



**ACCREDITATION  
AGRÉMENT**  
CANADA  
Qmentum

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# Accreditation Report

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**EM/ANB Inc.**

Moncton, NB

On-site survey dates: May 27, 2018 - June 1, 2018

Report issued: June 29, 2018

## About the Accreditation Report

EM/ANB Inc. (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 May 2018. 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 Lead 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,

A handwritten signature in black ink that reads "Leslee Thompson". The signature is written in a cursive, flowing style.

Leslee Thompson  
Chief Executive Officer

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## Executive Summary

EM/ANB Inc. (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

EM/ANB Inc.'s accreditation decision is:

### **Accredited with Exemplary Standing**

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

## About the On-site Survey

- **On-site survey dates: May 27, 2018 to June 1, 2018**

- **Locations**

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

1. Air Ambulance
2. Bathurst Station
3. Blacks Harbour Station
4. Campbellton Station
5. Chipman Station
6. Eastern Regional Office/Fleet Center
7. Edmundston Station
8. Elsipogtog Station
9. EM/ANB Corporate Office - John Street
10. Florenceville Station
11. Fredericton Station
12. Grand Bay-Westfield Station
13. Hillsborough
14. Jemseg Station
15. Miramichi Station
16. Moncton Station
17. Port Elgin
18. Quispamsis Station
19. Riverview Station
20. Saint John Station
21. Saint Leonard Station
22. Saint Quentin Station
23. St Stephen Station
24. Sussex Station
25. Woodstock Station

- **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. Leadership Standards for Small, Community-Based Organizations

***Service Excellence Standards***

2. EMS and Interfacility Transport - Service Excellence Standards









- **Instruments**

The organization administered:

1. Canadian Patient Safety Culture Survey Tool
2. 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)	14	1	0	15
 Accessibility (Give me timely and equitable services)	3	0	0	3
 Safety (Keep me safe)	131	1	2	134
 Worklife (Take care of those who take care of me)	43	0	0	43
 Client-centred Services (Partner with me and my family in our care)	34	2	2	38
 Continuity (Coordinate my care across the continuum)	13	0	1	14
 Appropriateness (Do the right thing to achieve the best results)	91	5	1	97
 Efficiency (Make the best use of resources)	22	0	0	22
<b>Total</b>	<b>351</b>	<b>9</b>	<b>6</b>	<b>366</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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Leadership Standards for Small, Community-Based Organizations	37 (97.4%)	1 (2.6%)	2	70 (100.0%)	0 (0.0%)	0	107 (99.1%)	1 (0.9%)	2
EMS and Interfacility Transport	113 (97.4%)	3 (2.6%)	3	116 (95.9%)	5 (4.1%)	0	229 (96.6%)	8 (3.4%)	3
<b>Total</b>	<b>150 (97.4%)</b>	<b>4 (2.6%)</b>	<b>5</b>	<b>186 (97.4%)</b>	<b>5 (2.6%)</b>	<b>0</b>	<b>336 (97.4%)</b>	<b>9 (2.6%)</b>	<b>5</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>			
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Information transfer at care transitions (EMS and Interfacility Transport)	Met	4 of 4	1 of 1
<b>Patient Safety Goal Area: Medication Use</b>			
High-Alert Medications (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Reprocessing (EMS and Interfacility Transport)	Met	1 of 1	1 of 1

## Summary of Surveyor Team Observations

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

Ambulance New Brunswick is a program run under the provincial crown corporation EM/ANB Inc with a Board of Directors accountable directly to the Department of Health (DoH). The organization is run under a management agreement with Medavie Health Services NB. This agreement was recently renewed for a further ten-year term, signalling positive support and performance and providing stability for the future. EM/ANB has experienced significant growth in the past six months, taking on the province's Extra Mural program. The focus of the accreditation site visit was specifically on Ambulance New Brunswick and for ease of reference, all surveyor comments refer to ANB or, interchangeably, "the organization."

ANB provides land and air ambulance services across the province of New Brunswick, supported by a central Medical Communications Management Centre (MCMC) and two fleet depots to maintain 130+ ambulances. The organization is separated into four geographic zones encompassing rural areas in the northern part of the province and more urban zones in the southern. Call volumes for the previous year were at approximately 107,000 with roughly half of that volume attributed to 911 scene responses. Air ambulance calls comprised approximately 500 calls all of which were inter-facility transfers (IFTs) utilizing a single fixed wing response. There are roughly 1,000 staff made up of paramedics (primary care and recently introduced advanced care), call takers / emergency medical dispatchers and flight nurses.

In 2007, ANB was the product of an amalgamation of more than 35 ambulance operators running more than 50 individual programs. There was no consistency or standardization across the system and ANB's challenge was to bring together a truly provincial ambulance service. In just over ten years, ANB has managed to bring together this diverse group under a single and unified banner, bringing clear direction and focus and becoming a well-respected health care partner.

Community partners include the two Regional Health Authorities, DoH, the Paramedic Association of New Brunswick, the New Brunswick Trauma Program, RCMP and Fire agencies, among others. ANB maintains positive partner relationships and the leadership team works hard to ensure collaboration and communication across the system.

An engaged leadership team anchors ANB and their commitment is a definite strength. There are many years of collective experience at the table and it is clear there is a forward momentum creating buzz and energy. Staff are also passionate and committed – in the words of one staff member during the survey "I don't know what it was, but something happened a couple of years ago that changed everything..." They are ready for the next change and ready to be true partners in an evolving organization.

Safety is truly an embedded value at ANB – it permeates all conversations. And it is impossible to talk about safety without hearing words like learning and improvement. Measurement is important and as surveyors we heard data, evidence and evaluation throughout our interactions. Opportunities to focus on clinical impact when data outcomes become available will be important and will position ANB to consider further research and clinical improvement.

Recruitment and retention challenges in this organization are unique. New Brunswick is the only officially bilingual province in Canada and ANB works hard to ensure they meet requirements to maintain a fully bilingual staffing compliment. The rural challenge is present – New Brunswick is a largely rural province – and can be compounded by severe winter weather. Population demographics mean an increasing call volume with a population who is aging in place while the youth migrate to the south or even out of province. There are no easy fixes in this situation and ANB will remain challenged to stay in front. One strategy being developed is a more coordinated inter-facility transfer program, led from the dispatch centre. More strategic assignments may distribute the work in a manner that creates a balance of work for front line staff. Opportunities like the introduction of Advanced Care Paramedics will help to support more attractive career pathways.

The work done to standardize care across the province cannot be understated. Beginning with the comprehensive New Employee Orientation (NEO) and evidenced through standardized fleet vehicles, equipment and stock in the ambulances provides a situation where paramedics can be in any vehicle and can anticipate the stock and equipment available in the unit. This is further evident when fire departments attend calls and they can navigate their way in the unit to bring supplies or equipment to the paramedics providing care.

There is a very high level of customer satisfaction. The client-provider relationship established at the bedside is reflected in client and family feedback on the organization.

The organization is to be congratulated! There has been a tremendous amount of work done and it is readily apparent. We look forward to seeing how the work with the newly minted Patient Advisory Group grows.

## 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

**MAJOR**

Major ROP Test for Compliance

**MINOR**

Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

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

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

### Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

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

ANB has mission, vision and values statements in place that are prominently displayed across the organization. It was clear during discussions that these statements drive key planning decisions and are often referenced to guide processes and direction. Strategic alignment and focus is a strength for this organization – they know where they are going and have a clear idea of the work that needs to be done to get there.

Environmental scans are regularly completed and all major program areas have formally established goals and objectives that align to the strategic direction. The importance of partnerships is clear and leadership at all levels is empowered to engage with their stakeholders.

Community needs are well understood – leaders regularly engage with stakeholders to understand needs and community profiles are provided through the New Brunswick Health Council. Leadership teams regularly take tours around the province. The tours are live-streamed and archived on the intranet so that all staff have access and consistent messages are delivered.

There is a process for semi-annual review of organizational policies which ensures currency and inclusiveness.

**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)**

A robust financial management process is in place with annual operating and capital budgets approved at the Board level. The budget is monitored at the leadership and Board levels and financial statements are audited. There is a clear focus on strategic objectives as a driver of decision-making; however, when required there is a mechanism to revisit the budget and resource decisions when unforeseen issues arise.



## Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

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

ANB is supported by the broader Medavie Health HR department, ensuring the ability to leverage a pool of expertise and organizational history / context.

There is a significant focus on health and wellness of staff which, in today's complex environment of PTSD, is being extended to include resiliency supports for families. R2MR (Road to Mental Health) has been implemented across the organization for all front line staff – ANB is currently in pilot phase for family groups with a plan to implement this fall. There are 35 trained peer support Critical Incident Stress Debriefing (CISD) positions across the province. Voluntary connection to the CISD process is supported and encouraged; the dispatch system also has “top 10” potential trigger events flagged to ensure a pro-active reach out to staff. Individual preference is respected. In addition, ANB has contracted psychological support services in response to feedback that access to employee and family assistance program supports or local referrals may not be as immediately responsive (or sector specific) as might sometimes be needed.

Through all conversations and in review of available published materials (both internal and external) there is a clear commitment to staff, patients, patient care and safety. Position profiles are in place (and there is formal guidance for ensuring equity across the hiring process). There is an opportunity to consider incorporating a very clear accountability statement within future updates to position roles / job descriptions to solidify organizational philosophy and expectations. The New Employee Orientation program is comprehensive and lays the appropriate groundwork.

Performance reviews are conducted across the organization although they do vary in construct between management and union staff. Professional development opportunities are available and ANB is supportive of language training in an effort to ensure bilingual staffing requirements are met. Leadership training is offered in a somewhat limited fashion – there are regular management / leadership meetings held that bring in various speakers, address relevant topics etc. There is an opportunity to commit to a formal leadership framework (one example being LEADS) and dedicate a component of the learning strategy to development of leadership capacity.

Patient safety training is embedded into all regular in-service sessions. In the recent past the rollout of the Patient Safety Incident Reporting (PSIR) system has been a focus.

## Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

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

There is a strong culture of data, evidence, measurement and improvement at ANB. The Clinical Performance, Risk and Education department is well resourced with a heavy focus on clinical education and supports. Safety is an unwavering priority. The entire ANB team has worked very hard to bring standardization and consistency to care and the supportive processes – to consider what has been accomplished in the last ten years is quite amazing.

At the time of the survey, regulations for New Brunswick’s Health Quality and Patient Safety Act (2016) were still pending. It is anticipated that the regulations will set expectations for standard practice and, to a certain extent, procedure. In anticipation of the regs, ANB has redrafted its Disclosure policy.

Training for disclosure consists of a “just in time” model which includes a review of the Canadian Patient Safety Institute (CPSI) guidelines. While helpful, the CPSI guidelines are often augmented with a more formalized training approach that allows for practice conversations and peer coaching. Equally, not all disclosure conversations take place in a formalized setting. Leaders and managers may not always have the luxury of time in terms of preparation; having a working knowledge of the approach and the challenges could prove valuable. From a culture of safety perspective, ensuring that staff are aware of the philosophical approach and that disclosure is a supported process (both for patients and staff) is important to communicate.

The organization spent considerable efforts building a Patient Safety Incident Reporting (PSIR) system that went live in December 2017. Patient safety events are reported, captured and addressed within the system, providing ANB with another rich source of data from which to consider improvement activities. Some areas are very comfortable with the process and a matured (just) culture of learning is well entrenched such as with the Air Ambulance program.

ANB has had a complaints management process in place for many years and is able to utilize the information from those complaints to inform direction, policy development, procurement options etc. They have taken the process one step further by contracting with an independent third party to survey complainants to determine if the process was effective and supportive.

**Priority Process: Principle-based Care and Decision Making**

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership Standards for Small, Community-Based Organizations</b>	
1.7 An ethics framework to support ethical practice is developed or adopted, and implemented with input from clients/residents and families.	!

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

There is an ethics framework in place and the toolkit was visible across various site visits; staff also have a reminder sticker on their PCR clipboards. There are plans to put in place an Ethics Committee with patient representation – the focus of the committee will be to consider clinically-based ethical issues. An ethicist currently working for one of the Regional Health Authorities will be accessible to ANB. The individual has done previous work at an ANB team conference for operational / regional managers. Background info re: medical ethics was provided, a case scenario presented and discussed, and then the ethicist rounded out the discussion. Research projects are run through a Health Authority Research Ethics Board.

## 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)

There is a robust communication plan in place that includes a focus on enhancing two-way communication with stakeholders. Feedback from partner and stakeholder organizations has been sought informally (for example, MLAs are invited regularly to see the work being done, there are regular visits by local leaders to hospitals), however, ANB has recently set up a Community Partner Group with a more formalized structure. The Group's mandate is to share and promote the flow of information between our community partners through ongoing consultation and dialogue on topics relevant to programs offered by Ambulance New Brunswick with the goal to facilitate a more integrated response to better meet the needs of our patients and their families.

Privacy and confidentiality processes are well embedded within ANB. Unique signage is placed within the ambulances themselves supporting the collection of personal information and directing patients / families to the ANB website for further information. The website provides a comprehensive and easy to understand summary of how information is utilized and how information can be accessed.

A significant platform for information sharing with employees is the staff intranet. Information is current and comprehensive; plans are in place to develop and launch an app for easier access to medical protocols. ANB also maintains a public facing Facebook page with regular content posted in support of communication plan goals and principles.

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
<b>Standards Set: EMS and Interfacility Transport</b>	
11.5 Vehicle operators participate in regular training on how to operate transport vehicles.	!

Surveyor comments on the priority process(es)

Each station is geographically located to provide optimum coverage across the province. Based on the System Status Plan (SSP) units will relocate to adjacent stations and or be assigned to geoposts. Geoposts may be at intersections, where comfort facilities are not available. When geoposting occurs, a crew can be expected to remain at a geopost for at least 90 minutes, before they can move, which means the crew does not have access to comfort facilities or other amenities during this time.

Access to proper space to carry out equipment cleaning is somewhat influenced by the age of the station. Most stations have a sink of some type in the garage area, which makes it awkward to properly clean a large piece of soiled equipment, such as a back board. The team reports that they can send dirty equipment to Fleet for cleaning, as part of the deep clean process. In the south region, the team reports that there used to be an EMS technician in the ER of St. John hospital that worked to assist crews with cleaning their units, but this position was deleted from the organization.

The organization has a comprehensive fleet management program to ensure maximum service and performance from all units for the life of the lease. The organization has the ability to monitor driver operation through an Automatic Vehicle Locator (AVL) interface (AceTech). The software has the capacity to monitor both the operator and the vehicle performance as well as to send notifications to members of the operations team when the operator's handling of the unit deviates from the expected norm, or when a mechanical issue arises.

**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)**

ANB maintains an overarching Emergency Response Plan with attached Annexes to deal with specific hazards / situations. Annexes include the very unique Fallen Employee Handbook as well as more standard Business Continuity and Emerging Infectious Diseases plans. The organization utilizes an Incident Command System (ICS) model and has provided graduated levels of ICS training to all front line staff, managers and leaders within ANB. ANB is an active participant in local and regional table top exercises but also has significant experience with “live” events. While too fresh for completion of a formal After Action Briefing, recent flooding in the province prompted establishment of an Emergency Operations Centre and ANB was well integrated within the various levels of emergency response. A 2017 disastrous ice storm on the Acadian Peninsula resulted in loss of power for an extended period in the region. Out of this event flowed the purchase of generators for all ambulance stations and recognition of the need (and ability) to support the families of staff and crews.

Priority Process: People-Centred Care

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

Unmet Criteria	High Priority Criteria
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**Standards Set: EMS and Interfacility Transport**

27.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from patients and families.	!
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**Surveyor comments on the priority process(es)**

ANB is to be commended for getting ahead of the patient involvement curve in EMS – a Patient Advisory Committee is in place. At the time of the survey, the group had been given a fulsome orientation including an overarching presentation from each of the ANB program areas. Their feedback indicated that the orientation was very effective in helping them understand elements of ANB that they had not previously contemplated. During an interview with surveyors, the patient advisors expressed an enthusiasm for the process and were also pleased to discover the diversity amongst the group both in skill sets and interest.

This is early days in the journey but there is a sense of excitement over the opportunities in front of the group. ANB has identified the need to carefully consider priorities and not overwhelm the patient / family volunteers. There will also be an additional intake opportunity in the fall to expand the group.

## 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)

Identified barriers to access include (but are not limited to) rural responses, lack of higher skill levels, increasing pressures on the system due to volume increases (population is aging) and delays for transfers (both to higher level of care and to scheduled appointments). There are strategies intended to target these issues – for example, the Advanced Care Paramedic pilot project which has resulted in ACPs being implemented in four stations across the province.



**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)**

ANB has a very robust set of policy, and SWP that meet this standard set easily. ANB has a very well established cleaning schedule for their EMS units. This schedule includes a detailed deep cleaning practice that happens every week, which is logged and tracked by fleet services in Moncton. Every 8000-10,000 Kms, fleet services also utilizes a spray called Noco that is intended to deep clean each unit at this scheduled interval. When equipment is out of service there is a process for replacement and/or repair that prevents these items from not being available for use by practitioners and the patients they serve. Staff are familiar with simple cleaning techniques. Opportunity to give staff better education and awareness around where to start and finish cleaning, and the use of sanitation wipes and cloths should be considered.

# 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:

### Clinical Leadership

- Providing leadership and direction to teams providing services.

### Competency

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

### Episode of Care

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

### Decision Support

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

### Impact on Outcomes

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

### Medication Management

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

### Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

## Standards Set: EMS and Interfacility Transport - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

**Priority Process: Competency**

5.21 Patient and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

25.2 The procedure to select evidence-informed guidelines is reviewed, with input from patients and families, teams, and partners.

25.5 Guidelines and protocols are regularly reviewed, with input from patients and families.



27.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from patients and families.

27.11 Information about quality improvement activities, results, and learnings is shared with patients, families, teams, organization leaders, and other organizations, as appropriate.

27.12 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from patients and families.

**Priority Process: Medication Management**

The organization has met all criteria for this priority process.

**Priority Process: Infection Prevention and Control**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

The team's scope of service is aligned with the organization's mission and strategic plan. The organization has developed its own response and deployment tool for the application of the deployment plan. The plan defines the hour of day, day of week resource locations and geopost locations for times when resources thresholds are reduced. The deployment plan includes the TTP-Transfer Traffic Postponement threshold, which defines the lower limit of available units after which low acuity Inter-facility Transfers are postponed.

As a provincially run system, dispatchers in the communication centre work to manage the “big picture” to ensure optimum placement of EMS resources, defined in the four quadrant system (East, West, North and South zones).

The organization works with other public safety partners and utilises fire departments as medical first response, when the department is willing.

The staff members follow clear policies and procedures to provide services. They include the patient and the family in the decision making process and if there is a conflict between their wishes and the protocols, they explain the procedure to them and it is usually understood.

The EMS staff members express a high level of satisfaction with MOT. They mention the efficiency of the communications, the availability of the members and the support that is provided when needed. The stations visited are greatly involved in their community. They participate and create a lot of activities, including prevention and education.

The Field Training Provider (FTP) works as an independent, private contractor for Ambulance New Brunswick. Their purpose is to attend a Train the Trainer session in order to deliver the semi-annual training across front lines, coordinated through the Training and Quality Assurance department. Outside of these two sessions, there does not appear to be any consistent clinical leader at the EMS stations, to help provide refresher training or support to colleagues that wish to review or augment their hands on skills.

The EMS staff members express a high level of satisfaction with MOT. They commended the efficiency of communications, the availability of the members and the support that is provided when needed.

Medical oversight for Air Ambulance is coordinated through the Department of Health’s Provincial Medical Director for EMS, who is also the Medical Director specifically for Air Ambulance. A multi disciplinary Air Ambulance Working Group is in place and includes the program’s managers, the Medical Director and Medical Control Physicians (MCPs) for the regions, flight nurse and ACP representation along with risk. Recommendations and guidelines developed via this working group are brought forward to the Clinical Continuous Quality Improvement (CQI) Group and ultimately to the Pre-hospital EMS Advisory Cmte.

### Priority Process: Competency

Required training and education are defined for all team members. Credentials, qualifications, and competencies are verified and documented. Each team members' knowledge and experience is appropriate to the patient's condition. Ongoing professional development, education, and training opportunities are available to each team member.

The organisation provides excellent training to the staff. They recently implemented a program for the new employees called NEO (new employee orientation) which is really appreciated. They also developed and implemented regional trainers that are peer workers with their colleagues which reinforce support for all.

**Priority Process: Episode of Care**

Ambulance New Brunswick is served by a province wide communication centre (MCMC), which is an operating arm of Medavie Blue Cross. MCMC receives its emergency calls from one of six primary public safety answering points (PSAPs) in New Brunswick.

The communication centre has a functional back up centre, which is exercised twice per year. The organization strategically exercises the back up centre during a night shift, for a full night as the staffing complement during the day shift exceeds the available workstations/equipment. This is undertaken twice per year.

Standardized information is documented for each call received. The information is entered into the computer aided dispatch system (CAD), and is also recorded. The communication centre uses evidence-based protocols (Medical Priority Dispatch System v13.1) to process calls and to provide pre arrival instructions, when needed. The dispatch centre maintains a high level of compliance with dispatch protocols, as evidenced by the Accredited Centre of Excellence designation from the International Academy of Emergency Dispatch.

There is a process in place in the Air Ambulance program to ensure a sterile cockpit — pilots are blind to the case before determining whether a mission will be accepted or not. All declined missions are subsequently reviewed by the contracted air service to determine appropriateness. A flight following system is in place in the dispatch centre.

The system operates as a fully bilingual service and with translation services easily available as required.

**Priority Process: Decision Support**

All patient care delivery is documented using a standardised paper based system. Patients are able to access their records in a timely manner.

Air Ambulance has created a highly specialized Patient Care Record (PCR) that is unique and specific to their scenario. Patients are able to access their records and request changes through a formalized process as appropriate. Any access for secondary use is also managed through a centralized process.

**Priority Process: Impact on Outcomes**

The communication centre monitors all activity of a unit in real time, including times when the unit is assigned to a post. Through the use of AVL (automatic vehicle locator) software, which position updates a moving unit every fifteen seconds, the team can make the most appropriate resource assignment.

The communication centre tracks many situations such as stroke bypass for tracking and reporting of this clinical policy.

On a daily basis the communication centre is made aware of which services are available in which facility in order to inform the transporting unit. For example, some services are available between two or more facilities on a rotational basis. These facilities report the service location to facilitate transport decisions. The team has performance benchmarks that includes phone pick up to in queue (90 seconds), call processing-time to call determinant (30 seconds).

The team uses a comprehensive inhouse notification system. The system includes an auto generated distribution list for a target audience depending on the issue being reported. The tool also includes content areas to be reported and defines the tasks to be completed by various individuals in the organization related to the notification.

It's obvious that the organization has made tremendous efforts in developing a culture of measuring and monitoring over the past couple of years. All the efforts and improvements are widely recognised by the staff. They all express recognition to the senior management team in having implemented many changes that make a positive difference for patients.

#### **Priority Process: Medication Management**

Surveyor observed a well documented and coordinated process to safely manage high-alert medications. Staff were eager to share the medication management practices. There is an opportunity to consider implementation of the Institute for Safe Medication Practices (ISMP) "TALLman" lettering to further limit risk of medication errors.

#### **Priority Process: Infection Prevention and Control**

The IPC program is consistent with public health, community, and facility-based practices. Education is provided to the team about IPC practices to reduce their risk of exposure and to protect patients from risk.

April 2018, 140 live audits were completed with 72% of hand hygiene compliance. The organization has a very structured program for auditing hand hygiene practices. The results we saw were global and represent a score for the whole organization. It would be interesting to dig into the results and determine site specific results for each site or at least every region. The teams could then work on specific results for improvement at each location.

Annual influenza vaccination is made available to all staff. Participation is voluntary. Staff who do not participate in the influenza vaccination campaign are not able to describe the service expectation/PPE requirements to protect themselves and patients in the event of an outbreak. observed that there is a process to follow for staff who elect not to receive influenza vaccination.

The team reports that some equipment is not cleaned after use and is returned to circulation. One example related to long board straps that were left in the sink and other waste products were dumped on top, until a provider was motivated to clean the straps on their own.

## Instrument Results

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

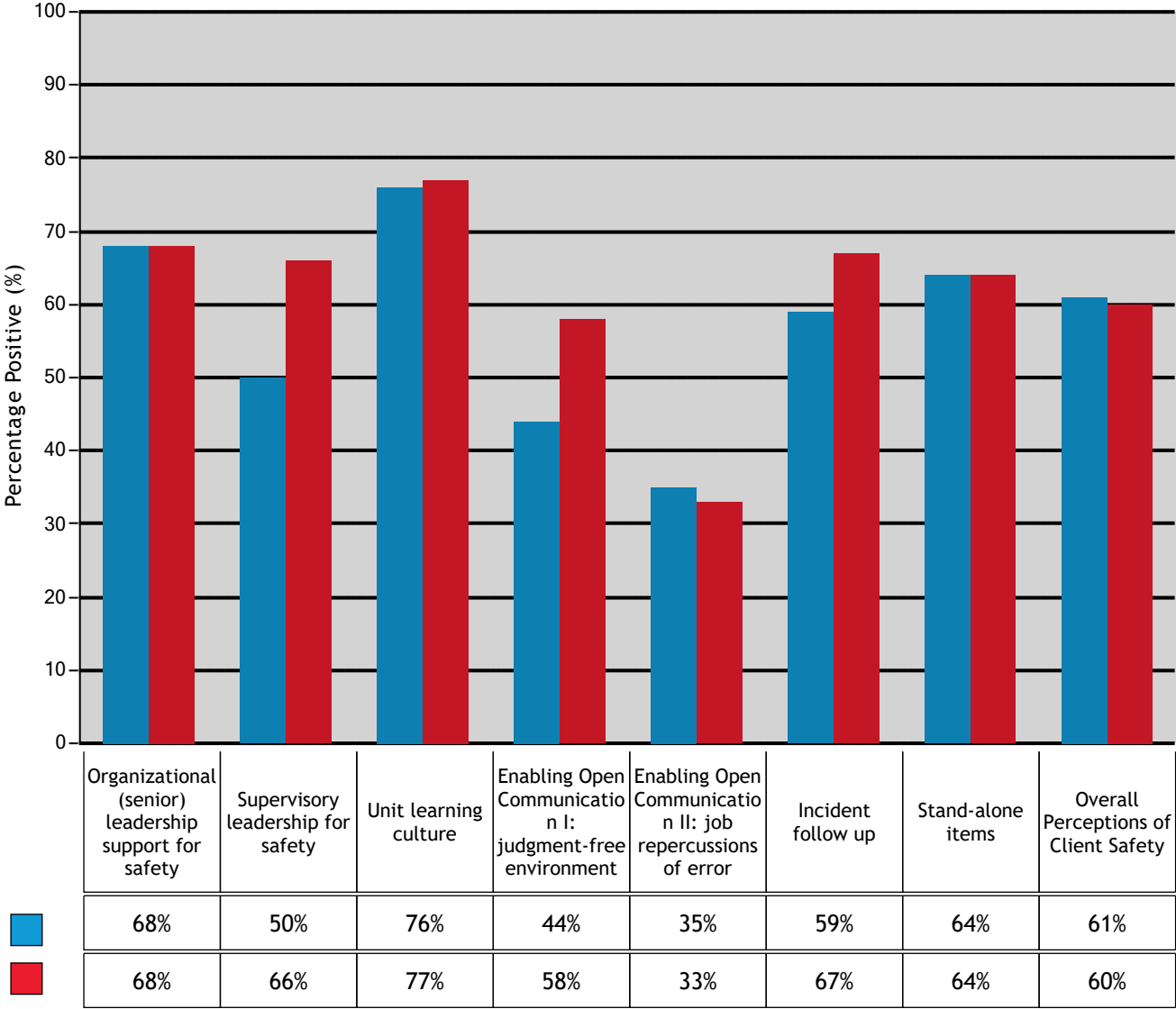
### Canadian Patient Safety Culture Survey Tool

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

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

- **Data collection period: June 5, 2017 to June 25, 2017**
- **Minimum responses rate (based on the number of eligible employees): 278**
- **Number of responses: 287**

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



**Legend**  
■ EM/ANB Inc.  
■ \* Canadian Average

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



## Worklife Pulse

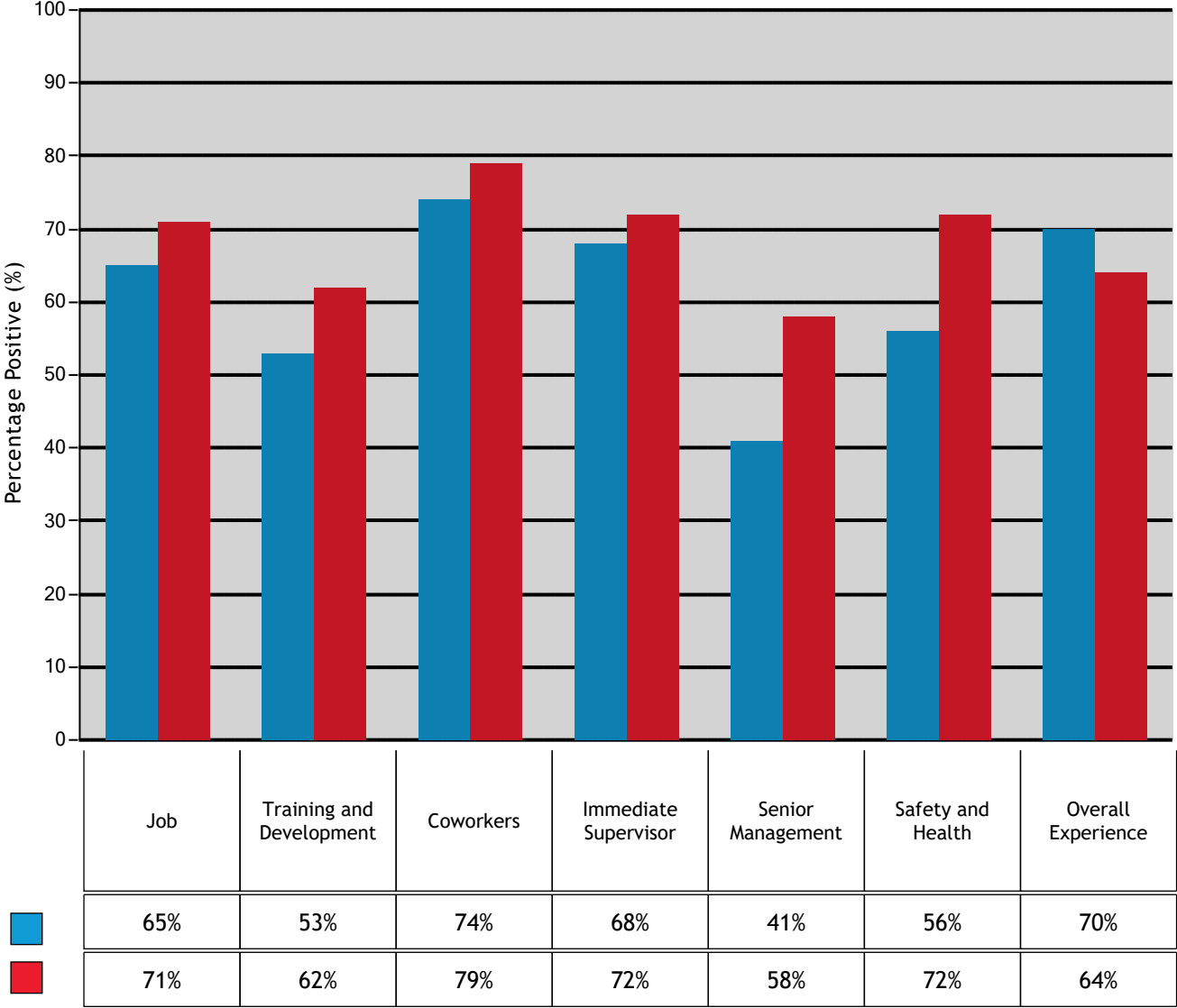
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: June 19, 2017 to July 10, 2017**
- **Minimum responses rate (based on the number of eligible employees): 286**
- **Number of responses: 288**

**Worklife Pulse: Results of Work Environment**



**Legend**  
■ EM/ANB Inc.  
■ \* Canadian Average

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 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
People-Centred Care	Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.