ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Tlicho Community Services Agency

Behchoko, NT

On-site survey dates: April 14, 2024 - April 18, 2024

Report issued: August 13, 2024

About the Accreditation Report

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

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Tlicho Community Services Agency (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

Tlicho Community Services Agency'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: April 14, 2024 to April 18, 2024**

- **Locations**

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

  1. Jimmy Erasmus Seniors Home
  2. Marie Adele Bishop Health Centre
  3. Tlicho Community Services Agency
  4. Whati Health Centre

- **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
  4. Medication Management Standards

  Service Excellence Standards

  5. Child, Youth, and Family Services - Service Excellence Standards
  6. Community-Based Mental Health Services and Supports - Service Excellence Standards
  7. Home Care Services - Service Excellence Standards
  8. Long-Term Care Services - Service Excellence Standards
  9. Point-of-Care Testing - Service Excellence Standards
  10. Remote/Isolated Health Services - Service Excellence Standards

- **Instrument**

  The organization administered:

  1. Worklife Pulse
  2. Canadian Patient Safety Culture Survey Tool
  3. Client Experience Tool

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Work with my community to anticipate and meet our needs)	48	0	0	48
Accessibility (Give me timely and equitable services)	52	0	0	52
Safety (Keep me safe)	279	0	29	308
Worklife (Take care of those who take care of me)	97	0	1	98
Client-centred Services (Partner with me and my family in our care)	235	1	2	238
Continuity (Coordinate my care across the continuum)	40	0	0	40
Appropriateness (Do the right thing to achieve the best results)	487	5	25	517
Efficiency (Make the best use of resources)	29	0	0	29
Total	**1267**	**6**	**57**	**1330**

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	44 (97.8%)	1 (2.2%)	5	36 (100.0%)	0 (0.0%)	0	80 (98.8%)	1 (1.2%)	5
Leadership	50 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0	146 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	30 (100.0%)	0 (0.0%)	4	45 (100.0%)	0 (0.0%)	2	75 (100.0%)	0 (0.0%)	6
Medication Management Standards	56 (100.0%)	0 (0.0%)	22	52 (100.0%)	0 (0.0%)	12	108 (100.0%)	0 (0.0%)	34
Child, Youth, and Family Services	81 (100.0%)	0 (0.0%)	3	99 (100.0%)	0 (0.0%)	0	180 (100.0%)	0 (0.0%)	3
Community-Based Mental Health Services and Supports	45 (100.0%)	0 (0.0%)	0	91 (96.8%)	3 (3.2%)	0	136 (97.8%)	3 (2.2%)	0
Home Care Services	46 (97.9%)	1 (2.1%)	1	74 (100.0%)	0 (0.0%)	1	120 (99.2%)	1 (0.8%)	2

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Long-Term Care Services	56 (100.0%)	0 (0.0%)	0	99 (100.0%)	0 (0.0%)	0	155 (100.0%)	0 (0.0%)	0
Point-of-Care Testing	37 (100.0%)	0 (0.0%)	1	48 (100.0%)	0 (0.0%)	0	85 (100.0%)	0 (0.0%)	1
Remote/Isolated Health Services	56 (98.2%)	1 (1.8%)	0	89 (100.0%)	0 (0.0%)	0	145 (99.3%)	1 (0.7%)	0
Total	**501 (99.4%)**	3 (0.6%)	36	729 (99.6%)	3 (0.4%)	15	1230 (99.5%)	6 (0.5%)	51

* 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)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Remote/Isolated Health Services)	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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Remote/Isolated Health Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Home Care Services)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Remote/Isolated Health Services)	Met	5 of 5	0 of 0
The “Do Not Use” list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Remote/Isolated Health Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
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
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1
Suicide Prevention (Child, Youth, and Family Services)	Met	5 of 5	0 of 0
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Remote/Isolated Health Services)	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.

The Tlicho health services have been provided by the Tlicho Community Services Agency (TCSA) since the Government of the Northwest Territories passed the Tlicho Community Services Agency Act in 2005. The Act came after the Intergovernmental Services Agreement of 2003 between the Government of Canada, the Government of the NorthWest Territories (NWT) and the Tlicho Government agreement of 2003. The Intergovernmental Services Act (ISA) was updated, and a new ISA signed on July 3, 2019. The organization is currently negotiating a new agreement.

This is the second Accreditation Canada peer surveyor visit of the TCSA. The organization is to be commended for their commitment to accreditation and using the standards to guide their work.
The organization has a very committed board of directors that represent the four community governments that make up the Tlicho Government. Following elections every four years a member from each community (Behchoko`, Game`ti`, Wekwee`ti` and Whati`) are appointed by the Chief along with a chairperson who is appointed by the Minister of Indigenous Affairs. The board members represent their communities by taking concerns to the board and sharing information about TCSA to their communities. The board is engaged, appreciate the opportunity to be part of change, and take their fiduciary responsibilities seriously.

The organization has many partnerships with various levels of government, non-profits, and other agencies. Words the partners use to describe the organization include resilient, dedicated, collaborative, present, open, fun, adaptable, involved, and connected. The partners find the work of TCSA to be highly collaborative, have good awareness of their shared responsibilities and are responsive. They would like to see the organization continue to increase their capacity and solve some of their human resource issues.

While the organization has a very small leadership team, they are hard working, passionate, committed and have been stable over several years. The leadership has had to overcome a global pandemic, wildfires, and evacuations of two communities since the last survey!

One of the biggest challenges for the organization is a nearly 50% vacancy in front line staff. Despite the challenges, the staff are resilient and continue to provide excellent care to their clients, patients, and residents. The organization continues to work hard to improve the work life of their staff, for example, mitigating workplace health & safety risks.

Another significant challenge facing the organization is the hybrid client record documentation. This challenge is a patient safety challenge. There is an opportunity to leverage upcoming IT strategies.

Patients, residents, and clients appreciate the culturally sensitive, person-centred, relationship-based care and services provided by the TCSA staff.

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.

Unmet Criteria		High Priority Criteria
Standards Set: Governance		
2.11	The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.	!

Surveyor comments on the priority process(es)

There are four community governments that make up the Board of Directors (BOD) of the Tlicho Community Services Agency (TCSA) and those include: Behchoko`?, Game`ti`, Wekwee`ti` and Whati`. The Bechoko Constitution notes “four communities, one people”. A board member is appointed from each community to represent their community on the board. Each community has their own process to select a board member. The Chairperson for the board is appointed by the Minister of Indigenous Affairs (also the premier) for the Government of the NWT. The Vice-Chair is chosen by the board. Board members serve a four-year term and may be re-appointed.

Board members appreciate the opportunity to serve on the board and this provides an opportunity to be part of change. They enjoy working with the staff, elders and youth and these opportunities are some of the things that the board members enjoy most about serving on the board. They are “not involved in the day-to-day administration of the TCSA” though. The chair reports that being chair of the board is his “dream job”; since high school he has been active in advancing his people, that is empowering them.

Since the last survey, the organization has instituted an incident reporting system (RL6) and are providing quarterly reports to the board about incidents. The board also hears about strategies put in place to prevent the same incidents from occurring again where possible.

The board operates under a Board Member Code of Ethics (09-08-V1). The essence of this code is that board members will conduct themselves with honesty, treat others with respect, act ethically, responsibly and protect privacy and confidentiality. Training on ethics is provided by the TCSA.

During the quarterly meetings, dedicated time is allotted for each community representative to bring forward “community concerns” and feedback from their respective community members. In addition, board meetings are open to the public. In July of each year the board goes to the community and presents on their work and takes questions from the public. This provides an opportunity to be transparent and accountable.

While there is not a formal skills matrix identified, the board members that are appointed are community members who are role models for their people. They are respected, speak the indigenous language, have completed secondary education and have a deep knowledge of the history of their community.
The TCSA does not perform privileging of physicians. This process is conducted in Yellowknife who also negotiates and completes contracts with physicians who provide services to the TCSA.

The CEO is the only employee of the board of directors. The CEO develops annual goals and objectives. These are reviewed with the board chair. There is an annual review of the CEO’s performance by the board and the CEO reports on his achievements. Compensation is reviewed and approved by the board. The main risks the board is monitoring include financial health, capacity building and health human resources. The TCSA is currently operating under a deficit budget and will be into 2025. In terms of capacity building, while approximately 60% of the workforce are indigenous, most of the leadership is not and this is an area where the organization and board would like to build some additional capacity. Finally, there are almost 50% of front-line positions vacant and this is a concern for the board. They are continuing to recruit aggressively, and board members have begun attending and assisting at recruitment fairs.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The vision for the TCSA is "Do Nake Lani Nats'etso...Strong Like Two People". This vision has it's roots in the opening of the Edzo School in 1971, named after Chief Jimmy Bruneau who wanted children to be educated bi-culturally and bilingually. Some 20 years later, still working and planning for schools, respected elder Elizabeth MacKenzie followed Chief Bruneau's vision and coined it "Strong Like Two People". This vision remains in place today and is affirmed at least annually with the peoples of the four communities served by the TCSA.

The mission of the TCSA is to develop a continuum of care that will return control of education, health and social programs and services to the people of the Tlicho communities, support them in the task of strengthening their families, promote the knowledge and skills needed to survive today, and model the values they need to live in harmony with the families, communities and land. Values espoused by the organization include: development of strong, capable, health Tlicho communities, valuing Tlicho language and culture in all things, building programs/services upon the positive strengths of a strong cultural identity, enabling people to take responsibility for their own health, education and wellbeing, delivering responsive programs and services that enable all people to achieve personal wellbeing within healthy families, creating the conditions for people to learn the knowledge, skills and attitudes for success in life, providing quality, integrated programs and services in an effective, efficient and timely manner, and creating partnerships to enrich an integrated continuum of education, health and social programs and services.

Core services provided by the TCSA include: Child & Family Services, Mental Health & Addictions, Community Health, Long Term and Continuing Care, and Education (K-12). These services are planned with the communities, staff, board and align with the Tlicho Government as well as the NTHSSA and GNWT. Some of the data used for planning comes from the Environmental Scan, Health Chart Book, NWT Bureau of Statistics, Early Developmental Instrument Data as well as internal processes such as feedback from incidents and complaints. Currently the team is working on replacing two schools with a single, K-12 school, based on feedback from the communities.

The organization has many partnerships that are used to coordinate and deliver services. Examples include the Tlicho Government, Tlicho Friendship Centre, NTHSSA, Community Health & Wellness, and BioMedical Engineering. The partners used words such as present, open, community-focused, dedicated, resilient, and collaborative to describe the TCSA. They believe the organization is responsive to their communities and seeks help as soon as possible if they discover gaps. They also report that TCSA has a good awareness of what their people need and want. Opportunities for improvement include sharing

more information about where they are currently at and where they wish to go in 2-5 years. Another opportunity for improvement relates to the NWT U-Turn and Transitions Program PLEA in BC. The opportunity is related to improving the model from individual-focused to family focused; that is, using a "family treatment model". The final opportunity is around stakeholder engagement. Prior to the COVID-19 pandemic, the organization used to participate in Stakeholder Engagement sessions. Partners would like to see these sessions revived.

The TCSA has a Strategic Plan (2022-2026) that includes goals and objectives and aligns with the mandates given by GNWT. The team has developed operational plans annually to help them achieve the goals and objectives of their strategic plan. The operational plans and strategic plans are reviewed/approved by the board and are part of the documents reviewed with new hires as part of the onboarding process. The team has been working on quarterly reporting to the board. Examples include budget variance, incident reporting, risk management and quality improvements.

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)

The organization currently uses a centralized budgeting process. New managers receive training to assist to build fiscal accountability and there are limitations in place on purchasing, according to roles and responsibilities in the organization.

The territories are currently undergoing a budget exercise referred to as “restoring balance” which is a fiscal sustainability exercise. The TCSA has seen increased cost expenditures around medical supplies, increased shipping costs as well as increased medical costs. The TCSA is currently operating a deficit budget (approved by government) and would consider themselves chronically under-funded.

While there are numerous vacancies across the TCSA, the costs for staffing have gone up steadily and while some positions are vacant, the cost of overtime or use of agency staff to cover these shifts is significant.

Another challenge for the organization is when additional positions are funded for TCSA. The organization does receive the funding for the positions; however, they do not necessarily receive the funding for space rental, purchase of computers, chairs, telephones and other costs associated with staff. If you are allocated, for example, 10 new staff, these costs can be very significant.

The director of financial and corporate services reports on the fiscal health monthly to senior leadership and provides quarterly variance reports to the board. If the director notices spending that appears to be outside of normal operations, she investigates immediately so as to not let it get out of control by putting spending approvals in place.

The Capital Budget is also challenging. For purchases over $50,000 approval is required from the GNWT. For capital purchases such as a school bus, a capital submission is provided and permission sought to purchase out of the core budget.

The finance team is most proud of completing their audit on time and having a clean audit. They are also proud of the internal controls and verification processes in place.

Areas for improvement include the number of staffing supporting the TCSA. Currently there are five staff (including the director) supporting the entire TCSA. There are some very complex budgeting pieces with funds coming from the Tlicho Government, Federal Government, GNWT as well as funding from sources such as Jordan’s Principle.

With staff shortages and the global pandemic human resources have had to be reallocated. The organization has principles they use to guide reallocation of any resources. These include the goal to never impact patient/client care, stay within the Collective Agreement, transfer assignments where possible, use remote support if possible, and use casuals if possible.

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)

One of the biggest challenges the TCSA faces is their shortage of Human Resources with a vacancy rate of approximately 50% in their front-line positions. This includes health, education and the social services sector. Two nurse practitioner positions have been vacant for two years. This situation has certainly worsened post the global pandemic. Fortunately the leadership positions are relatively stable with many having been in their roles for a number of years.

The organization has worked hard to recruit and retain human resources. Examples of incentives to recruit staff include Professional Development funding (e.g. $3,200/year), License Reimbursement, Family/Friend Recruitment bonuses as well as Family/Friend Retention bonuses, educational upgrading opportunities as well as other initiatives. Exit surveys of nurses are demonstrating that for the staff leaving the issues are mainly around flexibility of work schedules, need for additional training, and wanting to be closer to home.

Activities used to retain staff include the development of a good onboarding program, ongoing training and educational opportunities, staff appreciation events and objects, celebrations of nursing and social work weeks, putting a focus on suitable housing and long term service awards.

An improvement the organization has made since the last survey is to bring more students closer to home for their training. The Aurora College now has a footprint in Behchoko`? with RCA staff able to complete studies/clinical locally. The organization has 20 Affiliation Agreements with various colleges and universities. They are hoping to revive the University of Toronto program they had pre-pandemic.

Since the last survey, the TCSA has developed a Workplace Violence Prevention Program. Many of the pieces of this program have actually been present, but not as an overall program. Examples include: NVCI training, Supported Pathways, Working Alone Policy, Panic Buttons, Access to security when going to a home alone where there is a history of violence. The organization has seen an increase in violent behaviours against nurses over the last number of years. There are a number of supports in place for staff who experience trauma or violence including Critical Incident Reporting/Debriefing, EFAP (Telus Health Life Speak 24/7 Wellbeing Platform), Telus Health CBT and Telus Health CBT for Indigenous People, MyHR contains a list of community supports (e.g. Kids Helpline) and with the RL6 system the organization can track incidents of safety and security issues.

The TCSA offers an Indigenous Development and Training Program. Other benefits to promote a quality worklife and health and safe work environment include a healthy leave balance which the organization works very hard to accommodate, working remotely if the position allows, trying to avoid overtime, rotating schedules as approved by the union and offering flexible time off where possible.

There is a Talent Management Plan that is led by the NTHSSA. Roles and reporting relationships are well defined. Approximately 75% of the position profiles have been updated. An opportunity for improvement is related to the completion of Performance Appraisals. The goal is to complete them annually; however, since the onset of the global pandemic and wildfires and subsequent evacuations, the current completion rate is approximately 25-30% with the due date in 2 months.

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)

Since the last survey the TCSA has implemented a Patient Safety Incident Management System (RL6) which is providing data on incidents throughout the four communities being served. The organization has worked hard to develop a just culture by ensuring there is good feedback, protocols and policies in place and a disclosure process. Learnings are gleaned and shared following incidents. The number one incident for the region is related to falls and the organization has continued to work on reducing falls where possible and when not able to reduce falls to reduce or prevent injuries. The second most frequent incident is related to scanning and linking of documents into the digital system. These incidents are being studied and mitigation strategies being put in place. Examples of strategies include: having dedicated staff that perform this work, the work has been moved to a less distracting environment, EMR training has been provided and staff check 2 client identifiers prior to scanning. The RL6 system cannot be used for some of the incidents at Child & Family Services due to legislative requirements. The incidents are reported to leadership and an aggregate report is provided to the board on a quarterly basis.

The organization has a Patient Safety Plan (2020) that was updated in 2024. There is a scorecard for reporting with regional indicators. The TCSA is working to develop additional indicators that are more relevant to the local context.

Medication reconciliation is another area where there have been improvements in most areas. There are small pockets where surveyors were unable to see evidence of completion and monitoring of compliance; however, in the majority of the TCSA there was evidence of completion, monitoring of compliance and evaluation of compliance. One of the barriers to complete Medication Reconciliation documentation is the hybrid charting system in community-based services.

Since the last survey the organization has completed a Retrospective Analysis. This was quite well done and an excellent learning experience for the team. The leadership team obtained training in completion of the process and has been able to implement learnings from the process to make improvements.

Another improvement since the last survey has been the addition of a dedicated resource for Quality Improvement (QI). The leadership team is and has been involved in QI initiatives; however, with a dedicated resource the TCSA is now able to move the needle on QI work. QI has been identified as a strategic priority. QI initiatives are reported quarterly to the board of directors, and they have been quite engaged in this work. The next steps are to ensure all staff, patients and families have opportunity to be involved and are recognized for this work.

One of the strengths of the organization is their relationship with those they serve. Most individuals and families who live in the four communities know who to call if they have a concern of complaint. For the most part these are addressed immediately and to the satisfaction of those involved. Complaints may go to board members, Chiefs, leadership or directly to the Ministry.

The organization has a Risk Management Framework (2018). Risk assessments are completed regularly (e.g. Working Alone Risk Assessment) and mitigation plans developed. For example: when an ambulance is dispatched to a home, the RCMP "clears" the home first before the ambulance staff enter. The team plans to update the Risk Management Framework in the near future.

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 Tlicho Community Services Agency (TCSA) follows the Territorial Ethical Decision-making Framework (19-08-V1, approved April 2024-28). There is a 0.5 FTE ethicist for the NWT that is provided through a Master Services Agreement with Alberta Health Services. The TCSA has evolved from the previous practice of having an ethics committee who tried their best to provide consultation services to having an Ethics Community of Practice. “Ethics champions” work hard to raise awareness of ethics and availability of an ethicist and the organization works to provide ongoing training and education about ethics.

The ethicist takes calls from staff of the TCSA, provides virtual appointments to staff and/or patients as well as provides in-person support when he is in the territories. In 2019 the ethicist provided one consult to the NTHSSA. In 2023 he provided 27. The range of issues include: Capacity/Consent/Informed Decision-Making 27%, Challenging Patient/Family Behaviours 22%, Professional Ethics 17%, Living at Risk/Unsafe Behaviours 10%, Pandemic Issues 8%, Policy/Process/Organizational Issues 7%, Complex discharge/transfer/placement 5%, Resource Allocation 3%, and Health Care Provider Communication 1%.

Similarly, in 2019 the ethicist provided 3 education sessions in the NTHSSA. By 2023, that number had risen to 25. The main educational topic was Introduction to the Ethics Service, but also included Medical Assistance in Dying, Pandemic, Living at Risk/Unsafe Behaviours, Challenging Patient/Family Behaviours as examples.

The biggest challenge for ethics is the large geography and small communities. Getting in front of staff who are providing services to patients is challenging, particularly with the constant turnover in staff. Ideally there would also be more availability to meet with patients and families.

Researchers apply to the ECE (Education, Cultural, Employment) and if the research has a focus on health, education or family services it gets reviewed, and a response sent back to the ECE. The Tlicho Government may also review for appropriateness. The TCSA is particularly sensitive to research that might be triggering to residents and ensuring appropriate support is in place by the researchers.

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)

One of the strengths of the TCSA (Tlicho Community Services Agency) is the relationship between the organization and the communities it serves. Four of the five board members come from the four communities served and they take information to the board from the community as well as bring information back to the community.

The TCSA reaches out to the community in a number of ways. When planning new initiatives (e.g. Colorectal Cancer Screening Program) they conducted patient focus groups, obtained buy in from staff and the board and then shared the information about the program through sharing circles, Facebook, TCSA website, NWTSSA website, written materials in both languages and radio ads. Recognizing that 20% of the population does not speak English, the organization also may use the Tlicho Radio Hour as a means to reach the non-English speaking population.

Oversight of the Communication Plan is provided by the Ministry (Department). Messages that are being sent out in written format are proofed by the Ministry and for challenging interviews the Department will often lead them for the TCSA. The CEO and senior leadership members have taken media training. Front line staff are aware they are not to do media interviews. The CEO keeps the board chair apprised of any issues that may be controversial or challenging.

The TCSA also partners with the NTHSSA around communication. During the wildfire season last year, the area had to be evacuated. Communication was paramount and there was great cooperation between the NTHSSA, CTSA, Tlicho Government and the Ministry as well as other partners. In meeting with the many partners of the TCSA, two of the words they used to describe the agency was “responsive” and “connected”. The partners report that the organization is very responsive and provided the example of communication around the need for Colorectal Cancer Screening as well as connected, referring to the fact that they are very aware of the needs of the community as they are in tune and listening.

The organization evaluates their communication in a variety of ways. One of the indicators of success is uptake of new programs (e.g. Women’s Clinic). A good uptake is indicative of women receiving the message about the clinic. In terms of social media opportunities, the team can measure the number of clicks, how long individuals stay on a page etc. The team can also monitor the visits to the website and what pages are being explored. The board of directors can also provide good feedback as well as the community. During the pandemic there were times when the organization’s staff literally went door to door to educate and promote the COVID-19 vaccine.

Policies are in place to protect the privacy of those being served by the TCSA. The policies are based on the privacy legislation. There is a process for patients to review their own charts should they wish to.

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)

Three physical locations were visited during the Tlicho Community Services Agency (TCSA) Accreditation onsite survey: 1. Whati Community Health Centre (soon to be renamed to honour Therese Jeremicka'ca), 2. Marie Adele Bishop Health Centre in Behchoko, and 3. Jimmy Erasmus Seniors home also in Behchoko.

Partnerships are in place with Infrastructure NWT to provide maintenance, scheduled major capital equipment service, snow clearing and fire prevention for the Whati Community Health Centre. The Marie Adele Bishop Health Centre in Behchoko is contracted from the government of the NWT through the TCSA Investment Group of the Tlicho Government.

The care and services provided to patients at the TCSA's locations recognize the relationship of physical, emotional, mental and spiritual aspects of the people served. Both inside and outside the TCSA's buildings cultural spaces and artwork are visible, making them a welcoming place. In spite of the aging infrastructure of the Community Health Centres, all locations, including the Seniors Home, appear to be clean and well maintained. In addition to the clinical sites, the organization accommodates staff housing needs with residential units; staff living in these units expressed appreciation for the accommodation.

The organization is encouraged to explore means, in partnership with the community, to expand recycling and to reduce the impact of the organization's operations on the environment.

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)

The TCSA has an Emergency Response Plan (2022) that has unfortunately been tested in real time in 2023 with the wildfires that burned around Behchoko`! The plan is not meant to be all encompassing, but rather a set of guidelines to follow in an emergency to prevent injuries and fatalities, reduce damage to assets, protect the community and environment as well as assist the TCSA to return to normal operations. The plan identifies a number of types of emergencies that include bomb threat, intruders, hostile persons, water or power loss, wildfire and severe injury or fatality at the workplace as some examples. There was evidence of local emergency plans at the sites and they were posted in the staff rooms. Staff were very aware of their site roles and responsibilities.

The organization has had some time now to reflect on the evacuation of Behchoko` and Wekwee`ti` in 2023. The team described it as “going from 0-60 very fast”. Something that went very well was the cooperation between a number of agencies and communities. The long-term care facility was evacuated to Yellowknife initially early as these were the most vulnerable citizens. While citizens at Wekwee`ti` were evacuated for several days, the citizens of Behchoko`? were evacuated for approximately 3 weeks. The area experienced a loss of electricity, access to safe transport. Some citizens needed to be flown out once the road was closed, cutting off access by land. Others traveled by boat.

Other learnings included the “inexperience as a system” for a large-scale incident. The plans direct evacuees to Yellowknife. The plans did not contain a contingency plan for the evacuation of Yellowknife itself. Once Yellowknife had to be evacuated, it became much more difficult to keep track of the citizens of Tlicho. A challenging issue that emerged in the evacuation from the NWT to Alberta and British Columbia was that both provinces did not want the NWT staff “providing front line care” which would have meant making them employees, registering with the colleges etc. One of the challenges with this approach was that some patients were non-English speaking and lacked translation. The organization is incorporating the learnings into the plans going forward.

Since the last survey the organization has also experienced a global pandemic. The TCSA did not have their own pandemic plan prior to this and they currently use the GNWT pandemic plan. Again, during the pandemic, there was excellent cooperation between the various levels of government, communities and the Chief Public Health Office. The organization achieved a 90% vaccination rate for COVID-19. Some of the team literally went door to door offering education, vaccination and support. The organization is to be commended on their diligence to protect their communities!

Unfortunately, there were outbreaks of COVID-19 at the Jimmy Erasmus Seniors Home (JESH) later in the pandemic (after the Delta wave). Fortunately, there were no deaths. There are outbreak policies and protocols. Examples of protocols include limiting visitors, providing messaging to family members, testing of staff, testing of residents, and proper use of PPE and good hand hygiene. Debriefs occur post outbreaks and other traumatic events and there are mental health supports for the staff.

The organization uses the Incident Command system to work through these incidents. Several senior staff have Incident Command training. The organization may wish to consider having all staff take the Incident Command 100 Training that is online as one of their annual trainings.

The organization has developed Business Continuity Plans (BCPs) for issues such as utility failure. Being a northern community, it is imperative that there is always access to heat. The JESH and Health Centre have back-up generators and wood pellet stoves. The water in Behchoko`? is piped in so if there is a break in the water main there is no back up and contingency plans must be in place (e.g. no bathing at JESH; use bottled water for cooking). One of the communities has their water trucked in so there is a back up plan in place if there was a break down in these trucks.

The organization conducts bi-annual fire drills at their sites. The team debriefs following these drills and incorporate learnings into their plans.

Priority Process: People-Centred Care

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

Unmet Criteria		High Priority Criteria
Standards Set: Community-Based Mental Health Services and Supports		
9.3	Goals and expected results of the client's care and services are identified in partnership with the client and family.	
10.5	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.	
Surveyor comments on the priority process(es)		

People Centred Care is clearly a priority for the entire organization.

There is a commitment to people centre care, not only from an individual clients/patient perspective but also, from a population/community perspective. This has been of utmost importance given the population served and the trends noted. Examples, include chronic disease management, increased service delivery in home environments, and the incidence of substance use and addictions alongside mental health and wellness.

A patient/client experience survey is completed by the territorial Department of Health every 3 years. Data can be extracted by region. Leadership noted that results from the last 2 surveys have been overall very positive with opportunities for improvement noted in the area of client understanding and input into care planning.

Family meetings frequently occur. These aim to enhance care planning and care coordination processes.

Focus groups are held routinely. One example provided was a focus group for prenatal services in order to redesign services in this area to better accommodate this population. Another example provided was a focus group with community elders to design chronic disease prevention and management services.

In long term care, a resident council is in place. All residents and their families are invited to participate. This council has identified food related issues. As a result, a part time dietitian is in place and strides have been made to accommodate traditional foods. There is the opportunity to continue efforts in ensuring food choices and client's ability to chew many foods continues. Discussions with some LTC residents confirmed this opportunity.

The Tlicho Government hosts annual meetings which attracts participation from a large number of community residents. The Tlicho Community Service Agency is commended for its linkage with this meeting and using it a community strategy with the broader population. This approach has successfully enhanced overall community engagement and where possible, community involvement.

Board meetings occur quarterly and are open to the community at large.
All clients interviewed indicated satisfaction with their involvement in their care plans and with services overall.

A particular note from the organization certainly demonstrates the overall commitment to ensuring client/ patient needs are heard and addressed. The example provided was as follows: “The Community Health Centres play a central role in the communities they serve. “Visitation” is permitted in the clinic when a community member passes away (community members are permitted to visit to pay respects). As stated by a member of the Community Health team at Behchoko, “death is a community event and by opening our doors to allow the community into the centre at these critical times, we show our respect for the communities we serve and our respect for the family of the deceased”.

Goals and expected results of the client's care and services are not well identified in partnership with the client and family at one community mental health site. Staffing shortages may be a barrier to this engagement work. The organization is encouraged to explore strategies to strengthen patient centre care at this site.

The Tlicho Community Service Agency is commended for its commitment to the community and its commitment to community and client involvement.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Tlicho Community Services Agency (TCSA) delivers primary health and public health services in the four communities of the Tlicho Region of the Northwest Territories: Behchoko, Whati, Gameti, and Wekweeti. Ambulance/paramedic emergency services are provided in Behchoko` and contracted in the other three communities. The TCSA operates a 16-bed long term care facility in Behchoko?` that includes one bed designated for respite and another for palliative care. The TCSA's home care programs provide home support, nursing, and palliative support in Behchoko?`, Whati`, and Gameti; in Wekweeti Home Care visits are available as needed from Behchoko. Together these programs work effectively across and between programs to support the populations in the Tlicho Region to ensure that patients have access to timely care; this accomplishment is particularly noteworthy in the aftermath of the pandemic, the wildfires during the summer of 2023, and the ongoing challenges with recruitment and retention of health human resources. The Community Health Centres were described as playing a central role in the communities they serve with the example provided of "visitation" that is permitted in the clinic when a community member passes away (community members are permitted to visit to pay respects). As stated by a member of the Community Health team at Behchoko, "death is a community event and by opening our doors to allow the community into the centre at these critical times, we show our respect for the communities we serve and our respect for the family".

The TCSA employs Nurse Practitioners, Community Health Nurses with advanced practice skills, Licensed Practical Nurses, Paramedics and Advanced Practice Paramedics, and community support staff including Community Health Representatives and a Lay Dispenser in Wekweeti`. Physicians' services in all Tlicho communities are provided through a contract with Northwest Territories Health & Social Services Authority, including both in person and remote access services. The organization is commended for implementing innovations and pilots to address patient/client flow, such as the "warm handoff" in primary care (CHCs) or clients with MH needs (the Behavioural Health Consultant pilot at the Marie Adele Bishop Health Centre).

The TCSA's clinical leaders and clinicians encountered during the tracer described and provided evidence of rigorous attention to patient flow across the range of services provided by the organization. Efforts are made during screening and/or triage to manage patient and family expectations and to address priorities for care. Where possible patients receive scheduled appointments to see nurses and/or physicians who support each location. The Health Centres are commended for having been able to maintain timeliness of primary care services in spite of ongoing staffing vacancies; staff and leaders noted that staffing challenges result in the downstream impact of compromising health promotion services. A policy, dated 2010, is in place to address reduction or suspension of core community health nursing programs and services in the event of "extreme" shortages of RNs; the organization is encouraged to review and update the policy to reflect the current realities of health human resource challenges.

The organization is encouraged to explore ways to mitigate the risks associated with hybrid charting when on-call nurses do not have access to the electronic medical record.

The organization has made good progress since its last onsite Accreditation survey in quarterly monitoring, analyzing and reporting on patient flow data to evaluate service needs across the communities served by the TCSA.

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 medical equipment is provided through a company contracted for all of the health services in the Northwest Territories. They do the preventative maintenance, track each piece of equipment, provide regular quarterly reports and, ongoing support to the organization.

This is a great service to ensure all sites have access to quality equipment.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Point-of-care Testing Services

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

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
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 small, dedicated team is committed to cultural safety of its patients.Services are flexed to meet the needs of the patient and their family members.Records are maintained in paper files and in an electronic filing system.

Priority Process: Competency

The team works well together. Clients feel well supported. There is an innovative program of Family Preservation.

Priority Process: Episode of Care

The services provided by team are well coordinated. Team members feel a strong connection of support with each other. They focus on the wellbeing of their clients. They strive to ensure that families can remain together.

Priority Process: Decision Support

Records are well maintained. They are kept securely, both paper and electronic.

The team must secure a client's consent prior to accessing their file in another service of the organization.

Priority Process: Impact on Outcomes

The team works with the corporate tools to gather information on outcome data. Choosing a single documentation method, either paper or electronic, may decrease the administrative workload.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
1.4 Service-specific goals and objectives are developed, with input from clients and families.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

During the onsite tracers, a person-centred, strengths-based and wholistic approach to care was noted across all the areas of community mental health assessed at both the Tlicho and Whati locations. Both program leaders and team members demonstrated a strong value of collaboration with community partners throughout the tracer with evidence provided of numerous partnerships that are in place. Partnerships and collaborative services have been established with primary care at the respective health centres, with the local schools and with the Jimmy Erasmus Seniors/long term care home in Behchoko. Partnerships are also in place with RCMP crisis services, probation officers, and through active engagement in the community. The Individual and Family Counsellor is commended for engaging with the Whati interagency forum (comprised of the Tlicho Government, community government, the fire department, RCMP, Family Support Services, the Housing Board and others) as a platform to share and promote the TCSA Community MH services and supports to the community. Where clients require and accept facility-based care in other communities (for example, addiction services), partnerships are developed with careful consideration of continuity of care. Collaborative community engagement has been shown to support mental health and wellness promotion, as well as to support ongoing efforts to reduce the stigma of mental health and addictions.

Priority Process: Competency

Members of the Community MH Program bring a range of experience and educational backgrounds (including Social Work, Clinical Psychology, Counselling Psychology) to their roles within the program. All members of the team report having access to support in time and funding for relevant education and having dedicated time to share takeaways with their colleagues. Regular clinical supervision is provided, including case reviews. The team meets on a regular basis and appears to be close knit, supportive of one another, and passionate about the clients they serve. In addition, the team works collaboratively and has been able to explore and test new program areas, such as the Behavioral Health Consultant role within primary care primary care, as well as and the peer support program and Indigenous Wellness Elders program, both in collaboration with Education.

Priority Process: Episode of Care

Referrals for Community Mental Health services are reviewed and prioritized in a timely manner. The response to new service requests is impressive with most clients seen within 24-48 hours and in cases where clients present to the Community Health Centre and are assessed as being at risk for MH issues, a “warm handoff” is facilitated to an Individual and Family Counsellor. The team has access to 24-hour crisis support through the RCMP. As appropriate, clients and families are aware of this support. An excellent example was provided during the tracer where the mental health staff were able to stay on the phone until crisis supports arrived.

For the most part, the Community MH team is able to meet most service requests. Where facility-based, inpatient or residential care is indicated, the team is aware of other resources available to them in other communities (or provinces) and the team facilitates access to these resources with the client's and, where appropriate, the family involvement.

Informed consent processes are in place. All files reviewed had completed consent forms in place.

The Community Mental Health team is aware of the organization’s ethical framework. The team meets on a regular basis and each member consults with others as ethical dilemmas arise. The Program Supervisor was described as “very accessible” and was noted by staff to be extremely responsive in addressing issues.

All members of the team assess and monitor suicide risk as appropriate. Of note is that team members are very aware of the stigma of mental health and addictions issues in the communities they serve. As a result, team members focus on relational based approaches, for example, in discussing suicidal ideation as appropriate.

Transitions of care may occur where facility-based care is accessed. Clients are fully engaged in all transitions of care processes. The team is very focused on care continuity. Shared care approaches are in place particularly with primary care and the program is commended for its plans to trail the Wholistic Wellness Model at the Marie Adele Bishop Community Health Centre.

Priority Process: Decision Support

Community mental health records are up to date and very well organized. All files reviewed were comprehensive. Community mental health services at both locations are person-centred and strengths-based. Several client records were reviewed at each location. At the Whati site, it is recommended that patient defined goals of care be documented into the client record and that the outcomes of care are monitored over time. At the Tlicho site, a co-design approach to goal setting was noted to be in place across all aspects of service planning with client partnership in documentation, including several where clients monitored their goals and achievement towards those goals. In both locations, services are regularly reviewed with clients, and where appropriate, with family involvement.

All community mental health charts/records, care plans and client documentation are paper based; this means that there is a lost opportunity to easily extract metrics from the records of clients with an electronic medical record to support outcome and workload measurement.

Priority Process: Impact on Outcomes

The Community Mental Health program leaders and clinicians are committed to quality and excellence. Data is monitored to inform program planning. The program is commended for piloting the Behavioural Health Consultation Service at the Marie Adele Bishop Health Centre (in Primary Care). The team is encouraged to evaluate both existing and new program areas, such as the outcomes of peer support sessions with women and the outcomes of the men's group in Whati.

The team reported that clients in the communities served have been reluctant to transition to online apps, and other digital type services (811 was also noted as an example) due to a range of reasons, including internet access issues, privacy in crowded home environments, etc. The program is commended for their commitment and hard work with their clients, families and communities to explore alternative, culturally and regionally appropriate services to address the mental health needs of their clients. This team expressed pride during the onsite tracers of their teamwork and the mixed skill set they bring to the program and to the clients they serve.

Standards Set: Home Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
11.1 An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	!
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 Tlicho Community Services Agency (TCSA) delivers home based, Home Care, services in the four communities of the Tlicho Region of the Northwest Territories: Behchoko, Whati, Gameti, and Wekweeti. In Wekweeti home visits are provided as needed from Behchoko. Services are provided to residents of the region across the age spectrum. Scope of services includes patient and risk assessment, planning care, monitoring goals of care and outcomes of care, and may include end of life care.

It is noteworthy that throughout the COVID-19 pandemic, Home Care services continued throughout the region and staff interviewed during tracers reported that they felt safe and had access to the PPE needed. The organization is commended for how quickly they pivoted to ensure that care was not disrupted to patients and families during the pandemic. The Home Care team of clinical and administrative leaders are nimble and agile, adapting to the needs of individual patients and the community. Their commitment to the provision of high quality and safe care and their creativity is a testament to the collective passion demonstrated during tracers for the patients and families served by the organization.

During the onsite tracer visits in Behchoko and Whati, excellent partnerships were found to be in place between the Home Care program and all other health services, including communication with acute specialty services in with Yellowknife.

Priority Process: Competency

The staffing mix in the Home Care program includes nursing and personal support workers.

All team members interviewed during the on site tracers reported and appreciated the excellent organizational support they receive (such as training in numerous areas to build their expertise), as well as the clinical support they receive from the Community Health Centre staff, as needed.

Staff encountered during tracers shared that they felt confident to carry out their roles with the support of their managers and the leadership team in general and expressed that throughout the pandemic to date they could not have asked for any better and thoughtful leadership.

Numerous ethical issues can arise in Home Care. Staff reported they immediately discuss these issues with their immediate supervisor. An organization wide ethics framework is in place and helps support clinical and administrative leaders in addressing ethical situations as they arise.

There are plans in place to adopt the interRAI clinical assessment processes and apply these electronically. At the time of onsite survey visit, hybrid charting was in place ... nursing staff have access to the EMR and both PSWs and nursing staff record their progress notes and complete forms, such as the home risk assessment form, as a paper copy that is stored in the patient's Home Care "physical" file. Hybrid (paper/electronic) charting presents patient care risks, as the hybrid approach is not consistent in recording information and notes that are transcribed from the paper copy to the EMR are prone to error. With the implementation of the interRAI assessment tool, there is an opportunity to fully automate the Home Care patient record and to leverage the data from the RAI assessments to inform a better understanding of the patient populations in each region and across the Agency, as well as to track and trend changes over time.

Discussions with staff noted an excellent collaborative team approach. Staff noted that their team approach and communication are areas that they are very proud of.

Priority Process: Episode of Care

The organization is encouraged to ensure that the risk assessment of the home environment where the organization provides Home Care services is documented and filed for all new clients at the point of intake to the Home Care program. Staff are very cognizant of potential home environment risks and access immediate direction from their supervisor if new potential risks arise. A home safety risk assessment is conducted for each patient at the beginning of service. Patients are fully informed if home safety issues are identified. Patients are involved is assisting managing home risks as appropriate.

All referrals are first reviewed by the supervisor of home care. Each new referral is contacted directly by the supervisor within 24-48 hours. Only if service criteria are not met are patients not accepted into the program; this staff and leaders reported is rate. If other services are indicated and provided by the community, such as Meals on Wheels, referrals are made.

During an interview during the tracer with a patient in the home setting, the patient confirmed that an open and respectful relationship is in place and reported excellent involvement in their care and a full understanding of service goals. Client goals are co-designed with the client. Goals and client rights and responsibilities are documented and were noted on client files reviewed.

Informed consent processes and updates are in place. The program is encouraged to implement an audit of all home care client records to ensure all consents and forms (home risk assessment forms, falls assessment forms, etc.) are up to date and signed.

Several standardized assessment tools are in place such as the Braden pressure sore risk assessment tool, a falls risk assessment tools and a suicide risk assessment tool. Again, it is recommended that the program implement an audit to ensure that the forms are completed, up to date, signed and on the chart.

Nursing team members are able to draw blood and collect specimens as required. The lab and diagnostic services in Yellowknife are accessed. Specimens are transported and results accessed via the EMR. Clients are rarely discharged from home care given the high-risk nature of the patient population. Services are at sometimes paused, as indicated, however, home care staff do routine follow up, such as wellness calls.

Priority Process: Decision Support

Processes to ensure requirements are met for informed consent and that privacy protocols are hardwired into the intake process. There is an opportunity in the Home Care program to engage patients and families in the standardization of documentation on the patient record and to make the chart fully accessible to the patient and with their permission, their family. Currently, there is no chart left in the home. As such, a physical copy of the current medication list is not provided to the patient and/or family (no chart is left in the patient home and no booklet into which the most current medication list can be added). It is recommended that the organization provide each client with a folder for information about the Home Care service, including Rights and Responsibilities, a leaflet with information about how to file a complaint or the number to call, and current medications.

Documentation policies are in place at the organizational level. Documentation on the home care charts reviewed during the onsite tracer was not consistently found to be up to date and discrepancies were apparent between the paper chart and the EMR. Medication lists were not consistently found to be updated/current. Although it was indicated to the surveyors that a notation is to be entered into the EMR that an assessment/assessment form has been completed and the entry in the EMR is dated to reflect the date of the assessment, the form remains in the paper chart only (not scanned into the EMR).

The hybrid charting system presents patient care risks (hybrid of paper and digital/EMR charts). The organization is encouraged to explore ways to continue to build its IMIT infrastructure to over time permit a fully digital electronic health record; the implementation of interRAI is expected to support this change.

It is recommended that an audit of all home care patient records be completed to ensure that each record is up to date and complete. In addition, although dated PSW progress notes were consistently documented on the paper files reviewed, the time of the entry (or visit) was not noted. It was indicated that notes are completed by the PSW either at the end of the day or after each visit (they return to the CHC to document). The organization is encouraged to streamline the documentation process for PSWs and to ensure that all records include a time stamp.

Priority Process: Impact on Outcomes

Organizational policies and standardized tools are in place to reduce variation in service delivery in the Tlicho Home Care program. The implementation of a pilot project to support community members to remain in their homes for as long as possible was viewed as being both evidence-based and congruent with the goals of the Tlicho Home Care program. Pilot participants and communities, including Behchoko, were chosen based on their assessed needs. Each client was provided a caregiver of their choice or one hired through a local community-based organization. The Tlicho Community Services Agency is commended for its commitment to providing bridge funding for the program that showed the service had benefits, especially in small and remote communities, as the funding from the Government of the NWTs has been discontinued pending the design work for new program.

Staff of the Home Care program interviewed during the onsite tracers were aware of the RL6 incident reporting system and reported comfort in documenting incidents, including 'near misses'. Huddles are conducted at each site and there is the opportunity to debrief and define opportunities for tests of change to mitigate the risks identified with each incident. Noteworthy is the staff's commitment to review all incidents in their quest to learn and strive for excellence in delivering safe care. An organization wide disclosure policy is also in place.

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

There is a strong system of education, monitoring, evaluating and quality improvement regarding infection, protection and control issues. Data is collected throughout the sites, evaluated and reports are provided to staff and patients/clients.

There is one IPC committee for several areas, including the Tlicho Community Services Agency.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
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

Care goals are developed upon admission to the facility. Residents and their families are fully engaged throughout the process and on an ongoing basis.

Partnerships are well established with other services and programs such as the health centre and mental health services as needed. Partnerships are also in place with youth supporting intergenerational activities. Collaborative partnerships have been established with community spiritual care supports.

The team has an appropriate mix of staff. Nursing leadership is excellent. Personal support workers are tremendously committed to person centred care. A social worker is available. OT and PT services visit on a regular basis. Also of note is the excellent housekeeping members of the team.

The physical space is excellent. The Jimmy Erasmus Seniors Home is a relatively new building. Space is excellent, eating areas are bright and comfortable, bathing facilities are excellent, and a common activity area is bright and spacious.

An active resident council is in place. Minutes confirmed the activities of this group and various areas of advice they provide.
All areas of the facility are accessible as are all entrances.

Priority Process: Competency

All employee qualifications are verified and documented at the point of employment. Regulated providers submit proof of their licensure and required regulatory competencies on an annual basis.

Staff are aware of processes in seeking support when ethical situations rise. Leadership is aware of the organization's ethical decision making framework.

Ongoing staff education is provided on the safe use of equipment. The overhead lifts have not been in order for some time waiting for inspection. It will be important to provide updated staff training when these are operational.

Infusion pumps are not used at the Jimmy Erasmus Seniors Home.

A Least Restraint Policy in Community Health (15-May-2022) is in place. The policy is very clear noting that all Residents have the right to be free from unnecessary restraints. Restraints are only used when there is an imminent risk of an individual physically harming self/others or for medical/surgical necessity to avoid the risk of injury or re-injury.

The Jimmy Erasmus Seniors Home provides palliative care as required. Staff receive end of life education and training on a regular basis.
Ongoing education and training is provided to all staff in numerous areas.

The team was observed to function in a very collaborative manner. During the peer surveyor visit, it was also observed that there is excellent collaboration between the staff of the home and the staff of the day program. This integrated approach is well done and appreciated by all participants.

Numerous activities are in place to recognize staff contributions including long term service awards and staff gatherings.

Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members. OHS and quality information is posted in all staff areas.

The central activity area is used to host spiritual care events. Community spiritual care space is also easily accessed.

Priority Process: Episode of Care

Staff are on all units in long term care, 24/7/365. In the event of an emergency situation, there is a nurse on call for the organization who can assist.

Requests for admission to the Jimmy Erasmus Seniors Home go through the territorial LTC intake process. It was reported that at times this process may take up to 2 months. If approved, the organization

responds very quickly, and actual admission occurs as beds are available. At the time of the peer surveyor visit, there was little if any, wait times.
Consistent criteria for LTC admission are in place throughout the health and social services region.

There are very close linkages between long term care, the day program, home care and others. The LTC team ensures that other services are accessed as appropriate.

Open and respectful relationships with all residents was observed throughout the tour of the facility. Residents are happy with the services provided and feel comfortable in making suggestions for improvement. The Resident Council encourages this engagement.
Staff have access to ongoing education regarding elder abuse.

A pamphlet is available for residents and families regarding the filing of a complaint. Having said this, verbal communication is much better understood and received. Residents are encouraged to raise concerns with staff and also encouraged to raise concerns and ideas at the resident council.

A policy is in place regarding the appropriate use of antipsychotic drugs (May 2019) There is the opportunity to review and update this policy. Given the over prescribing of medication in the elderly population in Canada, once this policy is updated, there may be an opportunity to evaluate the appropriate use of antipsychotics as a quality improvement initiative.

Medication reconciliation occurs upon admission to the home. This is completed by medical staff upon intake and updated whenever medications are changed or at minimum annually. Transition out of the home are rare but when this does occur, a complete and up to date medication list is sent with the resident.

A standardized falls risk assessment is completed with all residents upon admission. Policy updated 2019. There is the opportunity to update this policy. Should a fall occur, the risk assessment is redone. Annual reassessments occur. A recent retrospective analysis included a client situation that included falls. It is suggested that the team review these findings again and develop mechanisms to evaluate the effectiveness of the policy.

Pressure Ulcer risk assessment using the Braden Scale for predicting pressure ulcers is completed immediately upon admission, when skin changes occur and on regular monthly intervals. There is also a wound care policy in place. Wound care is supported by a team approach and based on evidence.

All residents are assessed and monitored for risk of suicide. A TCSA Adult Suicide Risk Assessment tool is in place. Psychological supports are available in LTC.

Advanced care discussions occur with each resident. A form noting the discussion and directives is present on each resident file.

The Jimmy Erasmus Seniors Home provide end of life care and has one bed dedicated to Palliative Care. As appropriate, assessments of palliative needs is completed and documented and involves the client and

The Jimmy Erasmus Seniors Home provide end of life care and has one bed dedicated to Palliative Care. As appropriate, assessments of palliative needs is completed and documented and involves the client and the family.

Two person specific identifiers are used to confirm identify prior to all procedures. Residents' pictures are on all resident records and also on all medication packs.

Documentation is very comprehensive and complete. Examples of care transitions may include respite (short term) services with transition to home and move to another LTC facility. All transitions involve the resident and the family. Well done.

Food preferences and dining experience feedback is constantly solicited through the Resident council. The organization is commended for its work in responding to issues and making changes such as flexible breakfast time and pre-ordering breakfast preferences the night prior. Efforts have also been made to include traditional foods. The team noted there is still work to do in this area. This is encouraged.

POCT policy and processes are in place and adhere to the Northwest Territories Health and Social Services POCT committee.

Priority Process: Decision Support

Staff in long term care often are confronted with ethics related issues. Regular staff meetings occur, and staff reported that they have timely access to their supervisor. In the event that a difficult situation arises, staff seek advice and direction from leadership staff. Leadership is very aware of the organization's ethics framework.

Hard copy records are used in long term care. Several resident records were reviewed. All records are extremely well organized and up to date. The format of each record is consistent. Charting is up to date. Client and families have input as appropriate.

Training is provided to all staff, upon hire and ongoing, regarding privacy and confidentiality.

Priority Process: Impact on Outcomes

The comprehensive Northwest Territories Continuing Care standards have been adopted buy the organization. These were last updated in 2015. The team in encouraged to review these standards and identify areas where they have progressed.

Protocols are in place. Of note is that each chart is audited every night to ensure that the hard copy records are up to date and that any clinical interventions such as a medical visit or a medication change are updated on the hard copy record. Well done.

An excellent example of this team's commitment to quality and patient safety was the development of individualized night time fall prevention strategies. Input from each resident was used to develop individualized approaches.

Again, an excellent example is where night time falls indicators were monitored. These data informed the sustainability of the individualized approach as falls had decreased.

This long term care team demonstrated a comprehensive understanding of quality improvement. The last several years have been very stressful managing COVID outbreaks followed by a mass evaluation due to forest fires. Regardless, the commitment to personalized care, patient safety and the provision of excellent care was evident throughout the visit.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	

The organization has met all criteria for this priority process.

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

The NorthWest Territories Health and Social Services Authority has a Pharmacy and Therapeutics Committee in place. The Tlicho Community Services Agency has a representative on this committee. Terms of reference are in place (May 2020) which clearly outlines purpose and roles. These terms of reference are due for review and updating.

The TCSA does not provide acute inpatient services. The Pharmacy and Therapeutics committee does however provide guidance should issues arise. The organization does have an Intravenous to Oral Step-Down Procedure converting some intravenous (IV) antimicrobials to oral therapy with sufficient bioavailability provides the same level of antimicrobial coverage.

There is a policy in place to manage high alert medications. (12-July-2022) This policy may be enhanced by noting the position responsible. High alert medication are only managed at the health center which supports long term care should the need arise. The policy is well done, guided by the direction of the PTC, and overseen by the Pharmacy assistant at the Marie Adele Bishop Health Centre. The list of the high alert medications is informed by the Institute for Safe Medication Practices. A tour of the site confirmed excellent management processes for high alert medications.

No sample medications are kept by the organization.

The territorial PTC provide ongoing guidance and special approvals if required. The organization is commended for its strong relationship with this committee and its commitment to always seeking advice and direction.
Policy and processes are in place to report all patient safety incidents. RL6 is fully implemented, and all staff interviewed were very aware of incident reporting processes.

The EMR and the long term care client records note all medication allergies and adverse drug interactions.

Teams can access on call pharmacist advice and direction from the pharmacist at the Stanton Hospital in Yellowknife. Leadership noted that this support has been excellent.

CPOE (computerized physician order entry) in not in place at the organization. The organization does not have a pharmacy as such and therefore not a pharmacy computer system.

Medication compounding does not occur within this organization.

Audits of heparin products is completed daily. All audits are documented. High dose unfractionated heparin (50,000 units total per container) is not stocked in client service areas but kept in the secure medication storage area.

All narcotic products are only stored in secure medication storage rooms and not in client/resident services areas. Medication audits processes are in place and well documented.

All medications are shipped to the health centre. The Pharmacy assistant has processes in place to resolve any delivery issues.

Medications are retrieved as directed. New retrieval containers are now in place.

A MOU is in place with territorial biomedical engineering for the purchase and maintenance of infusion pumps. Infusion pumps are not present in the long term care facility. The limits set for soft and hard doses are regularly tested to make sure they are working in the Smart infusion pump. Policies are in place.

Medication storage areas are locked and only accessible to authorized personnel at both sites. Medication storage areas are clean and well lit. Of note is the organization of these areas with exceptional labelling, red baskets for high alert medications and creative strategies to ensure all labelling of medication baskets are clear. Well done indeed!

Concentrated electrolytes are not stored in long term care. A very limited supply is maintained at the health centre. A policy is in place (12-July-2022) ensuring the safe use of concentrated electrolytes and confirm that such high-risk medications are stored in locked and secure areas, away from client care areas. The availability of concentrated electrolytes is evaluated and limited to ensure that formats with the potential to cause safety incidents are not stocked in client services areas. Audits are carried out on an annual basis.

Medication compounding is not carried out by the organization. Chemotherapy medications are not used by the organization. Anesthetic gases and volatile liquid anesthetic agents are not stored by the organization. Chemotherapy is not delivered by the organization.

The organization uses the Do Not Use Abbreviations from ISMP Canada. This was observed to accessible throughout all service areas.

Medication orders are not transcribed by this organization.
Automated dispensing cabinets are not used by the organization. Further, transportation, administration, and the disposal of chemotherapy medications are not carried out by this organization.

Services provided do not include self administration of medications including in long term care.

Medication management processes are not contracted to external providers by this organization.

Overall, the Tlicho Community Health Services Agency is commended for its medication management, the updating of policies, its relationship with the territorial PCT committee and its commitment to ensuring all processes are in place, evidence is readily available, and ongoing evaluation is carried out.

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

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

The organization has met all criteria for this priority process.

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

The POCT services delivered by the organization is relatively small and provided by Qualified professionals over and above their clinical positions. This innovative approach internally and the collaborative approach with laboratory services external to the site, ensure easy, timely and accessible POCT services to the community. Very well done!

A Senior Nurse oversees the POCT services for the organization. Staff are trained and qualified to work to full scope of practice Examples include extended practice paramedics, nurses, and LPNs. The team also had access to a Clinical Nurse Educator.

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

The organization does not have its own central biomedical lab. Laboratory services are accessed through the Stanton Hospital in Yellowknife. There is not a contract in place for this access given the shared governance model. Specific laboratory services are formally contracted with a private lab.

Roles and responsibilities align with the direction from the POCT system wide managers committee.

An overarching organization wide conflict of interest policy is in place and applies to all staff and the Board.

POCT health professionals routinely demonstrate their competency. The team is commended for adapting approaches used by regulatory bodies in this regard.

Point of Care SOPs are in place for all rests performed at the organization. Examples are of SOPs are POCT Hemocue HB-201, Hemoglobin Procedure, POCT Hemocue HB-201 Quality Control Procedure and, POCT Statstrip Xpress Glucometer Procedure.

The reviews and evaluation of the effectiveness of the SOPs is shared at the territorial management committee. This broad engagement supports any SOP adjustments, training activity modification as well as further monitoring processes as necessary.

Setting up, validating, and calibrating new equipment is done with support of territorial Biomedical Engineering.

Territorial Biomedical engineering services also provide preventative maintenance services, trouble shooting support in the event of equipment functioning issues and the removal of deteriorated equipment.

Different types of POCT equipment for the same procedure at this site.

An identified person carries out monthly inventory audits. These are fully documented.

Clients are provided with a written hard copy POCT requisition. This is brought by the client to the POCT provider. Prior to delivering the POCT services, the identify of the clients is confirmed using a two identifier approach.

Quality improvement processes are in place at the site (e.g. audits) and some at a system level informed by the broad committee.

Standards Set: Remote/Isolated Health Services - Direct Service Provision

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Programs are designed using community input through online surveys and satisfaction evaluations.

Creation of a patient/client/family member committee might assist in providing a greater direct involvement in program design

Priority Process: Competency

The vacant nursing positions results in the current staff at the Whati Health Centre being very busy. The work load demands could impact the time available for completion of performance reviews and, administrative duties.

Priority Process: Episode of Care

The Whati Health Centre team members work closely together to focus on the health and safety of their patients. There are clinical staff positions unfilled. This causes a greater burden of work for the remaining staff members. Recruiting additional support members to assist with the administrative burden might help to improve the completion of the required paperwork.

Patients report satisfaction with the services.

Staff members are very flexible to adjust their working schedules to meet the needs of the patients.

Priority Process: Decision Support

The Whati Health Centre has electronic health records. Due to the staff vacancies and service demands, it is difficult to keep up with the administrative demands.

The client files are well maintained and fulsome.

Priority Process: Impact on Outcomes

There are corporate structures in place to provide support to the Whati Health Centre in regards to their outcomes. The information regarding the data that they submit is returned to them. It is shared with their patients and staff members.

Instrument Results

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

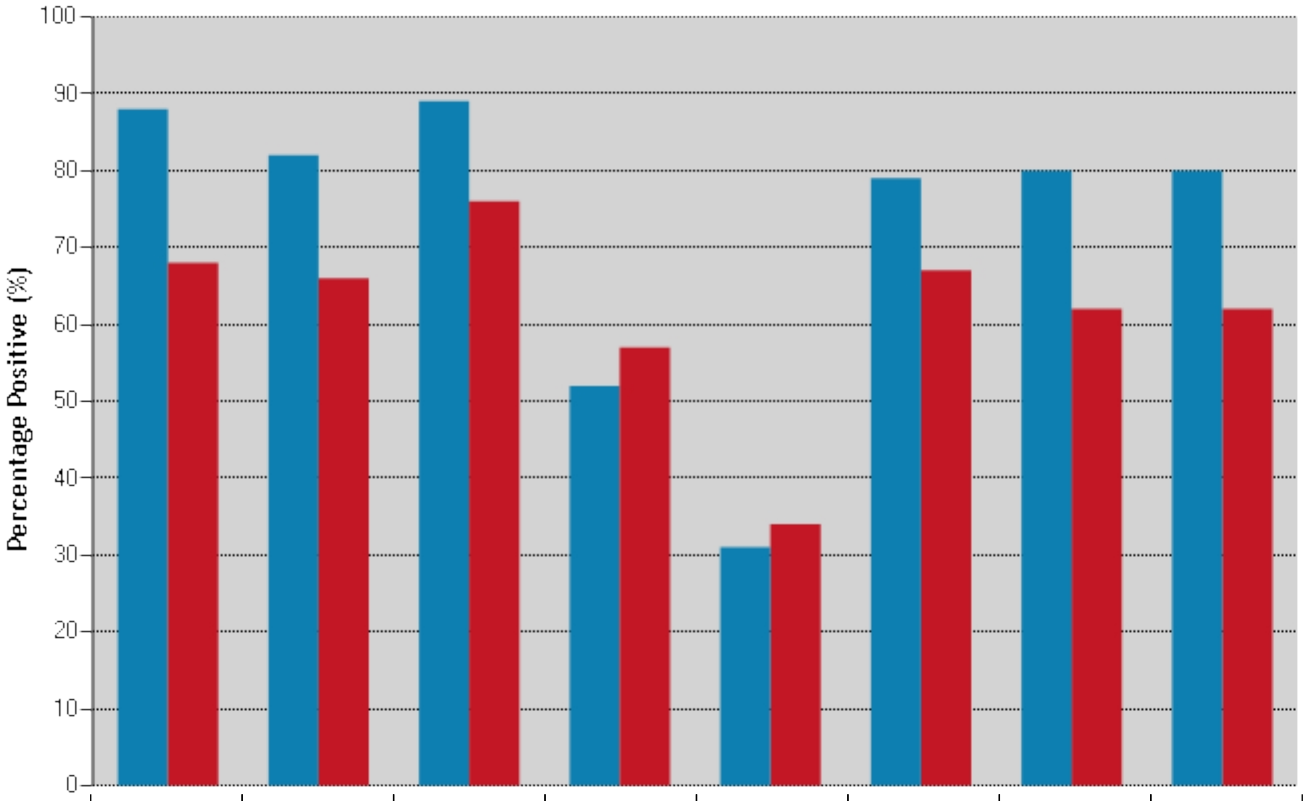
Canadian Patient Safety Culture Survey Tool

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

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife. Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: March 6, 2023 to May 27, 2024**
- **Minimum responses rate (based on the number of eligible employees): 45**
- **Number of responses: 63**

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



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	88%	82%	89%	52%	31%	79%	80%	80%
	68%	66%	76%	57%	34%	67%	62%	62%

Legend

Tlicho Community Services Agency

* 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

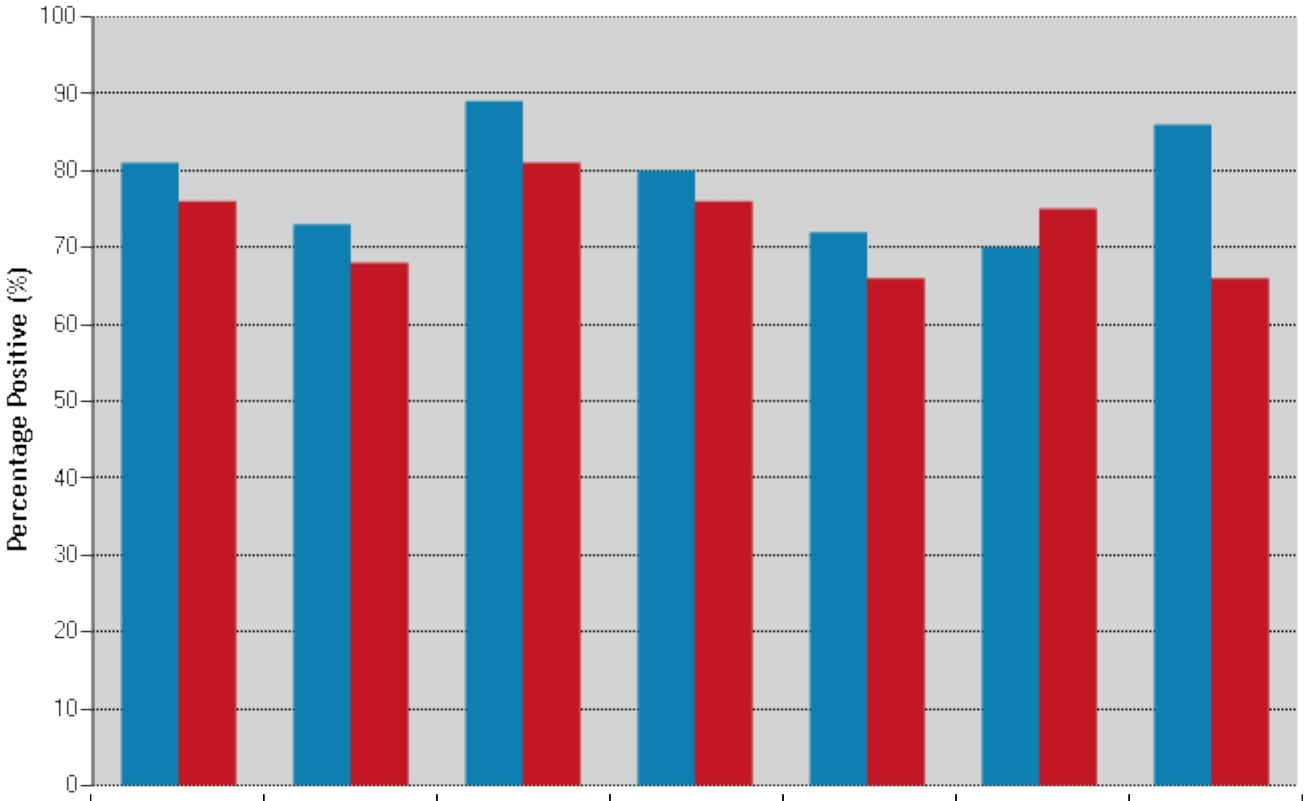
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: March 6, 2023 to May 27, 2024**
- **Minimum responses rate (based on the number of eligible employees): 67**
- **Number of responses: 72**

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	81%	73%	89%	80%	72%	70%	86%
	76%	68%	81%	76%	66%	75%	66%

Legend

Tlicho Community Services Agency

* Canadian Average

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

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences,including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education,including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries,including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living,including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

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