



Southern Health-Santé Sud

Accredited

May 2019 to 2023

Southern Health-Santé Sud has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until May 2023 provided program requirements continue to be met.

Southern Health-Santé Sud is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Southern Health-Santé Sud** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Southern Health-Santé Sud (2019)

Southern Health-Santé Sud delivers a full continuum of programs, services and community health. One of the five Regional Health Authorities in the province, Southern Health-Santé Sud spreads over 27,025 km² with 20 Rural Municipalities, 7 Municipalities, 4 cities, 4 towns and 1 village. Southern Health-Santé Sud is home to 7 First Nation communities, Métis communities, Hutterite colonies, many Francophone communities, a growing large Mennonite population as well as many other cultures. Southern Health-Santé Sud is a designated bilingual health authority and serves approximately 204,274 residents.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

May 5, 2019 to May 10, 2019

Locations surveyed

- **39** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

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

Standards used in the assessment

- **22 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

The dedicated staff of Southern Health-Santé Sud and its affiliates are proud of the services they provide to their clients and communities. Services are focused on patients and clients. Staff are engaged and knowledgeable. The board's Compass provides a strong visual picture of Southern Health-Santé Sud's vision, mission, values, and strategic directions.

The staff and leadership of Southern Health-Santé Sud have experienced significant change over a relatively short period of time. The board and the leaders are encouraged to closely monitor the impact of the uncertainty about future changes. Human resources has identified tools and resources to help people manage the changes they are or will be experiencing. It is important to monitor the effectiveness of these measures and the actions being taken to support managers, leaders, staff, and the communities. Southern Health-Santé Sud is encouraged to draw on its success in managing change, such as the recent transfer of emergency medical services (EMS) to Shared Health Manitoba. In addition, a number of leaders who are new to their roles will need support to help them and their teams succeed.

During the on-site survey, numerous occasions were observed where non-nursing tasks distracted from bedside care. For example, nursing time is spent cleaning beds. While this is a critical infection prevention and control (IPAC) activity, there may be others who could do it, thus releasing the nurse to provide care. Southern Health-Santé Sud is encouraged to consider how it might release health care professional time so they can focus on care.

A strategic approach to electronic record systems and documentation to support front-line care is needed. The organization is encouraged to explore potential opportunities in the existing systems. For example, it may be possible to autopopulate certain fields, such as the site where a client is receiving service. One form has 25 fields that the admitting person has to complete and many of these fields could be autopopulated.

Southern Health-Santé Sud is encouraged to draw on its successes and challenges to influence Shared Health Manitoba to incorporate a client and family perspective.

Since the 2015 on-site survey, there has been significant improvement in a number of areas. Compliance with many Required Organizational Practices (ROPs) has improved, including prevention of skin breakdown and wounds, safe use of infusion pumps, and prevention of falls. Practices have been further standardized in the region. There is a strong preventive maintenance program. EMS was successfully transitioned from Southern Health-Santé Sud to Shared Health Manitoba. Southern Health-Santé Sud has been recognized nationally for its approach and innovative practices to engage with Indigenous communities about health and access to health services. There is continued progress and improvement with regard to meeting the organization's mandate as a bilingual health organization to offer French language health services. There have been improvements in access to primary care and other health services, thus reducing wait times.

There are some ROPs where progress has not been made or has been made inconsistently. These include suicide prevention in some service areas and confirming the identity of the client before providing a service such as medication in other areas. Of particular concern is that some of the unmet ROPs were identified in the last two on-site surveys and the actions taken by Southern Health-Santé Sud to comply appear not to have been sustained.

There has been significant improvement in the areas of falls and pressure ulcers. Staff have a better understanding of the impact that a fall or a skin breakdown resulting in a skin ulcer can have on a client. Southern Health-Santé Sud has made a significant investment in lifts and related ergonomic equipment and this has benefited clients and staff, allowing for safe lifting and movement. The system to report adverse occurrences is used by health care staff and the board and leadership have successfully promoted a just culture. Examples were provided of prospective action being taken through a failure mode and effects analysis (FMEA) in some services to identify potential risks and remove or reduce them before an event or injury occurred. It is suggested that the FMEA approach be significantly increased, along with the associated process and structural supports and investments.

The organization has a strong commitment to emergency and disaster preparedness. This is an area that has benefited significantly from standardization across Southern Health-Santé Sud. The harm reduction activities that are being supported through public health in communities served by Southern Health-Santé Sud have been important preventive measures to reduce deaths and infections. The organization is encouraged to review how wait lists are managed to ensure that clients become a higher priority when their condition deteriorates.

The direct care and service provided by staff is very client and family oriented. Staff are open to learning from others, such as providing reminders to patients who are scheduled for surgery to reduce missed surgeries, assistance with transportation, and the use of navigators or advisors to improve access to services.

Some noteworthy Southern Health-Santé Sud services that can be seen as exemplars in client- and family-centred care include cancer services, select long-term care sites, community mental health, and home care. These services can be important internal resources to Southern Health-Santé Sud as it continues to pursue its commitment to client- and family-centred care. Its commitment to fulfilling its mandate as a bilingual health organization and offering French language services is another example.

Southern Health-Santé Sud is still in the early stages of incorporating client- and family-centred care in areas other than at the direct, individual service level. There is no meaningful direct participation or input with regard to committees or planning, with the exception of some specific issues such as critical incidents. The organization is encouraged to further formalize its commitment to incorporating client- and family-centred care into its operations. Accreditation Canada provides access to a number of resources to assist with this journey.

Southern Health-Santé Sud has developed a quality improvement framework and approach that is strongly linked to and supportive of the vision, mission, values, and strategic directions. Quality and risk management has been incorporated into the action plans of each service and support area. There is a commitment to providing quality improvement training and LEAN training and LEAN has been successfully applied. However, there is a lack of capacity, knowledge, and support at the unit or program levels, and limited awareness of the quality framework. Improvements are more informal. There is a need to make the connection between the quality management framework and what happens at the front-line service delivery level. Resources to support this connection are being rolled out, such as a video that shows how staff's day-to-day work is linked to and supports achievement of the strategic directions. Additional work is required to address the gaps at the front-line level.

Southern Health-Santé Sud has standardized its approach to risk management across the region. Since the last on-site survey, it has adopted the Healthcare Insurance Reciprocal of Canada (HIROC) framework and is using HIROC's electronic system. This allows for more efficient capture and recording of risks as well as comparison with other health care organizations across Canada. The information is incorporated into service planning and resource allocation decisions. Southern Health-Santé Sud has an effective system for incident reporting and review including regular reporting to the board. There is a culture of safety for clients, staff, and visitors, with an effective violence prevention program.

Significant areas of risk for Southern Health-Santé Sud are some physical structures that are no longer adequate due to aging infrastructure and changing requirements for safe client care.

Southern Health-Santé Sud's ethics framework is well developed and supported by a dedicated committee that includes representation from affiliates. In areas such as mental health, long-term care, EMS, emergency department (ED), and home care, staff have incorporated the framework into their day-to-day practice. However, there are other areas where staff do not understand how the framework could or should be applied.

The Ethics Committee is concerned over the future of the ethics framework under Shared Health Manitoba.

The openness of Southern Health-Santé Sud and its affiliates at all levels (board, leadership, managers, front-line staff, support staff, physicians, and especially clients and families) during the on-site survey is appreciated.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

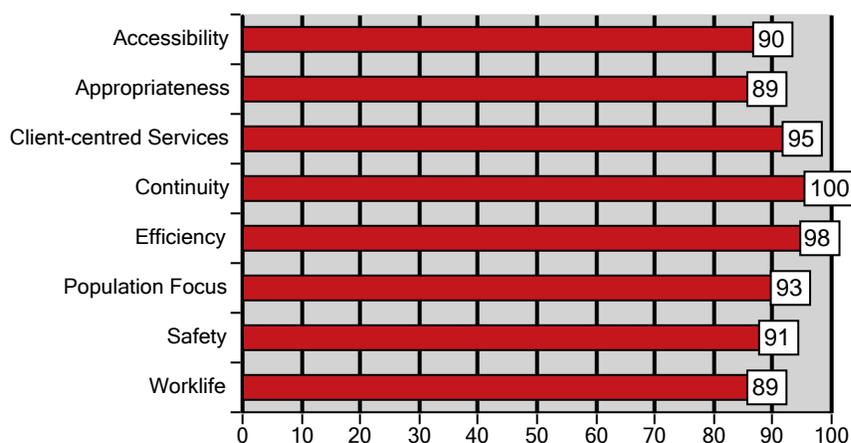
The quality dimensions are:

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

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

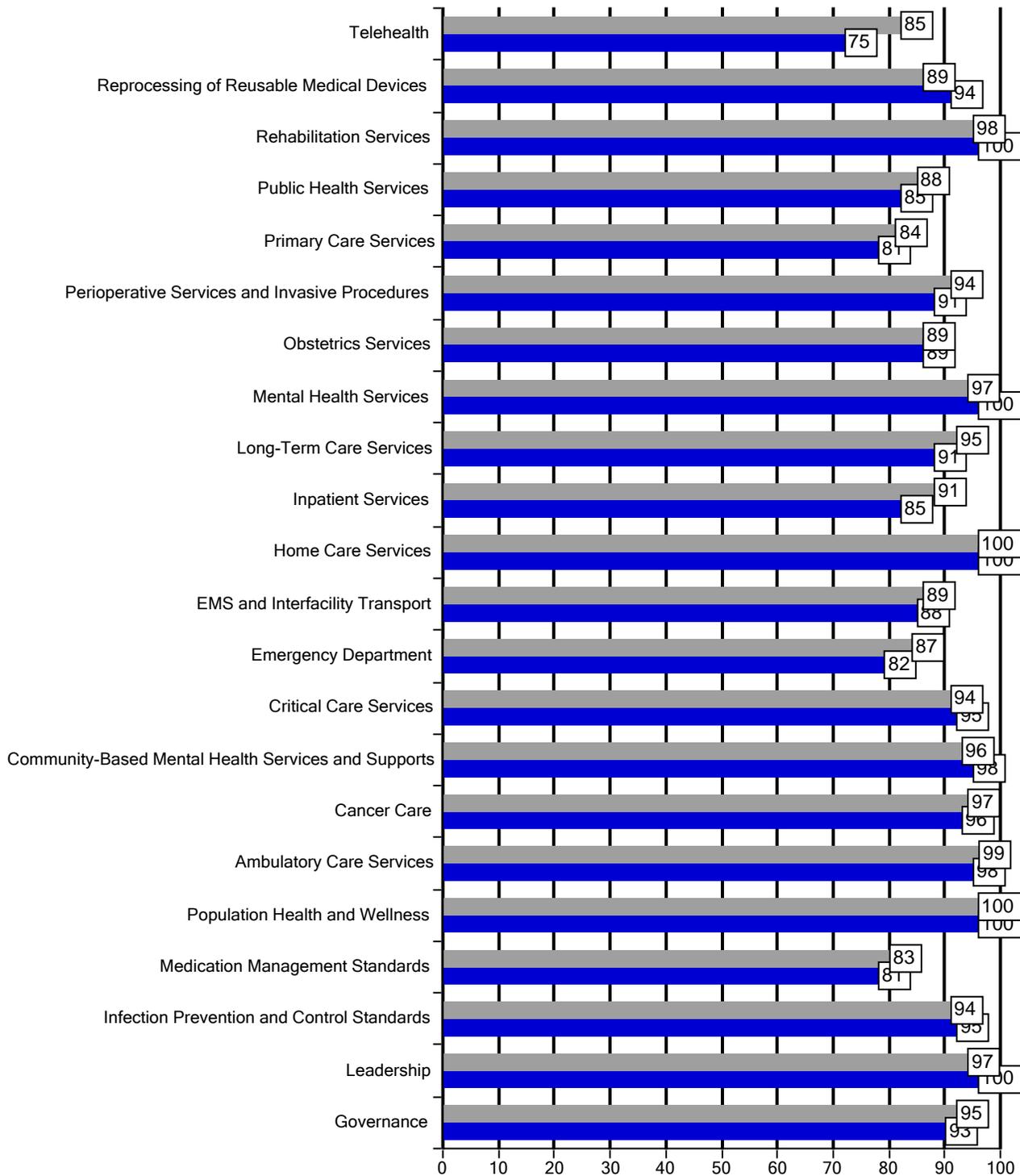
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

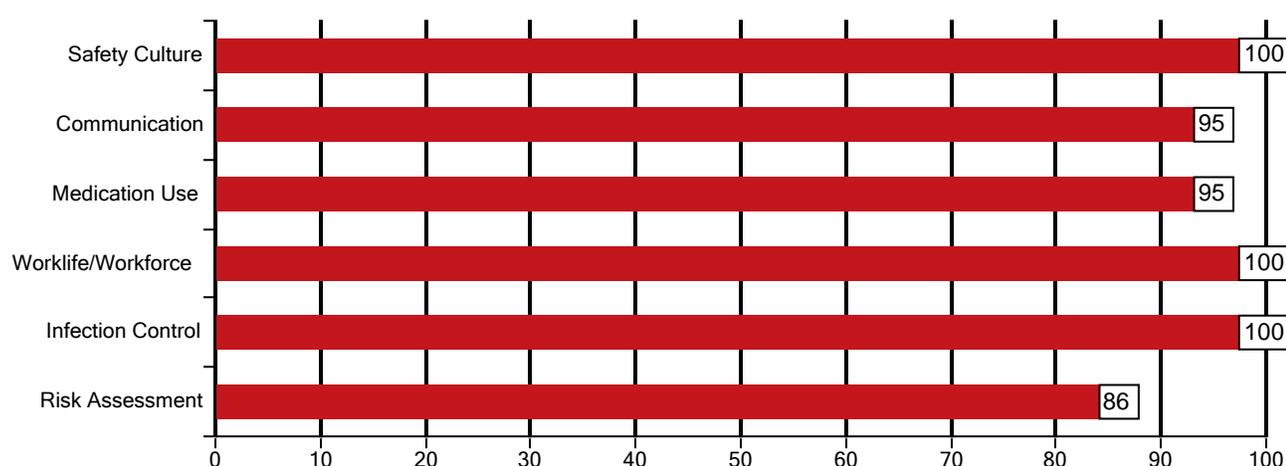
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



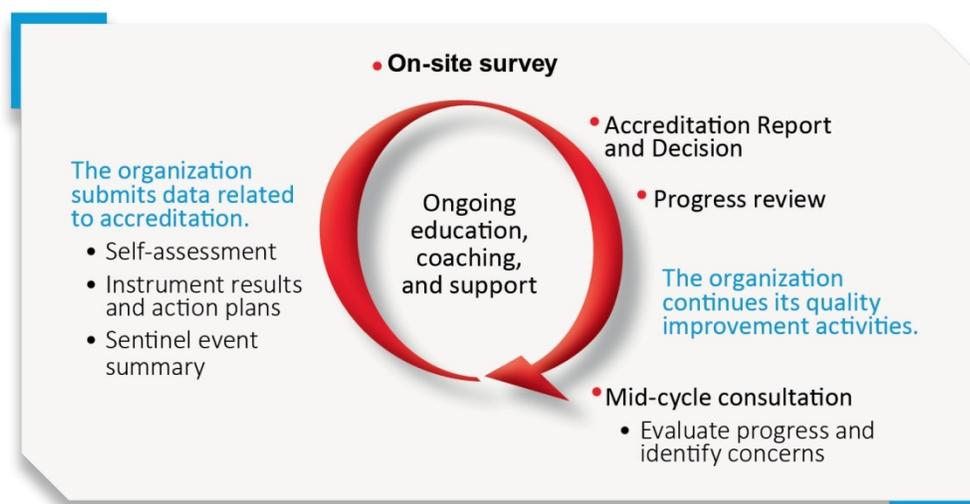
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Southern Health-Santé Sud** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Altona Community Memorial Health Centre
- 2 Bethesda Regional Health Centre
- 3 Boundary Trails Health Centre
- 4 Boyne Lodge Personal Care Home
- 5 Carman Memorial Hospital
- 6 Community Services/Services communautaires – Carman
- 7 Community Services/Services communautaires – Crystal City
- 8 Community Services/Services communautaires – Portage-la-Prairie
- 9 Community Services/Services communautaires – Steinbach
- 10 Crisis Stabilization Unit/Unité de stabilisation en cas de crise
- 11 Douglas Campbell Lodge
- 12 Eden Mental Health Centre
- 13 Emergency Medical Station - Carman
- 14 Emergency Medical Station - Southport
- 15 Emergency Medical Station - Steinbach
- 16 Heritage Life Personal Care Home
- 17 Hôpital Ste-Anne Hospital
- 18 Lions Prairie Manor
- 19 MacGregor Health Centre
- 20 Menno Home for the Aged
- 21 Mental Health/Santé mentale - Winkler (Pathways)
- 22 Midwifery - Steinbach
- 23 Morris General Hospital
- 24 Niverville Primary Health Care Centre
- 25 PCI Teen Clinic/Clinique pour adolescents
- 26 Pembina Manitou Health Centre
- 27 Portage District General Hospital
- 28 Prairie View Lodge
- 29 Primary Care Mobile Clinic
- 30 Red River Valley Lodge
- 31 Regional Office/Bureau régional - Southport
- 32 Rest Haven Nursing Home
- 33 Rock Lake Health District Hospital
- 34 Rock Lake Health District Personal Care Home
- 35 Salem Home Inc.
- 36 Tabor Home Inc.

- 37 Third Crossing Manor
- 38 Villa Youville
- 39 Vita & District Health Centre

Appendix B

Required Organizational Practices

Safety Culture

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

Communication

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

Medication Use

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

Worklife/Workforce

- Client Flow
 - Patient safety plan
 - Patient safety: education and training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
-

Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
 - Reprocessing
-

Risk Assessment

Required Organizational Practices

- Falls Prevention Strategy
 - Home Safety Risk Assessment
 - Pressure Ulcer Prevention
 - Skin and Wound Care
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
-