ACCREDITATION
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Accreditation Report

Hay River Health and Social Services Authority

Hay River, NT

On-site survey dates: April 21, 2024 - April 25, 2024

Report issued: June 4, 2024

About the Accreditation Report

Hay River Health and Social Services Authority (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in April 2024. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

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

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

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

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

Accreditation Decision

Hay River Health and Social Services Authority's accreditation decision is:

Accredited with Commendation (Report)

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

About the On-site Survey

- **On-site survey dates: April 21, 2024 to April 25, 2024**

- **Locations**

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

  1. Hay River Regional Health Centre
  2. Naydi Kue Building
  3. Woodland Manor

- **Standards**

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

  System-Wide Standards

  1. Infection Prevention and Control Standards
  2. Leadership

  Service Excellence Standards

  3. Biomedical Laboratory Services - Service Excellence Standards
  4. Child, Youth, and Family Services - Service Excellence Standards
  5. Emergency Department - Service Excellence Standards
  6. Inpatient Services - Service Excellence Standards
  7. Long-Term Care Services - Service Excellence Standards
  8. Medication Management (For Surveys in 2021) - Service Excellence Standards
  9. Perioperative Services and Invasive Procedures - Service Excellence Standards
  10. Point-of-Care Testing - Service Excellence Standards
  11. Primary Care Services - Service Excellence Standards
  12. Reprocessing of Reusable Medical Devices - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Worklife Pulse
  2. Canadian Patient Safety Culture Survey Tool
  3. 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)	28	8	1	37
Accessibility (Give me timely and equitable services)	79	3	1	83
Safety (Keep me safe)	451	13	45	509
Worklife (Take care of those who take care of me)	99	2	2	103
Client-centred Services (Partner with me and my family in our care)	278	4	0	282
Continuity (Coordinate my care across the continuum)	58	1	1	60
Appropriateness (Do the right thing to achieve the best results)	656	58	25	739
Efficiency (Make the best use of resources)	25	1	4	30
Total	**1674**	**90**	**79**	**1843**

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Leadership	49 (98.0%)	1 (2.0%)	0	92 (96.8%)	3 (3.2%)	1	141 (97.2%)	4 (2.8%)	1
Infection Prevention and Control Standards	35 (89.7%)	4 (10.3%)	1	25 (86.2%)	4 (13.8%)	2	60 (88.2%)	8 (11.8%)	3
Medication Management (For Surveys in 2021)	82 (100.0%)	0 (0.0%)	18	45 (100.0%)	0 (0.0%)	5	127 (100.0%)	0 (0.0%)	23
Biomedical Laboratory Services	69 (97.2%)	2 (2.8%)	1	103 (99.0%)	1 (1.0%)	1	172 (98.3%)	3 (1.7%)	2
Child, Youth, and Family Services	77 (96.3%)	3 (3.8%)	4	93 (93.9%)	6 (6.1%)	0	170 (95.0%)	9 (5.0%)	4
Emergency Department	69 (95.8%)	3 (4.2%)	0	94 (95.9%)	4 (4.1%)	9	163 (95.9%)	7 (4.1%)	9
Inpatient Services	59 (98.3%)	1 (1.7%)	0	81 (96.4%)	3 (3.6%)	1	140 (97.2%)	4 (2.8%)	1
Long-Term Care Services	54 (98.2%)	1 (1.8%)	1	96 (100.0%)	0 (0.0%)	3	150 (99.3%)	1 (0.7%)	4

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Perioperative Services and Invasive Procedures	86 (84.3%)	16 (15.7%)	13	96 (88.9%)	12 (11.1%)	1	182 (86.7%)	28 (13.3%)	14
Point-of-Care Testing	38 (100.0%)	0 (0.0%)	0	46 (100.0%)	0 (0.0%)	2	84 (100.0%)	0 (0.0%)	2
Primary Care Services	54 (91.5%)	5 (8.5%)	0	84 (94.4%)	5 (5.6%)	2	138 (93.2%)	10 (6.8%)	2
Reprocessing of Reusable Medical Devices	74 (90.2%)	8 (9.8%)	6	32 (80.0%)	8 (20.0%)	0	106 (86.9%)	16 (13.1%)	6
Total	**746 (94.4%)**	44 (5.6%)	44	887 (95.1%)	46 (4.9%)	27	1633 (94.8%)	90 (5.2%)	71

* 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			
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 (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	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 (For Surveys in 2021))	Met	4 of 4	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Child, Youth, and Family Services)	Met	5 of 5	0 of 0
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

The Hay River Health & Social Services Authority (HRHSSA), despite facing an unprecedented series of difficult events and natural disaster, has committed to pursuing Accreditation to maintain and improve its standard of care. The organization provides comprehensive healthcare and social services through a 29-bed hospital and associated facilities, offering everything from Acute Care to Mental Health and specialized services like Midwifery and Dialysis, as well as a range of social services aimed at supporting the local and surrounding communities. HRHSSA is commended for leveraging the Accreditation process in their pursuit of excellence in quality and safety.

The 2024 Accreditation survey did not evaluate the governance standards for HRHSSA. The agency is managed by a Public Administrator, who also leads the Board Governance table for the Territory. Additionally, the Hay River Regional Wellness Council (RWC) acts as an advisory group to the Northwest Territories Health and Social Services Leadership Council. The RWC advises on health and social services, aligning with the priorities of the territorial health and social services plan, and supports health and wellness promotion.

The leadership team at is focused on maintaining high standards of quality, backed by significant investments in improving quality of care and safety. HRHSSA's approach includes a strategic collaboration aimed at professional development and sector-wide cooperation. This approach is integral to achieving the organization’s goals of enhancing health outcomes and ensuring its sustainability. Despite facing significant challenges, HRHSSA continues to involve clients and families in the development of its programs, effectively tailoring services to meet community needs. The organization consistently updates its operational plans to align with strategic goals, supported by clear communication strategies and stakeholder engagement.

HRHSSA demonstrates strong community engagement and partnership, characterized by its effective communication strategies and leadership involvement with local agencies. The organization is central in initiatives like the Healthy Communities Interagency group, working alongside local RCMP, justice, health, and educational bodies to address social issues through comprehensive planning. Outreach efforts, particularly at the Friendship Centre, in schools and youth programs, emphasize HRHSSA's commitment to accessible and culturally sensitive care, fostering a trusted presence within the community. Community partners identified opportunities for improving disaster response coordination and emergency preparedness. In addition, partners identified opportunities for collaboration address barriers such as staff housing shortages.

The organization prioritizes a balanced work-life and a safe environment. It enforces policies against conduct violations and promotes staff well-being and development. HRHSSA emphasizes compliance with safety legislation, advocates vaccinations, and addresses workplace fatigue and stress. The hiring process is equitable, with initiatives to develop leadership and maintain clear job structures. While efforts are made to

maintain a supportive work environment, further investment in staff morale and workplace satisfaction is encouraged. Collaborations with partners to explore innovative recruitment solutions like staff housing are also recommended.

HRHSSA is committed to aligning its services closely with client needs, actively refining its programs to enhance accessibility and effectiveness. The organization utilizes diverse feedback mechanisms, such as patient experience surveys and Patient and Family Councils, to gather valuable insights that guide strategic planning and service improvements. Positive feedback highlights HRHSSA's attentive care and strong communication skills, alongside proactive management of adverse events. The organization is encouraged to continue its quality improvement efforts, focusing on initiatives aimed at improving access to care and client satisfaction.

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: Planning and Service Design

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

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

The Hay River Health and Social Services Authority (HRHSSA) has demonstrated compliance with the Accreditation Canada Leadership Standards in the area of Planning and Service Design. The HRHSSA operates with a values statement at its core, prioritizing client- and family-centered care, and includes clients and families in the development and implementation of its health and social programs. While the overarching strategic plan is formulated at the Territorial level, local input from staff, clients, families, and stakeholders is incorporated to the HRHSSA's mission statement and operational planning, ensuring community needs are addressed. The Strategic Priorities of HRHSSA encompass Best Health, which focuses on the health of the population and equity outcomes; Best Care, dedicated to improving access to services; and aims for Quality, Efficiency, and Sustainability while working towards a Stable and Representative Workforce. These priorities are connected to specific activities and measurable outcomes.

Operational plans are updated annually to align with strategic goals, identifying the necessary resources and infrastructure for effective service delivery. HRHSSA seeks to optimize service efficiency and employs strategies for effective change management. These plans are also reviewed to identify potential risks and opportunities, allowing for flexibility in response to changing circumstances. Leadership at HRHSSA utilizes various tools for implementing, monitoring, and reporting on the operational plan, such as a Driver Diagram and an X-matrix. These tools align long-term strategic goals with yearly objectives, key performance indicators, and designate accountability for execution. Additionally, HRHSSA collaborates with community partners and actively contributes to initiatives such as the Hay River Healthy Communities Strategy and the Emergency Response Organization. The organization is also adjusting its infrastructure and operations in response to the challenges posed by a warming climate.

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)

In our assessment of the Hay River Health and Social Services Authority (HRHSSA), compliance with Accreditation Canada's Leadership Standards for resource management was verified. The organization demonstrates a commitment to efficiency, strategically aligning resource allocation with its key service mandates and broader strategic goals. The process of developing annual operating follows established financial policies and incorporates insights from stakeholder contributions, particularly through frontline leaders and via the Regional Wellness Council. Decisions regarding the distribution of resources are made with in alignment with the organization’s strategic goals and annual objectives, ensuring both transparency and consistency within the organization.

The responsibility for approving these annual operating budgets rests with the Public Administrator. Despite the specific Territorial designation of funds for particular programs, HRHSSA maintains some limited flexibility in its resource allocation, allowing for adjustments in response to changing needs and priorities. This adaptability is supported by regular reviews of resource utilization and budget performance to oversee financial health and identify areas for increased efficiency. Leadership upholds compliance with legal and regulatory requirements in financial management and reporting. It should be noted that while HRHSSA participates in budget and financial discussions at the territorial level, it does not control capital investment decisions, which are managed by the Government of the Northwest Territories’ Department of Infrastructure.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Hay River Health and Social Services Authority (HRHSSA) shows a strong commitment to its human capital, aligned with the Human Capital Standards set by Accreditation Canada. The organization prioritizes a quality work-life balance and maintains a healthy, safe work environment. This includes policies to address any actions that violate the code of conduct and initiatives to support the overall well-being and professional growth of its team members. HRHSSA emphasizes safety through workplace health and safety policies that comply with legislation, recommends vaccinations for staff, and actively works to manage and reduce fatigue and stress. Efforts to prevent workplace violence include a confidential process for staff to report concerns or grievances. The hiring process at HRHSSA is designed to be fair and equitable, with active recruitment retention strategies and a focus on developing leadership skills within the team. The organization ensures clear reporting structures and keeps job profiles up to date. Annual training on patient safety is provided, performance appraisals reflects organizational values, and exit interviews are conducted to collect feedback. HRHSSA also maintains and securely stores human resource records, ensuring privacy and regulatory compliance. While the organization has demonstrated efforts in supporting a quality worklife and a healthy, safe work environment, feedback during the survey also highlighted a need for enhanced morale and workplace satisfaction. The organization is encouraged to continue investing in these areas and to actively engage staff in the co-design of initiatives aimed at further improvements. In addition, the organization is encouraged to continue to work with local and territorial partners to address recruitment and retention challenges by exploring innovative solutions such as staff housing options and other recruitment incentives.

Priority Process: Integrated Quality Management

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
12.5	The effectiveness of the integrated risk management approach is regularly evaluated and improvements are made as necessary.	
16.9	Reports about the organization's performance and quality of services are shared with the team, clients, families, the community served, and other partners and stakeholders.	
16.10	The results of the organization's quality improvement activities are communicated broadly, as appropriate.	!

Surveyor comments on the priority process(es)

Hay River Health and Social Services Authority (HRHSSA) is commended for its significant emphasis on quality improvement as a strategic focus. This commitment to quality and safety is evident across the organization, with support from both the leadership team and its Public Administration. Leaders and team members engage in and lead quality improvement efforts, utilizing a variety of data sources—including community feedback, patient satisfaction surveys, and staff input—to identify priorities for quality projects. The Quality Improvement workplan is also tied to priorities from Accreditation tools such as Worklife Pulse survey as well as the Strategic Plan. The results from these initiatives inform continuous learning and contributors are acknowledged for their involvement.

Since its last survey the organization has invested in dedicated Quality Improvement resources including a Manager for Quality and Risk, Quality Improvement Coordinator, Patient Navigator and Indigenous client liaison. The organization has also supported its senior leadership team to receive training in LEAN and other quality improvement methodologies including the 8 month-long Risk Management Residency Program (RMRP) for its quality staff. HRHSSA is well connected with other Regional Health Authorities and Northwest Territories organizations to ensure alignment in policies and procedures and minimize unnecessary variability in services. Of note are the efforts from the organization to standardize its organizational policies and maintain a central repository, an approach that is well documented in its Policy Management Framework. An Enterprise Risk Management Program is utilized to identify and manage organizational risks, including those related to services provided by third parties. Managers and directors contribute to a risk inventory that is then reviewed by senior leadership team. Leaders are assigned to follow up on identified risks.

The organization's coherent approach to quality improvement and client safety is organized in a patient

safety plan that addresses these issues systematically. Patient safety concerns are regularly evaluated, with detailed planning and resource allocation for mitigation. The accountability structure for implementing and monitoring the patient safety and improvement activities is well-defined with the Senior Leadership Team reviewing and analyzing client and staff safety incidents and the Public Administrator receiving quarterly reports on patient safety, including analyses and follow-up actions from incident investigations. HRHSSA has developed a patient safety incident management system that incorporates feedback from clients, families, and staff, facilitating the reporting, analysis, and monitoring of corrective actions to enhance client safety. This system is well documented in the organization's Quality Assurance Framework. Training is provided on responding to patient safety incidents, with protocols regularly reviewed and updated based on this feedback. A formal process exists for disclosing patient safety incidents, including specific reporting criteria and procedures, with training for those involved in disclosures and regular evaluations of these protocols. The organization tracks its operational performance through the use of key performance indicators that are aligned with its annual objectives and strategic goals (Align X Matrix).

HRHSSA actively engages clients and utilizes their feedback to inform quality improvement initiatives through a variety of methods. These include community wellness fairs, which provide an interactive platform for client education and feedback; quality reviews conducted with clients and their families to assess and improve service delivery; and policy reviews that incorporate client insights into organizational procedures. Additionally, the LTC Resident Council offers long-term care residents a formal avenue to contribute to discussions about their care and environment, ensuring their voices are integral to the quality team's initiatives. Further mechanisms of engagement include client satisfaction surveys to gauge service efficacy, meetings with the Public Administrator that ensure transparency and responsiveness, and collaboration with local councils to align organizational practices with community needs.

The organization is encouraged to better leverage its communication assets to disseminate information about its operational performance and the outcomes of its quality improvement initiatives. Although initial efforts have been made such as displaying information through screens in patient areas, these strategies can be enhanced. It is recommended that the quality boards be made more relevant and accessible to staff ensuring that employees are well-informed and can engage more effectively in the organization's ongoing quality improvement processes.

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 Hay River Health and Social Services Authority follows the Territorial Ethical Decision-making Framework, updated in 2024, that includes a NWT Scarce Resources protocol developed in response to the COVID-19 pandemic and a guide to doing research in the NWTs (Aurora Research Institute, 2019). Clinical ethics services have been provided since 2019 (0.5 FTE Clinical Ethicist) to the three health regions in the NWT (NTHSSA, HRHSSA and Tlicho Community Services Agency) under a Master Services Agreement with Alberta Health Services; the same Clinical Ethicist serves all three regions. Territorial level oversight for clinical ethics services has transitioned from an Ethics Committee structure to an Ethics Community of Practice. “Ethics Champions” for the HRHSSA sit on the Territorial Ethics Community of Practice and at the local level are expected to raise awareness of clinical ethics and to promote the availability of the Clinical Ethicist to provide support for ethical issues/dilemma. Both the Ethicist and the Ethics Champions strive to build ethics capacity across the organization by providing training and educational opportunities for healthcare staff about ethics and ethical reflection. In 2019, 3 education sessions were provided; in 2023, 25. Upon receipt of the consult referral form, the Ethicist responds within one day with a request for more information and to define the urgency of the request; urgency is defined by the requestor.

The Clinical Ethicist tracks all ethics consultations and notes that the themes of the issues addressed in the NWT mirror those seen in Alberta with the difference that consult requests for professional boundary issues, culturally sensitive best practice and issues related to medical transport are higher in the NWT in general and in Hay River specifically due to the demographics of the region and the smaller community connections. Over time, there has been an increased demand for urgent and emergency consultations. In 2019 the Ethicist provided one consult to the NTHSSA; in 2023, 27. A wide range of themes have emerged as the volume of consults has increased over time: Capacity/Consent/Informed Decision-Making (27%), Challenging Patient/Family Behaviours (22%), Professional Ethics (17%), Living at Risk/Unsafe Behaviours (10%), Pandemic Issues (8%), Policy/Process/Organizational Issues (7%), Complex discharge/transfer/placement (5%), Resource Allocation (3%), and Health Care Provider Communication (1%). Requests for an ethical lens on policies are increasing. As noted by the Ethicist, “Good policies are built on good ethics”.

Ethical support for the organization is strong and the desire to further expand the organizational capacity for ethical reflection is commendable, especially given that the staff and patient populations are diverse, the region covers a large geography and there are few resources and high levels of staff turnover. Nonetheless, the growth curve in ethics consults from 2019 to 2024 is noteworthy (Hay River accounts for approximately 1/3 of the total number) and demonstrates that the organization is making good progress in promoting the services. The organization is encouraged to continue to find ways to include ethical

discussions/conversations on a regular basis at the point of care, such as including Ethics as a standing agenda item at team meetings, during Huddles, etc.

Priority Process: Communication

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
7.5 There is an organization communication plan that addresses disseminating information to and receiving information from internal and external stakeholders.	

Surveyor comments on the priority process(es)

HRHSSA's leadership, together with its Public Administrator, has developed strong relationships with external stakeholders, highlighting the importance of the services provided to the community. This commitment to stakeholder engagement is supported by a detailed communication plan that facilitates a two-way exchange of information between the organization and its stakeholders, both internal and external. The organization values client, staff and partners' feedback highly, soliciting input to assess the effectiveness of its communication efforts such as in the 2022 assessment of the organization's communications process. The organization routinely disseminates information about its programs and services through its website, social media, printed media and partners channels.

In terms of information management, HRHSSA has policies and procedures in place to protect the security and confidentiality of client information, adhering to territorial standards. The organization ensures that clients have prompt and straightforward access to their health records. Leadership within the organization promotes the smooth flow of information across different departments and locations, ensuring that teams have access to research and best practices. This has been aided by the recent implementation of an internal shared platform that facilitates access to the organization's policies, procedures, reporting systems, employee resources, client education materials, etc.

HRHSSA is encouraged to continue developing its communication plan to ensure structured and effective information exchange with both internal and external stakeholders. Additionally, it is beneficial for the organization to keep utilizing its communication assets to their full potential. Given some inconsistencies found in staff's familiarity with these resources during the survey, it is recommended that HRHSSA provide additional orientation and training for its staff. This will enable them to access and effectively use these resources, thereby improving communication consistency across the organization.

Priority Process: Physical Environment

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

Unmet Criteria		High Priority Criteria
Standards Set: Perioperative Services and Invasive Procedures		
3.2	The area where invasive procedures are performed has three levels of increasingly restricted access: unrestricted areas, semi-restricted areas, and restricted areas.	!
3.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	!
3.9	The operating/procedure room has a restricted-access area for the sterile storage of supplies.	!
3.10	There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.	!

Surveyor comments on the priority process(es)

The Hay River Regional Health Centre is a new build with move in for the staff in 2016. It is well cared for, esthetically clean, clutter free. The building has bright windows, and natural light. Lean standards are in place and staff recycle bottles, papers/ and plastic.

The Naydi Kue Building is also a new build 3 years ago and was flooded shortly after program moved in which set them back. This building was clean, signage clear and lighting good, with room for staff to carry out their work.

The teams that keep this building up and running consist of Infrastructure, Facilities and 1 Biomedical on site. It would be considered as a Hybrid model. They share responsibilities of ensuring the building is maintained with heat, power, ventilation, temperature and humidity are within normal values. The building is run by infrastructure and equipment within is serviced by Facilities and Biomedical Engineer. There is also an IT team who ensures that Hay River continues to have phone and IT services.

It has been some confusion between the different teams in who is looking after what, and occasionally an issue gets missed. This has been raised as an opportunity to address not only between the groups but as well for the team working frontline.

Work orders generate a ticket, in which will be assigned to a technician. Work orders are given a priority and will be signed off once completed. Technicians have been trained by individual companies whom a piece of equipment is purchased, the companies will also provide services over the phone if its an urgent

request.

The Dialysis unit has its own set of parameters for their machines to keep the patients safe, a technician is trained on water preparation and the Biomedical engineer is trained on equipment directly from the company.

There is a Preventive Maintenance program in place, mainly completed with in- house resources. HRHSSA also has a few specialized equipment which is completed by the company.

The building is equipped with two back-up generators to reduce the impact of utility failures and service interruptions.

The hospital has 1 negative pressure room on the In patient unit a 2nd negative pressure room in the endoscopy suite. There is a positive pressure room in the OR. Airflow is monitored closely.
Sterile supply room does not have a Positive pressure room.

The main OR door to the Perioperative Area should be a restricted area, this door has been broken. Priority should be taken to have this repair. The sterile storage room also required to be a restricted area.

Spiritual space is available in a room at the front entrance of the organization.

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)

An Emergency Preparedness plan for this organization of HRHSSA exists and they have had the opportunity of practicing from mocks tracers to real time, not just once but a few times the past few years. The teams had the opportunity to test, trial and evaluate their plan numerous times. A new Emergency Plan March 2024 exists and is available for all staff on Sharepoint.

The organization consists of Hay River Regional Health Centre, Woodland Manor, Naydi Kue Building, and Supportive Living Services-which would be under the local plan. There is also a Regional plan and then a Territory Plan. They are separate plans but come together.

The Emergency Preparedness Committee is a formal committee, with members ranging from unionized staff, Quality and Risk, OH &S and external partners. 2 working, live documents were a product of this committee. Emergency Childcare Registration Form and Emergency Preparedness Information Form. These forms are in the process of slight change recommendation but will be available soon.

A few staff were recently on a 5 day training as a learning opportunity to gain knowledge and training in Command Systems, this will be a benefit to the organization.

Polices and procedures are in the process of getting reviewed/signed off. An opportunity to complete. Emergency communication plan and fan out lists are all up to date.

Monthly Drills on Emergency Preparedness have not been kept up to date. The plan is to start back in the fall of 2024, and to formalize these drills. A new educator has been hired for May,and the staff are hoping to get back on track for mock code blues.

This organization is deservedly proud of its ability to withstand an adapting and changing environment.

Priority Process: People-Centred Care

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

Unmet Criteria		High Priority Criteria
Standards Set: Emergency Department		
1.8	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
18.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Inpatient Services		
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Perioperative Services and Invasive Procedures		
24.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
25.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Primary Care Services		
1.9	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!

Surveyor comments on the priority process(es)

At Hay River Health and Social Services Authority (HRHSSA), services are designed to meet client needs, with ongoing adjustments to programs for better accessibility and effectiveness. Client satisfaction is assessed through a variety of feedback mechanisms including patient experience surveys (Patient

Experience Questionnaire), providing feedback at various levels of service. Additional engagement activities aim to integrate client preferences into service planning and improvement. Feedback has highlighted positive aspects such as attentive care and effective communication, alongside a proactive approach to managing and preventing adverse events. Feedback mechanisms, including Patient and Family Councils, facilitate input into strategic planning and service design. Despite this, there is a noted need for enhancing the diversity and inclusivity of these councils to better represent all client groups. Efforts to evaluate the impact of these engagement activities on care quality are underway, indicating a broader approach to measuring satisfaction and outcomes. The organization recognizes the importance of further integrating patient and family feedback into its decision-making processes and is working towards more comprehensive advisory participation across its services. During the survey challenges in maintaining service standards due to capacity constraints, especially in primary care, emergency services, have been noted. These issues affect patient experiences as well as staff workload. HRHSSA is encouraged to continue advancing its quality improvement initiatives in areas identified by clients and partners, such as strengthening communication and efficiency in medical referrals and travel, primary care access and follow up, and coordination of emergency notifications during natural disasters.

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)

The Hay River Health and Social Services Authority (HRHSSA) serves the South Slave area of the Northwest Territories (NWT) with a catchment area of 6500 residents that includes Hay River and six outlying communities. All clinical areas operating within the Hay River Regional Health Centre continue to experience significant challenges in retaining and recruiting physicians, nurse practitioners and nursing staff.

Leaders and clinicians encountered during the tracer described and provided evidence of rigorous attention to patient flow across the range of services provided by the organization. In spite of physician and nursing shortages, the Primary Care, Emergency, Outpatient Department and Inpatient programs do their best to work effectively across and between all areas to support the populations in the HRHSSA in an effort to ensure patients have access to high quality and timely care. Significant challenges arise when physician coverage is “pulled” to serve the needs in Yellowknife or other communities (for example, during 8 weeks in June, 2022 there were no physicans on site in Hay River). Although virtual coverage was available during this time, Nursing staff reported that the boundaries of their scope of practice were “pushed”, impacting their quality of work life.

Efforts are made during screening and/or triage to manage patient and family expectations and to address priorities for care. Patients reported being unable to schedule appointments for Primary Care and reluctantly attending the Emergency Department and feeling that they were a “burden on the system”. Although patients understand that scheduling of appointments is dependent upon physician availability, they expressed considerable frustration that the Primary Care clinic is unable to keep a list of patients, instead leaving them with the responsibility of calling daily in the hopes of booking an appointment. One patient reported calling daily for two weeks, missing a day and then calling the next only to learn that the schedule was now full. Patients shared good ideas for improving patient flow when interviewed during the onsite tracers. It is recommended that the organization engage with patients to implement QI tests of change in an effort to create a patient-focused/patient-centred approach to booking appointments.

Physician compensation was noted as having a downstream impact on patient flow when the per diem rate for locum physicians is viewed as not recognizing the higher volumes of patients seen on a daily basis in Hay River. Here again, the lower quality of work life means physicians are less keen to come to Hay River. The organization is commended for meeting weekly with physicians and NPs to address local issues related to scheduling, housing, etc. that are within their control.

Overall, the organization is commended for its focus on patient flow, however, system issues related to physician scheduling at the regional level are not within the control of the HRHSSA. Physicians described

this as an “inequitable distribution of physician human resources”, when physicians scheduled to come to Hay River are cancelled if needed in Yellowknife, as the tertiary care centre. In addition, there are downstream negative impacts that put the quality and safety of care and the long-term health outcomes and health-related quality of life for the resident population of Hay River and the surrounding areas at risk in the context of the changing demographics of the region, including but not limited to the aging population who present with complex, chronic conditions and the increase in substance use amongst youth.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria		High Priority Criteria
Standards Set: Reprocessing of Reusable Medical Devices		
3.3	Access to the MDR department is controlled by restricting access to authorized team members only and being identified with clear signage.	!
3.5	Appropriate environmental conditions are maintained within the MDR department and storage areas.	!
11.8	Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.	!
14.3	All sterilized items in storage, or transported to patient service areas or other organizations, can be tracked.	!
15.1	There is a quality improvement program for reprocessing services that integrates the principles of quality control, risk management, and ongoing improvements.	
15.2	Information and feedback is collected about the quality of services to guide quality improvement initiatives with input from stakeholders and team members.	
15.3	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities with input from stakeholders.	
15.4	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives with input from stakeholders.	!
15.5	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from stakeholders.	
15.6	Quality improvement activities are designed and tested to meet objectives.	!
15.7	New or existing indicator data are used to establish a baseline for each indicator.	
15.8	There is a process to regularly collect indicator data and track progress.	

15.9	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
15.10	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
15.11	Information about quality improvement activities, results, and learnings is shared with stakeholders, teams, organization leaders, and other organizations, as appropriate.	
15.12	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from stakeholders.	

Surveyor comments on the priority process(es)

Medical Device and Reprocessing Department services all of Hay River Regional Health Centre, Home Care (Footcare Instruments) and Woodland Manor.

The department has 2 skill and keen MDR staff who have taken their course through an Accredited community college and/or technicians program. Stanton Hospital has provided additional support and continuous training. Their ongoing training has also been provided by Equipment companies such as Steris/Fiji Endoscopy. Any new equipment in the department, the staff receive training. The Manager will need to track and documented their ongoing training to keep on their HR file.

15 Policies and Procedures have been adopted from Stanton/with minor changes and are waiting for approval, I would recommend that there could be more policies that would pertain to MDR that were not captured and should be reviewed. Staff are also recommended to obtain an updated CSA Standard Manual so staff can refer also for additional resources.

Preventive Maintenance is completed on all the large Equipment within the department. Minor work could be completed by Facilities, otherwise the Equipment manufacturer would be notified. Repair work/PM are done and documented, recommended to keep this in a separate binder for quick access for staff.

Vaginal Ultrasound probes are cleaned and reprocessed by DI staff. The Trophon machine is located in the DI Department, which high level disinfectant specifically for the probes. It is recommended to train the MDR staff to lead in all aspects of cleaning and reprocessing throughout the organization and to be done in a centralized area.

The Endoscopy cabinet is not passing standards. Either a HEPA filter installed in the current cabinet or purchase an updated cabinet with the proper air connections that meet CSA Standards.

Quality Indicators and quality improvement activities have not been identified. Learnings and results should be shared within the organization and/or other organizations. The team maybe already capturing the data, would just need it to be more formalized. Infection Prevention and Control as well as Quality

and Risk should be involved.

Space and storage is a concern in the department. Staff are reviewing their current state of sterile supplies, non sterile supplies and equipment. Reorganizing would help keep the sterile supplies in one area. The sterile room should have limited access, environment controls should be monitor in this space.

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:

Point-of-care Testing Services

- Using non-laboratory tests delivered at the point of care to determine the presence of health problems

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

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

Infection Prevention and Control

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

Diagnostic Services: Laboratory

- Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions

Standards Set: Biomedical Laboratory Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Diagnostic Services: Laboratory		
8.2	The layout of the laboratory prevents cross-contamination by separating incompatible activities.	!
8.3	The layout of the laboratory makes it easy to clean and disinfect work areas, equipment, floors and walls.	!
26.1	The team has a safety officer who develops, maintains, and monitors the laboratory safety program.	

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

Falls precautions in place and the staff team were aware of poster and then procedure should there be a fall within the confines of the laboratory.

Priority Process: Diagnostic Services: Laboratory

The biomedical laboratory services team consists of a supervisor MLT, 3 MLTS and an administrative assistant. The role of the Department is to perform phlebotomy, complete basic laboratory testing (hematology, biochemistry) and support the point of care testing period where the program is under the auspices of the Department of Public Health.

Biomedical laboratory services are affiliated with the northwest territories' health and social services authority, the Fort Smith health centre, and the Fort Resolution nursing station.

Laboratory partnerships are in place including Canadian blood services, Stanton hospital laboratory, Inuvik health regional hospital laboratory, DynaLife, and Alberta precision labs. There are service agreements with each of these individual organizations.
Proficiency testing is performed under College of American Pathologists, clinical laboratory improvement amendments (CLIA) and Territorial arrangements.

The department provides excellent services, has good team cohesion, good employee retention, and solid

relationships with the other departments and management within the facility.

Given the fact that there have been significant external challenges including a flood and two fire season evacuations, some of the clinical and laboratory documentation has not been completed to date. This work was underway at the time of the peer surveyor visit and encouraged to be completed.

Key performance indicators (KPI) have been noted to be identified and monitored by the team and have been presented to senior management. We would encourage the team to use these KPIs to further develop quality improvement activities to a greater degree moving forward.

The medical laboratory services are growing and are in the process of replacing or acquiring new equipment in a fixed amount of space assigned to laboratory services within the facility. It is felt that the organization does not meet specific criteria regarding division of space, preventing cross contamination and allowing for in depth cleaning and disinfection within the Department. This is a structural issue and requires organizational support to facilitate the growth of this Department.

The team has good documentation, policies, and protocols in place. During the discussion of emergency preparedness it was noted that there was no biosafety officer at the site. Biosafety and security are provided from Stanton. However, given the size of the Department and distant to Stanton the team is encouraged to think through the development of an all-purpose emergency strategy as well as develop and assign the role of biosafety officer to one of the team members.

The team is commended for its commitment to quality Biomedical Laboratory Services.

Standards Set: Child, Youth, and Family Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
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		
10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
10.5	Quality improvement activities are designed and tested to meet objectives.	!
10.6	New or existing indicator data are used to establish a baseline for each indicator.	
10.7	There is a process to regularly collect indicator data and track progress.	
10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
10.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		

Priority Process: Clinical Leadership

The Hay River Child and Family/Foster Home Services provides child and family services for Hay River, Enterprise and K'atl'odeechee First Nation; some clients are served and followed from outside the catchment area, for example, from Fort Resolution due to the proximity to Hay River. Service requests also come from outside the region, such as children apprehended in another province with the desire to move back to the Hay River region. The program serves children and families requiring services and/or support while the child remains in the family home, as well as foster parents and families of children in care. Family Preservation/Enhancement services offered by the program were not included in the current review.

Child Protection Services are provided to meet community needs 24/7. The weekly average of new children who meet intake criteria, i.e., are not already being provided ongoing services, ranges from 8 to 15. Needs range from a one-time request for service or support, such as filling in health forms, to very complex child protection cases.

The program has forged excellent partnerships with the local RCMP, as well as other programs that serve children and families in the region, such as Healthy Families and Community Counselling Services. The program leaders and staff participate in interagency meetings with involvement from the RCMP's Community Constable/Peace Officer. With family consent, case conferences can include these and other community partners, as needed or appropriate. Joint home visits can also be arranged with the RCMP or other agency professionals.

In 2021, an urgent call for foster parents was made to the community. Between the three communities it was estimated that there was a shortage of two to four additional homes needed to meet the levels of demand at the time. Currently 12 families provide foster care in their homes as "extended family" homes (with the approval of a parent, a child can stay at the home of an extended family member), or as "provisional" homes, serving 20 to 25 children. All except one of the 12 homes are Indigenous families. The team noted that the number of foster parents/homes is meeting current needs for placement, although there is a need for short term or respite-type homes where a child could be placed in a home for short term relief. The number of children placed in a home is determined by a variety of factors that are assessed by the team and includes the size of the home and the age of the children already in the home. A guiding principle is to not separate siblings from the same family.

Beginning in 2016, the NWTs Department of Health and Social Services and the and HSSAs collaborated to improve child and family services outcomes by implementing the Structured Decision Making (SDM) model, which is aligned with Child and Family Services (CFS) best practices and provides tools that enhance CFS practice, including case management, family reunification, and permanency planning for children. The team at the Hay River program described the full adoption of SDM in Hay River as being both evidenced-based and a "game changer" with families engaged from day one and at every step.

The Naydi Kue building was purpose built for the Hay River Child and Family/Foster Home program. The

use of the space works well to optimize work flow with staff having access to distress buttons in interview rooms that have separate access doors for staff and for clients. In all areas, surfaces were clean, signage clear, lighting good and the staff had the space to carry out their work. A child friendly room (bright colours, toys, coloured lights, akin to Snoezelen lamps) with a one way window allows for monitored family visits. Staff and visitors have access to well positioned alcohol-based dispensers located throughout building. There are a range of physical environments where children are placed in foster homes that must meet the standards to be approved for the foster care program established by the GNWT under legislation.

Priority Process: Competency

In spite of ongoing vacancies, the team is commended for accepting student placements. There is a strong motivation to entice new graduates to the North, new Indigenous graduates, and new Indigenous and non-Indigenous graduates originally from Hay River and the surrounding region. As one team member noted, “we know what is best for our community and we are motivated to do what is best for our community”.

Staffing shortages in the program have been a longstanding issue that has been exacerbated since the last onsite survey visit by the pandemic, floods, and fires. The Foster Care Coordinator role has had three incumbents since 2016 and is currently one of three vacancies (additionally there are two Community Services Social Worker vacancies). Confirmation of the funding of a Youth Transition Worker position is pending, as one of two for the NWT, however, there is concern that the position will be difficult to fill. To support the two Community Services Social Workers currently on the team with heavy caseloads, an administrative position is being converted to a Case Aide position. The team described their caseload as high (“crazy”) and when asked what one change would improve care for their clients, more staff was identified by all. A downstream negative impact of COVID, floods and fires, as well as high caseloads, is that orientation for new staff has not been completed; this poses risks if mandatory education is incomplete. Staff did express gratitude for the support of funding for travel and registration for courses, such as the Forensic Interviewing of Children training.

Priority Process: Episode of Care

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health and addictions treatment program.

Cultural plans are developed with families and youth to ensure they stay connected to their culture. In addition to legislation that requires Child Welfare programs to work alongside Indigenous communities (mandatory to notify Band if bringing a child into care via a Notice of Significant Measure, whether the child is registered or affiliated), the team indicated that they engage their local Indigenous organizations to "always" participate in planning. The region is fortunate to have an Aboriginal Head Start education program in Hay River. Indigenous Children placed in non-Indigenous households attend daycare and school on the local Reserve, cultural events hosted on the Reserve or in town, Culture Camp that includes funding for busing children and families, through Jordan's Principle, to a cabin in both winter and summer. Family visitation is facilitated. In addition, Elders will take children and youth on trips, including hunting. In the aftermath of the flooding and fires in Hay River, the K'atl'odeechee First Nation is rebuilding the community beyond the "physical" structures and revisioning house and programming with the goal of making downstream positive impacts on child and family wellbeing.

The team noted that there are ongoing efforts to build relationships with the community. RCMP support and home visit escorts can be requested if there are risks, such as parents or other adults in a household who are known or suspected of using drugs or alcohol. Home visits are conducted jointly by two staff members and after hours the on-call Rotational Intake Worker and an RCMP escort. Safety plans are always the first line of response, with teaching for families to address issues and then ongoing safety plan reassessment. The program maintains a foster care program that includes recruitment and approval of new applicants and provides training and support services for foster families.

Approval processes are in place for any medical treatment, including medications, provided to children in foster care. Foster parents do not make decisions about medical treatment. Medical treatment plans are made in collaboration with the family of the child and the foster family and documented in each child's case plan. Any change in medications is outlined in a Serious Occurrences Form.

Priority Process: Decision Support

Hybrid digital (Matrix Electronic Reporting System) and paper records are kept for each child. Random chart audits from the NWT Department of Health and Social Services of physical files are conducted to ensure compliance with legislated standards of Child Welfare. All policies that relate to Child Welfare are accessible to the team on the Government of NWTs Sharepoint site; in addition, the team, as employees of the HRHSSA, have access to their intranet. Case management standards guide incident reporting for child and family "serious occurrences"; RL6 is used for any staff work related/workplace incidents.

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Staff expressed gratitude for the support of funding for travel and registration for courses, such as the Forensic Interviewing of Children training that is an internationally recognized, research-informed and practice-informed intensive training to acquire the necessary skills to conduct a competent investigative interview of a child.

Priority Process: Impact on Outcomes

The Family Preservation and Child Social Services teams meet weekly on Monday for a scheduled Huddle. The CEO of the HRHSSA, who also serves as the Assistant Director under the Child and Family Services Act, and the HRHSSA's Director of Child, Family and Community Wellness attend these meetings. Cases are reviewed with a focus on new intakes. In addition, team members share and seek input on challenging cases/situation. Training or review of policies also takes place during this time, for example review of hand hygiene protocols, building safety, etc.

Due to staffing shortages/vacancies, the focus of the team is on client care and efforts to make and test changes are grassroots "projects", rather than formal QI initiatives. The team is may wish to consider use of structured QI methods and tools to explore ways to address client concerns about the high turnover of staff that precludes both informational and relational continuity. As noted by a client interviewed during the tracer, "When I want to talk about my feelings, I need to first tell my story over and over again. That causes me trauma. I feel like I have a new worker every month." Where a warm handoff is not possible, transfer of accountability type structured communication tools that are used in other areas of healthcare may provide a starting point for addressing these concerns and developing a patient-oriented approach to continuity of care in the midst of staffing shortages, vacancies and high caseloads.

Standards Set: Emergency Department - 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		
12.4	An established procedure, such as the use of armbands, is used to identify clients in the emergency department.	
13.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
18.10	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
18.11	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
18.12	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
Priority Process: Organ and Tissue Donation		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)
Priority Process: Clinical Leadership

The Hay River Health and Social Services Authority (HRHSSA) serves the South Slave area of the Northwest Territories (NWT) with a catchment area of 6500 residents that includes Hay River and six outlying communities. The HRHSSA is responsible for designing, planning, and delivering emergency services to patients across the age spectrum, ranging from patients who present as critically ill or requiring

resuscitation to those who present at the Emergency due to inability to book Primary Care visits at the HRHSSA Health Clinic. The Emergency/Outpatient Department team works effectively with both the Primary Care and Inpatient areas of the Hay River Regional Health Centre to support the populations in the HRHSSA in an effort to ensure patients have access to high quality and timely care. The Emergency Department is open 24 hours, 7 days a week; the Outpatient Department is open Monday through Friday, 0830 to 1630. The team is supported by 24 hour on-call Med Response for consult, treatment, management, and transfer; this is particularly important when physician services, which are locum based, are unavailable. Unstable patients who require tertiary care medically evacuated to Yellowknife or Edmonton, depending on the specialty required.

The leadership have a good understanding of the populations served by the Emergency/Outpatient Department, reporting approximately 7000 annual visits which are impacted by higher rates of diabetes, high blood pressure, alcohol consumption, and smoking in the populations served by the HRHSSA. Staff has noted a change over time in the patient population presenting to the ED with more patients with drug-related emergencies due to drug misuse, intoxication, and overdose more often now related to fentanyl and carfentanyl that is now present in Hay River and resulting in increased patient encounters in the Emergency Department. Staff noted that they would feel safer working in the ED, especially during evening and night shifts, with security guards stationed in the department.

Clinical leadership is encouraged to continue to work on work life and workforce stabilization of both nursing and medical staff in the Emergency/Outpatient Department.

Priority Process: Competency

Nursing staff participate in corporate orientation programming that provides education on corporate policies, such as infection prevention and control, workplace violence, infusion pump safety, etc. Mandatory timelines are in place for recurrent training and clinical educators onsite or in Yellowknife monitor compliance with these requirements. During a tracer on a patient who presented to the Emergency Department with skin wounds, nursing staff expressed appreciation for the support of both the local HRHSSA and Stanton based Wound Care Nurse Educators, as well as the support for taking wound, ostomy and incontinence training. A Clinical Nurse Educator offers access to advanced level courses for the Emergency/Outpatient Department staff.

Unlike other areas within the HRHSSA, Emergency/Outpatient nursing staff are almost at full complement with most nurses living locally and with very low agency nursing hours. Nurses indicated that they are proud to be providing care for their neighbours. A locum doctor encountered during the ED/OPD tracer commented that “these are the best nursing staff I have seen in my life … excellent collaboration … excellent communication with the doctors.”

Priority Process: Episode of Care

Overall, the Emergency/Outpatient Department team works tirelessly to support the patients who present for care to the HRHSSA and their community. The team is proud that they do not practice

"hallway nursing". There is good collaboration with community resources, such as the Woodland Long Term Care Home and an Assisted Living Home on the local First Nation Reserve, where patients can be temporarily accommodated (e.g., using a respite bed in the LTC facility) to reduce bottlenecks and long wait times for care in the ED. Patients requiring medical evacuation may wait hours or days and the ED staff provide medical support in the interim, functioning in some cases as an Intensive Care Unit. Intubated and ventilated patients who require advanced respiratory support are transported to Yellowknife or Edmonton; a Respiratory Therapist is available via Med Response for telephone support.

The Emergency/Outpatient Department is well laid out and space has been optimized from the original build to both meet the needs of the patient population and to attempt to address safety of the nursing staff during evening/night shifts. There are several streams of care for patients. Patients who arrive as walk-ins, follow signage to a buzzer and are then greeted by a staff member who completes the registration process. Patients are then triaged for Outpatient (CTAS 3, 4, 5) or Emergency Care (CTAS 0, 1, 2). Ambulance services are provided in Hay River by a volunteer fire department with a dedicated ambulance bay and decontamination space at the HRHSSA. The use of the space in the department works well to optimize work flow. In all areas, clutter is low, surfaces are clean, signage is clear, lighting is good and the staff have space to carry out their work and to provide care. Staff have access to handwashing sinks and there are alcohol-based dispensers in each patient room. Supply and medication rooms are very well organized and clean, and there is good separation between clean and dirty supplies. A seclusion room is available, if needed (physically located on the inpatient unit).

Standardized transfer of accountability communication tools are used by the Outpatient Department and Emergency Department nursing staff. Communications with patients and families or the receiving organization (if medical evacuation is arranged) is through and complete, however, patients, families and receiving organizations are not routinely or randomly contacted to determine the effectiveness of the transition or end of service in order to monitor their perspectives and/or concerns after the transition and/or to monitor the effectiveness of follow-up plans at the individual patient/family level and at the organizational level in order to improve transitions. It is recommended that a formal evaluation of the effectiveness of transitions in the ED/OPD be undertaken. Patient-oriented discharge summaries (PODS) are now widely used in emergency departments, as patient handouts designed to include the patient in summarizing their own treatment, changes in medications and recommendations for support and follow-up.

The acuity and complexity of patients presenting for care has and is expected to continue to increase. The staff are commended for their commitment to providing high quality and safe care to the people of Hay River and surround areas who require urgent and emergent care.

Priority Process: Decision Support

The Emergency and Outpatient Department uses the current Territorial Electronic Medical Record (EMR) system, Wolf. Pharmacy, laboratory and diagnostic imaging results are available to clinicians. Any paper based forms are scanned into the EMR. Plans are underway at the Territorial level to replace the EMR. In spite of the limitations of the EMR, patient record level documentation was found during the Emergency

onsite tracer to be comprehensive, including triage notes, encounters, medication lists and plan of care.

Priority Process: Impact on Outcomes

There is a Territorial approach to many of the guidelines and policies in use in the HRHSSA's Emergency/Outpatient Department. There is an obvious investment in monitoring patient flow in the Department with the creation of a Patient Care Coordinator position to ensure patients are moved to the appropriate service. There is an opportunity to present quality indicator data more prominently for both staff and the public in a way that is easy to understand and in a way that reinforces the importance of the data and how it relates to the patient and their care. Currently, key indicators (such as hand hygiene compliance and falls rates, medication errors, etc.) are located in Sharepoint (must be “pulled” by the staff).

The staff shared examples of QI initiatives, for example, following a patient incident involving an IV pump, an RN followed up with her Manager and the Nurse Educator, and the team adopted and adapted an initiative seen at the University of Alberta’s Emergency Department for the HRHSSA (customized medication stickers for specific IV infusions, e.g., epi, dopamine, etc) to support programming of the IV pump. This project is a wonderful example of a grassroots QI project. Bravo! The team is encouraged to work with their QI team to formalize their tests of change, using formal QI methods and tools.

Priority Process: Organ and Tissue Donation

Organs and tissues are not harvested for donation at the Hay River Regional Health Centre. No transplants are performed in the NWT; residents of the NWT who opt to become organ donors are registered with the province of Alberta's registry. In very rare cases a patient is transported by medical evacuation prior to death (alive, but on life support) and their organs/tissues are harvested in Edmonton.

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

Unmet Criteria		High Priority Criteria
Priority Process: Infection Prevention and Control		
2.8	Environmental services and the IPC team are involved in maintaining processes for laundry services and waste management.	!
2.9	Input is gathered from the IPC team to maintain processes for selecting and handling medical devices/equipment.	!
4.2	There are policies and procedures that are in line with applicable regulations, evidence and best practices, and organizational priorities.	!
5.2	Team members, clients and families, and volunteers are engaged when developing the multi-faceted approach for IPC.	
9.3	There are policies and procedures for cleaning and disinfecting the physical environment and documenting this information.	!
12.9	Standard definitions and accepted statistical techniques are used to share and compare information about health care-associated infections.	
14.3	Input is gathered from team members, volunteers, and clients and families on components of the IPC program.	
14.5	Results of evaluations are shared with team members, volunteers, clients, and families.	
Surveyor comments on the priority process(es)		
Priority Process: Infection Prevention and Control		

Hay River Regional Health Centre, Naydi Kue Building and Woodland Manor were the 3 sites that were surveyed using tracers methodology by 3 different team members from Accreditation Canada during this survey.

The intent of this IPC Program is to assist the organization by improving the health and quality of life of the people served and by preventing or reducing the risk of Health Care Associated Infections throughout Hay River Regional Health Centre, Naydi Kue Building and Woodland Manor.

The IPC local team is made up of the Coordinator and The Quality and Risk Manager. There is a Formal Committee in place who meet quarterly with minutes obtained. The physician from Stanton is available for Ad-hoc consultation, and the IPC group from Stanton has also provided support and resources. The Leadership team has been very supportive around education, resources, mentoring and offering other

learning modules which she is require to complete to support her in her in this role.

There is a strong commitment to ensuring a clean and safe environment. The Support Services Team is commended for their commitment to ensuring clean facilities for clients, families and staff. Reminder that the housekeeping staff should be provided with documentation to sign off on using a cleaning schedules/checklist for each of the different areas throughout the organizations.

There were presence of alcohol based hand sanitizer's, some were not easily visible or accessible entering into patient care areas/rooms and entrances to the Health Centre. It is suggested that there should be better accessibility at Point of Care, and at all entrances to Hay River Regional Health Centre. Larger poster size instructions on “how to use” Hand Hygiene should be each entrance to the Health Centre.

The Hand hygiene audits have a priority since the new IPC coordinator has started in her new role. Some departments have been below target and /or not completing however the work has begun and new ideas and focus has been discussed on how to engage the teams.

Targeting in completing all of the policies and procedures for the IPC program is another priority. Completing and having policies and procedures accessible for the team should be considered important so all members of the organization can use them as a resource.

Some Health-care Associated infections are tracked and submitted quarterly to Senior Leadership however the IPC should expand on types of infections tracked, share not only with leadership, but staff throughout the organization. This information should be analyzed to identify outbreaks and trends.

In Summary, the Program has been without a coordinator for a period of time. This team working towards success in supporting the staff/clients and people of this organization to keep them safe. The new coordinator is working towards completion of learning modules, however more support may be required throughout this mentorship time.

Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
9.4	The assessment process is designed with input from clients and families.	
Priority Process: Decision Support		
2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.	
Priority Process: Impact on Outcomes		
16.11	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Hay River Regional Health centre has community support beds which consist of 11 regular medical and surgical beds, one palliative care suite, one isolation room, two bariatric rooms, two secure rooms, one midwife room and five emergency beds.

The unit is staffed by acute care nurses, clerks and locum physicians. The estimate approximately 550 to 600 admissions occur admissions per year.

The organization's role is to manage low acuity care for acute illness patients and refer out for intensive or critical care patients under territorial or provincial arrangements. The team noted the most common admission diagnosis include community acquired pneumonia, community IV program, bowel obstructions, and patients waiting for long term placement (ALC) At times, detox care, post Natal care and rarely pediatric or neonatal patients are also supported.

The organization has a Regional Wellness Council and is committed to engaging with the community and hearing comments and feedback. It was noted in one meeting that not all communities feel that that are

fairly represented. One concern as a result, is that there may be some community suggestions that are not considered.

The inpatient unit has experienced significant challenges in the last several years including the need to evacuate three times (flood and fire related), lack of local practitioners, lack of specialist consultants, and the requirement to refer out for specialized services.

The team noted some challenges to supporting care continuity such as the lack of local medical staff and access to specialist consultants. Virtual/telehealth are accessible in some areas such as Psychiatry.

The unit has a well staffed interprofessional clinical team. Job descriptions are developed from existing NTHSSA frameworks and in accordance with union requirements. The team mix had been informed by the patient population served by the inpatient unit.

The community and the team are very aware of the services available at the health centre, the community services and long-term care.

Priority Process: Competency

Required education/training is defined for all team members. Credentials are submitted for all staff and Education has been provided by Nurse Educator, but this role has been vacated for the last 1 year. There is no official training program with regards to palliative and end of life care. This area was highlighted as an area of growth and opportunity for training and education. The HRSSA is supported to take a harmonized approach with the other health regions in this regard.

There is a good system of defining escalation of care and change of level of care at on the unit.

There was evidence, which was confirmed through staff interviews, that there is an unprecedented collaborative approach bringing together inpatient and community providers as well as support services for weekly rounds. Regular interprofessional rounds occur to support collaborative care. The team is encouraged to foster this broad scope of practice. Well done.

There is a good complaints policy in place. Staff were unsure however, if the process is include the development of actioned or addressed items in a timely manner.

There is a policy to report safety complaints utilizing the RL6 protocol, however it is unclear as to the timeframe of addressing these concerns with staff or a presentation of the data to the members of the unit. This is area we recommend for improve and timely actioning of safety complaints and concerns.

Priority Process: Episode of Care

In terms of standardization of practice, it was noted that there are several standardize protocols from best practice are available and are implemented across the unit.

With regard to provider education, this has been provided by a Nurse Educator however this role has been vacant for the last 1 year. The team also noted that there is no official training program with regards to palliative and end of life care. This area was highlighted as an area of growth and opportunity for training and education. We encourage the organization to consider a harmonized approach with the other

health regions in providing enhanced educational opportunities to staff regarding this issue.

On a positive note, we have observed an unprecedented collaborative approach bringing together inpatient and community providers as well as support services for weekly rounds. The organization is encouraged to ensure that the inpatient team members to continue to foster this broad scope of interprofessional practice and integrate patient and client considerations moving forward.

The input from clients and families is limited to high level opportunities from Regional Wellness Council and community groups. One client interviewed noted the opportunity to further enhance patient/client input into assessment and care planning.

Medication reconciliation is conducted and was verified through the review of client records. Having an integrated health record keeping systems will further enhance this process.

Universal falls prevention actions were observed. Any patients identified as at risk of falling wear wrist bands as an alert for falls prevention attention.

A risk assessment tool is in place to ensure those patients at risk of developing pressure ulcers are assessed.

Medical and surgical clients at risk of venous thromboembolism are identified and provided with appropriate thromboprophylaxis.

Priority Process: Decision Support

There is a serious concern regarding the territorial use of hybrid charting with the Emergency Department using the EMR and the inpatient unit using paper charting. This represents significant potential patient care risks associated with admissions, transfers and discharges particularly around the sharing of clinical data and medication reconciliation. The current EHR work underway by the HRSSA is an opportunity to address this issue going forward. The organization is encouraged to collaborate with it partners on the development, implementation, and use of a Territorial electronic health record to reduce the chance of error. Connectivity across service areas including home care should also be considered.

Organizational policies are in place regarding the disclosure of information, the use of electronic communications and the maintenance, storage and retention of records.

Priority Process: Impact on Outcomes

Numerous guidelines and indicators are in place. Guidelines are developed with the input from clients, families as appropriate in inpatient care. In some cases, it is not clear how data is analyzed and used to inform quality activities. There is an opportunity to enhance quality improvement activities at the unit level by sharing data findings and engaging staff in creating innovative solutions.

Of note on our discussion with members of the inpatient unit. Patients have a satisfactory interaction with providers, feel supported by providers, have wrap around care, and are represented by indigenous patient advocate and a regional Wellness council. In addition, there is a good complaints policy in place, however unclear if the process is actioned or addressed in a timely manner during discussion with staff. Further steps could be developed to better integrate this into routine practice.

Interviews with several patients indicated an overall very positive experience and appreciation for the skills of each of the team members such as OT and PT.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.1 Required training and education are defined for all team members with input from residents and families.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Woodland Manor part of the Hay River Health Authority is a 25 bed long term care facility with 23 rooms and 2 respite rooms. The Manor has residents between the age of 40-98 years of age and classified as 3-4 centre. Of note, the facility built in 1984 contains all single occupancy rooms furnished with a bed, dresser, and closet, and a private bathroom. Residents are encouraged to bring items from home to make the space personal. LTC offers individualized care that includes recreation and leisure activities to help promote wellness and independence. The Manor follows the Supportive Pathways model of care, providing individualized care for residents that recognizes their personal preferences and abilities, in a supportive, home-like environment. Staff are trained in Supportive Pathways to ensure they have the specialized skills and knowledge necessary to provide care that meets resident needs, and provides the highest quality of life possible.

Residents are entered by a comprehensive review process involving the client, family and health providers. A 72 page application is made for paneling with specific goals and objectives that are patient centered. Staff retention is reasonable given the recent catastrophes including floods and wildfires requiring evacuation of the residents. Gaps are identified by the leaders of the organization along side resident needs and family advocates. The Centre happily supports family involvement as evidenced by several conversations with families in the facility

Priority Process: Competency

The hiring of staff is determined by the health region following territorial guidelines and union agreements. Qualifications are also determined by regional guidelines facilitated by territorial support.

There is a significant amount of training and educational opportunities available to staff in the facility and the leadership within the organization promotes a culture of learning and growth. The current manager has encourage at the very least 3 of her staff to upgrade skills and utilize territorial resources to do so.

The facility does not currently have any patients requiring medication/IV pumps. No staff are trained in this regard. However, the patients do have access to support from a pharmacist via HRSSA should questions arise as well as physician coverage weekly and when needed

The philosophy of the Manor is of “least restraint” and currently have no patients on psychotropic/chemical restrains nor physical restraints in the last quarter. They proactively review patients to prevent injury and harm utilizing restraints.

The centre is run by a nursing manager and staffed with a resident care coordinator, RN nurse educator (current vacant) and administrative assistant, licensed practical nurses and health care aides, and a recreation coordinator. It is supported by support services staff including a cook, dietary aides and housekeepers. Residents' health needs are met within each LTC facility with on-site nursing (1:12) nursing and personal care. Residents also have access to a physician or nurse practitioner, occupational therapy, physiotherapy, and dietitian on as needed basis.

Priority Process: Episode of Care

Residents in the facility are able to access health services 24 hours per day 7 days a week. Specialist care and support services are available on an as needed basis. Weekly, there is a nurse practitioner or MD on site to facilitate care and the HRSSA pharmacist supports questions regarding medication and supports community refills and medication discards. Of note however, there is access to dental care locally however there are significant backlogs and wait times. Denturists are also available in Yellowknife and require medical travel arrangements.

Residents and families are able to participate in care, activities and opportunities at their desire. The Manor provides a wide list of activities and spiritual care that clients and families may engage in.

The facility has a least restraint policy and has no current patients on chemical or physical restraints unless requested by resident families. This was evidenced by the QI board on the wall with no restraint use in the last quarter. The facility also uses a standardized approach to levels of care, tracking of care and medication reconciliation.

Standardized tools are used for patient assessment and include: Fall Risk, In-low, Depression Inventory, Suicidality Scale, Braden for the prevention and management of several medical conditions.

The Manor uses a handful of PoCT testing which include the COVID rapid Ag and the bedside glucometer. Team members are trained, have good protocols to follow and have support from the Biomedical Laboratory in the case of errors or calibration issues.

End-of-life and palliative care training is available to staff and patients to access medical and social support in these cases through the Manor. The manor has the appropriate medications and supports in place for families/clients in need of comprehensive end of life care.

Priority Process: Decision Support

Recent consultation was completed with regard to transition to an electronic health record, however implementation has been delayed. There is currently hybrid charting at the Manor with labs on the EMR and the rest of the chart on paper. The presence of hybrid charting is common in Canada but represents a risk of errors during pivotal moments including admission, transfer, re-admission. However this represents a unique growth area as the territory moves towards an integrated electronic health record.

The team follows a comphrensive documentation system with checks by the staff for accuracy, completion, storage and retention of resident documents. Access is available to the patients and proxies were appropriate. The flow of information is usually from external agencies, providers and support services which follow regional guidance on communications.

Priority Process: Impact on Outcomes

The Manor uses several evidence based guidelines and protocols to support clients medical needs. However, there is no family input into these guidelines and are based in review by the Territorial committees. On a positive note, their consistent application and proactive approach to medical care with safe strategies to reduce client risk.

The Manor uses their display board to monitor several key indicators on their quality boards with data available to all staff and incidents or safety concerns are discussed on a daily basis at team huddles. The QI are used to inform, follow and create pathways for improvement given that they are analyzed and follow up by the management team at the Manor.

Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Medication Management

The organization is part of a collaborative arrangement with the other two health systems in the Territory. A Northwest Territories Health and Social Services Authority (NTHSSA) Pharmacy and Therapeutics committee has been established for guidance and Support. This committee provides a coordinated forum to identify, intervene and improve processes, standards of care, order sets, training of staff transition from authorities.

Hay River has a pharmacist on staff. This position supports many Hay River Health and Social Services include inpatient and long-term care. Examples of this support includes medication management in discharge planning, med reconciliation, managing medication supplies at sites and ensuring appropriate audits are completed.

The organization is not currently part of any research arrangement pertinent to medication management. A territorial policy is in place to guide processes of approval should a research request be made.

Special Access Medications are arranged on a case-by-case basis and alternatives to Special Access Medications are arranged as appropriate.

Of note, is that the health centre is part of the Territorial Antimicrobial Stewardship Committee and that there are documented policies in place. The health centre has left the function delegated to the most responsible provider. At the time of the peer surveyor visit, there is no interdisciplinary team regarding antimicrobial stewardship within the region nor health centre. There is a need to development an antimicrobial stewardship team.

Information with regard to an established action plan program at the local level that prioritizes high-risk population or units from HRSSA pharmacist was not available. However, it is noted that the pharmacist

does provide support to high priority populations as requited and activity is engaged with the teams. .

The pharmacist receives information from multiple sources with regard to changes in formulary which includes the Territorial Therapeutic Committee, medication suppliers and provincial bodies and able to be

ahead of shortages.

It was unclear to the peer surveyors of the awareness of the team with regard to the procedures on preventing, recognizing and responding to patient safety incidents. The health centre team was unaware or unable to bring forward medication management incident reports, actionable content or developing new protocols to complete primary prevention. There is the opportunity to further formalize quality improvement moving beyond data collection alone. Analysis of data and working with the team to interpret the data to operations and actions will be helpful. At the long-term care site, staff were very aware of medication management and the incident reporting and investigation processes. All incidents, including medication related incidents are reviewed immediately by the team at daily huddles. Well done.

The organization has a procedure to log medication and store them for patients in the inpatient department and in long term care. All storage areas are in a secure location. However, it was observed that some personalized medications were seen in stock areas at the health centre site. The pharmacists advised that this was corrected immediately following the tour. It is important that this practice be discontinued as it can be confusing to others using the medication storage space and lead to possible errors in medication administration.

The organization does not dispense medications or vaccines from multi-dose vials. There is a vaccine fridge in the ambulatory care area under the authority of Public Health which was not included in this peer surveyor visit.

Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.2	Information is collected from clients and families, partners, and the community to inform service design.	
1.3	Service-specific goals and objectives are developed, with input from clients and families.	
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	
1.5	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.	
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.7	A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency		
6.1	Required training and education are defined for all team members with input from clients and families.	!
6.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
6.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		
16.4	A pre-anesthesia checklist is completed prior to the administration of anesthesia.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		

23.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
23.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
23.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
23.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
25.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
25.5	Quality improvement activities are designed and tested to meet objectives.	!
25.6	New or existing indicator data are used to establish a baseline for each indicator.	
25.7	There is a process to regularly collect indicator data and track progress.	
25.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
25.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
25.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
25.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	

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

This section is rated as n/a, as did not do a tracer on Perioperative Services.

Priority Process: Competency

Hay River Regional Health Centre offer Endoscopy Services to Hay River and its surrounding communities. The 1 General Surgeon comes from Stanton Hospital, and is shared between the 2 sites.

The team consists of 3 RN's (1 consistant + 2 trained floats) and 1 LPN who works as the booking clerk as well.

The team is very competent and knowledgeable. There is a detailed orientation checklist for new staff, with a review of the new policy. Policies have been worked on for this area, a few will need to be signed off on. Orientation consists of working with Endoscopy equipment, training on IV sedation, plus PACU training. Staff all require their ACLS when working in this area.

Priority Process: Episode of Care

The organization provides service with Endoscopy Procedures (Gastroscopes and Colonoscopes) for Hay River and communities surrounding.

The hospital registration clerk at HRHSSA receives a request from the surgeons office in Yellowknife and the patient is booked in by HRHSSA's clerks. The waitlist for endoscopies is minimal and procedures are usually booked 4-6 weeks post referral. Positive fit test requisitions are received separately from the Fit test program and these patients are booked very quickly, within 1 month.

There is no formalized pre-procedure checklist instructions for the LPN who is booking the procedure. This process should be reviewed as there are gaps noted.

Following a mock tracer, (as no procedures booked), and reviewing patients health file, speaking with the patients in person and on the phone, it is clear that the patients are provided with compassionate and great care. 2 person identifier is used in each area of care, and information is shared at care transitions and is documented. Staff follow post IV sedation protocols with regards to Falls Prevention.

Post instructions are provided to both patients and escort, and a written copy of post instructions and information is provided.

Priority Process: Decision Support

No Perioperative tracer performed at this organization, Endoscopy tracer only.

Priority Process: Impact on Outcomes

Perioperative Tracer not completed.

Priority Process: Medication Management

High alerts Medications in the Procedure area must be labeled with high alert labeling.

Standards Set: Point-of-Care Testing - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Point-of-care Testing Services

The Northwest Territories Health and Social Services supports a region wide POCT managers committee. This committee provides oversight and guidance to the organization for POCT activities.

Biomedical laboratory services at the Hay River Regional Health centre also provides support the public health department syphilis and HIV point of care testing.

The laboratory provides support for its own electrolyte, hematology analyzer, and glucometer. In the case of the latter, calibration of specific laboratory equipment conforms within the College of American Pathologists and clinical laboratory improvement amendments (CLIA) recommendations. The majority of requirements are met for this priority process.

It should be noted that the department also supports the public health department's use of point of care HIV and syphilis testing period which are outside the realm of this accreditation peer surveyor visit. However no significant concerns with regard to their support of this endeavor. In this case, the point of care testing is performed by a trained nurse or alternate provider, proficiency testing is provided within the health unit under protocol and is largely autonomous of the Biomedical Laboratory Service.

Of note, there is no self-testing protocol. Consequently, proficiency testing, quality control, calibration and validation of the point of care testing in this regard is within expected requirements. POCT are performed by RNs and other trained providers. Should the organization change its testing methodology, this issue will require attention.

Calibration of specific laboratory equipment is performed in line with CAP requirements. Public health performs their own validation, calibration for syphilis and HIV POCT.

The team safeguards against losses of specimens. Processes and protocols are in place to ship specimens before loss or contamination. During the evacuation process of the centre and the entire community, specimens beyond the collection time were discarded and notices provided to patients to return to care for recollection. Well done under very difficult circumstances!

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
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		
12.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.5	Quality improvement activities are designed and tested to meet objectives.	!
16.6	New or existing indicator data are used to establish a baseline for each indicator.	
16.7	There is a process to regularly collect indicator data and track progress.	
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
16.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
16.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The Hay River Health and Social Services Authority (HRHSSA) serves the South Slave area of the Northwest

Territories (NWT) with a catchment area of over 6000 residents that includes Hay River and six outlying communities. As noted during the previous survey visit, the Primary Care Program at the Hay River Regional Health Centre (HRHSSA) continues to experience significant challenges in retaining and recruiting physicians, nurse practitioners and nursing staff. Primary Health Care Reform (PHCR), which is a Territorial-wide initiative, was noted by both Senior Leaders and the Primary Care Program Leadership as a promising territorial approach with the goal of improving coordination and delivery of core services, as well as continuity of care to meet the needs of residents. PHCR includes a portfolio of projects driven by community priorities and health system data. The Primary Care Leaders at the HRHSSA reported that PHCR data collection for their catchment area included broad community input, including through an Indigenous lens from the Elders Advisory Group and the Indigenous Patient Advisor. Leaders were aware that several PHCR sites are testing the design and implementation of integrated care teams focused on meeting the health care needs of their community and on building culturally safe and patient-centered relationships with individuals and their families. At such time that staffing levels reach funded levels, the Primary Care Program leadership would be keen to participate. Program leaders already participate to the extent possible in forums that impact primary health care for the population served; for example, the Community Health Initiative for Substance Use that included engagement from the community to ensure that this initiative would be sustainable. Leaders also participate in Territorial Emergency Response and Medical Travel tables seeking to find collaborative solutions to common challenges, such as the two telehealth rooms available for specialist care initiated by Primary Care referrals. Patients who are not served by the visiting specialists who come to Hay River for clinics or via telehealth are served in Yellowknife with more complex patient needs being attended to in Edmonton. A patient encountered during the tracer indicated that residents are provided notice of service changes in the event of service reductions or closures due to physician and/or nursing shortages via emails and Facebook posts; they also noted that they appreciated the “Walk In Clinics for Prescription Renewal or Refill” clinics (no appointment needed) that are promoted across the region.

It is noteworthy that the team has made good progress in areas that were unmet during the previous onsite survey visit; for example, services are now regularly reviewed and monitored for appropriateness with patients and families. As noted by a physician during the tracer, “Wholistic care is at the core of rural health care and Primary Care in this region”.

Priority Process: Competency

As noted during the previous survey visit, the Primary Care Program at the Hay River Regional Health Centre (HRHSSA) continues to experience significant challenges in retaining and recruiting physicians, nurse practitioners and nursing staff. Primary Care services are provided by locum physicians (as the 5 funded physician positions remain unfilled) and 3 LPNs who work to full scope of practice. Five Nurse Practitioner positions are funded; 4 are currently vacant; one on leave. A Community Health Nurse (CHN) with advanced practice nursing credentials has been recruited. As a part of Primary Health Care Reform, the relationship-based model of primary health care staffing and delivery, inspired by the Alaskan Nuka model, offers continuity of care through Community Health Nurses to address physician health resource shortages; this is currently being piloted in Fort Smith and the Primary Care leaders at the HRHSSA are eager to trial the model in Hay River, when staffing permits. Family Practice Residencies are challenging to

organize in Hay River due to the lack of continuity of physician preceptors at the HRHSSA; creative solutions to providing supervision have been implemented in the hopes that Family Practice Residents may choose to remain in the community after completion of the Residency program. Electives in rural and remote medicine can be accommodated for MD training.

Priority Process: Episode of Care

The hallmark of Primary Care is continuous, longitudinal relationships. At the Hay River Regional Health Centre (HRHSSA), although care is managed by locum physicians and a small number of nursing staff (LPNs) working to full scope of practice, efforts are made to ensure that care is comprehensive. A patient encountered during the onsite survey tracer, who has received care for themselves and their children in the clinic over many years, noted that although there is "no continuity", their care is delivered professionally and respectfully by all providers and that the clinic is responsive, making efforts to "fit them in" in a timely manner. The same patient was aware of 811 as a resource of registered nurses available 24/7, if they had questions about whether a health issue or problem could wait to be seen. Program leaders noted that uptake of 811 has increased in the community, although in some areas of the HRHSSA catchment wifi/cell service can be problematic and some residents live in crowded housing where confidentiality is limited, resulting in reluctance to call the nurse line. Continuity of care was cited as most problematic for patients who present with mental health issues and substance use issues. In addition, patient volumes for Primary Care continue to increase with program leaders citing that in their catchment area of 6500 residents, approximately 550 are elderly, many with both physical and psychological issues that are both chronic and complex. The LPNs in the Program do a good job of tracking when physicians request follow-ups with patients and this is more likely to be a consistent provider for specialist care (13-16 specialties that serve the region, coming from Yellowknife, with approximately 5 clinics per month) than care from primary care physicians. Unfortunately, the number of specialty clinics have been reduced due to the shortage of nursing staff to support the clinics.

The Primary Care program is doing good work to advance the use of telehealth to provide access to services to residents of the region who require specialty care; again here, there has been reluctance by some patients to use the telehealth platform with some patients refusing at the outset when the offer of a "virtual appointment" is suggested or leaving the "visit" once it starts. All referrals to be seen by specialists, whether remotely via telehealth or onsite in specialist clinics offered in the HRHSSA, are initiated by a Primary Care Physician in the clinic (or an NP). The lack of mental health (psychiatry) and addictions specialty services, including both physician and nursing resources, provided in person in Hay River was noted as a significant gap given the increasing needs in the communities served by the HRHSSA.

As a part of Primary Health Care Reform, the Alaskan Nuka model, which offers continuity of care through Community Health Nurses to address physician health resource shortages, is being trailed in the NWT. As noted by a physician during the tracer, "We are so desperately short of staff that we are not able to implement Nuka, although we would dearly like to."

Priority Process: Decision Support

The Primary Care Program uses the current Territorial Electronic Medical Record (EMR) system, Wolf, which provides a single primary care chart that allows care providers in the clinic to collaborate, i.e., both primary care and outpatient specialist services (whether delivered remotely from Yellowknife or during a visiting onsite clinic) are documented in the EMR. Pharmacy, laboratory and diagnostic imaging results are available to clinicians. Plans are underway at the Territorial level to replace the EMR with a single patient record for primary, ambulatory and inpatient care. In spite of the limitations of the EMR, patient record level documentation was found during the Primary Care Program onsite tracer to be comprehensive, including encounters, medication lists and plan of care. Formal auditing of record-keeping practices is, however, not done at the local level. It is recommended that a process be implemented to monitor and evaluate record-keeping practices and to randomly audit chart completion, as well as to review records for timeliness of preventative care and chronic disease management.

Priority Process: Impact on Outcomes

The Primary Care team engages in a weekly Huddle to review the results of trending data, including Hand Hygiene audit results and other utilization, process and outcome measures as a team. A white board is updated weekly on a Friday and serves as a communication tool for the team and the focal point for the weekly Huddle.

Although the Primary Care program has identified opportunities for improvement, such as the need to improve access to Primary Care appointments and the need to explore ways to increase uptake of telehealth as a modality, staffing shortages have precluded their ability to undertake formal QI initiatives. For example, efforts to implement median time to third next appointment were thwarted as the current EMR does not capture this information. The team is encouraged to engage with their QI resources in the organization for support to implement tests of change.

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.

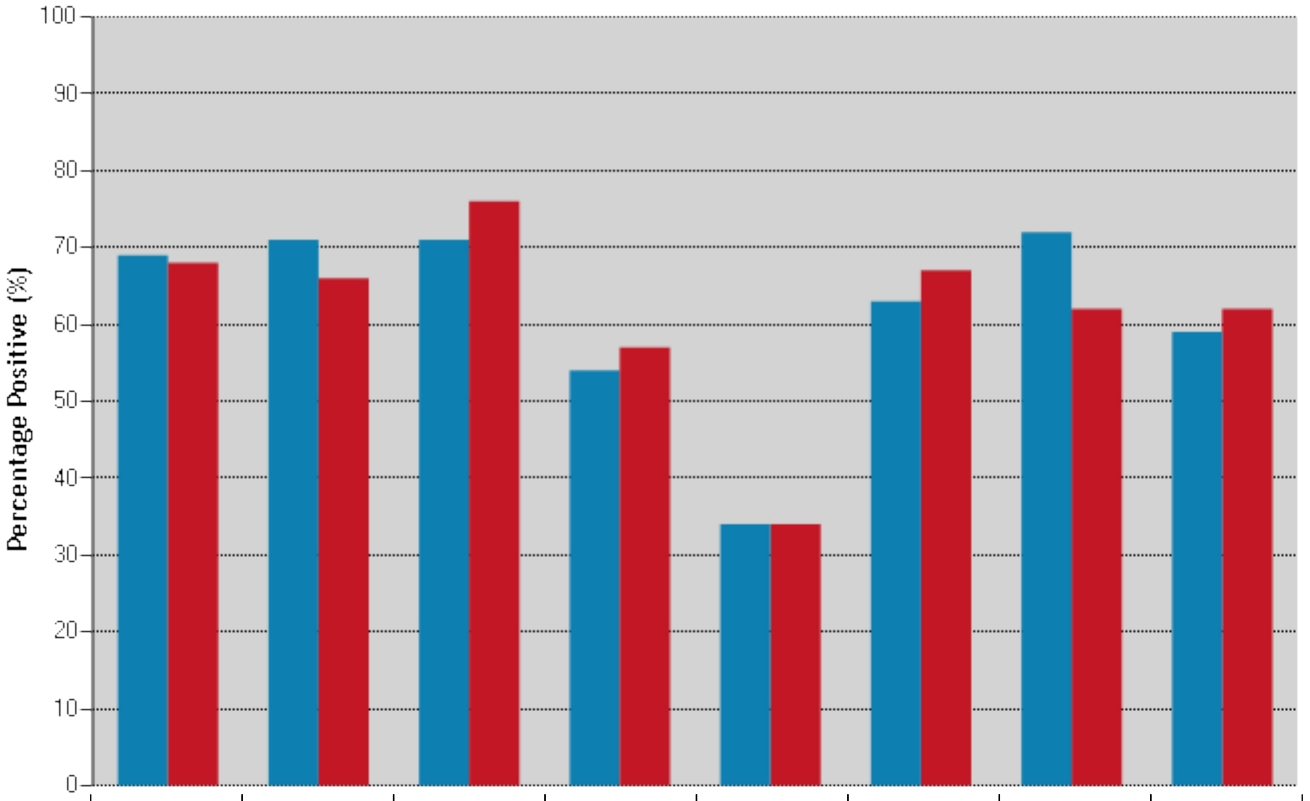
Canadian Patient Safety Culture Survey Tool

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: September 1, 2021 to November 30, 2021**
- **Minimum responses rate (based on the number of eligible employees): 93**
- **Number of responses: 118**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit 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
	69%	71%	71%	54%	34%	63%	72%	59%
	68%	66%	76%	57%	34%	67%	62%	62%

Legend

Hay River Health and Social Services Authority

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2023 and agreed with the instrument items.

Worklife Pulse

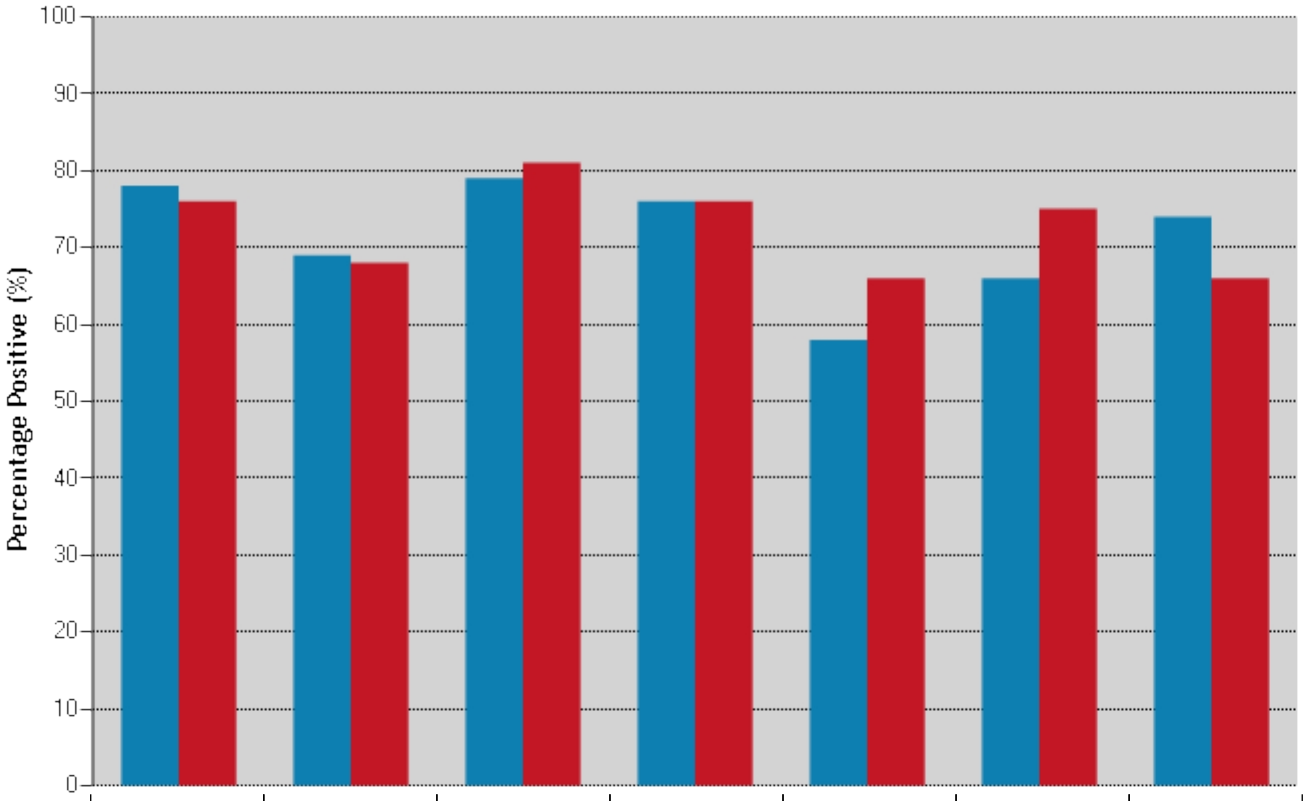
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: September 1, 2021 to November 30, 2021**
- **Minimum responses rate (based on the number of eligible employees): 130**
- **Number of responses: 135**

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	78%	69%	79%	76%	58%	66%	74%
	76%	68%	81%	76%	66%	75%	66%

Legend

Hay River Health and Social Services Authority

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2023 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	Unmet
Provided a client experience survey report(s) to Accreditation Canada	Unmet

Organization's Commentary

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

The accreditation survey week marked a pivotal moment for the Hay River Health and Social Services Authority (HRHSSA). It not only underscored the challenges encountered within the community and the organization from 2019 to the present but also illustrated the resilience and dedication of its staff. This report summarizes these challenges, acknowledges overlooked strengths, and emphasizes the relentless commitment of HRHSSA staff to deliver exceptional care to the community. Numerous challenges, both within the community of Hay River and within the organization itself have marked the journey of HRHSSA from 2019 to the present. Despite these hurdles, the staff demonstrated remarkable resilience and determination. Adversity catalyzed growth, prompting HRHSSA to reevaluate its operations and processes to better serve its clients. The accreditation process provided an opportunity for HRHSSA to recognize inherent strengths that may have been overlooked in the daily bustle of operations. HRHSSA gained valuable insights into its capabilities and areas for improvement through the accreditation report. This reflection highlighted the dedication and expertise of its staff, reinforcing their commitment to delivering high-quality care. HRHSSA acknowledges the importance of clear representation within broader healthcare systems, such as the Northwest Territories Health and Social Services Authority (NTHSSA) and the Department of Health. Moving forward, HRHSSA aims to ensure that its voice is distinctly heard in communications, aligning efforts with its organizational goals and priorities. Amidst ongoing improvements, HRHSSA recognizes the importance of celebrating successes and accomplishments. It is essential to shine a spotlight on the exceptional work of its staff, fostering a culture of appreciation and recognition within the organization. HRHSSA seeks to inspire and motivate its workforce to continue striving for excellence by acknowledging achievements. HRHSSA views accreditation as a continuous journey of improvement. During the survey period, staff actively engaged with surveyors, implementing changes based on feedback and suggestions. While awaiting the survey results, HRHSSA remains committed to ongoing enhancements, ensuring that proper documentation and results are meticulously addressed. The accreditation survey week served as a testament to HRHSSA's unwavering commitment to excellence amidst adversity. By confronting challenges head-on and embracing resilience, HRHSSA has emerged stronger and more determined in its mission to provide unparalleled care to the community of Hay River. Moving forward, HRHSSA will continue to learn, grow, and celebrate the achievements of its dedicated staff, reaffirming quality healthcare in the region.

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 20 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

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

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