



**ACCREDITATION  
AGRÉMENT**  
CANADA

# **Accreditation Report**

Qmentum Global™ for Canadian  
Accreditation Program

**Victoria Hospice Society**

Report Issued: 13/05/2025

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# Table of Contents

<b>Confidentiality</b> .....	2
<b>About Accreditation Canada</b> .....	4
<b>About the Accreditation Report</b> .....	4
<b>Program Overview</b> .....	4
<b>Executive Summary</b> .....	6
About the Organization .....	6
Surveyor Overview of Team Observations .....	7
Key Opportunities and Areas of Excellence .....	8
People-Centred Care .....	9
Quality Improvement Overview .....	10
<b>Accreditation Decision</b> .....	11
Locations Assessed during On-Site Assessment .....	11
<b>Required Organizational Practices</b> .....	12
<b>Assessment Results by Standard</b> .....	14
<b>Core Standards</b> .....	14
Governance .....	14
Infection Prevention and Control for Community-Based Organizations .....	18
Leadership .....	19
Medication Management for Community-Based Organizations .....	25
Service Excellence .....	26
<b>Service Specific Assessment Standards</b> .....	28
Palliative Care Services .....	28

## About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

## About the Accreditation Report

The Organization identified in this Accreditation Report (the “**Organization**”) has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from April 14, 2025 to April 17, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

## Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an actioning planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

# Executive Summary

## About the Organization

Established in 1980 in Victoria, British Columbia, the Victoria Hospice Society (VHS) is a leading nonprofit organization dedicated to providing comprehensive palliative and end-of-life care. VHS is supported through a combination of funding from Island Health, donations, fundraising, and endowments—with an impressive 55 percent of annual operating costs fundraised from the community.

Driven by a compassionate mission and a clear vision of ensuring quality palliative care for all, VHS enhances the quality of life for individuals and families facing life-limiting illness, death, and bereavement. Its work is rooted in patient- and family-centered care, supported by education, research, and advocacy. The organization's core values—Respect, Compassion, Integrity, Commitment, Collaboration, and Excellence—guide every aspect of care and community engagement.

Serving a population of approximately 434,000 residents, VHS offers a full continuum of services, including inpatient care, home-based support, bereavement counselling, professional education, and research initiatives. The 18-bed Inpatient Unit (IPU), located at Royal Jubilee Hospital, provides 24/7 care in a home-like setting with features such as a family lounge, open kitchen, meditation rooms, and unrestricted visiting hours, including for pets. Care is focused on comfort, dignity, and quality of life.

The innovative Palliative Response Team delivers short-term, in-home crisis consultation and treatment by nurses and counsellors, with access to palliative care physicians. VHS's bereavement services are available to all members of the community, regardless of prior connection to hospice, and include one-on-one sessions, group therapy and workshops, and specialized support for children and youth.

An interdisciplinary approach to care brings together physicians, nurses, counsellors, spiritual caregivers, and volunteers to ensure that care addresses the full spectrum of physical, emotional, and spiritual needs.

Since the last onsite visit, VHS has undergone significant leadership transitions and key staff retirements. These changes were successfully managed through strategic recruitment and organizational restructuring aimed at strengthening support functions and sustaining high-quality service delivery. The organizational structure is now better aligned with strategic priorities. The Finance and Corporate Services Department was divided into two distinct departments to improve role clarity, enhance efficiency, and ensure the effective execution of key functions. In addition, a new human resources manager role and a dedicated director of organizational development were introduced. To further strengthen integration and promote continuous quality improvement (CQI), the research, quality, and safety functions were consolidated into a single department.

The organization's leadership and innovation have received national recognition. In 2024, VHS was honored with two national awards recognizing excellence in clinical care, nursing leadership, and bereavement services. These awards highlighted VHS's pioneering care models, such as launching Canada's first Palliative Response Team, and reinforced its role as a thought leader in palliative and end-of-life care across the country.

With a foundation built on expert care, deep community engagement, and a strong commitment to people-centered values, the VHS continues to serve as a cornerstone of compassionate end-of-life and bereavement care in British Columbia, and a respected national leader in the field.

## Surveyor Overview of Team Observations

The Victoria Hospice Society (VHS) Board is composed of a skilled and committed group of individuals who bring a diverse range of professional backgrounds. Board governance structures are well-defined, and members demonstrate a strong understanding of their oversight responsibilities. There is clear alignment between governance, leadership, and strategic direction.

VHS serves a population of approximately 434,000 residents across Greater Victoria, with a wide range of services tailored to meet the needs of individuals and families facing life-limiting illness, death, and bereavement. Service delivery is grounded in a patient and family-centered approach, with particular attention paid to supporting clients with complex physical, emotional, and social needs. Bereavement services are available to the broader community, regardless of prior connection to hospice care.

The organization is well regarded by its community partners. Collaboration between VHS, Island Health, and the hospital is well established. As services continue to evolve, there is an opportunity to strengthen communication around changes and to further clarify roles and responsibilities across the team, and to continue reinforcing a coordinated, system-wide approach to home-based palliative care.

VHS is led by a capable and collaborative leadership team that models transparency, responsiveness, and shared accountability. Leaders are accessible and maintain regular, open communication with both staff and the Board. The team brings strong knowledge, positive energy, and a collegial approach to their work.

Staff across VHS are highly skilled, values-driven, and deeply committed to quality care. Teams operate in a collaborative, interdisciplinary model that includes nurses, physicians, counsellors, volunteers, and support staff. A strong volunteer program supports all areas of service, including direct client care, bereavement services, and fundraising.

Work-life balance and wellness have emerged as growing priorities. Flexibility in staffing models, investment in coverage, and access to wellness initiatives have contributed to a healthier work environment. Staff members report increasing attention to psychological safety, and efforts are underway to formalize wellness and workforce strategies.

Clients and families consistently describe their experience with VHS as compassionate, respectful, and attentive to their individual needs. Feedback indicates that staff are approachable, responsive, and committed to creating a calm, supportive environment during a vulnerable time in people's lives. The client voice is incorporated through co-design initiatives, feedback loops, and opportunities to inform service improvements.

## **Key Opportunities and Areas of Excellence**

### **Areas of Excellence**

VHS demonstrates a cohesive, skilled Board and a high level of governance maturity, supported by well-defined structures, robust processes, data-informed decision-making, and a comprehensive Board matrix. Succession planning and Board orientation are firmly established. Service planning is grounded in people-centred care and increasingly reflects the complexity and diversity of community needs. The decision to pause strategic plan development in favour of a more rigorous needs assessment is commendable.

Revenue diversification and strong donor engagement contribute to financial stability, while capital improvements and IT modernization continue to advance. A structured approach to prioritization and risk assessment guides resource allocation.

Human resource functions have stabilized and aligned following the appointment of a dedicated HR leader. Staff wellness is an emerging priority, with a focus on psychological safety, flexible scheduling, and student engagement to support long-term workforce development.

Emergency preparedness is now more coordinated and proactive, led by a dedicated manager. Routine drills, tailored response plans, and strong partnerships help ensure organizational readiness.

An integrated quality structure supports consistent reporting, evaluation, and staff engagement. A just culture is being fostered, and the development of data infrastructure has been transformative, enabling more informed, evidence-based decision-making.

Ethical reflection is embedded across the organization, supported by a practical framework and regular consultation with an ethics specialist.

Communications is led by a dedicated specialist, with an emphasis on storytelling and strengthening relationships across stakeholder groups.

VHS provides a safe, accessible, and welcoming physical environment in collaboration with Island Health. Environmental sustainability efforts are particularly noteworthy, driven by an active Green Team leading several impactful initiatives.

### **Key Opportunities**

The Board would benefit from continued attention to diversity, equity, and inclusion (EDI), the consolidation of accountability frameworks, and the modernization of its public disclosure policy to enhance transparency and responsiveness. Establishing a formal process for evaluating Board performance and that of individual directors is also encouraged.

Action plans to prevent and respond to systemic racism should be informed by Indigenous Peoples and other equity-deserving groups. The integration of cultural advisors will support organization-wide efforts to embed cultural safety and humility into structures, policies, and practices.

Expanding the use of real-time data and stakeholder feedback will further strengthen service planning, design, and decision-making across the organization.

Workforce sustainability, wellness, and psychological safety remain key priorities. A comprehensive workforce strategy will help consolidate progress to date and guide future efforts. Providing staff with performance evaluations should be prioritized. Cross-training is encouraged as a means of supporting staff learning, building capacity, and working towards a sustainable workforce.

Quality improvement initiatives are increasingly data-driven and aligned with strategic goals. Sustained front-line engagement and greater visibility of quality work will help maintain momentum. Tracking and auditing processes shared with Island Health could ensure timely knowledge and awareness of areas that may warrant attention.



Developing a formal ethical decision-making tool, alongside a process to track emerging ethical issues, will support consistent practice and organizational learning.

A review of internal communication processes and improved use of analytics will support more consistent and effective messaging. Establishing a communications committee or similar mechanism is encouraged to foster coordination across departments and ensure communications is embedded in all change management and quality initiatives.

VHS is encouraged to continue aligning its environmental stewardship strategies with Island Health and to make greater use of environmental data to inform sustainability efforts.

Perceptions of the hospice as a clinical setting highlight an opportunity to reinforce a warm, home-like environment consistent with the philosophy of hospice as a place for living.

VHS is also encouraged to continue enhancing its physical spaces in partnership with clients and families while advancing its long-term vision for a purpose-built hospice facility.

## **People-Centred Care**

People-centred care is rated a 10 and recognized as a core pillar of the organization's identity and practice. It remains central to decision-making across programs and services and is consistently prioritized in team discussions, including huddles and interdisciplinary meetings. While patient care and safety are paramount, there is a shared understanding that supporting staff wellness and engagement is essential to delivering truly people-centred care. The organization acknowledges the need for ongoing investment in team well-being to sustain compassionate, individualized support for clients and families.

Families feel heard and respected. Care is tailored to individual needs, with care plans continuously adjusted as circumstances evolve. Staff are attentive and compassionate, caring for clients holistically within the context of their relationships and support systems.

Currently, care plans are not well utilized within the electronic health record, as the organization continues to refine the system to better suit hospice care. Ongoing efforts to ensure that patient goals are recorded and that all interventions and tasks align with those goals will support more effective progress monitoring. There are multiple opportunities for patients and families to provide feedback on policies, processes, and practices—whether individually via surveys or as participants in various committees. While involving patients directly in hospice care feedback can be challenging, a focused approach to obtaining input and collaborating with family members is encouraged.

All patients and community clients have reported that their care was excellent and life-changing. They describe the team as “angels” and commend them for their professionalism, openness to questions, and human approach. One client shared that “they can feel my pain” and worked to help from that perspective. Numerous examples were provided where the team went above and beyond to connect individuals with various community or hospital partners better suited to meeting their needs. This exemplifies the essence of hospice care—focusing on patients’ goals and needs to provide the highest possible quality of life in the time remaining.

The organization remains strongly committed to ensuring that care remains focused on individuals and families, even as systems, metrics, and competing priorities create potential shifts in focus. It demonstrates resilience and adaptability in realigning systems and processes to better serve the people at the heart of its mission.

## Quality Improvement Overview

Victoria Hospice Society (VHS) has established a strong foundation for an integrated approach to quality management, grounded in evidence, engagement, and continuous learning. This approach reflects VHS's commitment to internal accountability and alignment with the broader health system.

Quality and safety oversight is supported by a tiered governance structure that includes a dedicated quality team, a Quality and Safety Committee, and the Board's Health Quality Committee, which includes a member with lived experience. Safety risks and incident trends are regularly reviewed, with defined thresholds guiding escalation. All patient incidents are assessed at the point of care; level 3 incidents involve director oversight, while levels 4 and 5 are escalated for formal investigation.

Staff, clients, families, and volunteers actively shape quality at VHS. Engagement surveys, forums, and onboarding initiatives are used to gather and apply feedback. A volunteer with expertise in qualitative research is currently supporting the development of experience measurement using thematic analysis.

Continuous quality improvement (CQI) principles are embedded in daily operations. While progress has been made, further work is needed to strengthen onboarding around QI concepts and better support teams in engaging with improvement initiatives and tracking indicators aligned with service goals and strategic priorities.

VHS promotes a just culture, supported by a coordinated response model that prioritizes both occupational and psychological safety. High levels of incident reporting are considered a strength. Interdisciplinary debriefs ensure that clients, families, and staff receive thoughtful, compassionate support. Open disclosure is standard practice when harm occurs, unless it would cause further distress. Follow-up is handled with care, and staff are supported through both formal and informal debriefing processes.

The bereavement program is emerging as a leader in evaluation. Tools are being co-designed with clinical teams, and outcome measures are in development. VHS is also spearheading an initiative to define best practices for evaluating bereavement care, addressing a significant gap in national guidance. This work is expected to contribute meaningfully at both the provincial and national levels.

VHS adheres to ethical review standards and submits quality initiatives to the Island Health Research Ethics Board to ensure alignment and methodological integrity.

A notable cultural shift has occurred in how quality is understood and prioritized. This progress reflects strong leadership commitment and targeted investments in systems, tools, and evaluation capacity.

While much has been accomplished, an opportunity remains to deepen front-line engagement. Not all staff fully recognize how their daily work contributes to the broader quality agenda. Enhancing communication, visibility, and participation in quality initiatives will help embed a shared sense of ownership across the organization.

## Accreditation Decision

Victoria Hospice Society's accreditation decision is:

*Accredited with Commendation*

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

### Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Community Support Centre
- Richmond Pavilion

<sup>1</sup>Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

## Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

**Table 1: Summary of the Organization's ROPs**

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Hand-hygiene Education and Training	Infection Prevention and Control for Community-Based Organizations	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0%
Infection Rates	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0%
Reprocessing	Infection Prevention and Control for Community-Based Organizations	2 / 2	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Client Flow	Leadership	5 / 5	100.0%
Preventive Maintenance Program	Leadership	1 / 4	25.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%

**Table 1: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Accountability for Quality of Care	Governance	5 / 5	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management for Community-Based Organizations	6 / 6	100.0%
High-alert Medications	Medication Management for Community-Based Organizations	6 / 6	100.0%
Concentrated Electrolytes	Medication Management for Community-Based Organizations	0 / 0	0.0%
Heparin Safety	Medication Management for Community-Based Organizations	7 / 7	100.0%

## Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

### Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

### Governance

#### Standard Rating: 86.1% Met Criteria

13.9% of criteria were unmet. For further details please review the table below.

#### Assessment Results

Victoria Hospice Society (VHS) demonstrates an evolving and intentional approach to governance that aligns well with Health Standards Organization's standards. Over the past two years, the Board has taken deliberate steps to strengthen its oversight of strategy, quality, risk, and equity while reinforcing alignment with organizational values.

The Board maintains a comprehensive governance matrix that captures six broad competency domains. Recent enhancements include the integration of equity, diversity, and inclusion (EDI) dimensions and the formal recognition of lived and service-user experience. The matrix is used to identify skill gaps, guide targeted recruitment, and support succession planning. The organization's by-laws permit the inclusion of community advisors, and VHS has effectively engaged individuals with specialized expertise through this mechanism, offering mentorship and phased onboarding in preparation for potential Board appointments.

Board recruitment follows a values-based process that includes structured interviews, early orientation, and transparency about culture and expectations. This approach has helped establish a strong, diverse governance team well-equipped to fulfill its responsibilities.

Board orientation is formalized and includes governance responsibilities, ethics modules, confidentiality agreements, and mentorship for new members. Directors participate in structured onboarding sessions with leadership and complete a facility tour within the first few months. Many begin by serving on a committee before assuming Chair roles. An annual retreat provides additional development, with recent content focused on ethics and EDI.

Succession planning is overseen by the Governance Committee, which uses the matrix to monitor composition, identify gaps, and forecast vacancies—four Board terms are currently nearing completion. Recruitment is strategic and guided by organizational priorities. A rolling three-year forecast of Board vacancies is encouraged to support continuity and forward planning.

The Board recently secured resources to support the development of an annual performance evaluation process for both the full Board and individual directors.

Governance policies were modernized two years ago, incorporating lessons from the COVID-19 response. Over the past year, VHS also updated its by-laws, constitution, and full policy suite. The strategic plan is reviewed annually and supported by a risk register that is updated quarterly by leadership and reviewed by the Board through the Quality Committee. Board operations are well-organized, with monthly meetings (excluding August and December) and active subcommittees, including Executive, Governance, Finance, and the quarterly Health Quality Committee. The Planning and Development Committee is slated for reactivation. Monthly CEO reports include performance metrics and narrative updates.

Ethical deliberation is embedded in Board decision-making, as seen in recent discussions on infrastructure expansion and resource allocation for priorities such as overnight nursing.

Strategic and operational planning are well-integrated, with team-level work plans aligned to strategic priorities. Quality improvement initiatives are becoming increasingly visible, and VHS plans to implement quality improvement (QI) dashboards to further link frontline activities with broader organizational goals. However, the organization's current strategic plan expired in 2024, and a new plan is under development, with a formal launch expected by mid-2026. In the interim, the Board is encouraged to ensure the existing plan is refreshed and clearly communicated across the organization and to key stakeholders. A strategic plan serves as a foundational compass, providing direction, shared priorities, and a framework for decision-making at all levels. While operational planning is well-developed and actively executed, the absence of an up-to-date strategic framework may create misalignment between day-to-day activities and long-term goals.

Financial oversight is strong, supported by clear segregation of duties, robust internal controls, and active monitoring of contracts, donations, and self-generated revenue. Surpluses are reviewed for reinvestment opportunities, and funding gaps and discretionary spending are closely monitored.

Human resources governance has strengthened under the leadership of a new COO and HR manager. The organization is shifting from a reactive approach to one grounded in best practices, transparency, and accountability. Workforce data is monitored to inform decision-making, and staff culture is evolving under this leadership and support.

Environmental stewardship is emerging as a governance focus. The internal Green Team, supported by leadership and aligned with Island Health initiatives, is advancing efforts in composting, reusable gowns, and reducing single-use plastics. These efforts are expected to become increasingly embedded in strategic priorities.

The Board recognizes the need for greater diversity to reflect the Greater Victoria community. Recent efforts—including EDI education during the Board retreat and engagement with the Intercultural Association of Victoria—are informing inclusive recruitment strategies aimed at better serving Indigenous, LGBTQ2S+, and multicultural communities. Ongoing review of Board composition through an equity lens is encouraged. Integrating EDI dimensions—such as gender identity, cultural background, age, and sexual orientation—into the Board's skills matrix and succession planning will enhance its ability to reflect and serve the diversity of the community. The Board is also encouraged to advance its work on systemic racism, cultural safety, and humility through the development of formal frameworks, action plans, and training. These efforts, grounded in lived experience and best practices, will help embed EDI into governance, leadership, and service delivery.

VHS continues to demonstrate governance maturity, with a strong commitment to continuous improvement, transparency, and values-based leadership. To support continued progress, the Board is encouraged to embed conflict-of-interest declarations as a standing item at the beginning of each meeting. This practice would reinforce ethical governance and strengthen transparency. The Disclosure of Information policy should also be updated to reflect current technologies, public expectations, and modern accountability standards, reinforcing the Board's commitment to timely and ethical information-sharing.

While VHS has all essential elements of accountability and decision-making in place, consolidating this information into a one-page visual framework would improve clarity. This resource could outline legal and public accountabilities—such as those to Island Health, donors, the public, and regulatory bodies—alongside the primary drivers of decision-making, including quality, ethics, evidence, financial sustainability, and risk. Such a tool would be valuable for Board orientation, stakeholder engagement, and demonstrating responsible stewardship.

**Table 2: Unmet Criteria for Governance**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
3.1.11	The governing body ensures that the organization has a comprehensive human resources strategy.	HIGH
4.2.2	The governing body regularly evaluates the performance of its chair to provide them with feedback based on the results.	HIGH
4.2.3	The governing body chair regularly reviews the contributions of its individual members to provide feedback to them based on the results.	HIGH
5.1.1	The governing body uses a recognized framework for acknowledging systemic racism.	HIGH
5.1.2	The governing body implements an action plan, in partnership with community partners, to address systemic racism in the organization.	HIGH
5.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.	HIGH
5.1.5	The governing body monitors its action plan for addressing systemic racism.	HIGH
6.1.1	The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.	HIGH



<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	HIGH
6.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and Indigenous-specific systemic racism.	HIGH
6.1.5	The governing body monitors its action plan for addressing Indigenous-specific systemic racism.	HIGH

# Infection Prevention and Control for Community-Based Organizations

**Standard Rating: 98.8% Met Criteria**

1.2% of criteria were unmet. For further details please review the table below.

## Assessment Results

The Infection Prevention and Control (IPAC) team and the Occupational Health and Safety team collaborate closely, ensuring effective communication and shared solutions in overlapping areas. Strong partnerships with their Public Health liaison keep them informed of current local trends while providing access to expertise for addressing challenges and questions.

The absence of an outbreak in many years—the last cluster occurring in 2018—demonstrates their commitment to prevention. While recent years have been largely focused on the pandemic, robust IPAC discussions, education, and oversight are now being strengthened across programs.

Evidence gathered through audits and other assessment tools conducted by Island Health confirms that environmental and equipment cleaning and disinfection contribute positively to their success in infection control. VHS has established strong relationships with Island Health’s Dietary and Housekeeping teams, leveraging their expertise to enhance communication and expand knowledge and resources. To further strengthen oversight, the team is encouraged to conduct its own audits to validate findings from Island Health and ensure alignment with actual conditions on the unit.

Overall, the leadership team has a clear understanding of its priorities and future focus areas to maintain a safe and healthy environment for all.

**Table 3: Unmet Criteria for Infection Prevention and Control for Community-Based Organizations**

Criteria Number	Criteria Text	Criteria Type
2.3.1	Clients/residents, families, and visitors are provided with information about routine practices and additional precautions in a format that is easy to understand.	HIGH

# Leadership

## Standard Rating: 97.3% Met Criteria

2.7% of criteria were unmet. For further details please review the table below.

## Assessment Results

### Planning and Service Design

VHS's approach to planning and service design reflects a strong commitment to people-centred care, integrated decision-making, and responsiveness to the evolving needs of the community it serves. Over the past two years, planning processes have increasingly focused not only on service volumes but also on the growing complexity and acuity of client needs.

There is clear evidence of co-design initiatives across the organization. VHS is encouraged to further strengthen client and family engagement, particularly in decision-making processes and the development of policies and practice guidelines. Expanding meaningful involvement in these areas will enhance person-centred care and ensure that services reflect the lived experiences and priorities of those served.

Operational planning is closely aligned with the organization's strategic priorities. Annual operational plans are designed to advance long-term goals and promote cross-departmental coordination. This approach has supported a more unified, organization-wide view of priorities and resource allocation. Teams contribute to these plans with a focus on equity, access, and the lived experience of clients and families.

Planning is not based solely on volume metrics but also reflects the complexity and acuity of the population served. VHS recognizes that effective service design must account for the nuanced and evolving needs of individuals and families facing end-of-life care. This includes an increasing emphasis on measuring impact, understanding caregiver and patient complexity, and identifying where redesign or additional supports may be required.

Service access, particularly after hours, has improved through the addition of overnight nursing coverage. This enhancement has supported care continuity, improved clinical decision-making outside of regular hours, and strengthened staff safety and well-being. However, call volumes and after-hours demands have highlighted the need to better document and communicate how planning decisions are made. In particular, clarifying responses to calls during evenings and overnight, as well as how triage decisions are made in real time, remains an area for improvement.

While services are highly responsive at the front line, formal mechanisms to capture and analyze trends, unmet needs, and stakeholder feedback can be strengthened using real-time data. Opportunities exist to better leverage client and staff insights, health data, and community partnerships to inform future service design.

VHS continues to demonstrate agility and adaptability in its planning approach and is well positioned to deepen its use of data and lived experience in shaping programs. The organization is also to be commended for pausing its strategic planning process after determining that the initial environmental scan did not yield sufficiently current or accurate data on community needs and opportunities. Rather than proceed with incomplete information, VHS took a thoughtful, evidence-informed approach by initiating a more rigorous community needs assessment to guide the development of its next strategic plan.

As this work progresses, VHS is encouraged to review the strategic plan annually and refresh it as needed to remain responsive to evolving internal and external conditions. The traditional model of fixed three- or five-year plans has shifted toward more dynamic, living strategies. Regular review could be integrated with financial planning, human resource forecasting, and operational workplans to ensure continued alignment, relevance, and effective implementation.

### **Principle Based Care and Decision Making**

Ethical decision-making is deeply embedded across clinical, organizational, and governance levels at VHS, with the organization rating itself a solid eight in this domain. A well-established ethics framework guides actions and supports a values-driven, person-centred culture. Principles of person-centred care (PCC) are routinely integrated into daily conversations and care decisions, reinforcing ethical reflection as a core organizational practice.

At the clinical level, an internally developed tool—the ethics card game—is used to support the consistent application of ethical principles in care delivery. It has proven effective in addressing moral distress and fostering reflective dialogue among staff. Ethical considerations are also integrated into quality improvement initiatives, operational and governance decisions, and care reviews, ensuring a values-based approach throughout the organization.

VHS maintains an ongoing relationship with an ethics specialist whose consistent involvement helps shape the organization's ethical identity and strengthens its capacity to navigate complex care situations with integrity and compassion.

To further strengthen the ethics framework, the organization is encouraged to adopt a formal decision-making tool. Typically presented as a worksheet or decision tree, such a tool assists in identifying and defining ethical dilemmas—a critical first step in effective ethical reflection. It guides users in clarifying values, principles, and competing interests; identifying those affected; considering various perspectives; assessing potential actions and consequences; and making reasoned, transparent decisions aligned with organizational values. This tool can be applied across clinical, operational, and governance contexts, supporting staff confidence and reinforcing a consistent, values-based approach to care.

Tracking and monitoring emerging ethical issues is also encouraged to identify patterns, respond proactively, and adjust policies, training, and support mechanisms as needed. This approach strengthens organizational learning, informs ethics-related education, and ensures that ethical principles remain embedded in day-to-day decision-making at all levels.

### **Communication**

VHS recognizes communication as a critical enabler of quality, safety, and engagement. While its stakeholder engagement and communications plan was recently refreshed, communication has been identified as an area of opportunity, particularly in leadership capacity and strategic coordination. To address this, the organization is taking a deliberate pause to assess its needs and define the appropriate skill set for future communications leadership. This new position is expected to strengthen oversight, strategy, and alignment across all communication functions.

Internal communications are delivered through various channels, including Island Health systems for clinical staff, as well as operational updates disseminated by leadership. Monthly staff meetings, huddles, posters, and email support internal communication; however, the high volume of emails received—particularly from external systems—can limit effectiveness. Recognizing this challenge, VHS plans to revisit and improve its internal communication strategy with guidance from the incoming communications leader.

A communications specialist currently supports both internal and external messaging, working closely with teams such as fund development and organizational development. Responsibilities include developing newsletters, updating client-facing materials, managing social media, supporting promotional events, crafting strategic public and donor messaging, and providing media training and speaking notes for senior leaders and the Board.

External communication is primarily conducted through social media platforms, newsletters, and magazines, with Facebook, Instagram, and LinkedIn generating the strongest engagement. Analytics are used to monitor reach and impact, informing continuous improvement. VHS emphasizes storytelling, highlighting the voices of staff, clients, families, and volunteers as a key strategy to differentiate itself in a competitive fundraising environment and strengthen community connection.

VHS is integrated with Island Health's information systems (IS, including Cerner PowerChart for electronic health records, with shared policies governing security, privacy, confidentiality, and recordkeeping. A donor database tracks giving patterns and informs fundraising strategies, while a volunteer database supports recruitment, assignment, and ongoing communication with volunteers. Quality reports provide teams with both performance metrics and qualitative insights.

Since the last onsite survey, notable IS enhancements include the introduction of Computerized Provider Order Entry (CPOE for medication management and the implementation of Jane software to improve clinical documentation for the Bereavement Team. A planned migration to Microsoft Teams within the next 12 months is expected to further enhance internal communication and collaboration. These advancements have contributed to increased digital literacy, improved client safety and documentation practices, and a more connected and responsive organization.

VHS is commended for its commitment to closing the feedback loop by sharing with staff, clients, families, and the broader community what it learns from client and family experiences. This practice promotes transparency, builds trust, and reinforces that feedback is valued and used to inform service improvements. It also strengthens engagement by demonstrating that the voices of those served are heard and have a meaningful impact on care and organizational priorities.

Looking ahead, VHS aims to deepen community connections by building on its strong donor base and long-standing local relationships. A communications committee or similar mechanism is proposed to provide strategic oversight across departments and ensure coordinated, consistent messaging both internally and externally. The organization is encouraged to continue engaging staff, clients, and families in the development and review of communication strategies and related policies. Additionally, exploring solutions to improve access to real-time digital dashboards is encouraged to support timely, data-informed decision-making.

### **Physical Environment**

The physical environment at VHS is well maintained, clean, safe, functional, and welcoming, reflecting a strong commitment to person-centred care, safety, accessibility, infection prevention and control (IPAC), and environmental sustainability.

The 18-bed inpatient unit (IPU) at the Royal Jubilee Hospital is managed in partnership with Island Health, which also provides essential services such as laundry, cleaning, food services, waste management, and environmental spill response. VHS inspections are conducted in collaboration with occupational health and safety and include assessments of violence risks, staff safety, and environmental hazards. Findings are documented, approved, and followed by formal maintenance orders as needed.

Renovation projects are coordinated with IPAC, with sealed zones and mitigation strategies that include signage, dust and noise control, and alternate access routes. A recent internal and external environmental review led to several improvements: after-hours access to care areas is now restricted, elevators require card access for staff, an alarm button has been installed at reception, outdoor lighting has been enhanced, and a designated safe room has been identified for Code Silver emergencies.

Secure access has also been strengthened for the Palliative Response Team during after-hours home visits. Staff receive mandatory training on environmental safety and emergency code responses to ensure readiness across the organization.

The IPU offers a home-like setting with private rooms, family lounges, meditation spaces, and unrestricted visiting hours, including for pets. Ongoing capital improvements have included cosmetic updates and redesigned spaces for clinical functionality. VHS continues to optimize its limited space to support high-quality, compassionate care.

VHS integrates environmental stewardship into its operations through internal initiatives and collaboration with Island Health. A highly active Green Team, which will soon include a physician, has led several successful initiatives: a composting program diverting over 1,000 lbs. of waste, the use of a tumbler for organic material, a reusable gown initiative, battery and whiteboard marker recycling, donation of laundered clothing to a local housing society, and the promotion of cycling as a sustainable transportation option. Island Health complements these efforts through a facility-wide recycling initiative for masks and gloves. VHS remains committed to further aligning its environmental strategies with Island Health to maximize impact and reduce its carbon footprint.

While the location ensures access to vital hospital resources, feedback underscores the importance of continuing to create a warm, home-like environment that reflects the philosophy of hospice as a place for living. This serves as a gentle reminder of the impact physical space can have on experience and perception.

Looking ahead, VHS remains focused on enhancing its physical environments, sustaining strong partnerships with Island Health and property managers, including those at the Community Support Centre, and advancing plans for a future purpose-built hospice facility as part of its long-term vision.

### **Human Capital**

VHS has taken deliberate steps to strengthen its workforce by aligning roles, responsibilities, and staffing strategies with evolving service needs. A newly established human capital management position led to an initial assessment of workforce priorities, beginning with a review of staffing structures and role clarity. A key focus has been updating job descriptions to reflect current expectations and future directions. These updates were developed through collaborative processes involving leadership, frontline staff, and union representatives to ensure relevance and alignment.

Efforts have also been made to harmonize non-contract roles by referencing comparable job descriptions and promoting consistency across positions. VHS works with three union groups and maintains positive, collaborative relationships with each one.

Staff wellness has become an increasing priority, particularly in the wake of the COVID-19 pandemic. Expanding part-time lines has helped create a broader staffing pool, reducing the risk of working short and improving wellness and retention. The recent addition of an overnight nurse has also had a positive impact on team support and continuity of care.

Looking ahead, the organization is focused on developing a comprehensive wellness strategy to support sustainability and psychological safety. This includes validating staff feedback through assessment tools and translating results into proactive, actionable supports. Workforce development also includes exploring student placements as part of a long-term pipeline strategy to attract and retain skilled professionals in hospice and palliative care.

To better support ongoing professional development and learning, VHS is encouraged to prioritize performance reviews and individualized development plans. These tools provide a structured opportunity to recognize achievements, identify skill gaps, and align learning goals with organizational priorities.

The organization is encouraged to build upon this foundation by developing a comprehensive workforce strategy once the current work led by the new HR manager is complete. Prior to the establishment of this position, workforce processes lacked structure and coordination. This new leadership role has brought stability and a clearer direction to human resource planning.

## **Resource Management**

VHS holds two service contracts with Island Health. While this funding aligns with service delivery, underfunding remains a persistent challenge, with increases typically limited to cost-of-living adjustments. To support financial stability, VHS draws from a diversified revenue base that includes legacy gifts, fundraising events, and donor contributions. The VHS Foundation plays a critical role by providing both operating and capital grants, along with endowments. Cross-representation between the Foundation and VHS Boards supports coordinated planning and resource alignment.

The organization follows an annual budget cycle that allows for a thorough review of operational needs, resource requirements, and cost drivers. Budget development is strategically led by the finance team and grounded in a forward-looking analysis of goals and the resources required to achieve them. The process typically involves several iterations and is closely integrated with both strategic and operational planning. The Finance Committee conducts at least two rounds of review to ensure financial allocations align with identified priorities and available funding.

Competing priorities are routinely assessed, with lower-priority initiatives deferred as necessary. Decision-making is data-driven and considers both short- and long-term needs. Benchmarking informs staffing patterns, and regular variance reports and audits enable managers to monitor trends such as vacancy-related savings or increased needs in areas like staff education. A recent adjustment to night staffing was made following a careful cost-benefit analysis.

Capital needs are identified through an organization-wide assessment process and prioritized based on impact and feasibility. A major renovation of the Richmond units is underway, with oversight provided by an Island Health project manager. This initiative will enhance the physical environment while long-term planning for a new build continues to advance.

The organization maintains a balanced budget, supported by strong donor engagement and effective fundraising. Current revenue comprises approximately 45 percent from Island Health service contracts, 50 percent from donors, and 5 percent from the Foundation.

VHS has also introduced more efficient information technology systems, including a computerized provider order entry (CPOE) system to support clinical safety. Volunteer management has similarly been modernized with the launch of the Better Impact platform to streamline recruitment and tracking processes. These IT upgrades contribute to greater efficiency across both clinical and non-clinical services.

Overall, fiscal stewardship at VHS reflects disciplined planning and a long-term commitment to sustainability and growth.

## **Emergency and Disaster Planning**

Emergency and disaster planning at VHS has been significantly strengthened under dedicated leadership, making it more comprehensive, coordinated, and responsive to organizational needs. The approach actively involves staff and volunteers and includes routine drills to reinforce protocols and build confidence. Preparedness efforts have become more dynamic, with an increased frequency and scope of emergency exercises. These drills provide real-time practice, enhance team coordination, and support ongoing evaluation of response procedures. Lessons learned are used to refine protocols and drive continuous improvement.

The organization is actively expanding fire safety protocols, including the designation of fire wardens and the implementation of silent drills. Insights from past lateral evacuation drills have informed ongoing enhancements. Planned improvements include expanded internal training and continued annual participation in the provincial Great BC ShakeOut earthquake drill. Volunteers have defined roles in emergencies, and established procedures are in place for each type of emergency and disaster. A secure messaging application is being explored to replace the traditional fan-out system, improving emergency notifications.

VHS actively participates in hospital-based emergency planning and leverages Island Health resources, adapting these frameworks to the specific needs of its hospice setting. Tailored emergency and business continuity plans have been developed for both the inpatient hospice site and the bereavement services location, which operates from a community support centre.

The organization maintains strong partnerships with external stakeholders, including the fire marshal and property owners for the Bereavement Care Team, to support a coordinated emergency response in that commercial space. Support systems include backup communication and power protocols, with infrastructure upgrades currently underway at the main hospital campus to enhance water supply resilience.

Improvement goals include increasing the frequency of drills and training, maintaining staff engagement, continually tailoring responses to emerging risks such as bomb threats and earthquakes, and further strengthening staff confidence in managing emergency situations.

### **Medical Devices and Equipment**

Leadership was not fully aware of the preventive maintenance program. While this responsibility may rest with Island Health, it is important that VHS remains informed to ensure staff are aware when medical devices and equipment have been serviced or replaced.

VHS is encouraged to clarify the tracking process as soon as possible and communicate it effectively to confirm that all equipment—especially high-risk devices such as CADD pumps—remains in safe working condition.

**Table 4: Unmet Criteria for Leadership**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
3.4.9	The organization supports ongoing professional development for staff, including personalized professional development plans.	NORMAL
3.4.13	The organization provides staff with opportunities to participate in performance reviews of the organizational leaders to give the leaders a more complete assessment of their performance.	NORMAL
4.3.8	<p>Preventive Maintenance Program</p> <p>4.3.8.1      There is a preventive maintenance program for all medical devices, medical equipment, and medical technology.</p> <p>4.3.8.2      There are documented preventive maintenance reports.</p> <p>4.3.8.3      There is a process to evaluate the effectiveness of the preventive maintenance program.</p>	ROP



# Medication Management for Community-Based Organizations

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the table below.

## Assessment Results

Comprehensive medication management policies have been adopted by the organization from Island Health, its supporting pharmacy, and its partner in care. Staff receive education on these processes, and regularly scheduled audits are conducted. Many of the audits are carried out by Island Health, and the team is encouraged to ensure they meet their needs for quality improvement and safety. This may include developing internal audit tools and involving frontline staff in the auditing process. Over time, the organization has worked to reduce the safety risks associated with medication management, including thorough education and regular reviews on medication administration and the use of CADD pumps.

On the inpatient unit, staff demonstrate clear knowledge of medication policies and procedures. However, familiarity with clients, their medications, and the electronic medication administration record can pose risks, as routine administration may lead to reduced attention to critical safety processes. Frequent testing of staff knowledge in this area, along with discussion groups on the inherent risks of familiarity, may help maintain the strong safety record already achieved.

The Palliative Response Team faces considerable risk in the transportation and supply of opioids and other high-risk medications provided in the community. The team is to be commended for its robust safety practices and heightened awareness of the inherent dangers associated with transporting medications for crisis situations.

### Table 5: Unmet Criteria for Medication Management for Community-Based Organizations

There are no unmet criteria for this section.

## Service Excellence

### Standard Rating: 96.2% Met Criteria

3.8% of criteria were unmet. For further details please review the table below.

### Assessment Results

VHS embodies its mission and values in the care it provides. Careful consideration is given to hiring the right staff and volunteers, ensuring a strong team. A comprehensive orientation is offered, both generally and specific to the client populations each staff member will serve. The leadership team, including a dedicated educator, is consistently available to provide additional education and support as needed. The Palliative Response Team also serves as a valuable resource, educating staff through traditional methods while incorporating engaging and relevant approaches to make learning more effective. Volunteer onboarding and education are undergoing a complete overhaul to enhance volunteer confidence in fulfilling their roles at hospice. The leadership team remains committed to finding better ways to support their teams, ensuring high-quality care delivery.

Opportunities exist for the organization to formalize certain processes, such as gathering client and family feedback. Expanding the variety of input methods available to those they serve, implementing changes based on feedback, and evaluating the effectiveness of revisions would strengthen care quality. Enhancing care planning processes to incorporate patient functional and care goals, interventions, and measurable outcomes would ensure individualized care aligns with patients' wishes. Currently, the team faces challenges in developing meaningful care plans within the electronic health record. A well-structured care plan, following the nursing process, would help staff recognize the connection between the care they provide and the resulting outcomes, while also facilitating the establishment of new goals and interventions as patient conditions evolve. The team actively engages with patients, frequently discussing and reassessing goals—sometimes daily. Formalizing this process would ensure all team members remain up to date with their patients' most current needs.

Overall, the team delivers excellent care with compassion and kindness. The interprofessional team possesses a wealth of knowledge and experience, with strong mentorship and frontline support evident in their daily practice.

**Table 6: Unmet Criteria for Service Excellence**

Criteria Number	Criteria Text	Criteria Type
1.1.3	The team develops its service-specific goals and objectives.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH

Criteria Number	Criteria Text	Criteria Type
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH

## Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

### Palliative Care Services

#### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

#### Assessment Results

Palliative care is provided to patients and clients in their homes, the inpatient unit, and the Community Support Centre, for both long-term and short-term needs. The team employs several recognized, validated tools to assess clients on an ongoing basis. Team members receive training on the proper use of these tools, ensuring that all partners in care have a shared language for discussing clients' conditions and needs. The organization strongly advocates for client and family needs, taking a holistic approach to care. It is attuned to the needs of both clients and families, including any special spiritual or cultural practices that must be observed. Strong spiritual and psychosocial supports are available to patients, families, and staff.

Partnerships with the community palliative care team, including physicians, help to quickly and effectively address concerns through expert advice and collaboration. The Palliative Response Team provides short-term crisis support for individuals in the community and works closely with Home Care and other community teams to ensure clear handoffs and smooth transitions. This team also offers 24/7 on-call support directly to families and professionals in the Victoria area, providing both knowledge and compassion. Victoria benefits greatly from having access to this unique support.

The interprofessional team strengthens the organization's ability to deliver holistic care to patients and their significant family members while fostering collaborative learning. The leadership team is new to each other but is actively working towards greater cohesion and collaboration. They are committed to serving their community and are focusing on various areas of improvement. Much of the excellent work done in the past has not been well documented, and the team is in the process of formalizing its processes with the goal of improving outcomes.

#### Table 7: Unmet Criteria for Palliative Care Services

There are no unmet criteria for this section.