



**ACCREDITATION  
AGRÉMENT**  
CANADA  
**Qmentum**

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# Accreditation Report

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## **Elizabeth House**

Montreal, QC

On-site survey dates: September 25, 2017 - September 27, 2017

Report issued: February 5, 2018

## About the Accreditation Report

Elizabeth House (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 September 2017. 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 is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

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 Client Engagement 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

Elizabeth House (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

Elizabeth House's accreditation decision is:

**Accredited**

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

## About the On-site Survey

- **On-site survey dates: September 25, 2017 to September 27, 2017**

- **Location**

The following location was assessed during the on-site survey.

1. Elizabeth House

- **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 Standards for Small, Community-Based Organizations

***Service Excellence Standards***

4. Rehabilitation Services - Service Excellence Standards









- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Worklife Pulse

## 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)	20	1	0	21
 Accessibility (Give me timely and equitable services)	8	1	0	9
 Safety (Keep me safe)	67	3	9	79
 Worklife (Take care of those who take care of me)	37	11	0	48
 Client-centred Services (Partner with me and my family in our care)	47	5	3	55
 Continuity (Coordinate my care across the continuum)	6	0	3	9
 Appropriateness (Do the right thing to achieve the best results)	158	11	11	180
 Efficiency (Make the best use of resources)	19	1	0	20
<b>Total</b>	<b>362</b>	<b>33</b>	<b>26</b>	<b>421</b>

## 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	43 (95.6%)	2 (4.4%)	5	34 (94.4%)	2 (5.6%)	0	77 (95.1%)	4 (4.9%)	5
Leadership Standards for Small, Community-Based Organizations	37 (92.5%)	3 (7.5%)	0	61 (87.1%)	9 (12.9%)	0	98 (89.1%)	12 (10.9%)	0
Infection Prevention and Control Standards for Community-Based Organizations	27 (100.0%)	0 (0.0%)	7	45 (100.0%)	0 (0.0%)	2	72 (100.0%)	0 (0.0%)	9
Rehabilitation Services	35 (79.5%)	9 (20.5%)	1	66 (89.2%)	8 (10.8%)	6	101 (85.6%)	17 (14.4%)	7
<b>Total</b>	<b>142 (91.0%)</b>	<b>14 (9.0%)</b>	<b>13</b>	<b>206 (91.6%)</b>	<b>19 (8.4%)</b>	<b>8</b>	<b>348 (91.3%)</b>	<b>33 (8.7%)</b>	<b>21</b>

\* Does not include 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
<b>Patient Safety Goal Area: Safety Culture</b>			
Accountability for Quality (Governance)	Met	8 of 8	4 of 4
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	8 of 8	4 of 4
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	12 of 12	2 of 2
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	4 of 4
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (Rehabilitation Services)	Met	2 of 2	0 of 0
Information transfer at care transitions (Rehabilitation Services)	Met	8 of 8	2 of 2
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	4 of 4

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	0 of 0
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	12 of 12	4 of 4
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	2 of 2	4 of 4
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	2 of 2	4 of 4
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	2 of 2	2 of 2
<b>Patient Safety Goal Area: Risk Assessment</b>			
Falls Prevention Strategy (Rehabilitation Services)	Met	6 of 6	4 of 4

## Summary of Surveyor Team Observations

**The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.**

The board of directors is a cohesive, passionate, and skilled group of community members who give their time and talent to Elizabeth House. They are commended for the dedication and leadership they show in the organization. The mix of backgrounds and experience has led to a board that is capable of looking at situations through many lenses, which has benefited the organization.

Elizabeth House has a well-documented mission, vision, values, and strategic plan. Stakeholders, partners, and staff were part of the planning process and the operationalization of the plan. The current plan (2014–2018) has led to enhancements in clinical programs such as the work done to develop programs for fathers and to look at options for clinical outcome measurement.

There are numerous partnerships at various levels, including with individual clients, with other organizations to provide program support and development, and with planning partners on local and provincial projects. Partners are very pleased with their involvement with Elizabeth House and commented on the highly effective staff who are collaborative and "help us all be on the same page."

The committed, passionate, and invested leadership team is one of the keys to Elizabeth House's success. Working with a small budget, they have become experts in the field. Clinical leadership is innovative and they are invested in using best practice to continue improving care.

Client- and family-centred care has always been part of practice and has recently been formally incorporated. A new statement on the philosophy of client- and family-centred care outlines concepts and commitments. The Alliance model of care is based on putting clients "in the driver's seat" and is proving to be an excellent way of incorporating client input and partnerships into the care process.

The organization has done well with having client input. Now the challenge is to find ways to develop true partnerships with clients to begin focusing on organizational and program decision input. The organization is encouraged to demonstrate this partnership as it enters into its next strategic planning phase.

Front-line staff at Elizabeth House form a team that is dedicated to supporting the work of the organization. Staff shortages have increased workloads but staff have risen to the challenge. Workloads have begun to take a toll on staff and the organization is encouraged to evaluate the work life of staff and re-establish roles and responsibilities at levels that will prevent burnout.

Team members are passionate about their jobs and the services they deliver. They are proud of how they accomplish the organization's mission. The investment of time and energy into establishing best practices is commendable. Staff are particularly excited about the AIDES (Action intersectorielle pour le développement des enfants et leur sécurité) tools and philosophy. The team is invested in quality improvement as evidenced

by this and other improvement initiatives such as the revised cell phone policy. Finding ways to measure objectives and establishing meaningful indicators of success could provide evidence of the quality work already being done. Choosing one thing to measure across programs would likely be wise, so as to not add a data collection burden to the already full workloads.

The organization as a whole and at the team level is interested in gathering client feedback and input into individual care plans so each client is a true partner in their journey toward independent living and parenting. Clients speak highly of the support they receive and the opportunities they have to provide feedback. The next steps in the client- and family-centred care approach will be to include even more client voices and perspectives in the planning and development side of program planning.

# 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
	Required Organizational Practice
<b>MAJOR</b>	Major ROP Test for Compliance
<b>MINOR</b>	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
<b>Standards Set: Governance</b>	
2.3 The governing body includes clients as members, where possible.	
5.4 The governing body monitors and evaluates the organization's initiatives to build and maintain a culture of client- and family-centred care.	!
10.5 The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	!
12.7 The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	
<b>Surveyor comments on the priority process(es)</b>	

The board of directors is a cohesive, passionate, and skilled group of community members who have given their time and talent to Elizabeth House. They are commended for the dedication and leadership they show in the organization. The mix of backgrounds and experience has led to a board that is capable of looking at situations through many lenses, which has benefited the organization.

The board has established bylaws and policies to guide its work. Members work within the full board and on board committees to guide policy and fulfil their fiduciary duties.

The board has approved an ethics framework and has used it in board deliberations on resource allocations as well as for a clinical situation. The board receives regular education on the topic and finds it very useful.

Client- and family-centred care is a foundational principle for the organization. The board promotes this in its regular work and looks forward to information gained from client satisfaction surveys and focus groups. The next step is to create and promote more opportunities to have clients and families involved

in organizational decision making. This could be done by training former clients to be advisors on projects or committees. Having clients come to the board to tell stories directly would also be effective.

The board has a mission, vision, values, and strategic plan. The current plan (2014–2018) has led to enhancements in clinical programs such as the work done to develop programs for fathers and to look at options for clinical outcome measurement.

The board evaluates its functioning annually, leading to improvements such as regular evaluation of all board members, improving the understanding of subcommittee roles, and regular in-camera discussions.

The board is encouraged to work on streamlining reports to ensure they are clear, concise, and contain pertinent information for decision making. Adding indicator reports to provide evidence of improvement would help the board fully realize the quality improvement cycle.

Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
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Standards Set: Leadership Standards for Small, Community-Based Organizations

6.3 The operational plan identifies the resources needed to achieve the strategic plan, goals and objectives.

Surveyor comments on the priority process(es)

Elizabeth House has a well-documented mission, vision, values, and strategic plan. Stakeholders, partners, and staff were part of the planning process and the operationalization of the plan.

There are numerous partnerships at various levels, including individual client cases, organizations that gain program support and development, and planning partners on local and provincial projects. They are very pleased with their involvement with Elizabeth House and commented on the highly effective staff who are collaborative and "help us all be on the same page."

Client- and family-centred care has always been part of practice and has recently been formally incorporated. A new statement on the philosophy of client- and family-centred care outlines concepts and commitments. The Alliance model of care is based on putting clients "in the driver's seat" and is proving to be an excellent way of incorporating client input and partnerships into the care process. The organization has done well with having client input. Now the challenge is to find ways to develop true partnerships with clients to begin focusing on organizational and program decision input. The organization is encouraged to demonstrate this partnership as it enters into its next strategic planning phase.

The organization reviews its plans regularly and reports on progress in the annual report. Many of the objectives involve partnerships with others, such as the group working on integrating fathers in treatment.

The operational plan does not identify the resources required to achieve goals. It would be beneficial to identify the human resource time needed as many staff are stretched quite thin in this small organization. Incorporating timelines and indicators would also be helpful when prioritizing work, communicating plans internally, and providing evidence on progress.



## 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)

Elizabeth House is commended for attaining a balanced budget with a very limited budget. There are diligent processes and staff and board work hard to allocate resources to achieve the best outcomes for clients, staff, and the organization as a whole.

A recent retirement has led to a restructuring of roles and processes. Safeguards are in place for all accounting and movement of funds. This is especially important in such a small organization. An external audit annually confirms the good practices.

The board regularly reviews and approves all budgets.

The accounting software is out of date and needs to be upgraded in the immediate future. This would also allow for better reports that could then be distributed to all managers who have financial accountability.

### Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership Standards for Small, Community-Based Organizations</b>	
2.9 Team members' fatigue and stress levels are monitored and work is done to reduce safety risks associated with fatigue and stress.	
10.2 Retention strategies are implemented.	
10.3 Objective criteria are used to determine the required number and type of team members.	
10.10 Policies and procedures for monitoring team member performance align with the organization's mission, vision, and values.	!
10.11 Exit interviews are offered to team members that leave the organization.	

**Surveyor comments on the priority process(es)**

Leadership has developed a good hiring process that includes an excellent orientation and policies for staff. The organization is now unionized and will soon be in contract negotiations. This process has taken longer than expected due to Bill 10 being implemented. Leadership is encouraged to develop skills in change management and begin a process with staff that focuses on the effects of change.

A focus has been placed on safety and risk for clients and staff. A very good workplace violence prevention process has been developed and adopted. Immunization and client safety policies and processes are excellent.

Staff have opportunities for training and education and are excited about some of the new directions in clinical skill development. Cross-training of positions is an new idea that is a creative solution to ensure coverage for a very small overall staff group (14.5 FTE). Staff appreciate the opportunities to develop new skills in leadership and administrative tasks.

While this small organization has accomplished a lot, it appears that workload is an issue for many staff. Leadership is encouraged to review workloads and prioritize work so it can be accomplished successfully and without undue stress on staff.

Due to a retirement, there is currently no human resource professional in place and there is still work to be done in retention, performance management, developing criteria for staff replacement, implementing a new contract, and a renewed focus on workplace wellness based on the Worklife Pulse Tool. It would be beneficial to hire a new human resource specialist, even on a part-time basis.

### Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership Standards for Small, Community-Based Organizations</b>	
3.3 Teams, clients/residents, and families are supported to develop the knowledge and skills necessary to be involved in quality improvement activities.	
3.8 Team members, clients/residents, and families who participate in quality improvement initiatives are recognized for their work.	
15.2 Performance indicators are selected and regularly monitored as part of the quality improvement plan.	!
15.7 Reports about the organization's performance and quality of services are shared with the team, clients/residents, families, the community served, and other partners and stakeholders.	
15.8 The results of the organization's quality improvement activities are communicated broadly, as appropriate.	!

**Surveyor comments on the priority process(es)**

Quality and risk management are integrated into all practices in the organization. Staff are very aware of risks and are continually making improvements to ensure safety. A committee structure has been developed which includes the Integrated Risk Management of Health and Social Services and the Service Quality and Vigilance Committees. These committees are separate, based on a legal requirement in Montreal. Quarterly reports are reviewed and suggestions for improvement are discussed. An independent local service quality and complaints commissioner attends the meetings and is the resource used to receive client complaints.

Foundational principles and statements have been developed as overarching themes in the area of providing a healthy and safe work environment (risk management) and quality improvement.

The organization is commended for the excellent work it has done to date with such a small staff group. It is evident in discussions with staff and leaders that they are passionate about improving processes and providing a safe, caring environment for clients.

The risk management and quality framework is described and designed as an integrated model. Risk management activities are tracked in a plan that is easily understood. The organization could use the same format to track quality projects.

Staff are beginning to understand the concept of quality improvement and are involved in many improvement activities, such as improving client cell phone use that used focus groups and client involvement to develop new rules, and the co-sleeping project that was researched for best practice and had new guidelines developed.

Quality indicators are rarely used for improvement projects. This is an important part of the quality process that needs to be addressed quickly. When suggestions for indicators were given, staff understood the concept and with some education this could be accomplished in a short time.

The organization needs to add clear measurement by indicators for quality projects. It has begun developing some forms that can be posted to show progress, and is looking for ways to include outcomes.

The organization is encouraged to find clear, concise ways of documenting the projects so they can be shared with staff, clients, and partners. Currently the annual report is the main communication tool for this area. The organization also is encouraged to provide education on quality improvement methods. Staff are excited about learning new ways to understand the process and are experimenting with new formats, which is admirable.

A patient safety incident management system has been implemented. Further work is required to share results with clients and staff on a regular basis. Developing a brief report for this purpose would be beneficial.

## 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)

Elizabeth House has developed a code of ethics, research policies, and guidelines to manage ethical dilemmas. This is excellent work.

Education sessions have been held in the past with staff and board members. These sessions were designed to provide ethical dilemmas based on situations that could occur in the program. The examples were then used to provide context in the written descriptions. The organization is encouraged to continue to provide education and to document how often this occurs.

The organization could consider adding a tool to the ethics framework to help staff discuss situations in an organized manner. Many tools are available.

A research project has been approved using the established process, which worked well.

## 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)

Elizabeth House offers a valuable and specialized program to the community. There is an annual open house, outreach strategies, and a website, to name a few communication tools. Outreach efforts have led to corporate partnerships such as Week of Giving which has led to organizations offering help with furniture and painting.

Internally, surveys are done and integrated management meetings are used to communicate and get feedback from staff and clients. The organization is encouraged to focus on developing clear, concise messaging that is easily understood by all.

Information technology is minimally resourced, with a service contract and a few staff who are more computer savvy. This area is developing with the introduction of Facebook and You Tube to reach the service population. As with most organizations, finances are not easily dedicated to IT, so Elizabeth House is encouraged to continue to use creative methods to develop more IT solutions to improve work processes.

Input from partners has been gathered through a survey, which is working well for the organization.

The organization uses evidence-informed practices or best practices when developing new programs and processes. The Safe Sleep process and Alliance model of care are excellent examples.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

Unmet Criteria	High Priority Criteria
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Standards Set: Leadership Standards for Small, Community-Based Organizations

<p>9.2 There are mechanisms to gather input from clients/residents and families in co-designing new space and determining optimal use of current space to best support comfort and recovery.</p>	
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Surveyor comments on the priority process(es)

The organization takes the safety of clients (moms, toddlers, and babies) into consideration. Baby gates, toddler hand rails, locked cleaning supplies, childproof windows, and security cameras demonstrate thought and commitment to keeping clients safe. Older style stairwells are narrow and steep but signs warn individuals to take extra care in these areas.

Regular fire drills take place and are debriefed after each occurrence. Clients have been involved in these debriefing sessions and it has helped them learn what can be improved. Consultation and fire inspections with the fire department ensure requirements are met and in line with fire regulations.

The building is old and heating and ventilating have historically been issues that the organization has worked hard to overcome. Window air conditioners and air purifiers have been added to help with the problem. Funding for major renovations is not available and so the organization must be creative in finding ways to deal with costly repairs and upgrades. For example, finding corporate partners such as Airbnb has helped them obtain new bedroom furniture, redecorate client bedrooms, and plant flowers in the front yard. Clients would like to be more involved in these changes, and the opportunity for co-design is an important next step for the organization.

Maintenance staff follow a monthly checklist to ensure the building is properly maintained. Daily requisition forms are used to request repairs and to schedule the set-up of a bedroom for a new client (e.g., crib placed at the age appropriate level). A new system is in place to inspect donated equipment and dispose of equipment that is outdated, has been recalled, or is in ill repair.

The organization is limited by the constraints of the current location which is in continuous need of upgrades and repairs, and has limited space available to expand programs or make space more accessible. The organization is encouraged to keep a search for alternative space as part of its long-term planning.

## 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)

Elizabeth House is prepared to deal with emergencies. There are well-developed plans to respond to internal and external emergencies and outbreaks. Staff, volunteers, and clients are informed about what to do and how to respond in various emergency circumstances.

Protocols to deal with an earthquake have recently been added, as part of a community-wide initiative. The organization holds regular fire drills and debriefs each of these with the clients and staff involved. The organization has a pandemic plan and robust procedures to deal with communicable disease or outbreaks in the house.

The organization has developed a well-thought-out continuity plan and has arranged for back-up housing and staffing in case of evacuation or disaster. It may wish to investigate the possibility of using a universal code system (white, red, amber, etc.) to help it quickly articulate the responses needed in various situations. The lack of an intercom system throughout the older residential building limits the organization from differentiating between different types of alerts.

Fire alarms, extinguishers, and smoke detectors are inspected and tested regularly.



**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)**

Clients are able to access services at Elizabeth House in a timely manner. Staff help clients complete the necessary documentation and work with referring agencies to get clients into their services quickly.

Generally speaking, there is no wait list and clients do not wait more than one month. In crisis situations the organization has been able to work quickly to get applicants into the services they need. Clients who were interviewed report that the agency is very responsive; most waited only one or two weeks to get in. Transition to other services and to more independent living situations is supported and smooth.

**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 only on-site medical equipment are the infant thermometers. These can be used externally (under child's armpit) or rectally. Thus there is a need for attention to infection prevention and control (IPAC) protocols. The thermometer tips are covered with sterile one-use covers and these are disposed of after each use. The thermometer itself is cleaned with sterile wipes before and after each use. Staff and mothers wear gloves while using a thermometer.

This set of standards does not seem to apply to this organization. All medical treatment and procedures are conducted off site or by visiting external providers who bring their own 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:

### Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

### 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.

## Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>	

The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>

IPAC standards at the organization are very well established, with thorough procedures and policies in place. The IPAC manual is well laid out and contains up-to-date, evidence-informed guidelines and best practices.

The environment is clean and it is obvious that regular cleaning and attention to infection prevention takes place. Clients are well informed about proper IPAC practices and are able to clearly explain how they clean change tables, sanitize high-touch areas, and access personal protective equipment. All clients who were interviewed reported that the organization gave them a lot of instruction and encouragement for washing their hands and for keeping areas clean for themselves and their small children.

Staff, volunteers, contract workers, students, clients, and visitors are all given information about IPAC guidelines. Information is given out at orientation and ongoing thereafter. Teaching life skills about keeping children safe is an integral part of the activities at Elizabeth House and IPAC messages are embedded in these sessions.

Due to the speed at which an illness such as gastrointestinal issues can spread through a house with small children, there is a healthy vigilance to prevent and contain these events. Sterilizing affected areas and additional cleaning is put in place to stop the spread of suspected or confirmed outbreaks.

The teams have been very responsive to IPAC concerns and have put many improvements (e.g., air purifiers) in place. The organization is beginning to take a proactive approach and plan for future risks.

Hand-hygiene auditing is not well understood and compliance with this Required Organizational Practice is not in place, although the organization's clients and staff appear to be very compliant with these practices. Now they just need to be able to confirm and demonstrate that compliance.

**Standards Set: Rehabilitation Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
1.1 Services are co-designed with clients and families, partners, and the community.	!
2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.7 A universally-accessible environment is created with input from clients and families.	
<b>Priority Process: Competency</b>	
3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.13 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
5.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
5.3 Team members are recognized for their contributions.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
13.1 There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	!
13.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!

14.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.5	Quality improvement activities are designed and tested to meet objectives.	!
15.6	New or existing indicator data are used to establish a baseline for each indicator.	
15.7	There is a process to regularly collect indicator data and track progress.	
15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!

**Surveyor comments on the priority process(es)**

**Priority Process: Clinical Leadership**

Leaders work to identify service gaps and advocate for clients.

The organization works closely and collaboratively with several community partners to find resources and programs in the community that meet the needs of its clients. A SWOT (strengths, weaknesses, opportunities, threats) analysis has been conducted to determine needs and opportunities for working with others in the community.

Clients have had opportunities to work with staff to create safe spaces at the residence for their children. There are areas where clients can meet privately with staff, family, visitors, and external workers for confidential discussions. Clients would like to have more involvement in the design of the space. They understand the need for decisions about space to address safety concerns (e.g., dressers have to go on certain walls where they can be mounted, doors cannot be blocked, etc.) but would like to be more involved in planning and decorating discussions.

Staff vacancies have created some gaps in the staff skill mix and staff try to fill these gaps, at times with limited experience or expertise.

**Priority Process: Competency**

The organization's strength is found in the dedication and competency of its staff. Education and training are priorities and opportunities are created whenever possible within the tight budget. Staff speak highly

of the skills training they receive. However, there is also a feeling of being overwhelmed by the growing demands and expanding workloads in recent months; these have begun to take a toll.

Shrinking resources and increasing demands often lead to less time available to devote to analysis and evaluation of programs as well as staff performance. So, at a time when recognition activities and attention to performance reviews are most needed to keep staff engaged, there is limited time to accomplish these important tasks. The leaders and staff are encouraged to find creative ways to fit these practices into their busy work schedules.

Filling staff vacancies has been an ongoing challenge that needs ongoing attention. The use of placement students is one way the organization has been creative in bringing in more resources and expertise.

The organization has a client- and family-centred approach to care and this is lived out in how day-to-day work is conducted. Clients are included in individual care plans and speak highly of the staff at Elizabeth House. The new Alliance philosophy of care that has been adopted is an example of an evidence-based practice that both staff and clients feel has increased understanding and their abilities to be true partners in developing parenting skills.

#### **Priority Process: Episode of Care**

Clients speak highly of the care and support they receive from the organization. Clients who were interviewed all report that they had easy and timely access to services, were given clear information about what to expect, and found their transitions in care supported. Clients feel they have adequate access to their workers and report being included in their care plans. Clients feel respected and treated with dignity.

Staff demonstrate a clear commitment to client- and family-centred care and were able to provide many examples of how they include the client's perspective and voice throughout the service delivery continuum. Ethical discussions are part of day-to-day practice and the team works well together to meet the needs of the clients.

The team spoke about the new assessment tools. They are excited about how this is allowing for better understanding of the clients' issues and desires for developing parenting skills. Clients are involved in weekly goal planning and have many opportunities to bring forth concerns and suggestions for improved outcomes. The children are of top concern and are considered clients in their own right. There is obvious devotion and appreciation for both the young women and their children.

Next steps would be to find more ways to measure and thus validate the good work being done. The team is encouraged to keep this simple and establish a few meaningful indicators that are easy to measure.

**Priority Process: Decision Support**

Leaders and staff have identified that technology resources are inadequate and that this creates a significant gap in efficiency. Lack of funding for dedicated equipment and expertise has the organization at a disadvantage. The amount of time spent on paper charting and manual data collection is significant.

As there are limited options available at this point to increase electronic equipment or move to an electronic clinical record system, the organization may want to hold a brainstorming event to discuss ways to reduce written documentation (e.g., daily logging “by exception,” creating more flow sheets, using checklist templates rather than writing out daily client logs).

Security practices and information flow are handled to the best of the staff’s ability, given the need to continue with paper charting. They have looked at the record keeping practices from a clinical perspective and follow solid practice guidelines. Next steps for evaluation could include a review from an efficiency perspective, to try to reduce the number of pen-to-paper documents and eliminate redundancy.

**Priority Process: Impact on Outcomes**

The organization is invested in choosing evidence-informed practice guidelines and uses clinical judgement and client- and family-centred thinking in its choices. For example, it has chosen practices that are being used by other agencies to increase consistency for clients and tries to select standardized assessment tools that are literacy friendly and age appropriate for the clients. Next steps are to standardize its procedures in this area and gather client input in the development and planning stages of the process.

Safety and risk management are an important focus and the organization takes a proactive approach to identifying potential risks and putting mitigating action plans in place.

The team is highly dedicated to quality improvement and optimum outcomes for clients. Team members are passionate and committed to listening to clients and providing top quality services. They use their significant clinical judgement in determining when approaches are working and when they are not.

The team could benefit from training and support in developing quality improvement plans and identifying measurable objectives and indicators. These need to be simple and feasible for the staff to implement and not add to workload but rather provide validation and confirmation of the excellent work being done. Including clients in the initial design and in the development of quality initiatives is a further step toward meeting the accreditation standards.



## 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.

### Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: September 28, 2016 to October 12, 2016**
- **Number of responses: 8**

#### Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	92
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	93
3. Subcommittees need better defined roles and responsibilities.	75	0	25	65
4. As a governing body, we do not become directly involved in management issues.	0	38	63	85
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	25	75	94

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	93
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	94
9. Our governance processes need to better ensure that everyone participates in decision making.	50	38	13	60
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	25	75	86
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	93
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	96
16. We benchmark our performance against other similar organizations and/or national standards.	14	43	43	79
17. Contributions of individual members are reviewed regularly.	25	50	25	61
18. As a team, we regularly review how we function together and how our governance processes could be improved.	13	13	75	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	14	86	0	57
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	13	88	81

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	25	50	25	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	17	83	79
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	90
24. As a governing body, we hear stories about clients who experienced harm during care.	38	0	63	77
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	13	63	25	85
27. We lack explicit criteria to recruit and select new members.	63	25	13	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	13	25	63	86
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	13	88	94
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	17	83	89
31. We review our own structure, including size and subcommittee structure.	0	13	88	84
32. We have a process to elect or appoint our chair.	0	25	75	87

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	0	100	79

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
34. Quality of care	0	0	100	81

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 and agreed with the instrument items.

## Canadian Patient Safety Culture Survey Tool: Community Based Version

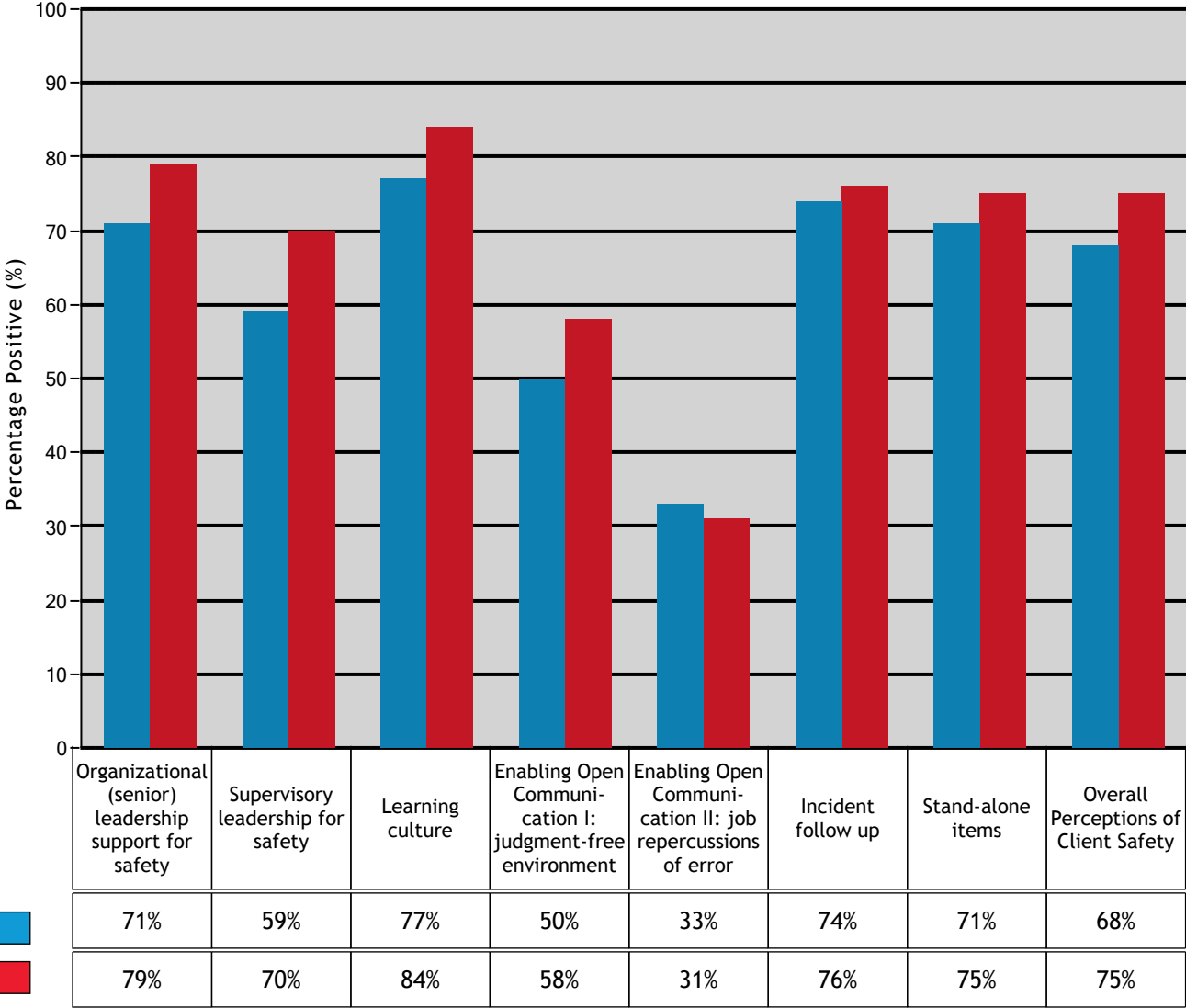
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: October 5, 2016 to October 19, 2016**
- **Minimum responses rate (based on the number of eligible employees): 8**
- **Number of responses: 14**

**Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension**



**Legend**  
■ Elizabeth House  
■ \* Canadian Average

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

## Worklife Pulse

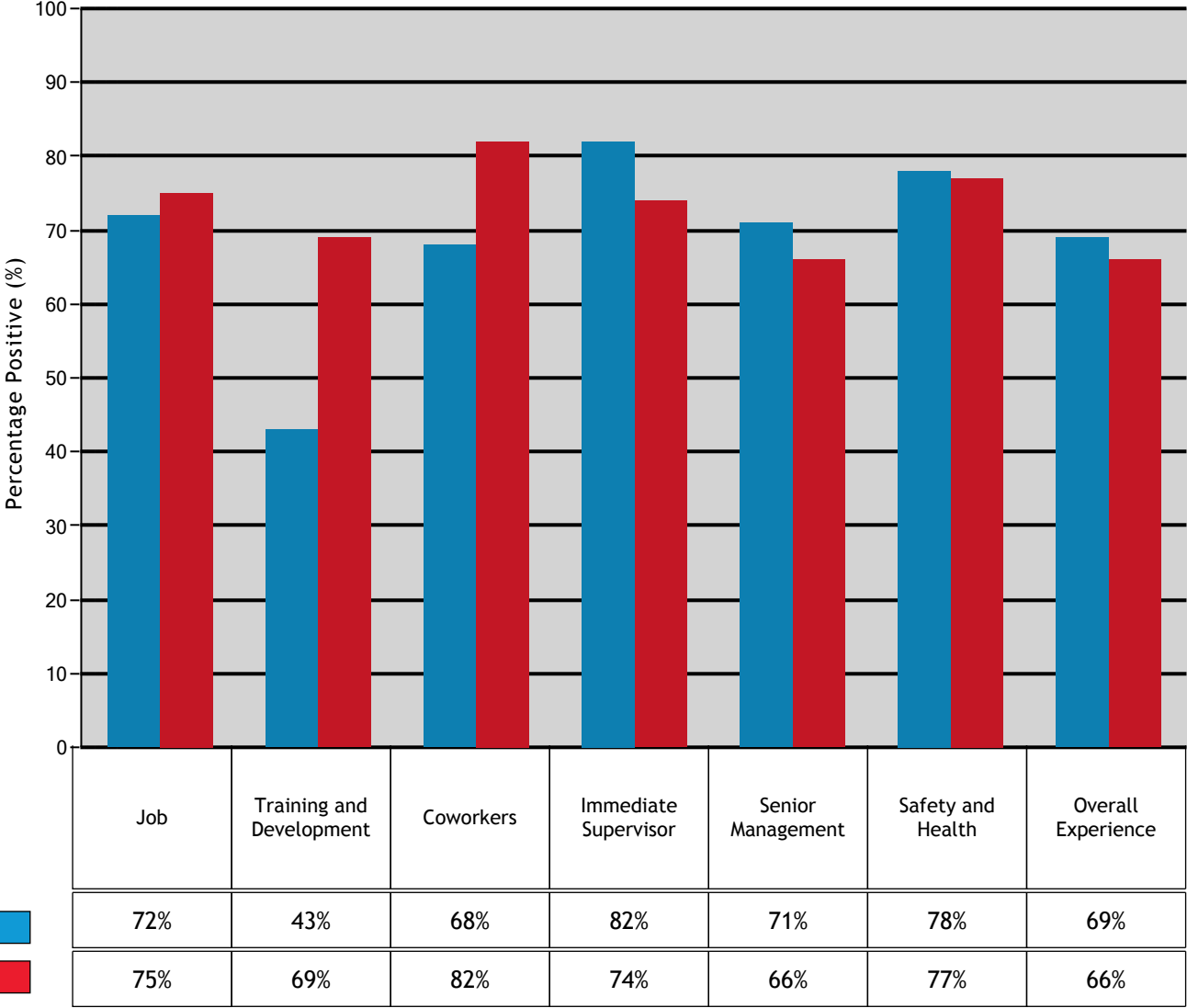
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: October 5, 2016 to October 19, 2016**
- **Minimum responses rate (based on the number of eligible employees): 8**
- **Number of responses: 13**

**Worklife Pulse: Results of Work Environment**



**Legend**  
■ Elizabeth House  
■ \* Canadian Average

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.



## 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 10 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

Priority Process	Description
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
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

Priority Process	Description
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