



**ACCREDITATION  
AGRÉMENT**  
CANADA

# **Accreditation Report**

Qmentum® Long-Term Care Program

**CHSLD Wales**

Report Issued: 25/10/2023

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## About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

## About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum® Long-Term Care accreditation program.

As part of this program, the Organization participated in continuous quality improvement activities and assessments, including an on-site survey from 24/09/2023 to 27/09/2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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# Executive Summary

## About the Organization

CHSLD Wales Inc. is a private, not-for-profit, 96-bed Long-Term Care Residence located on a historic property with a rich history. It welcomed its first resident in 1922, making it one of the first residences for seniors in Québec. The Home is led by a highly engaged and knowledgeable Board of Directors, most of whom have strong ties to the community and its residents. This community engagement is one of the distinguishing features of the organization.

Recently, the organization has undergone several major changes. Several renovations and expansion projects have been completed, with more projects planned for the next few years. These updates include the expansion of the long-term care facility's footprint, incorporating additions such as the Wellness Centre, a state-of-the-art laundry room, a therapeutic pool, and a protected outdoor garden for therapy.

Furthermore, CHSLD Wales Inc. has recently obtained the designation as an "établissement privé conventionné" by the Québec Ministry of Health and Social Services. This designation will lead to changes in programs, program structures, and staffing to meet government requirements.

Additionally, the nursing leadership team has recently been completed with the recruitment of a Director of Nursing and two Unit Managers. This addition will provide essential support to the clinical staff and bring expertise to ensure the continued implementation of good and safe practices at CHSLD Wales Inc.

On August 1st, 2017, the Health Minister appointed CHSLD Wales Inc. as a designated long-term care facility for English-speaking people.

The CHSLD Wales Inc. officially transitioned from a private, non-contracted long-term care facility to a private, contracted facility on March 26th, 2023. This change means that CHSLD Wales Inc. will receive equitable government funding, support, and resources, to ensure care and services are harmonized with those of the Public Sector—including both living and employment conditions.

## **Surveyor Overview of Team Observations**

This is the organization's first accreditation experience with Accreditation Canada. Despite limited resources and recent changes, the organization has done a significant amount of work in preparation for this survey.

Over the past two years, the Executive Director and the Director of Quality and Administrative Services were the only two managers available to guide the organization's personnel. These two senior leaders have successfully navigated the organization throughout the pandemic while also addressing health professional human resource shortages and maintaining safe conditions for its residents.

Since their arrival about four months ago, the three nursing leaders (Director of Nursing and two Unit Managers) have dedicated substantial effort to evaluate and improve clinical, nursing, and pharmac-nursing practices. Infection prevention and control, elder mistreatment, and protection of personal information are also priority areas that this team has been working on.

## Key Opportunities and Areas of Excellence

### Key Opportunities and Areas of Excellence

#### Areas of Excellence

CHSLD Wales Inc. has a strong history and reputation in the community and the region. This work is supported by an engaged, competent Board of Directors, staff, and community. The organization is perceived to “belong to the community,” as evidenced by the support of a very active foundation, as well as over 200 volunteers involved with this organization.

Partners describe CHSLD Wales Inc. as cooperative and willing to contribute.

This community support has also enabled the realization of projects such as the expansion of CHSLD Wales Inc., the construction of a protected therapeutic garden, a petting zoo, and a fishing pond for its residents.

Despite numerous major changes that have impacted the organization, including COVID-19, a major health human resource shortage, turnover in nursing leadership, and a “conventionnement” contract with the Ministry of Health and Social Services, the staff and management of CHSLD Wales Inc. have demonstrated resilience and continue to provide quality and respectful care to its residents.

#### Key Opportunities

The stabilization of the workforce and the leadership team is the foundation for further achievements on the continuous quality improvement journey for CHSLD Wales Inc.. The finalization of the “conventionnement” contract with its various implications will require organizational agility and planned change management to ensure a smooth transition.

Other opportunities include continued collaboration with partners such as the community pharmacy and the CIUSSS to maintain and fine-tune practices, such as medication management and infection prevention and control, in accordance with best practices.

Additionally, there is an opportunity to update administrative and clinical documents, such as Board bylaws and organizational policies and procedures, to ensure they reflect the new reality and adhere to currently recognized best practices.

The organization is also encouraged to structure its many continuous quality improvement processes and implement objective indicators to measure the attainment of the target objectives. CHSLD Wales Inc. is also encouraged to share and celebrate these achievements as a form of recognition and to encourage further engagement in quality improvement.

# Program Overview

The Qmentum® Long-Term Care (LTC) program was adapted using Accreditation Canada's Qmentum® program and has been customized to meet the care needs and core values of LTC homes, with the purpose of guiding continuous quality improvement. The program is founded on the principles of people-centred care and co-designed with insights and guidance from a diverse group of LTC stakeholders.

Qmentum® LTC is an accreditation program that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care to residents. Key features of the program include the continuous accreditation cycle; an updated assessment tool organized by chapter; four comprehensive assessment methods; two survey instruments <sup>1</sup> (Governance Functioning Tool [GFT]), and the Workforce Survey on Well-being, Quality and Safety [WSWQS]); and a secure, cloud-based Digital platform that will support the completion of these activities.

<sup>1</sup> Survey instrument results and associated feedback are not included in this report.

The continuous accreditation cycle comprises four phases that spread accreditation activities over four years. Each phase includes specific assessment methods and survey instruments that must be completed to advance from one phase to the next. As the organization progresses through each phase of the cycle a Quality Improvement Action Plan (QIAP) will need to be developed and updated to identify actionable areas for continued improvement. The purpose of the QIAP is to continuously "study" and "act" on the results from the assessment methods and survey instruments, to identify and action areas of improvement and to promote the organization's continuous quality improvement journey.

The assessment tool which supports all assessment methods (self-assessment, virtual assessment, attestation, and on-site assessment), is organized into thematic chapters, as per below. To promote alignment with the assessment tool, assessment results and surveyor findings are organized by chapter, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Chapter 1: Governance and Leadership

Chapter 2: Delivery of Care Models

Chapter 3: Emergency Disaster Management

Chapter 4: Infection Prevention and Control

Chapter 5: Medication Management

Chapter 6: Residents' Care Experience

# Accreditation Decision

CHSLD Wales's accreditation decision is:

**Accredited**

*The organization has met the fundamental requirements of the accreditation program.*

## Locations Assessed in Accreditation Cycle

This organization has 1 location. A hundred percent of locations will complete both virtual <sup>2</sup> and attestation <sup>3</sup> assessments, if applicable to the organization.

<sup>2</sup> Virtual assessment may not apply to the organization based on transition timing and progress within the organization's accreditation cycle.

<sup>3</sup> Attestation assessment may not apply to the organization based on transition timing and progress within the organization's current accreditation cycle.

The following table provides a summary of locations <sup>4</sup> assessed during the organization's on-site assessment.

<sup>4</sup> Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

**Table 1. Locations Assessed During On-Site Assessment**

Site	On-Site
Wales Home	✓



## Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC). Accreditation Decision Committee (ADC) guidelines require 80% and above of the ROP's TFC to be met.

**Table 2. Summary of the Organization's ROPs**

Chapter	ROP	# TFC Met	% TFC Met
Governance and Leadership	Accountability for Quality of Care	6 / 6	100.0%
Governance and Leadership	Workplace Violence Prevention	2 / 8	25.0%
Governance and Leadership	Patient (Resident) Safety Plan	4 / 4	100.0%
Governance and Leadership	Patient (Resident) Safety Education and Training	1 / 1	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Management	7 / 7	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Disclosure	6 / 6	100.0%
Infection Prevention and Control	Hand Hygiene Education	1 / 1	100.0%
Infection Prevention and Control	Hand Hygiene Compliance	1 / 3	33.3%
Infection Prevention and Control	Infection Rates	3 / 3	100.0%
Medication Management	The 'Do Not Use' List of Abbreviations	5 / 6	83.3%
Medication Management	High-alert Medications	4 / 6	66.7%
Medication Management	Heparin Safety	0 / 0	0.0%
Medication Management	Narcotics Safety	2 / 2	100.0%

<b>Chapter</b>	<b>ROP</b>	<b># TFC Met</b>	<b>% TFC Met</b>
Medication Management	Medication Reconciliation at Care Transitions	2 / 4	50.0%
Residents' Care Experience	Falls Prevention	5 / 6	83.3%
Residents' Care Experience	Skin and Wound Care	7 / 8	87.5%
Residents' Care Experience	Pressure Ulcer Prevention	3 / 5	60.0%
Residents' Care Experience	Suicide Prevention	4 / 5	80.0%
Residents' Care Experience	Client Identification	1 / 1	100.0%
Residents' Care Experience	Information Transfer at Care Transitions	4 / 5	80.0%
Residents' Care Experience	Infusion Pump Safety	0 / 0	0.0%

# Assessment Results by Chapter

## Governance and Leadership

Chapter 1 assesses governance and leadership across LTC homes. Governance and Leadership criteria apply to governing body (boards and committees) and leadership teams. Themes covered in this chapter include strategy and operational plans, roles and responsibilities of governance and leadership, organizational policies and procedures, decision support systems, integrated quality management, and risk management.

### Chapter Rating: 87.1% Met Criteria

12.9% of criteria were unmet. For further details please review Table 3 below.

## Assessment Results

### Governance

Most of the Board of Directors of CHSLD Wales Inc. consists of family members of residents of the home. As such, they provide feedback and hold a position of influence within the organization. The Board also gathers input from residents through satisfaction surveys as well as “dissatisfaction reviews.” There was a time when the Board included a resident member, but that seat is currently vacant. The Board is encouraged to recruit another resident to ensure adequate representation.

The Board currently demonstrates diversity in terms of background and expertise. It is recommended that the organization review and update its bylaws, defining the Board’s composition, including both minimum and maximum numbers of required directors, as well as desired profiles. This will help ensure the maintenance of a diverse background, representation, and expertise as the membership evolves.

Board members report that they receive sufficient information and documentation in a timely manner from the management team, enabling them to carry out their duties effectively. These documents include quality and safety reports, budget follow-ups, and human resource reports among others.

The Board demonstrates awareness of quality and safety indicators and possesses knowledge regarding the analysis and root causes of major events. Resident participation is encouraged through their involvement in the Vigilance Committee.

### Leadership

The organization places a significant emphasis on and invests in efforts to maintain and improve the quality of employees’ work life. This includes the creation of the Wellness Zone and various employee recognition activities. In order to ensure the effectiveness of these investments and to guarantee that the activities yield the expected results, CHSLD Wales Inc. is encouraged to seek strategies and indicators for evaluating the program.

As the organization has acknowledged, the Occupational Health and Safety Committee, along with its membership, mandate, and terms of reference, is scheduled for review. CHSLD Wales Inc. is encouraged to expedite this revision to ensure the continued provision of a healthy and safe workplace for all staff.

While there are existing documents such as the Psychological Harassment Prevention Policy and the Workplace Civility Policy, the organization is encouraged to collaborate with the Occupational Health and Safety (OHS) committee to develop a comprehensive workplace violence prevention policy that encompasses all forms of violence. This policy should include procedures for employees to confidentially report workplace violence, mechanisms for impartial investigations, and processes to assess the risk of workplace violence. Additionally, the leadership of the organization is invited to periodically review reported instances of workplace violence and the results of related investigations, and to support the implementation of corrective measures.

CHSLD Wales Inc. has developed a 2022–2027 operational plan. This plan encompasses strategic initiatives, quality improvement efforts, as well as legal and ministerial obligations. As the organization continues to grow, it is encouraged to continually evaluate the relevance and priority assigned to each initiative to ensure sufficient capacity to complete each action.

While CHSLD Wales Inc. has a preventive maintenance routine, the organization is encouraged to seek opportunities to optimize and automate this process and to obtain information from the repair and maintenance data that could support equipment replacement and purchase decisions.

CHSLD Wales Inc. uses the AH223 form to report, record, and analyze accident-incident reporting. Staff regularly provide disclosures to residents and family members when necessary. The organization is encouraged to explore methods for communicating and sharing the results of these risk management activities, using them as learning opportunities for teams. Additionally, the organization is encouraged to communicate quality improvement initiatives, their benefits, and results with staff, residents, and families so that their efforts can be recognized and celebrated.

**Table 3. Unmet Criteria for Governance and Leadership**

Criteria No.	Criteria Text	Criteria Type
1.2.2	The organization adopts a comprehensive approach to promote and support organizational health and safety.	HIGH
1.2.3	Workplace Violence Prevention	ROP
1.2.3.1	There is a written workplace violence prevention policy.	
1.2.3.3	The policy names the individual(s) or position responsible for implementing and monitoring adherence to the policy.	
1.2.3.4	Risk assessments are conducted to ascertain the risk of workplace violence.	
1.2.3.5	There are procedures in place for team members to confidentially report incidents of workplace violence.	
1.2.3.6	There are procedures in place to investigate and respond to incidents of workplace violence.	
1.2.3.7	The organization's leaders review quarterly reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence, and improve the workplace violence prevention policy.	
1.2.22	The results of the organization's quality improvement activities are communicated broadly, as appropriate.	HIGH

## Delivery of Care Models

Chapter 2 assesses the delivery of safe and reliable care models that meet the needs of LTC homes and is reliant on the effective team-level implementation of the organization's model of service delivery and the policies and practices that support it. The common elements of excellence in service delivery include strong team leadership, competent and collaborative teams, up-to-date information systems and virtual health services to support service delivery and decisions, regular monitoring and evaluation of processes and outcomes, and an overarching culture of safety and continuous quality improvement.

### Chapter Rating: 78.9% Met Criteria

21.1% of criteria were unmet. For further details please review Table 4 below.

## Assessment Results

### Service Excellence

CHSLD Wales Inc. has undergone numerous expansions and renovation projects in recent years, aiming to provide its residents with an environment that is not only accessible but also therapeutic and healing. Some of the innovations include a therapeutic garden, a therapeutic pool, and the "wellness centre," among others.

While the organization relies on resident satisfaction survey results for many decision-making processes, it is encouraged to seek ways to integrate direct input from residents and their families regarding the mix of skill level and experience for care teams. This is especially important given the scarcity of health human resources. Additionally, resident feedback should be considered when developing continuing education and professional development plans to ensure that investments meet the perceived needs of the residents.

The organization has recently completed the recruitment of its clinical nursing leadership team. This team is encouraged to resume the practice of a regular formal performance evaluations and provide feedback to clinical staff, as these moments of reserved, privileged discussion contribute to employee development and retention.

Despite receiving refreshers, the organization is encouraged to complete the reactivation of its OHS committee and integrate this committee's recommended education and training into an annual education plan.

To ensure compliance with record-keeping policies and guidelines, the organization is encouraged to implement regular chart audits.

**Table 4. Unmet Criteria for Delivery of Care Models**

<b>Criteria No.</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
2.1.4	An appropriate mix of skill level and experience within the team is determined, with input from residents, families and/or caregivers.	NORMAL
2.1.7	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
2.1.13	Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.	HIGH
2.1.17	There is a process to monitor and evaluate record-keeping practices, designed with input from residents, families and/or caregivers, and the information is used to make improvements.	HIGH

## Emergency and Disaster Management

Chapter 3 assesses emergency, disaster and outbreak planning and management for the LTC home. An emergency is a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property, and that is caused by the forces of nature, a disease (including epidemics, or other health risk, an accident, or an act whether intentional or otherwise. Themes covered in this chapter include up to date disaster, emergency and outbreak preparedness plans, appropriate training provided to the workforce and residents, engaging with community partners, and communication plans (internal and external. Assessment of emergency and disaster management criteria apply to the organization including its leadership, personnel, and support care teams, and is inclusive of residents, families and/or caregivers.

### Chapter Rating: 94.1% Met Criteria

5.9% of criteria were unmet. For further details please review Table 5 below.

### Assessment Results

An emergency preparedness plan is in place and has been updated with the recent renovations and expansions. Linkages with external partners, such as public security and preventionists from the local fire department, have been established, with active participation in exercises and tests of these procedures.

Regular drills of the fire and evacuation code are carried out in the Home, and feedback for process improvements is provided to staff, who put these actions into practice following these exercises. However, the organization is encouraged to implement periodic reviews and exercises of its other emergency codes. This can be done via simulations or table exercises in order to keep these procedures practised among the personnel.

The organization is now encouraged to complete an inventory of potential external disaster and emergency risks, and prioritize them to begin identifying strategies for mitigating these risks.

**Table 5. Unmet Criteria for Emergency Disaster Management**

Criteria No.	Criteria Text	Criteria Type
3.1.2	Regular drills of the emergency and disaster preparedness plan are carried out.	HIGH



## Infection Prevention and Control

Chapter 4 covers organizational safety practices for LTC homes related to infection prevention and control (IPC). The purpose of this chapter is to ensure those both working and receiving services from the organization stay safe and healthy by preventing, mitigating risk, and controlling the transmission of pathogens and/or infections. Themes presented include having a team with relevant IPC subject matter expertise, maintaining updated documentation (policies and procedures), implementing standardized practices (e.g., hand hygiene, PPE, environmental cleaning and disinfection, medical device and equipment cleaning, supply chain management, outbreak management), continuous learning activities, and continuous quality improvement to support organizations in achieving their IPC aims. This section applies to the organization including its leadership, personnel, and support care teams.

### Chapter Rating: 93.9% Met Criteria

6.1% of criteria were unmet. For further details please review Table 6 below.

### Assessment Results

CHSLD Wales Inc. deserves commendation for the cleanliness of its environment. Common spaces, bathing areas, resident rooms, dining areas, and storage areas are clean and uncluttered. During interviews, the housekeeping and cleaning staff expressed their pride in contributing in such a meaningful way and feeling valued and appreciated for their work.

The Director of Health Services, the designated director responsible for Infection Prevention and Control (IPAC), reviews best practices and tracks statistics on infection rates. The organization partners with Public Health and the CIUSSS de l'Estrie-CHUS for additional expertise in topics related to IPAC. The Director of Health Services should also be commended for seeking professional alliances with Best Practice Organizations such as RNAO, INSPQ, and the CPSI. These associations will help minimize the professional isolation that the Clinical Managers expressed during interviews.

CHSLD Wales Inc. utilizes disposable equipment for wound care, suture removal, and urinary catheter care. However, the organization uses an autoclave to sterilize containers for urine culture specimen collection. The organization is encouraged to minimize the risks associated with this practice and transition towards using disposable urine collection specimen containers.

The organization provides alcohol-based hand rubs (ABHR) in strategic areas for staff, service providers, and volunteers.

The organization is encouraged to persist in their efforts to conduct risk assessments to identify activities that pose a high risk for infections and safety within their organization.

Written information in the admission information package provided to residents and families upon admission serves to facilitate their understanding of the role of family and residents in safety and quality, as well as IPAC.

An immunization policy is available, containing information for staff on how to access vaccinations.

Hand hygiene is considered the single most important way to reduce healthcare-associated infections, but compliance with accepted hand hygiene practices is often poor. CHSLD Wales Inc. is strongly encouraged to continue their ongoing efforts in developing the process for measuring compliance with hand hygiene practices. This will allow the organization to improve education and training regarding hand hygiene, evaluate hand hygiene resources, and benchmark compliance practises across the organization.

**Table 6. Unmet Criteria for Infection Prevention and Control**

<b>Criteria No.</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
4.1.15	Hand Hygiene Compliance	ROP
4.1.15.2	Hand-hygiene compliance results are shared with team members and volunteers.	
4.1.15.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	

## Medication Management

Chapter 5 covers organizational safety practices for LTC homes related to medication management. Themes covered in this chapter include a collaborative approach to medication management, up-to-date policies and procedures, the assignment of responsibilities in relation to prescribing, storing, preparing, and administering medications. Medication reconciliation is also addressed. This section applies to the organization, including its leadership, personnel, and support care teams.

### Chapter Rating: 83.1% Met Criteria

16.9% of criteria were unmet. For further details please review Table 7 below.

### Assessment Results

CHSLD Wales Inc. demonstrates effective medication management processes and systems to provide safe medication care to residents. Familiprix Pharmacy in Richmond is the service provider for medications and pharmacist services. Interviews with the staff showed a genuine appreciation for the quality of services provided by this community pharmacy.

The staff is aware of relevant policies and procedures and follows them appropriately, especially in their observance of the ten rights of drug administration with nursing implications.

The organization is strongly encouraged to revisit its policy on the Administration and Dispensing of Medication to include the notion of an “independent double-check” of high alert medications at the point of care before the administration of these medications.

The team demonstrates a remarkable commitment to medication safety through the vigilance noted in identifying the residents prior to medication administration, as per policy.

The organization is encouraged to continue its efforts in the development and implementation of the Medication Reconciliation process as well as the Best Possible Medication History (BPMH) forms.

The team demonstrates a strong focus on residents by providing education to family members and residents about medications, medication changes, what to look for, and who to contact in case they have questions or concerns about their reactions.

This is particularly important because the team has noted that the residents currently entering these services have more complex medication needs, such as pain management and diabetes. In addition, residents are asked and must provide their consent before medication activities are delegated to the community pharmacy.

Staff have access to up-to-date medication information using the Pharmaceutical Compendium (CPS). They can also reach out to supervisors with any questions, both during the day and after hours. Medication incidents are used to identify areas for improvement to enhance the safety of medication management.

Medication incidents that occur are reported appropriately (AH223) and analyzed to understand their root causes. This information is used to mitigate the risk of recurrence.

Familiprix Pharmacy in Richmond provides access to a pharmacist during open hours, six days a week.

CHSLD Wales Inc. does not stock or use high-dose, unfractionated, and low molecular weight heparin products (50,000 units per container).

There are no general-purpose infusion pumps, syringe pumps, or patient-controlled analgesia pumps used in the organization.

The organization is encouraged to expand the sharing of the results of evaluations and improvement initiatives beyond the management team—including families, residents, front-line staff, and volunteers—to help them become familiar with the concept and benefits of quality improvement.

**Table 7. Unmet Criteria for Medication Management**

Criteria No.	Criteria Text	Criteria Type
5.1.4	The 'Do Not Use' List of Abbreviations	ROP
5.1.4.6	The organization audits compliance with the 'Do Not Use' List and implements process changes based on identified issues.	
5.1.5	High-alert Medications	ROP
5.1.5.2	The policy names the role or position of individual(s) responsible for implementing and monitoring the policy.	
5.1.5.5	The organization establishes a mechanism to update the policy on an ongoing basis.	
5.1.32	There is a policy and procedure in place to ensure resident self-administration of medication is safely managed.	HIGH
5.1.33	Established criteria are used to determine the medications residents can self-administer.	NORMAL
5.1.34	Established criteria are used to assess whether a resident can self-administer medications.	NORMAL
5.1.35	Each resident who self-administers medications is provided with appropriate education and supervision prior to self-administration, and this is documented in the resident record.	HIGH

Criteria No.	Criteria Text	Criteria Type
5.1.38	The ability of residents to self-administer medications safely is regularly re-evaluated.	NORMAL
5.1.43	An independent double check of high-alert medications identified by the organization is conducted at the point of care before these medications are administered.	HIGH
5.1.59	The organization conducts an annual evaluation of the medication management system.	NORMAL
5.1.62	Medication Reconciliation at Care Transitions	ROP
5.1.62.1	Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with the resident, family, health care providers, or caregivers (as appropriate).	
5.1.62.2	BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	

## Residents' Care Experience

Chapter 6 focuses on criteria related to the care experience of a resident in a LTC home. The themes covered in this chapter include building a competent team to provide care and services based on HSO's people-centred care principles and delivering safe and reliable care that meets the needs of residents and how they define their quality of life. The chapter emphasizes the importance of residents and caregivers as active participants in the care and services provided. Individualized care plans are informed by resident needs and goals, shared decision making, and self-management and are based on ethical principles of respect, dignity, confidentiality, trust, and informed consent.

### Chapter Rating: 86.9% Met Criteria

13.1% of criteria were unmet. For further details please review Table 8 below.

### Assessment Results

CHSLD Wales Inc. is to be commended for its advancement in integrating the people-centred care approach as part of their culture of care. Family members interviewed have indicated that the organization focuses on the resident at the centre of their care, treating them as an equal and contributing member of the care team.

Resident- and family-centred care is a guiding principle, and it is evident in the culture and organizational practices of CHSLD Wales Inc.. This is demonstrated by their recent receipt of the Planetree Gold Certification award for Excellence in Person-Centred Care.

CHSLD Wales Inc. collaborates with residents and families to provide care that is respectful, compassionate, culturally sensitive, and competent, while also being responsive to their needs, values, beliefs, and living environment preferences.

The organization truly embodies their heartfelt expression noted at the entrance of the home: "Our residents do not live in our workplace; we work in their home."

The residents and families interviewed indicated that they were regularly consulted regarding the extent to which they wish to be involved in their care. Resident care plans are developed and regularly followed up in partnership with the resident and family.

The continuity of care, from the initial assessment process where new residents and families are informed of the organization's mission, values, and policies, to the support provided to the resident and family throughout the care journey, is seamless.

Information relevant to the care of the resident is communicated during care transitions using standardized communication tools. The organization is encouraged to evaluate the effectiveness of these communication methods, analyze the findings, and communicate this information with the teams, residents, families, and volunteers.

A comprehensive, coordinated, and interdisciplinary approach to fall prevention is consolidated throughout the organization. The organization is encouraged to regularly evaluate the effectiveness of the fall prevention approach and to use the results from the evaluation to make improvements where needed. The organization is further encouraged to consolidate the fall prevention approach into a global, more robust fall prevention program based on best practice guidelines.

The organization is to be commended for their skin and wound care approach. The organization is encouraged to regularly evaluate the effectiveness of the skin and wound approach and to use the results from the evaluation to make improvements where needed. The organization is further encouraged to consolidate the wound prevention approach to a global, more robust wound prevention program based on best practice guidelines.

The organization is strongly encouraged to consolidate and standardize the medication reconciliation process into a more robust procedure based on best practice guidelines, accompanied by standardized forms.

Volunteers play a vital role in the quality of life of the residents at CHSLD Wales Inc.. Managers and staff interviewed indicated that the volunteers are a part of the “CHSLD Wales Inc. family of care.” A comprehensive volunteer handbook is provided to all new volunteers. The organization is encouraged to revisit the handbook to ensure the information is still current.

The organization is encouraged to broaden the scope of their safety risk assessment. A comprehensive safety risk assessment can enhance the safety of residents, families, team members, and volunteers involved at CHSLD Wales Inc.. Assessment results can then be used to select priority service areas, identify safety strategies to include in service plans, and gather input from residents, families, caregivers, volunteers, and partner organizations.

The organization deserves commendation for their recent award-winning innovations, which include the following: the Arial Emergency Call System—an emergency call bell bracelet for all residents; the Therapeutic Garden—a 185-foot garden; the Sky Factory—a realistic virtual representation of the outside world with a sky image ceiling; Resident Memory Boxes—placed outside the doors of resident rooms, personalized with mementos and photos; the Music project—featuring resident-specific playlists for bath time—and Clovers—a risk indicator pictogram at the entrance to residents’ rooms, and the use of aromatherapy for pain relief, mood enhancement, and cognitive stimulation.

The organization also deserves commendation for their tremendous efforts to ensure the continuity of care, safety, and the quality of services throughout the pandemic. Residents and families, who participated in the Resident and Family Engagement Focus Group, unanimously and repeatedly expressed their gratitude, saying, “Everyone who works here, from top to bottom, bottom to top, deserves the utmost praise, and they will have our unending appreciation. They were a team, and no one person could have done what they did.”

**Table 8. Unmet Criteria for Resident’s Care Experience**

<b>Criteria No.</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
6.1.6	Education and training are provided on how to identify palliative and end-of-life care needs.	HIGH
6.2.8	The team facilitates access to translation and interpretation services.	NORMAL
6.3.1	Falls Prevention	ROP
6.3.1.6	The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	
6.3.2	Skin and Wound Care	ROP
6.3.2.8	The effectiveness of the skin and wound care program is monitored by measuring care processes (e.g., accurate diagnosis, appropriate treatment, etc.) and outcomes (e.g., healing time, pain, etc.) and this information is used to make improvements.	
6.3.3	Pressure Ulcer Prevention	ROP
6.3.3.4	Team members, residents, families, and caregivers are provided with education about the risk factors and protocols and procedures to prevent pressure ulcers.	
6.3.3.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	
6.3.4	Suicide Prevention	ROP
6.3.4.1	Residents at risk of suicide are identified.	



Criteria No.	Criteria Text	Criteria Type
6.3.6	Information Transfer at Care Transitions	ROP
6.3.6.5	<p>The effectiveness of communication is evaluated, and improvements are made based on feedback received. Evaluation mechanisms may include:</p> <ul style="list-style-type: none"> <li>• Using an audit tool (direct observation or review of resident records) to measure compliance with standardized processes and the quality of information transfer</li> <li>• Asking residents, families, and service providers if they received the information they needed</li> <li>• Evaluating safety incidents related to information transfer (e.g., from the resident safety incident management system)</li> </ul>	

## Quality Improvement Overview

CHSLD Wales Inc. has successfully completed numerous quality improvement projects, particularly focusing on enhancing the physical infrastructure and building structures to create a healing and therapeutic environment for its residents. However, due to the absence of clinical leadership in recent months, the organization faced limitations in carrying out structured quality improvement activities.

Now that a complete leadership team is in place, CHSLD Wales Inc. has ambitious plans for continuous quality improvement, with clearly defined responsibilities for each member.

The organization is strongly encouraged to maintain rigorous prioritization to ensure sufficient capacity for executing these initiatives successfully. Additionally, the leadership of Wales should identify quantitative measurable objectives and milestones for its projects to facilitate measurement, communication, and the celebration of progress.

To ensure that these initiatives align with the residents' needs, the organization should continue engaging with residents and actively seeking their participation at all levels whenever possible.