



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Victoria Hospice Society

Victoria, BC

On-site survey dates: October 19, 2020 - October 22, 2020

Report issued: November 23, 2020

About the Accreditation Report

Victoria Hospice Society (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 October 2020. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

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Executive Summary

Victoria Hospice Society (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

Victoria Hospice Society's accreditation decision is:

Accredited with Commendation (Report)

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

About the On-site Survey

- **On-site survey dates: October 19, 2020 to October 22, 2020**

- **Location**

The following location was assessed during the on-site survey.

1. Richmond Pavilion

- **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. Hospice, Palliative, End-of-Life 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. Physician Worklife Pulse 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)	21	0	1	22
 Accessibility (Give me timely and equitable services)	11	0	0	11
 Safety (Keep me safe)	147	1	4	152
 Worklife (Take care of those who take care of me)	51	3	0	54
 Client-centred Services (Partner with me and my family in our care)	73	4	6	83
 Continuity (Coordinate my care across the continuum)	9	0	0	9
 Appropriateness (Do the right thing to achieve the best results)	218	5	8	231
 Efficiency (Make the best use of resources)	19	1	0	20
Total	549	14	19	582

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	44 (97.8%)	1 (2.2%)	5	34 (94.4%)	2 (5.6%)	0	78 (96.3%)	3 (3.7%)	5
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	66 (94.3%)	4 (5.7%)	0	106 (96.4%)	4 (3.6%)	0
Infection Prevention and Control Standards for Community-Based Organizations	31 (100.0%)	0 (0.0%)	3	47 (100.0%)	0 (0.0%)	0	78 (100.0%)	0 (0.0%)	3
Medication Management Standards for Community-Based Organizations	68 (100.0%)	0 (0.0%)	2	51 (100.0%)	0 (0.0%)	7	119 (100.0%)	0 (0.0%)	9
Hospice, Palliative, End-of-Life Services	41 (91.1%)	4 (8.9%)	0	104 (97.2%)	3 (2.8%)	1	145 (95.4%)	7 (4.6%)	1
Total	224 (97.8%)	5 (2.2%)	10	302 (97.1%)	9 (2.9%)	8	526 (97.4%)	14 (2.6%)	18

* 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 (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life 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
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
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
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
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 (Hospice, Palliative, End-of-Life Services)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

Founded in 1980, Victoria Hospice Society (VHS) provides end-of-life care to residents of Greater Victoria. Its mission is to improve the quality of life for people dealing with life limiting illness, death, and bereavement.

Celebrating its 40 years of service to the community, the organization is led by a Board of Directors and a leadership team highly committed, with a vision for the future. The volunteer plays a significant role in all services at the Victoria Hospice. COVID-19 has impacted tremendously the volunteer program. All the organization's teams are commended for their determination, resilience and strength in the face of unprecedented difficulties brought by the COVID-19 pandemic crisis.

Rigorous and collaborative work has been undertaken to prepare for the Accreditation Canada Survey. The team has methodically reviewed all accreditation standards and has developed a strategic plan, a quality plan, an operational plan and the ethics framework. Strong leadership has been provided by a qualified coordination team to ensure that all elements of the first cycle of this journey have been completed.

The Victoria Hospital Society is widely recognized for its collaborative approach to building capacity in the system, and its leading role in education and research. The organization has developed solid relationships with a wide range of community, health authorities and academic partners over the years. The Victoria Hospice Society continues to play a significant role in the development of evidence-based best practice and clinical tools in the palliative care field.

The organization is much aware of its current landscape and the level of change fatigue among its teams. Long-serving staff have been key factors in Victoria Hospice Society's success. A retirement wave is creating pressure on the organization to transfer and maintain the level of expertise in care.

In partnership with Vancouver Island Health Authority, the organization has introduced several new clinical programs that are relevant to the needs. Providing services addressing the needs of underserved communities, culturally diverse groups and complex non-cancer patients is a challenge for the future.

Victoria Hospice Society has developed a thoughtful perspective on Medical Assistance in Dying. While it is not the destination of the hospice, patients and families requesting consideration will not be refused.

As the organization transitions to a new model of care, and despite working in a physical environment presenting challenges, patients and families are satisfied and grateful for the compassionate care they received.

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.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
7.8 The governing body has a succession plan for the CEO.	

Surveyor comments on the priority process(es)

There is a strong and seasoned governance of the Victoria Hospice provided by two boards which oversee clinical operations under the Victoria Hospice Society and fundraising as well as investment management under the Victoria Hospice and Palliative Care Foundation.

The members of the governance team met show a clear concern for listening, understanding and responding to the management team's concerns. The links between the Board of Directors and the Foundation Board are described as essential to support the achievement of the institution's mission. The sense of mutual belonging shared by the governance, medical staff, employees and volunteers is noteworthy.

The Board of Directors functions effectively and is setting the right tone to advance the five key strategic and operational priorities as described in the organization's Strategic Framework 2019-2024 Growing Our Circle of Care.

There is a strong committee structure to guide the key priority areas of the hospice (Executive, Nominating, Governance, Finance, Location and Quality committees). This structure is consolidating the links between governance and the management team. The organization is invited to reflect on how the governance is formally involved in supporting the talent management and succession planning.

There are regular progress reports made available on the key priorities. The strategic plan is driven appropriately by the board, with strong internal and external engagement.

The governing body is commended for the leadership it is exhibiting since the beginning of the COVID-19 crisis. The organization is in a positive financial position, with good quality metrics. The patient and family experience generates learning and evolution across the organization.

The Board has the leadership, expertise and knowledge to fully and effectively assume its governance role. Its members are invited to join based on their expertise in various fields of organizational management, and a personal commitment from the heart makes it a solid group that has a significant impact on the organization's orientations. Effective board member support systems are in place, with an appropriate onboarding approach for new board members and a strong effort to ensure the right skills mix of members.

Operational oversight in the areas of quality and finance are noted with approval. There is a strong community infrastructure at the board level and internally across the organization, with appropriate information flow. Staff and volunteers appreciate the engagement of the Board in understanding and supporting the operational needs of the organization.

Quality and safety are two themes at the heart of governance concerns, as evidenced by the minutes of meetings and the accountability that has been made to them. The quarterly quality report is comprehensive and serves to portray the front line issues to the board.

The board understands the distinction between management and governance. Maintaining this distinction and holding the organization's leadership accountable is important. Maintaining positive and open communications with the various communities supported by the hospice is also a priority. Overall, the Victoria Hospice Society's strong governance will continue to be required strategically and operationally. The board is commended for the compassion, engagement, and direction it is bringing to the organization in support of the community.

Evaluation processes, including the annual reviews of the chair and individual board members, are formalized but need to be strengthened.

The board's ability to anticipate risks and opportunities from an overall organizational perspective will help to enhance its palliative care expertise to meet the needs of the broader community.

Mechanisms are in place to welcome the voice of patients and families. The Patient Partners Advisory Council has been recently revitalized. Yet, the Council is not formally involved in governance issues.

The Board of Directors is encouraged to continue the hard work of pioneer, innovator and leader that began 40 years ago supporting patients at the end of life and their families.

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)

The Victoria Hospice Society has a current five-year strategic plan (2019-2024) and is working on the completion of the yearly defined goals. Five key priorities have been identified. The framework is tightly aligned with the vision, mission and values.

A comprehensive operational plan is being implemented and updated reports are transmitted to the Board of Directors.

In order to benefit more people, Victoria Hospice Society is working on the expansion of the palliative and end of life care in the community.

The Victoria Hospice Society is scheduled to add an additional room to the unit for a total of 18 community hospice beds.

This renewed focus on community hospice beds has given The Victoria Hospice Society the structure and flexibility to pursue a new stand alone location.

The organization has a clear commitment toward patient and family centred care and the revitalization of the Patient Partners Advisory Council is a step that supports the commitment.

The organization is encouraged to continue investing in change management education in order to support leaders and teams during the transformation.

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)

Victoria Hospice Society's resource management is rigorously controlled with robust budgeting and financial control processes.

The financial planning process is guided by data, risk analysis and strongly oriented towards the strategic plan and operational plan expected outcomes. The team demonstrates an in-depth understanding of the organization's challenges and opportunities.

Delegation of authority policies for expenditure initiation are clearly established. The commitment of the finance committee through monthly meetings is supporting and very adequately perceived by the management team.

The resource allocation process is guided by the organization's principle on investing primarily for patient experience and to achieve results as planned in the operational and strategic plans.

The organization has an integrated information system for managing financial and philanthropic revenues, allowing for full transparency in its accountability to donors.

The contract between Vitoria Hospice Society and Vancouver Island Health Authority generates more than 45% of its revenues. The proceeds of a massive annual donor fundraising effort and interest income from its investments make up the remainder of its revenues.

The organization maintains tight control over its expenses and financial performance, which allows it to be agile in the development of innovative projects. The contribution of community partners in allocation decisions is not a common practice, but the organization sees the potential.

The Victoria Hospice Society has a step by step method to educate its leaders throughout the organization on how to manage and monitor their budgets.

Despite the COVID-19 crisis and all the consequences on its ability to hold fundraising events, the organization has had to be resourceful to maintain its philanthropic revenues. The organization has maintained constant vigilance of the impacts of the crisis on managing salaries.

The organization is in a positive financial position to face the future and is demonstrating great transparency and prudence in its investments.

Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
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Standards Set: Leadership Standards for Small, Community-Based Organizations

10.11 Exit interviews are offered to team members that leave the organization.

Surveyor comments on the priority process(es)

The Victoria Hospice teams are dynamic, compassionate and highly committed to quality patient care. The collaborative work between the various members of the team (management, clinical, volunteer, research and teaching) is remarkable.

There is a dynamic team of 300 volunteers, including some 41 years long-serving individual. Volunteers are well respected by the front-line staff and their efforts are much appreciated by patients and families. The organization can count on a highly skilled and proactive fundraising team to secure a significant portion of the annual budget.

The organization is facing some challenges following a significant wave of retirements among the clinical staff. The organization has put in place a wide variety of activities to adequately support the new employees' onboarding and ensure as much as possible the transfer of expertise built over decades of caring.

Internships leading to the hiring of new graduates, mentoring and senior/junior pairings are some example of the organization's response to staff turn-over.

Change fatigue among staff is identified and the organization is acting proactively on it. The recent reformatting of competence mix in the clinical team is also creating an additional pressure on maintaining the level of expertise reached over the years.

Facing the uncertainties related to the COVID-19 health crisis, the organization has deployed new initiatives to deliver services that reflect a culture centered on the individual.

The organization is encouraged to consider developing a solid succession management plan.

Recruitment processes are fair and transparent. An onboarding strategy and a rigorous orientation process for new employees are in place. Relevant information is included, from operations to working conditions, including various policies on the prevention of workplace violence and abuse, commitments on confidentiality and ethics, safety and health responsibilities, and emergency procedures.

Mechanisms are in place to ensure constant monitoring of fatigue, stress and the resolution of situations within teams.

The organization's genuine concern about staff health, work-life balance and support for multiple losses translates into a varied range of adapted activities.

The training of staff, including volunteers, is rigorously captured by the Island Health Learning Management System and monitored by managers.

Data collection on training needs is based on surveys, performance review meetings and suggestions from staff. A rich and diverse range of training/development activities is produced and offered to internal staff as well as external stakeholders.

The knowledge offer is complete and comes in the form of publications and expert workshops on a wide selection of palliative care topics. To ensure sound management of its human capital, the organization has systematically documented job descriptions for staff and volunteers. The employees met during the survey were unanimous in expressing the reassuring nature of the approach.

Interdisciplinary dynamics are well entrenched among professionals including front-line palliative care nurses, physicians, psychosocial support counsellors, therapists and spiritual support workers.

Employee record keeping is fragmented. The team is encouraged to work with Island Health to refine a consistent, shared record management mechanism for individuals who perform functions within the organization. Exit interviews are conducted on a regular basis for volunteers and administrative employees and sporadically for clinical staff.

Recognition mechanisms are structured and, in the opinion of many of the people met, correspond to what is appreciated. Appreciation for contribution is expressed in many ways as evidenced by the staff and volunteers consulted.

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)

Victoria Hospice Society (VHS) has made a commitment to quality. In many ways, it is just starting this journey in a formalized way. There has been a sense that VHS provides good quality care that meets the needs of the people served by the organization. VHS is transitioning to following a defined quality improvement program to systematically assess opportunities for quality improvement, measure performance and embark on quality improvement initiatives.

One of the most tangible examples of this commitment to quality is VHS's commitment to the accreditation process. The organization should be commended for this commitment.

VHS is encouraged to support team members in identifying and undertaking quality improvement initiatives and for establishing mechanisms for recognizing the efforts of team members in participating in quality improvement initiatives. The organization should also develop opportunities for clients and families to be engaged in improvement projects.

Under new leadership at the board and organizational level, VHS is embarking on a new approach to committing to quality improvement and it is evident that there is a desire to put in place structures, processes and outcomes to ensure that this commitment is sustained.

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 ethics framework is well defined at the organizational level. The framework consists of a five step-by-step decision guiding tool. The link to the organization's mission, vision and values is apparent but could be enhanced. The code of conduct for employees and volunteers is a shared document by Island Health. The code of professional conduct of each regulated profession is the applicable standard within the organisation. The organization has a code of ethics for directors. This document provides guidance and clarity on the Board's integrity and conflict of interest practices. Each member has the obligation to comply with the provisions of this code and is required to sign a commitment form to this effect

The Victoria Hospice Society has a clinical ethics committee that includes physicians, spiritual and bereavement counsellors, a nurse, a volunteer and a manager. The active participation of a family representative is contemplated. The organization is encouraged to reach out to the Patient Partner Advisory Committee to enrich the clinical ethics committee perspectives. The access to an ethicist as well as the Island Health quality and risk management team contribute to embedding ethics into clinical practice. The organization is invited to consider formalizing consult policy and procedure to ensure that staff, patients, and families can access this service.

The Victoria Hospice Society reaches out to the Island Health research ethics committee for most of its activities. The alignment with the Island Health research ethics committee ensures objective assessment of projects from both the organizational and research perspectives. The organization has access to external ethic review.

The organization is focusing on building sustainability in the ethics program by investing in education. Ethics education is included in the hospice orientation for new staff and Board members. The organization is encouraged to document the use of the framework when important organizational decisions are being made and to engage with underserved communities.

Priority Process: Communication

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

Unmet Criteria	High Priority Criteria
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Standards Set: Leadership Standards for Small, Community-Based Organizations

11.5 The usefulness of all the data and information collected by the organization is regularly assessed and the assessment results used to improve the information systems.

Surveyor comments on the priority process(es)

The Victoria Hospice Society’s reputation and credibility have been established over the last four decades. The VHS is strongly rooted in the community as described by all the stakeholders and partners.

The communication team is a very small team but is accomplishing a lot. The communication plan describes a wide range of internal and external communication tools focused on information, awareness, education and recognition support. The organization is encouraged to formalize a response structure and written communication plan that could guide and optimize reaction in crisis situation.

Consultations, information and education sessions, town hall meeting with staff, volunteers, paper and e-newsletter are some of the activities the Victoria Hospice Society is using to disseminate information. The organization has a leading and cutting-edge approach to education and research. Community, governmental, academic partners are testifying on the quality and openness of the organization’s approach to the dialogue on palliative care issues.

The organization has formal and informal structures and dedicated resources to promote communication, resolve interpersonal situations and support team members facing multiple loss. A management style oriented towards compassion and harmonious collaboration is systematically practiced at all levels of the organization.

Documented mechanisms are integrated into the organization's dashboard to share information about its services with patients, the community and care coordination with referring health partners.

The exchange of appropriate information is effective between teams and partners; yet information systems are still a mix of electronic and paper forms, official and partially copied records.

The protection of personal and clinical data is effective. The modalities and rules for access to personal records (patient, staff, volunteer) are functional.

Several information management systems support efficient workflow, documentation, and enable the

tracking and monitoring of key performance indicators. These are an asset as the organization continues to grow and evolve in response to change in the environment.

The flow of information and communication between the organization's management and the Board of Directors is fluid and constant.

The organization is commended for establishing an effective chain of communication with many partners.

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 physical environment of Victoria Hospice Society (VHS) is one of the key challenges facing the organization. VHS could benefit from the development of a new hospice that would meet the current standards for hospice care and provide an opportunity for innovation and innovative practices. Given the current location on the campus of Royal Jubilee Hospital, VHS has done its best to ensure that the current environment is meeting the needs of the people that it serves. There are limitations posed by the current environment and VHS's leadership and team members do their very best to work within these limitations.

The organization should be commended for acquiring an off-site, community-based, location for its bereavement services. Moving to this site has allowed for a significant growth of these services and a preferred location for clients who can benefit from bereavement support. VHS leadership should ensure that it is aware of back-up systems in place at this leased space to ensure that business continuity can be maintained in the event of a loss of services such as electricity etc.

Overall, the physical environment is clean and well-maintained. Any hazards in the environment are identified and team members are aware of any issues in the physical environment. Initiatives are undertaken to support a "green" approach to waste management etc. and for VHS to be good environmental stewards. There is a good partnership with Island Health with respect to maintaining and improving the space on the Royal Jubilee campus.

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 special relationship between Victoria Hospice and its main partner at the Royal Jubilee site allows the organization to benefit from all the emergency preparedness tools as the rest of the Island Health facilities.

The emergency preparedness and management program is robust and fully integrated with all the local and provincial partners.

The Victoria Hospice Society benefits from the expertise of Island Health Protection Services. The mandatory training modules for staff, clinical and administrative, are in place and completed with annual refreshers. The fan out notification system is effective and functional. Emergency supplies and first aid kits are routinely checked. The Victoria Hospice has conducted several exercises and formal debriefs. The outcomes of the debriefs are used to enhance the organization's ability to improve.

The pandemic plan has been successfully implemented since the beginning of the COVID-19 crisis and the organization's ability to adjust and adapt has been successfully put to the test.

The organization is commended for its work to engage and mobilize staff and volunteers in preparing to respond appropriately to emergency situations.

The Victoria Hospice Society is invited to consider customizing the emergency response plan to its new community centre, which is not covered under the Island Health umbrella.

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	
2.3 The governing body includes clients as members, where possible.	
10.5 The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	!
Standards Set: Hospice, Palliative, End-of-Life Services	
1.1 Services are co-designed with clients and families, partners, and the community.	!
3.15 Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
16.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Leadership Standards for Small, Community-Based Organizations	
3.3 Teams, clients/residents, and families are supported to develop the knowledge and skills necessary to be involved in quality improvement activities.	
Surveyor comments on the priority process(es)	

Victoria Hospice Society (VHS) is embarking, in a formal way, on its journey related to people-centred care. VHS has always had a strong commitment to the people it serves and to the community. It has only recently moved forward with putting in place formal approaches to the engagement of clients and families and the broader community.

There is evidence of the organization being very people-centred. There is a need to strengthen some of the policies, processes and approaches to engaging clients and families in a more routine way. The Patient Partner Advisory Committee (PPAC) has recently been revitalized. It is hoped that this committee will move into operations and play a significant role in influencing the operations and strategies of VHS. The organization is commended for embarking on a competitive process to ascertain interest from community members to serve on the committee and to complete a selection process.

VHS is encouraged to put in place processes to engage with representatives from diverse communities to ensure that services are designed to reflect the socio-economic and cultural diversity of the communities served by VHS. It is hoped that this diversity will be reflected in the membership of the PPAC and the voices heard at that table.

As an organization embarking on the commitment to people-centred care in a formal manner, this represents a significant improvement opportunity for VHS to ensure that the voices of clients, families and the community are heard at all levels of the organization and are used, in a meaningful way, to shape the organization.

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)

Patient Flow is managed through a defined intake process that identifies patient need and is done through a team-based process. The Intake Coordinator follows standard assessment processes and works with a team to assess a client's need for admission. Referrals can be made from various points of contact in the community and there are easily accessible forms that are used to document the need for hospice care. The Intake Coordinator should be commended for seeking out an objective tool that can be used to assign a score to people waiting for admission in support of prioritizing admissions when demand exceeds available beds.

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)

Victoria Hospice Society (VHS) does a good job in managing medical devices and equipment. This is largely due to VHS's strong partnership with Island Health and following established policies and processes within Island Health. Medical device needs are identified in partnership with Biomedical Engineering and there are processes in place to acquire, test and put medical devices into service and to support training on use. There are also established processes for the cleaning and sterilization of any medical devices that require reprocessing. There are relatively few pieces of medical equipment used by team members in hospice or in the community and there are defined processes for cleaning and identifying that equipment is clean for use by the next team member.

There is a provincial approach to preventive maintenance that is supported through Biomedical Engineering at Island Health and equipment is inventoried and identified for preventive maintenance on a regular basis. There are also processes for putting a piece of equipment out of service and for requesting service through Biomedical Engineering.

VHS benefits from its relationship with Island Health with respect to the acquisition and maintenance of medical devices and for following reprocessing and sterilization standards for reusable medical devices.

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: Hospice, Palliative, End-of-Life 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

3.1 Required training and education are defined for all team members with input from clients and families.	
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Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

13.2 Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
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Priority Process: Impact on Outcomes

14.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
14.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

With respect to Clinical Leadership, Victoria Hospice Society (VHS) provides exemplary leadership. VHS offers a diverse range of services to meet the needs of clients. These include community-based crisis management services, hospice care and bereavement support for anyone who can benefit from bereavement support. Services are designed to meet the needs of the community and VHS is willing to develop innovative models of service delivery.

Volunteers are a key component of service delivery and are well-integrated into care and service. COVID-19 has had a tremendous impact on volunteer resources; however VHS has been looking at innovative ways to re-engage the volunteer community in continuing to support the work of VHS. Volunteer resources are well-managed and supported with effective onboarding, education and training and ongoing management of volunteer resources.

Clinical leadership should be commended for developing novel service models of care and for ensuring that team members are well-supported in meeting the needs of people served by VHS.

Priority Process: Competency

Victoria Hospice Society (VHS) does an excellent job in ensuring the competency of those providing care and service. Team members and volunteers are supported with orientation and ongoing education to allow them to fulfill the responsibilities of their roles. There are regular, annual requirements with respect to mandatory education. New employees are oriented, and systems are in place to ensure competency prior to working without close supervision. Team members and volunteers need to

demonstrate their competence prior to moving forward from their orientation or probationary period.

Annual performance reviews are conducted, and completion of mandatory education modules is reviewed. The Island Health Learning Management System is used to track completion of education and training modules. Team members are able to take advantage of the vast educational opportunities provided by Island Health through the LMS. Team members are encouraged to develop their career progression goals and are encouraged to take advantage of career development opportunities offered by VHS and Island Health.

Team competency is reviewed regularly, and team members are supported with training on devices such as infusion pumps.

Team member competency is well-supported at VHS and there are systematic processes to identify training and education needs and to track completion of modules to ensure that team members demonstrate their ongoing competence.

Priority Process: Episode of Care

Victoria Hospice Society's (VHS's) strength is its commitment to excellent clinical care and service. VHS offers a range of end-of-life care across the community continuum and serves as a vital resource in providing end-of-life services in Victoria. The hospice provides exemplary end-of-life care and the team supports the needs of those who wish to have their care needs met in a hospice environment. The VHS team works with Island Health community resources to support end of life care in the home. In addition, the Palliative Response Team provides vital 24 hour a day support for clients and families requiring crisis end of life support. Following the end of life, family members and others are supported through bereavement support through the Community Counselling program. The residents of Victoria are lucky to have a resource like VHS to support end of life care.

The commitment to meet the needs of each person is clearly evident. The intake process reviews the unique care needs of each person and care plans are developed to meet their needs. It is clear that the entire team works together to meet the end of life care needs of those served by VHS.

Assessments are made at time of admission to identify any patient risks and standardized assessment tools are utilized to quantify risk. Individual client wishes are respected with respect to whom they would like involved in their care. Wishes are respected and should a client or patient decide to pursue Medical Assistance in Dying, that process is respected and supported by the VHS team.

VHS excels at end of life care and is viewed as a leader in meeting the care needs of those it serves. VHS has a strong continuum of care that is clearly centred on meeting the individual care needs of clients and families served by VHS.

Priority Process: Decision Support

Information Management for Victoria Hospice Society (VHS) is a combination of Island Health information systems and paper-based VHS documentation for VHS clients. Island Health has developed the necessary policies to ensure that electronic information systems support care and information sharing. VHS benefits from the ability to access the various modules of Island Health's information systems to view client information across the continuum. Some key documentation processes are captured within the Island Health clinical information systems (e.g. Best Possible Medication History in iHealth). When the day comes when VHS moves into a stand-alone site, it will be necessary for VHS to assess its own information management needs to support clinical decision making. When that day comes, VHS will have to recreate much of the functionality that currently exists in Island Health's information systems should VHS acquire their own clinical information system.

Priority Process: Impact on Outcomes

Impact on outcomes represents an area where Victoria Hospice Society (VHS) has some opportunity for improvement. Much of this priority process focuses on the engagement of clients and families in the planning and delivery process. There is no doubt that VHS is committed to hearing the voices of clients and families. VHS is encouraged to continue to mature its efforts to embedding the voices of clients and families into its day-to-day operations.

VHS should take an opportunity to review the performance indicators that it tracks and reviews on a regular basis and determine how they can shift to becoming outcome-focused rather than reporting on volumes of service. As VHS looks at its various priorities, indicator development, tracking, reporting and translation into improvement efforts can become a priority for the organization. This focus will then translate into an enhanced approach to quality improvement and for engaging team members, clients and families in identifying opportunities for improvement and undertaking improvement initiatives.

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	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control for Community-Based Organizations

Infection Prevention and Control (IPAC) is well done at Victoria Hospice Society (VHS). This is largely due to the partnership that VHS has with Island Health's IPAC team. There is an IPAC practitioner who is assigned to support VHS and IPAC works closely with the hospice team to ensure that IPAC standards are put in place and followed. IPAC represents an area where VHS receives significant benefit from the expertise of Island Health.

IPAC protocols are followed with respect to outbreaks, pandemic planning and maintaining the health and safety of the physical environment.

Hand hygiene practices are supported by the Island Health IPAC team and this includes auditing. The hand hygiene compliance rates provide some opportunity for improvement, especially considering the focus on good hand hygiene as a result of the COVID-19 pandemic. Some of the performance results may be due to the current shortage of alcohol-based sanitizer.

IPAC is another area where VHS will have to assess its needs and ability to maintain a stellar program should VHS move to an off-site location and not be able to benefit from the resources of Island Health. The current model supports good IPAC practices at VHS and it will be important to ensure that these are sustained.

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

Unmet Criteria	High Priority Criteria
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Priority Process: Medication Management for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

Medication Management is a strength at Victoria Hospice Society (VHS). VHS benefits significantly from Island Health's medication management support through Pharmacy services. Island Health Pharmacy has put in place excellent processes for the acquisition and distribution of medications. There are defined order processes in place the require review and approval of orders. Clinical pharmacy resources are available to VHS to support the care needs of patients and clients. VHS benefits from the processes that Island Health Pharmacy has developed to address pharmaceutical shortages and medication safety.

While this current arrangement may have some significant benefits, it does lack flexibility for the unique needs of hospice patients, at times. However, VHS clinicians and Pharmacy services are able to collaborate to ensure that patient needs are met.

There are excellent processes in place in VHS for medication management and administration. Medications are kept secure and processes are in place to ensure that the right patient is receiving the right medication at the right time and there are a series of checks in place for safe medication management.

As with other key patient safety areas, VHS benefits from the processes and structure that Island Health has established for medication management and the years of experience that Pharmacy services has in place to meet the needs of patients. Should VHS move to a different partner for medication management, VHS will have to ensure that patient safety is maintained at the current level or exceeds the current level of medication management support provided by Island Health.

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: May 17, 2019 to June 17, 2019**
- **Number of responses: 7**

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	14	86	93
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	14	86	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
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.	57	0	43	72

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
3. Subcommittees need better defined roles and responsibilities.	57	0	43	72
4. As a governing body, we do not become directly involved in management issues.	14	0	86	88
4. As a governing body, we do not become directly involved in management issues.	14	0	86	88
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	96
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	96
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	57	43	0	63
9. Our governance processes need to better ensure that everyone participates in decision making.	57	43	0	63
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	97
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	29	71	86
12. Our ongoing education and professional development is encouraged.	0	29	71	86
13. Working relationships among individual members are positive.	0	0	100	97
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
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.	29	14	57	73
16. We benchmark our performance against other similar organizations and/or national standards.	29	14	57	73
17. Contributions of individual members are reviewed regularly.	14	71	14	66
17. Contributions of individual members are reviewed regularly.	14	71	14	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	14	14	71	76

	% 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.	14	14	71	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	14	86	60
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	14	86	60
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	82
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	82
21. As individual members, we need better feedback about our contribution to the governing body.	29	29	43	45
21. As individual members, we need better feedback about our contribution to the governing body.	29	29	43	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	50	33	17	80
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	50	33	17	80
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	43	14	43	79
24. As a governing body, we hear stories about clients who experienced harm during care.	43	14	43	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	14	29	57	89

	% 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.	14	29	57	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	87
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	87
27. We lack explicit criteria to recruit and select new members.	86	0	14	73
27. We lack explicit criteria to recruit and select new members.	86	0	14	73
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	88
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	88
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	14	86	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	14	86	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	91
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	91
31. We review our own structure, including size and subcommittee structure.	0	14	86	86
31. We review our own structure, including size and subcommittee structure.	0	14	86	86
32. We have a process to elect or appoint our chair.	0	0	100	89
32. We have a process to elect or appoint our chair.	0	0	100	89

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

from January to June, 2019 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	29	14	57	80
33. Patient safety	29	14	57	80
34. Quality of care	29	14	57	82
34. Quality of care	29	14	57	82

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

Canadian Patient Safety Culture Survey Tool: Community Based Version

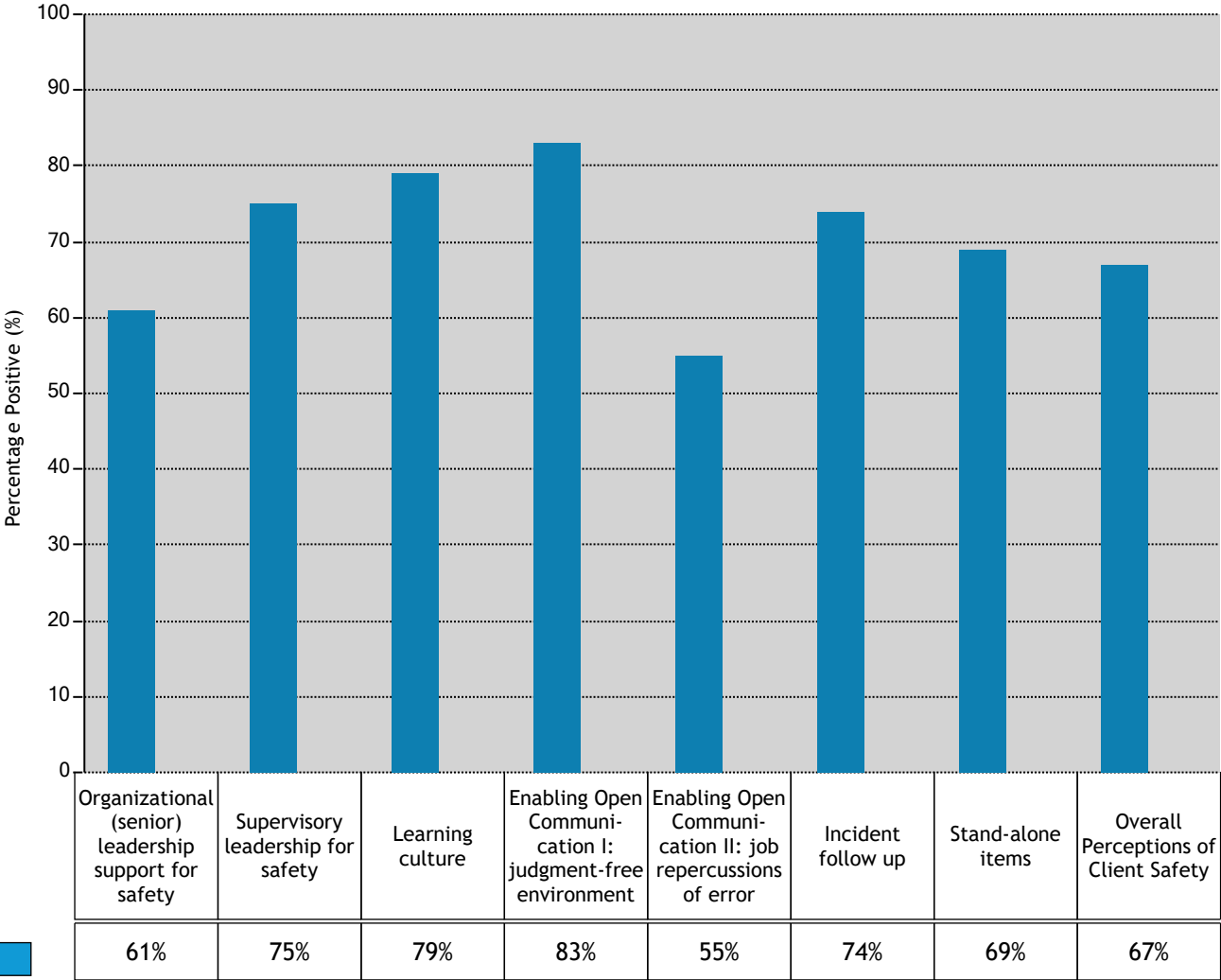
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: January 31, 2020 to March 22, 2020**
- **Minimum responses rate (based on the number of eligible employees): 46**
- **Number of responses: 46**

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



Legend
■ Victoria Hospice Society

Worklife Pulse

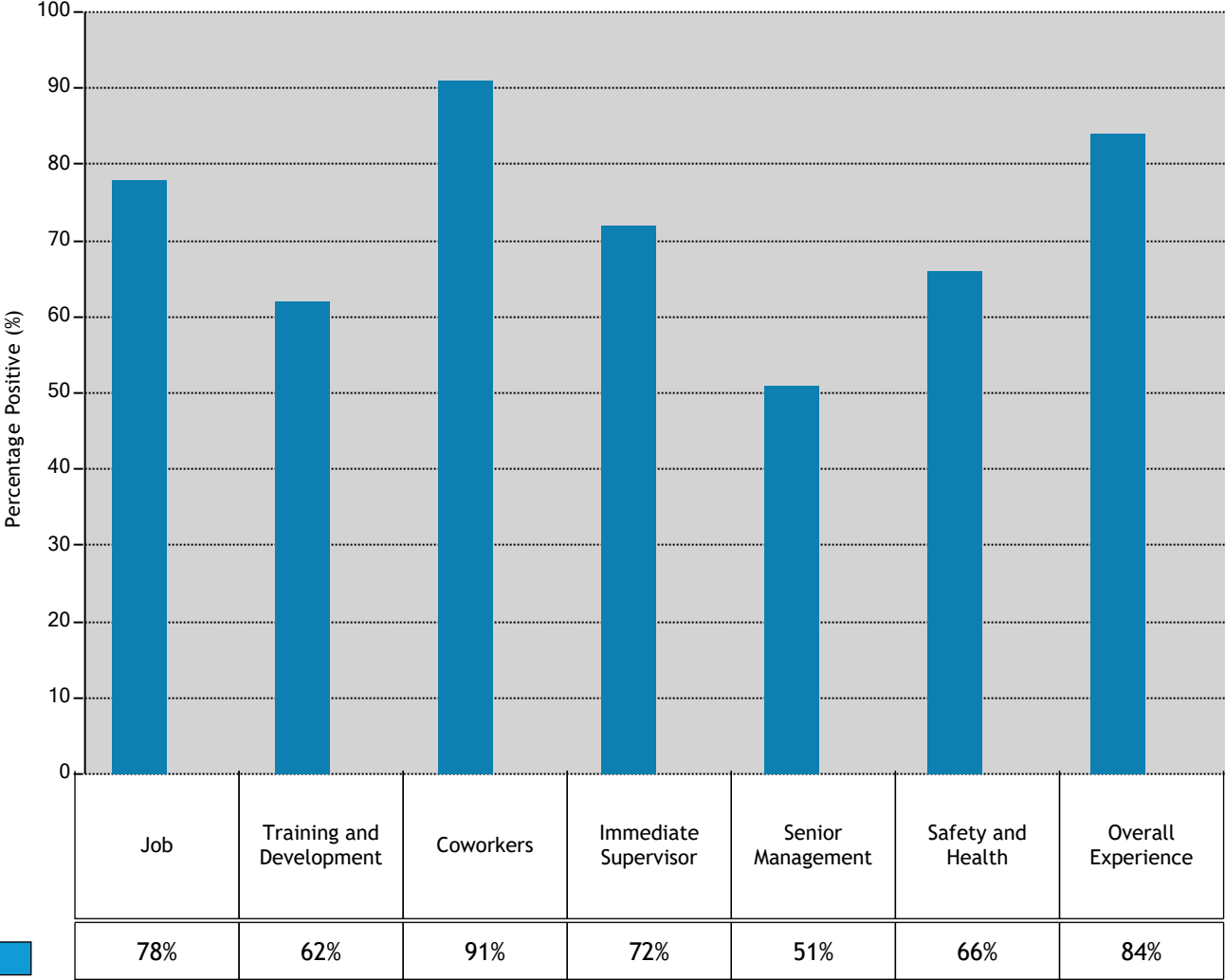
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: March 11, 2019 to July 7, 2019**
- **Minimum responses rate (based on the number of eligible employees): 69**
- **Number of responses: 72**

Worklife Pulse: Results of Work Environment



Legend
Victoria Hospice Society

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.

Victoria Hospice is very pleased overall with the on-site summary report for our first Qmentum Accreditation survey. We believe the findings fairly describe where our organization current is in its quality and safety journey. We found the accreditation experience, both during the self-assessment and preparation stages, and the actual survey process validated what we believed to be areas where we do well and helped us to identify areas where gaps in our processes and documents needed further development. The overall process reinforced the importance of teamwork in achieving successful outcomes.

In preparation for the 2021-22 fiscal year our Quality and Safety Committee will be reviewing and revising the current performance indicators and will continue to explore methods of collecting patient reported outcomes. Prior to the site survey our plans included to commence in developing a multi-year community engagement strategy to build upon the revitalization of the Patient Partner Advisory Committee. With regards to Human Capital, a recently conducted review through an external consultant identified priority actions for the organization.

Victoria Hospice is intentional in its commitment to continuous quality improvement.

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