Accreditation Report

CancerCare Manitoba

Winnipeg, MB

On-site survey dates: November 17, 2019 - November 22, 2019

Report issued: January 21, 2020

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 November 2019. 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

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

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.

Accreditation Decision

CancerCare Manitoba's accreditation decision continues to be:

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Accredited with Exemplary Standing

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

About the On-site Survey

- **On-site survey dates: November 17, 2019 to November 22, 2019**

- **Locations**

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

  1. CancerCare Manitba (CCMB) - MacCharles Site

  2. CCMB - Prevention and Screening Services

  3. CCMB - St. Boniface Site

  4. CCMB - Western Manitoba Cancer Centre (Brandon, MB)

  5. Health Science Centre (GammaKnife Suite)

  6. Kleyson Institute for Advanced Medicine (KIAM)

  7. Victoria General Hospital - Oncology Unit

- **Standards**

  The following sets of standards were used to assess the organization's programs and services during the on-site survey.

  System-Wide Standards
  1. Governance
  2. Infection Prevention and Control Standards for Community-Based Organizations
  3. Leadership
  4. Medication Management Standards

  Population-specific Standards
  5. Population Health and Wellness

  Service Excellence Standards
  6. Cancer Care - Service Excellence Standards
  7. Perioperative Services and Invasive Procedures - Service Excellence Standards

- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Governance Functioning Tool (2016)
4. Physician Worklife Pulse Tool
5. 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)	44	0	0	44
Accessibility (Give me timely and equitable services)	26	0	0	26
Safety (Keep me safe)	304	2	15	321
Worklife (Take care of those who take care of me)	68	2	0	70
Client-centred Services (Partner with me and my family in our care)	121	0	0	121
Continuity (Coordinate my care across the continuum)	29	0	0	29
Appropriateness (Do the right thing to achieve the best results)	329	0	6	335
Efficiency (Make the best use of resources)	34	0	0	34
Total	**955**	**4**	**21**	**980**

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	95 (99.0%)	1 (1.0%)	0	145 (99.3%)	1 (0.7%)	0
Infection Prevention and Control Standards for Community-Based Organizations	34 (100.0%)	0 (0.0%)	0	47 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	0
Medication Management Standards	74 (96.1%)	3 (3.9%)	1	59 (100.0%)	0 (0.0%)	5	133 (97.8%)	3 (2.2%)	6
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
Cancer Care	101 (100.0%)	0 (0.0%)	0	127 (100.0%)	0 (0.0%)	0	228 (100.0%)	0 (0.0%)	0
Perioperative Services and Invasive Procedures	106 (100.0%)	0 (0.0%)	9	109 (100.0%)	0 (0.0%)	0	215 (100.0%)	0 (0.0%)	9
Total	**419 (99.3%)**	3 (0.7%)	10	508 (99.8%)	1 (0.2%)	5	927 (99.6%)	4 (0.4%)	15

* 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: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Cancer Care)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Information transfer at care transitions (Cancer Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1

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	3 of 3	2 of 2
Medication reconciliation at care transitions (Cancer Care)	Met	5 of 5	0 of 0
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The "Do Not Use" list of abbreviations (Medication Management Standards)	Met	4 of 4	3 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 (Cancer Care)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient 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	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Cancer Care)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1

Summary of Surveyor Team Observations

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

CancerCare Manitoba (CCMB) is congratulated for its commitment to the Accreditation process and for embracing a culture of quality, safety and person-centred care throughout the organization. It is evident that the vision, mission and values are demonstrated throughout all levels of the organization and that there is a sense of community and caring within the organization. There is also a commitment to innovation and quality service delivery.

The board of CCMB is highly engaged and committed to the key priorities of the organization. This group of individuals are well versed on the strengths and opportunities facing the organization. They are representative of the community, well informed and they use their skills and abilities to ensure sound and effective governance of CCMB.

Delivering Excellence, the Manitoba Cancer Plan 2016-2021- is guiding the organization's priority setting and operational plans built on the framework of clinical excellence, academic excellence, and operational excellence. The 6 pillars of the strategic plan are:
1.   Toward state-of-the-art patient care
2.   Toward timely access to multidisciplinary care
3.   Toward enhanced reporting on performance, quality, and safety
4.   Toward building capacity to meet growing needs
5.   Toward improved care for underserved populations
6.   Toward broadened scope and enhanced strength of research

The organization is preparing to undertake the development of the 2021-2026 strategic plan entitled the "Roadmap to Cancer Control in Manitoba".

CCMB provides updates on the progress that the organization is making as it relates to their strategic and operational plans. Targeted outcomes, detailed action plans, current results and milestones achieved are reported. This reporting is also done in the spirit of transparency and enhanced visibility by sharing the results openly and using dashboards and the high caliber publications of the 2019 Manitoba Cancer System Performance Report and the 2019 Cancer Surgery Quality in Manitoba report. CCMB is congratulated on their openness to report their results as this is a demonstration of their commitment to being a learning and improving organization.

CCMB continually strives to provide quality and safe patient care to all Manitobans regardless of where they live. Their provincial mandate is planned and coordinated centrally and delivered throughout the province with other regional health authorities and health care partners. CCMB is a leader in supporting care closer to home through the 17 community oncology sites, the provincial cancer referral and navigation services, mobile screening programs, and the establishment of the Department of Primary Oncology (the first in a Canadian Cancer Centre) to recognize the key role that primary care plays in the cancer patient journey.

CCMB is commended for their ongoing work in maturing the quality and safety agenda. The quality management program is integrated throughout the organization and aligned with the strategic directions. There is a high level of accountability and commitment to quality and safety throughout all levels of the organization.

The organization is continuing to build its capacity in bringing the voice of the patient and family into its client and patient centred approaches. The organization has recruited a significant number of Patient Advisors from throughout the province who are invited to engage and participate in initiatives and projects throughout CCMB. These individuals consistently praised the organization for their experiences and for the opportunity to be engaged in a broad range of activities within CCMB. The organization is supported in their efforts to continually mature their patient and family centred care structures and processes at the unit, program and organizational level. Those interviewed are honored to be a part of the CCMB family and they look forward to continuing their participation.

The CCMB is commended on their commitment and investment in supporting and engaging underserved populations (UPP) such as the First Nations, Metis, Inuit, Elderly and Newcomers. Through a health equity lens, the UPP is working towards enhancing the patient experience by making all the CCMB services and care more responsive to the needs of the underserved and vulnerable populations.
There is a true sense of caring and pride that permeates throughout the organization. There is also a commitment towards excellence, innovation and quality service delivery by the leadership, physicians, staff and volunteers. There is a spirit of innovation and collaboration that supports the mission and vision of CCMB. Overall, patients and families are extremely satisfied with the care they receive at the service and programs offered by CCMB. They consistently commented that the staff, physicians and volunteers are caring, compassionate, respectful and courteous; those receiving this care have a tremendous amount of confidence and trust in CCMB.

The demand for cancer services in Manitoba is projected to dramatically rise over the next two decades due to the aging population, the higher incidence of cancer in the older population as well as advances in cancer treatments. CCMB will need to prepare for this increase demand and ensure that the physical, human and fiscal resources are available to support this anticipated growth in service.
Change can be expected to be ongoing and a dynamic occurrence in health care as Manitoba undergoes health system transformation. With the long history and experience that CCMB has as a provincial cancer program, it is well positioned to be a key contributor in the health transformation space. CCMB is encouraged to share its knowledge and expertise with its key partners Shared Health and the Transformation Team as Manitoba moves to transform health care in the province. CCMB has a great deal to offer to the people of Manitoba. They can take extreme pride in the many accomplishments and contributions they have and will continue to make for the people of Manitoba.

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: Governance

Meeting the demands for excellence in governance practice.

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

CancerCare Manitoba (CCMB) is very fortunate to have a committed, engaged and knowledgeable board. The board is committed to monitoring the targets and accomplishments of CCMB. They celebrate and recognize the organization's achievements and performance. The board is very active in challenging the organization to be the best that they can be and to remain true to the mission, vision, and values. The board is very diligent in examining the metrics that the leadership provides to them as well as opportunities for efficiencies and quality improvement.

The board has a tremendous amount of trust and confidence in the CEO and the executive leadership team. The briefings that are brought forward by the executive leadership are timely, comprehensive and provide the needed information to enable the board and the committees of the board to make recommendations and decisions. The board works to govern, question and support the ideas, recommendations that are brought forward by the executive leadership team. All major decisions go through a process that takes into consideration quality, safety, ethics and risk and all decisions made by the board are carefully monitored. All committees of the board have an annual work plan.

The board is very committed to ensuring quality and safe patient care is paramount throughout CCMB. The Quality and Patient Safety Committee of the Board is a very engaged committee that meets regularly. They receive ongoing education related to quality and safety; they review critical incidents; they receive updates on key quality improvement initiatives, and they review the organization's system performance reports. The board also has a Governance and Nomination, Community Connections, and Audit and Finance Committees. The Community Connections committee is a new board committee that facilitates oversight with respect to community engagement and public communication. They have developed new terms of reference and are excited about their mandate. Highlights from board meetings are posted on the external website. This is an excellent way of informing CCMB and the public on the work of the CCMB board.

All board members receive a comprehensive board orientation as well as ongoing education. Processes are in place to evaluate board meetings and to provide feedback to individual board members and the board chair. The board has also developed a board experience matrix to assist in determining the overall competencies and skills that would benefit the CCMB board when new board members are being

recruited. The board has a process to review the performance of the CEO on an annual basis.

The board is currently awaiting final direction from the Ministry of Health regarding the new structure and confirmed appointments of new members to the CCMB board. They look forward to having this finalized so that they can confirm membership on their board committees and have their full complement of board members in place.

It is evident that the CCMB board takes their roles and responsibilities very seriously. The board truly cares about CCMB and is passionate about ensuring that the mission, vision, and values of the organization remain at the forefront of every decision that is made. Since the last accreditation survey, there have been significant accomplishments throughout CCMB, creating a sense of pride for staff, physicians, volunteers and the community at large.

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)

It is evident that the current CCMB's strategic plan 2016-2021 is guiding the planning and decision making at the board and leadership level. The six strategic directions for the Manitoba Cancer Plan 2016-2021-Delivering Excellence are:

1.   Toward state-of-the-art Patient Care
2.   Toward timely access to multidisciplinary care
3.   Toward enhanced reporting on performance, quality, and safety
4.   Toward building capacity to meet growing needs
5.   Toward improved care for underserved populations
6.   Toward broadened scope and enhanced strength of research.

The organization has been deliberate in ensuring that the current plan speaks to the staff, physicians, partners, and the public, that it is focused and relevant. It guides the priority setting and operational planning. Progress reports on how the CCMB has moved forward with the strategic plan are published in the annual report.

CCMB is commended on having a culture of using data and evidence to drive the planning, decision making and evaluation within the organization. The organization also pays attention to risk management. CCMB is currently moving forward with its strategic plan for 2021-2026 which will be entitled the Roadmap to Cancer Control in Manitoba. A detailed project charter and plan has been developed with clear milestones identified. The new strategic plan will serve as an integral guide for health care providers and the provincial health care system. It must be aligned with the Provincial Clinical and Preventative Services Plan, be developed with consultation and engagement by key stakeholders and it must identify priorities for CCMB. The goal is to have the plan finalized by the summer of 2020.

Priority Process: Resource Management

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

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

The CCMB has ensured that there are sound processes in place to ensure fiscal accountability and responsibility. The organization undertakes a principle-based approach which includes the integration of the strategic plan along with short term operating and capital budget needs. There is an expectation that programs and services monitor and manage their budgets. There is a culture of financial accountability. When recruiting new physician resources an impact analysis is done for the clinical resources required to support the new recruits however nonclinical resources are not included in the process e.g.: transcription, finance and human resources. It is suggested that the organization include all clinical and nonclinical resources in the impact analysis process. This may be one of the factors why transcription is not able to meet its turnaround times.

Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
10.5 There is a talent management plan that includes strategies for developing leadership capacity and capabilities within the organization.	
Surveyor comments on the priority process(es)	

The Human Resources (HR) department is responsible for functions related to human resources, facilities, workplace safety, disaster, and emergency preparedness and corporate risk. The HR department is moving towards a paperless system. They have developed and using an HR management SharePoint page. Employee records are now digitalized. The department has access to data electronically to monitor areas such as overtime and absenteeism. The team has access to demographic data to support the development of human resource and talent management plans. Managers have access to information at the unit level. The team is encouraged to follow through on their plan to develop their Human Resource and Talent Management plan and to have it aligned with the organization's new strategic plan. The organization is also encouraged to do succession planning.

Results from the Work life Pulse Survey have been presented to staff at lunch and learns. Managers are expected to work with their staff to develop action plans to address the Work life Pulse Survey. A Wellness Committee is being established which will include front line staff.

The Applauding Values Long service awards, as well as the implementation of an employee engagement program called RISE whereby peers and colleagues can recognize each other, are some of the recognition initiatives at CCMB.

Sounds processes are in place for the retention and recruitment of staff. All new employees must attend staff orientation. Regular exit interviews are conducted. The learnings from these interviews are shared with the appropriate manager and support the organization's commitment to quality improvement. A performance conversation program is replacing the performance appraisal process. This new approach was implemented by nursing in the spring of 2019 and will now be rolled out to the rest of the organization. A review of the manager's span of control was completed and findings are being contemplated.

The Occupational Health and Safety Assistant is responsible for overseeing workplace safety at the CCMB. With regards to staff safety, the organization has implemented several initiatives including staff having personal safety alarms, increased security and a safe walk program for staff who park on the Health Sciences Centre Campus. Workplace and safety rounds are held. Deficiencies that are identified are reported immediately and remediation efforts are put in place.

The Facilities department is responsible for overseeing the services provided by the local health authority such as housekeeping. Service level agreements are in place and are monitored to ensure contracted services are meeting their obligations. The department is also responsible for managing space and

renovation requests and processes to manage these type of requests are in place.

Where appropriate the team is encouraged to engage Patient Advisors in policy development. An opportunity would be the Dress Code policy which is being reviewed.

The Human Resources department is commended for its commitment to ensuring that processes and tools are in place to support the organization's leaders, physicians, staff and volunteers in fulfilling CCMB's mission and vision.

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)

CCMB is congratulated on the efforts they have undertaken and the investments they have made to continue to mature and refine the integrated quality management journey. They are commended on integrating the quality improvement plan with the strategic goals and operational plans.

The quality improvement and patient safety plan encompass an integrated approach involving patient and family centered care, quality improvement and safety. The philosophies of care include listening and building upon the experiences of patients and families, empowering quality improvement teams to monitor outcomes and experiences at the unit and program level. The expected impact is to partner with patients and families to design a better health experience; to build safety into the patient experience and to continually look for solutions and improvements through the involvement of patients, families, staff, physicians, and volunteers. One such strategy of note is the Quality, Patient Safety, and Risk department conducts quality, safety, and efficiency walk rounds in order to identify environmental issues that can affect patient and staff safety. The issues identified are recorded electronically and addressed by the facilities department and senior leadership. Patient advisors are also included on these walks and their suggestions and observations are considered as part of the improvement process.

There is evidence of ongoing performance indicator monitoring and reporting; policies and procedures for staff and patients to support a culture of quality and safety; implementation and monitoring of a safety learning/reporting system; sound processes for critical incident/adverse event reviews; disclosure to patients and families. CCMB is congratulated on publishing two very high caliber reports, namely the 2019 Manitoba Cancer System Performance Report and the 2019 Cancer Surgery Quality in Manitoba report and making it available to the public on the CCMB external Website. These reports are comprehensive, easy to ascertain and provides a current perspective on the performance of the cancer system and the quality of cancer surgery in the province of Manitoba.

Sound processes are in place for the reporting of adverse events. Staff is aware of the steps that need to be taken when an adverse event occurs and there are processes in place to support all those involved in these situations. Disclosure support is provided. It is usually the most responsible physician who provides the disclosure however the organization may wish to also consider having the appropriate operational leader involved as well e.g.: nursing, radiation therapy, health records. CCMB is also developing strategies to address the findings from the Patient Safety Culture Survey. Having a just and trusting culture continues to be a concern. Seeking staff and physician input and suggestions on how the organization can improve the just and trusting culture may be helpful.

CCMB has implemented an innovative pilot project, MedFiTT which is evaluating the feasibility and outcomes of implementing a screening tool to access frailty and a process to provide deprescribing recommendations to primary care providers in thoracic cancer clinics. A schematic flow of the frailty assessment and describing process has been developed. Evaluation is a strong component of the study

with outcomes identified. A client partner is actively involved in this project and participates on the advisory committee. There is a strong interdisciplinary focus including the involvement of the Canadian Patient Safety Institute study team, medical oncology clinics, physicians, nursing, clerks, and pharmacy. There is support and commitment from partners and the CCMB Foundation. The quality initiative project enables the medication reconciliation process. This includes the establishment of a Blue Bag project which supports clients in bringing medications to clinic visits for medication reconciliation. Patient safety is supported by inputting falls into the incident reporting system which is linked to the pharmacy and triggers a medication review. The organization is encouraged to continue to evaluate the MedFiTT program, celebrate the success of the program and share evaluation results.

Significant effort has been made to engage patients, families, staff, volunteers, and physicians in quality and safety initiatives. The organization has developed a very active group of Patient and Family Advisors. They are also having patients "tell their story". In 2019 CCMB conducted the Ambulatory Oncology Patient Satisfaction Survey in order to evaluate patient satisfaction for cancer care received at CCMB for a 6-month period. The survey addresses overall perceptions of quality and the six dimensions of person-centred care which include; emotional support, information, communication and education, coordination and integration of care, access to care, respect for patient preferences and physical comfort. A total of 857 patients completed the questionnaire with a response rate of over 50%. Overall satisfaction was 98.4%. Work is occurring to address the findings from the survey. The organization is encouraged to continue to engage patient and family advisors throughout the organization.

CCMB can be very proud of their quality and safety program. There is no doubt that patient and family centered care, quality improvement and patient safety is embedded in the fabric of CCMB. This is truly an organization that can be an example for other health care systems.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has an ethical decision-making framework. The organization has an ethical policy. This framework was developed by the regional ethics program based at the Trillium health partners. When an ethical issue is brought to the ethical committee the IDEA framework is used. The framework identifies the facts, determines the relevant ethical principles, explores the options, and then acts. The framework defines processes for managing ethical issues and dilemmas and concerns. This framework is value-based ethical decision-making tool, that is adaptable to both secular and faith-based settings and takes account of the personal, cultural, and professional values of the stakeholders. It helps to guide administrators to provide a fair process in working through ethical issues encountered in the delivery of healthcare. The committee has a chair of the ethics committee and there is also a physician champion who sits on the committee. There are several opportunities to discuss ethical issues and the committee meets at regular intervals. The committee helps to provide guidance for ethical decision-making at the organizational level. It also ensures that the organizational ethical issues are dealt with in a timely and appropriate manner. There is a code of ethics and all individuals providing services within CancerCare Manitoba are required to live by the organization's stated values. These values are respect for people, integrity, excellence, and stewardship. Ethical issues can be reported into the RL6 system and can then be flagged to the ethics committee. Staff can also indicate if they wish to be contacted. The committee is chaired by a pharmacist. There have been several issues that the committee worked on this year. There has been a revamping of the informed consent form and policy. The form is supposed to be better from the perspective of the patient. It provides a clearer direction as to who is responsible for certain activities and also provides the ability for further discussion about co-morbidities. The Medical Assistance in Dying (MAID) policy was implemented. Discussions about genetic testing and the location of its documentation and drug shortages were also other hot-button topics that needed wholesome conversations about the ethical dilemmas that staff and the organization faced.

Information sessions for new staff members involved in patient contact are readily provided. The organization has a health Ethics week in April in which several topics are presented and discussed. Staff are also made aware of the framework, policy, and are advised about resources. There are also several other policies that exist that provide staff with rules and guidance in dealing with ethical issues. These policies include informed consent policy, advanced care planning policy, conflict of interest policy, respectful workplace policy, and interactions with industrial representatives. The organization has a SharePoint site with an ethics folder that is available to staff. The folder contains the framework, consult information, articles, and presentations relating to clinical ethics. The CancerCare Manitoba intranet also has links to the value statements and code of ethics.

The organization is involved in several research projects and clinical trials. There is a central body at the University of Manitoba that provides ethics approval for research projects.
There is a code of conduct. The ethical issues that arise are relevant in all aspects of care in CancerCare Manitoba. These may include purchasing, clinical issues, and research projects.

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)

CCMB has updated their strategic communications plan for 2019. The objectives of the plan are:
1.   To promote the role of CCMB as a provincial cancer agency with the mandate to provide leadership in cancer control.
2.   To support and empower patients, their families and caregivers by providing information about CCMB's services, resources and supports.
3.   To create and encourage a communications intensive culture for CCMB staff, to facilitate a positive work environment and to empower and enable staff to be ambassadors of CCMB.
4.   To enhance awareness and understanding of CCMB's mandate for leadership in provincial cancer control and provision of direct clinical services and programs, including research and education, by the people of Manitoba.
5.   To enhance relations with the Province of Manitoba and key partners in cancer services, research, education and funding agencies, locally, nationally and internationally.
The plan outlines key messages and specific strategies for 2019 as well as metrics for each of the objectives. Regular townhalls, television monitors, newsletters and a refreshed website are some of the strategies used to communicate within the organization. CCMB is encouraged to monitor and adjust their communication strategies in order to ensure that the desired objectives can be achieved. CCMB is also encouraged to look for opportunities to share the many successes that are occurring within the CCMB and to "tell your story" and to profile the excellent work that is happening within the organization. There are many initiatives that CCMB needs to celebrate!
The organization is congratulated on the successful implementation of the Electronic Medical Record in 2018. The team continues to look for opportunities to optimize the potential of the EMR. Transcription services continues to struggle in meeting turnaround targets for histories and physicals, progress notes, letters and treatment completion. This has the potential of having a significant quality and safety risk for the organization.   It is suggested that the organization look for strategies to reduce the delay in transcribing of patient information.
The organization has implemented excellent processes to ensure the privacy and confidentiality of patient information. Regular audits are conducted.

Priority Process: Physical Environment

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

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

The physical space for the delivery of patient care is satisfactory. As the organization continues to grow it will need to ensure that the physical plant meets the capacity. The signage is appropriate. There are signs of Hand Hygiene and Cough Etiquette. There are washbasins and hand sanitizers throughout the organization in the clinical areas as well as the administrative areas. The organization is strongly encouraged to continue to have focused efforts on hand hygiene for the public and staff. Hand hygiene signs are placed throughout the entire organization.

The coverings of chairs are all wipeable. The upholstery on one chair in one of the clinics could act as an area for bacterial growth and contamination. Privacy is strictly guarded.

The organization has a fairly new site at Brandon and should continue to explore ways to increase the throughput and optimize the efficiency of the use of that site.

The physical layout at the MacCharles and Brandon sites is fairly easy to navigate and staff, as well as patients, can access services as required.

There is no smoking allowed in the hospital No smoking signs are strategically placed in the organization. There are security officers on site. The organization is committed to security and safety for its clients and staff.

The organization has continued to and is encouraged to continue to monitor the safety of and improve the safety of all staff and visitors. The organization is in a unique location where there are several factor factors that converge to decrease the level of security. These include the location of the hospital and the socioeconomic area that it sits in.

The organization has recently taken steps to increase security by closing certain doors, increasing security patrols, encouraging staff to be more vigilant, providing education and information sessions from the police, violence prevention training, and awareness training of the surroundings.

The Facilities department is responsible for overseeing the services provided by the local health authority such as housekeeping. Service level agreements are in place and are monitored to ensure contracted services are meeting their obligations. The department is also responsible for managing space and renovation requests. Processes to manage these types of requests are in place.

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)

CCMB has recently hired a Disaster Management and Corporate Risk Coordinator for the organization. This position is responsible for developing and overseeing the Emergency and Disaster Preparedness as well as the Corporate Risk for CCMB. The organization has updated its Emergency and Disaster Preparedness and Response Management Plan which is very comprehensive. Education sessions are offered, and response plans are tested. Debriefings and post-analysis are done on all drills and real responses. The coordinator is planning a series of tabletop exercises to test various scenarios and to keep staff current on response algorithms.
The organization is fortunate to have dedicated medical and practitioner resources to support Infection Prevention Control (IPC) practices and responses such as outbreak management. The IPC practitioners are active members on various CCMB leadership committees.
Business continuity plans are being refreshed and updated. They are implemented when necessary to support ongoing clinical operations.
Due to the physical location of the CCMB and recent incidents on and around the Health Sciences Campus, the Coordinator developed and presented an active shooter presentation where there was tremendous participation of CCMB staff. It is suggested that education sessions be evaluated so that improvements can be made as appropriate. The organization may wish to consider highlighting an emergency code in the weekly newsletter.

Priority Process: People-Centred Care

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

CCMB is congratulated on the development of their robust Patient and Family Advisory Program which is intended to work with staff and leadership in order to ensure that the patient voice is present in the decision-making processes throughout CCMB. The Patient and Family Advisors represent a variety of backgrounds, experiences and cultures. They receive a detailed orientation.

It was a pleasure to meet formally with three of the patient advisors to hear about their role, experience and contributions at CCMB. It was heartening to see the pride these individuals have as a Patient Advisor for CCMB and the admiration they have for the organization. They take this role very seriously and it is apparent that the CCMB values the patient advisors. For example, one of the patient advisors had kept a detailed record of the 15 projects that he had undertaken as a patient advisory.

There is a mechanism for the Patient Advisors to provide feedback on their experience following their involvement in a project. In some instances, after the Patient Advisors had been involved in an initiative, they indicated that they don't always know what the organization did with their feedback and what the organization decided to do. It is suggested that the organization ensures that the loop is closed and that the Patient Advisors receive appropriate follow up when projects are finalized.

CCMB is also commended on the structures and processes they have put in place to facilitate the sharing of Patient Stories. This has been a powerful vehicle in understanding the patient's care, in connecting the patients back to CCMB, in informing CCMB of patient's expectations and needs, in involving patients as partners in their care and the creation of system improvement opportunities through the reflection of patient experiences.

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)

There is a focused effort on innovation and patient flow in the Radiation Oncology Program. All departments at CancerCare Manitoba are involved in the process. There has been an expansion of outpatient services in some departments and other departments have expanded their human resources to deal with the increased demand for cancer. Other departments have used the LEAN Six Sigma process to deal with the process of flow. Dyad leadership, streamlining the flow of patients and collaboration with the diagnostic imaging department to optimize the flow of patients have also been used. There has been a close collaboration with the various departments.

The organization is optimizing patient flow by using a proactive approach in order to reduce bottlenecks. The organization has a triage system for incoming referrals. All consultations in the province are faxed to a central office and then triaged by the radiation and medical oncologists.

The Manitoba Cancer plan has identified several goal-oriented strategic directions that will align with its vision mission and values. One of the objectives is timely access to multidisciplinary care. The organization intends to create a significant reduction in the time the patient's wait time from when suspicion of cancer first arises until treatment is initiated. One of the strategies to do this is to establish diagnostic clinics at CancerCare Manitoba. Another objective is the efficient expedited patient flow within the CancerCare Manitoba system. Several strategies have been identified to do this. They include expanding central referral services to include all disease-specific groups, establishing disease site-specific targets based on best practice, building patient triaging into the electronic oncology record in order to have a more efficient and better triage process.

There has been a lot of work done in the consultation and diagnostic and treatment phases of the cancer patient's journey in order to optimize flow, improve patient care and reduce patient wait times.

Several initiatives have been proposed and several undertaken to improve the patient flow. Some of these include workup of cancer using established cancer pathways, increased support of navigation services for both the patient and primary care, direct new patient booking, and direct referral to navigation service.

The organization has already enhanced its screening programs. There is an urgent care clinic that has reduced admission to the emergency department for patients with cancer. These patients have pain and severe symptoms and the urgent care clinic is able to deal with their symptoms from Monday to Friday. This has allowed these patients to be steered away from the emergency department. Recent funding has also been obtained to do an evaluation of emergency visits and how the urgent care clinic has impacted that. Patients do appreciate this rapid access to care.

The organization also has a rapid access uncomplicated bony mets clinic. This clinic operates on a weekly basis and was opened in November 2018. It is to provide an opportunity for patients with metastatic disease of the bones secondary to any malignancy to have prompt access to the radiation or apology services. It is to offer suitable patients radiation therapy treatment for pain and symptom management in a timely fashion. The clinic has helped to improve relationships with cancer navigation, the urgent care

clinic, and the emergency service. 136 patients have been triaged and 112 patients treated. The majority of the patients treated had spine, femur, and hip joints metastases.

The organization also has several navigators. These navigators helped to facilitate the movement of the patients through the system.

The organization is planning to undertake a comprehensive patient flow strategy that involves a comprehensive understanding how to improve flow. The organization plans to create a patient flow office and the initial focus will be on clinics. The plan will allow the organization to plan clinic map improvements which may include matching of consult requirements with clinic capacity and clinic remapping to improve multidisciplinary care.

There are several groups in the province that assist with the transport of cancer patients. There is the volunteer cancer service, indigenous service, Handy Transit Services, local volunteer groups, and that several room around groups that provide transport of patients into Winnipeg.

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 organization has a robust program for its medical devices especially for the radiotherapy equipment and software. Instructions and user guides are easily accessible at all times for each type of radiotherapy equipment and software in use. The organization has processes in place to have preventative maintenance (PM) completed proactively. CCMB is responsible for PM at the MacCharles and St Boniface sites. For the sites that are located within the Winnipeg Regional Health Authority (WRHA), the WRHA is responsible for the preventative maintenance. CCMB is waiting for the Memorandum of Understanding between CCMB and WRHA to be signed off. They will need to ensure that they have a Service Level Agreement in place for the WRHA to do the PM. The CCMB team has scheduled PM for the linear accelerators. Radiation emitting equipment and radionuclides in storage are used within the CancerCare Manitoba facilities and are appropriately licensed in accordance with the Nuclear Safety and Control Act and the Manitoba X-ray Safety Regulation. The major Radiotherapy Equipment includes External Beam treatment units including linear accelerators, orthovoltage units, and accessories, Simulators and accessories, remote after-loading brachytherapy devices, imaging equipment used in brachytherapy procedures and treatment planning software and associated software supplies.
The radiation protection service department through the radiation safety officer is responsible for the licensing documentation required to maintain the facilities of CCMB in compliance with federal and provincial acts and regulations.

There is a very comprehensive involved process to remove spent cobalt radiation sources and replace the sources with new material. This is done every 5 years.
They have sound processes in place to remove malfunctioning equipment e.g. pumps out of the clinical areas and to have the maintenance done. They have electronic processes in place to record equipment failures and to track the completion of maintenance. It is suggested that the team establish set targets for when maintenance of equipment should be completed. They should also evaluate the effectiveness of their PM program. They have a tracking process in place to determine when scheduled PM's need to take place for pumps.
The organization collaborates closely with the other infection control programs to ensure that detergents, solutions, and disinfectants are selected appropriately and are compatible with the devices used.
Equipment failures are reported and the equipment removed from circulation until it is either repaired or destroyed.

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, and innovation.

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

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Population Health and Wellness	

CCMB is congratulated on achieving Gold standard for the Cancer Registry. CCMB is also commended on gathering and using data and information to understand the populations that they serve and to set priorities to meet the needs of these populations.

The organization has established the section of Primary Care Oncology to strengthen the importance of the connections between CCMB and Primary Care and to support patient care across the entire cancer continuum.

Screening programs continue to be offered to the public across Manitoba. The CCMB is also contributing to the prevention agenda in partnership with other stakeholders. The program has rich data to be able to measure and monitor screening uptake and opportunities for improvement.

Cancer Patient Navigation Services has been implemented throughout the province to enhance the patient experience and to meet the demands of the system. Cancer Patient Navigation supports care coordination and system navigation and person-centered cancer care.   The Navigation Services has undertaken several innovations to expand the scope of care in a way that ensures patients are supported, moving forward in the system and are transitioned to the right care provider. These include the Rapid Diagnostic Clinic (RDC), and the amalgamation of Navigation Services and CCMB's Central Referral Office to form the Provincial Cancer Referral and Navigation Services (PCRN). The program is encouraged to make a connection with Health Links to make them aware of the navigation services and to understand whether there are patients who are contacting them who would be better served by the PCRN.

The Underserved Populations Program (UPP) has as its goal is to improve access through collaboration with partners and stakeholders both internal and external to CCMB. By applying a health equity lens the

UPP aims to enhance patient experiences by making all CCMB services and care more responsive to the needs of underserved and vulnerable people in Manitoba. The UPP is focusing its efforts on four distinct populations; First Nation, Métis, and Inuit, Older Adults, Newcomers, and Rural and Remote Manitobans. The UPP provides education about cancer risk and prevention to communities and collaborates with the Screening program to increase awareness about early detection and regular screening practices. The UPP also educates staff about the unique challenges these groups face to improve clinicians' ability to care for patients who face barriers to care.

The Transitions Initiative is focused on making the process seamless and less stressful for patients, their families, and primary care providers. Ensuring patients, families and community providers receive clear communication and transfer of information at pivotal cancer transition points is vital. By 2018 over 1700 transition appointments have been delivered. By transitioning patients out of the cancer care system, this enables that many more new patients can be seen.

 CCMB is commended for the innovative approaches they have undertaken to support excellence in cancer care for patients and families in the province of Manitoba.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations
- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

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

Standards Set: Cancer Care - 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	
The organization has met all criteria for this priority process.	

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Medication Management

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

CancerCare Manitoba is led by compassionate clinical and physician leaders. They are strongly committed to providing quality, safe and innovative care and services to clients and families. There is a strong level of engagement of the team and physicians and they work in collaboration to meet the needs of clients and families throughout Manitoba. This includes providing care "close to home" and using technology such as telehealth visits to reduce travel time for clients and families. There is evidence of strong, and cohesive interdisciplinary teams supporting cancer care. The team commented that they have the resources to do their work. The support of CancerCare Manitoba Foundation was acknowledged by the team and leaders.

Service specific goals are developed and monitored. Quality Boards and Education Boards are present and used to support communication, quality improvement, and patient safety. Quality processes are embraced by the team and leaders. They proactively seek opportunities to improve programs and services. One such initiative was the establishment of an urgent care center. The caring and concern for clients and families were evident throughout CancerCare Manitoba. There is a strong commitment to partnerships and relationships have been established with national and international health care organizations. This includes collaboration on research initiatives and clinical trials.

The engagement and participation of clients and families is evident. This includes co-designing spaces to ensure safe and therapeutic environments. The systemic therapy, radiation therapy, and clinic spaces are well organized. The waiting areas are clean, comfortable and provide access to educational resources.

There is an established Radiation Oncology Program with three major pillars including: Radiation Oncology, Medical Physics, and Radiation Therapy. There is a strong physician and administrative leadership and adequate numbers of physicians, physicists, radiation therapists, and nurses for providing radiation oncology care services. The program provides prompt clinical and high-quality radiation services. There is a radiation safety program that includes defined responsibilities for program leadership, reporting

and duties. The major radiotherapy equipment includes: external beam treatment units including linear accelerators, orthovoltage units, simulators, remote afterloading brachytherapy devices, imaging equipment used in brachytherapy procedures and treatment planning software supplies. The Radiation Oncology Services has seven linear accelerators, high dose rate gynecological and prostate low dose brachytherapy suites, three simulators two of which are located in Winnipeg and one in Brandon and there is also an orthovoltage unit. Services offered include IM radiotherapy, IG radiotherapy, rapid arc, and Gamma Knife Perfexion. SBR T is offered in major disease site groups.

The Radiation Protection Service Department through the Radiation Safety Officer is responsible for the licensing documentation required to maintain the facilities of CancerCare Manitoba in compliance with federal and provincial acts and regulations. The radiation safety team and radiation safety officer support radiation safety. The team endorses the principle of maintaining radiation doses to staff and members of the public as low as reasonably achievable.

Priority Process: Competency

A strong inter-disciplinary team supports the provision of quality cancer care. The leaders, team members and physicians are commended for their strong commitment to providing quality and safe cancer care. There are numerous policies and procedures supporting clinical care including clinical care imaging, treatment planning and treatment delivery. These can all be accessed on the SharePoint site. There is extensive reporting into the RL6 system. The leaders are acknowledged for their commitment to supporting the education and learning needs of the team. The team members spoke highly of the education and training provided. They stated that this prepared them to work effectively in cancer care. Physicians receive education on hand hygiene, radiation safety, WHMIS, and violence prevention. The team spoke highly of the value of huddles and weekly rounds. The physicians described the value of sharing best practices with the team and being involved in research. The leaders and team are to be commended for their commitment to infusion pump safety. Education and training are provided on ethical decision-making. The leaders are encouraged to continue to provide education and training on ethical decision making.

The volunteers of CancerCare Manitoba are integral members of the cancer care team. There are robust onboarding, education and support provided. The volunteers commented on the value of the orientation. They described receiving hand hygiene education. The volunteers stated that they felt their safety was supported by the organization.

The team described the importance and value of the orientation process including mentorship and support from the team. The team members stated that they felt safe at work and described the various initiatives to support staff safety. This included training on violence prevention and occupational health and safety. The leaders are encouraged to continue to involve the team in the identification and implementation of strategies to enhance team safety. Performance appraisals are completed for team members. The leaders are encouraged to continue with plans to complete performance appraisals.

There are significant client educational resources. There are also several client focus groups to inform

educational processes. There are handouts for each disease site group. There are also links to the SharePoint sites for staff. The Radiation Oncology Program is involved with extensive education for residents and fellows. The Radiation Oncology Program provides a number of educational and training programs including the Royal College of Physicians and Surgeons of Canada (RCPSC) accredited 5 year residency training programs in Radiation Oncology and advanced (post-residency) training in sub-specialties such as brachytherapy, SBRT or Gamma Knife. The Medical Physics department is involved in both undergraduate and graduate physics programs through the University of Manitoba. The graduate program offers M.Sc. and Ph.D. degrees and is accredited by the Commission on Accreditation of Medical Physics Education Programs (CAMPEP); a CAMPEP-accredited medical physics residency training program is also offered. The CancerCare Manitoba/University of Winnipeg, Department of Physics Joint Diploma/BSc Degree in Radiation Therapy is accredited through Accreditation Canada-EQual Program.

Priority Process: Episode of Care

An engaged inter-disciplinary team works collaboratively with partners to ensure quality cancer care services. The team members described the interdisciplinary cancer care team as collaborative, respectful and committed to the needs of clients and families. The effective working relationships were described as a reason why team members want to work with CancerCare Manitoba. A client described the cancer care team as being "like family." The clients described receiving excellent care. A client stated, "The staff are absolutely fantastic." The clients and families noted that they are an integral part of decision making and are aware of follow up care. Several of the clients have used the services of urgent cancer care and the health line. The clients and families described being treated with care, dignity and respect.

There are resources available to support clients and families. This includes nutrition, psychosocial and speech language therapy. Volunteers play an important role in supporting clients and families. This includes such services as providing refreshment carts, volunteer corner, library assistant and the Guardian Angel program to name just a few. The volunteers described "wanting to give back" to CancerCare Manitoba. A newsletter, The Navigator provides information to clients and families on support services.

The importance of prevention and screening programs were highlighted by the team. The clients of the screening programs described being treated with care, dignity and respect. They were aware of the process of receiving the screening results. There is a strong commitment to providing services for clients who may have difficulty accessing services. One such initiative is the mobile mammography units which provide access to people living in rural areas. The leaders and team are to be commended for the commitment to providing CancerCare Manitoba Quit Smoking Program. Standard operating procedures have been developed to support the delivery of the smoking cessation program. The leaders are encouraged to continue to support innovation prevention programs.

Rounds, case conferences and family conferences are held. Patient satisfaction surveys are completed. The information collected is shared with the team and improvements are made and communicated to clients and families. The team is to be commended for their commitment to medication reconciliation and transfer of client information during care transitions.

The physical spaces providing systemic cancer therapy, radiotherapy and clinics are clean and welcoming. However, there is limited space for privacy and to respond to program and service growth. The organization is encouraged to continue to assess and plan for physical space to accommodate current and future program growth.

Radiation emitting equipment and radionuclides in storage are used within the CancerCare Manitoba facilities and are appropriately licensed in accordance with the Nuclear Safety and Control Act and the Manitoba X-ray Safety Regulation. There is an involved process to remove spent cobalt radiation sources and replace the sources with new material. This is done every 5 years. All CancerCare Manitoba staff receive training with respect to health physics and radiation protection. Education and training is provided in radiation safety to staff who work with radiation emitting equipment or equipment containing radioactive sources

Radiation treatment plans for patients for the Gamma Knife program are peer reviewed by other experts including radiation physicists, radiation oncologist and neurosurgeon prior to the patient receiving any treatment. This comprehensive evaluation occurs in all areas of treatment planning. Furthermore, the radiotherapy treatment plan for each patient with the Gamma Knife is verified by three professionals prior to the first treatment. The professionals involved include a neurosurgeon, radiation oncologist, and a physicist. There is extensive use of sophisticated software in the creation of the treatment plan.

All instances of changes to the patient's treatment plan must be initiated by the physician. All courses of radiation treatment or any change to a previously authorized course of radiation treatment must be authorized by a radiation oncologist. Pain and symptom management is mainly performed by the family doctor and the specialist. Patients can be referred to the pain and symptom management program.

There is an organizational radiation safety program that includes defined responsibilities for program leadership, reporting and duties. The radiation protection service department through its radiation safety officer is responsible for the license and documentation required to maintain the facilities of CancerCare Manitoba in compliance with federal and provincial acts and regulations. Physicians and physicists in the GammaKnife program must have a user and treatment license. For all medical linear accelerators in the province, any person who operates them must have a user license.

The Radiation Oncology Program provides education and training on the safe and efficient use of radiation therapy equipment and software. It has standard operating procedures and there are guidelines for imaging and positioning, treatment planning, treatment delivery, and radiation safety. The effectiveness of radiotherapy equipment and software training is evaluated and improved upon. Radiation safety is regularly inspected. Radiation treatment documentation and treatment delivery is recorded in the electronic medical record. The radiation oncologists, and neurosurgeon dictate a separate individual report into the patient's record when there is use of the Gamma Knife. Critical incidents are very few, but they are reported and investigated. There is a policy and guidelines for pacemakers and implantable cardioverter defibrillators.

Priority Process: Decision Support

The team and leaders are committed to using decision support to enable quality client care. The organization is to be commended for the implementation of Aria, an oncology information system throughout CancerCare Manitoba. Computerized physician order entry is implemented. Education and training are provided to the team on the use of technology.

Standardized client information is collected. Comprehensive and up to date information is collected with the input of clients and families. The team is to be acknowledged for the use of plain language and providing an opportunity for client feedback. Care plans are developed and updated with the input of clients and families. Comprehensive auditing occurs. The team and leaders are committed to protecting personal health information. Education is provided to all members of the team on protecting the privacy of client information. Privacy audits are completed. Clients are knowledgeable regarding the process to review their health records.

There is an extensive radiotherapy quality assurance program. CancerCare Manitoba is responsible for radiation protection and imaging physics. The Gamma Knife Program provides immediate quality assurance with at least two levels of checks. The neurosurgeon, physicist, and oncologist must sign off on the treatment plan for the patient before the treatment starts. The cobalt radioactive sources in the Gamma Knife are changed every five years. This is handled by the vendor. It is an extensive complicated procedure that requires significant coordination. There is no radioactive waste or by-product from the linear accelerator machines. Similarly, there is no waste from the CT simulator diagnostic machines. Radiation exposure is monitored. All staff working in radiation emitting areas have personal dosimeters. The personnel radiation dose is monitored by means of the personally assigned dosimeters and is coordinated through the National Dosimetry Service.

Priority Process: Impact on Outcomes

The team and leaders are commended for their commitment to quality improvement. Daily huddles, family conferences, nursing rounds, case rounds, and quality boards are used to support safety and quality. Patient safety and efficiency walkarounds occur. During this activity, the patient advisor as well as a front-line staff and the quality representative walk around and identify areas of opportunity for improvement at the front line. There are robust auditing processes. Wait time data are collected by the team. This information is used to set priorities. Patient Satisfaction Surveys are completed with the results shared with the team and clients. Best practices and evidenced informed decision making is used by the team. There is evidence of a culture focused on innovation, research and future vision for cancer care. One such initiative is an innovative pilot project, MedFiTT which is evaluating the feasibility and outcomes of implementing a screening tool to access frailty and a process to provide deprescribing recommendations to primary care providers in thoracic cancer clinics. Clients are integral partners in the MedFiTT initiative.

The leaders and team have access to evidence-based guidelines to support cancer care. There are partnerships established both nationally and internationally to support evidence-based guidelines and

innovation. There is a strong commitment to research and providing clinical trial access for clients. The Client Trials Unit is led by a committed director and manager. There are robust processes developed to support clinical trial participation including a package for new investigators and a sponsor information package on conducting a clinical trial at CancerCare Manitoba. A Trials and Tribulations newsletter shares information on current clinical trials and participation. A patient engagement initiative was used to inform the clinical trial process. The leaders are encouraged to continue with plans to increase clinical trial access and participation.

The Department of Radiation Oncology at CancerCare Manitoba sees approximately 3500 consultations per annum. The total courses of radiotherapy 2018 – 2019 were 3627. Approximately one third of the radiotherapy treatments are for return patients. The total number of treatments are in excess of 50,000. The CIHI benchmark of 28 days from ready to treat until treatment start is met 100% of the time. If the number of days is reduced to 21 days then the percentage drops to 82%. The Radiation Oncology Program has some of the best (urgent) wait times in Canada. Many median wait times have decreased across many systems.

Priority Process: Medication Management

The team and leaders are commended for the strong commitment to the safe handling of systemic cancer therapy medications and delivering safe radiotherapy. There are comprehensive policies and procedures supporting systemic cancer therapy and radiotherapy. Guidelines have been developed to support acquiring, receiving, storing, preparing, administrating, transporting and disposing of systemic cancer therapy medications. The systemic cancer therapy medications are prepared at the MacCharles site and transported to the other sites within the Winnipeg area. The systemic cancer therapy medications are then transported and stored appropriately in medication rooms. The team members commented that they felt safe in working with systemic cancer therapy medications. They noted that they have the appropriate safety equipment and training to work with systemic cancer therapy medications. This includes the appropriate personal protective equipment. The team members were aware of the process to follow in the event of a spill of systemic cancer therapy medications. Incidents involving systemic cancer therapy medications are tracked in the RL6 system with the information collected used to make improvements.

Radiotherapy is provided at the MacCharles site and Brandon. The equipment and software instructions and user guides are accessible for each type of radiotherapy equipment and software.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	

The team and leaders are committed to a quality infection prevention and control program. Best practice and evidence informed information is incorporated in the infection and prevention and control program. Infection prevention and control activities are planned and developed based on organizational priorities. Comprehensive policies and procedures are developed to support infection prevention and control. Standard operating procedures are developed. Patient service rounds with a focus on infection prevention and control occur. Lunch and learn sessions on infection prevention and control are held. An inter-disciplinary team supports infection prevention and control. The infection prevention and control team provides updates to the Clinical Program Management Team and Quality Systems Team. The infection prevention control program has the following staffing; an infection control professional (.5 FTE) and the support of an infectious disease consultant. The organization is encouraged to continue to assess the infection prevention and control program and appropriate resources in keeping with emerging infection prevention and control trends. The organization completes a comprehensive risk assessment and continues to monitor risk to ensure infection prevention and control priorities are met. It is important that the organization continues to monitor emerging infection prevention and control trends.

The infection prevention and control team are involved with planning and designing any changes to the physical environment. The team has developed strong partnerships including with Shared Health, the regional health authorities throughout Manitoba and the University of Manitoba. This includes an effective working relationship with laboratories.

The quality of the cleaning provided throughout the sites of CancerCare Manitoba is acknowledged. The cleaning staff is to be commended for their great work. They stated that they feel safe at work and are aware of the cleaning processes to follow.

The team is acknowledged for their work in the development and implementation of the hand hygiene program throughout CancerCare Manitoba. The team has worked very hard in developing plans and processes for this important program. An innovative patient-driven auditing process has been implemented. The results of the patient-driven auditing process will be published in academic journals. CancerCare Manitoba has a very strong established oncology program. Physicians, nurses and other healthcare providers who look after these cancer patients have strong clinical skills and are very much engaged and supportive of improving the care of the patient.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
13.3 Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation, and are segregated from other supplies.	!
16.3 There is a separate negative pressure area with a 100 percent externally vented biohazard hood for preparing chemotherapy medications.	!
16.4 Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

The leaders, physicians and team members are enthusiastic and work collaboratively as a part of a strong inter-disciplinary team. There is a strong commitment to enhancing the quality of the medication management process. The medication management team is committed to client centred care and providing quality services to clients and their families. The team members spoke highly of the education and training opportunities provided by CancerCare Manitoba. The team members stated they felt safe at work and that they received education and training on occupational health and safety. The team members described the orientation process as being beneficial.

The Medication Management and Safety Committee demonstrates leadership in promoting medication safety. The terms of reference for the Medication Management and Safety Committee are available and reviewed regularly. There are five subcommittees that support the work of the Medication Management and Safety Committee. The team and leaders are proud of their work in reorganizing the former Pharmacy and Therapeutics Committee to better reflect the scope of the work completed by the team. Computerized Physician Order Entry supports the medication management process. There is a robust process to manage medication shortages.

The leaders and team are committed to enhancing the quality of medication management processes. The Medication Management and Safety Committee has established procedures for each step of the medication management process. Comprehensive tools are developed to support medication management. Standard order sets are developed and implemented. Quarterly audits are completed. Policies are up-to-date and available for team members. There is a strong commitment to providing education to team members. Education is provided to during Nursing Rounds. The team members commented on the value of the nursing rounds and Marc's Drug of the Month.

The medication management area is clean, organized with good lighting. However, there is limited space in the pharmacy area. Chemotherapy medications are prepared at the MacCharles site and transported to the St. Boniface site and Victoria General Hospital Oncology Unit. The team also supports the Community Oncology Program. There is a negative pressure area with a 100 percent externally vented biohazard hood for preparing chemotherapy medications. However, sterile products and intravenous admixtures are prepared in the same room as chemotherapy medications. Chemotherapy medications are not stored in a separate negative pressure room with adequate ventilation and are not segregated from other supplies. The organization is encouraged to continue with plans to separate the preparation of chemotherapy and sterile products and intravenous admixtures. Additionally, the leaders are encouraged to continue with plans to store chemotherapy medications in a separate negative pressure room with adequate ventilation, and segregation from other supplies. Furthermore, the organization is encouraged to develop solutions to address physical space challenges including work flow and future growth.

Standards Set: Perioperative Services and Invasive Procedures - 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	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

CancerCare Manitoba is mandated to provide Cancer control to the province of Manitoba. Surgery is the curative treatment option for most cancers. CancerCare Manitoba has prioritized the role of surgery in cancer control and has incorporated it into the Manitoba Cancer plan. Thus CancerCare Manitoba is providing province wide leadership in cancer surgery. Surgeries for cancer are performed throughout many hospitals in the province of Manitoba. In order to provide high-quality standardized cancer care surgery for all the people in Manitoba. CancerCare Manitoba has developed relationships with all the health regions and surgeons. They have identified surgical leads in the various regions and have worked with surgical teams to watch optimal cancer surgery. Various stakeholders are involved including the Manitoba Regional Health Authorities, University of Manitoba College of Medicine, Shared Health Services, several funding agencies, and the CancerCare Manitoba Foundation.
The organization has a lead for surgical oncology at CancerCare Manitoba and there are several disease site lead surgeons. The aim is to provide equal access to standardized quality surgery regardless of their home address for patients who require surgery for cancer.

The organization is to be commended for the production of a cancer surgery quality in the Manitoba report which was a quality outcome ordered in patients who have undergone surgery for cancer.
Many patients with cancer receive surgery as their primary treatment and this is in patients with breast, colorectal, prostate, and non-small cell lung cancer. The quality of the surgeries has never been assessed. In Manitoba, breast, colorectal, lung, prostate, and ovarian cancers account for over 50% of invasive cases diagnosed each year. Surgery is their primary mode of treatment. The percentage of Manitoba and patients who undergo a surgical procedure varies by cancer site because of the nature of the disease.
For this accreditation survey of the predominantly outpatient prostate program at the MacCharles site was performed. All of the surgery performed at this site in the prostate centre is on an outpatient basis. The surgical procedures performed at the centre include prostate biopsies, prostate fusion biopsies, cryotherapy, brachytherapy, cystoscopy, and SBRT which was started September 2019. This is where Calypso beacons or regular fiducial markers are placed in the prostate. These procedures are done by urologists with assistance from anesthesia and nursing. This prostate center is a provincial resource. There is a large procedure room with all capabilities of an operating room suite. The procedures are done in this room. Other minor procedures can be performed CancerCare Manitoba has two locations in Winnipeg located at the Health Sciences Center and St. Boniface General Hospital. Outside of Winnipeg, there are partnerships with four regional health authorities and CancerCare Manitoba provides community-based Cancer services throughout the community cancer program network. CancerCare Manitoba in partnership with Prairie Mountain Health Authority, the Western Manitoba Cancer Centre offers residents of Brandon and Western Manitoba access to a state-of-the-art facility that provides radiation therapy as well as chemotherapy and support services.
Although CancerCare Manitoba does not deliver the surgical services, it works closely with various partners to provide care, treatment, and support across the entire cancer service spectrum from prevention, early detection, diagnosis, treatment and care and palliation or end of life.

Priority Process: Competency

Cancer related surgeries are performed in all regional health authorities. These surgical procedures are performed by general surgeons and surgeon specialists. These surgeons are supported by an interdisciplinary team including nurses and anesthesiologists. These surgeons are highly trained individuals who wish the best for their patients. They had dedicated and hard-working. CancerCare Manitoba is implementing knowledge mobilization efforts across all disease sites. The surgical procedure performed varies and is influenced by the type of cancer, stage of the disease, and patient preference. Patients with similar cancer conditions are diagnosed and treated in different ways by the surgeon. By developing standards and clinical guidelines for surgical management of the various cancer conditions this may help to improve the quality of care provided to patients.
The surgeons and nurses at the Prostate Cancer center in Winnipeg are a multidisciplinary team that is well trained and educated. Their primary purpose is to ensure safe, high quality, surgical care for their patients. Staff have personnel files containing their credentialing, privileging, educational, competency assessments and performance activities. Staff had an orientation that is performed in a standardized manner. There has been education and training on workplace violence and improving communication.

There are several policies that guide team members to bring forward complaints. The organization is provided several educational opportunities for staff to be aware of just culture. There is also education and training on occupational health and safety regulations and their organizational policies on workplace safety.

Priority Process: Episode of Care

Work processes are enabled. The organization has optimized the patient's journey by streamlining the process of care.

The surgical journey starts with the referral of the patient to the clinic or emergency department or surgeon's office where the surgeon makes the diagnosis of a condition that requires surgical intervention. Identification of malignancy can be also occurring through screening programs. The journey of the patient then begins through the system. Diagnostic and laboratory testing and expert consultation are then available in a timely fashion to assess and make the appropriate diagnosis. Once the diagnosis is made then appropriate treatment is provided. In this survey which was in the prostate centre patients with suspicion of prostate cancer or who are already diagnosed with the condition can have seen less care along the continuum in a timely fashion.

The use of navigators has helped to ease connection to resources of the CancerCare Manitoba system. Navigation support and shows that patients know that they're not alone and together can move forward. There is increasing awareness of navigation as an early/upstream resource. A navigation referral can be made at first clinical suspicion.

The procedure room at the MacCharles site is of adequate size for several procedures regarding prostate diagnosis and radiotherapy. However, surgical procedures like radical prostatectomy cannot be performed there and have to be performed at the Health Sciences Centre. The procedure room is well resourced with anaesthetic and surgical equipment. However adequate tracking of the surgical activity is currently done manually. A look at the current data suggest that there is an increase in the volume of patients with prostate cancer that are being seen at the centre. Currently there is no good way to ensure that surgical blocks and procedures booked in the OR are done in an efficient and effective way. It is recommended that leadership look at developing and implementing an efficient method for surgeon block booking times.

Surgical safety checklists are evident throughout all of the procedure rooms. An audit of the safety checklist for the procedure room at the MacCharles site revealed that there was 99% compliance with the various aspects of the checklist. The organization is encouraged to continue with appropriate strategies to optimize compliance with surgical safety checklists.

Translation services are widely available throughout the system. There is Telehealth linkages in most areas. There are gaps in the block times for surgical procedures. There should be enhanced preparation for patients referred to the prostate center.

Several conversations were held with various family members of patients who were either having procedures or who had just completed an outpatient surgical procedure. The patients and family members were asked about their experience at the MacCharles site and the Brandon site. All patients and family members interviewed spoke very highly about the exceptional care that was provided by their physicians, nurses and everyone on the health care team. They were impressed with the caring that was

espoused by the members of the healthcare team. This was unanimous across the system.

Priority Process: Decision Support

CancerCare Manitoba, the organization has an electronic health record. There is very little paper involved. There is an accurate and complete record for each patient. There are policies and procedures that staff can access easily on the Internet. There are training and education about legislation to protect client privacy. The organization has an ethical framework. Educational resources and tools are available for the team to perform their professional work. There is online education as well as clinical rounds and education opportunities. Information is documented in the patient's record.

Priority Process: Impact on Outcomes

CancerCare Manitoba has recognized the importance of measuring and reporting on the performance of the cancer system in Manitoba. Public reporting has brought transparency and accountability to the Manitoba population. The 2019 Manitoba cancer system performance report revealed that the annual number of new cancer cases has grown. There has been a 25% increase between 1996 and 2016. The report also revealed that wait times are improving. Median wait times decreased between 2016 and 2017 across many systems and wait time measures including those of breast screening, diagnostic imaging for prostate, lymphoma, rectum, and pathology for prostate, and pathology for lymphoma and rectum. The organization is working with several partners on a prevention strategy to help reduce cancer risk. The CancerCare Manitoba foundation's Kick Cancer risk reduction campaign has highlighted several steps that can be taken to reduce the cancer risk. The present risk reduction campaign of Protect Your Tomorrows has kept the focus on several lifestyle choices. Some of these choices include a balanced diet with plenty of fruits and vegetables, cessation of smoking and avoidance of second-hand smoke, being active, protecting oneself from exposure to ultraviolet rays, and regular screening tests and visits to your doctor and dentist.

Guidelines, protocols, and procedures are reviewed with input from clients and families. Several key performance indicators for surgery are being collected. For example, the colorectal cancer surgery quality and Manitoba report revealed that 87.5% of: cancer patients and 70% of rectal cancer patients were treated with resection. 98% of patients would rate the quality of care they receive at CancerCare e Manitoba as good, very good, or excellent.

Priority Process: Medication Management

The medications that are present in the surgical area of the prostate centre are appropriate for the procedures that are performed there. There is a code cart. There is an anesthesiologist operating room cart. This is stocked with appropriate medications for general anesthesia.

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: March 22, 2019 to April 5, 2019**

- **Number of responses: 11**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	73	0	27	72
4. As a governing body, we do not become directly involved in management issues.	9	0	91	88
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	9	91	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.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	64	0	36	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	10	90	94
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	97
12. Our ongoing education and professional development is encouraged.	0	0	100	86
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	0	9	91	73
17. Contributions of individual members are reviewed regularly.	0	0	100	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	10	90	60
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	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.	64	9	27	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	80
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	0	9	91	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	87
27. We lack explicit criteria to recruit and select new members.	73	18	9	73
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	88
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	91
31. We review our own structure, including size and subcommittee structure.	0	0	100	86
32. We have a process to elect or appoint our chair.	9	0	91	89

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

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	9	91	80
34. Quality of care	0	9	91	82

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

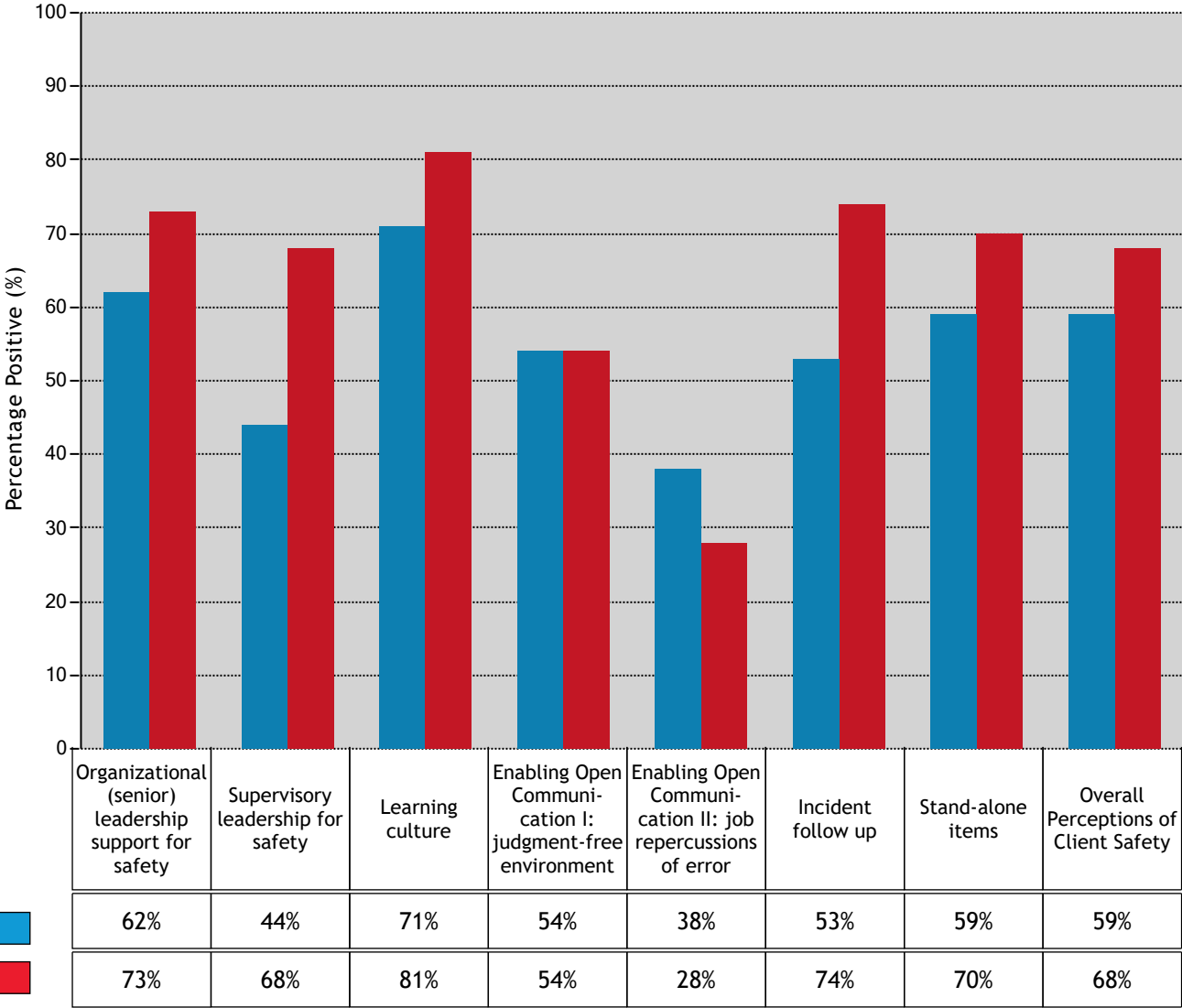# Canadian Patient Safety Culture Survey Tool: Community Based Version

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

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

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

- **Data collection period: November 16, 2018 to December 2, 2018**
- **Minimum responses rate (based on the number of eligible employees): 238**
- **Number of responses: 258**

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

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
🟦	62%	44%	71%	54%	38%	53%	59%	59%
🟥	73%	68%	81%	54%	28%	74%	70%	68%

Legend

🟦 CancerCare Manitoba

🟥 * Canadian Average

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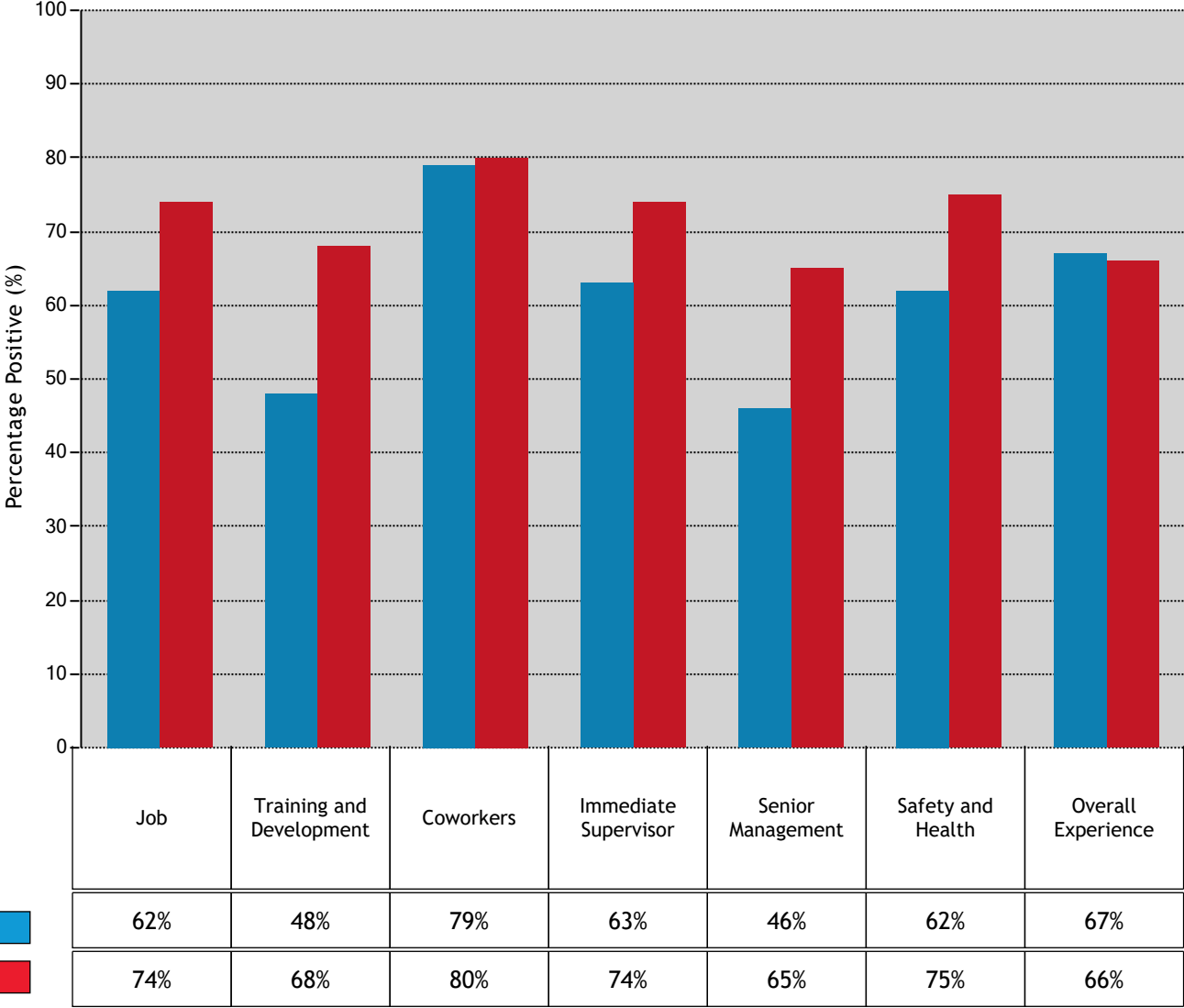
Worklife Pulse

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: November 16, 2018 to December 2, 2018**

- **Minimum responses rate (based on the number of eligible employees): 270**

- **Number of responses: 342**

Worklife Pulse: Results of Work Environment

	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
▮	62%	48%	79%	63%	46%	62%	67%
▮	74%	68%	80%	74%	65%	75%	66%

Legend

▮ CancerCare Manitoba

▮ * Canadian Average

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

Client Experience Tool

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

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

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

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

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

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

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

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

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 November 22, 2019, following a leadership team discussion and a general debriefing that was open to physicians, staff , Board of Directors and patient advisors .

Senior leadership 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, patients & advisors, & our external partners who were involved with the survey site visit.
The surveyors were excellent to work with, very engaging and generous with their time. They were extremely knowledgeable of the system, approachable, focused in their tasks, extremely thorough and provided helpful feedback. 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 in the delivery of oncology care services and to ensure that our patients in Manitoba receive quality, safe care.
The findings of the report accurately capture the successes achieved and challenges facing CancerCare Manitoba.

The survey team's described us as a high performing cancer system and highlighted numerous successes and strengths during the visit and debriefing. This was a morale booster and positive encouragement to our organization and we are looking forward to sharing these observations more widely with our staff and regional partners following receipt of the final report.

Our greatest opportunities are to continue what we are doing – We have 'very strong clinical programs' at CCMB and need to continue to increase engagement and collaboration opportunities, and to be proactive during Health Transformation as key contributors with the knowledge and expertise we have. Patients have a high respect for the staff and they feel that the staff treat them as their own family. The board is very engaged and care about the staff and patients at CCMB.
"The best gift we can give to each other and to our patients is to keep going and not to take our foot off the pedal. We need to live and breathe Quality every day, 365 24/7."

The survey team reviewed 980 standards (21 were N/A) and identified 4 as unmet. CCMB Leadership is committed to developing a talent management plan that includes strategies for leadership capacity and capabilities within the organization that aligns with the Strategic Plan. The Leadership team will address the three unmet criteria associated with Medication Management Standards that surround medication storage and medication preparation in a negative pressure environment .

CCMB will also address recommended suggestions some of which include encouraging engagement of patient and family advisors throughout the organization at all levels and closing the communication loop to keep patient advisors informed of project completion outcomes. Focused communication loop to keep patient advisors informed of project completion outcomes. Focused efforts will be made to improving the just and trusting culture of the organization and this will involve staff and physician input. CCMB will strive to improve awareness of it's navigation services and establish connection with Health Links to better serve our cancer population. CCMB will implement evaluation processes for the effectiveness of the preventative maintenance program as well as set target dates for when maintenance of equipment should be completed.

Overall the Qmentum site visit and survey process was effective, and relevant to improving our services at CCMB.

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

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

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

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

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

Priority processes associated with service excellence standards

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

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