centre (PCOC) in August 2023. The Addictions Services Program, now operated by PMH, was formerly an Addictions Foundation of Manitoba program. The Addictions Service Program and Primary Care clinic both serve a complex population of patients with substance use, and often concurrent MH issues. The co-location was described by leaders and clinicians/counsellors of both programs as facilitating cross referrals via a warm handoff. As Dauphin does not operate a detox facility, the PCOC nurse and physicians can provide the needed support when clients are unable/unwilling to travel to Brandon or Winnipeg due to the cost of travel or other reasons. The addictions program offers one to one community-based counselling services to clients who range in age from school aged youth to seniors with most ranging from later 20s to 50s. Both clients and family members affected by someone else's substance use will be seen in the program.

The program offers an Impaired Driving program for clients. Completion of the program is mandated by MB Public Insurance as a condition of having their driver's license reinstated. This program is fee for service based, costing $625, which is a barrier for some. Others mandated to attend counselling include clients with conditions for treatment from Corrections Canada and Child and Family Services. Referrals also come from Community MH service providers, GPs, and others. Efforts are made to book with the same counsellor to ensure continuity of care.

Services and support for youth has changed from the previous AFM model where AFM youth counsellors were onsite in all schools in Dauphin. Currently, only one school pays the fee for service for a youth counsellor, although the other schools do ask the program leader for education or make youth referrals. Referrals can be problematic, as the youth needs to make their way to appointments and thus may not attend appointments, as the trust with a youth counsellor embedded into the school has not been created and the focus shifts from prevention to treatment. Counsellors cited that services to youth are provided off the side of their desks.

Overall, this is an example of a patient-centred program where every decision is guided by the preferences and needs of the clients. It was stated, "we are always focused on client needs and bridging the gaps that will support clients to make the changes necessary at their own pace and supporting them along the way." Community partners are engaged to provide wraparound services. The team shared success stories and cited examples of former clients stopping by to check-in.

There is a need to work towards more/improved integration of MH and addictions care. Team members feel that their clients need a wraparound service, rather than being asked to go to different locations and providers for support with their MH and their substance use issues. The lack of MH workers in the Dauphin office is a gap, as is the lack of specialized services to address trauma. Clients report that they are unable/unwilling to go to Brandon for trauma services that result in costs for childcare, private therapy, and transportation. There are plans to include mental health and substance use (MHSU) services in the high rise transitional housing building as drop-in hours, which the team is keen to see implemented.

Priority Process: Competency

Orientation and education is provided for all staff and they have access to many online training modules. There are very few incidents of violence/aggression at Parkwood. All staff take part in the mandatory

There are very few incidents of violence/aggression at Parkwood. All staff take part in the mandatory education required. In Dauphin, in relation to violence prevention, the treatment/clinic rooms are outfitted with panic buttons. The alarm rings at the front desk and, if not answered, at an alarm company that contact the police. The program team would welcome increased security presence from PMH.

Priority Process: Episode of Care

The teams are to be commended for the person-centred care and meeting the client where they are at. Clients and families are engaged and speak highly of the care they receive. They feel listened to, and that their feedback is acted on.

Staff were aware of the ethics committee and ethics framework and empowered patients by ensuring they are aware of their rights and responsibilities and how to provide feedback.

Medication reconciliation is not applicable for these sites as in Dauphin, no medications are administered and in Parkwood there is a supported self-administration process.

Priority Process: Decision Support

The leader in Dauphin meets with the Addictions Services Director in Brandon at a leadership group weekly. Evidence-based protocols are discussed at these meetings, prompted by an Auditor General's Report in response to Health Care Transformation and the need for standardization in addictions treatment in the province.

Priority Process: Impact on Outcomes

Quality improvement is embedded into all aspects of work at Parkwood. Further socialization with direct care staff could be improved by using quality and safety boards and safety huddles. An overarching PMH approach to this is recommended.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: October 16, 2023 to November 30, 2023**
- **Number of responses: 5**

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	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	96
3. Subcommittees need better defined roles and responsibilities.	100	0	0	73
4. As a governing body, we do not become directly involved in management issues.	0	0	100	89
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	20	80	95

	% 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	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	96
9. Our governance processes need to better ensure that everyone participates in decision making.	40	0	60	66
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	93
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	0	100	88
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	0	20	80	82
17. Contributions of individual members are reviewed regularly.	25	25	50	69
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	78
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	60	40	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	0	100	83
21. As individual members, we need better feedback about our contribution to the governing body.	40	0	60	44
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	79
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	0	100	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	90
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	50	50	91
27. We lack explicit criteria to recruit and select new members.	50	25	25	81
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	40	60	91
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	92
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	20	0	80	89
31. We review our own structure, including size and subcommittee structure.	0	20	80	89
32. We have a process to elect or appoint our chair.	20	20	60	89

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	20	80	81
34. Quality of care	0	20	80	85

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

Client Experience Tool

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

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

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

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

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

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

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

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

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

Prairie Mountain Health (PMH) has completed an initial review of the 2024 draft Accreditation Canada report and finds the results to be generally consistent with current organizational successes and challenges.

The organization is proud to be able to report to the population served that 96.8% of Accreditation Canada's national criteria within standards of care have been met as assessed by the independent team of surveyors from across Canada. The organization continually strives to improve and this is evident through the findings within this report.

The organization does have teams/committees established working towards the implementation of remaining unmet criteria and the sustainability of criteria/standards achieved. The final Accreditation Canada on-site report will be utilized to help strengthen ongoing efforts in achieving the Prairie Mountain Health vision and in validating the mission and values:

- VISION: Health And Wellness For All.
- MISSION: We partner with others to promote and improve health through quality, client-centred healthcare.
- VALUES: Integrity, Accountability, Equity, Respect, Engagement and Quality.

Prairie Mountain Health believes in continuous improvement as a means of achieving the provision of quality care and services. QI efforts/data reporting will be strengthened to include clients and families, staff and external partners, emphasizing the need for local efforts and formalized reporting. This will provide for "closing the loop" of evaluation, sharing and next steps, and available to all. It is recognized that Quality is comprised of care that is safe, accessible, appropriate, effective, efficient, and coordinated. Involving clients, families and stakeholders has been recognized as integral to achieving quality care. "Nothing about me without me" is a strong message that PMH embraces, and will continue its work to ensure the needs and perspectives of patients and their families are at the centre of all care, programs and services within PMH. PMH will pursue opportunities where patients, families and members of the public are encouraged to be active partners at all levels of the health system. This includes in their own clinical and self-management journey, as well as in providing input into decisions that shape health programs, policies, evaluation and research.

In addition, wellness is supported in the work environment which positively influences care that is client-centered and population focused. Our partnership with Accreditation Canada is a valuable mechanism to incorporate continuous improvement into the organizational structure and operations.

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