ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Saskatchewan Health Authority

Saskatoon, SK

On-site Part 2

On-site survey dates: October 31, 2021 - November 5, 2021

Virtual survey dates: December 6-11 2020

Report issued: December 20, 2021

About the Accreditation Report

Saskatchewan Health Authority (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2021. 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

Saskatchewan Health Authority (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

Saskatchewan Health Authority's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: October 31, 2021 to November 5, 2021**

- **Locations**

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

1. Weyburn Community Health Services Building
2. Addictions Treatment Centre- Detox Regina
3. Addictions Treatment Centre-Regina Outpatient
4. Battlefords Union Hospital
5. Biggar and District Health Centre
6. Brief/Social Detox Saskatoon
7. Buffalo Narrows Clinic
8. Calder Centre
9. Child and Youth Services (includes Autism clinic)
10. Child and Youth Services - Regina
11. Children's Mental Health Services Saskatoon City Hospital
12. Community Adult Recovery Services
13. Community Health Services E.I. Wood Building Swift Current
14. Cypress Regional Hospital
15. Davidson Health Centre
16. Don Ross Centre
17. Dr. F. H. Wigmore Regional Hospital
18. Hopeview Recovery Home
19. Irene and Leslie Dube Centre
20. La Ronge Health Centre
21. North Battlefords Adult Mental Health Centre
22. Opioid Assisted Recovery Services (Saskatoon)
23. Prince Albert Addiction and Integrated Outreach
24. Prince Albert Mental Health Outpatient Services

25. Prince Albert, Detox Services
26. Rapid Access Addictions Medicine (RAAM)/ Opioid Agonist Therapy
27. Regina Adult Mental Health Clinic
28. Regina General Hospital
29. RGH - Mental Health Adolescent Unit
30. RGH - Mental Health Adult Inpatient Unit
31. Saskatchewan Hospital North Battleford
32. Saskatoon, Brief and Social Detox
33. Sturdy Stone
34. Tatagwa View Inpatient Mental Health Centre
35. Victoria Hospital - Adult Mental Health Inpatient
36. Victoria Hospital - Detox Services
37. Victoria Hospital - Telehealth
38. Yorkton Regional Health Centre

- **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. Infection Prevention and Control Standards
2. Medication Management Standards

Service Excellence Standards

3. Community Health Services - Service Excellence Standards
4. Community-Based Mental Health Services and Supports - Service Excellence Standards
5. Mental Health Services - Service Excellence Standards
6. Telehealth - Service Excellence Standards

- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	19	1	0	20
 Accessibility (Give me timely and equitable services)	43	1	0	44
 Safety (Keep me safe)	148	9	41	198
 Worklife (Take care of those who take care of me)	34	5	1	40
 Client-centred Services (Partner with me and my family in our care)	147	5	9	161
 Continuity (Coordinate my care across the continuum)	28	0	3	31
 Appropriateness (Do the right thing to achieve the best results)	269	12	29	310
 Efficiency (Make the best use of resources)	7	0	0	7
Total	**695**	**33**	**83**	**811**

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	27	31 (100.0%)	0 (0.0%)	6	71 (100.0%)	0 (0.0%)	33
Medication Management Standards	52 (92.9%)	4 (7.1%)	22	56 (96.6%)	2 (3.4%)	6	108 (94.7%)	6 (5.3%)	28
Community Health Services	43 (97.7%)	1 (2.3%)	0	77 (97.5%)	2 (2.5%)	1	120 (97.6%)	3 (2.4%)	1
Community-Based Mental Health Services and Supports	43 (95.6%)	2 (4.4%)	0	88 (93.6%)	6 (6.4%)	0	131 (94.2%)	8 (5.8%)	0
Mental Health Services	43 (86.0%)	7 (14.0%)	0	87 (94.6%)	5 (5.4%)	0	130 (91.5%)	12 (8.5%)	0
Telehealth	46 (97.9%)	1 (2.1%)	5	76 (100.0%)	0 (0.0%)	13	122 (99.2%)	1 (0.8%)	18
Total	**267 (94.7%)**	15 (5.3%)	54	415 (96.5%)	15 (3.5%)	26	682 (95.8%)	30 (4.2%)	80

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Mental Health Services)	Unmet	0 of 4	0 of 0
The “Do Not Use” list of abbreviations (Medication Management Standards)	Unmet	4 of 4	1 of 3
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Mental Health Services)	Unmet	0 of 2	1 of 1
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

Saskatchewan Health Authority (SHA) is working diligently to create a cohesive, safe and quality provincial health care system as it merges thirteen (13) previous autonomous health care regions. There is a strong, passionate, and skilled leadership team in place who are prepared to make the vision (Healthy People, Healthy Saskatchewan) of SHA a reality.

Leaders seem to be well aware of the challenges they face. They are respected by staff as they strive to improve the system. Leaders and staff were open and honest with surveyors about the challenges faced but also shared the successes that had occurred. The most important challenges that were mentioned included growing complexity of patients/clients, spread of COVID-19, a move to one health authority with single SHA policies. Many policies (except for new SHA ones) are out of date (some back as far as 2006).

Middle managers were well respected and integral members of the team. Motivated staff and excellent coordination of mental health services, between inpatient and outpatient mental health, was identified. Staff felt supported and recognized for the work/service they provide. They are appreciative of the comprehensive orientation and ongoing education and learnings that are provided to them. There was a sense of positivity throughout the sites visited. However, there is also concern regarding noted staffing shortages, especially in rural areas. It is essential that this issue be recognized and addressed.

Leaders and staff are looking for opportunities to improve the system. Many quality improvement (QI) projects are being initiated to address the need to consolidate SHA into one comprehensive system. Overall, there seems to be a desire to maintain a solid QI program that was founded in the previous region format. There is a culture of quality improvement and safety at the ground level and all teams had projects on the go. However, there may be an opportunity to provide enhanced quality improvement direction/support at the unit level. Many units have visual walls where results of data collected is shared with staff, patients, and visitors. It is recommended that the focus on quality improvement continue with additional resources to enhance the quality and sophistication of these projects. In some instances, there seems to be lack of awareness of corporate priorities or strategies at the front-line manager level.

Staff value the movement to more interdisciplinary, collaborative approaches to care and all voiced this as a thing to be proud of (how they work together). Staff also appreciate having solid, standardized assessment processes/tools and care plans utilizing evidence-based practices. These practices and processes were not evident in some of the areas visited during the on-site survey. Another area of concern noted is the variation in patient/client documentation – paper based, electronic, or hybrid method of record keeping is a safety concern. Implementation of a consistent method of documentation will demonstrate a strong commitment to quality and safety as the transition continues to SHA.

SHA successes occurring include such areas as the rapid growth in virtual care to support clients and families. This includes the implementation of Pexip in January 2020. The widespread uptake of Pexip has introduced virtual care to clinicians (groups and individuals), as well as patients. Additionally, Home Health Monitoring was implemented in April 2020 which allows patients to monitor their health condition from home and share information electronically with their health care team. The use of virtual care has supported clients and clinicians during the COVID-19 pandemic. There is a comprehensive array of programs and services, with strengths-based and solution-focused approaches, supporting the needs of clients and families.

Emphasis on preventing the spread of COVID-19 is top of mind. Specific initiatives have been implemented including such things as enhanced cleaning schedules, increased hand hygiene education and auditing, improved partnering with public health. Team members and leaders are acknowledged for being flexible and pivoting to meet the needs of clients, patients, families, and co-workers during the COVID-19 pandemic.

Patient and family involvement was noted in all areas of the healthcare system. Patient and Family advisors are truly engaged in all aspects of care delivery. Patient and family centred care (PFCC) is evident. It is a lived value and the culture to seek feedback and input from patients/clients and families is obvious. Patient/client satisfaction is high. The clients and families described receiving quality care and being treated with care, dignity, and respect. Over the past several months the PFCC committees or involvement have been delayed due to COVID-19. The new hospital construction, at Saskatchewan Hospital in North Battleford, had significant involvement of patient and family members in the design and build which was appreciated by them. Those patients interviewed during the survey, by the Accreditation Canada surveyors, spoke very highly of the organization. Some key phrases were “tremendous help”; “fantastic”; “great foundation”; “two thumbs up”; “loved them-provided a safety net.”

Community partnerships identified were excellent. An example being the recent addition of the PACT (Police and Crisis Team) partnership across the province with funding provided for mental health programs in the corrections facilities and short-term mental health programs. There is programing in the high schools, partnerships with social assistance, housing, and many other programs. Great local networks are apparent as well as partnerships with some key national mental health partners such as CAMH (Centre for Addiction and Mental Health) and other centres of excellence. The ability to provide wrap around services for the clients is superb.

The leaders, staff and physicians are acknowledged for their commitment to quality, safe patient/client care and accreditation standards. Surveyors witnessed engaged and visible leaders committed to quality. Leaders are proud of the work they do, and they pride themselves on being, “accreditation ready.” They are commended for their continued commitment to accreditation during the COVID-19 pandemic. The leaders and team are encouraged to continue with the standardization of processes and policies across the Saskatchewan Health Authority.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
The Do Not Use list of abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	· Medication Management Standards 14.6
Medication reconciliation at care transitions Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	· Mental Health Services 8.6
Patient Safety Goal Area: Risk Assessment	
Falls Prevention Strategy To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	· Mental Health Services 8.7

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: 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)

Saskatchewan Health Authority has a heightened Infection Prevention and Control awareness, throughout the province, based on the ongoing COVID-19 pandemic. All sites visited virtually were identifying and responding to any outbreaks appropriately. Follow up occurred as needed. Pandemic plans had been updated.

SHA Infection, Prevention and Control (IPAC) has developed provincial wide policies, procedures, signage, and other support materials in the management of the COVID-19 pandemic. This includes identification and response to outbreaks in partnership with the Medical Officer of Health. The IPAC team members have conducted walk throughs of specific units within the hospitals/clinics to provide advice on how to best mitigate exposure, spacing of furniture and waiting areas along with programs to suspend during this pandemic.

IPAC Coordinators are in place to update all the regional IPAC policies and procedures to become provincial. In the interim, IPAC, managers and staff refer to their former regional policies for direction on how to manage any other outbreak. There is opportunity to incorporate client and family feedback into the management of outbreaks.

Priority Process: People-Centred Care

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

Unmet Criteria		High Priority Criteria
Standards Set: Community-Based Mental Health Services and Supports		
3.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
4.3	A comprehensive orientation is provided to new team members and client and family representatives.	
4.10	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Mental Health Services		
2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.3	A comprehensive orientation is provided to new team members and client and family representatives.	
8.1	Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.	!

Surveyor comments on the priority process(es)

SHA reflects its broad based and holistic approach to health care with its Vision statement, Healthy People, Healthy Saskatchewan. 'Our commitment to a philosophy of Patient and Family Centred Care is at the heart of everything we do.'

This commitment has been seriously challenged by the disruptive impact of the COVID-19 pandemic. Staff and clients with their families have experienced the impact of isolation, reduced care, and loss.

Notwithstanding the challenges presented to the health system by our current circumstances, the guiding principle was evidenced in many of the programs and services reviewed within this survey. The focus on patient centred care is modelled in planning and service delivery from the macro or provincial level services to the organizational, unit specific and local levels served by SHA.

SHA have a centralized approach to the engagement of Patient and Family advisors within the entire system. As the program developed over the past twelve years, the SHA adopted a vision and intentional approach to create meaningful involvement of patients and families in each location and service within the province.

The program has evolved to the development of leadership skills amongst Patient and Family Advisors (PFA) such that they are co-chairing the Patient and Family Leadership Council (PFLC), and actively participate in Patient Reported Experience Measurements (Prems) and Patient-Reported Outcome Measures (Proms) meetings on a regular basis. This group engage key members from the Métis and First Nations communities who bring a deep understanding and respect for traditional approaches supporting stronger connections to communities. Commitment to the centrality of the patient and family in planning services is reflected in the priorities established.

The SHA have developed a broad network of PFA's through a centralized recruiting, assessment, and referrals through the Patient/Client Experience office. There is a central data base, Better Impacted, where PFA members can register to participate in a full range of engagement opportunities. Requests from any sector within SHA can be posted as they arise and PFA's can then express interest. This process allows for increased equity of opportunity for new and experienced PFAs and allows for a targeted recruitment of PFA members with specific skills or experiences that are then matched to opportunities available. Some regions and programs have well established groups while in some pockets of the province the patient and family advisory function has not yet been adopted.

At the local and unit level, there are Patient and Family Advisory Councils (PFAC) for areas such as Mental Health and Additions, Community Health Care and there is a system wide PFAC for Telehealth and Virtual Care to support consistency of service delivery.

Where advisory groups are established, frontline and management staff consistently reference the work of the PFAC in their discussions of day-to-day care planning and in the development of future initiatives. The work of the PFAC is embedded in the fabric of the health system with a respect for the contributions made by PFAC's and PFLC.

SHA has completed a Patient and Family Handbook that is available online and is provided to all PFA during orientation. PFA members are provided with orientation to their work, their responsibilities, what PFA's do and what they do not do. PFA's are also provided with relevant policies such as confidentiality and are well versed in the requirements for privacy and respect for individual patients and clients. The PFLC has identified on its work plan the completion of a Patient Client Responsibilities.

At the individual and patient level, the impact of the patient centred care approach to care is notable as patients and clients were able to speak of their active engagement in planning their care, involving family members, and developing a discharge plan in collaboration with the patient/client and those family/friends that the patient has identified to support their care post discharge.

There was strong evidence of care plans and organizational approaches that respected the diversity within the population of Saskatchewan. There are multiple examples of inclusive and culturally safe practices incorporated into every service provided across the province.

Recommendations for the future would include ongoing development of consistent practices across all units and locations to support the development of client and family engagement and incorporation of their advisory capacity.

As a support, several smaller programs could benefit from the analytical capacity provided centrally to leverage the data collected in electronic records to supportive effective organizational planning and program evaluation.

At the program level, there could be increased work to ensure that all staff have the knowledge and process for initiating a concern or complaint with accessible information available to client. The work of the PFLC on the Rights and Responsibilities Charter will go a long way to supporting this consistency.

SHA could continue to ensure that each service has the capacity to support a PFAC that is well organized with a clear mandate and line of communication up and down the system. Some PFAC's identified their work as operational only and aspire to develop more strategic approaches.With the heavy reliance on virtual and phone in meetings as a result of COVID restrictions, some PFAC's have been inactive and will need additional support to become reestablished.

Overall, an outstanding example of embedded patient and family partnership that spans the province!

Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

The leaders and team members of the telehealth program are commended for their commitment to providing quality equipment to support virtual care. There is a partnership with eHealth Saskatchewan to procure telehealth equipment with input from SHA. Policies and procedures are followed. The team members spoke highly of their access to appropriate telehealth equipment, training prior to the use of new equipment and appropriate replacement of equipment. They have been flexible in the use of the telehealth rooms and equipment to support virtual care during the COVID-19 pandemic. Additionally, the operational readiness of clients and other providers in using the technology is assessed. The telehealth equipment is assessed for user acceptability with clients involved in this process. Clients have commented on the telehealth equipment as being user friendly and appreciate the access sites across the province. There is evidence of regular cleaning of the telehealth equipment and rooms. Preventative maintenance is completed by team members with the maintenance documented.

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:

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Infection Prevention and Control

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

Standards Set: Community Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.6	Education and training are provided on the organization's ethical decision-making framework.	
Priority Process: Episode of Care		
8.12	Ethics-related issues are proactively identified, managed, and addressed.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
16.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

SHA has moved to mature their services in the community and have strategically looked to a hybrid of utilizing existing and new models of human resources and programming to fill this need for Community Paramedicine (CP).

Heterogeneity is noted amongst ambulance services across the province. There are 107 ground ambulance service locations in the province of Saskatchewan. At the time of the survey, 38 were providing community paramedicine services; with 19 being SHA owned and operated ground ambulance services, and 19 being contracted ground ambulance services. Diversity is seen with the age of programs: programs establishment varies from brand new to well-established over many years. Variation is noted in the electronic infrastructure available across the programs where some are trialing home grown systems and others use strictly paper documents. The SHA has involved many different voices in the planning of their CP service and engaged stakeholders (including clients and families) early in their provincialization. This has laid the groundwork for future planning and development.

It was clear that services are reviewed, and data collected from staff and clients to evaluate current services and make improvements. Leadership and clinic providers could look to programs like "Choosing Wisely" to guide interventions, so they are evidence based. An SBAR approach to apply for resources and support was seen in many contexts.

Partnerships with the community and other services like primary care, home care, and mental health were strong and evident. Other highlights include clear respect for patient's privacy, especially in small communities.

Priority Process: Competency

It was observed that training and orientation occurred in multiple levels of the SHA. Staff reported improvement in the standardized education and training that is authority wide, privacy training as one example. Training was also evident in violence prevention with a policy that support reducing the risk of violence. The organization also offers Indigenous Culture Competency training and some staff have engaged in this training. Consideration could also be paid to broader communities (e.g., 2SLGBTQ, newcomers).

Staff also reported improvement in time supporting orientation, both with the Welcome Onboard Week (WOW) program and those locally. For example, staff were not oriented "on-the-fly" at their site but were given dedicated time with existing staff to learn how to do their job.

Staff also report excellent communication and support from occupational health and safety, particularly during the COVID-19 Pandemic. The pandemic has allowed the SHA CP program to both pivot and accelerate competencies for their CP staff. For example, training in transportation of dangerous goods for the COVID-19 swabs serves the immediate need of the pandemic but can support phlebotomy services moving forward.

Priority Process: Episode of Care

In some areas, referrals for Community Paramedicine (CP) go through a central referral line with a standardized intake form for new patients. There can be a great deal in variation of documentation as care unfolds for clients. Some services are exclusively paper based, while others are a hybrid of paper and an electronic health record. The organization is encouraged to consider implementing a shared, standard electronic record for use in this program - optimally one that interfaces with other care (e.g., acute care) across the province.

There is good coordination between other providers, noted in areas such as homecare, local nursing, and primary care. Some CP staff work alongside nurses in palliative care, while others help patients with physiotherapy exercises that were recommended. A shared electronic record could enhance this care coordination and improve safety and communication.

The teams have pivoted their focus in some respect to meet the needs of the COVID-19 pandemic by

expanding their scope to include swabbing for the virus and assessing those with infection remaining at home.

Translation services are met on an ad hoc basis (e.g., a provider translates, using Google Translate, family members assisting). The organization is encouraged to pursue formal process for translation services.

Assessments like the intake process were completed with the clients and shared with other providers on the teams so that repetition was not necessary. Forms, intake, and processes were developed with clients and families. Clients report a great deal of satisfaction with the care they receive from the team. Some are reticent at first to engage in care at first, but then become the program's biggest champions. The CP team often becomes the "glue" in many patients' care - liaising with primary care, home care and acute care.

The paramedicine team can provide direct care to seniors within their own home in the observed rural community. There is a range of services provided with most referrals coming from local homecare service and the client's primary care provider. The client group tends to be elderly and fragile individuals with multiple medical conditions including mental health. Family members are included in the plan with the consent of the client and as appropriate. Some visits are wellness visits and do not require an extensive medical intervention, however, they clearly support the social and mental health wellness of the individuals served. The impact of the COVID-19 pandemic has added an additional limitation to the experience of these clients and the paramedical services has gone a long way to reducing the negative impacts for the clients served.

The service is provided with the consent of the client and is most welcome by the recipients. Clients are actively involved in the planning of the service and can request an increase or decrease in the service in consultation with their medical providers. For Ambulance services who do this work with existing resources, clients of this services are aware that at any time EMS Staff may be called to an emergency and would need to cancel their scheduled appointments without notice. This arrangement seems to be well received by the clients interviewed as most of the needs have not been time sensitive in nature. All consultations between the EMS providers and other third-party providers are undertaken with the full knowledge of the client and verbal consent. All clients are also provided with a My Life Capsule to be stored on the refrigerator should they need emergency service with a consent form completed and essential client history recorded for use during an emergency.

There is a strong positive social aspect to the EMS interventions with the service being provided over multiple years. It was less clear how clients might develop short term goals leading towards a termination of service with positive goals achieved. One of the clients interviewed praised the value of the weekly contact and stated, “They just lift the burden of life off me”, which is a valuable contribution to elder care.

Priority Process: Decision Support

Community Paramedicine (CP) was engaged in a clinical documentation pilot with an electronic record; however, the use of electronic records was not widespread. Learnings from this pilot have informed some

next steps. There is great diversity in record keeping, some organizations are using only paper and others a combination of paper and region-specific electronic records. The organization should be commended for setting out a central intake and standardized referral form for CP across the authority, and it is understandable that given the pressures of the COVID-19 pandemic this rollout may have not progressed as fast. It would be useful to implement a standardized electronic record such as the electronic Patient Care Report (ePCR for EMS) for all EMS services across the SHA. One example is access to an accurate, real-time medication list. It was observed in one instance that manual updates of medication lists are completed by crossing out and adding new items, without much for notation to track the changes. The EMS Leadership team has requested to acquire an ePRC for EMS, to be used province wide, which is encouraged to continue.

Priority Process: Impact on Outcomes

There are guidelines that impact the province which are done in a standardized way at the level of the health authority. This was evidenced in seeing how the organization addressed using nebulized medications versus metered dose inhalers.

An excellent plan was seen for the integration and advancement of CP in the SHA. Some examples of quality improvement plans included the implementation of the form as well as the community paramedicine patient care report pilot. Local projects were seen that included a "Health Passport", Community Wellness Guides, as well as exploration of communicating with social media. As SHA matures it is encouraged to consider supporting more formal quality improvement structures to support the improvements that are being seen at the local level. The organization should be applauded for considering metrics as it plans for the spread of the CP program across the SHA.

Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
3.6	A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency		
4.6	Education and training are provided on the organization's ethical decision-making framework.	
4.9	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
5.5	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	
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

Key partners include the Ministry of Social Services, local nonprofits such as CMHA, RCMP, schools and local first nations communities for example the Grande Council in Prince Albert (who represent several northern first nation communities) as well as local interagency. There is participation at community events such as annual addictions walks and school fairs. In some communities, leaders are interested in even more community involvement.

There are some offices that have client and family advisory committees for community mental health chaired by a manager or co-chair with clients/families as appropriate. Some are in the process of development and there are draft terms of reference to support a forum to engage clients and families. Clients and families report feeling part of their care and consulted.

Priority Process: Competency

Orientation for new staff is comprehensive across community programs and services. Staff feel supported and appreciated as do leaders. There is opportunity for advancement and the organization may wish to formalize the succession planning process. The largest resource gap is staffing. Recruitment and retention can be a challenge. Gateway is the online program for mandatory training. Required education and ongoing training is a priority; staff are certified in such areas as cognitive behavioural therapy, dialectical behavioural therapy and PCOMS (Partners for Change Outcome Management System).

SHA offers cultural training for aboriginal awareness which is mandatory. Orientation is comprehensive and includes organizations overview and safety such as falls, suicide risk and ethics. There appears to be inconsistency in ethics understanding and the organization may wish to review its framework and committee and develop a communication strategy.

Team members feel safe in the work environment, respected, and recognized for their contributions. There is a mix of long term and new recruits.

Performance evaluations vary in completion and a new process/template can only assist SHA. The organization's leaders are commended for their face to face/virtual communication and understanding of staff needs. Good luck with the new process and the written documentation.

Priority Process: Episode of Care

The depth and breadth of programs and services is extensive including intake, adult community services, child and youth services, psych rehab, mental health social wellness and psychiatry services. Due to COVID, in person groups have been discontinued and some teams are looking at the feasibility of using WebEx. One to one consultation and clinical sessions already use the platform Pexip. Clients and families were appreciative of the care received but were unaware of the scope. SHA may wish to consider additional communication with key partners including family physicians.

The team members and leaders were committed and enthusiastic. There is evidence of strong partnerships and inter-disciplinary teams. Clients and families said they were treated with care, dignity, and respect. Additionally, clients felt there was confidentiality and an understanding of rights and responsibilities. Some felt services were easy to access and yet others thought the service was a best kept secret. Clients/patients and families would appreciate if their family doctor was more aware of the excellent care they were receiving.

Staff expressed a high level of job satisfaction, describing a positive work environment, a cohesive team and "loved working with clients and patients" and "feel like we are making a difference."

Incidents and complaints processes are monitored, and the teams could provide examples including improvements.

There is so much expertise and experience across mental health and addictions that the organization may wish to formalize communities of practice and shared learnings. All the best in your continuous quality improvement journey.

Priority Process: Decision Support

Leadership development is available to new managers as there is a range of experience among the leadership team. There are online resources and tools available. Communication is strong with a solid understanding including data regarding communities.

The SHA is commended for EMR/EHR called MHAIS (Mental Health Addictions Information System). It is well-utilized, described as easy to learn and navigate and integrated across programs. New policies and procedures and processes for mental health outpatients are in transition and located in paper and electronic formats for example, for the past five years staff except clinicians in psychiatry use MHAIS. An area of success is an electronic suicide risk assessment. Good luck with the development of your online drive and document coordination.

Priority Process: Impact on Outcomes

Excellent intake and use of LOCUS (Level of Care Utilization Scale) for intake, prioritization, and reassessments. Care plans and safety plans are comprehensive, and, in many sites, there is good integration with acute care. There are many innovative programs, and the organization is commended for safety strategies and guidelines and protocols.

There are significant provincial quality and wait time and service metrics and overall, SHA is commended for meeting targets in a challenging time of COVID.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control

SHA has a heightened awareness of the importance of Infection Prevention and Control (IPAC) parameters given the current COVID-19 pandemic. COVID-19 screening tools are utilized at all sites now. Increased resources have been deployed to support the IPC program and teams. Interdisciplinary teams have been working hard to plan, update and implement the most evidence based, best practices relevant to IPAC as things are changing rapidly. Some policies are still related to previous health regions and have not been updated for several years. SHA is encouraged to continue to harmonize all IPAC policies and procedures to ensure best practice is consistently in place within all facilities.

Hand hygiene has been amplified with increased education and monitoring. There is a provincial hand hygiene policy and audits are being regularly carried out with good results. Clients, families, visitors, and staff have easy access to hand hygiene resources. Personal protective equipment (PPE) is provided where needed. Partnerships with organizations, such as Public Health, have been strengthened to assist with infection prevention and control at this time.

Comprehensive screening protocols are in place at all hospital/site entrances and staff complete a daily COVID online screening tool prior to beginning their shifts. Visitation logs for visitors, staff and contracted staff are collected and retained for contact tracing purposes. This includes full name, contact information, the resident they visited/were in contact with, and the in/out time. Alcohol based hand rub (ABHR) and medical masks are readily accessible at all entrances. Hand sanitizers are readily available on units, outside meeting areas, elevators, and patient care rooms. Environmental cleaning schedules are increased and documented. Clients at some sites have also been involved with the increased cleaning initiatives.

In response to the COVID-19 pandemic, all patient care areas, spaces, and programing have been aligned to ensure that physical distancing of six feet apart is always maintained. In some cases, therapy activities have been temporary suspended. During orientation, all staff receive comprehensive information on IPAC protocols and procedures. Due to the restrictions of in person meetings, voice over presentations have been made available. Annual policy and procedure updates are required for staff to review.

IPAC has added some new positions to strengthen the team. There are managers who now report up to the director, several provincial coordinators working to harmonize all the policies and procedures plus new IPAC construction coordinator positions. Communication is strengthened with weekly huddles with the director and each regional has weekly virtual meetings.

At the Rapid Access Addictions Medicine (RAAM) clinic, the space is a major concern for adherence to IPAC protocols. Staff are doing their best but there is not room for separation of activities. There are no sinks in the lunchroom and staff dishes are cleaned in the area where hand washing occurs. Staff share small spaces and hallways are narrow and congested. As well, there is no room for isolation of clients who may have symptoms. They are screened and not allowed in if positive COVID or flu symptoms are identified.

The leaders are encouraged to continue to assess the infection prevention and control needs of the Regina Adult Mental Health Clinic. There is input and involvement of IPC however, a specific infection prevention and control practitioner is not designated to support the Regina Adult Mental Health Clinic.

The SHA designated 24 beds at the newly opened Saskatchewan Hospital North Battleford as and Secure Isolation Suite where patients suspected of COVID exposure could stay for 14 days of isolation.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Medication Management			
2.16	The interdisciplinary committee monitors compliance with each step of the medication management process.		
12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.		!
14.5	Steps are taken to reduce distractions, interruptions, and noise when team members are prescribing, writing, and verifying medication orders.		
14.6	A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.		ROP
	14.6.5	Team members are provided with education about the Do Not Use list at orientation and when changes are made to the list.	**MINOR**
	14.6.7	Compliance with the Do Not Use List is audited and process changes are implemented based on identified issues.	**MINOR**
15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.		!
15.4	The pharmacist contacts the prescriber if there are concerns or changes required with a medication order and documents the results of the discussion in the client record.		!
18.2	Medications are dispensed in unit dose packaging.		!
Surveyor comments on the priority process(es)			
Priority Process: Medication Management			

SHA has been diligently working towards a comprehensive, safe medication management system. Current and proposed committees will assist with this endeavor. A provincial formulary of medications is essential. The SHA Drugs and Therapeutics committee is tasked with establishing this provincial formulary. An interdisciplinary committee reviewing medication use and safety across the province will be positive.

Medication reconciliation is seen as necessary to reduce harmful patient related adverse events. The SHA Medication Reconciliation committee will be responsible for medication reconciliation policies and procedures.

Several local, independent committees regarding medication management are still in existence awaiting provincial systems. This has meant that inconsistent, and outdated policies and procedures are in place. It will be beneficial to have these replaced as soon as possible with the provincial guidelines. This will ensure standardization and reduce variability in the administration of medications.

Medication shortages have been managed creatively. Sourcing from other areas of the province and/or finding appropriate substitutions are some of the ways used to mitigate the problem.

Medication errors and patient adverse events are documented, reported, and followed up appropriately. Improvements are made to policies and procedures, based on the outcomes of the reviews, to prevent repeat incidents occurring.

Staff have easy access to drug related information electronically or hard copy. Pharmacy is also on-call for after-hours consultation as needed.

SHA is commended for their work to date on creating a safe, reliable, and quality medication management system. It is recommended that an ongoing focus on these aspects be continued to complete the ambitious provincial plan.

The Antimicrobial Stewardship (AS) Committee has not consistently been meeting during COVID and the services are not available to support all locations. There is an AS program pharmacist from Regina who supports the North Battleford Union Hospital. At Tatagwa, there is no defined antimicrobial stewardship program evident, and the site could benefit from pharmacist clinical services.

The pharmacy management structure has been realigned with a Director of the North, Director of the South, Director of Regina, Director of Saskatoon, Director of Quality and Safety and Director of Clinical patient care and performance. Many of the larger hospitals support medication management for rural locations using remote technologies.

All pharmacies share the same BDM data base, for clinical and inventory use. This enabled the pharmacy team to work together managing drug shortages and supported increased patient demands due to the high volumes of COVID patients. The SHA informatics pharmacist can collate inventory daily and provide this to the all the sites. This has been extremely helpful as teams monitor and procure Critical Care drugs such as propofol, midazolam, cisatracurium, fentanyl, norepinephrine which are used for ventilated patients.

SHA has a digital health strategy to plan for future electronic health system implementation across the province. The Mental Health programs (inpatient and outpatient clinics) all use the Momentum electronic documentation system which supports continuity of care for these patients.

At the Rapid Access Addictions Medicine (RAAM)/ Opioid Agonist Therapy clinic, the space is a major safety risk. They have limited medications on site, but they are high alert substances Methadone and Epinephrine. Clients are sometimes brought into this room to receive medication/vaccine injections. Due to the very cramped space medication is sometimes given in the same areas where urine samples are collected. SHA is encouraged to find improved space.

Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.6	Education and training are provided on the organization's ethical decision-making framework.	
3.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.16	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		
2.7	The physical environment is safe, comfortable, and promotes client recovery.	
2.8	The physical security of clients, families and staff is protected in the service setting.	!
7.13	Ethics-related issues are proactively identified, managed, and addressed.	!
8.6	Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	ROP
8.6.1	Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	**MAJOR**
8.6.2	The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	**MAJOR**
8.6.3	The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	**MAJOR**
8.6.4	The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.	**MAJOR**

8.7	To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	ROP
8.7.1	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	**MAJOR**
8.7.2	Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling.	**MAJOR**
9.11	A policy to provide the least intrusive and least restrictive care possible is followed by the team.	!

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

14.5	Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable.	!
15.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The mental health programs visited demonstrated their leadership's commitment to patient-centred care and putting the safety of staff and patients as the top priority. The SHA is to be commended for its attention to putting standardized safety protocols in place across the organization to help staff respond to the growing complexity of clients, increased utilization of substances, and current pandemic situation.

There are several quality improvement (QI) projects in play from a provincial level but also from the regional and local community levels. Goals to make services more accessible, to improve transitions throughout the system, to work with community partners, and to standardize procedures and processes can be seen throughout the mental health services at SHA.

As mentioned, attention is being paid to make services accessible and to align them with the diverse communities within the province. Making better connections and pathways for care for rural communities and for the far north was observed to be an important component of the QI work.

A strong theme in each location is the working alliances and strong partnerships created both internally and externally, to collaborate on patient care. The new Saskatchewan Hospital is a state-of-the-art building and is a testament to collaboration with community partners, clients and families, and staff input on co-design. Up to 2000 community members toured the building during the design process. Client requests for things such as control over temperature regulation and natural lighting were incorporated.

The mental health teams at each location make excellent use of client feedback and use this to inform programs and services. The Yorkton team has evaluated the effectiveness of resources, space, and staffing with input from clients and families and is ongoing in making safety improvements to the inpatient mental health unit.

Addictions:
The team and leaders are engaged and passionate about providing quality and safe care to clients and families. There are Patient and Family Advisors supporting the substance abuse program. The clients spoked highly of the care provided. They stated that they were treated with care, dignity, and respect and would highly recommend the programs. They noted that they were involved in their care planning.
Staff are supported to proactively address potential conflict issues amongst the client group and have been provided with education and opportunities to develop de-escalation strategies to address current situations and provide clients with tools for future conflict resolution upon discharge.

Priority Process: Competency

There are several global training modules that all staff are expected to take, based on evidence and best practices. The staff appreciate these mandatory offerings and feel well supported to develop skills for de-escalating aggression, intervening in suicide situations, and responding to safety issues. These have been rolled out across the SHA and as a result staff are supporting each other in these aspects of their jobs. The Stop the Line program for example, has given staff some clear algorithms for dealing with safety issues.

A standardized module for ethics training which includes ethical decision-making tools would prove useful on the front line where many ethical decisions need to be made daily as staff balance issues such as ‘safety and risk’ against ‘individual autonomy and recovery-based’ principles. There has been some training done on ethics, and most staff are aware that they can access support from the SHA ethics committee but most staff working in the units were unable to provide examples of putting these principles into practice.

Team members mentor each other and there are strong collaborative approaches to care. When asked, “What are you most proud of?” staff usually answered with statements such as, “The team, how we work together, how we support each other, how we respect and help each other, how we pull together and work hard to meet the needs of the patients we serve”.

There was noted to be inconsistent reporting on the routine delivery of documented performance evaluations. Some team members had gone several years without an opportunity to get feedback on their performance while other reported on regular supervision meeting with their managers and opportunities

to receive a documented performance evaluation. There are plans in place in most areas to improve on this variation and to ensure a more consistent completion of this aspect of staff development.

Addictions:
A strong team supports the provision of quality inpatient addiction services. The team members are varied across sites and can include addiction counsellors, nurses, physicians, psychologists, and recreation therapists among others. The leaders and team members are passionate about providing a quality and safe program for clients, and they are commended for their commitment to supporting the education and learning needs of the team. The team spoke highly of the education and training provided. The team members acknowledged having supportive leaders with education and training encouraged. A team member stated, “My manager supports education and training. He actually comes to me and encourages me to do education.”

The team members stated that they felt the orientation process prepared them to work in the inpatient addiction program. This extends to additional orientation if required. The staff are recognized for their accomplishments. The team members stated that they felt safe at work and that the organization provides a safe working environment which includes emphasizing the importance of violence prevention training. The leaders are encouraged to continue to support staff safety initiatives.

The team members stated that the Calder Center and Victoria Hospital Detox were great areas to work. Many of the team members have worked with the program for a number of years. They described their workplace as fun, providing a great service, helpful, welcoming, supportive, inclusive, and collaborative. The orientation process was noted to be helpful in preparing the team to work in inpatient addictions. The team members stated that they felt safe at work.

Priority Process: Episode of Care

There are very strong processes for gathering information, assessing risks and health status, and for sharing information with members of the team and throughout transitions in care. The organization is to be commended for its attention to standardized tools for assessment, clinical documentation, and care planning. A movement towards common templates in an electronic medical record will further enhance the ease by which staff can access and record information more efficiently, leaving more time for direct client care.

Clients reported feeling supported and included in their care plans and felt respected by staff on the units. All clients interviewed, stated that they felt safe at the organization. It was difficult to assess the consistency of psychosocial activities etc. due to reduced programming in the pandemic. Being more isolated in rooms with little activity has been hard for some patients to manage (comments from clients such as, “Too much time to be in my head”). This was a common comment but also followed by the realization that it was for safety and necessary protocol. Clients are glad that some group programming is being reintegrated.

There were several great projects in action for smoother transitions. For example, teams that make home visits after discharge, in person nurse handoffs from emergency rooms to inpatient units, phone calls to northern partners to provide information on intake and discharge for clients travelling to and from remote areas.

There are interdisciplinary teams that work well together to support the needs of clients. Psychologists, social workers, nurses, case managers, psychiatrists, etc. all work together in many locations to provide wrap around care for clients. An example of this can be found in Prince Albert where they function like a campus for care with multiple sites including acute, long-term care, and community services. Staff and leaders are working together in the community with mental health, telehealth, and inpatient psychiatry and all demonstrating a passion for the care they provide.

The effectiveness of team collaboration is often evaluated in informal ways such as team discussions at huddles, and staff meetings. This has been more difficult during the pandemic. There may be value in implementing a standardized team effectiveness evaluation tool that can be used to help guide conversations on teamwork and team dynamics in identified areas of concern. There are some locations where relationships could be strengthened by a better understanding of each discipline or department priorities and challenges.

There are several good examples where attention to the diverse needs of clients and the spiritual and cultural aspects of care are implemented. Several areas have a space for smudging and spiritual activities. The Saskatchewan hospital has a sweat lodge and a non-denominational chapel. There is a teepee erected on the site by women in the summer, as part of recognition of their culture.

Addictions:
The Calder Centre has a comprehensive approach to client centred care with the treatment program directed by the needs of the client being serviced. On admission the client sets out the objectives they wish to achieve in consultation with the staff and develop a plan that is adapted to the unique needs of each patient. Arrangements are made to participate in individual and group sessions and clients can schedule time for psychiatric consultation as appropriate. Clients are actively involved in the development of a discharge plan that can be altered based on progress in the program and sufficiently flexible such that time can be increased or decreased as appropriate. If the client consents, family and caregivers are encouraged to participate in the care plan and discharge planning.

Clients are encouraged to participate in healthy activities and self-care including doing their own laundry, participating in recreational activities, and pursuing spiritual counselling and cultural ceremonies, if requested. In preparation for discharge, the resources in a client's community are identified and connections established for the client to sustain their sobriety once discharged from the program.

Priority Process: Decision Support

The movement to a common electronic medical record system is on its way to implementation. Some pilot sites have been noted to be further along in this process than others. This is a large change creating

risks as the bridge between paper and electronic records takes place. Many staffing hours have been spent reconciling the double charts and printing to paper or conversely scanning to the electronic record. This causes some confusion and inconsistencies across the organizations. While this bridging stage cannot be avoided, change management needs to continue to be a priority. A review of standardizing procedures related to the handling of the various types of documents and the expectations for in which format they should be maintained during the transition would be of benefit.

The security of documents is taken seriously, and staff understand privacy legislation and confidentiality. All the correct protocols are in place for gaining consent to share information and to speak with family members. Clinical records are accurate and up to date and contain a standard and consistent set of health care information. The electronic medical record is being used to produce data for decision support. The opportunities are endless for how it can be optimized to support quality improvement activities, to generate reports, to audit activities, and to analyze charting practices. The SHA is to be applauded for its continuous efforts to bring this to fruition. The staff teams reported on their support of this process and see the value to the move to paperless charting. The training provided and the staff mentors who help with the learning process are valued by team members.

Addictions:
Clients are informed of their rights, how to access their file information and how to begin a complaint process. Staff members respect the privacy of clients and their autonomy with every effort to respect their preferences and include in the circle of care the individuals that the client has identified and carefully managed the implications for family members that they may be impacted while in treatment and at the point of discharge.

The team members and leaders are committed to using decision support to enable quality client care. They collect data and use it to make decisions to support clients, families, and the inpatient addictions program. Training is provided to the team on the use of technology. Paper charts are used and the team noted there are plans to implement electronic health records. The leaders are encouraged to continue towards the implementation of electronic health records.

Standardized client information is collected. Comprehensive information is collected with the input of clients and families. The care plans are developed and updated with the input of clients and families. Chart audits are completed. Privacy and confidentiality education is provided to the team.

Priority Process: Impact on Outcomes

Evidence-based guidelines are used to inform health care and system processes. There is a proactive approach taken to identifying risks and to putting mitigation strategies in place. The organization may want to do a more top-level analysis and review of their processes (e.g., falls prevention, documentation practices, medication reconciliation) to evaluate some areas for further improvement. The LEAN methodology is used in some areas of the organization and has proven to be valuable in making improvements or in guiding decisions for new processes or space utilization. System wide SHA quality improvement initiatives are formalized and have well defined objectives and indicators that are being

tracked and shared. Some team level initiatives which are very exciting and are implemented quickly could be better showcased if some measurable outcome indicators were chosen to demonstrate their success. The teams can speak to their success anecdotally, however a more formal process may help them to shine brighter and be easier to replicate and share more broadly.

Addictions:
The team and leaders are acknowledged for their commitment to quality improvement. Rounding, huddles, and quality boards are used to support safety and quality. The team are engaged with quality improvement activities. Client Experience Surveys are completed with the results shared with the team and clients. Auditing occurs with the results used for program improvement.

There are goals and objectives for the inpatient addiction program. The leaders and team have access to evidence-based guidelines to support care. There are strong provincial connections to help guide quality and standardization of processes. Family and Patient Partners support the inpatient addiction program. The leaders are encouraged to continue their quality improvement journey and to continue to seek the input of clients and families and the team.

Standards Set: Telehealth - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
4.9 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The leaders and team members of the telehealth program are to be commended for their strong commitment to innovative and quality services for clients and families. There is a comprehensive array of virtual care services including telehealth which has been implemented since 1999, Pexip, and Home Health Monitoring. The leaders and team are commended for supporting the rapid growth in virtual care to support clients and families. This includes the implementation of Pexip in January 2020. The widespread uptake of Pexip has introduced virtual care to clinicians (groups and individuals), as well as patients. Additionally, Home Health Monitoring was implemented in April 2020 which allows patients to monitor their health condition from home and share information electronically with their health care team. The use of virtual care has supported clients and clinicians during the COVID-19 pandemic. The leaders are encouraged to continue to involve the team members, clients and families in program development. Furthermore, as the virtual care program continues to evolve and expand the leaders are encouraged to support team members in the change management process.

There is evidence of strong teams supporting the telehealth program. The leaders and team have provided an exemplary response to COVID-19 by implementing technology to support clients and families to receive care during this challenging time. The input of clients and families is present throughout the telehealth program. Family and patient partners support the telehealth program. The leaders are

encouraged to continue the important work of seeking the input of clients and families.

Team members and leaders describe the importance of telehealth to clients and families. They described the telehealth program as exciting, innovative, helpful, valuable, focused, and meaningful. They were very proud of their work in responding to the new virtual care platform. Additionally, they stated that they were motivated by the clients and families and being able to provide services “closer to home.” The team noted that they have the current resources to do their work, however, they are very interested in an expanded virtual care program with the resulting new resources to achieve new program demands. Advertising for new positions in telehealth and virtual care reflect the new position requirements. The leaders are encouraged to continue to update position descriptions and job postings in keeping with changing telehealth and virtual care workforce.

There are strong partnerships developed to support virtual care including eHealth Saskatchewan, College of Physicians and Surgeons of Saskatchewan, First Nations organizations, Athabasca Health Authority and Saskatchewan Cancer Agency, to name just a few.

Priority Process: Competency

A strong team supports the provision of quality virtual care programs. The leaders, physicians and team members acknowledge the importance of this program to increase access for clients, reduce travel costs, and to provide care closer to home. The team noted the importance of education and training. Education and training are not provided consistently on proactive ethics. The team leaders are encouraged to support proactive ethics education and training for team members.

The team is recognized for their accomplishments in supporting and furthering virtual care. The team members stated that they felt safe at work. The leaders are encouraged to continue to support staff safety initiatives. Performance evaluations have not been consistently conducted across all sites, however, follow up on issues and opportunities for growth are identified. The leaders have a plan to complete performance evaluations for team members. They are encouraged to continue with this important work.

Priority Process: Episode of Care

The team and leader are committed to providing quality tele-health and virtual care services. There is a comprehensive array of services offered to clients and families. This includes telehealth, Pexip and Home Health Monitoring. The clients described receiving excellent care and being treated with care, dignity, and respect. A client noted the value of the telehealth program as receiving care close to home and reducing the cost and time of travel. The clients described the technology as being easy to use with a very clear picture and excellent sound. Furthermore, they described the telehealth team as “excellent” and "caring."

The team members have described their team as “innovative,” “committed” and “being there for the patient.” Physicians are engaged with the virtual care and telehealth program. They strongly articulated the values of virtual care for both clients and clinicians. The team members are geographically dispersed and are a relatively new team. The leaders are encouraged to continue with the plans to strengthen

collaboration across the teams. The team members were unable to recall proactive ethical education and training which varied across sites. As a component of this new team functioning, the leaders are encouraged to proactively identify, manage, and address ethics-related issues for team members.

The telehealth and virtual care services operated with the SHA has changed radically as a result of the COVID-19 pandemic. The traditional telehealth service that many rural communities relied upon reduced services to decrease the infection risk to clients coming to telehealth sites. At the same time, SHA rapidly up skilled their staff and technological assets and networks to respond to a surge in demand for virtual care from the entire province. Previously, SHA had involved a patient partner in a stakeholder two-day workshop to consult on the development a virtual care network. This approach changed overnight to a more dynamic consultation with a small group of patient and family partners with knowledge, skills, and experiences to provide extensive and timely recommendations on how to support the broad implementation of virtual care. A concrete outcome of this consultation process was the development of a Patient Guide for Virtual Care to support new users of the system. The group was able to identify the potential benefits to patients and families of receiving virtual care such as the reduction in time, travel costs and decreased demands on the caregivers and family members. The group was also able to identify the client and family level barriers to adopting this new technology and the supports that would be required to implement an effective service. The patient and family partners were also able to articulate the limitations of the technology and its application within the rural and remote areas served by SHA. There is considerable technological, business and community-based knowledge within this group that SHA has leveraged to form a strong client and family driven process design for virtual care.

The members of the Patient and Family Advisory Council (PFAC) felt that their advice had been heard and carefully considered. They also indicated that many recommendations that they had made had been implemented within a short period of time giving them a positive experience of having a meaningful impact on virtual care. As a group, they feel their work has just begun and they look forward to active participation in the future.

From the individual client and family experience of virtual care there has been a range of responses with many positive benefits identified. Clients have been surveyed and generally accept that virtual care was essential during the pandemic with many anticipating an expansion of this service longer term. They did indicate a desire to have in person visits in the future when it is safe to do so, as they speak of how they value this form of care.

There is an opportunity to further assess the data given the volume of current participants. Specifically, what clients and family members experience the greatest benefits from virtual care including, such variables as age, medical condition, geography, or cultural practices, which may be used future planning. There are many useful materials provided to clients and families to support their connection to the virtual care network. As with any software applications there are limitations, and a more permanent solution may address these limitations for the end user. Some areas of concern at the client end include, ensuring complete privacy in the environment while a client is online and ensuring that client identifiers are always confirmed prior to the beginning of a virtual session (as per the Patient Surveyor, PFAC discussion, December 2020).

Priority Process: Decision Support

The team members, physicians and leaders are committed to using virtual care technology to enable quality client care. Education and training are provided to the team on the use of technology. The team commented on the value of the virtual care in supporting clients and clinicians during the COVID-19 pandemic. Privacy and confidentiality education are provided to the team.

Priority Process: Impact on Outcomes

The team members and leaders are committed to quality improvement. The team is engaged in quality improvement activities. They are proud of the work in transitioning to a telehealth centralized scheduling office which will standardize processes and increase efficiency. Team members and patient and family partners have been involved in the development of this quality improvement initiative. The leaders are encouraged to continue their quality improvement journey and to seek the input of clients and families, team members and patient partners.

There are goals and objectives for the telehealth program and a Quality & Safety Committee has been established. A Cross-Agency Standardization Committee has also been recently formed. A provincial health system collaboration group focused on virtual care strategy and aligned initiatives has been established. The leaders are encouraged to continue with this important work to standardize processes throughout the telehealth sites.

The team and leaders have been proactive in responding to the pandemic by shifting current work to create over 1,700 Saskatchewan and 850 other Pexip accounts, deploying and supporting over 350 tablets, testing inpatient videoconferencing processes, initiating processes for virtual rounding, and introducing video visits for Healthline 811 callers.

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: June 3, 2020 to July 9, 2020**
- **Number of responses: 14**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	7	7	86	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	7	0	93	97
3. Subcommittees need better defined roles and responsibilities.	57	14	29	73
4. As a governing body, we do not become directly involved in management issues.	7	7	86	87
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	7	0	93	96

	% 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.	14	0	86	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	7	14	79	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	7	7	86	95
9. Our governance processes need to better ensure that everyone participates in decision making.	57	21	21	61
10. The composition of our governing body contributes to strong governance and leadership performance.	7	0	93	92
11. Individual members ask for and listen to one another's ideas and input.	8	0	92	95
12. Our ongoing education and professional development is encouraged.	14	21	64	84
13. Working relationships among individual members are positive.	7	0	93	97
14. We have a process to set bylaws and corporate policies.	8	0	92	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	8	0	92	97
16. We benchmark our performance against other similar organizations and/or national standards.	14	36	50	80
17. Contributions of individual members are reviewed regularly.	14	43	43	69
18. As a team, we regularly review how we function together and how our governance processes could be improved.	7	7	86	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	15	77	8	53
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	14	0	86	82

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	36	21	43	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	14	21	64	83
23. As a governing body, we oversee the development of the organization's strategic plan.	7	0	93	93
24. As a governing body, we hear stories about clients who experienced harm during care.	14	14	71	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	7	0	93	95
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	7	0	93	90
27. We lack explicit criteria to recruit and select new members.	79	14	7	78
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	7	7	86	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	7	0	93	92
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	8	0	92	92
31. We review our own structure, including size and subcommittee structure.	7	0	93	81
32. We have a process to elect or appoint our chair.	8	0	92	90

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	29	71	83
34. Quality of care	0	36	64	83

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

The Saskatchewan Health Authority (SHA) concluded our second on-site Accreditation Survey on November 5, 2021. The impact of the COVID-19 pandemic has significantly disrupted the original sequential model that was founded on the life-cycle. As teams worked to find a way to continue the journey to being accreditation ready while in the middle of a pandemic, the second survey took place in two parts. The first part was done virtually December 6-11, 2020 and included programs in Mental Health and Addictions, Community Paramedicine, Telehealth, Infection Prevention and Control, and Medication Management. Innovative use of technology, including Webex, Microsoft Teams and Pexip (virtual care platform) were used to connect an on-site proxy with the surveyors to replicate a typical on-site survey. This was very successful and surveyors were able to observe and assess many criteria. The criteria that were not able to be assessed virtually were included in the second part on-site survey October 31-November 5, 2021.

Teams are to be commended for ensuring accreditation continues to be a priority during a very challenging time. We are looking forward to continuing our improvement journey as we follow up on the results of this survey and our efforts to ensuring we are meeting national standards of quality and safety.

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
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.

Priority Process	Description
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