



## Interlake-Eastern Regional Health Authority

### Accredited

June, 2015 to 2019

**Interlake-Eastern Regional Health Authority** has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until June 2019 provided program requirements continue to be met.

**Interlake-Eastern Regional Health Authority** is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Interlake-Eastern Regional Health Authority** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

### Interlake-Eastern Regional Health Authority (2015)

The Interlake-Eastern Regional Health Authority (RHA) plans and delivers health care services through an integrated network of community-based and facility-based programs and services. With an area of 61, 000 square kilometers, just over 124, 000 people live in the region. Aboriginal populations comprise 22 per cent of the region's residents including 17 First Nations communities and 24 Métis communities. Collaboration with community groups and a sustained commitment to integrated and accessible health care services are key contributors to the achievement of strategic priorities with the Interlake-Eastern RHA

### Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) [www.isqua.org](http://www.isqua.org), a tangible demonstration that our programs meet international standards.

Find out more about what we do at [www.accreditation.ca](http://www.accreditation.ca).

## Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

### On-site survey dates

June 14, 2015 to June 19, 2015

### Locations surveyed

- **26** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

### Standards used in the assessment

- **17 sets of standards** were used in the assessment.

## Summary of surveyor team observations

*These surveyor observations appear in both the Executive Summary and the Accreditation Report.*

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

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The organization, Interlake-Eastern Regional Health Authority (IERHA) is commended on preparing for and participating in the Qmentum survey program. The IERHA board is made up of fifteen members appointed by the Minister of Health. Members are representative of the communities across the region; a region which is geographically and culturally diverse. There is a clear and deliberate effort on the part of the board to be present in community forums. Because the organization has a mandate to undertake system transformation initiatives so that resources are used wisely, there is commitment to do what it takes to be clear about strategic and operational plans, and as one board member articulated: "to be fearless as a unit addressing care issues openly and above all being honest".

The board has made deliberate efforts to come together with the intention of building strategic and operational plans that are aligned with the Manitoba Ministry of Health's priorities and that are future oriented. There is a diversity of skills and knowledge amongst board members. The board has three members sitting on the ethics committee and one member that sits with a provincial research ethics group. This positions the board to develop its plans and engage in decision-making using an ethical lens.

Numerous community partners participated in focus groups during the survey. Municipal leaders, clients, non-government organizations, private providers, a federal hospital, and others all identified that while there are always opportunities for improvement, their experience has been that the IERHA's leaders are collaborative and open. They expressed clearly that there have been proactive efforts to reach out, and there have been significant improvements in communications since the formation of the IERHA. The regional health authority has established Local Health Involvement Groups (LHIG) and First Nation Collaboration Tables, along with other means of communication with the community.

The community health assessment was recently completed. The process involved a series of focus groups, surveys, interviews and review of population health data. This provides relatively up-to-date data that has been informative in the development of the organization's five-year strategic plan, which will be released once a communication plan has been developed.

There are high-level efforts in evidence to develop quality and risk management frameworks. However, these have not been disseminated widely in the organization. There is a need to work on strategies to engage staff members and clients in how quality improvement opportunities are identified and then carried out at the point of care. There are many improvements occurring, but clients may not be engaged and staff may not recognize these activities as deliberate efforts to improve the client experience. Quality is identified as a management responsibility. Quality improvement needs to be evidenced in the targets that are set for all programs and supported by metrics that can be monitored for progress.

The organization is largely paper-based in terms of how client progress is documented and monitored. Where there are electronic records, work needs to be done to ensure privacy, and to ensure that retrieval of information is intuitive to the end users, and that information is flagged when it is critical for diagnostic and follow-up purposes. This tool is currently being used in primary healthcare. Full utilization of the tool however is being compromised by challenges in how information is entered and retrieved by members of the multidisciplinary team. It is important to ensure full functionality is understood and supported at each of the sites where the electronic medical record (EMR) is scheduled to be rolled out.









During the on-site survey, staff members across the organization were consistently passionate about their work and their commitment to excellent patient care, especially at the local level. Work needs to be done on an ongoing basis to ensure engagement in activities that align with and support the strategic and operational plans of the IERHA. Numerous clients consistently expressed high-level satisfaction with the services they are receiving. Two clients expressed that their interactions with the chronic disease program were: “life changing”.

## Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

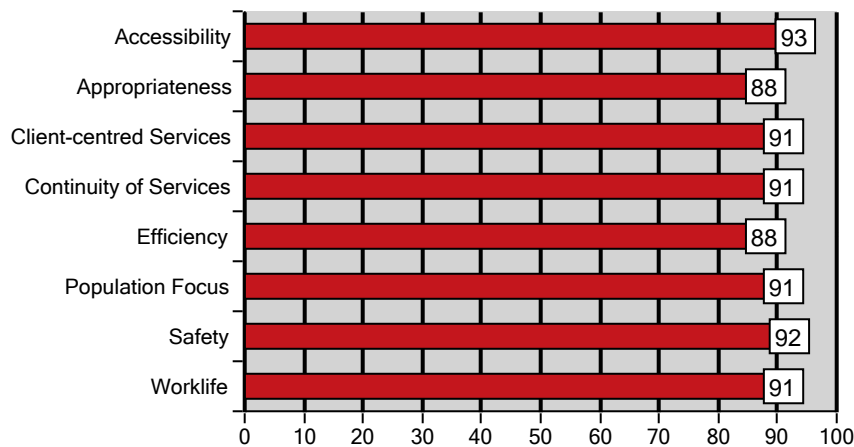
The quality dimensions are:

	<b>Accessibility:</b>	Give me timely and equitable services
	<b>Appropriateness:</b>	Do the right thing to achieve the best results
	<b>Client-centred Services:</b>	Partner with me and my family in our care
	<b>Continuity of Services:</b>	Coordinate my care across the continuum
	<b>Efficiency:</b>	Make the best use of resources
	<b>Population Focus:</b>	Work with my community to anticipate and meet our needs
	<b>Safety:</b>	Keep me safe
	<b>Worklife:</b>	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

**Quality Dimensions: Percentage of criteria met**



## Overview: Standards results

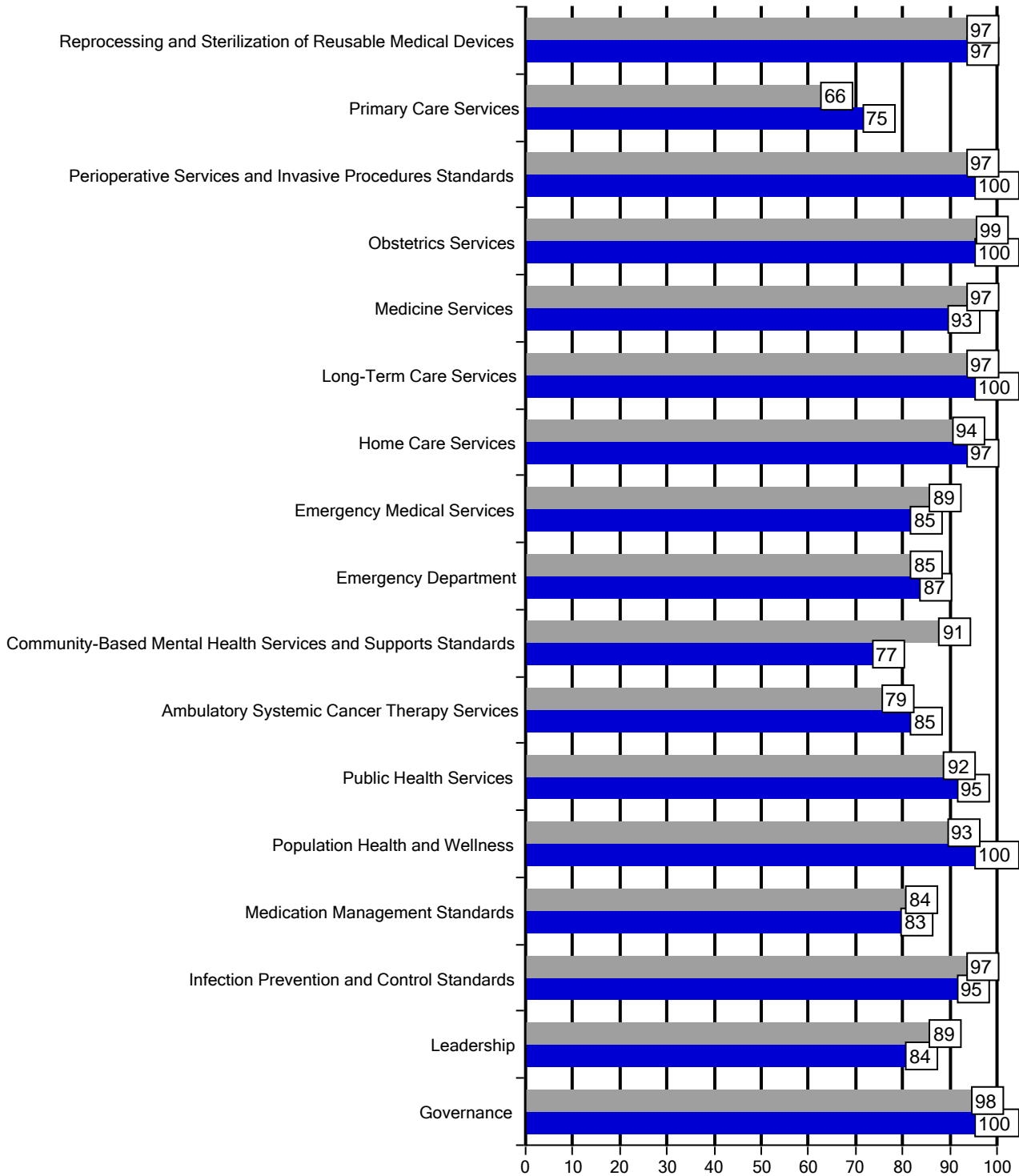
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

### Standards: Percentage of criteria met

■ High priority criteria met 
 ■ Total criteria met



## Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

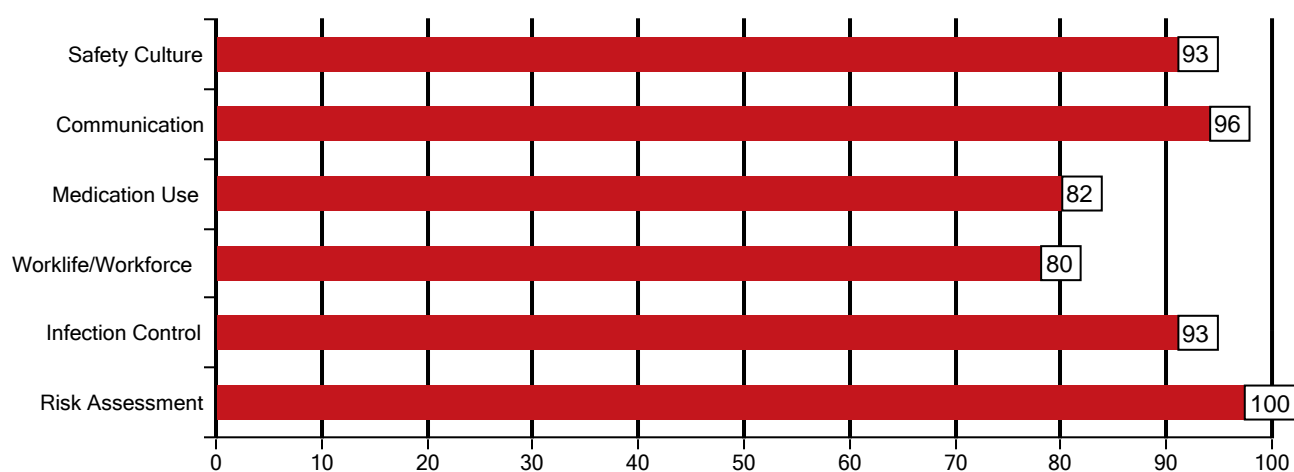
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

**ROP Goal Areas: Percentage of tests for compliance met**





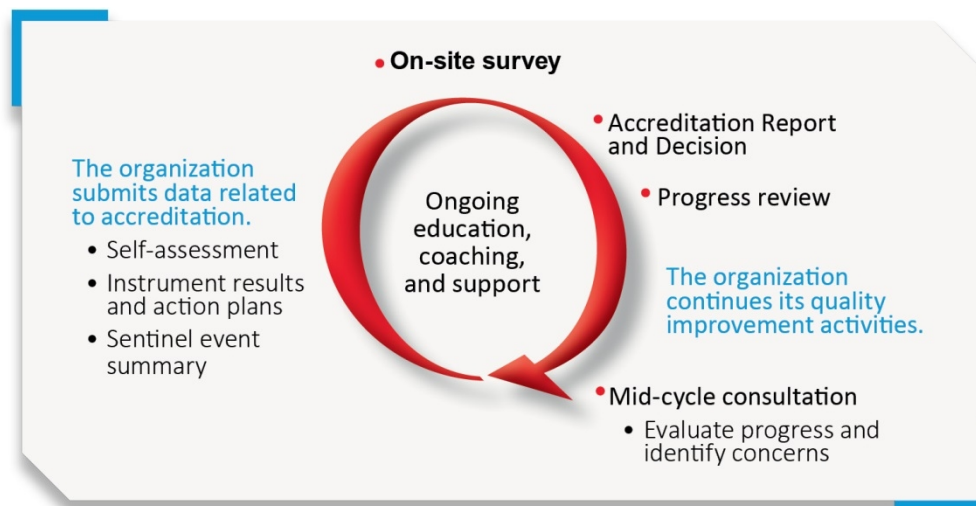
## The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

### Qmentum: A four-year cycle of quality improvement



As **Interlake-Eastern Regional Health Authority** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

## Appendix A: Locations surveyed

- 1 Arborg and District Health Centre
- 2 Ashern Community Health Office
- 3 Beausejour Health Centre
- 4 Betel Home Foundation - Gimli
- 5 Betel Home Foundation - Selkirk
- 6 E. M. Crowe Memorial Hospital and Personal Care Home
- 7 East Gate Lodge
- 8 Fisher Personal Care Home and Community Health Office
- 9 Gimli Community Health Centre
- 10 HEW Building - Primary Health Clinic
- 11 Hodgson Area Renal Health Centre
- 12 Interlake-Eastern RHA Corporate Office
- 13 Kin Place Health Complex
- 14 Lakeshore General Hospital and Personal Care Home
- 15 Lundar EMS
- 16 Lundar Personal Care Home and Community Health Office
- 17 Pinawa Hospital and Primary Health Care Centre
- 18 Pine Falls Health Complex
- 19 Rosewood Lodge
- 20 Selkirk and District General Hospital
- 21 Selkirk Community Health Office
- 22 Selkirk Community Mental Health Office
- 23 Selkirk Crisis Unit
- 24 Stonewall and District Health Centre
- 25 Stony Plains Terrace
- 26 Teulon Health Centre

## Appendix B

### Required Organizational Practices

#### Safety Culture

- Accountability for Quality
  - Adverse Events Disclosure
  - Adverse Events Reporting
  - Client Safety Quarterly Reports
  - Client Safety Related Prospective Analysis
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#### Communication

- Client And Family Role In Safety
  - Dangerous Abbreviations
  - Information Transfer
  - Medication reconciliation as a strategic priority
  - Medication reconciliation at care transitions
  - Safe Surgery Checklist
  - Two Client Identifiers
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#### Medication Use

- Antimicrobial Stewardship
  - Concentrated Electrolytes
  - Heparin Safety
  - High-Alert Medications
  - Infusion Pumps Training
  - Narcotics Safety
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#### Worklife/Workforce

- Client Flow
  - Client Safety Plan
  - Client Safety: Education And Training
  - Preventive Maintenance Program
  - Workplace Violence Prevention
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#### Infection Control

- Hand-Hygiene Compliance
- Hand-Hygiene Education and Training
- Infection Rates
- Pneumococcal Vaccine

## Required Organizational Practices

- Reprocessing
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### Risk Assessment

- Falls Prevention Strategy
  - Home Safety Risk Assessment
  - Pressure Ulcer Prevention
  - Skin and Wound Care
  - Suicide Prevention
  - Venous Thromboembolism Prophylaxis
-