



Haro Park Centre Society

Accredited with Commendation

February, 2015 to 2019

Haro Park Centre Society has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement. It is accredited until February 2019 provided program requirements continue to be met.

Haro Park Centre Society (HARPA) 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 **HARPA** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Haro Park Centre Society

2015

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

February 1, 2015 to February 4, 2015

Locations surveyed

- **1 location** was 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 Commendation** as of the date of this report.

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

Standards used in the assessment

- **5 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.

Haro Park Centre provides residential care and services to individuals requiring nursing and residential supports within a campus of care environment. Within this setting, it serves 154 complex care residents and 64 individuals in assisted living and independent living areas.

Haro Park Centre's 2015 accreditation survey was well planned and organized, with resident, family, staff, volunteer and community partners actively engaged. Survey documentation was well organized and prepared. Staff were involved in the Patient Safety Culture Tool and Work Life Pulse Tool, the results of which are posted publicly within the home. During the survey, staff, community partners, residents, family members and volunteers were able to speak to the quality of care and services provided by this organization. A commitment to client safety and improvement is also evident at the home.

As well, the organization has continued to make improvements that build upon its successful accreditation survey in 2011. Although an older building, Haro Park Centre has a clean, and odour free environment. Due to the age of the building, many projects are listed as needed upgrades. The recent water piping project is one example of continuing to provide a safe updated environment for residents. During this project, safety and ongoing communication were priorities for contractors, leaders, staff and volunteers. Staff spoke positively of the organization and its commitment to residents and staff. Community partners also speak positively of the caring and open approach of staff, and the commitment to quality existing within the home.

The home is well connected to its community. Community partners including those from the regulatory body, peer organizations, vendors, multiple educational institutions, and the home's contracted service providers, spoke positively of their relationships with the home and the long-term involvement the organization has had with those organizations. The home has deep roots within the local area and has expanded its outreach services to the community in recent years. The organization has a plan to continue to provide presentations and abstracts to external organizations, and in November of 2014 presented its quality journey at an Accreditation Canada Conference in the province.

The Board receives applicable information from the home regarding its operations and provides feedback appropriately. The organization is fortunate to have many long term staff and volunteers, providing quality care and services to its residents. The organization is well led and open to feedback from clients within, and outside, the organization. As well, the home has embarked on a culture change journey which will assist in furthering its successes.

The organization has a positive relationship with its regulatory body, and all client groups believed that communication was a strong feature of the organization. Residents and family members feel informed of what is occurring within the home, and the organization's website also provides information it can share with a wider community.

The organization has a strategic plan for 2013-16, from which key priorities are driven into operational plans, with activities and responsibilities identified and documented. Human Resources (People) and Communications Plans also exist in documented form.

The organization's relationships with the Vancouver Coastal Health Authority and their peer organizations also provide opportunities for information to be shared with the home related to near misses, adverse events and sentinel events within the larger region and healthcare community. The home is able to access resources from the health authority including an ethicist to support the care and services it provides. The organization also has links to numerous educational institutions and has participated in research activities. The home has many opportunities to receive input from its residents, family members and staff. Resident and Family Councils are active in the home, and residents and their family members spoke positively of the care and services that they receive, and communication within the home.

There is a process for selecting and buying medical devices and equipment, guided by a policy that outlines the process for obtaining quotes in order to receive approval for purchases. An Equipment Committee with clear terms of reference is in place to review equipment requests and purchases. Infection Control practices are well done with many hand sanitizers located throughout the home that staff were observed to be using several times during this survey. Outbreak management is well done with good communication strategies in place. For example, families, visitors and volunteers are informed about Infection Control practices through notices, brochures and newsletters.

Clinical leadership at the Centre includes a strong team led by the Director of Care with a Nurse Practitioner, Clinical Nurse Manager, Registered Nurses, Licensed Practical Nurses and Care Aides. Responsibilities for specific programs such as Skin & Wound, Falls Prevention, Medication Reconciliation, and staff education are assigned.

The interdisciplinary team has developed a culture where residents express satisfaction and are supported by caring staff. The interdisciplinary approach to care for the residents is clearly evident. The services of an OT and PT are available and work with the team to advocate for the residents with mobility and seating challenges to name a few. Staff meet to review goals, work with partners and make referrals to agencies as appropriate. Decisions are made that follow principles of the organization and in the best interest of the residents. Information is shared and decisions regarding

the best model for care are developed. Good decisions are made by the leaders regarding advocating for services for the residents who have been assessed as in need. In addition, huddles are held daily with nursing and leaders to provide updates to the entire home on issues with residents.

Residents spoke very highly of staff and expressed satisfaction and pleasure about the care and attention they receive. Family members indicated the staff and leaders are attentive and respond to concerns as needed.

Pharmacy Services are provided as a contracted service by Medical Pharmacies Inc. who provide such services as attendance at quarterly Medication Safety Advisory Committee meetings, support and education to the nursing team, standardized policies and procedures, and a dedicated pharmacist assigned to the home who assists with quarterly medication reviews with the physician.









Medication administration is governed by organizational and regulatory body policies and requirements as well as professional body regulations. Medication reconciliation is currently done well. Medication incidents are reported and tracked with adverse event disclosures in place, and instances used as learning opportunities.

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.

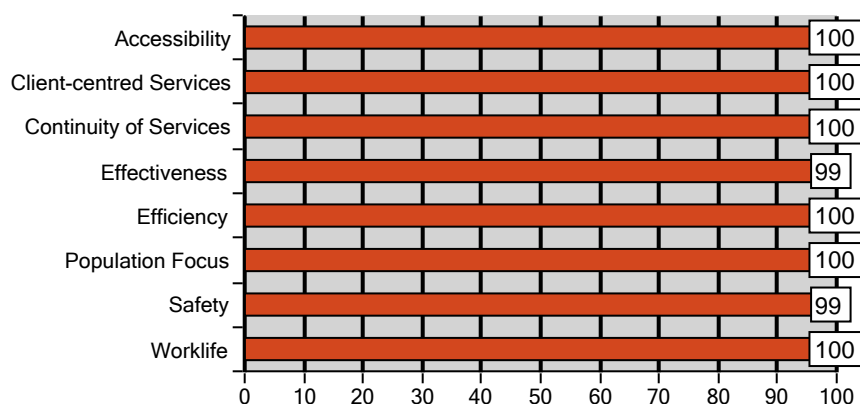
The quality dimensions are:

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|--|---------------------------------|--|
|  | Accessibility: | Providing timely and equitable services |
|  | Client-centred Services: | Putting clients and families first |
|  | Continuity of Services: | Experiencing coordinated and seamless services |
|  | Effectiveness: | Doing the right thing to achieve the best possible results |
|  | Efficiency: | Making the best use of resources |
|  | Population Focus: | Working with communities to anticipate and meet needs |
|  | Safety: | Keeping people safe |
|  | Worklife: | Supporting wellness in the work environment |

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

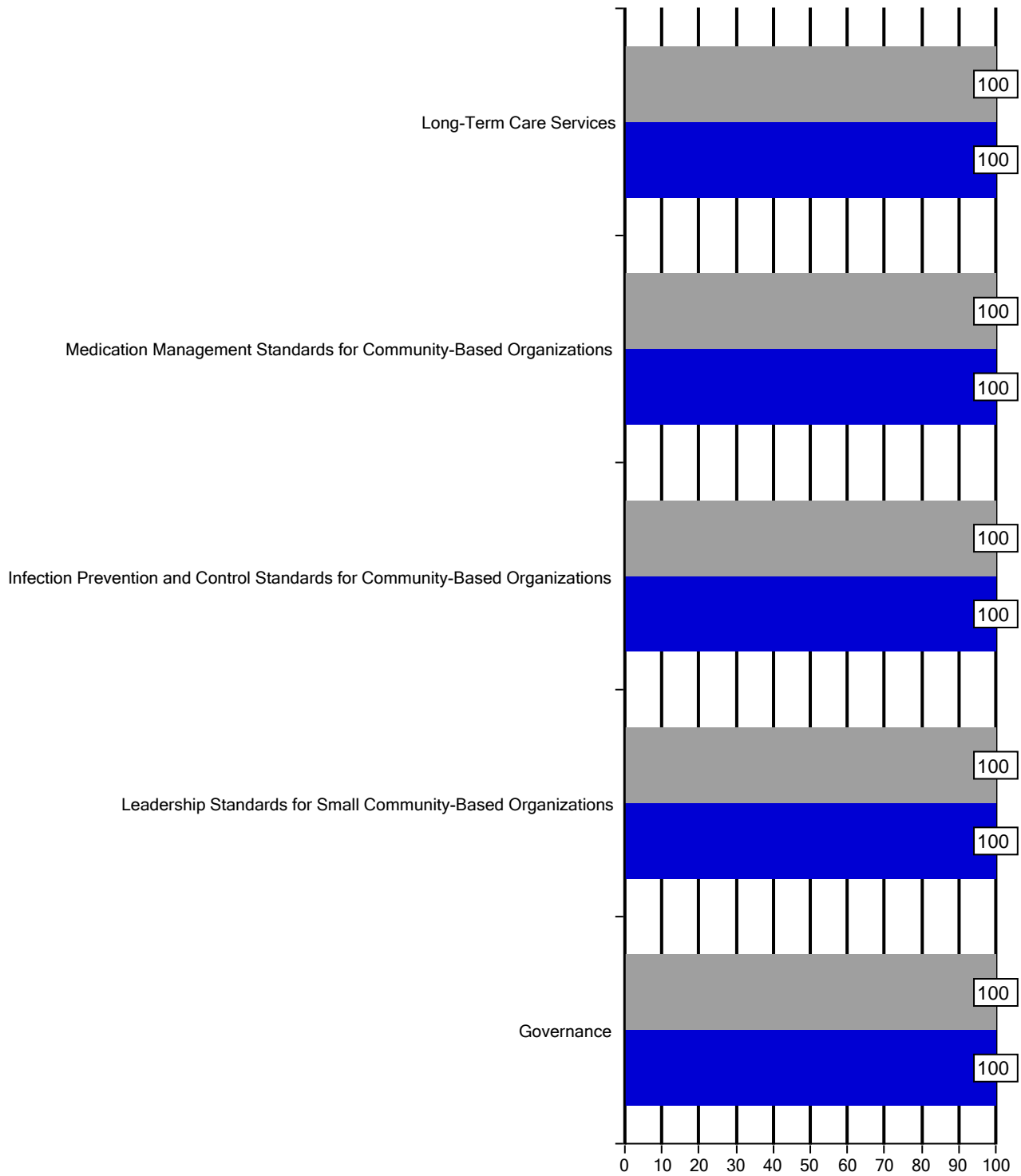
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

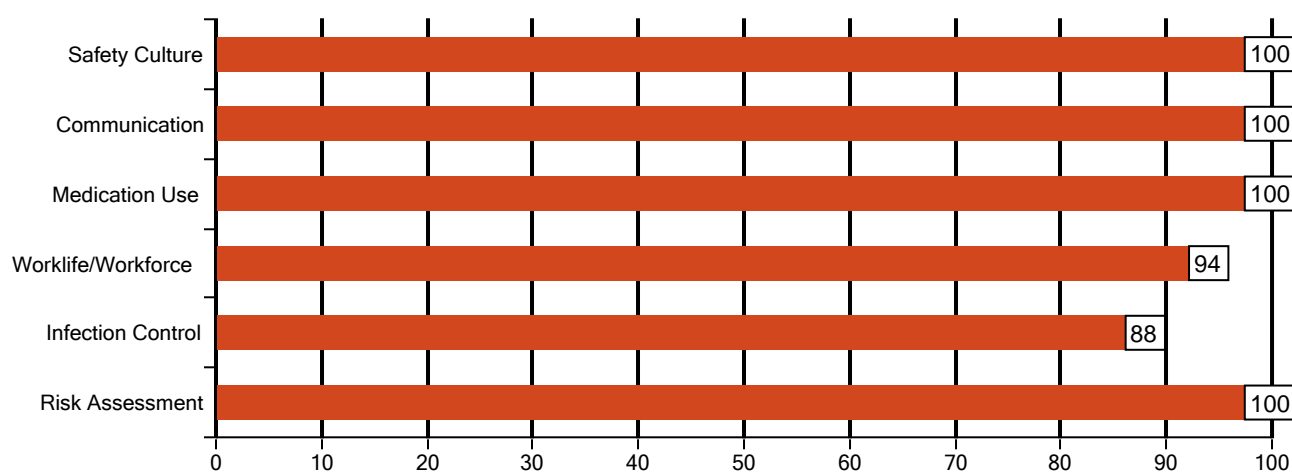
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



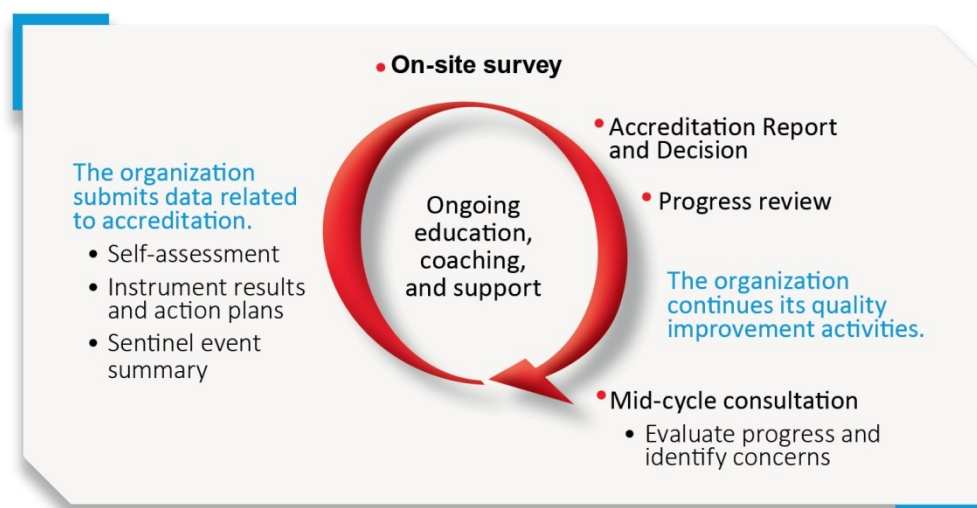
The quality improvement journey

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 **Haro Park Centre Society** 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 Haro Park Centre Society

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Adverse Events Disclosure
 - Adverse Events Reporting
 - Client Safety Quarterly Reports
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Communication

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

- High-Alert Medications
 - Narcotics Safety
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Worklife/Workforce

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

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

- Pressure Ulcer Prevention
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