



ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

CancerCare Manitoba

Winnipeg, MB

On-site survey dates: December 7, 2015 - December 10, 2015

Report issued: December 23, 2015



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

About the Accreditation Report

CancerCare Manitoba (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 December 2015. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

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

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

A Message from Accreditation Canada's President and CEO

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 Accreditation Specialist 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,



Wendy Nicklin
President and Chief Executive Officer

Table of Contents

1.0 Executive Summary	1
1.1 Accreditation Decision	1
1.2 About the On-site Survey	2
1.3 Overview by Quality Dimensions	3
1.4 Overview by Standards	4
1.5 Overview by Required Organizational Practices	5
1.6 Summary of Surveyor Team Observations	9
2.0 Detailed On-site Survey Results	10
2.1 Priority Process Results for System-wide Standards	11
2.1.1 <i>Priority Process: Governance</i>	11
2.1.2 <i>Priority Process: Planning and Service Design</i>	12
2.1.3 <i>Priority Process: Resource Management</i>	13
2.1.4 <i>Priority Process: Human Capital</i>	14
2.1.5 <i>Priority Process: Integrated Quality Management</i>	15
2.1.6 <i>Priority Process: Principle-based Care and Decision Making</i>	16
2.1.7 <i>Priority Process: Communication</i>	17
2.1.8 <i>Priority Process: Physical Environment</i>	18
2.1.9 <i>Priority Process: Emergency Preparedness</i>	19
2.1.10 <i>Priority Process: Patient Flow</i>	20
2.1.11 <i>Priority Process: Medical Devices and Equipment</i>	21
2.2 Priority Process Results for Population-specific Standards	22
2.2.1 <i>Standards Set: Population Health and Wellness - Horizontal Integration of Care</i>	22
2.3 Service Excellence Standards Results	23
2.3.1 <i>Standards Set: Ambulatory Systemic Cancer Therapy Services - Direct Service Provision</i>	23
2.3.2 <i>Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision</i>	27
2.3.3 <i>Standards Set: Medication Management Standards - Direct Service Provision</i>	28
2.3.4 <i>Priority Process: Surgical Procedures</i>	29
3.0 Instrument Results	30
3.1 Governance Functioning Tool	30
3.2 Canadian Patient Safety Culture Survey Tool: Community Based Version	34
3.3 Worklife Pulse	36

4.0 Organization's Commentary	38
Appendix A Qmentum	40
Appendix B Priority Processes	41

Section 1 Executive Summary

CancerCare Manitoba (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.

1.1 Accreditation Decision

CancerCare Manitoba's accreditation decision is:

Accredited with Exemplary Standing

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

1.2 About the On-site Survey

- **On-site survey dates: December 7, 2015 to December 10, 2015**

- **Locations**

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

- 1 CancerCare Manitoba (CCMB) - MacCharles Site
- 2 CCMB - Prevention and Screening Services
- 3 CCMB - St. Boniface Site
- 4 CCMB - Western Manitoba Cancer Centre (Brandon, MB)

- **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 Leadership
- 2 Governance
- 3 Medication Management Standards
- 4 Infection Prevention and Control Standards for Community-Based Organizations

Population-specific Standards

- 5 Population Health and Wellness

Service Excellence Standards

- 6 Ambulatory Systemic Cancer Therapy Services - Service Excellence Standards
- 7 Perioperative Services and Invasive Procedures Standards - Service Excellence Standards

- **Instruments**

The organization administered:

- 1 Governance Functioning Tool
- 2 Canadian Patient Safety Culture Survey Tool: Community Based Version
- 3 Worklife Pulse

1.3 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)	46	0	0	46
 Accessibility (Give me timely and equitable services)	20	0	0	20
 Safety (Keep me safe)	264	2	4	270
 Worklife (Take care of those who take care of me)	66	10	0	76
 Client-centred Services (Partner with me and my family in our care)	63	1	2	66
 Continuity of Services (Coordinate my care across the continuum)	17	0	0	17
 Appropriateness (Do the right thing to achieve the best results)	303	4	3	310
 Efficiency (Make the best use of resources)	26	1	0	27
Total	805	18	9	832

1.4 Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	41 (97.6%)	1 (2.4%)	0	31 (96.9%)	1 (3.1%)	0	72 (97.3%)	2 (2.7%)	0
Leadership	44 (97.8%)	1 (2.2%)	1	81 (95.3%)	4 (4.7%)	0	125 (96.2%)	5 (3.8%)	1
Infection Prevention and Control Standards for Community-Based Organizations	25 (92.6%)	2 (7.4%)	0	45 (97.8%)	1 (2.2%)	0	70 (95.9%)	3 (4.1%)	0
Medication Management Standards	75 (98.7%)	1 (1.3%)	2	62 (100.0%)	0 (0.0%)	2	137 (99.3%)	1 (0.7%)	4
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	35 (100.0%)	0 (0.0%)	0	39 (100.0%)	0 (0.0%)	0
Ambulatory Systemic Cancer Therapy Services	50 (100.0%)	0 (0.0%)	0	92 (93.9%)	6 (6.1%)	1	142 (95.9%)	6 (4.1%)	1
Perioperative Services and Invasive Procedures Standards	97 (99.0%)	1 (1.0%)	2	88 (100.0%)	0 (0.0%)	0	185 (99.5%)	1 (0.5%)	2
Total	336 (98.2%)	6 (1.8%)	5	434 (97.3%)	12 (2.7%)	3	770 (97.7%)	18 (2.3%)	8

* Does not include ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Perioperative Services and Invasive Procedures Standards)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Information Transfer (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Information Transfer (Perioperative Services and Invasive Procedures Standards)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Ambulatory Systemic Cancer Therapy Services)	Met	7 of 7	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures Standards)	Met	5 of 5	0 of 0
Safe Surgery Checklist (Perioperative Services and Invasive Procedures Standards)	Met	3 of 3	2 of 2
Two Client Identifiers (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Perioperative Services and Invasive Procedures Standards)	Met	1 of 1	0 of 0
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 (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Perioperative Services and Invasive Procedures Standards)	Met	1 of 1	0 of 0
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Ambulatory Systemic Cancer Therapy Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Perioperative Services and Invasive Procedures Standards)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures Standards)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures Standards)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

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

The governing body is made up of a wide variety of people with representation from community, professional organizations and government. They bring individually and collectively a depth and breadth of expertise, experience and knowledge to enable governance. A caution for the board given a change in board membership and leadership is to ensure that their governance role remains distinct from management and operations.

There is evidence of strong partnerships and integration with community and other healthcare organizations across the province. The Foundation is active in supporting the strategic priorities for the organization. Their continued passion and support will be needed to enable the advancement of the organization's ambitious agenda.

There have been significant challenges in leadership in the organization with multiple appointments to fill long standing vacant positions. There is a need for structured leadership development to coach and mentor new leaders for success. There are a number of middle managers who are passionate in their commitment to support staff in their delivery of patient care. These individuals need to be nurtured and supported to advance the organization strategic priorities. It has been acknowledged that there is a need to enhance communication within the organization. Consideration should be given to utilize a variety of modalities.

Staff in the organization are strongly committed to their patients/families and their teams.

Staff are the greatest resource. There is a need for the organization to significantly increase their focus to enhance the support for quality worklife. Both formal and informal processes for recognition should be enhanced.

Cancer Care Manitoba (CCMB) should be commended for its participation in the "In Sixty" initiative, implementation of the Urgent Care Clinic, the continued focus on the underserved population, screening and prevention, ongoing development of the hubs and the community oncology programs, the surgical oncology initiative, establishment of the Institute of Oncology and Hematology, advancing the electronic medical record, the Patient Consultation Recording Service and completion of a comprehensive risk management assessment. The organization faces a significant challenge in its ability to deliver safe, comprehensive services given the current space constraints.

Clients report overall high satisfaction with their care. The organization will need to consider on a go forward basis the resources required to deal with issues surrounding survivorship.

Section 2 Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

2.1 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.

2.1.1 Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
2.5 New members of the governing body receive an orientation before attending their first meeting.	
2.6 Each member of the governing body signs a statement acknowledging his or her role and responsibilities, including expectations of the position and legal duties.	!
Surveyor comments on the priority process(es)	

The governing body is to be commended for their commitment and dedication to their voluntary role on the board. The board have increased the length of their monthly board meetings to ensure that they fulfil their role in oversight of the organization. The board chair and CEO meet twice a month to discuss organizational issues, concerns, initiatives etc. Board members also participate on many sub committees and attend recognition events for staff, providers, physicians and volunteers. The board has been very diligent in their recruitment efforts and closely follow the board matrix.

The board evaluates each board meeting and engages members in a self-assessment annually. The community reports the governing board provides excellent opportunity for feedback and input to the board strategic plan which the board reports proudly is a "living document". There was strong evidence to support the board commitment to quality of care, client safety and satisfaction. The board is very supportive of the CEO in her efforts going forward to ensure a strong leadership team and ongoing excellence in quality and safe client care.

The Cancer Care Manitoba (CCMB) Foundation is represented at the board level. The representative stated the "the foundation reflects the community perspective" and is truly a Manitoba Foundation. Their Fundraising efforts have supported many initiatives to name a few, mobile mammography program, conferences, and scholarships.

2.1.2 Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization demonstrates a strong commitment to engaging both internal and external partners when developing their strategic plan, mission, and values statement. The organization is to be commended for the ongoing scrutiny of the needs of the communities served. Utilizing current data to support ongoing programming and services, measuring and evaluating outcomes is evident throughout the organization.

Physician engagement is evident but the organization needs to continue in its efforts to engage primary care physicians in order to ensure seamless access to care for the cancer patients.

The CCMB Foundation plays an integral role in supporting the programming and initiatives of CCMB.

2.1.3 Priority Process: Resource Management

Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The resource management team reports that an annual review of the five year strategic plan provides opportunity for the senior leadership team to review the annual budget and assess implications for modification or reallocation of resources.

The team is to be commended for projecting a balanced budget for this fiscal year and encouraging all departments to engage in LEAN initiatives.

2.1.4 Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
2.2 The organization's leaders provide support for quality of worklife and healthy and safe work environment improvement activities.	
2.3 The organization's leaders are involved in quality of worklife and healthy and safe work environment improvement initiatives.	
2.9 The organization's leaders monitor staff and service providers' fatigue and stress levels and work to reduce safety risks associated with fatigue and stress.	
10.4 The organization's leaders establish a talent management plan that includes strategies for developing leadership capacity and capabilities within the organization.	
10.10 The organization's leaders implement policies and procedures to monitor staff performance that align with the organization's mission, vision, and values.	!

Surveyor comments on the priority process(es)

The organization is to be commended for the commitment to the volunteer program that is so evident throughout the client care areas.

The organization may want to consider raising the profile of the volunteers by including the coordinator in client care committees and initiatives, as often the volunteers are the voice of the clients.

The Human Resources Department (HR) is facing many challenges at the present time but exhibited a plan for moving forward. Physical space is limiting, particularly for HR staff to meet in a confidential manner with staff, physicians and union representatives.

A review of the Worklife Pulse survey with the senior leadership and management team may present an opportunity to address issues of work life balance and safe work environment. The organization may want to consider seeking methods of timely recognition and reward for staff, physicians, and volunteers.

2.1.5 Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>Quality improvement initiatives are evident across the organization. The quality improvement plans and scorecards are embedded in the organization at every level. Ongoing audits are occurring. The organization is to be commended for its culture of measurement and disclosure. LEAN/ Six Sigma projects are ongoing which have focused on eliminating redundancies and providing opportunity to reallocate resources. Staff are engaged in the processes but ongoing education will be important to sustain the momentum.</p> <p>The Director, Quality, Patient Safety and Risk and her team have developed robust reporting throughout the organization and are very committed to the journey. Incident reporting utilizes a very user friendly electronic system which is monitored and supported. A "Culture of No Blame" has allowed the organization to require staff to identify themselves in the system which allows for easy follow up.</p> <p>The organization may want to consider including "safety" at every level on its agenda and staff rounds.</p>

2.1.6 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>The organization has an ethics committee who have met infrequently over the past two years.</p> <p>The organization may want to consider providing multiple opportunities for patients, families and staff to report ethical issues. Patients, families and staff may not all be comfortable or have access to the electronic reporting version.</p> <p>The organization may want to embark on upgrading the education and awareness of the ethics framework.</p>

2.1.7 Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization exhibits a strong commitment to both internal and external engagement, collaboration and partnership on an ongoing basis. There were many examples presented, such as the collaboration and support of the Foundation for the innovative "Transitions Initiative" which has been recognized across Canada, the Foundation support for the development of the cancer information and resource three-piece series which has been implemented in the past few months, the highly acclaimed and successful "In Sixty" initiative announced by the Province of Manitoba in 2011. This initiative on its own has fostered partnerships with primary care, diagnostics, acute care, emergency departments, surgeons, oncologists and cancer patients, including underserved populations. The partnership between CCMB and the University of Manitoba was established early in this year to form the Research Institute in Oncology and Hematology (RIOH). This will allow teams made up of researchers from various scientific specialities to work together.

2.1.8 Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

All sites were toured (CCMB, St. Boniface, Misericordia and Brandon). The age of each site varied; however, the cancer care areas were clean and well maintained. With increasing volumes space is constrained, particularly at the St. Boniface site where congestion was noted in the external hallways (near the Emergency Department) and in the treatment and clinic space. The Brandon site is recognized for being a state of the art patient/family focused and eco-friendly.

Housekeeping services for CCMB and St. Boniface are contracted from adjoining hospitals with regular audits. Recent concerns were highlighted by the CCMB Facilities Team and addressed to ensure high standards for housekeeping.

Since the last survey a number of Safety and Security projects have been implemented at CCMB for major repairs and renovations to space to improve staff and patient safety as well as address space constraints for clinical care. Canadian Standards Association (CSA) standards are followed for any renovations. Of note are the sliding doors, hand rails, new flooring and heaters in the CCMB main entrance to enhance safety and comfort. Chair materials have been replaced to meet infection control standards and ease of cleaning. A Capital Facilities Development Plan is underway to address increasing volumes and improve space.

Wayfinding across the site visited was clear with good signage and directions. The organization is commended for the Code blue wayfinding strategy at CCMB. This is an important feature to support response time and support for patients in emergency situations.

Conversations with patients highlighted that they were happy with the cleanliness of the cancer centre care areas.

2.1.9 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)

Cancer Care Manitoba has a comprehensive Incident Management System (ICS). The ICS is a disaster management system that is applicable to all kinds of risk situations including emergent and non-emergent situations. The CCMB Emergency Management Program (EMP) outlines critical elements that provide a foundation for mitigation, preparation, response and recovery for any type of threat, hazard, or incident and are aligned with the Manitoba Office of Disaster Management and the Regional Health Authorities. The Office of Disaster Management (ODM) is active biannually due to flood risk. Alerts are sent to partner organizations including CCMB where the ICS team is on alert during the risk periods. CCMB is setting up an Advisory Council which mirrors the provincial approach. There are bimonthly meetings with ODM, Emergency Medical Services (EMS) and other key partners.

The Community Partner Focus group highlighted two ways communication with respect to emergency preparedness with many initiatives integrated on a provincial level.

The ICS was utilized during the survey when an internal flood occurred and there was effluent leak into a clinic prep area below. The team responded quickly to address staff, patient and equipment issues. A debrief was held with key individuals two days later with accomplishments, issues and directives noted.

Business continuity plans are in the works for key areas. The organization is planning to build on current strategies by having table top exercises with ODM in the future to build further capacity in emergency preparedness.

2.1.10 Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

CCMB has been very innovative in developing a central intake for cancer patients across the province. This is proving to be very effective. Patients are contacted within a short period of time via a phone call and an information pamphlet is mailed out.

A phone number is available in all the regional hubs where cancer patients and their families can call to make contact or be provided with information. The Community Oncology Program provides a comprehensive cancer care “closer to home” approach through the 16 hubs and 1 resource centre that have been established throughout the province of Manitoba. The addition of nurse navigators and psychosocial support clinicians or counsellors has greatly enhanced services to patients in the hubs.

The First Nations, Metis and Inuit Cancer Control and Underserved Populations Program is well supported with energized personal who are enthusiastic and committed to improving the health status of this population through innovative interventions. The CCMB First Nations, Metis and Inuit Control Patient Access Coordinator works with patients and families to improve access to cancer care. “Trust” is integral to developing relationships by listening to patient stories and following through with action items. Cultural Safety Training-“Knowledge Keeper Series” which is a lunch and learn format has been implemented. The frail elderly, newcomers, the homeless and geographically-isolated people have been identified as groups who will also require support to ensure timely access and treatment.

Four community engagement liaison positions have been established in the province. Telehealth is widely used across the province; however, the organization is encouraged to develop telehealth policies which will guide the users and assist with appointments and follow ups both at the CCMB site and in the region.

The organization is encouraged to address the issue of family physicians referring clients to the CCMB hematologists. This can create a backlog and increased workload if referrals are not cancer related. The “In Sixty” Manitoba Cancer Patient Journey Initiative’s goal is to reduce the time from suspicion of cancer to the first treatment to no longer than 60 days. The challenge to the organization will be to keep the momentum going and sustain the initiative. The organization is to be commended for including patients and their stories when designing programs and educational materials.

2.1.11 Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations	
10.14 If reprocessing services are contracted to external providers, the organization establishes and maintains a contract with each provider and reviews it annually.	
Surveyor comments on the priority process(es)	
There are dedicated and wonderful staff in the operating room, the recovery room and the procedure room (on the ground floor). Their professionalism, bright smiles and obvious commitment to patient care and safety was exceptional.	

2.2 Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served, through leadership, partnership, innovation, and action.

2.2.1 Standards Set: Population Health and Wellness - Horizontal Integration of Care

Unmet Criteria	High Priority Criteria
<p>Priority Process: Population Health and Wellness</p>	
<p>The organization has met all criteria for this priority process.</p>	
<p>Surveyor comments on the priority process(es)</p>	
<p>Priority Process: Population Health and Wellness</p>	
<p>The organization is to be commended for its commitment to serving the "underserved" population of the province. There is evidence of ongoing engagement, partnership and collaboration across the province to provide access and treatment for cancer patients. The organization is continually seeking opportunities to enhance the services they provide, identify gaps and implement strategies and initiatives.</p> <p>The leaders report that standardization of education for chemo nursing staff has been implemented across the province. Mandatory training for nursing staff is provided at the CCMB site as well as in the hubs by nurse educators. There is a significant emphasis on point of care training. Staff attend yearly conferences where relevant education topics are presented. In the communities, survivors become empowered to encourage community members to access services and "trust" the system.</p> <p>A language access program has been implemented and education and information sessions are being held. Patient information pamphlets which are disease specific are being developed in a variety of languages to meet the needs of the population served. A "Moving Forward after Cancer Wellness Program" has been established which addresses nutrition, exercise and psychosocial issues. There is a long wait list of participants who wish to attend this program. A clinical practice guidelines network has been established.</p> <p>There is evidence of benchmarking and utilizing data to support quality improvements and change initiatives. They have a strong focus on population health through their screening programs. Screening rates for colorectal, cervical and breast cancer are based on information routinely collected by the screening programs, colon check, cervix check and breast check. They have a strong collaboration with Manitoba Health in all their efforts. The organization is encouraged to continue its screening efforts to reach the underserved population.</p>	

2.3 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:

Episode of Care - Ambulatory Systemic Cancer Therapy

- Healthcare services provided for a health problem from the first encounter with a health care provider through the completion of the last encounter related to that problem.

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Clinical Leadership

- Providing leadership and overall goals and direction to the team of people providing services.

Competency

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

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

Medication Management

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

Surgical Procedures

- Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

2.3.1 Standards Set: Ambulatory Systemic Cancer Therapy Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<p>Priority Process: Episode of Care - Ambulatory Systemic Cancer Therapy</p>	
<p>The organization has met all criteria for this priority process.</p>	
<p>Priority Process: Clinical Leadership</p>	

2.5	The team has sufficient space to accommodate its clients and to provide safe and effective services.	
2.6	The team has sufficient staff to accommodate clients and meet workload demands.	
4.3	The organization has a process to identify and address the maximum workload assigned to each team member.	
4.7	The team has a fair and objective process to recognize team members for their contributions.	
Priority Process: Competency		
3.5	Sufficient workspace is available to support team functioning and interaction.	
5.11	Team leaders regularly evaluate and document each team member's performance and competency in an objective, interactive, and constructive way.	

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.

Priority Process: Medication Management

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Episode of Care - Ambulatory Systemic Cancer Therapy

There are a number of support and processes in place to facilitate patient navigation and flow through the system including navigators and the Community Cancer Program Network, good community support and transfer of information. There is access to Accessible Rich Internet Applications (ARIA) in the Regional Health Authorities. There is a strong focus on patient education throughout the patient journey, transition, and survivorship. The patients and family members interviewed spoke highly of the caring attitude of staff and their cooperative approach to care. The plan of care is well documented in ARIA.

Priority Process: Clinical Leadership

CCMB has a strategic plan that guides clinical teams in their focus. They are highly engaged in collaboration with the Regional Health Authorities and the Community Cancer Program Network to support patient care and transition.

Space is a challenge in many areas, although some construction has been carried out to improve access and care, more is needed (ie urgent care, treatment at St. Boniface).

There is a need to increase focus on formal and informal recognition for staff.

The Brandon site is to be congratulated for the exceptional relationships it has developed with the local community, the host RHA, and other service providers in order to bring much needed broad ranging cancer services to the population. The team in Brandon is working closely with central CCMB administration to forge even more robust mechanisms for advocacy for additional resources. There are risks to the staffing component in Brandon. The organization is encouraged to pay special heed to this site and ensure that its staff are not left feeling isolated and subject to departure. The volume of new patients being seen and treated in Brandon has grown rapidly to the extent that it is very difficult for a single radiation oncologist to cover them all. Close attention should be paid to mitigate the risk of burnout. The “quality in radiation oncology” initiative at the Winnipeg site should be expanded to include the Brandon site.

Priority Process: Competency

There are highly engaged inter professional teams in treatment and clinic areas at all sites with a strong focus on patient/family centered care.

The orientation program is in place. Weekly education sessions are held for nursing staff. The organization should consider implementing a chemotherapy certification course for nurses to strengthen current internal and external education.

Priority Process: Decision Support

There is a hybrid system for documentation and redundancy in areas where information is collected on paper and then entered into ARIA. This happens most often for nursing documentation. The organization is encouraged to look closely at a plan to eliminate paper documentation and inefficiencies in systems of data collection. Some clinicians have tablets for point of care documentation and electronic solutions to enhance direct entry into ARIA. This should be planned in order to improve direct entry and eliminate double documentation.

Guideline development is underway with some Disease Site Groups leading the way. Further work on evidence based guidelines is strongly encouraged.

Priority Process: Impact on Outcomes

There is a strong focus on safety, and alerts are embedded in ARIA. The organization should consider a more visible way to identify patients who are at a risk for falls (eg armband). Incidents are reported electronically in the system (RL6). There is an opportunity to enhance the feedback loop to staff on incident reports, and trending as well as key learnings. Staff are commended for their interactions with patients, as patient satisfaction is high.

Priority Process: Medication Management

Significant work has occurred in the area of medication management including initiatives to enable an alerting system in ARIA and implementation of best possible medication history (BPMH). Hybrid systems are still in place for Pharmacy and should be considered a priority for transition to ARIA as soon as it is supported in the new version of the system. The organization should continue to focus on sustainability and supporting

change management given the number of recent changes, to advance quality and safety in medication management. Nursing workload should be monitored given the impact of alerts in ARIA and BPMH.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
1.3 The organization provides the resources needed to support its infection prevention and control activities, and regularly reviews the resources provided, to ensure the resources are adequate.	
10.15 When reprocessing services are contracted to external providers, the organization regularly monitors the quality of the services provided.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	

The surveyors met with the physician and registered nurse (RN) in charge with overseeing the Infection Prevention and Control Program for the organization. Their enthusiasm, passion and commitment to their mission are to be applauded. Clearly this is a high priority for the organization and resources need to be applied to this high priority area. The team eloquently described the challenges they are facing and the negative impact of a reported drop in hand-washing rates. Such a dedicated and committed team needs greater support.

The level of integration with partner organizations is excellent.

Infection control is identified as a priority for the organization. While it is accepted that the organization provides the resources needed to support its infection prevention and control activities and regularly reviews the resources provided to ensure they are adequate, the leadership needs to assess the issues related to infection prevention and control (falling hand washing rate, changes in staffing) and allocates appropriate resources.

It is recommended that a greater degree of evidence be collected to ensure that the quality of contracted services is meeting quality standards. Such evidence should be collected annually.

2.3.3 Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
11.2 The organization has a policy for when and how to override smart infusion pump alerts.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

The potential for medication and fluid errors (mitigated by a number of manual steps) was one of 2 high risks noted in a comprehensive risk management report. The organization and staff are commended for establishing a Pharmacy Accreditation Readiness Project Steering Committee to establish a plan with timelines to address medication management and ROPs. Major initiatives such as First Databank drug formulary implementation enabled alerting functionality for medication interactions, drug allergies, minimum and maximum doses for high alert medications and application of the “do not use list.” In addition a Medication reconciliation project was launched with nurses creating the best possible medication history (BPMH) procedure.

Sustainability plans were highlighted. It will be imperative for the organization to ensure resources remain aligned to support these plans and to ascertain the impact on workflow and workload on an ongoing basis to support learning and change management. The workload impact on nursing should be monitored given the impact of alerts and BPMH. In addition further standardization of clinic processes should occur to enable the work.

The hybrid nature of the medication management systems requires continued vigilance. Pharmacy staff triage orders and this process is on paper with records stored in Pharmacy department. With the recent upgrade of Aria there is a vision to make the entire process an electronic order process.

A medication reconciliation pilot has been launched in the LBMT clinic. This is enabled by a highly engaged physician champion and the clinical and project teams.

To support medication management work, a significant number of policies have recently been updated and distributed. Further follow-up will be required to audit new practices and support staff in practice changes and sustainability.

The Pharmacy and Therapeutics (P&T) committee is active and a Provincial Oncology Drug Program (PODP) provides infrastructure for effective drug management.

2.3.4 Priority Process: Surgical Procedures

Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

Unmet Criteria	High Priority Criteria
Standards Set: Perioperative Services and Invasive Procedures Standards	
27.1 The organization has a process to select evidence-based guidelines for surgical care services.	!

Surveyor comments on the priority process(es)

There is a dedicated and committed team at the Prostate center, including the procedure room, the recovery room and associated areas. Their commitment to patient care and safety was evident at every turn.

The commitment of the organisation to greater integration of surgery into the Cancer program is recognised. The inclusion of so many surgeons in the "quality in surgical oncology" initiative is a strong reflection of the engagement of physicians in the organisation.

Section 3 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.

3.1 Governance Functioning Tool

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

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

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

- **Data collection period: October 16, 2015 to October 30, 2015**
- **Number of responses: 18**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	12	6	82	93
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	3	6	91	96
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	3	97	97
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	3	97	94
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	3	6	91	93

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	3	97	95
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	97
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	6	94	97
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	3	9	88	94
10 Our governance processes make sure that everyone participates in decision-making.	0	3	97	95
11 Individual members are actively involved in policy-making and strategic planning.	9	13	78	90
12 The composition of our governing body contributes to high governance and leadership performance.	0	6	94	93
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	12	88	96
14 Our ongoing education and professional development is encouraged.	9	9	82	90
15 Working relationships among individual members and committees are positive.	0	3	97	97
16 We have a process to set bylaws and corporate policies.	0	3	97	96
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	3	97	98
18 We formally evaluate our own performance on a regular basis.	0	0	100	83
19 We benchmark our performance against other similar organizations and/or national standards.	18	21	61	71
20 Contributions of individual members are reviewed regularly.	17	17	67	66

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21 As a team, we regularly review how we function together and how our governance processes could be improved.	3	20	77	79
22 There is a process for improving individual effectiveness when non-performance is an issue.	4	38	58	62
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	9	22	69	79
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	0	3	97	81
25 As individual members, we receive adequate feedback about our contribution to the governing body.	19	19	61	69
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	3	97	96
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	12	3	85	90
28 As a governing body, we oversee the development of the organization's strategic plan.	0	7	93	96
29 As a governing body, we hear stories about clients that experienced harm during care.	17	10	73	88
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	12	12	76	95
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	7	93	91
32 We have explicit criteria to recruit and select new members.	0	13	87	87
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	16	84	94

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	12	88	93
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	95
36 We review our own structure, including size and subcommittee structure.	10	0	90	91
37 We have a process to elect or appoint our chair.	0	10	90	93

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

3.2 Canadian Patient Safety Culture Survey Tool: Community Based Version

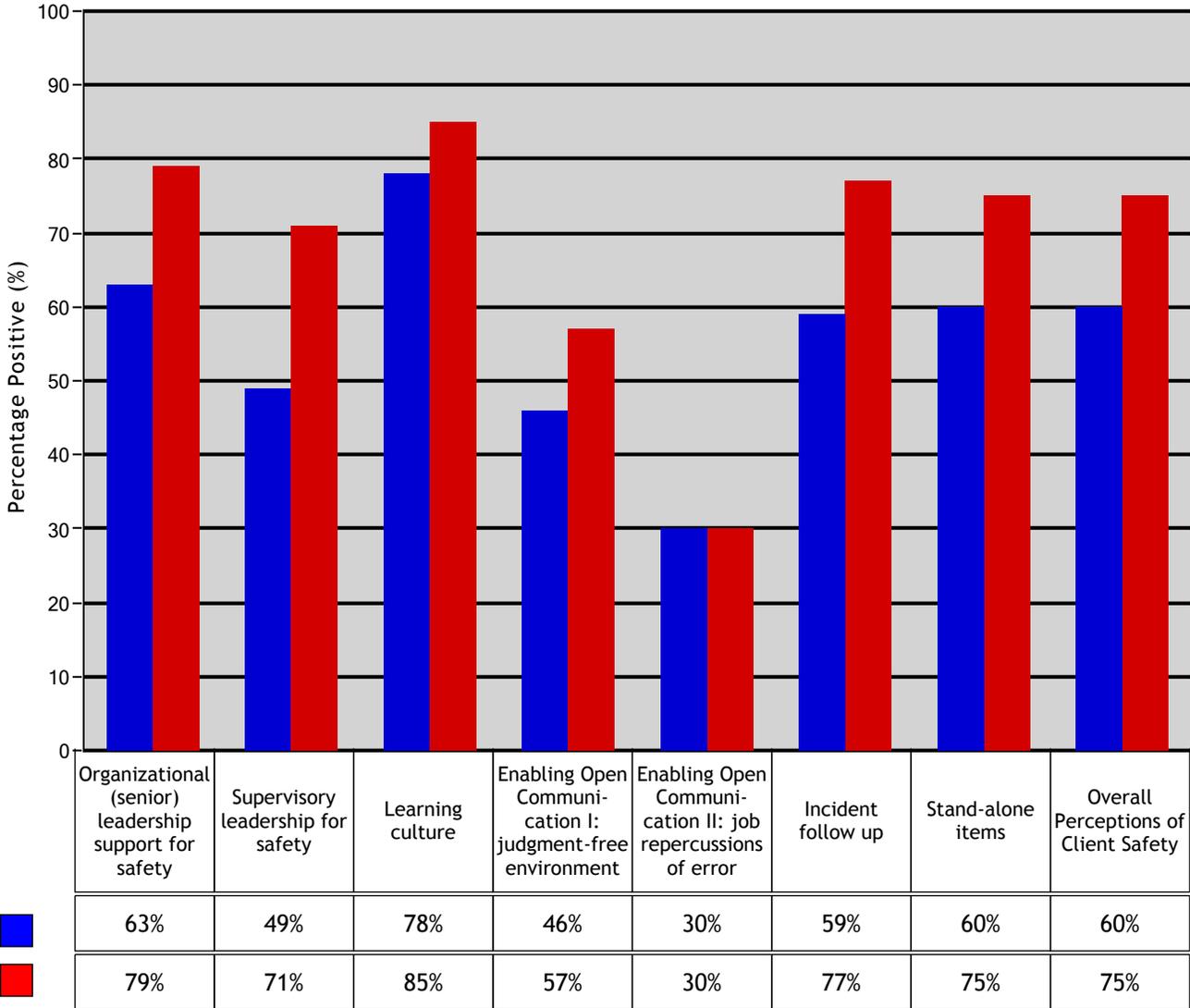
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: October 1, 2014 to December 18, 2014**
- **Minimum responses rate (based on the number of eligible employees): 208**
- **Number of responses: 363**

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



Legend
■ CancerCare Manitoba
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

3.3 Worklife Pulse

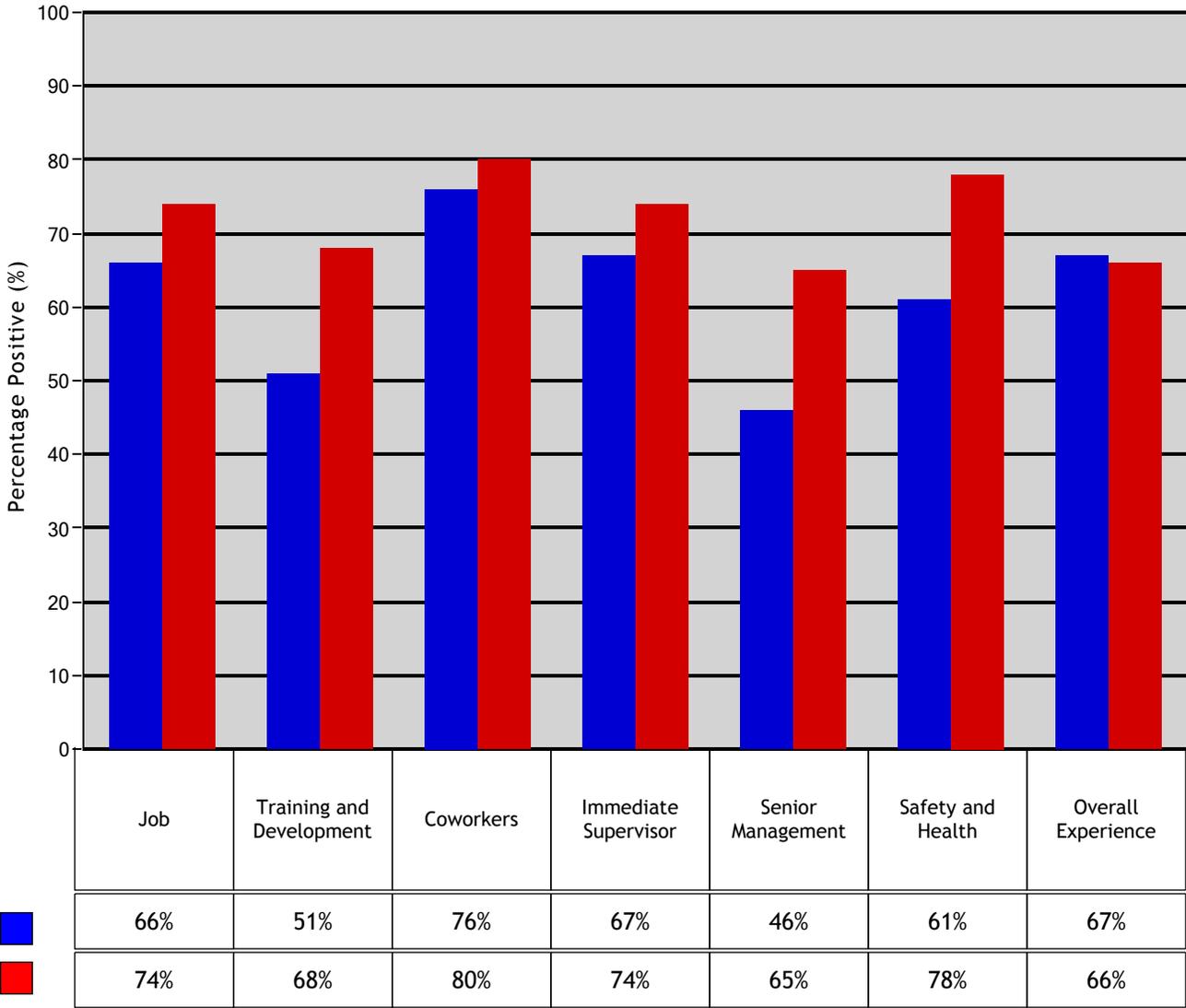
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: October 1, 2014 to December 18, 2014**
- **Minimum responses rate (based on the number of eligible employees): 259**
- **Number of responses: 418**

Worklife Pulse: Results of Work Environment



Legend

- CancerCare Manitoba
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

Section 4 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.

Accreditation Canada's survey team left the CancerCare Manitoba (CCMB) preliminary report with the President & CEO Dr. Sri Navaratnam on December 10th , 2015 following a leadership team discussion and a general debriefing that was open to physicians, staff & Board of Directors of CCMB.

Senior leadership within CCMB have discussed aspects of the onsite report and will engage in a thorough review of the final report.

The Qmentum site visit & survey was well received by the staff, physicians, Board of Directors, & our external partners who were involved with the survey site visit.

The surveyors were a cohesive team and excellent to work with. They were extremely knowledgeable, approachable, focused in their tasks and extremely thorough. Their willingness to be flexible with the schedule to ensure that they were able to assess all the priority processes and standards was evident throughout the visit. Their skill at making the staff feel at ease during the interviews and readily sharing their expertise was much appreciated.

CCMB welcomed the advice from the surveyors to encourage improvement for the delivery of oncology care services and to ensure that our patients are safe in Manitoba.

The findings of the report accurately capture the successes achieved and challenges facing CancerCare Manitoba.

Successes:

The survey team's reference to our numerous successes and strengths during the visit and debriefing, was a morale booster and positive encouragement to our organization. We are looking forward to sharing these observations more widely with our staff and regional partners following receipt of the final report.

The organization has learnt that one should be in total compliance of all Required Organizational Practices and standards at all times and not be complacent with a good overall standing and that we should strive to be ready for Accreditation every day.

Improvement Opportunities:

The survey reviewed 832 standards (8 were N/A) and identified 8 as unmet.

Standards Set: Governance

The governing body is developing a more robust orientation for new members which will include a statement acknowledging their roles and responsibilities, expectations of the position and legal duties.

Standards Set: Leadership

The organization is very committed to addressing the human resource needs and capacity to ensure that staff are able to deliver safe, high quality services. The action plan that has been developed addresses all the issues highlighted in the worklife pulse surveys completed by both staff and physicians. This comprehensive plan will address quality of work life as well staff fatigue and stress levels. Coaching will be provided to managers so that they can provide one on one support for staff. There is a commitment throughout the organization to ensuring that staff performance appraisals are completed annually. A plan for staff recognition is also underway.

With the planned introduction of the new organizational structure, implementation of programmatic management and several intensive initiatives the need for embracing and following a change management framework is much better appreciated.

Standards Set: Medication Management

With the implementation of smart pump technology for a new regimen, a policy to address overrides of pump alerts will be formulated.

Standards Set: Infection Prevention & Control

Hand Hygiene compliance has been a Quality indicator for the organization and a priority. Resources and support will be provided to ensure that hand hygiene compliance improves and that targets are met. The organization will ensure that it continually monitors the quality of reprocessing that is provided by external providers.

Standards Set: Perioperative & Invasive Procedures

The organization has committed to achieving province wide leadership in cancer surgery as defined by strategic direction number 1, objective 4 of the Manitoba Cancer plan. Evidence based guidelines will be integral to this commitment.

Actions underway to address the Areas for Improvement:

The organization is continually monitoring the space requirements to support safe patient care and will continue with Quality, Patient Safety & Efficiency walk rounds. To ensure that Quality is embedded throughout the organization, quality boards will be placed in prominent locations in the organization and in meeting rooms such as the executive board room.

The organization has committed to supporting policy review and update and having an electronic repository (SharePoint) to house the organizational and board policies.

There has been a very strong commitment to moving away from the hybrid chart to a complete electronic health record as was evident in the two major medication management projects that were completed this past year to support safe patient care. There will be continued support for sustainability.

We are committed to our patients so patient engagement on committees will be addressed and supported.

We have identified the delivery of novel systemic therapy in our cancer plan so are looking for clarification on the reference to novel therapeutics in the context of the organization or nationally.

Overall the Qmentum site visit and survey process was effective, and relevant to improving the outcomes in cancer care in Manitoba.

We look forward to continued improvement and our commitment to delivering excellence.

Appendix A Qmentum

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

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

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

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

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

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 decision making regarding ethical dilemmas and problems.
Resource Management	Monitoring, administration, and integration of activities involved with the appropriate 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, innovation, and action.

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 overall goals and direction to the team of people providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
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	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
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 assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge