ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Tlicho Community Services Agency

Behchoko, NT

On-site survey dates: September 29, 2019 - October 3, 2019

Report issued: March 4, 2020

About the Accreditation Report

Tlicho Community Services Agency (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 September 2019. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Tlicho Community Services Agency (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

Tlicho Community Services Agency's accreditation decision is:

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Accredited with Commendation (Report)

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

About the On-site Survey

- **On-site survey dates: September 29, 2019 to October 3, 2019**

- **Locations**

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

  1. Gameti Health Centre
  2. Jimmy Erasmus Seniors Home
  3. Marie Adele Bishop Health Centre
  4. Tlicho Community Services Agency

- **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 for Community-Based Organizations
  3. Leadership
  4. Medication Management Standards

  Service Excellence Standards
  5. Child, Youth, and Family Services - Service Excellence Standards
  6. Community-Based Mental Health Services and Supports - Service Excellence Standards
  7. Home Care Services - Service Excellence Standards
  8. Long-Term Care Services - Service Excellence Standards
  9. Point-of-Care Testing - Service Excellence Standards
  10. Remote/Isolated Health Services - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Worklife Pulse
  2. Canadian Patient Safety Culture Survey Tool
  3. Governance Functioning Tool (2016)

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)	48	0	0	48
Accessibility (Give me timely and equitable services)	51	0	1	52
Safety (Keep me safe)	273	5	30	308
Worklife (Take care of those who take care of me)	90	5	3	98
Client-centred Services (Partner with me and my family in our care)	237	0	1	238
Continuity (Coordinate my care across the continuum)	39	0	1	40
Appropriateness (Do the right thing to achieve the best results)	467	21	29	517
Efficiency (Make the best use of resources)	28	0	1	29
Total	1233	31	66	1330

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	41 (93.2%)	3 (6.8%)	6	34 (97.1%)	1 (2.9%)	1	75 (94.9%)	4 (5.1%)	7
Leadership	45 (91.8%)	4 (8.2%)	1	91 (94.8%)	5 (5.2%)	0	136 (93.8%)	9 (6.2%)	1
Infection Prevention and Control Standards for Community-Based Organizations	19 (100.0%)	0 (0.0%)	15	37 (92.5%)	3 (7.5%)	7	56 (94.9%)	3 (5.1%)	22
Medication Management Standards	68 (100.0%)	0 (0.0%)	10	56 (100.0%)	0 (0.0%)	8	124 (100.0%)	0 (0.0%)	18
Child, Youth, and Family Services	78 (98.7%)	1 (1.3%)	5	96 (97.0%)	3 (3.0%)	0	174 (97.8%)	4 (2.2%)	5
Community-Based Mental Health Services and Supports	44 (100.0%)	0 (0.0%)	1	93 (98.9%)	1 (1.1%)	0	137 (99.3%)	1 (0.7%)	1
Home Care Services	47 (97.9%)	1 (2.1%)	0	71 (94.7%)	4 (5.3%)	0	118 (95.9%)	5 (4.1%)	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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Long-Term Care Services	55 (100.0%)	0 (0.0%)	1	92 (96.8%)	3 (3.2%)	4	147 (98.0%)	3 (2.0%)	5
Point-of-Care Testing	38 (100.0%)	0 (0.0%)	0	47 (100.0%)	0 (0.0%)	1	85 (100.0%)	0 (0.0%)	1
Remote/Isolated Health Services	57 (100.0%)	0 (0.0%)	0	87 (98.9%)	1 (1.1%)	1	144 (99.3%)	1 (0.7%)	1
Total	492 (98.2%)	9 (1.8%)	39	704 (97.1%)	21 (2.9%)	22	1196 (97.6%)	30 (2.4%)	61

* 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)	Unmet	6 of 6	0 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Remote/Isolated Health Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Home Care 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 (Remote/Isolated Health Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Home Care Services)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Remote/Isolated Health Services)	Met	5 of 5	0 of 0
The "Do Not Use" list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Remote/Isolated Health Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
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 (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1
Suicide Prevention (Child, Youth, and Family Services)	Met	5 of 5	0 of 0
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Remote/Isolated Health Services)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

The Tlicho Community Services Agency (TCSA) strives to improve the health, wellness and education of the people in Tlicho communities by providing a range of easily accessible, integrated programs and services. The Agency manages the delivery of education, health, and social programs and services for the Northwest Territories (NWT) communities of Behchoko (Rae-Edzo), Gamèti (Rae Lakes), Wekweeti (Snare Lake) and Whati (Lac La Martre).

The TCSA is a result of the Tlicho Agreement, Section 7.10 of the Tlicho Agreement which called for an Intergovernmental Services Agreement (ISA) between the Government of Canada, the Government of the NWT (GNWT) and the Tlicho Government.

As a result of the TCSA delivering the health and social services as well as education programs, it is accountable to the Government of the Northwest Territories Department of Health and Social Services and the Department of Education. Additionally, the TSCA is accountable to the Tlicho Community Services Agency's (TCSA) Board of Management, the Tlicho Community Services Agency Board.

The Board works on behalf of the residents of the Tlicho region to provide overall leadership to the TCSA and helps facilitate the TCSA's legislated mandate. Four of the five members of the Board are selected by each of the four (4) communities served. The community involvement of each area coupled with numerous engagement strategies such as the annual gatherings, open portions of all Board meetings and open communication of key decisions supports a strong community connection and meaningful engagement.

The governance structure is unique and because of excellent partnerships, is extremely effective as it supports quality services while also supporting five (5) key transitions in moving towards a unique identity which is aligned with the vision. The five transitions are 1) from a needs, problem based approach to a community development approach, 2) from an individual service approach to an integrated approach, 3) from a professional model to a wellness model of health, 4) from a dependence on transient staff to developing capacity with local staff and 5) from a Government of Northwest Territories (GNWT) Agency to a Tlicho Agency.

The Vision "Strong Like Two People" has been developed by the community and based on the importance of a model of bicultural and bilingual education. The mission and vision were observed to guide governance decision.

Core programs and services delivered by the Tlicho Community Services Agency include the GNWT Child and Family Services, GNWT K-12 Education (Schools from Junior Kindergarten to Grade 10, in all communities and high school programming in Behchoko , Gamèti and Whati), GNWT Primary Healthcare, (Mental Health and Addictions, Public Health and Wellness programs, Dental, Ambulance and Emergency Services in Behchoko

and GNWT Continuing Care and Independent Living including the Jimmy Erasmus Seniors Home in Behchoko and homecare services).

Throughout the visit, interprofessional practice and integrated service across health, social services and education services were readily apparent and well done.

The Tlicho Community Services Agency is keenly aware of the health and wellness trends in their community and the impact on community service planning and delivery for the future. For example, the growing population is experiencing increased homelessness, alcohol and substance abuse, family violence, increased prevalence of chronic disease such as type 2 diabetes, and an increased number of persons receiving care at home to name a few.

The Board, leadership and staff commitment to community and patient centred care is excellent. Throughout the visit, consistent engagement and interest to progressing with quality and excellence was observed in all areas. The self-assessment process has clearly been used to assist the organization in formalizing many processes while also reinforcing the need to develop outcome focused on quality improvement activities.

A community partners focus group was held with excellent representation from several areas including the Tlicho government, territorial health services, clinical integration, population and public health, child and family services, and education (school). All partners present noted a deep appreciation for the presence of staff and their contribution on numerous joint committees. Standardization of practices has been enhanced through this active engagement. Participants also noted the commitment of Tlicho Community Services Agency staff in attending meetings regularly. Linkages between services were reported as key. Examples were provided of working together between health, social services and education including services for children and youth in care and cross over services including oral health and interdisciplinary work such as the inclusion of speech language pathology. Additional partner commendations for TCSA focused on the observation of the benefits of the accreditation process in supporting best and evidence informed practice and public accountability which in turn can also support staff recruitment.

When discussing opportunities for improvement community partners were eager to support two key areas; 1) quality advancements and 2) innovative models of care. Partners suggested the TCSA explore ways to leverage the accreditation process to support recruitment and retention of staff, weave in social determinants of health in future planning and explore ways to monitor and enhance care continuity. Ideas for components to consider when adapting models of care and exploring innovation included news models to support foster care (e.g. a BC First Nations community provides interim housing with parenting and self-care supports to focus on capacity building) and enhanced integration for families at risk where counselling for the child and adults can be integrated (perhaps in the school).

In summary, the Tlicho Community Services Agency staff, Leadership and Board are commended for their commitment to striving for excellence in all service areas. The commitments to maximizing all aspects of the accreditation process to this end was evident everywhere.

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: Safety Culture	
Patient safety incident management A patient safety incident management system that supports reporting and learning is implemented.	· Leadership 15.4

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	
10.2 The governing body monitors organization-level measures of patient safety.	!
10.3 The governing body addresses recommendations made in the organization's quarterly patient safety reports.	
10.4 The governing body regularly reviews the frequency and severity of safety incidents and uses this information to understand trends, client and team safety issues in the organization, and opportunities for improvement.	!
13.7 The governing body regularly reviews the contribution of individual members and provides feedback to them.	!
Surveyor comments on the priority process(es)	

Roles and responsibilities are the governing body are clearly outlined and included in the Board orientation binder. The legal framework is guided by both the Government of the Northwest Territories and Tlicho legislation and associated regulations. The discussion with Board members confirmed a solid understanding of their legal obligations. The orientation binder clearly identifies the roles and responsibilities including a position description for Board members. Expectations of Board members include meeting preparation, attendances, relationships with management, communication, professional development to name a few. Of note is that the Tlicho Community Services Agency Board also serves as the Regional Wellness Council for the Tlicho Region. This is another excellent example of how the structure that has been established to support self-governance also remains focused on partnerships and collaboration with the greater Northwest Territories Health and Social Services Authority (NTHSSA) Leadership Council.

The Territorial ethics framework, which had input from Tlicho Community Services Agency Health and Social Services team, has been adopted by the Board. It was clear that this framework is well understood.

The Chair of the Board is selected by the Minister of Indigenous Affairs. Each of the four communities served appoints a representative Board member. This occurs every four (4) years. Communities call for nominations from the community at large. Board members are selected by the Tlicho Governments (Behchoko, Gameti, Wekweeti and Whati). Board member's commitment to serving the population is commended. All Board members sign a statement acknowledging their roles as outlines in the orientation manual.

Learning and development opportunities are provided on a regular basis for the Board. Topics such as governance, patient safety, quality and risk management and service delivery area orientations are addressed.

The decision-making functions are clear. The Tlicho Community Services Agency is responsible for the delivery of care and services in accordance with the Territorial plan set out of the Minister of Health and Social Services and the Minister of Education. Specific responsibilities are laid out in the orientation manual.

There is an outline of activities for each Board meeting. Financial results are reviewed at each meeting. Annual financial audits are completed and approved by the Board. Evidence was provided to the peer surveyors. Quality, safety and client experience as well as risk management are standing items for each Board meeting. Of note is a clear understanding for the need for talent management and succession planning.

Board members noted that all meeting materials are received in advance of meetings.

The mission, vison and values are community driven. The history of the communities, the culture and the desire to regain control of strengthen education, health and social services are profoundly embedded. This drives the strategic planning. Strategic directions are clear and monitored. Specific timelines with measurable outcome targets could assist the Board in ensuring operational actions are meeting their objectives.

The Board oversees the recruitment and selection of the Chief Executive Officer (CEO). Succession planning and interim CEO have been successfully managed in a very responsible manner. Annual CEO performance reviews are completed using a 360-input approach. The CEO provides reports at each Board meeting.

Medical staff are not directly hired by Tlicho Community Services Agency Health and Social Services. A memorandum of understanding is in place whereby medical services are purchased from the Territorial Health Department.

Financial performance is reviewed regularly given the increasing demands. The Board demonstrated a

solid understanding of the financial pressures as well as an excellent focus on service delivery and the pursuit of strategic expenditure and funding options. Resource allocation is based on funder expectations as well as community needs.

Patient safety and community centred care is clearly documented and is the backbone of all strategic priorities. The Board receives reports from the quality assurance and risk management leader. As this is a relatively new position, reporting of clear measures is evolving. It is suggested that priority patient safety and risk areas be identified, and measures be developed and reported. As patient safety reports evolve with the inclusion of organizational measures, it is suggested that recommendations related to the measures and associated actions be reviewed by the Board. RL6, is an incident reporting software that has just been implemented. Once full implementation of RL6 has been completed and staff develop an increased comfort with incident reporting, data can be extracted for the Board and trend analysis can be used to identify opportunities for improvement.

As noted, quality and learning are evolving. System level measures are currently being explored. It is suggested that priority quality performance areas be confirmed, and measures be developed. This will support the Board in monitoring quality performance. To date, quality reporting focuses on actions and process but lack measurable objectives. This will evolve and the Board and leadership are well positioned to further develop quality monitoring and evaluation.

Board self-evaluation as well as meeting evaluation processes are in place. Evaluation focuses on the Board function. Committees are not in place. The Board addresses issues as a collective. To date, the Board has not identified the need to evaluate the contributions of each member. This is reflective of the structure of the Board and the community representative model that is in place.

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

4.6   The strategic plan identifies goals and objectives that are consistent with the mission and values and have measurable outcomes.

Surveyor comments on the priority process(es)

The Tlicho Community Services Agency Health and Social Services operating plan for 2019-2020 is in place. Three (3) key dimensions have been well defined including the delivery of public programs and services in the areas of education, culture and employment, the delivery of public programs and services in the areas of health and social services and the implementation of self-government.

The vision of "Do Nake Lani Nats'etso...Strong Like Two People" stresses the importance of a model of bicultural and bilingual education where equal emphasis must be given to educating children in two cultures. All documents, planning and service design processes clearly are informed and guided by this vision.

There are several values and principles that not only guide the planning processes but also all aspects of service delivery. Each of these focus on community, families and clients including the recognition of the need to enable people to take responsibility for their own health, education and well-being.

The Board members each represent one of the communities served. Input into all aspects of planning occurs through a variety of mechanisms. Board meetings are held in each community with a portion of the meeting set aside to host public participation. Annual gatherings occur where all members from all four (4) communities served are invited to participate. Specific presentations on health and social services occur and open dialogue is supported. The tremendous support for active public input and engagement is commended.

The strategic plan includes objectives, actions and indicators. The indicators to date measure the progress of actions identified. The team is encouraged to now focus on the intended outcomes of priority objectives and activities. This will help ensure that intended results are measurable, monitored and changes can be made as required.

Policies and procedures are in place for each of the four (4) key service areas. The team is supported in its plans to ensure that all policies are updated on a regular basis. The team is also encouraged to continue its work in developing mechanisms to ensure all providers have access to these policies electronically and

in hard copy, given the unreliable internet access in some areas.

Health status information is collected routinely by public health for the territories and presented in an easy to use format. This information is used by the organization in its planning and services design processes.

Annual operating planning includes a financial strategy. Throughout numerous conversations with leaders and the Board, it was noted that financial resources are scarce in several areas. Discussions with all concerned noted that attention is being paid to potential alternate revenue sources and areas for improved efficiency. Also, of note is the attention that has been paid to supporting managers in understanding their program's financial statements and thus contributing to enhanced financial management oversight through middle and senior management training.

Formal strategies for managing change are in place. An example noted was the development of a working group to support information technology development and changes. A leadership member also participates on the Government of Northwest Territories (GNWT) working group where system wide changes and associated change management strategies are planned.

The Tlicho Community Services Agency Health and Social Services is committed to transitioning from a model of professional dependence to a wellness model of health. Health promotion and community engagement strategies are supported through numerous partnerships. The integration of health and social services with education services has provided excellent collaborative opportunities. Further, the ongoing commitment to an integrated system of territorial programs and services supports broad initiatives to promote health.

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)

Funding allocation for the most part is informed by funder allocation and requirements. Annual operating and capital budget processes are in place in accordance with funder requirements and territorial processes. Board review and approval processes are also in place.

As resource pressures have increased, financial training and support has been implemented for all managers. This is commended as it is increasing the capacity of all leaders to actively participate in exploring innovative efficiency strategies.

Processes to move resources between some areas are restricted due to funder requirements. It was noted however, that funding within service areas can be transferred between some sites. Managers are supported with information and guidance when considering such strategies.

Regular financial reports are prepared for the Board. Monthly variance reports are also reviewed with managers. This too is building leadership capacity in understanding financial statements and providing up to date information regarding the financial status in each area.

The organization is meeting all legal financial requirements. Audited financial statements are in place.

Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	

2.14   Process and outcome measures related to worklife and the work environment are identified and monitored.

Surveyor comments on the priority process(es)

There are numerous examples provided throughout the visit where the organization supports quality of worklife and a healthy safe work environment. Much of this is done within the organization. The Tlicho Community Services Agency Health and Social Services also has access to territorial resources such as Working Mind, an ongoing learning opportunities and Life Speak, a total well-being platform where GNWT employees and their families can access expert information on a wide range of topics when and where they need, it is completely confidential. Regular staff recognitions are held, including long term services awards, monthly birthday celebrations, and potluck meal events. Team building is supported.

Policies such as the working alone policy and the risk assessment for home service delivery are in place. Overtime preapproval processes are also in place to ensure assessment of workload occurs. In addition, prior approval is required for all on call shift switches between staff members to ensure workload demands are managed and tracked.

Policies are in place to support reporting of all staff incidents. Critical incident debriefing supports are provided as required. Counselling supports can also be accessed through the employee, family and assistance program.

Continuing professional development is supported. The Tlicho Community Services Agency Health and Social Services staff can access the territorial professional development initiative program through which funding support is available. The organization is also committed to bringing learning opportunities to sites where many staff can be engaged.

Staff immunization is encouraged and tracked on an ongoing basis.

Occupational Health and Safety committees are in place. Workplace violence prevention policies are also in place. Each site has an identified a Lead. Risk assessments are completed on a regular basis and often on an unannounced basis. Staff reported their pride in meeting all requirements. Workplace violence policies include rights and responsibilities of staff. Training occurs immediately upon employment and is included in the 'on boarding' processes. Applied Suicide Intervention Skills Training (ASIST) is provided for all staff as is mental health and suicide identification and prevention. The organization is supported in its

implementation of further workplace violence training.

Staff do have mechanisms to confidentially report incidents. There is the need to explore the ability of RL6, the incident reporting system, to support those situations where a staff person does not wish to be identified in this new incident reporting system. Incidents are now able to be tracked. Quarterly reports are made to the Board.

The team has not yet developed process and outcome measures related to worklife and the work environment. The plan is to identify key outcome measures.

The Worklife Pulse Tool has been used. Results from this survey noted the need to develop further strategies to enhance a culture of no blame. The team interviewed noted awareness of the Patient Safety Culture "Bundle" for CEO and Senior Leader's and is using the framework to develop action plans aimed at addressing issues raised by staff. It is suggested that the team implement their plans and continue to use the Worklife Pulse to monitor the outcomes of this work.

Annual patient safety training is provided for all staff. Plans are underway to augment this training in collaboration with the Canadian Patient Safety Institute. These plans are supported.

The recruitment processes used by the organization are in conjunction with the Territorial Human Resource Department. Processes and polices are in place which ensure position descriptions (including reporting relationships) are updated regularly. Recruitment processes are defined and objective. Retention, albeit often difficult in northern and remote communities is managed well. The Tlicho Community Services Agency Health and Social Services is reported to have a good retention rate. Supporting retention has also been the efforts made by the community in supporting residents in their education. The Board noted that there are many more students from the community supported, all of which have remained in the community following graduation.

Performance monitoring processes are in place. The interactive online tools were noted to provide ongoing feedback which is much appreciated by staff.

Exit interviews are undertaken. It is suggested that this become more formalized and include a review of the employee's experience and suggestions for opportunities for improvement.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
2.1 A healthy and safe work environment is identified as a strategic priority.	!
3.11 Team members, clients, and families who participate in quality improvement initiatives are recognized for their work.	
15.4 A patient safety incident management system that supports reporting and learning is implemented.	ROP
15.4.7 The effectiveness of the patient safety incident management system is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Gathering feedback from clients, families, and team members about the system • Monitoring patient safety incident reports by type and severity • Examining whether improvements are implemented and sustained • Determining whether team members feel comfortable reporting patient safety incidents (e.g., based on results from the Canadian Patient Safety Culture Survey Tool).	MINOR
15.8 At least one patient safety-related prospective analysis has been conducted within the last year and appropriate improvements are made as a result.	!
16.1 An integrated quality improvement plan is developed and implemented.	!
16.2 A defined process is followed to select and monitor system-level process and outcome measures to evaluate the organization's performance at a strategic level.	!
Surveyor comments on the priority process(es)	

Four strategic priority areas have been identified and include: the delivery of culturally responsive programs and services; supporting best health in the population served; ensuring a sustainable health and

social service future; and ensuring best care and services that are responsive to children, individuals, families, and communities. In order to address the four key strategic priorities, a healthy and safe work environment must be in place. Although the organization certainly ensures attention is paid to the work environment, it is suggested that this be noted in the strategic priority action items.

The organization is commended for developing a leadership position dedicated to quality and risk management. It will be important that this role remains focused on supporting all areas of programs, services and leadership in developing a robust quality improvement strategy which includes the development of outcome indicators, monitoring and reporting. All staff, including leadership, are truly committed to quality, patient safety and risk management. Capacity building approaches will be key.

Standardized processes and best practice guidelines are in place. Territorial guidelines have been consistently adopted and reinforced across all sites. Examples include sexually transmitted infections (STI) practices, the application of common forms, charting and recording processes.

As the quality improvement program matures, it is suggested that strategies be developed to recognize staff for their quality and innovation contributions. This will also reinforce the development of a culture of safety and learning.

An integrated risk management approach has been adopted. The conceptual illustration of the Quality Management Framework for organization is well done and includes enterprise risk management. Business continuity plans are in place in numerous areas.

There are limited service contracts in place. There is a memorandum of understanding with NTHSSA for medical services. Included in this agreement are clear performance deliverables related to the quality of service and service expectations. As this agreement is ready to be renewed, the continued attention to quality is encouraged.

Patient safety is a priority for the organization. Safe care imbedded in the Quality Management Framework and aligns with all strategic priorities. All members of the leadership team are assigned responsibility for their service area in this regard.

An abuse, mistreatment, neglect policy and supporting training programs are in place for all new staff. Training includes an elder abuse quiz, the identification of different areas of abuse and is also linked with family violence protocols. The team noted the ethical issues that can arise when considering the small size of the communities. Support and guidance are provided.

The RL6, electronic incident management system, has just been implemented. Reports are just beginning to be generated and the data quality evaluated. Staff are developing knowledge on the use of the system. After the implementation has been completed, it will be important to generate meaningful reports and use this information to support learning, the development of quality improvement strategies and actions.

A just culture is supported. The staff patient safety culture survey noted however, that many staff remain

hesitant to report incidences. Learning from incidents and supporting positive changes will further assist the enhancement of a just culture.

Policies and procedures are in place regarding disclosure of patient safety incidents. These are very few but when they do occur, patients are fully engaged. As quality improvement and risk management are just evolving, a patient safety prospective analysis has not yet occurred. The organization is encouraged to select a patient safety area and complete a prospective analysis which can inform improvement activities.

Medication reconciliation processes are in place throughout all services areas. These are completed at all care transition points and annually.

Quarterly patient safety reports are provided to the Board at every meeting. These reports are high level now and have focused primarily on activity reporting. Accreditation preparation and learnings have dominated the most recent reports. There is now the opportunity to refine these reports and focus on reporting process, outcome indicators and associated actions in key patient safety area(s).

An integrated quality framework is in place. There is the potential to utilize information from the accreditation process to develop this plan. As the plan is developed, it will be necessary to develop priority system level process and outcome indicators. These can be aligned to the organization's strategic priorities. As the quality assurance leader develops the integrated quality plan and measures, it will be key to support each of the program areas in their development of associated process and outcome measures.

Client experience data is available in some program areas such as Northwest Territories Community Counselling program and Client Satisfaction Report 2018. Responses were very positive. The organization is encouraged to continue to pursue formal avenues for client experience input.

As noted, quality improvement plans need further development. Areas of improvement have occurred, and changes have been implemented. Excellent examples include the implementation of clinical practice guidelines, the ongoing monitoring and education related to these activities.

The annual report is well done and notes numerous accomplishments. As the quality improvement program matures, results from quality and patient safety activities could be included.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	

1.10   Support is provided to build the capacity of the governing body, leaders, and teams to use the ethics framework.

1.11   There is a process for gathering and reviewing information about trends in the organization's ethics issues, challenges, and situations.

Surveyor comments on the priority process(es)

The Tlicho Community Services Agency had adopted the Northwest Territories Health and Social Services Authority (NTHSSA) Decision Making Framework (June 2019). A member from the Tlicho Community Services Agency leadership has been involved with the development of the NTHSSA ethics framework. This person also continues to actively participate on the Territorial Ethics Committee. The organization is commended for its partnership with others. Communication with staff clearly indicated the value of these partnerships in the development of practice policies and in gathering evidence and developing guiding processes.

The framework includes an ethical decision-making process and an excellent, comprehensive summary of key guiding principles and definitions. Of note, is the inclusion of cultural and traditional beliefs. Also, are the Ethical Decision-Making Framework Process Steps and Guidelines. Steps include the identification of facts, identification of cultural traditions or beliefs that impact the ethical issue or resolution, the specification of feasible actions, the use ethical resources to identify morally significant factors for each potential action, the development of proposed solutions and taking action with the inclusion of an evaluation.

The NTHSSA has a partnership with Alberta Health Services (AHS) in order to access an ethicist for the Territories. This includes clinical and organizational ethics support. Through the ongoing partnership with NTHSSA, Tlicho Community Services Agency can access these resources as required.

As the final ethics framework has just been approved, formal supports and education of its application is not yet complete but in the planning stages. The leadership team is encouraged to continue its planning in this area in collaboration with the NTHSSA. It is noted however, that ethical issues are informally managed on a routine basis internally through staff support, leadership and guidance.

Again, as the framework is very new and the formal implementation of the framework is in the planning stages, trends have not yet been formally tracked. After the education and formal implementation has been completed, gathering and reviewing information about trends of the organization's ethics issues,

challenges, and situations will be important. Information gleaned from trend analysis of ethics issues will be very useful in informing quality and learning activities in the future.

Any requests for participation in research are reviewed through an internal committee to ensure alignment with the organization mission and vision. Research ethics is provided through the Aurora College. Again, this is an example where partnerships with others is providing expertise and support are very well done.

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)

The organization is absolutely committed to collaboration in each community and with all territorial partners. There is active participation on numerous territorial committees, and it was clear that every opportunity to ensure open communication is leveraged.

Input and ongoing feedback from clients, the community and all partners are sought throughout planning and service delivery processes.

Several information management systems have been implemented over that last several years. Examples include the primary care electronic medical records (EMR) and RL6 for incident reporting and monitoring. The staff noted that implementation of these systems has been slow in some areas. Information extraction is evolving. The organization is committed to consistent application of information systems. As quality outcome indicators are further developed, the team is encouraged to explore how information from the various systems can meet their needs both now and in the future.

As the team better articulates its data needs, the quality and usefulness of the data will need to be regularly assessed.

Privacy and confidentiality policies are in place and are in accordance with territorial legislation. Processes are also in place to support client access to their health record.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The new long-term care facility Jimmy Erasmus Seniors Home is a good example on how the organization has built a facility following laws, regulations and codes.

When construction or renovations are needed, the organization follows infection prevention and control standard and ensures the safety of their clients, residents, families and staff. The organization has invested in one of the staff members to attended infection prevention and control standards for construction, and there is constantly monitoring of construction nearby the facility to ensure necessary steps are in place to maintain good air quality.

The organization has backup systems that are initiated in case of emergency.

The organization has many initiatives to minimize the impact of the environment, such as recycling program, idling of vehicles, better lighting, high efficiency satellite ambulance radios with lithium batteries, sharps handling, and partnership with KBL to dispose the bigger batteries. The organization has also invested in better housekeeping cleaning products, they are more efficient and better for the environment.

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)

The organization has an emergency response plan developed by the Occupational Health and Safety Committee and with input from services in the community.

The plan describes how to respond to different situations, including how and when to activate emergencies operation centre's (EOCs) and communication channels, emergency contact information, and how to debrief and what to do after a crisis.

The emergency response plan aligns with the NTHSSA plans and government emergency response plans. There is evidence of partnerships with other agencies to collaborate and work together on tabletop exercises and scenarios on how to respond to crises when other communities are involved.

The organization provides education and training on how to respond to emergency situations. Once a month or every two months, the organization practices fire drills and keeps log sheets with information on how the drill went and highlights areas for improvement.

The business continuity plan addresses how and when to activate backup systems such as generators and how to access emergency supplies.

The organization demonstrates deep commitment to support the community in emergency situations and when vulnerable clients are at risk, mobilizing resources to better support them. For example, identifying clients with respiratory illness and anticipating health needs during wildfire season.

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Services are co-designed with clients and families. There are many forms of engagement for example verbally, surveys, and information passed on by Board members. An example includes elders attending land-based camps with youth where information sharing opportunities are plentiful.

Barriers to services overall are always transportation issues in the remote areas.

Orientation overall is called on-boarding and is electronic. Staff depending on their positions receive more or less orientation.

All patient safety incidents are in the EMR under RL6.

Information is shared overall with clients and families in many forms. There are annual meetings yearly in a different community each year where the annual report is shared. There are opportunities for clients to give feedback to the organization, for example, at wellness events at the school and in the community.

The organization has a care plan with care transition but at this time they are revamping the care transition form to work for all staff in the circle of care.

The Board has many opportunities to interact with community members, both while they are out within their communities and during the annual yearly gathering. They have many partners that they work closely with for the organization. Regular quality and safety reports are received by the Board from clients and families.

Quality improvement activities are present but require further development. There is input in co-designing space in collaboration with the community, for example, there is going to be a breastfeeding safe area in the waiting room of the health clinic.

The organization has many opportunities for the staff to receive cultural safety training and education in the workplace. There is for example a cultural orientation at the school in August for four days that health staff are welcome to attend. There is also electronic cultural safety training with on-boarding and opportunities to attend community events.

Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has strategies in place to monitor, analyze and improve patient flow. The organization ensures staff is available to meet the demand of clients in the health care center and has established detailed criteria to reduce services if necessary. Reduction in services would be the very last resource and used in very extreme circumstances.

The Marie Adele Bishop Health Center is open for services on Monday to Friday from 8:30 a.m. to 5:00 p.m. Staff are available on call on Saturdays, Sundays, holidays and after hours, during the mornings from 8:30 a.m. to 12:00 p.m., the organization provides public health care services to serve prenatal, communicable diseases and chronic disease patients. In the afternoon the organization opens as a health services clinic.

When the community organizes assemblies or special events the organizations prepares in advance calling in extra resources.

The organization has three (3) ambulances to transport patients in and out of the center. The organization also has access to air ambulance when needed.

The organization analyses data in regular intervals to evaluate service needs. The data analysis is presented quarterly to their Board of Directors. It is recommended that the organization track patient flow data overtime to better identify trends.

The organization is encouraged to continue to invest in telehealth so clients in the community can have access to other health care services.

Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is collaboration between team members, leadership, and corporate services to make decisions when new equipment is needed. Depending on the requirements of new/replacement equipment requests may be approved by leaders in the organization or it might need to be sent to NTHSSA Health Technology Management Committee for discussion.

When new equipment is brought to the organization there is education provided to staff who will be using it. Each staff member will have evidence of attendance to the training and competency levels on their personnel human resources file.

Staff is also provided with instructions on the type of cleaning product to use and steps on how to properly clean the equipment.

Biomedical engineering services are provided to the organization through the NTHSSA and it offers preventive and scheduled maintenance to the organization, following NTHSSA Biomedical Engineering standards operating procedures and protocols.

Preventive maintenance program is in place and soon leaders will have access to the provincial biomed database to have better access to their reports.

When equipment is involved in safety incidents an incident report is filled out in the RL6 system, leaders in the organization do a proper investigation and follow up.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

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

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

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

Standards Set: Child, Youth, and Family 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

10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
10.6	New or existing indicator data are used to establish a baseline for each indicator.	
10.7	There is a process to regularly collect indicator data and track progress.	
10.8	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

Information is collected to inform services in the child, youth and family services. There are many partners that work closely to form and maintain services and programs to meet the needs of clients and the community.

The program has a great mix of staff with varying skills and experience to make an effective program for the community.

Priority Process: Competency

Training and education are important to child youth and family in order to maintain an excellent mix of skills that better serves the community.

The workplace violence policy is in place and staff are aware of this policy.

Foster families receive many opportunities for education and training.

Priority Process: Episode of Care

There is a workplace violence policy in the organization. There is a structured approach to decision making for reports of possible abuse and neglect to determine the appropriate level of response from the team. Families receive access to appropriate support and protection services within the team.

All investigations are in a timely manner and there is always staff and a supervisor available 24 hours a day and 7 days a week. The voice of the child is always heard, respected, and acknowledged in all aspects of the circle of care.

Clients' medications are always verified with the health centre.

Staff use a suicide risk assessment tool and depending on the score they are referred to the appropriate level of care required.

There is always a safety plan developed for a child and youth in this program. The safety plan is documented in the client's chart.

There are no restraints used in this organization.

There are many opportunities for children and youth to be exposed to proper use of social media. There are many partners that worked together, for example, the RCMP, schools and many more to support and protect the child and youth.

The staff support the families in understanding the court and justice system for the child and youth's best interests. Follow up services are a very important aspect of this organization's daily routine.

The organization is to be commended for the dedication and commitment of their staff in support and protection of the youth and children in this community.

Priority Process: Decision Support

Charts are up to date, chronologically ordered, and well maintained. The charts are in a safe, locked room with code access only. The charts are then housed in a locked filing cabinet inside the secure room with limited access to safe.

Policies and procedures are across the organization available to all staff electronically.

Priority Process: Impact on Outcomes

The program has excellent safety strategies to keep child, youth, and families safe.

The program collects many areas of quantitative data in their work.

The next step would be to develop meaningful, measurable indicators for the organization to track progress.

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

4.6 Education and training are provided on the organization's ethical decision-making framework.

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 mental wellness team consists of a variety of specialized program streams that are responsive to current needs and cross culturally sensitive and inclusive. The team is led by a qualified clinician and is also supported by two managers. The team benefits from having leadership and staff from community that speak the language and are aware of local protocols, traditions, practices and beliefs, important in supporting clients and their families in a respectful, but purposeful manner, on their respective wellness journeys. There is strong support from the organization leadership for team wellness, professional development and cohesion activities.

Priority Process: Competency

The mental wellness team consists of mental wellness professionals from various disciplines and are grounded in local culture and trauma based clinical and wellness approaches. The organization has worked hard over the past couple of years on their recruitment and retention strategy that focuses on harnessing local capacity (e.g., local language speakers with lived experience). The organization is encouraged to continue this trajectory of developing local resources, capacity to meet growing needs in the mental health, addictions, and crisis response areas. There are community members that currently populate that mental wellness team, and this is encouraging.

Priority Process: Episode of Care

The communities are well served by a professionally diverse and dedicated team, grounded in local protocols/traditions, trauma informed care, and ethical practice guidelines. They go into the local schools and other local sites, and work with individuals, families and groups in a therapeutic setting.

Interdisciplinary case conferencing does take place, however, the organization in encouraged to work with staff toward developing and implementing an integrated case management model to ensure continuity, consistency, and comprehensiveness in care plans. Integrating mental health and wellness into an EMR will support this objective.

Chronic after-hours response challenges persist and the current model of community nurses responding to mental health crisis may not be sustainable over time. The organization is therefore encouraged to continue to work in collaboration with partners and key community stakeholders in the enhancement of localized capacity across the mental wellness and care continuum (e.g., critical incidence response training, peer and land-based programs, detox/stabilization/transition beds supported by wrap around teams).

Clients rights and responsibilities are reviewed upon intake and clients are encouraged to complete satisfaction surveys. Feedback generally is supportive and constructive and reflects many of the issues discussed in this narrative.

Priority Process: Decision Support

Files reviewed were well maintained, organized, and stored in a safe secure location. The mental wellness program has yet to be integrated into an electronic medical record system (e.g., WOLF), and is separate from the child and family MATRIX system as well, posing challenges in developing baseline indicators to measure efficacy of programs and services over time. Moreover, the organization is encouraged to support the team in developing and implementing standardized forms (intake, assessment, suicide risk, discharge, etc.), across mental wellness program and services streams. These enhancements will also support communication during care transitions (in and out of community service settings) and a collaborative, case management approach.

Priority Process: Impact on Outcomes

The organization is encouraged to continue to actively engage staff and clients in patient safety incident reporting and follow up, in addition to workshops and awareness activities (campaigns) for the ethics framework. Clients expressed hesitation in sharing anything in writing due to their oral or verbal cultural practice, thus consideration could be given to adapting incident reporting and ethical processes in order to accommodate the population served. Similar adaptations could be considered during development of culturally safe and inclusive indicators, perhaps as a quality improvement initiative. First Nations in other jurisdictions, for example, are focusing on 'wellness' or 'strength-based indicators,' as opposed to

language that represents pathologies. This work could be supported through collaboration with communities and research partners. The absence of benchmarks, indicators, or markers calls into question the efficacy of the programs, services and challenges funding requests based on needs rather than population-based formulas.

Standards Set: Home Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.6 Team members and clients have access to information about community services, including palliative and end-of-life care.	
Priority Process: Competency	
3.6 Education and training are provided on the organization's ethical decision-making framework.	
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	
15.6 New or existing indicator data are used to establish a baseline for each indicator.	
15.7 There is a process to regularly collect indicator data and track progress.	
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

The Tlicho Community Services Agency provides home care support to clients in the community. The community speaks highly of the home care services provided by the team. The relationships formed with the clients shows respect, trust and confidence in the work they do.

The organization has strong relationship with other services in the community, regions and across the territories.

There are currently over 30 clients in the system, clients are coming from through referrals from either the health center, the hospital in Yellowknife and self-referrals. The organization is working to develop written information with the services that provided to better informed the community both in verbal and written form.

The clinical leadership team advocates for resources needs identified with input from staff, care providers, clients and families, to better deliver home care services.

Priority Process: Competency

There is evidence of an increased level of education to the home care support program workers and as a result the services provided to the community have improved. The home support care providers have increased their skills and knowledge in areas such as medication management, basic wound care, hand hygiene. This is commended.

The staff has the knowledge on violence prevention, and there are plans for an education program to be delivered soon. The staff is aware of the occupational health and safety regulations and training is available.

The staff regularly receives performance evaluations, and together with leadership every staff member develops professional and personal growth goals. The leadership team is committed to their staff and the staff speak highly on how they feel supported by the leaders.

Throughout the organization there is a sense of team, and together they make things work to better support their clients and the community.

Staff is getting familiar and more comfortable with the ethics framework. The organization is encouraged to continue to deliver education on how to use the framework when facing ethical situations.

The organization faces some challenges such as recruitment and retention. The leaders are working in creative ways to bring staff on board.

The organization is encouraged to continue to grow computer literacy across all the team members in preparation of a new electronic health record system.

Priority Process: Episode of Care

It is evident that the clients are very engaged in their care when home care services are being delivered. The clients trust their services and speak highly of the team. Each client has a care plan which is developed in partnership with the client and the family. There is evidence that every time the team is providing services, they identify the client using two identifiers. The practice is difficult to maintain, but it is a good reminder for patient safety.

There is a medication reconciliation policy available that identifies the roles and responsibilities of the team members handling the process. The team has been trialing a new form that better fits their needs. The organization is encouraged to utilize the new form and evaluate it soon after, to ensure needs are being met.

The team has access to an ET nurse from the NTHSSA. There are policies and procedures in place on how to care for wounds. Education is available including how to use the standardized Braden Scale tool and what strategies can be put in place to prevent pressure ulcers and wounds. The team has access to a pamphlet for clients and families on how to better care for themselves with topics such as taking care of your feet, corns and callouses, and buying appropriate footwear.

The organization has a policy to transfer information properly between care providers and between services.

The organization has a home risk assessment that is filled out at the beginning of services and when changes in the environment are evident. Each risk assessment is available in the clients' charts.

There is evidence that the team works together well, and they feel supported with each other. Being a part of the team will only result in better service for their clients.

The team is trialing a paid family caregiver program, it will be interesting to see the results of the pilot program and take it into consideration for service design.

Priority Process: Decision Support

There is evidence that the clients' charts are organized in a way where the information is clear and easy to find. The charts are located in locked cabinets ensuring confidentiality and privacy. There are regular chart audits to help maintain the information up-to-date and accurate.

The team is looking into having a better system for documentation. There are plans to bring electronic health records for both home care and long-term care in the near future using the InterRAI.

Priority Process: Impact on Outcomes

Client safety and quality improvement are two concepts that the team is embracing and committing to deliver better services.

In the past few months the organization has been collecting data and doing chart reviews. Some of the data that the team is collecting includes allergies documentation, medication reconciliation, and completion of risk assessments. The organization is encouraged to continue with their journey on quality and safety and develop indicators that are important for the team and track data overtime to better identify trends.

The team recently introduced an electronic incident report system. Even though it is new the staff is knowledgeable on how to report incidents and recognize the importance of having a learning opportunity as a result of analyzing the information.

When a quality improvement opportunity is being developed it is suggested to gather input from clients and families, and it could be in a variety of ways, through surveys, focus groups, and inviting clients to participate in team meetings.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
13.2 Performance measures are monitored for infection prevention and control.	
13.4 The information collected about infection prevention and control activities is used to identify successes and opportunities for improvement, and to make improvements in a timely way.	
13.5 Results of evaluations are shared with team members, volunteers, clients/residents, and families.	

Surveyor comments on the priority process(es)

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

Staff across sites work in collaboration to ensure core infection prevention control standards are met, and indeed in some instances exceeded. Disposable devices are utilized at the clinic sites, for example, negating the requirement for an autoclave. Moreover, evidence of recent hand hygiene audits, were posted and staff are generally aware of the importance of infection prevention and control education, awareness and ongoing monitoring for compliance. All sites were exceedingly clean (especially Gameti) despite being in aging infrastructure. The organization is encouraged to remain diligent in supporting staff and clients in education and awareness activities that are understandable. The organization is also encouraged to increase its collection of infection and prevention control data, information and to ensure trends are communicated in a similar, digestible, manner.

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

Unmet Criteria	High Priority Criteria

Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.6   Education and training are provided on the organization's ethical decision-making framework.

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

17.6   New or existing indicator data are used to establish a baseline for each indicator.

17.7   There is a process to regularly collect indicator data and track progress.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Tlicho Community Services Agency provides long term care services to members of the community in the new facility, Jimmy Erasmus Seniors Home.

The facility is brand new, clean and bright, and the design to protect residents and staff safety. The facility is built in a way that invites the community to participate and to stay close to their loved ones.

The intake process for admitting new residents is centralized and there is defined criteria to initiating services. There are currently 16 long term care beds, one respite bed, and one palliative care bed.

The staff is so proud to be part of the community, and thankful for letting residents and their families to be part of their care.

Priority Process: Competency

The staff has worked hard to advance their knowledge and the skills on topics that are important for the

organization such as proper identifying of residents, the use of restraints (both physical and medication use), the use of mechanical lifts, managing and responding to residents behaviours, occupation health and safety regulations, and recognizing signs of abuse.

The staff regularly receive performance evaluations, and together with leadership every staff member develops professional and personal growth goals. The leadership team is very committed to their staff and the staff speak highly on how they feel supported by the leaders to achieve their goals and objectives.

The team expressed the importance of working together with the same goal to better serve their residents and their families, and the importance of communication when working in a small and tight community.

The organization is encouraged to continue to deliver education on how to use the framework when facing ethical situations.

The organization is encouraged to continue to grow computer literacy across all the team members in preparation of a new electronic health record system interRAI.

Priority Process: Episode of Care

Services delivered in the new long-term care facility Jimmy Erasmus Seniors Home is centered to the resident needs and there is evidence that residents and families are engaged and actively participating in their care.

When a resident moves into the facility there is a complete orientation on what to expect, rights and responsibilities, and an introduction to the team members. Families are welcome to be part of the team. The facility has a family multi-purpose room that families can book in advance if traveling from further away to stay closer to their loved ones.

There is evidence that each resident is assessed, and care plans and goals of care are developed in partnership with residents and families using a holistic approach. Care conferences are scheduled once a year with the interdisciplinary team and when there are changes in the health status of the resident.

There is evidence when the team is providing services, treatment, or medication to their residents that they identify the resident using two approved client identifiers.

There is evidence of standardized tools to better support care such as medication reconciliation, falls risk screening, pressure ulcer risk screening, and suicide risk assessment.

The organization has a policy to transfer information properly between care providers and between services. When a resident need to go to the hospital in Yellowknife, the charge nurse will fill out an SBAR form with the information that is important for the receiving care provider and follows up with a phone call.

The residents have access to a variety of recreational activities and the care team posts the scheduled activities in a white board for residents and families to review. The organization is encouraged to engage their staff, residents, and families to explore other opportunities for recreational activities. One of the residents commented that she enjoys it very much when children visit the facility playing drums and traditional songs.

The team participates in regular Safety Meetings, where different topics are discussed such as hand hygiene, patient safety, staying safe at work, infection prevention and control practices, and occupational health and safety regulations.

The residents and their families appreciate the care they received in the Jimmy Erasmus Seniors Home, from preparing traditional meals, structuring activities that are appropriate to them such as the Yoga program and arranging for day trips to locations around the community. The team has partnered with residents and families in an exemplary way.

Priority Process: Decision Support

There is evidence that the client charts are organized in a way where the information is clear and easy to find. Information has been transcribed using new forms and templates, and adding new information, for example, adding the new suicide risk assessment.

The organization has a process to audit charts to assess for different requirements such as medication reconciliation, consent, and falls prevention.

The team is looking into having a better system for documentation. At the moment, information is in the EMR (prescribers orders and results), and in the paper record.

There are plans to bring electronic health records for both home care and long-term care in the near future using the InterRAI system.

Priority Process: Impact on Outcomes

The organization is working together with residents, their families, and their community to continuously improve services. The organization is commended for bringing together families with family council meetings. Ideas get explored and input is gathered when introducing new initiatives.

The organization is doing a great job of identifying residents needs and working together towards the same goals.

In the past few months the organization has been collecting data and doing chart reviews. The organization is encouraged to continue with their journey on quality and safety and develop indicators that are important for the team and track data overtime to better identify trends.

The team recognizes the importance of incident reporting and demonstrates a culture of learning. The team recently introduced an electronic incident report system LR6. The team is familiar with the system and is learning to better navigate it.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Medication Management

The organization has implemented a red sticker, red bin, and red binder for high-alert medications that is now going to implemented across the Territories. This is an excellent example of a quality improvement initiative that has been implemented.

There is an antimicrobial stewardship program. There are no sample drugs in this community. Medications are dispensed as per the formulary and following professional training and guidelines as per the Government of Northwest Territories.

The medication room is secure, well maintained and very organized. The medications are arranged in alphabetical order with all oral medications stored together, injectables together, and topical creams and drops together. The medications are well stocked but are not over stocked. The medication room is large and roomy with no clutter.

Narcotics are kept in a secure safe with a double-locking system and narcotic count done daily with two staff.

There is a pharmacy and therapeutic committee that reviews all medication management who meets regularly and has up-to-date information and minutes available.

A Pharmacist is available daily until 10pm and after hours the doctor or med response is available for all inquiries.

Medication reconciliation is completed in the EMR at every encounter with the health professional. The BPMH form that the organization is using at the present time is going to be revamped in the near future for continuity of care for all health areas. This new form will have all health professionals using the same form in all areas as per staff input to improve the flow of client information.

There is a process followed for adverse drug interactions.

There are infusion pumps in the clinic that are used. Staff receive regular training and education about

infusion pumps. The organization does not have smart infusion pumps or narcotic filled syringes in the clinic.

The medications are well stocked but are not over stocked. The medication room is large and roomy with no clutter.

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

Unmet Criteria	High Priority Criteria

Priority Process: Point-of-care Testing Services

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Point-of-care Testing Services

The organization has a very supportive point of care team (POCT). There is a current contract with DynaLife that provides the scope of POCT and assure quality. There is a qualified health care professional that oversees, manages and supervises POCT. The workspace is clean, well organized and not cluttered.

All staff receive appropriate training and education. The standards operating procedures (SOP) are available in the clinic area and are updated as needed. The validation and calibration are completed and logged daily and weekly as per SOP's.

Staff receive one requisition at a time, and this is documented in the EMR which allows for reconciliation of the completion of the testing.

Personal protective equipment is single use for each client.

Two client identifiers are used at every encounter.

Adherence to quality control is obviously of utmost importance in this organization.

Standards Set: Remote/Isolated 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	
3.7 Education and training are provided on the organization's ethical decision-making framework.	
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

Teams offer a wide range of services in programs and work in close collaboration with community partners and external stakeholders to ensure culturally safe and appropriate services. Teams spoke of daily morning huddles during which they discussed presenting issues and mitigative strategies for complex issues. Professional staff are current with a range of competencies and supported in their respective program areas with clinical oversight and supports. Chronic staffing shortages and remoteness do pose safety and risks that the organization is encouraged to continue to address.

Priority Process: Competency

There is an appropriate mix of professional, qualified staff working mostly beyond their normal scopes of practice in order to best meet the needs of a diverse population that present with complex needs.

Teams are supported with opportunities for sustained professional development and clinical oversight.

The organization is nonetheless encouraged to reinforce formal quality, risk management and ethical decision-making learning, awareness, and engagement resources, especially in the remote communities.

Challenges still exist in ensuring the appropriate number of staff across all sites and that they work in a cohesive, integrated case management manner.

Priority Process: Episode of Care

Clients interviewed generally expressed their satisfaction with services but did express their frustration in not having a culturally safe complaints process (e.g., oral rather than written). Added to this, those that have managed to complain, were unsure as to what, if anything, was done towards resolving their respective issues raised. Staff do go into homes and ancillary community sites, like schools, to ensure key preventative messages are communicated to target populations (e.g., safe sexual practice workshops in schools, falls prevention in Elders homes). Client specific health information is provided from the organization during care transitions, but it is a paper-based system, thus posing challenges to returning clients upon discharge from, for example, acute care and/or treatment settings outside of the community. Violence in the workplace, although not common, is especially a risk for the remote sites, putting staff at risk.

Priority Process: Decision Support

Complete and accurate electronic records are maintained in WOLF, but Mental Wellness and Child and Family Services are not yet linked electronically. In the absence of robust data, monitoring for trends across programs and professions remains a challenge. Although lots of quality improvement activities were noted, they were mostly informal in nature (benefiting local sites), thus there is opportunity moving forward to work with communities in developing culturally inclusive indicators.

Priority Process: Impact on Outcomes

There is much evidence of informal continuous quality improvement activities, however, very little written evidence to support knowledge generation or monitoring for trends over time. Education and awareness activities related to continuous quality improvement and development of community-based culturally inclusive and safe indicators could be supported with additional human resources to support localized learning among staff and clients. Clients spoke of their culture being a spoken rather than a written one, thus the organization is encouraged to bridge knowledge gaps by leveraging local resources (e.g., team members that currently translate could become 'quality ambassadors'). Moreover, the organization could leverage partner resources (Territorial Ethicist) and post secondary institutions to support best practices in risk management, ethical decision making, patient safety (Falls Prevention) and quality improvement activities generated within the communities.

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: August 1, 2018 to September 30, 2018**

- **Number of responses: 6**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	91
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	0	0	100	72
4. As a governing body, we do not become directly involved in management issues.	17	0	83	84
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	17	83	93

	% 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	95
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	17	0	83	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	17	0	83	96
9. Our governance processes need to better ensure that everyone participates in decision making.	0	0	100	61
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	97
12. Our ongoing education and professional development is encouraged.	0	0	100	85
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	17	83	94
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.	20	20	60	71
17. Contributions of individual members are reviewed regularly.	17	33	50	68
18. As a team, we regularly review how we function together and how our governance processes could be improved.	33	17	50	82
19. There is a process for improving individual effectiveness when non-performance is an issue.	33	17	50	58
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	17	17	67	84

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	0	0	100	46
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	33	0	67	76
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	93
24. As a governing body, we hear stories about clients who experienced harm during care.	0	17	83	81
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	40	20	40	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	67	33	85
27. We lack explicit criteria to recruit and select new members.	0	0	100	75
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	20	80	83
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	91
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	92
31. We review our own structure, including size and subcommittee structure.	0	100	0	85
32. We have a process to elect or appoint our chair.	0	0	0	84

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2018 and agreed with the instrument items.

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	40	0	60	77
34. Quality of care	20	0	80	78

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2018 and agreed with the instrument items.
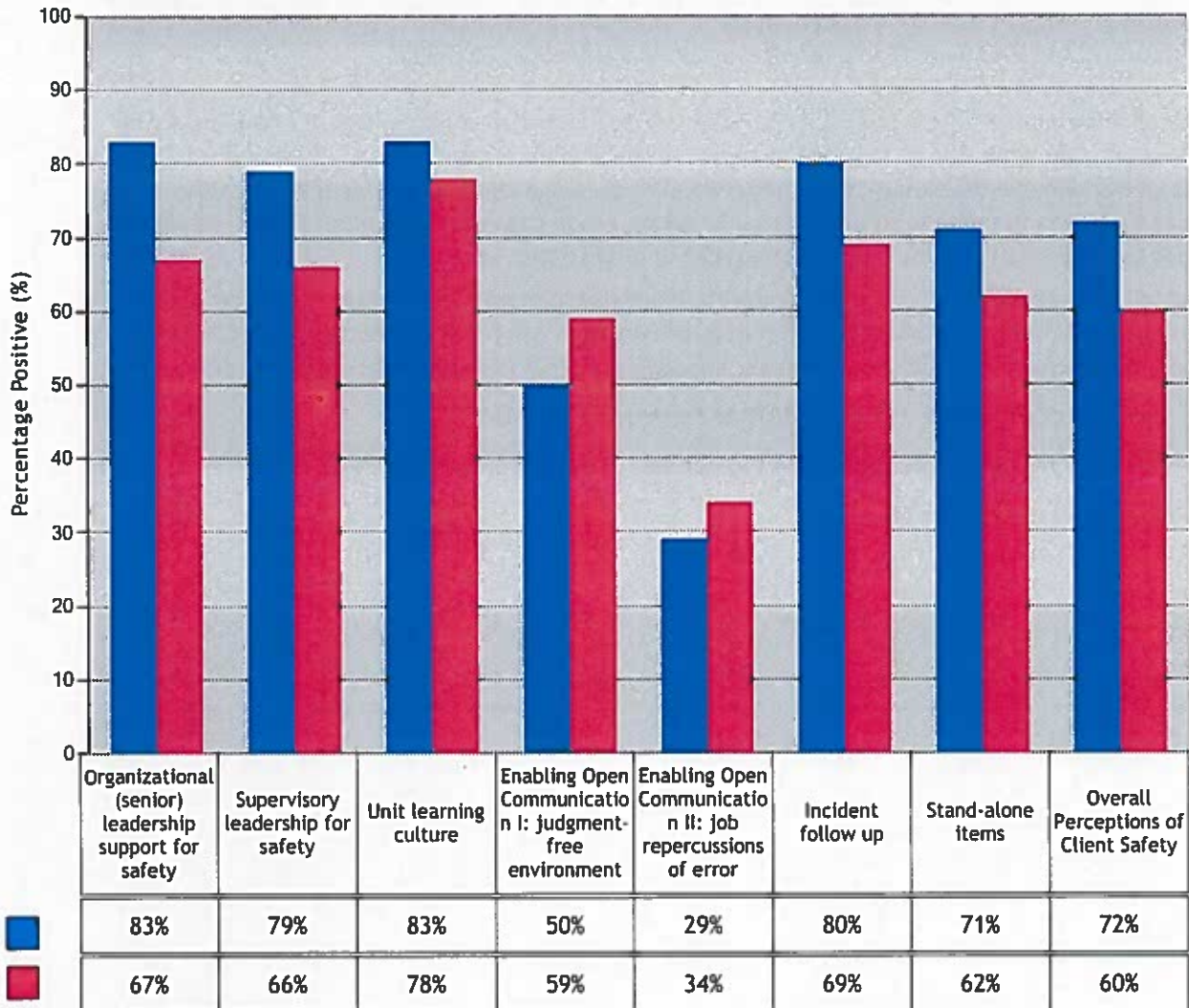
Canadian Patient Safety Culture Survey Tool

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

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

- **Data collection period: August 1, 2018 to September 30, 2018**
- **Minimum responses rate (based on the number of eligible employees): 56**
- **Number of responses: 81**

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

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
■	83%	79%	83%	50%	29%	80%	71%	72%
■	67%	66%	78%	59%	34%	69%	62%	60%

Legend

■ Tlicho Community Services Agency

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2019 and agreed with the instrument items.
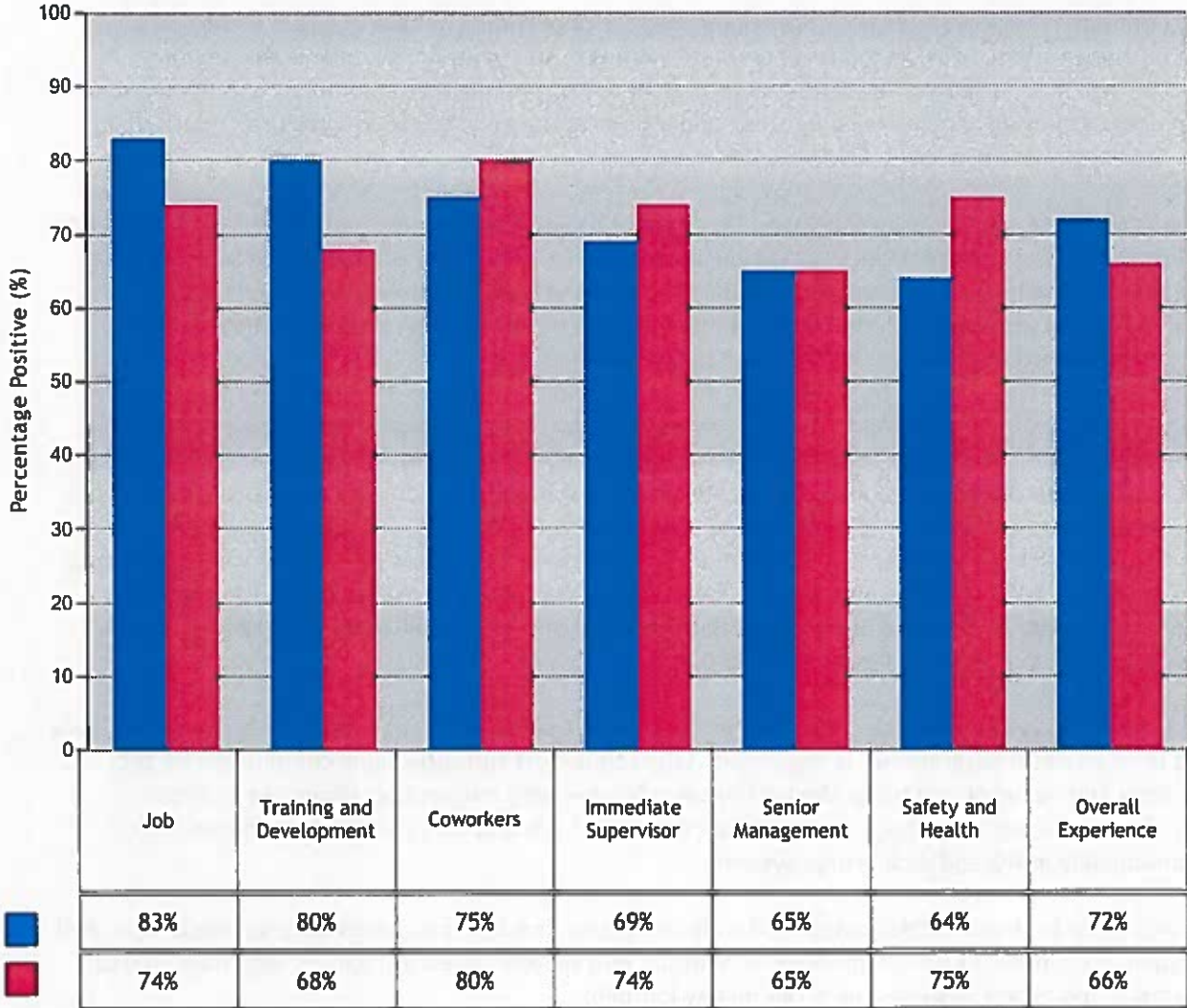
Worklife Pulse

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

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

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: August 1, 2018 to September 30, 2018**
- **Minimum responses rate (based on the number of eligible employees): 77**
- **Number of responses: 77**

Worklife Pulse: Results of Work Environment

	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
■	83%	80%	75%	69%	65%	64%	72%
■	74%	68%	80%	74%	65%	75%	66%

Legend

■ Tlicho Community Services Agency

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2019 and agreed with the instrument items.

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.

The Tlicho Community Services Agency (TCSA) appreciates the opportunity to have engaged in the 2019 Accreditation Survey and to provide comment on our experience. This was our first year in the ongoing Accreditation Cycle and we believe the result demonstrates our commitment to continuous improvement in client safety, and achieving responsive, integrated, and efficient programs; this report celebrates with us our innovative quality successes in client and family centered care.

The surveyors reviewed the following standards: Governance, Leadership, Remote and Isolated Health Services, Infection Prevention and Control, Medication Management, Community Based Mental Health Services, Long Term Care Services, Home Care Services, Point of Care Testing, and Child, Youth and Family Services. Throughout our Agency in preparing for surveys in these areas our teams came together to show their dedication to the Tlicho communities, families, and clients we all serve.

The TCSA prioritizes the ongoing development of a strong, collaborative, communicative management team who actively contribute to ongoing quality improvement efforts across the TCSA. The management team has begun the work of identifying / developing meaningful and relevant outcome indicators for each program area. As these indicators are formalized, and related meaningful reports are generated / created, the TCSA's management team will ensure an appropriate schedule of monitoring and reporting that supports continuous quality improvement, patient safety, and risk management efforts at all levels of the organization. We look forward to incorporating evidence of our progress in these areas into our annual report and to sharing it in meaningful ways with our patients, families, and partners.

The TCSA is committed to building the capacity of our governing body, leaders, and teams in applying the newly developed territorial ethics framework to their work. Ethics training is currently being coordinated for the governing body and management team. We look forward to reviewing information about trends in our organization's ethics issues challenges, and situations over time such that we can use that information to support continued learning and quality improvement.

The TCSA would like to thank our dedicated staff without whom none of our success would be possible; as well as our partners both in the Tlicho communities and throughout the Northwest Territories, who have shared their knowledge and expertise to help us in our quality journey.

As a relatively young agency we are excited by the opportunity and potential to drive change in quality and client safety: as the surveyors captured "we are small but we are mighty". The feedback provided by the surveyors will be instrumental in helping us to identify priority areas for improvement. We look forward to the final report, to building upon the momentum of this Accreditation process such that it supports the continued growth of the TCSA and our mission to be "strong like two people".

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 15 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

Priority Process	Description
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
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

Priority Process	Description
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