



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Northwoodcare Group Incorporated

Dartmouth, NS

On-site survey dates: February 24, 2019 - February 27, 2019

Report issued: March 11, 2019

About the Accreditation Report

Northwoodcare Group Incorporated (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in February 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

Northwoodcare Group Incorporated (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

Northwoodcare Group Incorporated's accreditation decision is:

Accredited with Exemplary Standing

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

About the On-site Survey

- **On-site survey dates: February 24, 2019 to February 27, 2019**

- **Locations**

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

1. Northwood Homecare Incorporated
2. Northwoodcare Bedford Incorporated
3. Northwoodcare Halifax Incorporated

- **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 Standards for Small, Community-Based Organizations
4. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

5. Home Support Services - Service Excellence Standards
6. Long-Term Care Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Governance Functioning Tool (2016)
4. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	23	0	1	24
 Accessibility (Give me timely and equitable services)	15	0	1	16
 Safety (Keep me safe)	162	4	5	171
 Worklife (Take care of those who take care of me)	57	1	0	58
 Client-centred Services (Partner with me and my family in our care)	109	0	0	109
 Continuity (Coordinate my care across the continuum)	13	0	0	13
 Appropriateness (Do the right thing to achieve the best results)	262	6	5	273
 Efficiency (Make the best use of resources)	21	0	0	21
Total	662	11	12	685

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	49 (98.0%)	1 (2.0%)	0	36 (100.0%)	0 (0.0%)	0	85 (98.8%)	1 (1.2%)	0
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	68 (97.1%)	2 (2.9%)	0	108 (98.2%)	2 (1.8%)	0
Infection Prevention and Control Standards for Community-Based Organizations	34 (100.0%)	0 (0.0%)	0	46 (97.9%)	1 (2.1%)	0	80 (98.8%)	1 (1.2%)	0
Medication Management Standards for Community-Based Organizations	41 (95.3%)	2 (4.7%)	5	47 (100.0%)	0 (0.0%)	5	88 (97.8%)	2 (2.2%)	10
Home Support Services	49 (98.0%)	1 (2.0%)	0	73 (97.3%)	2 (2.7%)	0	122 (97.6%)	3 (2.4%)	0
Long-Term Care Services	55 (98.2%)	1 (1.8%)	0	98 (99.0%)	1 (1.0%)	0	153 (98.7%)	2 (1.3%)	0
Total	268 (98.2%)	5 (1.8%)	5	368 (98.4%)	6 (1.6%)	5	636 (98.3%)	11 (1.7%)	10

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Home Support Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Home Support Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Heparin Safety (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Narcotics Safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
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
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Home Safety Risk Assessment (Home Support Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Long-Term Care 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.

Northwoodcare Group Incorporated (Northwood) is one of the largest not-for-profit continuing care seniors organizations in Atlantic Canada. It has 641 continuing care beds, provides Meals on Wheels, and offers an adult day program for nearly 100 clients and home support for more than 1,800 clients. There are more than 1,800 staff and 560 volunteers.

Northwood has been serving the community since 1962. The organization is highly responsive to community needs with innovative programs, including community gardens at Ivany Place, Hi-Tech with Heart, Live More Park, a TeleCare program for older adults in the community, and conceptual plans to develop further affordable housing. The organization is working diligently to meet its goal of providing quality care to the people served and to help older adults "live life, the way that they want to live it." It is apparent that the legacy of the founder continues to be nourished through every action and task by caregivers and continuing care leaders.

Northwood is governed by a volunteer board consisting of 13 members, each of whom has varied experience and complementary skills that serve the organization well. Well-established policies outline the function of governance and include a well-coordinated orientation process. Education further enhances board member skills and competencies. The board works collaboratively with the CEO to establish the strategic plan, and operational, quality, and risk management plans. The board is passionate about living the values and honouring the legacy of the founder.

The organization has a six-year (2014–2020) strategic plan to support the needs of older adults in the community. The annual operational plan is aligned with the strategic plan and identifies clear targets, responsibilities, and required resources. There are four subcommittees of the Board: Executive, Finance and Audit, Safety and Quality, and Human Resources. The Safety and Quality Committee supports the board to be the steward of mechanisms and conditions that promote safety and quality of life at Northwood. The organization's annual report highlights its achievements as well as planned initiatives. It shares its progress on the strategic plan through the Northwood Community Report, its quarterly newsletter.

Northwood has an active Foundation that provides resources to fund program and equipment outside of what is provided by the government. Fundraising efforts include the Tree of Life, community events, walks, and others. The Foundation's work and support are integral to Northwood's work.

Community partners are positive and highly complimentary about their interactions with Northwood. They report that the organization actively partners with them, shares resources, and is innovative. They provided a number of examples that highlight how Northwood creates community and seeks to be fully integrated and cohesive in their service offerings. Partnership examples include strategic security and community service response with policing, research on virtual reality and older adult pathways for care, supporting individuals to

access required services through community agencies, partnership agreements for operations and clinical programs and training, working with provincial associations, and promoting health and wellness. The organization continues to expand its partnerships, providing operational and specialized services to other long-term care providers.

Community partners report that Northwood has an open culture of collaboration, trust, and transparency. They identify that many organizations connect with Northwood to secure policies, knowledge, and a better understanding of older adult care and its possibilities. The partners speak very highly about all aspects of Northwood's care and services. A number of community partners describe personal experiences with home care services or continuing care services and share that Northwood is caring and responsive and this offers them as caregivers peace of mind. When asked for opportunities for growth, they suggest that Northwood could leverage its experience and expertise in new and different ways such as, for example, taking advantage of the shifting needs for different models and levels of older adult care as the province evolves its funding models. Additionally, partners suggest continuing the growth in injury prevention and health at both sites to further meet the needs of residents, staff, and community.

Northwood has established strategic alliances with trusted partners including government officials, regulatory bodies, funding agencies, educational institutions, emergency response coordinators, police, and others. In collaboration with the Nova Scotia Health Authority, enhancements have been made to the Pauline Potter Health Centre to offer extended primary care through the introduction of a nurse practitioner. Additionally, grant funding for the Pauline Porter Health Centre further helps residents, staff, and community members to access primary care practitioners, therapies, and wellness services.

The leadership team is highly skilled and forward thinking, possessing a wealth of experience and expertise. Leaders forge strong collaborative relationships and are generous in supporting their colleagues and each other. There is strong support for continued learning for the leadership team, including a partnership with Dalhousie University for a Leadership Development Program. This initiative has been well received by participants and they are producing excellent resources that leadership can use for future planning.

As well as supporting its leaders, Northwood has also made significant investment and is considering additional investment in front-line staff training. This organization, like many, is challenged with recruitment for continuing care assistants. Northwood has been proactive in working with a private educational institution to deliver on-site continuing care assistant programs in Bedford and Halifax. It also offers creative initiatives, including financial rewards for staff referrals of new staff, tuition assistance, and recruitment and retention bonuses. Northwood continues to work diligently to be the employer of choice. The organization lives its values and these are foundational to how it seeks to support and recognize staff contributions in a meaningful way.

Northwood completed its employee survey (Guarding Minds at Work) and the Canadian Patient Safety Culture Survey Tool. There is an action plan that includes a number of key initiatives including a diversity and inclusion strategy. In addition to training to address employee survey results, Northwood has invested in iTacit for staff learning and communication and feedback is positive. Staff take tremendous pride in their work and their contributions as they live the vision to help older adults flourish in a community of belonging, dignity, and choice.

There is a strong culture of safety in the organization. Policies for health and safety, emergency planning, and infection prevention and control are well done. The Health and Safety Committees work diligently to meet requirements and there has been a tremendous reduction in employee incidents and lost time. This work was completed by the Injury Prevention Long-Term Care Task Force and is commendable. There is consistent reporting and analysis of incidents. The staff immunization rate is moderate at 50 to 60 percent and has increased in the last year. There are regular hand-hygiene audits, with an excellent rate of hand-hygiene compliance. Outbreak management is well coordinated with effective communication and leading practices to reduce the incidence and length of outbreaks. The infection prevention and control practitioner is undergoing further certification in infection prevention.

There has been recent investment in technology to support communication and efficiency of work, including the addition of a time and attendance system to support staff scheduling, portable phones for home care staff, and e-based learning modules for staff. Additionally, there are technology partnerships with Telus for the Hi-Tech with Heart program, virtual reality, and robotic cats and dogs. Northwood continues to seek opportunities to influence advancements in technology that will support clients and residents in their lives and staff in their work.

Residents and families participated in an annual satisfaction survey in 2016. Residents reported an overall satisfaction rate of 88.2 percent, up from 85 percent in 2013. Families reported an overall satisfaction rate of 93.5 percent, up slightly from 93 percent in 2013. Overall, families and residents find that staff are caring and compassionate and that leadership is responsive. They are most appreciative of the care and services provided. Families feel that they receive appropriate notice of changes in their loved one's status.

Partnerships with residents, clients, and families to provide person-centred, safe programs are evident. A recent partnership with a family to create Kaye's Place highlights the responsiveness to the evolving population, where family donations have created a homelike setting and a special place for programming and scheduled family visits.

Residents, clients, and families speak very highly of the organization and its services. Residents and families are very engaged in all aspects of the home, including the Resident Council. Residents find that there is some variability in the approach for the Resident Council and they would like to explore standardizing this across the organization. Management's open door policy is appreciated and residents feel that they can have open and honest discussions about care and service and be listened to. Residents share that the organization is receptive to proposed changes. They would appreciate having a formal process to advise them of the adoption of changes. Clients report that the care and service are excellent. They feel that Northwood staff are there for them and they are treated with dignity and respect.

The Client and Family Advisory Council is a new organizational initiative. Northwood is encouraged to continue to work with the council members to guide them through this new undertaking. Clients and residents recently reviewed menus and policies and provided input. Northwood is encouraged to move ahead with the council initiative that aligns well with its person-centred care philosophy.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

MAJOR

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Northwood has a dynamic, highly engaged board of governors. The board uses the mission, vision, and values to guide decision making and adopts sound and ethical financial management and legal governance to advance the mission. The board is very proactive and shows genuine interest in and care for those entrusted to the organization's care.

The organization has a five-year strategic plan (2014–2019) that has been extended to 2020. The organization has been highly responsive to meeting community needs and continues to identify how to best meet current and future client needs. Recent examples include the Mobile Food Market, the Seeds of Success program, future affordable seniors housing in Bedford, Age Care, Hi-Tech with Heart, and virtual reality.

The board receives a comprehensive monthly report from the CEO. A well-organized quarterly safety scorecard that identifies key system-level indicator performance against established goals and objectives is shared. The Safety & Quality Committee of the Board of the board uses this information to support decisions, including allocating resources and establishing priorities and anticipated outcomes. Recent examples include organizational funding for the adult day program, funding to promote continuity of home care services, and plans to build affordable seniors housing in Bedford to advance the housing strategy.

The organization is encouraged to consider creating a one-page visual of its strategic plan, to provide a quick reference to further engage internal and external stakeholders. The current plan is comprehensive but the length may be a deterrent in its efforts to engage stakeholders. Community partners have had opportunities to be involved in the strategic planning process and residents, families, staff, and community partners receive regular updates to the plan through the quarterly Northwood Live More Community Paper.

The board is commended on its partnerships in the community and across its campuses with residents,

families, and staff with regard to the type and variety of services provided. Supported by its board, Northwood has a spirit of innovation that drives staff to consider new alternatives and partnerships to help people to have purpose, meaning, and joy.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Northwood's mission, vision, and values are displayed throughout its sites. There is a five-year (2014-2019) strategic plan that has been extended to 2020. It involved extensive internal and external engagement to receive direct input from stakeholders. The organization creates annual operational plans that align with its strategic plan. The CEO provides the board with a quarterly status report on the strategic plan and this is communicated to internal and external stakeholders through the Northwood Live More Community Paper.

The organization's leaders are engaging with the recently established Client and Family Advisory Council to include council members in providing input into policies that address the rights and responsibilities of clients and residents. Northwood has a number of processes to secure input from clients, residents, and families for key decision making and it is encouraged to further formalize these. Creating opportunities for clients, residents, and families to be active participants in quality improvement and enhancing their involvement in strategic planning is encouraged.

Northwood actively engages with its regulators, community partners, and contracted vendors to achieve positive outcomes in care and service, and in the community. Its partners are committed to securing positive outcomes for Northwood and speak very highly of their interactions with leadership and front-line staff. They are actively engaged and committed to building age-friendly communities.

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)

Resource management processes at Northwood are well established. The well-coordinated operating and capital budget process includes a regular cycle for budget preparations at the departmental level, to the Finance and Audit Committee of the board, and to the board for final approval. The process is well outlined, efficient, and effective. The board uses the ethical framework and the values to determine what projects can be funded. Elements of social justice and serving those with the greatest need are guiding parameters for decision making around resource allocation.

The process for monthly review of operating statements, including variance analysis, is effective. There are well-outlined policies and practices for diligent monitoring of accounts receivable, payroll, and overall costs. Annual audits and reporting for the Nova Scotia Department of Health and Wellness and other regulatory reports, including for the Canada Revenue Agency and banks, are completed.

The organization seeks opportunities to generate revenue by leasing its space and through partnerships with vendors, including cable internet and phone, to provide cost-effective solutions for clients while generating revenue that can be used for client services. There have been recent investments in capital assets to improve the building infrastructure and the aesthetic home environment.

There is a significant cost venture with the building of affordable seniors housing in Bedford and the organization seeks opportunities to negotiate the best rates to fund this project. The Northwood Foundation, through its fundraising events as well as individual donor contributions, is able to fund many extras as well as essential programs to meet the needs of the older adults in the communities that Northwood serves.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Northwood is one of Atlantic Canada's top employers and it continues to look for ways to help its staff reach their optimal potential. The organization has a multi-year talent management plan.

The organization has administered the Guarding Minds at Work employee survey and the Canadian Patient Safety Culture Survey Tool to obtain a measure of staff satisfaction and needs. The action plan focuses on leadership development and support, accountability, trust, a respectful and supportive workplace, bullying, and tools and support for staff. Additionally, there has been progress in a number of the domains identified by staff with a clear pathway on upcoming initiatives.

The organization is working on culture change initiatives and staff engagement in its Action Challenge Project. A number of initiatives are underway including a partnership with Dalhousie University's Faculty of Management for a leadership development program. This program offers capacity building for the leaders enrolled in the program while developing actionable plans to address organizational challenges.

The organization is actively working on education to create a culture that supports a diverse workforce and promotes inclusion. Northwood's multi-year diversity strategy includes the recent introduction of an education program on Living Diversity for all staff and new hires. A Living Diversity handbook has been created to further support staff in identifying self and community awareness. This initiative was in response to staff feedback on a survey. The training has been well received by participants.

The organization has invested in technology to support communication and efficiency of work, including a new time and attendance system, and portable phones so home care staff can notify clients of their arrival times. There has also been an investment in iTacit as a platform to host education modules and provide a forum for enhanced education.

The organization is encouraged to complete an annual learning survey with staff to establish learning needs and desires. There are a number of staff learning initiatives underway including Learning Essential Approaches to Palliative Care (LEAP) that is being provided by two in-house certified trainers. Northwood is commended for supporting staff to become certified trainers to build in-house capacity.

The culture of safety includes initiatives to promote staff safety and well-being, and a robust violence prevention program. Extensive work has been done to reduce employee incidents, including lost time, by the Organizational Health Team. This group is commended for the reduction in employee incidents by 38 percent and the reduction in lost time by 77 percent from 2016 to 2018. The organization's work was featured in the AWARE-NS annual report as an initiative that is impacting change for the better.

Additionally, Northwood has an on-site health clinic in Halifax that provides service to residents, staff, and communities. There is an employee assistance program and a number of wellness initiatives to support staff health.

Northwood is challenged with recruiting for continuing care assistants. It has partnered with a career college to offer the program at each of its campuses. There are strong working relationships with local colleges and universities that support student placements including nursing, therapies, pharmacy, social work, and others.

The organization has a number of creative recruitment initiatives, including a staff referral program, new graduate initiatives, and financial bursary programs. Additionally, it works closely with international foreign workers to help them secure required work permits and upgrading to registered nurse or licensed practical nurse after nomination. Northwood conducts new employee and stay and exit interviews and uses this information to enhance and inform work practices.

There is a remarkable volunteer base with more than 500 volunteers. The comprehensive volunteer handbook provides a clear understanding of roles, responsibilities, and safety requirements. Volunteers and community partners work collectively to promote positive differences in the communities served.

Northwood staff are recognized through long-service awards, draws for gift cards, winter carnival events, staff BBQs, casual days, and many other social activities. The organization has negotiated Northwood alumni and employee discounts. The BRAVO recognition program provides compliments and feedback on staff or volunteer interactions, and a SMART Committee comprising staff from across the organization coordinates staff events.

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
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Standards Set: Leadership Standards for Small, Community-Based Organizations

3.8 Team members, clients/residents, and families who participate in quality improvement initiatives are recognized for their work.

Surveyor comments on the priority process(es)

Northwood has a proactive, comprehensive quality improvement plan. It identifies key performance indicators, including measures of current performance and stretch goals in specific domains to meet operational excellence. There is regular reporting on quality indicators, and the organization is well positioned to continue to evolve its quality journey as benchmarks become readily available. The quality board at each site and the reporting of key indicators by neighbourhood is a good start.

The organization has started to engage front-line staff, residents, and families in quality initiatives in a coordinated way. Northwood is encouraged to continue its journey to continue to build staff capability and capacity to actively engage in and support quality initiatives. Northwood uses SBAR (situation, background, assessment, recommendation) and Project Charters as tools to advance quality initiatives for consideration. These provide a strong underpinning and with continued investment of time, energy, and resources its quality journey will continue to evolve. Northwood is encouraged to consider how it can recognize participants in quality initiatives.

Northwood is commended for its work on wound care and for partnering with another health care provider to offer training and support with their programs. Additionally, the partnership to provide consulting services to another operator is admirable.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has created a simple but comprehensive ethical framework. The role of the Ethics Committee is discussed during staff orientation and all staff must complete an online ethics education module. The committee continues to struggle with reminding staff that the purpose of a consult is not to solve issues but to help teams and families identify options. Many staff are unaware of the service; however, as more consults are done across the sites the advantages of making a referral will become more evident. A description of the ethical consult service and referral form is available on the Northwood website. The home support service information package has a clear and easy-to-understand pamphlet for new clients.

The number of ethical consults is monitored and feedback questionnaires document very high satisfaction with this service. The organization is encouraged to continue to educate staff, including Home Support Services staff, on the advantages of making referrals to the ethics consult team.

All board members have had training on the ethics framework and use it to assist with difficult decisions.

This team is congratulated on the evolution of the ethics program.

The Research Advisory Committee is a dynamic group of staff who partner with several external academic and manufacturing organizations. A clear policy ensures that all applications have received Research Ethics Board approval from the academic institution prior to the CEO signing the research agreement.

Northwood hosts an annual research symposium that is well attended by staff, leaders, and members of the academic community. The organization is involved in a variety of projects.

The organization is involved in many innovative projects and it is encouraged to have staff publish their findings.

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)

Northwood has developed mechanisms to support effective communication, including a quarterly community newspaper, meetings, staff bulletin boards, e-mail, and iTacit. The community newspaper covers stories from both campuses and different program areas. It is an excellent vehicle to update staff, clients, residents, families, and community stakeholders. The organization receives excellent coverage from local media on initiatives that it has undertaken, further supporting its brand awareness strategy. TV tours is used to communicate with residents, families, and staff.

The client advocate position is a unique role that helps clients and their families navigate the complex health system processes. The investment in this position further reinforces Northwood's advocacy work as this position not only supports Northwood clients but also those in the broader community.

Northwood uses Facebook and Twitter to connect with clients, families, staff, and community stakeholders. More recently, a Client and Family Advisory Council has been established. The organization proactively uses social media platforms to support its communications and marketing strategies. Northwood's website is well laid out and easy to navigate. The planned review of its technology infrastructure will help Northwood plan for replacement, upgrades, and new systems.

The organization is active in its advocacy work and is an active partner in discussions with the Nova Scotia Health Authority and provincial associations, and speaks up for public positions that are important to improving the lives of older adults. Northwood is an active participant at a number of provincial tables where the team maintains open lines for joint communication. The team readily supports other older adult health care operators, is generous with resources and expertise, and seeks to be an active contributor to knowledge in this industry.

There is excellent communication and support between the board and the CEO. Jointly, they regularly explore the merit of data and information that is collected, to ensure it remains relevant and meaningful. There is strong communication with external providers to promote access for clients and families to community services to enhance the residential or home care experience.

Priority Process: Physical Environment

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
9.3 The physical environment is managed to protect client/resident and team health and safety.	

Surveyor comments on the priority process(es)

The organization is struggling with shortage of space and many sites have old infrastructure. At Northwood Terrace heat stress is a significant concern during the summer months. An engineering company has been tasked to develop options improve air flow in the central areas of the building.

All teams have implemented innovative solutions to manage the shortage of space as effectively as possible. Storage rooms are cluttered and the maintenance area is extremely crowded. Equipment requiring repair is stored in the garage. In the kitchen area at Northwood Terrace the dry goods storage cupboard is very cluttered and there was spilled flour on the floor. The organization would benefit from better shelving in this area. The organization has a clear process for equipment replacement and is aware that certain sites will need significant and critical purchases in the next few years.

Generators have been installed to ensure backup power is available at all sites. Home Support Services has a comprehensive process to ensure clients have continued access to care during power or weather emergencies.

Recycling is evident across the organization and all staff have a good understanding of how to use the various recycling bins.

While the organization has invested in new cleaning equipment, it can be more challenging for some staff to use the newer products, such as the new ergonomic mops. The organization might benefit from ensuring these staff are actively involved in demonstrations or trials of new equipment.

The organization is encouraged to review its smoking policy and the designated smoking areas, to ensure safety of clients, residents, and staff.

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 well-developed emergency, fire, and disaster plans for all sites. The emergency manual has recently been streamlined by maximizing the use of checklists that are specific to each code situation. These are available at the nursing units in the neighbourhoods and staff are aware of where to find them.

Regular monthly fire drills are conducted, with special attention paid to night staff. Each drill is reviewed to identify issues and corrective action plans are created. During each drill, residents are evacuated from the fire zone to ensure that they are familiar with the process and to provide staff with hands-on training. All staff education related to codes is housed on the Hub. The last full-scale evacuation at the Halifax site was in 2016 and there is a plan to complete this exercise again in 2019. A current project is related to switching the walkie-talkies for more secure, portable, hand-held devices that will address all of the other conversations that occur on the walkie-talkies.

The sites are equipped with sprinklers and a generator to address issues related to power outages, and these are tested as per policy. Both sites report an excellent working relationship with the fire department. Fire safety information for residents and families is included in the resident handbook.

The fan-out notification process continues to be time consuming and labour intensive. The organization is exploring the use of a mass notification system that will allow messages to be relayed in an expeditious manner, and it is encouraged to consider moving to this type of system if it is deemed beneficial.

Each site has an outbreak management team and follows all processes when outbreaks occur, with a goal of minimizing these events.

Priority Process: People-Centred Care

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

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
10.5 The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	!
Standards Set: Home Support Services	
15.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Long-Term Care Services	
17.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!

Surveyor comments on the priority process(es)

An organizational priority is to ensure that even though residents are in a residential care facility, they, along with their families, are able to live life to its fullest. The organization believes that as a leader in continuing care, building meaningful relationships with residents every day makes a positive difference in the communities that it serves. To support its person-centred care approach, it has created Simple Rules to support the core values. Discussion with residents and families indicates they are aware of these.

The leadership team is working on a paradigm shift with staff to change the mindset from completing tasks for the resident to creating a resident experience. Resident and family satisfaction surveys indicate that the organization is meeting their needs. With this shift, it is expected that these indicators will continue to trend in a positive direction.

The recently established Client and Family Advisory Council gives residents and families the opportunity to provide feedback and discuss their unique perspectives. The council wants to be meaningful to the organization and, with support and direction over the coming months, it will achieve this goal. The objectives and time frames have been set by the organization’s leaders, without input from residents and clients. The council could address this for long-term care residents and home service support clients, as it has members from all areas.

Both sites have active and engaged Resident Councils; however, different approaches are used to conduct

council meetings. Residents who were interviewed would like the meetings to use the same approach at both sites and to receive timely feedback on issues.

The True Doors initiative is a phenomenal way that the organization is supporting residents to personalize their space in the neighbourhoods. The organization plans to continue with this project.

The governing body regularly hears about quality and safety incidents from the leadership team rather than from the residents and families who experience them. The organization is encouraged to revisit this with a goal of regularly scheduling opportunities to hear the resident and family voice directly wherever possible.

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)

Northwood has been very proactive in its responsiveness to meeting community needs, striving to continue the journey of its founder, Edward L. Roach, to be innovative and mindful of the "live more" philosophy that is its legacy and honour to pass on to future generations.

Northwood seeks to overcome what would be perceived as barriers for many other providers, and identifies how to secure required resources and services to serve those who are most vulnerable. Examples of this philosophy include funding for the adult day program, advocacy for raw food stipends from funding agencies, resources for home care scheduling continuity, and others. There is an analysis of how the services being provided support clients where they live.

Creative initiatives such as Get Connected and the Pauline Potter Fitness Centre help active seniors live well and reduce social isolation and loneliness. The Live More Park and Community Garden helps support intergenerational initiatives in the surrounding community. Additionally, person-centred innovations such as the mental health Seeds of Success, Smart Rooms, and Kaye's Place all showcase Northwood's ability and desire to continue to stretch and grow. Initiatives like these help keep clients safe in their current locations.

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)

The organization has begun a process to ensure barcodes are applied on all equipment, to allow for better tracking of devices and ensure preventive maintenance that is consistent with manufacturer's guidelines occurs.

When an incident with a medical device occurs, staff and management have a clear understanding of the procedure and policies to follow to ensure the client is safe and to remove the equipment quickly from the area. Findings of the review are shared across the organization. The organization might benefit from having the Client and Family Advisory Council review the disclosure policy to ensure it meets the need.

The organization has a digital tracking system to follow the progress of equipment requiring maintenance. Maintenance staff are congratulated for completing and closing 94 percent of maintenance orders within seven days in 2018.

Since the last on-site survey, the organization has started using test strips for cleaning and disinfecting solutions and testing bath and shower water manually and digitally (when available) as a routine practice.

Staff appreciate that the leadership team ensures that critical equipment is replaced quickly. The priority is the safety of clients, residents, and staff. There is a comprehensive and transparent process to allocate funds for new equipment, and staff in the various client and resident areas are involved in this process.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

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

Medication Management for Community-Based Organizations

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Standards Set: Home Support Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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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

15.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.

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

Staff recruitment, especially for continuing care assistants, is competitive and the organization has been innovative to ensure it is an organization of choice. Many staff are excited about the new leadership opportunities in the organization. When asked what they would do after completing a leadership program they consistently stated that they want to be promoted within Northwood.

Priority Process: Competency

The organization ensures all new staff are supported during orientation. Staff have regular performance reviews and opportunities for growth in the organization.

The electronic communication system provides client information but it also is a support system for the care workers when they are visiting clients.

The organization is in the process of ensuring translation services are available for Home Support Services, to help clients and families better communicate with their care team.

Ethics is part of the orientation but not all supervisors are aware of the consult service. The team would benefit from further education about this service.

Priority Process: Episode of Care

Home Support Services is committed to providing safe and reliable care so clients can stay at home. A well-developed computer program provides immediate communication and up-to-date information about the clients. Security features ensure privacy for the client and their family. Staff are all provided with phones to access information and input progress notes.

Home Support Services has a very thorough client assessment process. Client wishes are evident on the care plans and the team works together to ensure clients have care and remain safe in their homes.

Priority Process: Decision Support

The use of technology is a significant strength of Home Support Services. Staff are given phones to manage the clients and provide instant feedback on visits and issues that occur.

Privacy of client information is evident; however, the organization might benefit from random audits to ensure staff only review client information assigned to them.

Priority Process: Impact on Outcomes

Standardized protocols and documentation are collected and stored in the electronic charting system. Feedback from clients and families is encouraged. The organization would benefit from their expertise as it plans annual objectives.

The organization is aware of staff burnout in Home Support Services and actively encourages staff to use the Caregivers Nova Scotia website.

The organization is aware that clients would prefer more consistency with their care providers. However, it is congratulated for meeting provincial care targets (urgent [one day], semi-urgent [five days], and non-urgent [15 days]) 84 percent of the time in January 2019.

Northwood has many innovative programs including Hi-Tech with Heart, with an information booklet for families and friends that they can use to help their loved ones use technology.

Community partnerships are clearly evident, including with the local radio station Christmas card drive that allowed each client to receive a card this past season.

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	
<p>2.3 Optimal environmental conditions are maintained within the physical environment.</p>	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	
<p>The organization has a strong commitment to infection prevention at all sites. It is congratulated on its excellent hand-hygiene education and the fact that regular audits show ongoing improvement. It is strongly encouraged to continue to remind staff to wash their hands prior to touching clean linen on the portable linen carts.</p> <p>Many of the kitchen counters on the resident units are older. The organization is encouraged to replace these worn countertops with stainless steel to enhance the ability to clean the surfaces appropriately.</p> <p>There is one ice machine where residents and families can remove ice with their hands, thus creating a potential risk for infection. The organization is encouraged to replace this machine with an automated dispenser.</p> <p>The wound care team is congratulated on the significant work that has been done across the organization. The wound care manual is comprehensive and is recognized as a resource across the province. Congratulations!</p>	

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

Unmet Criteria	High Priority Criteria
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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

17.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from residents and families.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The organization follows its mission and vision, where independence and choices are encouraged and respect for the “whole person” is embedded in the resident- and family-centred care model. The organization collects information about residents to ensure it can address complexities of care.

Efforts are made to provide front-line staff with education to maximize their skill sets. Staff have opportunities to further their knowledge and skills.

The organization has established many partnerships with a goal of providing the best evidence-based care to the residents. The leadership team continues to seek innovative solutions to achieve success in caring for the long-term care population, such as the Halifax site working with the forensics program at the local hospital so it can accept and provide care to this population. The interdisciplinary team works collaboratively to set appropriate interventions. Staff members report that there is an open door policy and they are able to provide feedback on issues as they arise.

A policy is in place to administer and monitor pneumococcal vaccinations and charts that were reviewed indicate that all immunizations are up to date.

Goals and objectives are embedded in the operational plan and areas are highlighted as green, yellow, and red. Interdisciplinary collaboration is evident throughout the organization.

Priority Process: Competency

An interdisciplinary team delivers care and participates in team meeting and resident care conferences. Job descriptions clearly define roles, responsibilities, and scope of practice. With the recent staffing challenges related to continuing care assistants, the team is looking to alternative providers who have the education to function in this role. As well, the home is a host site for continuing care assistant training with a goal of being able to train and hire these individuals.

Staff education is encouraged and the organization uses the Hub to house all educational materials that staff must complete to ensure they are prepared. In-service sessions also occur. Staff are encouraged to and supported by the organization to upgrade skills and attend outside opportunities to increase their learning.

A comprehensive and coordinated orientation is provided to all staff to ensure they are prepared to function in the home.

The organization has fostered strong and positive relationships with local universities and offers placements that are mutually beneficial.

Priority Process: Episode of Care

Life at Northwood is one of infectious energy and anticipation of the day ahead. Staff take great pride in knowing that residents have daily opportunities to participate in activities that support them socially, physically, emotionally, cognitively, and spiritually. Recreational programs take place at various times to encourage resident interest and attendance.

The organization prides itself on meeting residents' and families' needs by providing compassionate care. Residents have access to essential services 24 hours per day. The organization uses a comprehensive move-in process to ensure all required items are addressed. As this can be overwhelming for the resident and family there is also a follow-up check-in within the first few weeks to ensure residents and families have the information they need and to answer questions that might have arisen.

Resident care plans are very generic and standardized in their approach to care. The organization is encouraged to ensure the care plan process includes the resident's name and attainable measures are selected.

Initial and annual interdisciplinary care conferences are held and the home is working toward having the continuing care assistants attend.

Pain management tools have documented evidence to support their use. Palliative and end-of-life care is

a focus with the implementation of LEAP training for staff which is facilitated in-house by trained staff. This training supports the palliative approach for a resident and families' journey from admission to end of life by giving staff the knowledge to respond provide the case desired by the resident.

Medical directives are in place for each resident to guide the level of intervention and support during medical episodes. The Care by Design program has helped standardize practice among medical staff.

Suicide risk assessments are completed as per policy.

Residents and families have access to psychosocial and/or supportive care services through the organization's social worker. The organization's leaders and nurse managers assist where necessary.

The falls program is active and has a goal of reducing falls. A falls prevention rack card provides residents and families with information about the falls program and indicates measures they can take to support this quality initiative. The falls prevention program includes physiotherapists, occupational therapists, and physiotherapist/occupational therapist assistants in the care model. Assessments are completed and treatment plans are put in place and evaluated. The home continues to monitor restraint use and has developed a restraint alternative checklist to help staff determine what measures would be most appropriate to trial prior to using a restraint.

Giving back to the residents is a priority for the organization and Cozy Corners have been introduced in care areas to support a homelike environment for dementia residents. As well, Ivany Place has created a Live More Garden and Halifax has the Harbourview Deck. The organization also has its own radio station that airs each day from 10 a.m. until noon.

Resident safety identification cards include information about the organization's expectation that residents wear an ID bracelet to assist with correct identification. These are provided to residents and families at move in. In addition to wearing ID bracelets, other safety information is included that assists residents and families.

The organization is always exploring new initiatives to enhance resident life. Integrating pets into the care model is underway with cats and dogs along with St. Johns visiting pet program. Residents find that interacting with the pets helps promote a homelike setting. Also, Moments in Thyme has been well received and is well attended. This program allows residents to go out for dinner with family and friends while remaining on-site.

Priority Process: Decision Support

PointClickCare electronic charting supports standardized processes to document the care needs of the residents. The organization strives to be conscious of its carbon footprint and it maximizes the use of PointClickCare's electronic capabilities. Computers are password protected and the minimal pieces of paper that makes up the hard copy of the resident charts are stored securely in the nursing stations.

The home uses the ethics framework to ensure staff are prepared to address an ethical dilemma in the best way possible.

Report is completed in a secure location in each neighbourhood to promote privacy and maintain confidentiality.

Priority Process: Impact on Outcomes

Staff are resident focused and work toward providing excellent quality care while ensuring a safe environment. The home tracks a number of quality indicators and benchmarks them against results from the Nova Scotia Health Authority.

Nursing staff are very satisfied with their electronic charting system. The clinical dashboard functionality of PointClickCare is not used to share resident information in a safe and secure manner with interdisciplinary team members. The organization is encouraged to explore this use as it will allow all team members to access resident information securely.

Enhanced practice related to wound care management has been a great success at the sites and in the province as a result of a great deal of work by the wound care champion to create the Long-Term Care Prevention and Treatment of Pressure Injuries manual, with the goal of standardizing and enhancing best practice in this area.

The Client and Family Advisory Council validates that its members were offered the opportunity to review policies and procedures, but as yet they have not been introduced to quality improvement activities. The organization is encouraged to continue to build capacity in this area for the council members.

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

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	
7.1 Criteria for acceptable medication orders are written and followed.	!
8.2 Medication orders are transcribed accurately.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management for Community-Based Organizations	

Medication management at Northwood is a shared responsibility with the pharmacist, physician, nurse practitioner, and registered staff. The medication management system is well organized and geared toward resident safety. The policies and procedures are created, reviewed, and updated by the P & T steering group, (co-chaired by the nurse practitioner and the consultant pharmacist) with input from the site P & T committee members. The procedure work is led by the nurse educator and administered by registered staff.

Medication storage rooms are secure and well organized. Medications are stored in the medication cart which has each resident's medication holder labelled with a picture. Narcotics are double locked. Neither high dose heparin nor concentrated electrolytes are used in the home.

Pharmacy services are available 24 hours a day.

An electronic medication administration record (eMAR) is in place at one site, with plans to introduce it at the other site this coming year. Medication incidents related to medication omissions have decreased dramatically at the home using eMAR and the Steering Committee expects the same results when the system is implemented at the other site.

Medication reconciliation is completed independently by the registered and pharmacy staff using all available resident information from the hospital or community pharmacy and previous MARs. The pharmacist medication reconciliation is a second check and is an opportunity to review all sources plus others like the DIS (Drug information system) to determine any discrepancies and once completed, the pharmacist forwards this form to the prescriber for verification of orders. The medication reconciliation forms are audited by the nursing/pharmacy staff quarterly and reviewed by the P & T steering committee for recommendations. Medication system audits are completed by staff and the results are reported. The pharmacy provides the team with medication utilization reviews which are discussed at the P & T Steering Committee to identify areas for improvement.

Audits of Do No Use Abbreviations are done throughout the organization, and there are posters in the medication rooms and on the Hub.

There is a good process to report adverse drug and medication errors using the incident reporting system and disclosure of adverse events policy. Medication incidents are reviewed by the Nurse Practitioner and pharmacist with a nurse manager and reported to the P & T steering committee as well as both P & T site committees.

Staff are aware of the policy for resident identification and they rely on this system when not familiar with a resident.

Considerable training for the registered staff is planned and provided regularly by the team that includes the nurse educator, nurse practitioner, and the consultant pharmacist. There are medication education posters in the medication rooms and neighbourhood nursing stations. The consultant pharmacist offers numerous education sessions and these appear to be highly valued by staff.

Quality improvement initiatives such as a reduction in polypharmacy and medication decompression have been a focus for the P & T Steering Committee and it reports success in decreasing the amount of medications taken by residents.

Routes for medication administration are not always included in medication orders. The organization and the P & T Steering Committee are encouraged to review this issue with all relevant parties (physician and nursing) to ensure they document medication orders according to best practices.

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: March 29, 2017 to April 14, 2017**
- **Number of responses: 14**

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	15	85	92
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	15	85	92
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	7	93	94
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	7	93	94
3. Subcommittees need better defined roles and responsibilities.	79	21	0	69

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
3. Subcommittees need better defined roles and responsibilities.	79	21	0	69
4. As a governing body, we do not become directly involved in management issues.	0	7	93	83
4. As a governing body, we do not become directly involved in management issues.	0	7	93	83
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	7	93	93
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	7	93	93
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	95
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).	0	7	93	95
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	7	93	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	7	93	94
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	7	93	94
9. Our governance processes need to better ensure that everyone participates in decision making.	57	21	21	59
9. Our governance processes need to better ensure that everyone participates in decision making.	57	21	21	59
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	8	8	85	85
12. Our ongoing education and professional development is encouraged.	8	8	85	85
13. Working relationships among individual members are positive.	0	0	100	96
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	8	92	91
14. We have a process to set bylaws and corporate policies.	0	8	92	91
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	73
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	73
17. Contributions of individual members are reviewed regularly.	0	7	93	64
17. Contributions of individual members are reviewed regularly.	0	7	93	64
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	80

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	14	21	64	56
19. There is a process for improving individual effectiveness when non-performance is an issue.	14	21	64	56
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	7	14	79	83
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	7	14	79	83
21. As individual members, we need better feedback about our contribution to the governing body.	50	29	21	40
21. As individual members, we need better feedback about our contribution to the governing body.	50	29	21	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	76
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	76
23. As a governing body, we oversee the development of the organization's strategic plan.	0	7	93	90
23. As a governing body, we oversee the development of the organization's strategic plan.	0	7	93	90
24. As a governing body, we hear stories about clients who experienced harm during care.	7	14	79	74
24. As a governing body, we hear stories about clients who experienced harm during care.	7	14	79	74
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	7	93	86

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	7	93	86
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	80
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	80
27. We lack explicit criteria to recruit and select new members.	71	29	0	71
27. We lack explicit criteria to recruit and select new members.	71	29	0	71
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	7	0	93	84
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	7	0	93	84
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	92
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	92
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	7	93	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	7	93	90
31. We review our own structure, including size and subcommittee structure.	0	14	86	84
31. We review our own structure, including size and subcommittee structure.	0	14	86	84
32. We have a process to elect or appoint our chair.	0	15	85	83
32. We have a process to elect or appoint our chair.	0	15	85	83

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument

from January to June, 2017 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	0	21	79	74
33. Patient safety	0	21	79	74
34. Quality of care	0	14	86	77
34. Quality of care	0	14	86	77

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

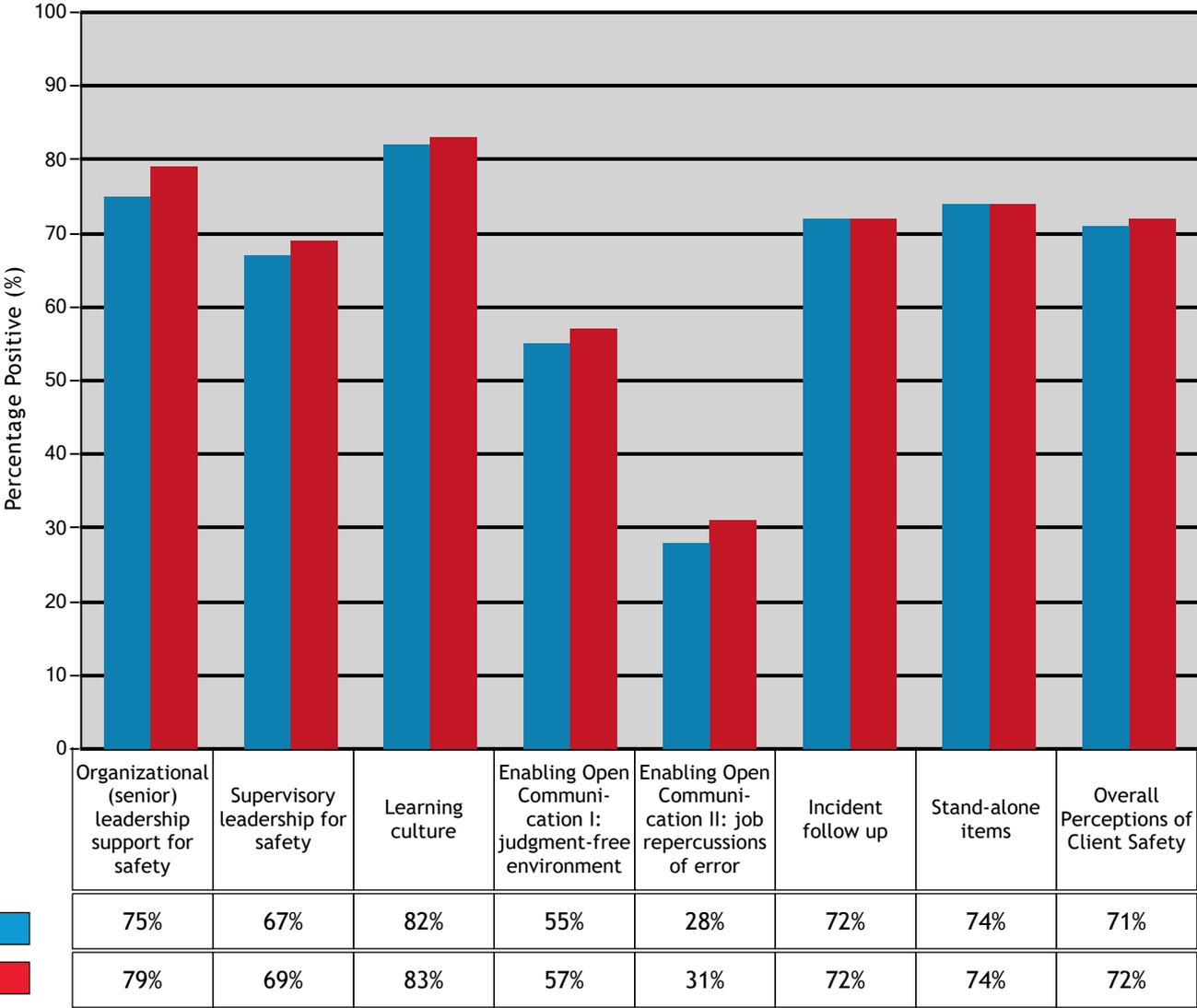
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: October 20, 2017 to December 20, 2017**
- **Minimum responses rate (based on the number of eligible employees): 300**
- **Number of responses: 417**

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension



Legend

- Northwoodcare Group Incorporated
- * Canadian Average

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

Worklife Pulse

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

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

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

Client Experience Tool

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

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

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

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

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

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

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

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

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.

One of Northwood's core values is We Can Always Do Better. This means that quality improvement is part of our culture, and something that we strive to embed in our day to day work. Through the Accreditation process, we have undergone significant reflection, with input from clients, residents, the Board of Governors, staff and leaders across the organization, about our strengths and opportunities for improvement. The process also gave us the opportunity to reflect and remind ourselves of how far we've come in four years, and the initiatives and achievements we are most proud of.

We are pleased to see that our culture of innovation and person-centered care shone through to the surveyors who visited us, and the significant progress and growth that has occurred in the last four years was evident. We are proud of the work that has gone in, and will continue to go into our quality journey. Several of the areas noted by surveyors are areas in which the organization has already identified as priorities and has plans to address. We also look forward to continuing to partner with clients, residents and families, not only in their care, but in the planning and operations of the organization.

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
People-Centred Care	Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.