



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

EM/ANB Inc.

Moncton, NB

EMS (Ambulance New Brunswick services)

On-site survey dates: November 20, 2022 - November 25, 2022

Report issued: December 23, 2022

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 November 2022. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink, reading "Leslee Thompson". The signature is fluid and cursive, with the first name "Leslee" and last name "Thompson" clearly distinguishable.

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 Commendation

The organization has surpassed the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: November 20, 2022 to November 25, 2022**

- **Locations**

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

1. ANB Air Ambulance
2. ANB Bathurst
3. ANB Elsipogtog
4. ANB Campbellton
5. ANB Deer Island
6. ANB Edmundston
7. ANB Florenceville
8. ANB Fredericton North
9. ANB Hillsborough
10. ANB Jemseg
11. ANB Miramichi
12. ANB Moncton
13. ANB Nackawic
14. ANB Port Elgin
15. ANB Quispamsis
16. ANB Sackville
17. ANB Saint John
18. ANB Shediac
19. ANB St-Andrews
20. ANB St-Quentin
21. ANB Sussex
22. ANB Tracadie
23. ANB Woodstock
24. Fleet Services (Moncton and Fredericton)
25. Medical Communication and Management Center

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

Service Excellence Standards

1. EMS and Interfacility Transport - Service Excellence Standards









- **Instruments**

The organization administered:

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

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)	7	0	0	7
 Accessibility (Give me timely and equitable services)	3	0	0	3
 Safety (Keep me safe)	103	5	1	109
 Worklife (Take care of those who take care of me)	19	0	0	19
 Client-centred Services (Partner with me and my family in our care)	27	0	0	27
 Continuity (Coordinate my care across the continuum)	13	0	1	14
 Appropriateness (Do the right thing to achieve the best results)	51	0	1	52
 Efficiency (Make the best use of resources)	17	0	0	17
Total	240	5	3	248

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
EMS and Interfacility Transport	113 (97.4%)	3 (2.6%)	3	121 (100.0%)	0 (0.0%)	0	234 (98.7%)	3 (1.3%)	3
Total	113 (97.4%)	3 (2.6%)	3	121 (100.0%)	0 (0.0%)	0	234 (98.7%)	3 (1.3%)	3

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Information transfer at care transitions (EMS and Interfacility Transport)	Unmet	4 of 4	0 of 1
Patient Safety Goal Area: Medication Use			
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
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Unmet	1 of 1	1 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 (ANB) became integrated with the provincial Extra-Mural Program (EMP) in 2018. The combined entity (EM/ANB) is currently governed by a Board of Directors whose members were appointed by Government. This Board negotiated a ten-year contract with Medavie Health Services New Brunswick (MHSNB) to manage both programs. The Board is responsible for ensuring the contractual key performance indicators are being met and that the programs operate according to provincial policies, legislation and related regulation relevant to their programs. The intent of integrating ambulance and home health care services was to promote collaboration and new initiatives around community and home-based health care, providing alternatives to a system historically focused on access to hospitals and institutionalized care.

Road ambulance, air ambulance and 911 call-taking and emergency medical dispatch comprise the main direct service components of ANB. ANB services are supported administratively by EMP/ANB human resources, finance, payroll and communications. Support services such as training, quality assurance, education, emergency preparedness, occupational health and safety, patient safety, fleet services, patient experience, professional practice, risk management and information technology are provided within a centralized structure. Operations Managers and Regional Directors rely on this support. Recent issues with payroll, computer software and hardware and long delays at hospital ERs were raised as staff dissatisfiers.

Road ambulance and air ambulance paramedics and nurses are supported by a Medical Oversight Team of emergency qualified physicians who have completed an orientation and training program on how to provide medical oversight for medical transport teams. This team is supportive of the collaborative approach ANB has taken in community health care and they do what they can to facilitate implementation of ANB's initiatives. They believe all nurses and paramedics in the service should be working to their full scope of practice. They are virtually accessible and paramedic and nursing staff are highly complimentary of their support and advice.

Organizational ethics is identified in many health care organizations and is recognized in the narrative of their ethical decision-making policy and procedure. ANB's ethical decision-making framework speaks mainly to clinical issues and issues front-line providers may encounter. The Board and leadership team is encouraged to consider use of the organization's ethical framework particularly when making difficult resource and operational decisions.

Population growth, an aging population, institutional health capacity and lack of access to primary care and family physicians have placed large and increasing demands on the health system. Homelessness, immigration and diversity within the population are also factors which are challenging the organization to look at how their services are being delivered and whether or not their staff is prepared to deal with these newer realities. ANB has begun to prepare staff by providing on-line education on Diversity, Equality and

Inclusion (DEI) as well as Unconscious Bias. Fifty staff members have received cultural sensitivity education with respect to Indigenous peoples and communities. Developing sensitivity to the different customs, values and behaviors of people is not automatic. By offering education and helping staff work through the challenges of providing care to people whose values differ from theirs, the organization is demonstrating responsibility and adherence to their mission, vision and values.

The organization's mission is to provide excellence in emergency and community care with a vision to improve the quality of life for New Brunswickers within their communities. The organization values patient centeredness and safety. It values accountability, accessibility, innovation, caring, responsiveness and community-mindedness. It is these values and mission/vision that guides ANB in their planning and service delivery. That is apparent in the way the organization has engaged internal and external stakeholders in the strategic planning process and in their commitment to get patient, family and community involved in many operational aspects of their operations.

All community partners who attended the accreditation focus group confirmed a good relationship with ANB. They expressed appreciation for the assistance that EMS provides to their organization as well as to the community. Partners believe ANB is responsive to raised concerns and actively seeks input from them on a variety of initiatives. Partners affirmed they know who in the ANB organization they can contact for information and appreciate the prompt response they get from ANB staff.

Community partners remarked on the ANB response to Covid in the community and the willingness and commitment of ANB to work alongside their partners in providing assessments, immunization and testing in mass immunization and testing clinics. They were appreciative of the efforts made to care for vulnerable people in the community. In order to respond to challenges the province faced during the pandemic EM/ANB Inc. developed and implemented a response model called the Provincial Rapid Outbreak Management Team (PROMT). PROMT was recognized as a leading practice by Accreditation Canada.

The organization is encouraged to continue their efforts to partner and collaborate with acute care and the Health Networks. Joint meetings between acute care organizations and EM/ANB will hopefully serve to further the vision that health organizations have and that is, ensuring safe, timely and high-quality patient care.

During the pandemic the organization recognized the need for additional infection prevention and control resources and an IPC practitioner was hired. The IPC policies and responsibility for IPC which once came under the Occupational Health portfolio have been moved to Quality, Patient Experience and Professional Practice. There is a need for an IPC plan with timelines that will drive the infection prevention and control practices review and quality improvement initiatives in all areas of the organization.

A major ongoing problem within the province's health system is the delay in getting ambulances back in service after they transport a patient to hospital. The term used to describe this problem is, "off-loading" delays. Bottlenecks in the system cause congestion in the ER, which is commonly the entry point into the hospital. When the ER is overwhelmed with numbers and the hospital has no vacant inpatient beds a bottleneck occurs. There are multiple reasons for people accessing the ER for care. It may be they are in need of medical care but have no family physician or an appointment time is weeks away and the medical complaint is perceived as urgent. If there are no vacancies in long term care or alternate care facilities in the community for inpatients ready for discharge there are no beds to admit ER patients to.

What this has meant for ANB is that they are required to stay with their patient in the ER until space in the hospital or the ER is available for their patient. This practice takes ambulances and their paramedic crews out of service thereby decreasing the number of available ambulances in communities. Ambulances from outside the larger cities/urban areas also find themselves drawn into this dynamic, either finding themselves in the ER caring for their patient or responding to calls a long distance from their own service area. There is concern over the impact this is having on ambulance response times as well as the frustration and stress this creates for paramedics and their patients. There are instances where paramedic staff is going directly to a hospital to replace their colleagues at the hospital for the next shift. There is a strong feeling among staff members that more needs to be done to address this issue. In other jurisdictions hospitals have come to an agreement with the ambulance service to release paramedics after 30-60 minutes to ensure a return to service in their community. Other jurisdictions have set up off-loading units within the hospital, appropriately staffed with hospital health providers, in order to release paramedics back into service. Staff agreed they appreciate visits from operational managers during these long hours of duty at the hospital.

ANB has partnered with other stakeholders on a variety of initiatives to avert ambulance trips to the ER. The Pre-ALRT initiative that was implemented in January of 2022 and as of November 2022, over 10,000 ambulance transports have been avoided. Paramedics were effectively averting an ER visit while offering alternative health services to people. The Pre-ALRT protocol is in its 3rd version since January. This demonstrates the organization is having a direct impact on improving the protocol through its ongoing evaluation. The organization is encouraged to develop a public communication campaign to inform the public of the success of this program.

Educating the public about health care services is a huge undertaking. In many ways ANB staff are perfectly positioned to do some of that education. They are face to face with patients and families who need the information and are ready to hear it, as in the pre-ALRT initiative. They are spending time at public events and in the hospital with patients. It is important that staff who are doing this communication have accurate information and a willingness and ability to carry it out. Many are already doing it.

The NB HealthLink initiative provides citizens without a family physician with access to a physician or nurse practitioner who can advise and provide a medical response to a person's concern, be that a prescription or referral for diagnostic tests or specialty services. The aim is to eventually link the person to a permanent health care provider.

The Community Paramedicine Initiative in the Miramichi region of the province is a research pilot project with ANB and the EMP designed to develop individualized and shared care plans for people with complex needs in order to proactively address concerns that have or are likely to arise with the objective of preventing ER visits and hospitalizations. This initiative is a way for the organization to integrate with community programs and services as well as reduce pressures on both the 911 system and acute care.

The Palliative Care Pilot project with ANB and EMP has been a successful collaborative initiative and leadership is currently working to establish the program as a permanent model of care. This project has had the benefit of preparing front-line paramedics and nurses with the knowledge and education to work in a collaborative way, sharing care plans and notes with an interdisciplinary team and with the patient and their family. There is opportunity to leverage the learning and experience gained in this initiative in other initiatives that require a high level of collaboration and working together.

These initiatives are addressing primary care in ways other than an ER visit and ANB is both a player and beneficiary.

However, complicating factors in the provision of service and the implementation of these initiatives are language laws and the shortage of human resources and the number of vacancies within ANB. Challenges in recruitment and retention mean the organization often has to work short. On some of these occasions out of scope members with paramedic credentials take on assignments working on emergency response to ensure coverage for a community. Actual and projected staff shortages in other health care professions and organizations mean added challenges for ANB. ANB is encouraged to develop a human resource plan that focuses on both recruitment and retention and looks at access to equitable service and ability to deliver those services. Tracadie provides a good success story. The station there is well-supplied with paramedic candidates likely because of the community availability of paramedic training.

ANB leadership visits ambulance stations in the province annually to meet with staff and get their input on a variety of issues. Staff appreciate the visits and discussions with operational managers and regional directors. Staff interviewed are hopeful there will be incentives to get new graduates to stay in the province and incentives that demonstrate appreciation for the staff who are longer term employees. The organization is responding with a program of long service awards and agree there is room for more commendations and shows of appreciation for staff doing a good job.

Increasing the focus on teamwork and collaboration within ANB was a theme in staff interviews as was the need for programs that promote mental health, resilience and optimism.

The clinical and driver training programs that support ANB staff are well-respected and utilized by staff. Two in-service days each year provide the organization with an opportunity to provide mandatory education as well as education on new equipment, policies and protocols. The on-line learning system is accessible by all staff and completion of education modules is tracked on-line. Leadership is encouraged to be mindful of the competing priorities of increasing operational workload and demand to complete on-line training on front-line staff. A suggestion made by surveyors was that there be a process developed for evaluating teachers and clinical/safety coaches.

Physical environment in all stations and sites visited were clean, well-stocked and organized. The equipment and layout of all ambulances are standardized allowing for an easy exchange of vehicles when required. Fumigation systems have been placed in some larger stations a distance from Fleet services to allow for a timelier and less disruptive disinfection after transport of a highly infectious patients. The equipment re-supply system is effective and reduces the risk of significant unexpected shortages. All stations visited had appropriate cleaning products and appliances to clean the vehicles and equipment. There was adequate parking and good entrance and exit from the stations.

The Medical Communications Management Centre (MCMC) located in Moncton is well-equipped with modern software to assist with call-taking, tracking and dispatching resources. Up-to-date medical protocols are available through the computers in the ambulances. Many paramedics carry an electronic version on their phone however there is a risk that their version is not current. The organization is encouraged to pursue their project of developing an app for smart phones that will always make an up-to-date version of the protocols available. An electronic patient care record has been planned and staff are patiently waiting for its implementation. Such implementation would be foundational for operational planning, privacy, quality improvement and education.

Patient and families interviewed expressed support and admiration for ANB paramedics. They were very satisfied with the service and the respect and attention shown by staff. This finding was supported in the patient satisfaction surveys that are regularly conducted. ANB is a well-respected program within the province.

The organization has made large gains in the area of patient and family advisors and situating them on a number of operational committees and project planning teams. Many organizations have struggled with how to engage patients and families in a meaningful way and ANB has dedicated time, energy and resources to this end. ANB acknowledges that the patient and family advisors have proven a good investment because they see things from a patient perspective without the system constraints that sometimes cloud the vision of those working in the system. There may be opportunity for even more participation of advisors working on more committees, projects and ad hoc groups in order to hear the voice of the people being served.

ANB is a progressive and professional organization that provides safe, high quality patient care. Their strategies to branch into primary and community care and continue to provide emergency response are commendable.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Information transfer at care transitions Information relevant to the care of the patient is communicated effectively during care transitions.	<ul style="list-style-type: none"> · EMS and Interfacility Transport 22.1
Patient Safety Goal Area: Infection Control	
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	<ul style="list-style-type: none"> · EMS and Interfacility Transport 8.7

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: Physical Environment

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

Unmet Criteria	High Priority Criteria
Standards Set: EMS and Interfacility Transport	
11.5 Vehicle operators participate in regular training on how to operate transport vehicles.	!
11.7 Seat belts and safety restraints are used when operating the transport vehicle.	!
Surveyor comments on the priority process(es)	

Vehicles (Air and Road) used to transport patients are designed in a standardized way that supports safe medical care during transport for both patients and team members. This standardization allows for interchangeability and facilitates vehicle exchange for repair or cross-coverage between regions and districts.

Staff operating the vehicles demonstrate competence and formal training on existing and new vehicles is evident. Training requirements and competencies are documented in personnel files. Staff indicate they are aware of the policy and safety benefits of always using seat belts. Many staff report that they feel they are unable to reach enough of the required equipment and supplies from a seated and belted position.

Seat belts and safety restraints are not being used when CPR is being performed while the vehicle is in motion. Therefore, they report that even the most stable of patients often require seat belts to be taken off to provide care, resulting in a culture where seat belts are not worn consistently. EM/ANB Inc. could explore opportunities with the vehicle manufacturer and frontline staff to remedy design issues that influence low seatbelt use. We encourage the MOT to keep looking at options to provide a safer way to execute CPR while the vehicle is in motion.

The current vehicles by their configuration (front-wheel traction and weight mostly in the back) are challenging to operate in areas of the province experiencing heavy snow. Consideration should be given to different types in some areas based on weather conditions. A vehicle training program has been revised since the last accreditation to include on-going vehicle competency review process for all paramedics. This

revision was deployed in autumn 2019, where 30% of review was achieved. The arrival of the pandemic enabled the program to continue. The organization is encouraged to renew with this program in a timely manner.

The organization uses advanced technology to monitor fleet operations.

Each ambulance is equipped with a Ferno ACETECH system that provides paramedics with real-time feedback on their driving. The system alerts drivers when they go over the speed limit, take turns too tightly, or back up unsafely. The system also provides the management team with data on paramedics' driving and idling time, fuel consumption, speed, and trips – for each ambulance in the province.

The periodic maintenance of vehicles is executed under the oversight of the fleet management team and is closely following the schedule.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The surveyors learned that a successful initiative was put forward in collaboration with the Department of Health by EM/ANB Inc. to develop and implement a Provincial Rapid Outbreak Management Team (PROMT). The internal collaboration between the Extra-Mural Program (EMP) and Ambulance New Brunswick (ANB) enabled health care professionals to be present in all vulnerable community settings within the province (i.e., Nursing Homes, Special Care Homes, Home bound patient's, Community Shelters).

This integrated and coordinated approach with the intent to mitigate infection and control risks, reducing bottlenecks and transfers to emergency departments, while supporting teams in their respective settings to be sage while receiving quality and relevant care (i.e., PCR testing, Vaccination, Continued Medication Management, IPAC patient/staff flow, etc.).

The Emergency Preparedness function falls within the EM/ANB Inc. organizational structure with a direct report to the VP of EM/ANB Inc. There were several recent examples of field exercises conducted at airports in the province where EM/ANB Inc. Emergency Preparedness was involved along with many other community and provincial agencies. Hurricane Fiona was an actual recent natural emergency that caused an emergency response. There was documentation on the specifics of the exercise responses and the response to Fiona and the debriefings which occurred afterwards. Not all staff can be involved in the exercise, but the Manager of Emergency Preparedness (EP) does debrief with the staff who were involved in the response. There may be an opportunity here for the EP staff to draft a summary of each exercise, how EM/ANB Inc. was involved, their role in the Emergency Operations Centre and note any learnings specific to improving EM/ANB Inc. response. This event and response could be shared with staff not involved in the exercise, on the internal staff website. Here it could be read by staff with the objective of sharing the experience vicariously and having further learning about emergency response accomplished. It would have the added benefit of providing accurate information. It would be helpful to on a regular basis have staff go through the major event support trailers to familiarize them with its contents.

The organization is committed to the Incident Command System (ICS). It is this system that provides an organized, systematic way to manage any emergency. This complements the response of Fire, Police and many organizations in the province who follow the ICS. EM/ANB Inc. Inc. EP representatives are included in provincial, municipal, local emergency responses and exercises. They are recognized as key community partners in safety education and disaster preparation along with their provincial Emergency Measures colleagues. They attend special events with large crowds and work with Regional Directors and Operations managers to provide staff coverage for these events.

EM/ANB Inc., along with many organizations in the world during 2020-21, were challenged to respond to a type of emergency whose scale many had, had no experience with before. The COVID-19 pandemic caused major disruption to the health system as well as to workplaces, schools, long term care homes, public gathering places and it lasted far longer than most emergencies do. It is only in recent months that organizations like EM/ANB Inc. are implementing their recovery plans to transition out of the restrictions and rules that were necessary during the worst of the pandemic. Many lessons were learned, relationships established, and improvements made during these years. FIT mask testing procedures were restructured, changes were made to the type of Personal Protective Equipment (PPE) staff were wearing and the need for additional Infection Prevention and Control resources was identified.

The surveyors learned that one of the most successful initiatives put forward by EM/ANB Inc. was the development and implementation of Provincial Rapid Outbreak Management Teams (PROMT). EM/ANB Inc. was in the best position to assess people in the community, test, swab and immunize to minimize pressure in hospitals. But these teams did so much more than that. They provided psychological and practical support to people in their communities. Where there was a need or a gap, they worked to meet the need and fill the gap. The teams are a major source of pride among many EM/ANB Inc. staff. For this initiative they were awarded a leading practice award by Accreditation Canada.

During the survey we heard words such as nimble and agile when people were describing the EM/ANB Inc. pandemic response. Community partners praised the organization's efforts to help people and organizations that needed help and address the needs of the vulnerable.

EM/ANB Inc. has policies, mandatory education and training related to safe handling, storage, and exposure to hazardous materials. There are Safety Data Sheets (SDS) in binders at each station identifying which hazardous materials are located at the station and describing how to address spillage or exposure to those materials.

Currently, Infection Prevention Control (IPC) policies are found in the Occupational Health and Safety section of the policy and procedure material. Work has recently begun at EM/ANB Inc. which has seen IPC moved to the portfolio of the Director - Quality, Patient Experience and Professional Practice. Work has begun with respect to reviewing IPC policies, procedures and protocols and ensuring they are appropriate to both EM/ANB Inc. and their partner the Extramural Program (EMP). This is an area which requires a workplan and monitoring of the workplan to build a comprehensive IPC plan that addresses current best practices, information on infectious diseases and infectious organism, IPC education and training and evaluation of IPC processes so that improvements can be made where and when needed. Hand hygiene, vehicle and equipment cleaning and the use of PPE and precautions are likely to be prioritized in this workplan.

Currently, infection prevention and control policies and procedures are found in ANB Operational, Fleet Management and Occupational Health and Safety platforms.

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.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Beginning in 2018, EM/ANB Inc. established a Patient and Family Advisor Committee and Framework. It was seen to engage patients, families and caregivers formally and more deeply in the design, delivery and evaluation of all services within EM/ANB.

Residents of New Brunswick who had had a recent care experience with either the Extra-Mural Program (EMP) or ANB were invited to apply to become an Advisor. Currently there are five people on the Patient and Family Advisory Council with a plan to recruit more now that the pandemic pressures have eased.

Advisors also sit on some EM/ANB Inc's operational committees, projects, and ad hoc committees.

To prepare them for their role an orientation program was provided introducing them to the organization, its structure and its mission, vision, and values. Familiarization with terminology, common acronyms and operational issues was also required in order that the advisors felt comfortable participating in committees. For example, prior to the regular meetings held with Air Ambulance the senior manager of Air Ambulance and Operations meets with the patient advisor to review the agenda and answer any questions the advisor has.

The Patient and Family Advisory Council reports to the Vice President of Quality, Patient Safety and Education. There can be up to twelve members and the Council meets every 3-6 months however individual advisors are invited to participate in a number of regular committees. The intent of the Council is to identify and advise the organization on opportunities for improving quality of care, looking at aspects of service planning, delivery, and evaluation from a patient's perspective.

The organization could consider nominating a patient and family advisor to the Accreditation Canada Patient surveyor program.

The organization has engaged patients, families, and community stakeholders in past strategic planning (2019-2022) and in the upcoming 3-year strategic plan.

Safety incidents are analyzed and there is a process for disclosure at the time of an actual incident or near miss that front-line staff were not always aware of. When trends are identified or a serious safety incident occurs there is follow-up to improve a systemic problem, address a piece of faulty equipment, or put a remediation plan in place for a gap in knowledge or training.

There is still reluctance among some front-line staff to report all incidents due to the fear of repercussion and some believe safety incidents are under-reported.

The surveyors heard from managers and supervisors of instances where it was necessary to put a remediation plan in place. They acknowledge they have some success, but it is less than fifty percent.

Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The implementation of technology to create an electronic patient record and care plans that can be shared between EM/ANB Inc., and the Extramural Program (EMP) would allow for even more timely access to patient information. This is underway, along with several other digital projects and the organization is encouraged in their efforts to prioritize these initiatives.

EM/ANB Inc. has implemented a number of electronic initiatives to help EM/ANB Inc. providers with timely information prior to entering a residence. For example, palliative and bariatric patients are flagged by their home address so that when a call comes in from that address staff can be alerted to situations they may face and the potential for needing additional resources.

Having access to up-to-date patient information saves time and provides a clearer assessment of the patient's history.

Initiatives such as Pre-ALRT are ways in which the organization is working to improve patient flow in the system by preventing unnecessary ER visits. Offloading delays are a major bottleneck to patient flow in the ER and due to multi-factorial causes. The initiative of Pre-ALRT launched in January 2022 with the intent to improve patient flow while preventing unnecessary ER visits is promising as clinical care pathways are established in respect to best practice (i.e., CTAS and Pre Hospital Early Warning -PHEW).

Preliminary data (6 months) on quality auditing processes confirms a total of 49 000 calls, where 44% did not need transfer to the emergency department and have been redirected to another health care provider.

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)

Throughout the review, the surveyor team had the opportunity to review this priority process through three main approaches; 1. Policy and procedures provided by the organization 2. From site visits to Emergency Medical Services (EMS) bases, and 3. By visiting the fleet centres where many of these elements are completed.

The team documents and keeps current records of all preventative maintenance and cleaning for vehicles, medical equipment, and communication equipment. The organization is to be commended for their Fleet Procedures Manual - this document is very thorough by providing excellent direction to staff. Procedures for all elements of the tasks required are detailed and clear to the end-user. Staff can easily access this document and demonstrated strong awareness how to do so.

The equipment and layout of all ambulance are standardized allowing for an easy exchange of vehicles and seat-to-seat transfer when required. The equipment re-supply system is effective and reduces the risk of significant unexpected shortages. Vehicles are equipped with sharps disposal containers and containers for hazardous materials. Medical consumables were observed to be in good order, with strong process, and back-up processes, for ensuring the vehicles are secured and out of the elements.

The organization has demonstrated that they have a process for cleaning, disinfecting, and sterilizing medical devices and equipment are monitored and improvements are made when needed. Determining effectiveness of cleaning, disinfecting, and sterilizing can be challenging to organizations. Despite this, EM/ANB Inc. has implemented a program to swab pre/post cleaning to not only evaluate the effectiveness the cleaning event (at fleet), but also to evaluate the effectiveness of the various cleaning supplies at their disposal. This program has been recently implemented, and data is still in its infancy. As such, a validation of acceptable targets for post cleaning readings should be validated by an appropriately certified Infection Prevention Control (IPC) or Occupational Health and Safety (OHS) professional as part of the growth of this program. Paramedics currently complete cleaning of equipment bags post call and as part of the weekly checks. Opportunities for a more rigorous disinfecting process for the equipment bags should be explored as a further measure for IPC.

One area for potential review by the organization relates the use of digital strategies to improve workflow. Examples of this include the tracking of stretchers for preventative maintenance. While stretchers receive appropriate PM while the vehicle is in for servicing, stretchers can be, for various reasons, moved between ambulances. This process relies on the front-line paramedic to send an email to notify the organization of this occurrence. Compliance on this is mostly good; however, looking for an improved digital solution is an opportunity for improved compliance and awareness by the organization. The surveyors also observed that the organization has varies paper-based checklists in place to track vehicle inspections and cleaning including medication checklists. This process is cumbersome in that the checklists are scanned, then faxed to a manager for review. The organization is encouraged to develop these checklists into a computer-based digital format.

Overall, this priority process was demonstrated with strong success. The organization is encouraged to continue to the good work of improvement processes already in place and seek opportunities working alongside their passionate partners at EM/ANB Inc. for further improvement.

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
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
6.6	Standardized communication tools are used to share information about a patient's care within and between teams.	!
Priority Process: Episode of Care		
22.1	Information relevant to the care of the patient is communicated effectively during care transitions.	ROP
22.1.5	<p>The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include:</p> <ul style="list-style-type: none"> Using an audit tool (direct observation or review of patient records) to measure compliance with standardized processes and the quality of information transfer Asking patients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system). 	MINOR
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
The organization has met all criteria for this priority process.		
Priority Process: Medication Management		
The organization has met all criteria for this priority process.		
Priority Process: Infection Prevention and Control		
8.7	Compliance with accepted hand-hygiene practices is measured.	ROP
8.7.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	MINOR

Surveyor comments on the priority process(es)**Priority Process: Clinical Leadership**

The Medical Director for Emergency Medical Services (EMS) reports through the Department of Health and manages medical oversight for EM/ANB Inc. One of the six physicians, who are all Emergency certified, is on-call to provide on-line medical oversight to both air and ground ambulance through a conference call arrangement facilitated by the dispatcher at the Trauma desk in the Communications Centre in Moncton. Members of the clinical oversight team are easily accessible when on-call for the paramedics on the road. Their advice is timely and relevant to the circumstances. There is a protocol in place where if the first physician on call is busy with an emergency case and cannot take the ANB oversight call, another call is made to the second on-call physician. They average less than 10 calls from road ambulance and 2-4 calls from air ambulance each day and this arrangement seems to work for the organization and the physicians. Staff who have used medical oversight commented on how easy it was and how helpful the physician was. Physicians are provided with an orientation to ANB through visits to station sites, the air ambulance hangar, the communications centre and are provided with the organization's policies and procedures with a focus on the ones most relevant to medical oversight.

The relationship between the medical director, the surveyors observed Department of Health representative and the organization to be collaborative, supportive, respectful, and professional.

The medical director is aware of the off-load delays that are occurring in hospitals in the province and the resulting impact on response times and potential for negative clinical outcomes.

In addition to a Pre-hospital EMS Advisory Committee that includes professional regulatory representatives, there is an active clinical oversight committee with representation from frontline care providers, physicians and ANB administrators. This committee develops and initiates new policies and protocols based on current best practice and clinical evidence. There is a goal that all professional's scope of practice in both Extra-Mural and EM/ANB Inc. should be optimized.

The physicians participate in a robust auditing process where 100% of cases involving new protocols, new resuscitative equipment, all air ambulance calls, and cardio-respiratory arrest are audited. All high acuity - low occurrence (HALO) the physicians also audit calls.

Several gaps were noted by meeting participants in the areas of cadaver lab simulation and training in fibrinolytic therapy for Advanced Care Paramedics (ACPs). Because critically ill pediatric and neonatal patients are transferred out of province to IWK in Nova Scotia, there is an ongoing need to ensure paramedics and nurses are familiar with pediatric equipment, assessments, and therapies to respond effectively to pediatric calls within the province.

The organization is encouraged to evaluate not only the front-line paramedics but also the people who are doing the teaching and coaching.

Outside of the Clinical Service Unit (CSU) located in major cities, Advanced Care Paramedic access is determined by the individual paramedics, which positions they hold, and where they elect to pick up shifts. This process of self promotion leading access to care levels, while very beneficial for employees, can lead to inequities in care for patients throughout the province. ANB is encouraged to look at developing strategies that balance employee preference, care needs and inequities, and provider competency maintenance as the growth towards a fully integrated ACP system progresses.

The dimension of Clinical Leadership was overall very strong. Two areas for potential improvement are implement a quality control program for their clinical trainers (ensuring their competency), as well as making the "staff portal" available to paramedics on the computer laptop in the ambulances. The surveyors observed inconsistency in where they access protocols while providing care. While the protocols and policies are available to staff on in various locations, staff reported these to not always be up to date and current (in various locations). Providing staff with access to their portals on these computers will ensure they have access to all the excellent information available to them in real-time, but also allow them to complete occurrence reports as needed, without requiring them to be at base.

Priority Process: Competency

The MCMC is located on the second floor of the EM/ANB Inc. administrative office located at 210 John Street in Moncton. Physical environment and space are appropriate to the number of call stations. There are call stations for the four designated regions in the province as well as a station for the operations supervisor. There is a trauma desk, which handles trauma calls as well as access and communications between medical oversight and paramedics through a conference call arrangement. Currently the Emergency Medical Dispatchers are working with an electronic computer assisted dispatch (CAD) legacy system as well as a new software system running in parallel. Although it means working with two systems in the short term, the call-taking and dispatch protocols are the same. The new system is a superior system chosen because of its flexibility to better monitor transport bookings and allow for software adaptations as changes in policy/protocol occurs.

Emergency Medical Dispatchers work twelve-hour shifts in this 24/7 centre and there is an operations supervisor on every shift. On-boarding is a minimum of 6 weeks of education and training with a number of buddied preceptors shifts according to new staff member's needs. There are aptitude tests being used to help ensure a good match between the job and the person applying for the job however these tests have not always proven accurate. The organization offers repetition of the training program if required and remediation. Training is ongoing. All EMD staff are required to be bilingual and there is access to an interpretation service that is used when language is a barrier to understanding the call.

There is a Dispatcher of the Year program in place and staff vote on the colleague they think should be given this award. There are humorous wall posters developed by dispatch staff that highlight the challenges of the work they do.

The status of the province's ambulances is provided electronically on a monitor that dispatchers can see, and it is updated in real time.

The centre tracks off-load delays and can provide this information internally and to hospitals at their request.

The organization has a comprehensive ethical framework and training program. Support to handle ethical issues is provided to team members. 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.

The survey team observed that a documented and coordinated approach for infusion pump safety where appropriate that includes training, evaluation of competence, and a process to report problems with infusion pump use has been implemented.

Training on how to effectively manage and use communications equipment is provided to the team.

Students are provided with adequate supervision and their placements are evaluated. Other feedback commented on a need to prolong the three shifts offered to new staff in the NEO program, to facilitate more opportunity for mentorship at the onset of employment.

Training for stress recognition and management is provided to team members. Mental Health and training are provided to all staff. On base visits, paramedics described a desire to go beyond traditional mental health training, including more broad preventative wellness and resilience training, to improve morale and workplace attitudes.

Team members are recognized for their contributions. Career milestone medals are provided to staff based on 5, 10, 15 years of service.

Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members. There is significant staff engagement on the organization's Occupational Health and Safety (OH&S) Committee. There was a consistent theme that emerged during site visits around a desire to implement power-assisted loading systems for ambulances, to decrease back-injury and strain.

Related to paramedic development - Advanced Care Paramedic (ACP) are trained and recertified annually on the use of medication pumps. Performance evaluation of all team members are conducted on an annual basis by their managers. There are opportunities to use the patient feedback data exist to further inform training topics to paramedics, and in these cases, paramedics should be made aware of the patient feedback as context for why the training is required. In addition, paramedics at both PCP and ACP levels described an opportunity for more scenario-based learning during their spring and fall in-service sessions, with a focus on team dynamics between ACPs and PCPs. This would encourage better teamwork and a sense of shared-care and responsibility when with a patient.

Priority Process: Episode of Care

The organization's medical staff follow clinical practice guidelines and standardized protocols are used to assess the physical, emotional, and mental status of patients. The results of the assessment are used to identify the patient's immediate and urgent needs, make care decisions, and select the best destination setting, where applicable. There is an open, transparent, and respectful relationship with each patient and the patient's wishes regarding family involvement in their care are respected and followed. Ethics-related issues are proactively identified, managed, and addressed. The organization has developed a clear and usable ethical framework.

Cleaning systems have been procured for some larger stations far from the fleet to allow for a timelier and less disruptive disinfection after the transport of a highly infectious patient.

The organization demonstrated that patients and families are provided with information about how to file a complaint or report violations of their rights.

Up-to-date protocols are available through the on-board computers. Some stations still have some paper versions while many paramedics carry an electronic version on their phone that run the risk of not being up to date. The organization is encouraged to pursue their project of developing an app for smart phone that will always make an up-to-date version of the protocols available.

The organization has also demonstrated that they have formal documentation tools and communication tool and strategies for sharing of information at care transitions. However, the organization is encouraged to review the implementation of the IMISTAMBO tool for paramedic handovers. Throughout discussion with paramedics, this tool was not well known, particularly in the West Region. In discussion with several Operations Managers, there is an opportunity for the development of a quality assurance program, aimed at measuring the use and effectiveness of the IMISTAMBO tool.

Priority Process: Decision Support

Information is documented in the patient's paper-based records in partnership with the patient and family. There is a process in place for patients to access information and the team obtains patient consent to share information as the need is identified. The surveyors observed that policies and procedures for securely storing, retaining, and destroying patient records are followed, and thoroughly understood by paramedics.

The process for completing and mailing PCRs (through Canada Post) is well described by all staff. The organization is encouraged to look for a digital-first strategy with record keeping, such as an electronic patient care record. This would not only improve the organizations' ability to analyze performance data but would also aid in more timely accounting for missing care records and eliminate any risks associated with mailing completed patient care records, as well as eliminated any potential privacy breaches with completed PCRs in the cab of the ambulance during shifts.

Priority Process: Impact on Outcomes

The organization has a robust hazard assessment plan to address identified safety risks. Patient safety incidents are reported according to the organization's policy and documented in the patient and the organization record as applicable. Patient safety incidents are disclosed to the affected patients and families and support is facilitated where appropriate.

Quality improvement activities are designed and tested to meet objectives. EM/ANB Inc.'s Quality Improvement Plan outlines the different plans, frameworks and initiatives within the organization that guide and support continuous quality improvement within EM/ANB Inc.

The Quality Improvement Plan commits to annual reporting that provides a progress summary for each component of the plan. The report is completed by the Vice President of Quality, Patient Safety and Education at the end of each fiscal year.

Priority Process: Medication Management

The surveyors observed ANB takes appropriate steps to protect controlled medications from loss or theft and has implemented processes to meet the requirements of the Controlled Drugs and Substances Act. The organization's Advanced Care Paramedic (ACP) program uses the services of an approved pharmaceutical supplier, to supply medications and monitor usage and accountability for the controlled medications that require a prescription from the Provincial Medical Director. The medications are ordered by Operations Managers and delivered to each site by the approved pharmaceutical supplier, where they are secured in a controlled-access alarmed box. All controlled medications are counted at least once per shift and each administration, breakage, loss, or transfer to another location is documented, collected, and stored and reconciled monthly.

Overall, the narcotic process is well documented in policy and followed closely by all staff. It was observed that even when opening the safe to show the surveyors the contents and medications, the team would complete a count on the tracking-sheet, as the system would show access from the proxy-card and therefore required a record and count of that event. The ability to remotely monitor demonstrates a strong commitment and investment in safety.

Priority Process: Infection Prevention and Control

There is evidence that an individual is designated to lead and coordinate the Infection Prevention Control (IPC) activities. The Surveyors observed that hand-hygiene education is provided to team members and compliance with accepted hand-hygiene practices is measured. Personal protective equipment (PPE) is securely stored in vehicles and is accessible to the team. Surveyor observed that vehicles and medical equipment are regularly cleaned and disinfected in accordance with established protocols. Sterile supplies are appropriately stored. While the organization has policies and procedures to address IPC issues, the surveyors identified that the organization does not have an Infection Prevention and Control (IPAC) Plan. The organization is encouraged to continue development and staff orientation of an Infection Prevention and Control Plan.

Staff were observed to be following service guidance around changing and cleaning uniforms at their workplace - this is to be commended and reinforced to staff.

In addition, surveyors identified that hand hygiene auditing is conducted retrospectively whereby staff are directed to complete a compliance survey twice annually. We identified that less than 50% of staff completed the survey. The organization is encouraged to explore a more objective method to ensure hand hygiene compliance. Ideally one that confirms the compliance of self-reporting and look for areas where improvement is needed.

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: April 17, 2022 to May 9, 2022**
- **Number of responses: 6**

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	17	83	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	67	17	17	69
4. As a governing body, we do not become directly involved in management issues.	0	17	83	85
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	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.	17	0	83	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	17	83	95
9. Our governance processes need to better ensure that everyone participates in decision making.	17	50	33	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
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	67	33	82
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	0	100	96
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	33	67	76
17. Contributions of individual members are reviewed regularly.	0	67	33	63
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	17	83	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	50	50	57

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	17	83	79
21. As individual members, we need better feedback about our contribution to the governing body.	33	33	33	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	50	50	76
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	33	17	50	74
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	17	83	87
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	17	83	90
27. We lack explicit criteria to recruit and select new members.	50	33	17	79
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	17	83	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	89
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	17	83	94
31. We review our own structure, including size and subcommittee structure.	0	50	50	90
32. We have a process to elect or appoint our chair.	0	33	67	93
33. Patient safety	0	50	50	82
34. Quality of care	0	50	50	83

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2022 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

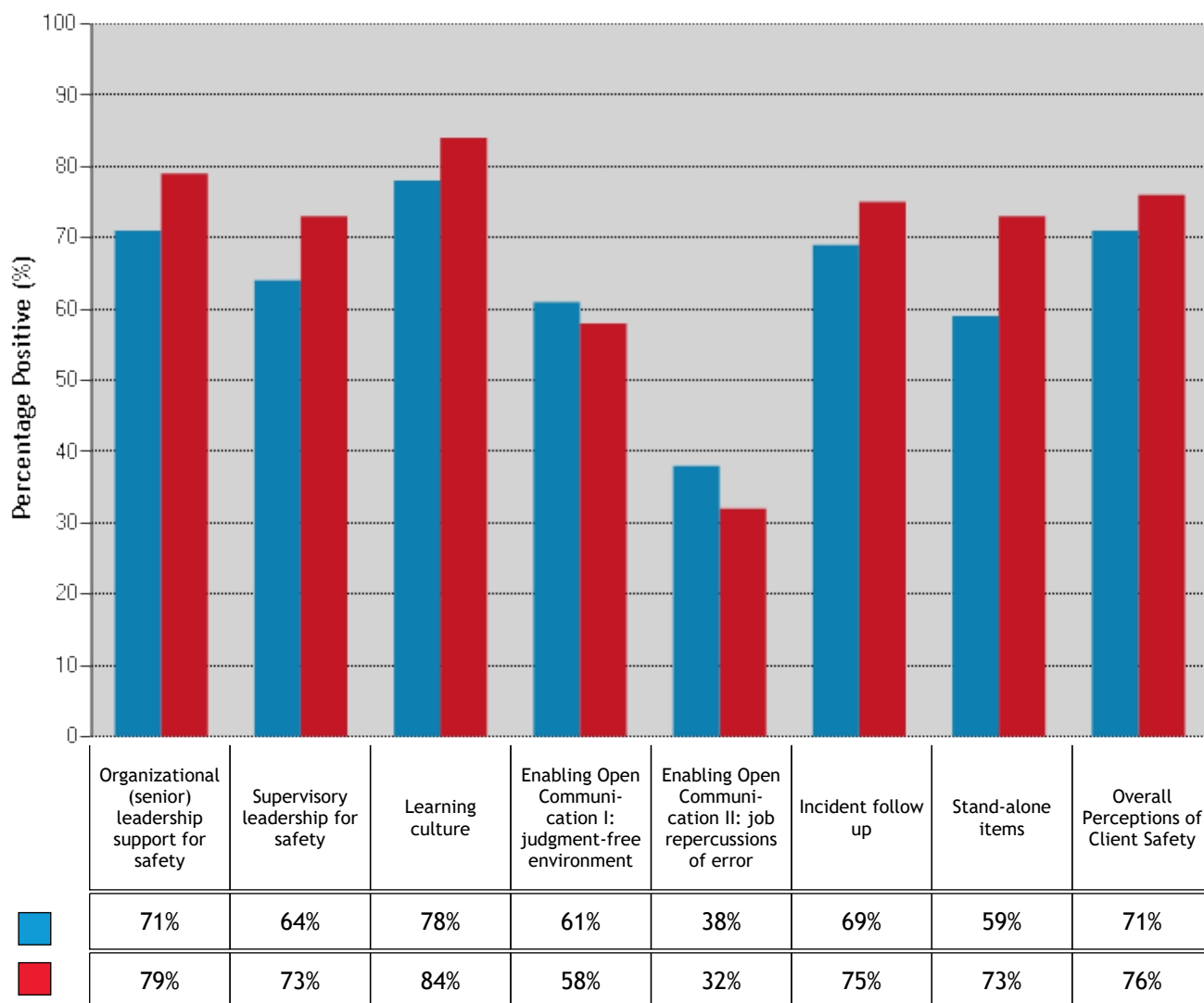
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: May 20, 2022 to June 25, 2022**
- **Minimum responses rate (based on the number of eligible employees): 324**
- **Number of responses: 563**

Canadian Patient Safety Culture Survey Tool: Community Based Version: 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 January to June, 2022 and agreed with the instrument items.

Worklife Pulse

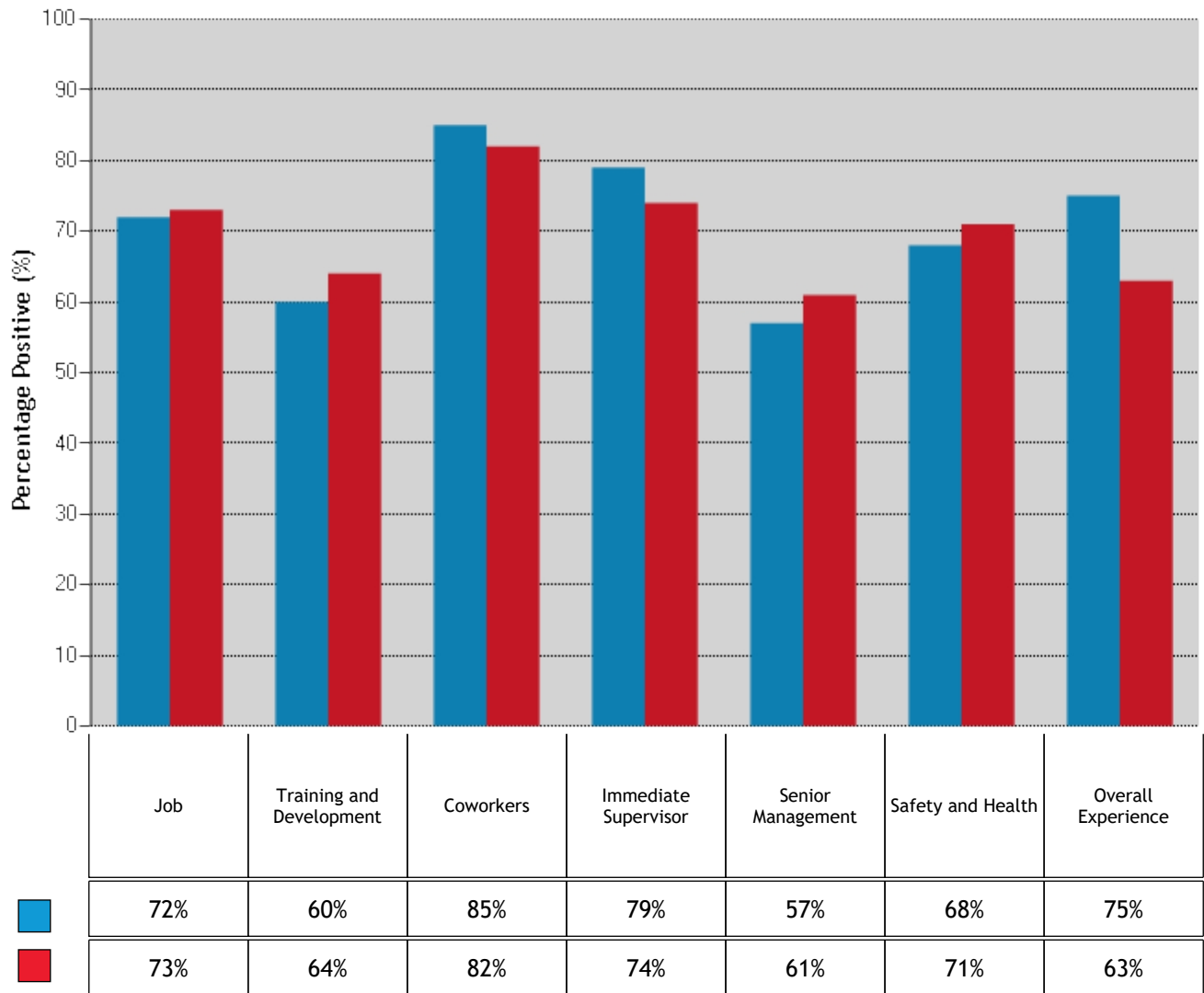
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: May 20, 2022 to June 25, 2022**
- **Minimum responses rate (based on the number of eligible employees): 328**
- **Number of responses: 595**

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 January to June, 2022 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 15 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Priority Process	Description
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge