ACCREDITATION
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Accreditation Report

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Canadian Mental Health Association - Simcoe County Branch

Barrie, ON

Classic Qmentum (Accredirate)

On-site survey dates: March 25, 2024 - March 28, 2024

Report issued: April 18, 2024

About the Accreditation Report

Canadian Mental Health Association - Simcoe County Branch (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 March 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

Canadian Mental Health Association - Simcoe County Branch (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

Canadian Mental Health Association - Simcoe County Branch's accreditation decision is:

Accredited with Exemplary Standing

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

About the On-site Survey

- **On-site survey dates: March 25, 2024 to March 28, 2024**

- **Locations**

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

  1. Barrie & Area / Innisfil

  2. North Simcoe (Midland/Penetanguishene)

  3. Orillia

  4. South Georgian Bay (Collingwood/Wasaga Beach)

- **Standards**

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

  System-Wide Standards

  1. Governance
  2. Infection Prevention and Control Standards for Community-Based Organizations
  3. Leadership Standards for Small, Community-Based Organizations
  4. Medication Management for Community-Based Organizations (For Surveys in 2021)

  Service Excellence Standards

  5. Community-Based Mental Health Services and Supports - Service Excellence Standards
  6. Substance Abuse and Problem Gambling - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Worklife Pulse
  2. Canadian Patient Safety Culture Survey Tool: Community Based Version
  3. Governance Functioning Tool (2016)

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	45 (100.0%)	0 (0.0%)	5	36 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	5
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	69 (100.0%)	0 (0.0%)	1	109 (100.0%)	0 (0.0%)	1
Infection Prevention and Control Standards for Community-Based Organizations	30 (100.0%)	0 (0.0%)	4	47 (100.0%)	0 (0.0%)	0	77 (100.0%)	0 (0.0%)	4
Medication Management for Community-Based Organizations (For Surveys in 2021)	70 (100.0%)	0 (0.0%)	3	38 (100.0%)	0 (0.0%)	1	108 (100.0%)	0 (0.0%)	4
Community-Based Mental Health Services and Supports	45 (100.0%)	0 (0.0%)	0	94 (100.0%)	0 (0.0%)	0	139 (100.0%)	0 (0.0%)	0
Substance Abuse and Problem Gambling	46 (100.0%)	0 (0.0%)	0	82 (100.0%)	0 (0.0%)	0	128 (100.0%)	0 (0.0%)	0
Total	**276 (100.0%)**	0 (0.0%)	12	366 (100.0%)	0 (0.0%)	2	642 (100.0%)	0 (0.0%)	14

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Substance Abuse and Problem Gambling)	Met	1 of 1	0 of 0
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Communication			
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	Met	3 of 3	1 of 1
The "Do Not Use" list of abbreviations (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	3 of 3
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Worklife/Workforce			
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Community-Based Mental Health Services and Supports)	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			
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

With approximately 250 staff and more than 75 volunteers, the Canadian Mental Health Association Simcoe County Branch (CMHA SCB) serves a large catchment area consisting of urban and rural communities located in the five sub-regions of North Simcoe, Orillia, South Georgian Bay, Barrie, and South Simcoe. CMHA SCB is the largest provider of addiction and mental health services in the region.

CMHA SCB has grown significantly both in size and scope since the last site visit. Several transformational changes realigned the organization's operational infrastructure and modernized programs and services. Evidence driven service delivery models have been established and new programs have been created with over $8 million in new funding to meet the ongoing service demand influenced by an 11.2 per cent increase in growth in the region's population since 2016, substantially higher than the 5.8 per cent provincial rate. New programs have focused on increasing home-based withdrawal management services, day treatment, outreach and peer support, crisis call and ED diversion, and community justice beds and permanent housing. Overall, these changes have created more equitable access across the region and improved service continuity and client and staff safety.

Integrated service models, partnerships and resources are being optimized. A fully integrated quality, risk, and safety framework is in place. Investments and re-investments have been strategic, improving IT infrastructure, communication, data decision making, and staff engagement and empowerment. The organization's leadership is described as transparent, accessible, and responsive. Staff feel supported by and connected to the organization's vision and values.

Members of the governing body are deeply committed to the organization's mission. The Board is cohesive and consists of highly skilled individuals supported by a robust set of policies and bylaws. Members are engaged, understand the critical roles they have in governance oversight, and are committed to ongoing learning. Quality and safety data, and client and family experiences are integral to the Board's discussions and decision making.

Partnerships are developed and fostered at all levels of the organization. Community partners value the organization's commitment to community wellness, the delivery of excellent care, sharing knowledge, and advocating for systemic improvements. The organization is viewed as a trusted and reliable leader and partner.

CMHA SCB is active in the region's four Ontario Health Teams, leading addictions and mental health working groups.

Recruitment challenges have become more acute since the COVID-19 pandemic. Work life balance and retention strategies have been developed. Examples of these include an improved compensation and benefits plan, an increase in wellness days, and opportunities for competency and career growth.

Staffing models have been enriched by ongoing investments in peer support specialists and workers, and the introduction of a nurse practitioner and Indigenous and Francophone navigators. Work life pulse survey results are validated by staff and actioned with input from staff to make improvements. There are notable improvements in this organization's workforce culture. Staff validate these findings, referencing significant improvement in communication, engagement, and leadership growth opportunities.

Evidence driven harm reduction and trauma informed practices are integral to the service models. Clinical teams use standardized and validated assessment tools and therapeutic interventions. Recovery and treatment goals are developed in partnership with clients and families. The organization's inter-professional treatment teams work to reduce the harms related to substance abuse and mental illness, strengthen coping skills and resilience, improve meaningful roles and foster autonomy. Teams are described as deeply committed and compassionate. Service delivery models provide low barrier access and are being designed to provide greater integrated care with programs and services co-locating in each of the organization's sub-regions. Partners and clients are pleased to see this shift.

Client experience surveys, focus groups, and informal feedback inform administrative and clinical improvements. Clients view the organization as responsive and inclusive, referencing that they feel safe and accepted. The organization's commitment to people centered care is impressive. Strategic improvements have been made to improve the client service including a centralized intake process, navigation support, harm reduction, home based withdrawal, access to peer specialists and workers, and after care.

CMHA SCB has much to celebrate. Practices are rooted in all of Accreditation Canada's quality dimensions. Well done!

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

! High priority criterion

ROP Required Organizational Practice

MAJOR Major ROP Test for Compliance

MINOR Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The governing body is deeply committed to the mission of the organization and the wellbeing of the clients and families served. It is evident that the members of the Board are highly engaged in supporting the organization's mission and understand the critical roles they have in governance oversight. Roles and responsibilities are clearly defined, and the governance structure and its operations are supported by current bylaws. Board functioning and meeting effectiveness are assessed on an ongoing basis and action plans are in place.

Recruitment is informed by the Board's skills matrix which has resulted in attracting a diverse group of individuals bringing expertise from the legal, business, education, financial, health risk management, and community sectors. There is good depth and breadth of knowledge and expertise. The Board is commended for having increased the cultural diversity of its membership.

Information provided to the Board supports generative discussions and critical analysis. Decision making is evidence driven. The Board is provided with meaningful data, relevant to quality, safety, human capital, and resource allocation. Briefing notes summarize risks and benefits of each decision including anticipated impacts on clients, alignment with the organization's mission, and how the decision respects culture and diversity, upholds service excellence, and reflects the need for ethical considerations.

Learning is fostered. Each committee has learning goals. Board members have access to ongoing governance education and participate in training on service models such as harm reduction. Members are engaged in gaining knowledge and expertise. Risk, quality, and safety are integrated into the Board's decision-making process.

The Board measures the CEO's performance against achievement of the organization's strategic pillars and transformation goals and priorities. The transformation of the organization over the past four years has been very well supported by the Board. The Board recognizes the meaningful change and innovation the CEO has led to shape the organizational structure and future state.

The Board is commended for having supported the successful transformation of CMHA SCB. To continue supporting the CEO in this important work, the Board is encouraged to continue formalizing and supporting annual goals and priorities to sustain the gains that have been achieved.

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)

Planning and service design is strongly connected to the organization's strategic pillars and driven by evidence and ongoing input from staff, client, families. Service integration strategies are also connected to regional mental health and addiction priorities. Executive and implementation leads are responsive to oversee and ensure the execution of strategic pillars. Achievement of strategic and operational goals from the companion work plan is measured and thoroughly reviewed fostering excellent alignment and a sense of cohesion across the organization.

Stakeholder engagement is embedded in all aspects of planning and service design. Input and co-design opportunities are in place for partners, clients, and members of the Client and Family Advisory Committee. Service delivery models are informed by client and family needs and experiences, fostering the provision of client centered care. The Client and Family Advisory Committee is very well embedded in all aspects of the organization's decision-making. The co-design model for service planning and design is truly exceptional!

Annual program reviews are in place and provide the opportunity to re-examine the effectiveness of each service and program. The process is informed by service and system level data, client experience data, safety and quality trends and emerging best practices. The organization may want to add trends from its ethical dilemmas to further inform the review. The pending evaluation of virtual care and its effectiveness among clients and staff will further inform the review and design of services.

The organization is commended for leading and supporting system level improvements in response to the growing acuity and complexity of mental health and addiction issues. Partners value the organization's commitment to partnerships and service integration, which have led to the establishment of progressive and innovative solutions to better meet the growing service demand. The leadership team has positioned this CMHA as a reliable, responsive, transparent and trustworthy partner.

There have been several structural and cultural improvements in this organization over the past four years that have resulted in having a robust and inclusive approach to service planning, design, and redesign that is inspiring and a model for others to follow. The organization is encouraged to continue sharing its achievements and influencing service and system design.

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)

Robust policies and processes support the allocation and use of resources. Annual budgets and resource allocation are inclusive. Leaders collaboratively measure potential impact on clients and staffing models, and analyze the feasibility, and sustainability of their options and decisions.

Weekly senior team meetings and monthly direct service manager meetings facilitate open and transparent budget discussions. Models of care are informed by current, projected and required changes in staffing levels and mix, based on client need and performance targets.

Briefing notes about resource implications are presented to the Board. These provide risk analysis, reflect any ethical concerns, and forecasted impacts on safety, access, and client and workforce wellbeing.

Where possible, reinvestments are made within the required funding parameters and approvals. Innovative strategies that optimize and integrate resources across the organization are fostered. Currently the organization is moving forward with a co-located model of service delivery, integrating sub-region offices across the region. Clients, partners, and staff are excited about this approach, and have observed a positive impact on access, client flow and operational efficiencies.

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)

CMHA SCB's human capital activities are very much aligned with its strategic pillars. Several transformational improvements have been implemented to foster a healthy and safe workforce. Key achievements include the introduction of an improved compensation and benefits plan, a thorough and dynamic staff onboarding with a standardized program level orientation, updated job descriptions and performance appraisals, staff wellness strategies, and exit interviews that are trended to improve recruitment and retention.

Work life balance is very well supported. Staff have access to wellness days, social activities, flexible schedules, disconnect from work policies, employee assistance, tool kits for working in complex environments, and tips to manage stress and maintain healthy lifestyles. Staff engagement and improved communication across all sites has created a greater sense of connection and cohesion. Work life pulse results have informed the team's strategies.

Leadership development and talent management is a priority. Approximately 53 staff have received LEADS training. And staff report they are given opportunities to innovate, and participate in, lead or co-lead committees and improvement initiatives.

The team is commended for its commitment to integration, the practice of inclusion and diversity in job postings and descriptions. These changes have led to the discussions with partners to become inclusive in their documents and practices.

Priority Process: Integrated Quality Management

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

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

Quality at CMHA Simcoe County Branch is completely integrated with safety and risk, which are fully embedded in its organizational culture and inform all aspects of clinical and administrative decision-making.

The spread and sustainability of quality improvement is supported by staff training and the application of tools and techniques. Improvements projects are aligned with the organization's strategic pillars. New initiatives are piloted, trialed, and adjusted based on feedback from clients and staff. An in-house quality curriculum is in development and will foster the distribution and decentralization of competencies and leadership that will further deepen a sense of shared ownership for quality across CMHA SCB.

Risks and safety incidents are assessed, monitored, and inform quality improvements. Audits are in place to measure compliance with clinical and administrative targets. CMHA SCB is commended for having fostered the development of a just culture. This is evidenced by the positive trends in the patient safety culture surveys.

The organization uses a dashboard, aligning performance measurement and quality improvement with strategic goals and objectives. The dashboard is also used to translate strategic goals into actions which are reported throughout the organization. Data specific to projects and system level improvements are shared with community partners.

As the organization moves forward with an electronic incident management system, it is encouraged to see this as another co-design opportunity with clients and families.

Overall, CMHA SCB demonstrates a strong and vibrant culture of continuous quality improvement, and a commitment to continued growth in the areas of staff and client engagement.

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 ethics tool kit is user friendly and supported by a comprehensive policy. Awareness about the tool kit begins at staff and Board orientation.

Ethics is embedded throughout the organization's structure and activities. Teams are supported to work through dilemmas and have access to a bioethicist if needed. Ethical dilemmas are recorded and tracked. Teams are supported to proactively identify issues and are supported to bring them forward.

Ethical implications are included in briefing notes, fostered during clinical supervision meetings, are integral to the process of making resource and staffing allocation decisions, and analyzed as part of all risk and quality related improvement projects, and service changes.

To sustain the gains, the organization may want to include a summary of trends that can inform its annual program review process. Other suggestions include referencing the importance of ethical or critical thinking/decision making in job postings, interview questions, and performance appraisals. Sharing lessons learned from ethical case studies across the organization, posting information about the tool kit in common work spaces and promoting principle based care and derision making on the organization's Intranet are other examples known to also positively impact awareness and practice.

Priority Process: Communication

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

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

Informed by the heightened level of communication that was necessary to work through the peak and recovery phases of the COVD-19 pandemic, the organization identified the need to streamline staff communication, and the importance of having a business continuity model that could be adapted to any emergency.

A staff survey identified communication as a top priority. This led to the development of working groups soliciting input from staff, clients, and families, resulting in dramatic improvement in internal and external communication, and optimizing the use of social media. In addition, a wealth of meaningful information is now centralized on the organization's Intranet (launched in September 2022). Using email as a primary source of sharing information with staff has been streamlined and Microsoft Teams is being optimized to support information sharing within and across services, programs and sites. Of note, the application of the Microsoft Planning software program to facilitating project group communication and tracking work plan achievements is nothing short of brilliant. CMHA SCB is commended for applying this tool to centralize project specific communication, resulting in meeting efficiencies and information sharing.

Aligned with the organization's strategic plan, a multifaceted information technology work plan is in place. Improvements are focused on infrastructure, information management, access to and protection of information, assets management, health and support, and business continuity. CMHA SCB is commended for investing in information technology. Lessons learned from a cyber incident and the experience of a partner organization resulted in running a simulated shutdown to test the integrity of its system and business continuity.

From a data perspective, the organization draws from a robust set of internal and external sources of data to inform decision making and resource allocations ensuring alignment with its strategic pillars.

External communication strategies are audience and topic specific.

Communication with external stakeholders happens in multiple ways, using both formal and informal strategies. The effectiveness of relationships with partners is measured in real time during project specific meetings, networking sessions, partner retreats, and by participating in integration surveys led by Central Ontario Specialized Health network that examine the strength of relationships among partners.

Practices to protect access to, and the privacy and confidentiality of client information are policy driven, with stringent controls and rigorous staff training.

Overall, impressive transformational work!

Priority Process: Physical Environment

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

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

CMHA SCB operates safe and welcoming environments. A facilities management review was conducted in 2021/22 where each site and floor plan was reviewed from a safety, and risk perspective. The organization is commended for co-locating services in sub-regions; offering teams with timely communication about mutual clients; providing a hub model for other partner agencies to drop in and discuss common clients, such as police, housing, and social services. As mentioned in its strategic plan the organization is in the process of consolidating office space and is currently in phase 1 entitled Fit for Purpose. CMHA SCB has engaged their Client and Family Advisory Committee in this process.

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)

Overall, there is excellent planning for, and to prevent and manage emergencies.

Preparedness is supported by a comprehensive set of policies and procedures. Dynamic risk assessments inform emergency priorities and guide the development of responses and business continuity plans. Business impact analysis, conducted for each of the organization's sites, provides additional locally defined responses and strategies to mitigate service interruptions. Service continuity plans clearly delineate strategies that are needed in the first 24, then 48 hours post emergency.

Plans and procedures are reviewed by the occupational health and safety committee. The client perspective is also integrated into this process. Scheduled drills with client involvement are in place. Documented findings from these inform procedural changes.

Lessons learned from the COVID-19 pandemic have increased hand-hygiene promotion and compliance activities, and cleaning audits, and promoted establishment of a robust inventory of PPE for each site. As such, CMHA SCB demonstrates a good sense of readiness to respond to and manage any outbreaks.

Thorough environmental risk and safety assessments of each site have informed needed renovations and for some locations, a move to safer locations for both clients and staff.

Priority Process: People-Centred Care

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

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

People-centred care was evident at CMHA SCB. The team employs strategies to ensure the voice of the clients and their families is included in the design and monitoring of services. Peer support workers are proudly embedded in programming, and initiatives like Together Everyone Achieves More (TEAM) Spirit are championed. A member of the Client and Family Advisory Committee (CFAC) spoke very highly of the organization's desire for feedback and provided examples of process improvements as a result. CMHA SCB is encouraged to further engage clients/families or the CFAC in all aspects of service planning and corporate support services.

CMHA SCB is encouraged to continue with implementation of the electronic incident reporting system RL6 from their existing paper-based system.

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)

CMHA SCB identify and address barriers that prevent clients from accessing services by engaging their clients and families. Leaders sit on various community services tables that enables them to address needs on a system level. Leaders are eager to be part of local, regional, and provincial initiatives. One example of this is the great work they are doing for the Ontario Structured Psychotherapy Program.

Priority Process: Medical Devices and Equipment

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

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

The CMHA SCB have blood pressure machines, body mass scales, otoscopes, ophthalmoscopes, and medical refrigerators that are cleaned and maintained as per the manufacture's instructions, and cleaned when necessary and within infection prevention guidelines.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

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

Medication Management for Community-Based Organizations
- Using interdisciplinary teams to manage the provision of medication to clients

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.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Strong and passionate leadership is evident at CMHA SCB. The CMHA leadership team champions the organization's mission, vision, and values. A product of their leadership is their strong organizational performance. Internal resources are continuously monitored, assessed, and reallocated to address need. An innovative step-down housing program from Community Homes of Opportunity is impressive as this allows for long-term residents to transition to more independent living. CMHA SCB is encouraged to evaluate, share lessons learned with other Community Homes of Opportunity in the province, and replicate where possible. CMHA SCB is commended for creating the Francophone navigator position. Exceptional work is being done and has been validated by clients.

Priority Process: Competency

CMHA SCB has a very competent team and has made professional development a priority. Opportunities for training are readily available to team members. CMHA SCB is commended on the implementation of training initiatives throughout the organizations such as the LEADS Framework. They are encouraged to increase focus on universal falls prevention in all locations and for new spaces being planned.

Priority Process: Episode of Care

CMHA SCB staff ensure that clients and their families are well educated about their services. They have centralized intake and access to rapid deployment of brief case management services and crisis services. They use standardized tools such as the Level of Care Utilization System (LOCUS) and the Ontario Common Assessment of Need (OCAN) to assess need. Each client is provided with a welcome letter that outlines the services provided, appointment date, and crisis resources. A policy about transfer of care guides the team to ensure that information is properly relayed.

Priority Process: Decision Support

CMHA SCB has policies and procedures that meet record-keeping standards. Privacy training was evident, and staff were aware of the organization's Privacy Officer. The organization's decision support staff helps guide its management, operations, and planning. Quality improvement projects are ongoing, and there is an active Quality and Risk Management Committee.

Priority Process: Impact on Outcomes

CMHA SCB has a focus on quality as evidenced by their plans to develop a quality curriculum to train their staff. Feedback and data are collected for data driven analysis. The organization is commended for their active Quality and Risk Management Committee that will be inviting submissions from all staff for quality improvement projects.

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

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

Infection prevention and control is a priority at CMHA SCB. Evidence of this can be found throughout the organization. This is truly a collaborative and team effort.

Standards Set: Medication Management for Community-Based Organizations (For Surveys in 2021) - Direct Service Provision

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

CMHA SCB has robust medication administration policy and procedures in place. Safety and cleanliness are evident in the medication administration areas. The regulated nurses (i.e. RN, RPN, NP) at CMHA SCB adhere to the medication administration standards outlined by the College of Nurses of Ontario. The Barrie ACTT (Assertive Community Treatment Team) uses MediSystem Pharmacy to provide medication, medication reconciliation, and medication administration records. MediSystem Pharmacy has policies and procedures that also help ensure safe medication management.

To support the excellent policy driven medication management processes at Community Homes for Opportunity, the organization may want to further explore criteria for identifying when clients are ready for self-administration, and when additional support may be required such as during periods of increased medical or mental acuity.

Standards Set: Substance Abuse and Problem Gambling - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The development of, and ongoing adjustments to recently established addiction programs such as mobile withdrawal management, day treatment, and outreach services are driven by client need and preferences. Access to virtual addiction services has been maintained since the pandemic. This has also improved access by significantly reducing wait times.

Client feedback is collected through different mechanisms, including client related data, focus groups, the organization's Client and Family Advisory Committee and real time input. Teams are engaged in ongoing reviews, updating standard operating procedures, improving models of care, reviewing, and adjusting skill mix. For example, peer support workers have joined the addiction outreach and mobile withdrawal management teams. The added lived experience perspective enriches the impact of these programs. Overall, the addiction services show strong alignment with best practices. Leaders mobilize the resources needed to make ongoing service improvements informed by and developed in partnership with clients.

Priority Process: Competency

Services are provided within a collaborative team environment. Learning is fostered, and professional growth is supported. Teams have access to comprehensive onboarding. Ongoing clinical supervision provides team members with immediate feedback, affording the prompt development of learning goals.

Caseloads are managed dynamically as clients are admitted and discharged. The assignment of cases is done in close collaboration with the centralized intake team. Acuity and complexity are considered. The annual program review also provides the opportunity to examine overall client flow and caseload distribution.

Staff education reflects the changing needs of client and service demand trends including trauma, cultural safety and diversity and inclusion training. CMHA SCB may want to align professional development with the organization's strategic pillars.

Priority Process: Episode of Care

A centralized intake structure and process creates the prompt transfer of client information and service matching. Referrals to internal and external programs are supported by staff navigation, making the experiences as seamless as possible. Processes and tools are in place to support and perfect client flow. Diverse needs are communicated to provide services that support culture and language diversity. Mobility issues are identified, and service delivery is adapted accordingly.

Care is delivered in full partnership with clients. It is often described as being client driven. Partnerships with other organizations are integral to ensure reach to as many clients as possible. Examples include the outreach and mobile withdrawal management services. After care support, and specialized programs are in place for clients with judicial orders to seek treatment.

Readiness for transition to other services or discharge is challenging for clients receiving treatment for their addiction. Readiness goals and support are addressed on an ongoing basis to identify factors that may influence relapse and return visits. As such care transitions are integral to the ongoing care planning and goal setting. Follow up appointments and after care support are provided. Teams track return visits which help inform adjustments to individual treatment goals. A policy driven care transition process, and related tools have been developed and implemented. Processes and tools to reduce the variation in the discharge process are about to be launched. CMHA SCB is commended for making these processes more consistent and efficient which have resulted in more time to care, reaching more clients, and improving outcomes.

Priority Process: Decision Support

Health information is professionally managed and ensures a good flow of client information at service transitions. Health information that is collected is standardized as evidenced by the comprehensive intake and assessment forms. The IT team is progressive and responsive. Informatics support service level improvements.

Record keeping practices are standardized and reviewed with ongoing feedback shared with staff, ensuring client needs are well documented and aligned with their goals. Education about protecting the integrity of the electronic client record is provided, and the required policies to ensure client privacy and confidentiality are in place.

Priority Process: Impact on Outcomes

Using evidence and quality improvement outcomes is a significant strength of this service. Ongoing service evaluations and the selection of best practice guidelines are informed by annual program reviews and guided by a well-established Quality and Risk Management Committee, criteria, and the client experience. Service changes are incremental, with each phase evaluated and adjusted. Sustainability is key to the change management process. New initiatives are piloted and successfully replicated.

Major strides have been made to develop a just culture. Patient safety culture results have been confirmed by staff and guided the development of action plans.

Indicators in the addiction services field tend to be quantitative. Nevertheless, dashboards and trends are measured and shared. Further staff engagement is encouraged to increase buy-in and shared ownership and help strengthen the service's quality culture. The service is encouraged to also continue optimizing the input from, and engagement of the Client and Family Advisory Committee and other clients receiving services.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: December 19, 2023 to December 22, 2023**

- **Number of responses: 1**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	96
3. Subcommittees need better defined roles and responsibilities.	100	0	0	73
4. As a governing body, we do not become directly involved in management issues.	0	0	100	89
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	95

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	96
9. Our governance processes need to better ensure that everyone participates in decision making.	100	0	0	66
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	93
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	0	100	88
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	100	0	0	82
17. Contributions of individual members are reviewed regularly.	0	100	0	69
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	78
19. There is a process for improving individual effectiveness when non-performance is an issue.	100	0	0	61

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	83
21. As individual members, we need better feedback about our contribution to the governing body.	100	0	0	44
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	79
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	90
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	91
27. We lack explicit criteria to recruit and select new members.	100	0	0	81
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	91
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	92
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	89
31. We review our own structure, including size and subcommittee structure.	0	0	100	89
32. We have a process to elect or appoint our chair.	0	0	100	89

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	0	100	81
34. Quality of care	0	0	100	85

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

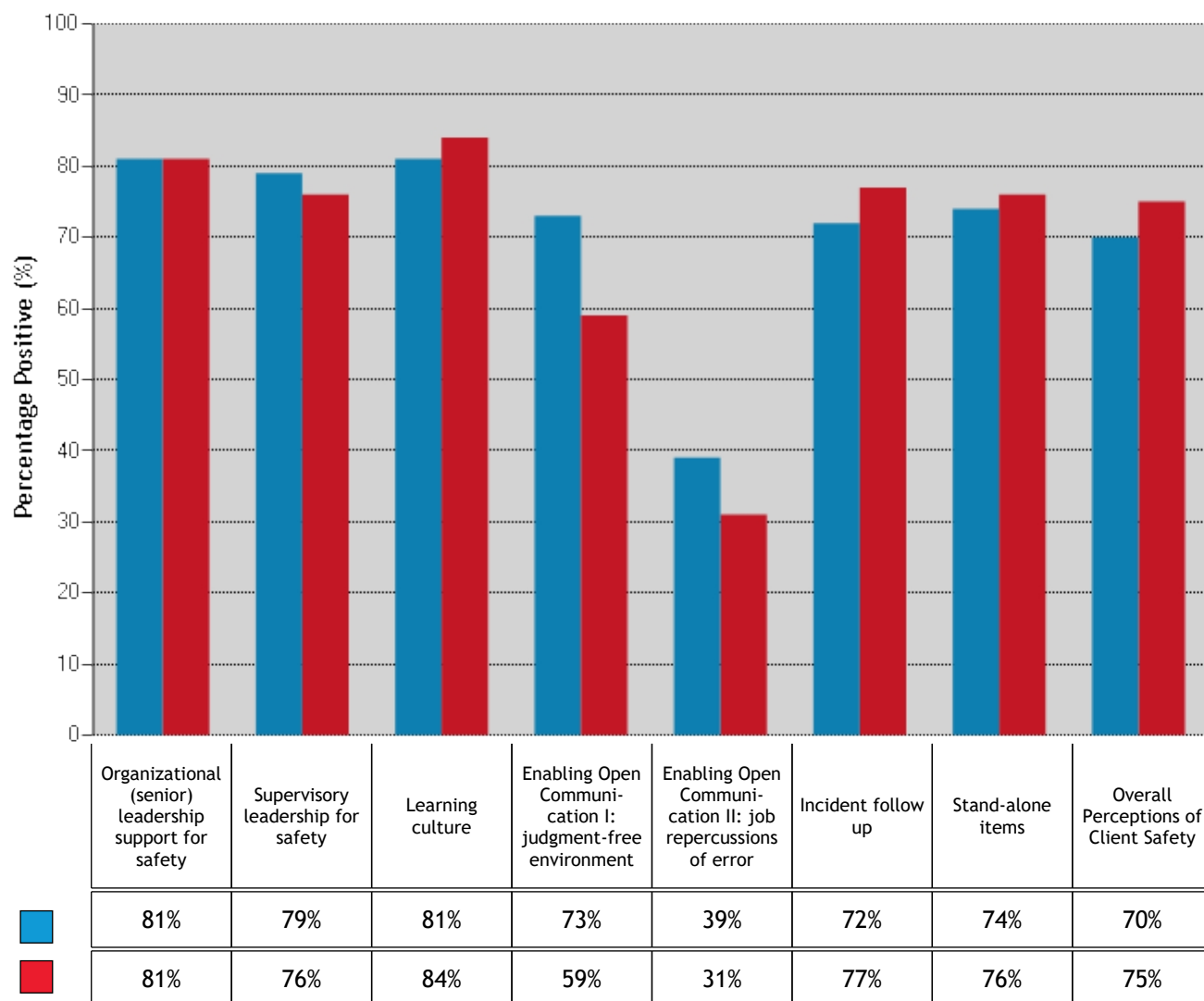# Canadian Patient Safety Culture Survey Tool: Community Based Version

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

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

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

- **Data collection period: November 27, 2023 to December 11, 2023**

- **Minimum responses rate (based on the number of eligible employees): 123**

- **Number of responses: 129**

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

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communi-cation I: judgment-free environment	Enabling Open Communi-cation II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
(blue)	81%	79%	81%	73%	39%	72%	74%	70%
(red)	81%	76%	84%	59%	31%	77%	76%	75%

Legend

(blue) Canadian Mental Health Association - Simcoe County Branch

(red) * 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.
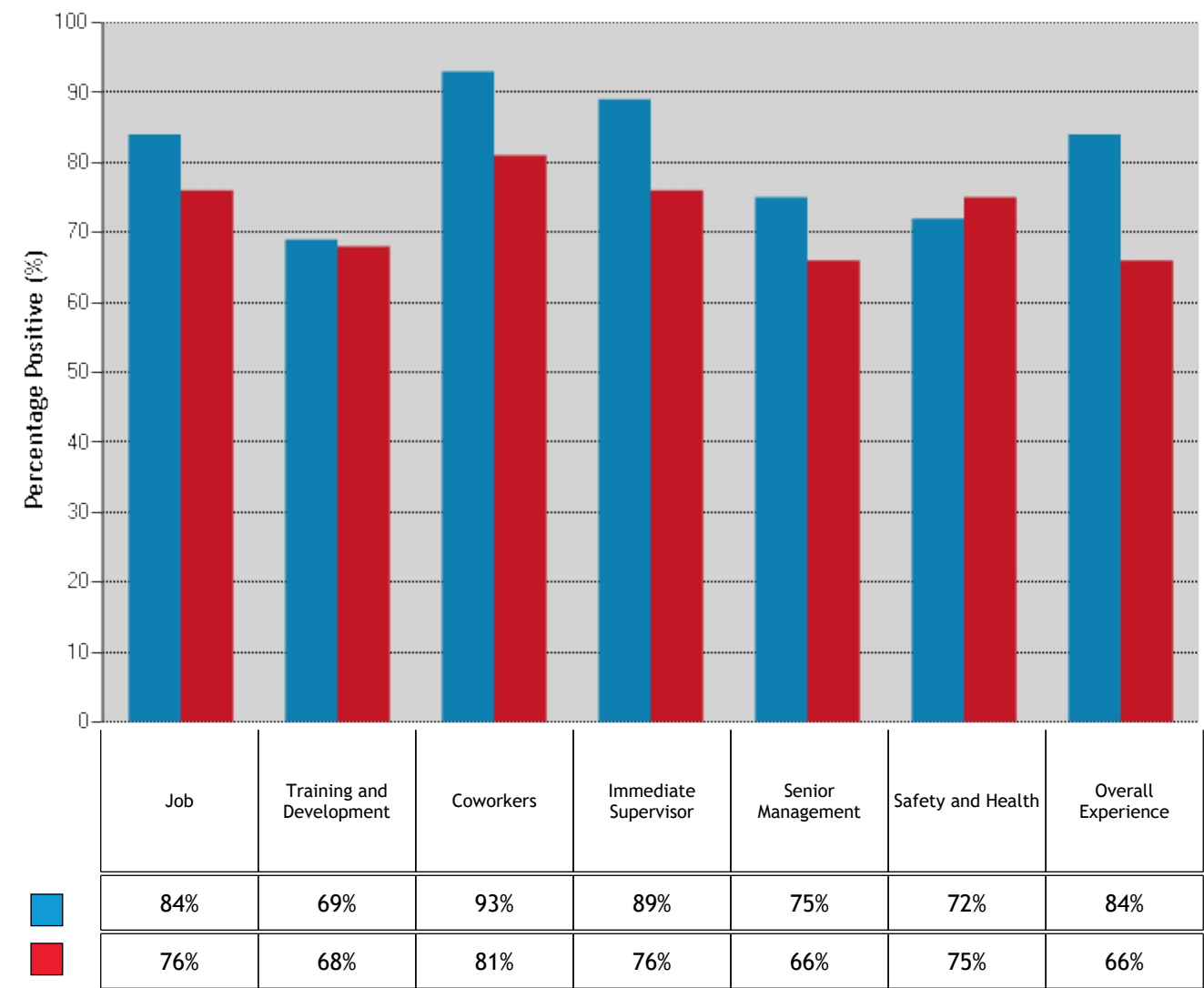
Worklife Pulse

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: January 24, 2023 to February 8, 2024**

- **Minimum responses rate (based on the number of eligible employees): 141**

- **Number of responses: 150**

Worklife Pulse: Results of Work Environment

	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
🟦	84%	69%	93%	89%	75%	72%	84%
🟥	76%	68%	81%	76%	66%	75%	66%

Legend

🟦 Canadian Mental Health Association - Simcoe County Branch

🟥 * 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.

Organization's Commentary

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

We are absolutely delighted with the findings in this report and we believe that the findings capture our current state and provide examples of our successes and highlight our key challenges. On behalf of the CMHA Simcoe County Branch (SCB) Board of Directors, employees, client representatives and community partners that participated in the survey process, we want to thank Hélène Philbin Wilkinson (Team Lead) and Jason Barr for their kind and inquisitive survey process that contributed to inclusive, generative and analytical dialogue. Also, thank you to Elizabeth Jackson for her guidance throughout the preparatory phase of the 2023/24 provisional assessment and full survey.

Our successes were highlighted throughout the report and we are extremely proud of our efforts to implement the 92 actions for 22 initiatives based on 9 priorities under the 4 strategic plan pillars. The Accreditation Canada standards and required organizational practices align with our strategic plan priority to establish a Total Quality Management System that is data-driven and evidence-informed. In addition, we appreciated the recognition of our thoughtful, evidence-informed and ethical decision making processes and controls related to any substantive organizational changes which is underpinned by stakeholder engagement (internal & external). Finally, we appreciated the range of suggestions and/or recommendations from the surveyors to build upon our successes and/or continue in our improvement journey.

We engaged in an in-depth conversation with the surveyors regarding our challenges and provided a risk report based on the HIROC risk categories (reviewed regularly with Board of Directors and management team) and we believe that the surveyors captured our key challenges at the system, sector, organizational and service delivery levels. Also, we appreciated the surveyors questions to better understand our context and our approaches to mitigate risks and/or co-create solutions to address the challenges.

All CMHA SCB employees and volunteers recognize the importance of clearly demonstrating how our actions and efforts are fulfilling our mission, living to our values, achieving our mandate and meeting the Accreditation Canada standards and required organizational practices. The 2023/24 survey process enabled everyone to come together and ensure that we were capturing all of our efforts since the 2018 survey. As we pulled together the evidence folders and had countless meeting forums (i.e., Town Halls, program level, initiative level, committee level, expert focused, etc.), there was an increasing sense of pride for our collective accomplishments. When Hélène and Jason shared the preliminary results, reported verbally, it was affirming that we exceeded our expectations and were in compliance with 100% of the Accreditation Canada standards. Our Accreditation Canada Lead, Miae Kim, Director, Quality, Risk and Corporate Performance, shared "It was very affirming to be recognized by Hélène and Jason that we are doing great work to provide high quality and safe care to our clients and to keep our staff well and safe."

We are carefully reviewing the suggestions and/or recommendations from the surveyors and it is important to highlight what were are doing immediately. The planning work to implement the e-risk reporting software RL6 has been underway since December 2023 and will launch this spring 2024. The paper-based Incident Report Form has be modified to mirror the RL6 software forms to make the transition smoother. This software will also serve as a repository for ethical issues and the application of the Ethical Decision-Making Toolkit. Reporting of trends will inform annual program reviews. Information about the Ethical Decision-Making Toolkit and supporting procedures will be posted in common areas to further promote principle-based service and decision making.

We will continue to ensure our strategic plan Pillar, 'Quality and Reporting' and related actions in the final year of the four year CMHA SCB Strategic Plan (2021 to 2025) are being fully realized (e.g., launch of robust quality improvement curriculum). In addition to our existing work plan, we have committed to moving forward a comprehensive range of immediate and long term actions to improve quality of care and diminish any risks that may exist, including but not limited to:

1) Our active Client and Family Advisory Committee (CFAC) will be involved in giving feedback on the RL6 incident report form prior to the launch of this e-risk reporting software.
2) Falls prevention will be added to the Client Safety Plan and actions to promote universal falls prevention will be put in place with input from the CFAC.
3) Since the establishment of our business intelligence (BI) dashboard in 2021, we have been focused on training the management team on how to use data to inform decision-making and service planning. We recently commissioned a data specialist to advance the BI dashboard to build in more sophisticated features for optimization of the dashboard. We will create standardized approaches to share trends with direct service staff through daily/weekly huddles and the annual Program Review Days. We will also collaborate with CFAC to determine how we could optimize this visual management tool for reporting to clients and families.
4) The Board of Directors commissioned a third-party vendor to conduct a CEO compensation and CEO performance review and this information will build upon current reporting by the CEO of goal attainment and execution of the strategic plan. The first phase was completed in January to March 2024 and the CEO performance review will be conducted in the 1st quarter of 2024/25.

Thank you again to Accreditation Canada for providing CMHA SCB the opportunity to respond with this organization commentary.

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