



Providence Care Centre

Accredited with Exemplary Standing

Providence Care Centre has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement.

Providence Care Centre 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 **Providence Care Centre** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Providence Care Centre (2022)

Providence Care is Southeastern Ontario's leading provider of specialized care in aging, mental health and rehabilitation. The Catholic health organization consists of Providence Care Hospital, Providence Transitional Care Centre, Providence Manor long-term care home, Hospice Kingston, and more than 22 community-based mental health and support services. We care for more than 15,000 patients, clients and residents across the region. Within and beyond our walls in the hospital, home and community sectors, we achieve the best possible outcomes and experiences for the people we serve by meeting their physical, emotional, social, and spiritual needs.

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, a tangible demonstration that our programs meet international standards.

Find out more about what we do at 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

November 20, 2022 to November 24, 2022

Locations surveyed

- **8** 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 with Exemplary Standing** as of the date of this report.

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

Standards used in the assessment

- **14 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.

Providence Care is a leading provider of specialized, institutional and community care in the areas of sub-acute, long term, rehabilitation, complex medical, restorative and rehabilitation, seniors care, palliative care, more than 20 Community Support programs, and Community Mental Health.

Plans are underway to build a new 10 bed Hospice Center, to be known as Hospice Kingston. This is the first hospice home for Kingston.

They have also accommodated 10 long term care vented patients at Providence Care Hospital (PCH). Providence Care is a Catholic faith-based organization of services.

Providence Care Hospital is a new facility. There are plans underway to replace the Providence Manor (The Home), which is an aging infrastructure that warrants regular attention. They are presently doing upgrades to the elevators.

They have 1757 staff and provide 23842 volunteer hours annually (637 volunteers). This number is down because of the pandemic; however, they are working to re-engage their volunteers.

They have 300 staff vacancies which poses a challenge given the vacancies across all healthcare areas. The organization is encouraged to continue their efforts to fill the gaps.

The board of directors is a skill-based board, with 2 French speaking members, who are committed to the clients and families, the staff, the leaders, and ensuring the provision of safe, quality care. They value their community partnerships and include them however they can get their feedback. The board is perceived as approachable and welcome feedback from their communities. The public are always welcome to come to a board meeting.

The organization is extending and refreshing the 2018-2023 strategic plan until 2025, with a focus on Healthy Workplace and Quality.

The organization's documentation provides evidence around the processes and the data is well prepared, organized and accessible.

Policies and procedures are in place to guide all operations. The organization is encouraged to continue to review and update policies and procedures as outlined.

For the staff, the last Worklife Pulse survey Action Plan is in place. They are working on several initiatives, including Bright Spots, Sprinkle Some Joy Appreciation program, recognition events, MASS texts or other communication to ensure staff are aware of shifts, addressing schedules, and introducing a designated Care Partner program.

They offered an Ice Cream social for staff which was very well received. They also provide staff with gift cards and power bars. The organization is working on Achievement Awards for staff. Some things dropped off as a result of COVID.

The Mission and Values Committee is reviewing what is being done for staff and what are the opportunities.

The organization is working with staff representatives via online surveys, and face to face, to consider and review initiatives that will improve WorkLife Balance.

During the pandemic, the Providence Hospital became a transfer site for patients from other hospitals. Through creative planning they added 202 beds, by using Founders Hall, classrooms, etc. to accommodate these patients. staff volunteered or were redeployed to care for the patients. This proved to be an asset to KHSC as they were able to transfer clients and free up acute care beds. This organization is responsive and very nimble to be able to support these demands. Hats off to the staff, leaders and the board for supporting this accomplishment!!!

The Emergency Preparedness team is a collaborative effort between Providence Care and KHSC. They have collaborated for many years on emergency planning, fire education and drills, maintenance, security, parking, infrastructure and planning. Occupational Health and Safety, Public Health, and IPC are actively involved in the planning and development of the emergency response plan.

They work well together, feel supported and are invited to sit on regional committees. They manage between 14-18 codes. They have several contingency Plans. They do monthly fire drills, both full drills and silent drills, tabletop exercises and evacuations for emergencies.

The education is mostly online through the Learning Management System, but some education is in person, like on the use of evacuation sleds in long term care.

They worked closely with public health during the pandemic and have been asked to be part of their tabletop exercise.

The team is knowledgeable and respected. They are doing some great work and feel supported by the leadership team.

There is a regional approach to supply management that includes personal protective equipment.

There is a regional management supplier that is a shared service between the hospitals that order and distribute supplies. The CEOs are currently exploring if there should be a shift to an organizational response versus a regional response.

There is a strong ethics program in place. An ethics framework that is widely noted by the staff. They have access to an onsite ethicist and a Director of Spiritual Care for discussions and support.

They participate in research, and they can access the Research Ethics Board at Queens University. They recently had a Research Visioning Day which resulted in the research Plan being extended into the New Workplan.

Staff and leaders have access to ongoing ethical education, some online but mostly in person. The ethicist is working on enhancing the online education and training for staff and leaders.

There is a strong risk management program in place, as well as a quality improvement plan. There is a Project Management office, and a Quality and Risk Dept.

Staff are aware of the importance of safety, risk management, and ensuring quality improvement. Some staff are engaged in quality initiatives and should be highlighted for the great work they do. During Quality and Patient Safety Week, posters were presented by staff to showcase their work. It was a great event, and the posters are very well done and provide great learning mechanisms for others. For example, there are posters around Privacy, library services.

The organization is working to ensure staff are aware of the overall process for incident reports and what is the outcome, what improvements are made and why. They want to ensure staff are aware of the outcomes and improvements following their completion of an incident report.

For communication, there are staff forums monthly and staff are encouraged to read E-Currence, newsletters, and attend staff meetings. Leaders also have quarterly meetings with the Community Partners and more often when needed.

The organization is commended on preparing for and participating in the Accreditation process. It was evident in the survey that physicians, staff and volunteers are highly engaged and work collaboratively with the management team to ensure goals are met. They are respected and valued by their peers.

The community partners shared how much they value the competencies and dedication of the Providence Care organization, the responsiveness of the staff, the knowledge and expertise of the staff and physicians, and the commitment to people centered care.

Leadership is described as strong, committed, engaged, responsive, willing to share resources, and always willing to put the patient first. They are actively engaged in removing barriers so clients' needs can be met.

The clients and families speak highly of the staff and the leaders. They value the staff and the work

they do. The clients feel safe and feel that they receive very good care. Some clients expressed concern for the staff as they are tired and need a break.

There is strong client and family engagement in hospital and in the Manor. It is less strong in the community, but it is there.

The organization pays attention to culture and inclusiveness.

There is a small French population and PCH is a Designated French Language site. Two board members are bilingual.

They also have a small Indigenous population and strive to have a member on the board.

They have a Meditation Room at the PCH where they can do smudging, it is also a Worship Center that is multi faith, in addition to the beautiful chapel.

They provide telepsychiatry to the Metis nation, where staff provide mental health onsite.

They have an Indigenous Transition facilitator. These are just a few examples of their focus on all populations and their needs.

The organization has implemented many new initiatives during recent years. They have a collaborative relationship with KHSC and surrounding areas.

There is a solid communication plan in place, keeping patients/families, physicians, staff, volunteers and community partners connected to the operations of Providence Care.

It has been especially important during the pandemic in providing timely information.

They use several social media platforms, newsletters, posters, and storytelling to get the information out.

They have digital displays throughout the hospital and dashboards highlighting the quality initiatives, such as hand hygiene audits.

They use the Quality Champion Network for communication. They educate a staff member and once their education is completed, they become a champion to encourage and support quality improvement at the frontline.

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.

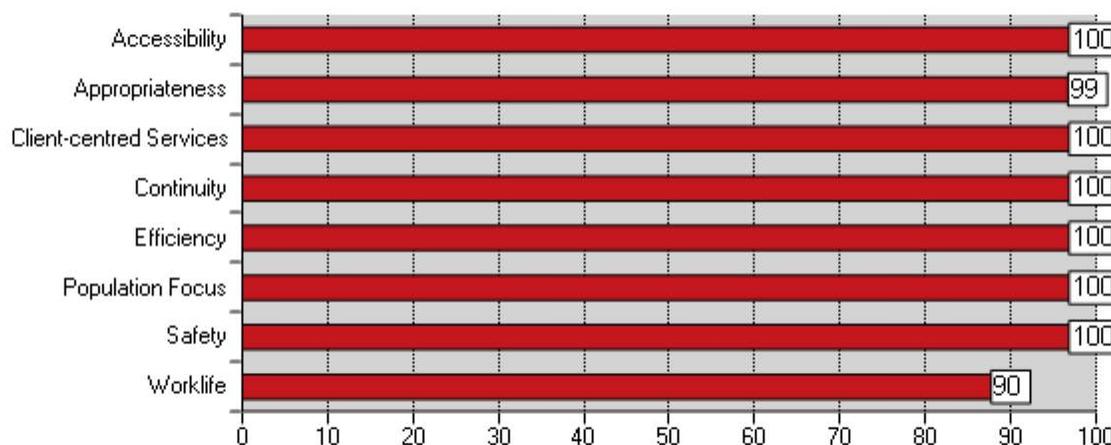
The quality dimensions are:

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

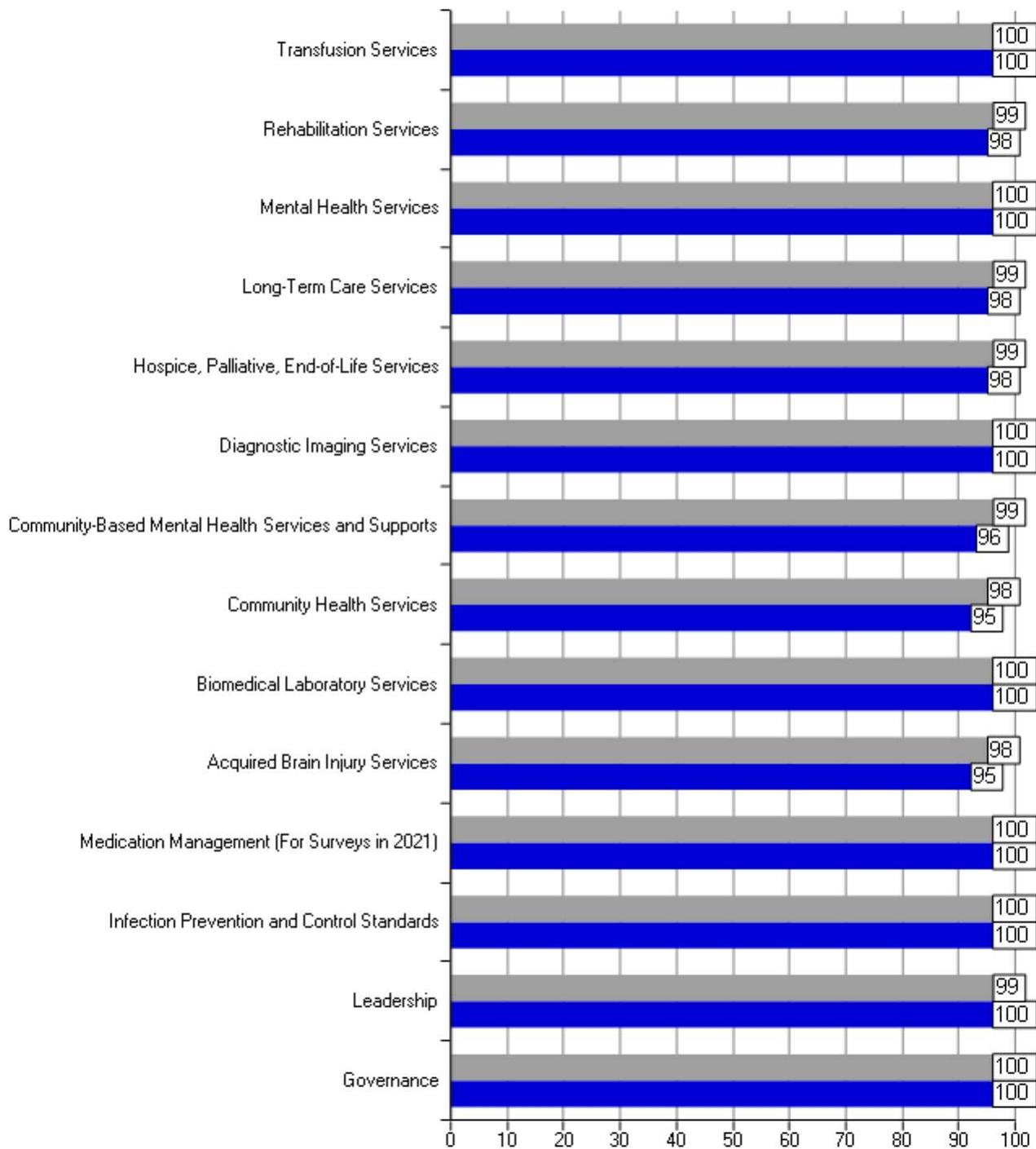
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

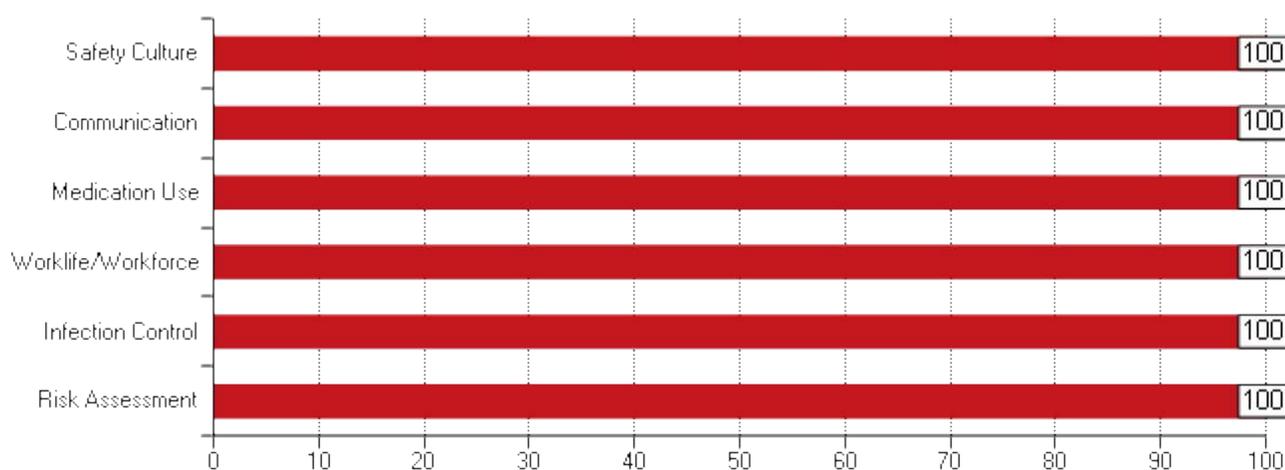
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



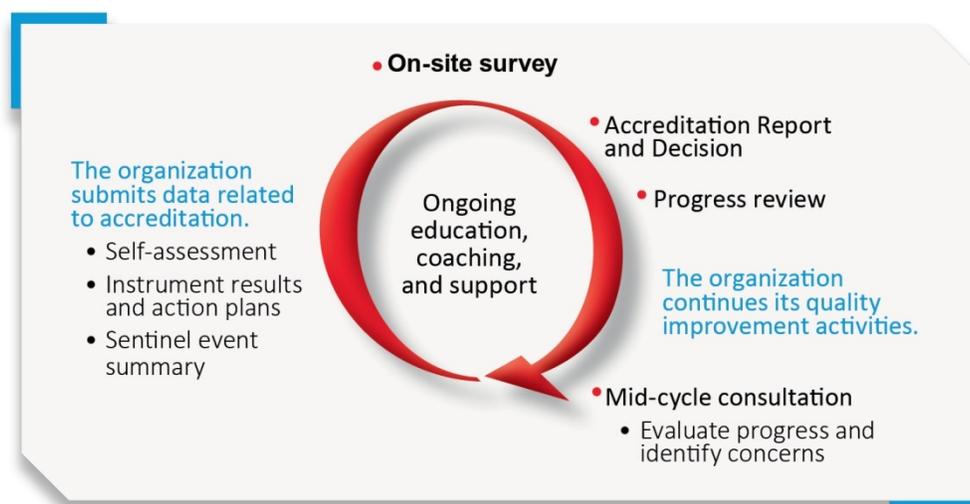
The quality improvement journey

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 **Providence Care Centre** 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 Providence Care Centre - Community Brain Injury Services (Kingston)
- 2 Providence Care Centre - Community Health Services (Kingston) - 525 Montreal St. (ACOP)
- 3 Providence Care Centre - Community Mental Health (Kingston) - 525 Montreal St. (ACTT)
- 4 Providence Care Centre - Community Mental Health (Kingston) - 752 King Street, W. (Speciality Mental Health)
- 5 Providence Care Centre - Dual Diagnosis Consultation Outreach (Kingston)
- 6 Providence Care Centre - Providence Care Hospital
- 7 Providence Care Centre - Providence Manor
- 8 Providence Transitional Care Centre

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - The “Do Not Use” list of abbreviations
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Medication Use

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
-

Worklife/Workforce

- Patient safety plan
 - Patient 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
 - Reprocessing
-

Risk Assessment

- Falls Prevention Strategy
- Pressure Ulcer Prevention

Required Organizational Practices

- Suicide Prevention
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