



**ACCREDITATION  
AGRÉMENT**  
CANADA  
**Qmentum**

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# Accreditation Report

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## **Perley Health**

Ottawa, ON

On-site survey dates: March 20, 2023 - March 23, 2023

Report issued: April 25, 2023

## About the Accreditation Report

Perley Health (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in March 2023. 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

Perley Health (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

## Accreditation Decision

Perley Health's accreditation decision is:

### **Accredited with Exemplary Standing**

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

## About the On-site Survey

- **On-site survey dates: March 20, 2023 to March 23, 2023**

- **Location**

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

1. Perley Health

- **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 for Community-Based Organizations (For Surveys in 2021)

***Service Excellence Standards***

5. Long-Term Care Services - Service Excellence Standards

- **Instruments**

The organization administered:

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

## 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	0	21
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	170	0	1	171
 Worklife (Take care of those who take care of me)	50	0	0	50
 Client-centred Services (Partner with me and my family in our care)	75	0	0	75
 Continuity (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	221	0	4	225
 Efficiency (Make the best use of resources)	20	0	0	20
<b>Total</b>	<b>575</b>	<b>0</b>	<b>5</b>	<b>580</b>

## 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	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	70 (100.0%)	0 (0.0%)	0	110 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	32 (100.0%)	0 (0.0%)	2	45 (100.0%)	0 (0.0%)	2	77 (100.0%)	0 (0.0%)	4
Medication Management for Community-Based Organizations (For Surveys in 2021)	76 (100.0%)	0 (0.0%)	1	46 (100.0%)	0 (0.0%)	0	122 (100.0%)	0 (0.0%)	1
Long-Term Care Services	56 (100.0%)	0 (0.0%)	0	99 (100.0%)	0 (0.0%)	0	155 (100.0%)	0 (0.0%)	0
<b>Total</b>	<b>254 (100.0%)</b>	<b>0 (0.0%)</b>	<b>3</b>	<b>296 (100.0%)</b>	<b>0 (0.0%)</b>	<b>2</b>	<b>550 (100.0%)</b>	<b>0 (0.0%)</b>	<b>5</b>

\* 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
<b>Patient Safety Goal Area: Safety Culture</b>			
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
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Long-Term Care 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
<b>Patient Safety Goal Area: Communication</b>			
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
The “Do Not Use” list of abbreviations (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	3 of 3
<b>Patient Safety Goal Area: Medication Use</b>			
Concentrated Electrolytes (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	2 of 2
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	0 of 0
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2

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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Risk Assessment</b>			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

## Summary of Surveyor Team Observations

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

### Board of Directors:

The Annual General Meeting is a matrix hosted by the Board to recruit members. Current board members are very engaged and is well versed on their roles and responsibilities.

The Board is made up of 14 to 18 members. This group is unique given their two adjuvant members; they do not have voting privileges but act as resources to specific committees, which has proven to be beneficial.

All by-laws and policies have been reviewed and are current at this time. The Board receives communication of indicators quarterly.

### Community Partnerships:

Approximately 20 community partners were met, some of which included broad-based colleges, universities, hospitals, and the City of Ottawa. All partners were extremely positive in their comments regarding communication, innovation, and relationships. They described Perley as a true asset to the community, and noted their communications as prompt and transparent.

### Leadership:

The Leadership Team has a great deal of experience and strength.

The CEO has been in place for approximately 15 years and is well respected by the Board, staff, and community members. He has been innovative throughout his tenure and has grown his leadership team during this time.

### Staffing and Worklife:

Interviewed staff members spoke positively regarding the organization and managers. They expressed feeling valued and supported by the organization. Further, they described Perley as a wonderful place to work, and affirmed that they would not go elsewhere.

Many employees have been at Perley for the majority of their careers, with no intention to leave.

### Delivery of Care and Service:

Residents and community partners alike found that Perley offers the best of everything. Care was described as wonderful, and their many activities (such as painting, music, and sculpturing classes) were amazing.

Community partners and families appreciated the organization's transparency and abundance of communication tools.

**Client Satisfaction:**

On average, clients were extremely satisfied with the care and services offered, and expressed gratitude to be residents at Perley.

Many were admitted directly from the hospital and expressed feeling relief upon learning of their placement with Perley, primarily for the wonderful staff, good food, and activities.

## Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

**MAJOR**

Major ROP Test for Compliance

**MINOR**

Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

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

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

### Priority Process: Governance

Meeting the demands for excellence in governance practice.

**The organization has met all criteria for this priority process.**

#### Surveyor comments on the priority process(es)

The Board of Perley Health is selected using a matrix to ensure that needs are met and filled. Terms last approximately 10 years in total, and two types of individuals make up the board: board members and adjuvant members. Adjuvant members are a resource to the board members in their field of expertise. The board receives a comprehensive orientation, including a full tour of Perley Health, and quarterly ongoing education. Position profiles are in place for the CEO and board members. Board policies and by-laws are reviewed every two years and were recently reviewed and revised this past year. There is an Ethics subcommittee, and the board is knowledgeable about its role and responsibilities.

There is a documented process to appoint the chair of the board. Both the chair and the board complete self-evaluations, and evaluate the CEO; the CEO also completes a self-evaluation, and results are combined.

Goals and objectives for the year are determined in collaboration with the board and CEO. Its evaluation focuses on the outcomes of its goals and objectives.

Board members sign a pledge regarding conflict of interest as well as confidentiality. Board members receive meeting information well in advance to adequately process and prepare. The Board, along with internal and external stakeholders, review the mission, vision, and value statements and assist with revisions as needed.

Safety is a strategic priority for the Board. They ensure quality improvement is discussed at every meeting.

## 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)

Perley Health has developed a value statement that all levels of the organization can speak to with ease. The values are reflected in the strategic plan and across all organizational communications. The team reviews the values annually to ensure that goals and objectives are reflective of the value statement.

Input is obtained from all constituents, staff, residents, and families regarding the themes of the strategic plan, mission, vision, and values.

An environmental scan of the community is conducted annually, and the information is shared across all levels of the organization, including the Board, staff, and community partners. Their process is commendable and effective.

Goals and objectives are consistent with the organization's mission, vision, and values, and include any measurable outcomes and relevant resources. Leadership will monitor progress towards the attainment of the strategic goals and objectives, with results recorded and reported, internally and externally. The process has been extremely successful at Perley Health.

## Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

The financial management team at Perley Health is extremely proactive with their budget process. The budget is set in collaboration with unit managers to ensure needs are met.

The organization has set criteria to calculate an approximation of their needs. Capital and contingency budgets are determined based on business regulations. The budget is forwarded to the finance department and then the board for final approval.

This process is consistently scheduled to be finished on time to ensure preparedness for the upcoming year. Budgets are monitored monthly by managers and directors, then forwarded to the finance committee; outcomes are subsequently presented to the Board, and all corporate business requirements are met.

## Priority Process: Human Capital

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

Perley Health employs s approximately 800 staff. They have established a dedicated Human Resources role focused on recruitment, specifically onboarding new hires. During the pandemic, Perley Health showed innovation by continuing to recruit new staff while also developing new aspects of their onboarding and orientation processes to comply with Public Health criteria.

Throughout this time, the Management team remained on-site to conduct all necessary screenings within the building, providing an opportunity to monitor staff for fatigue and anxiety. As a result of this initiative, staff attendance remained consistently high, with a much lower absenteeism rate compared to other sites in the region.

Perley Health has embedded " staff evaluation into their Leadership Rounding practice, which has proven to be highly effective in supporting new staff during orientation and identifying areas where learning plans may be necessary.

Perley Health is highly supportive of lifelong learning and provides a broad range of educational opportunities for all staff. Staff have access to an education bursary supported entirely by Perley Health's Foundation. Through this bursary, Perley Health has supported staff looking to advance their careers in various fields.

The organization has established a code of conduct and a process for investigating and addressing any complaints related to abuse or harassment. In addition, a comprehensive occupational health and safety program in place, which is introduced during onboarding and adheres to all relevant provincial legislations.

The "PEER2PEER" program is a valuable resource for employees, as it provides access to trained peer support staff who are available to discuss any concerns or issues. This program has proven to be highly effective in assisting employees.

## Priority Process: Integrated Quality Management

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

Perley Health has a comprehensive Quality Improvement (QI) program in place. The QI team is highly knowledgeable about its role and responsibilities.

Indicators are tracked and results are shared with all stakeholders. Currently, the organization is transitioning to all-digital, wall-mounted Quality Boards that will display current indicators, ongoing quality initiatives, and educational materials. Staff and volunteers can discuss indicator results as well as ongoing initiative.

The Risk Plan is clearly documented and shared with all staff, which is commendable. Staff and volunteers can easily articulate the processes for quality and risk management.

Education has been provided to staff, managers, volunteers regarding quality and risk management. The Quality and Risk programs are operating at an exceptionally high level at Perley Health.

Contracts are developed and maintained through the procurement department and a monitoring process is in place to ensure quality outcomes from each contracted area. Perley Health formally recognizes individuals for their work in the area of quality and risk management.

A disclosure policy is in place, and staff are educated on how to disclose information in such situations. Managers are available to support staff during the disclosure process if required. Staff feel comfortable disclosing information and know that if they need additional support, a manager will assist them.

Education pertaining to the patient safety incident management system is provided throughout the organization.

Medication reconciliation is extremely well-developed and handled in this organization. Staff receive ongoing education to familiarize themselves medication reconciliation processes.

Quality Indicator reports are provided to board quarterly and are very comprehensive.

**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 Ethical framework at Perley Health is comprehensive and complete. Staff receive ongoing ethical education, including exercises conducted by the Ethicist as part of educational offering. The Ethics team is composed of individuals from the front line as well as multidisciplinary members. A MAID policy is in place and will require additional revisions as the new legislation becomes effective. The Ethicist is available to provide assistance at the policy level as well as support to families and staff.

The Centre of Excellence has adopted a Research Policy that outlines processes and considerations prior to conducting research on-site, including ethical implications (this is aligned with the Tri-Council Policy Statement; Ethical Conduct for Research Involving Humans).

A code of conduct is in place for all staff, as well as a business code of conduct for the board, which is maintained on file .

Staff members throughout the organization have received thorough education regarding the Ethical framework and feel comfortable requesting assistance when necessary.

## Priority Process: Communication

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

Communication at Perley Health is highly effective, as reflected by staff, managers, and board members. All feel that the organization is extremely transparent and honest.

Staff, managers, volunteers, and board managers at all levels mirrored the same comments: feeling included and never left out.

Perley Health's IT department works in consultation with management and users to implement the best programs to meet the organization's needs. Information flows both vertically and horizontally throughout the organization.

The communication department plays a crucial role in ensuring all policies are up-to-date, reviewed annually, and communicated effectively to both internal stakeholders and the community Perley Health serves. Communication takes various forms, including electronic, paper-based, and in-person. In addition, the board is kept well-informed through regular email updates and has the ability to speak with the CEO at any time.

Processes are commendable and continuously improved to remain current. The organization is currently in the process of implementing electronic quality boards throughout the organization, with the aim of providing families with access to quality initiatives, tracked indicators, and communication updates.

## 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)

Perley Health maintains its physical environment to ensure safe and high-quality care for residents, family members, and staff. The resident home areas are divided into three buildings, and secure access points are in place to avoid resident elopement. Restricted areas are clearly labelled and locked to ensure resident safety. One of the home areas is currently under construction, and safety is a top priority to ensure the area is clean, hazard-free environment with appropriate signage.

Perley Health has a generator in place to support life-sustaining equipment in case of a power outage. Policies and procedures are in place and regularly followed to ensure safe operation, including weekly testing and annual staff training.

Floor plans and fire safety exits are clearly labelled throughout the building, and wayfinding and communication boards are strategically placed throughout to facilitate clear communication and easy navigation.

## 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)

Perley Health has implemented a robust and comprehensive COVID-19 plan, which has been refined after each phase and is now highly effective. The organization has provided infection control education to all levels of staff to ensure adherence to the plan.

Perley Health has policies in place aligned with all standard emergency codes (e.g., Code Red, Black, Brown, White, Yellow, Green, etc.) and regularly tests and reviews codes according to annual calendar. Perley Health provides up to date information to its community partners including the City of Ottawa Fire Department, Police Services, and local hospitals. The organization conducts debriefing sessions after each drill to educate staff based on the feedback received.

Perley Health has contracts in place for off-site locations and transportation in case of a complete evacuation. The organization has a fully-functional Business Contingency Plan with options to initiate operations immediately. Staff members are fully aware of their roles in such situations, and the plan is well executed.

## Priority Process: People-Centred Care

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

Perley Health fosters person-centred care and caters to the needs and wishes of its residents and their families. This is evident by the long waitlist and excellent collaboration with residents and families.

Family members are welcomed and encouraged to join quality improvement committees. The Resident and Family Advisory Program members are valued and invited to join project teams. Results from the resident and family satisfaction survey are incorporated into quality improvement initiatives. For example, feedback from residents regarding room cleanliness resulted in a significant process change in cleaning schedules. Resident rooms now receive deep cleaning every six days instead of monthly, resulting in enhanced resident and family satisfaction.

A Veteran Resident Council is offered in addition to a general Resident Council. Veteran residents are eligible for priority beds at Perley Health, and the organization recognizes and respects the needs of this special population.

The organizations mission, vision, and values are well communicated to internal and external stakeholders. A variety of communication methods are utilized, including the Perley Health website, newsletters, email, annual and onboarding education, and most recently, electronic communication boards. Perley Health not only provides excellent communication to residents, families, and staff, but the leadership truly believes and lives by the organization's mission to achieve excellence and the vision to lead innovation in senior care.

## 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)

Perley Health has identified a significant barrier to maintaining continuity of care for spouses. When a spouse is admitted from retirement or apartments to the Long-Term Care Home, it cannot be guaranteed that they will be able to stay at the same location when they are ready to become a resident. Perley Health's administration has spoken with the placement group and the province to address this issue, but so far, no solution has been found. This can be a significant hardship for spouses who wish to stay together and should be addressed to ensure the best possible care and outcomes for these individuals.

**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)**

Perley Health has appropriate policies for cleaning, sterilization, and maintenance of medical equipment. The interdisciplinary team plays a role in medical equipment and device management. Training is provided to staff members required to care for devices and equipment, and audits are in place to ensure consistency of practice and compliance.

Perley Health is in the process of creating a larger sterilization and reprocessing room. This will allow for additional space and designation of clean and soiled areas. During the interim, it is suggested that Perley Health consider implementing a barrier to separate the clean and soiled sides of the equipment sterilization room to avoid potential cross contamination.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>	

The organization has met all criteria for this priority process.

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

Perley Health has an excellent infection prevention and control (IPAC) program with a designated certified CIC lead. Additional managers and team members with IPAC responsibilities have acquired CIC certification. The home environment is clean and well maintained. Renovation projects are reviewed by the IPAC team to ensure Canadian Association Standards are met or exceeded. The leads in the home have excellent working relationships with Ottawa Public Health, and they are active participants in the IPAC committee.

Infection prevention and control practices and precautions are well communicated to residents, families, and staff members. Appropriate signage is in place throughout the home and at resident room doorways when precautions are in use. Hand sanitizers are located throughout the home, and staff members complete hand hygiene appropriately throughout their shift. Infections for residents and staff are monitored and trended to support future education and program development. Resident and staff vaccination rates continue to be high despite COVID-19 fatigue.

In 2022, Perley Health successfully implemented a new microfibre cleaning system as per best practice recommendations. In addition to excellent cleaning practices, a decrease in repetitive stress injuries has also been reported as a result of the new system. Cleaning practices in resident rooms have been enhanced to exceed cleaning standards. Resident rooms receive routine cleaning every day and are deep cleaned every six days. The housekeeping staff recently won the Housekeepers ROCK CONTEST through the Canadian Association of Environmental Management (CAEM) for their excellent work.

Hand hygiene audits are completed and tracked to ensure minimum standards are maintained. The home has recently implemented a hand care program to assist staff members struggling with damaged skin from frequent hand washing. Hand lotion is provided throughout the home to assist with hand care maintenance.

It is suggested that Perley Health consider implementing full electronic documentation to save time and increase efficiency in IPAC, cleaning audits, infection tracking and trending, and 24-hour surveillance. This also reduces confusion shifting back and forth between paper and electronic documentation.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

**Surveyor comments on the priority process(es)**

**Priority Process: Clinical Leadership**

Perley Health has fostered a culture of excellence in care and experience for residents, families, and staff members. The senior leaders have demonstrated exceptional leadership by creating a capacity for growth and development within their teams. Staff members are provided with ample opportunities to learn and grow within the organization. The home conducts program gap assessments and surveys to evaluate their services and create action plans to improve outcomes and experiences. Perley Health is recognized as a Best Practice Spotlight Organization by the Registered Nurses' Association of Ontario (RNAO) and actively participates in research initiatives to ensure their programs and services exceed the minimum requirements of care. In addition to orientation programs, the home has implemented a peer-to-peer mentorship program to support the success of new staff members.

**Priority Process: Competency**

Perley Health is dedicated to providing exceptional care programs, including wound care, palliative care, IPAC, medication management, and education. The home values its team members and invests in their training and education, providing a comprehensive orientation, followed by peer-to-peer support and mentorship. Registered staff members receive training in skill and simulation labs to ensure they have the knowledge, skill, and judgement to safely care for a complex resident population. Education is provided when new equipment is required to provide care, including education on operation, benefits and risks, and maintenance.

The home regularly communicates various education opportunities to staff members and offers paid time off to allow for participation.

Perley Health has committed and long-serving employees who are dedicated to the home, their colleagues, residents, and their families.

#### **Priority Process: Episode of Care**

Perley Health prioritizes partnerships with residents and their families throughout the care process, beginning with a thorough admission process that involves discussing care needs and obtaining a detailed medication history. The interdisciplinary team works closely with residents and families to develop individualized care plans that consider treatment decisions and goals of care, while the SeeMe: Understanding Frailty Together program focuses on assessing frailty and making informed decisions. The Family and Friends Council provides a forum for residents and families to share information and concerns with the home's leaders, staff, and Board of Directors.

Transitions in care are well supported, with external stakeholders involved in developing enhanced care plans for vulnerable residents. Leads work closely with other organizations to develop care plans for residents with specific needs, and primary care PSWs may accompany discharged residents to their new care team to ensure a successful transition.

Resident safety is a top priority at Perley Health, with quality initiatives and projects focused on falls prevention, restraint reduction, and excellent skin care. Hourly care rounds are provided to every resident, with staff members trained to assess residents during in-room visits to ensure their needs are met. Policies and processes are in place to support staff members and the delivery of safe care, including assessments and interventions for residents with suicidal ideation or attempts. The organization's commitment to safety and quality is reflected in its ongoing education and training programs, as well as its focus on continuous improvement.

#### **Priority Process: Decision Support**

Perley Health is committed to assessing its current technology needs and understanding the significant advancements required. The organization is focused on assessing its current state and identifying opportunities to advance care, quality, and efficiencies.

Resident records are maintained confidentially and securely, both in physical and electronic formats. Documentation is completed by interdisciplinary team members in accordance with policy and procedure.

#### **Priority Process: Impact on Outcomes**

Residents, family members, and staff members are valued and engaged regularly. They are equal members of the team, with a shared voice and vision for excellence. Perley Health has successfully integrated residents and families into all aspects of quality improvement, including but not limited to committee work, people-centred care, Resident and Family Advisory, and Family and Friends Council.

Feedback from satisfaction surveys is reviewed and addressed at council meetings with a conscious effort to include suggestions and change ideas into new projects and quality initiatives.

Perley Health has a robust quality improvement plan with strong resident, family, and staff engagement and participation.

Resident safety incidents are thoroughly investigated and disclosed to residents and families as per policy and procedure. Lessons learned are shared with team members with the goal of preventing recurrence and enhancing resident safety.

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## Standards Set: Medication Management for Community-Based Organizations (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Medication Management for Community-Based Organizations</b>	

The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
<b>Priority Process: Medication Management for Community-Based Organizations</b>

Perley Health has a robust interdisciplinary medication management program. The pharmacy committee meets a minimum of quarterly and reviews medication trends, incidents, new policies and processes, education requirements, and audits results. Updates and required practice changes are shared regularly with the Medical Director, Attending Physicians, and Nurse Practitioner. The pharmacist is heavily involved in supporting the success of the home and attends the visits on-site three to five days per week.

The medication reconciliation process starts before admission to ensure a comprehensive medication review is complete with families and residents in advance, reducing stress on admission day. The home has an admission nurse and admission coordinator to support smooth transitions for both residents and family members. The quality of the medication management program is assessed annually by leaders and a pharmacy quality improvement nurse. Areas for improvement and lesson learned are shared throughout the home, and staff members receive excellent orientation and learning opportunities to ensure continued growth, safety, and excellent resident outcomes.

Most recently, the home implemented three automatic dispensing cabinets to enhance processes when staff require access to emergency medications. Perley Health takes a proactive approach and is currently reviewing their worsened pain indicators in relation to their pain medication administration. A lead will be assigned to this initiative to ensure the project is well managed and outcomes are reported. Change management processes are well supported in the home for the frontline staff members with adequate education and transition support.

Recommendations for new medications are discussed with residents and/or their family prior to the medication being ordered. Resident wishes and consent are always respected. Policies and procedures to support resident self-administration are in place to ensure safety.

## Instrument Results

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

### Governance Functioning Tool (2016)

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

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

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

- **Data collection period: October 10, 2021 to November 9, 2021**
- **Number of responses: 18**

#### Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
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.	100	0	0	69
4. As a governing body, we do not become directly involved in management issues.	0	6	94	86
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	6	94	92

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	92
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	94
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	93
9. Our governance processes need to better ensure that everyone participates in decision making.	94	6	0	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	6	94	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	94
12. Our ongoing education and professional development is encouraged.	0	6	94	81
13. Working relationships among individual members are positive.	0	6	94	96
14. We have a process to set bylaws and corporate policies.	0	0	100	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	77
17. Contributions of individual members are reviewed regularly.	17	17	67	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	6	94	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	22	78	61

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	84
21. As individual members, we need better feedback about our contribution to the governing body.	61	33	6	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	6	6	89	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	17	6	78	75
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	88
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	6	94	90
27. We lack explicit criteria to recruit and select new members.	100	0	0	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	84
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	6	94	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	90
31. We review our own structure, including size and subcommittee structure.	0	6	94	85
32. We have a process to elect or appoint our chair.	0	6	94	87

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	11	89	84
34. Quality of care	0	0	100	86

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 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:**
- **Minimum responses rate (based on the number of eligible employees): 234**
- **Number of responses: 0**

The organization did not complete the required tool during the assessment period.

## Worklife Pulse

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

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

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

# Client Experience Tool

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

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

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

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

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

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

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

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

## 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
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

## Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Priority Process	Description
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge