



HopeGreyBruce Mental Health and Addictions Services

Accredited with Commendation

April, 2016 to 2020

HopeGreyBruce Mental Health and Addictions Services has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement. It is accredited until April 2020 provided program requirements continue to be met.

HopeGreyBruce Mental Health and Addictions Services is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

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

Accreditation Canada commends **HopeGreyBruce Mental Health and Addictions Services** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Accreditation Canada

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

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

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

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

Demonstrating a commitment to quality and safety

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

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

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

On-site survey dates

April 3, 2016 to April 7, 2016

Locations surveyed

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

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

Standards used in the assessment

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

Summary of surveyor team observations

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

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

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

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

HopeGreyBruce (HGB) Mental Health and Addictions Services is a community-based mental health and addictions organization offering over twenty kinds of services. Governed by an eleven-member board of directors, it offers high-quality, client-centred care.

To conduct the accreditation on-site survey, surveyors held focus groups and one-to-one interviews, speaking with clients, families, staff, leadership, and the governance board. We accessed feedback about the organization from allied health services, community partners, and stakeholders. We were welcomed warmly into the organization by all we met.

The work done by HGB for the survey was outstanding. We were given documentation that was organized, relevant, and clear. The survey schedule was detailed and the assistance provided by the organization helped make this a thorough, successful survey and aided us greatly in the completion of our tasks.

The whole organization appears to have embraced accreditation and its principles. Staff at all levels were aware of and prepared for the survey. Accreditation and quality improvement actions and language were readily recognizable as part of the culture of HopeGreyBruce.

This non-profit, charitable organization, established in 1985, has grown to be a strong, impressive health care provider. It has a great deal of which to be proud.

The eleven members of the board of directors come from a variety of backgrounds and each brings important skills to the governing table. The energy and enthusiasm they feel for the work done by the organization is easy to see.

Board members interact with front-line staff at least annually at an all-staff meeting and at other times through various educational opportunities.

Board members follow clear and concise policies and procedures. A focus on quality, ethical work is

promoted at all levels of HGB.

Board members report being provided with the documentation they need to complete their role in a timely manner. There are subcommittees of the board that meet monthly outside of the regular board meeting.

A major task undertaken by the board since the Primer survey was to hire a new executive director for HopeGreyBruce. As a reflection of their commitment to quality, this process was long and detailed. A subcommittee was struck and held interviews. The successful candidate is a valued liaison with the board and gives thorough updates to board members at board meetings and via email.

HopeGreyBruce has long-standing relationships with several partner organizations. Through attendance at community meetings, initiating community responses to given issues, and a strong emphasis on the value of partnerships, this organization is to be commended for the relationships it has built.

Community partners speak highly of the organization and describe the staff as dedicated and competent.

HGB has led responses to such issues as the crystal meth crisis that the town was experiencing. It partners with several community agencies on the Pregnant Parenting Mothers program, which is a stellar program that has incredible outcomes.

Involvement in the Pathways Protocols Partnerships task force, which meets to develop responses for school-age children in crisis, is another important HGB partnership.

As stated, this organization is a leader in many ways. It has hosted several pilot projects which have gone on to become provincial initiatives.

One initiative that stands out is the Peer Support program. This program has been so successful that the province is looking at using the HGB model as the standardized model in the province.

Another program that involved risk and leadership is the housing programs that HGB oversees. The relationships that the organization built with landlords and potential landlords has led to clients having stable affordable housing. The emphasis on housing and the investment put into housing is to be commended.

HopeGreyBruce is well placed to be a leader in research as well. It partners already with various research agencies. Given the complexity of the clients served, the data that can be obtained, and the range of programs offered, this organization has the potential to become a leader in addiction and mental health research.

Services are delivered with the values, mission, and vision of the organization clearly at the forefront. This client-centred organization meets client needs by having staff who are able to use best practices in case planning.

Clients report feeling respected and valued.

Client safety is a major focus. All clients interviewed for the on-site survey reported feeling emotionally and physically safe at this organization.

A vast array of services is offered. Using feedback from the community, clients, staff, and partner agencies, the organization adapts its services to respond to need.

Staff report feeling valued and respected at work. There is a culture of fun, support, empathy, and kinship.

There are several attractive non-cash benefits offered to employees. Staff wellness is a value of the organization. Staff report feeling satisfied with the compensation they receive.

The huge fiscal investment in off-site and in-house training and education was mentioned by all staff interviewed. This is definitely a learning culture.

Clients interviewed for the on-site survey report a very high degree of satisfaction with the care they receive.

The organization has undertaken several versions of client satisfaction surveys on its own and has used the data to alter programming. A blitz earlier this year was done using the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA) client satisfaction tool. This was administered to every active client and those discharged within the past six months. There was a high response rate and detailed feedback was received.

While client satisfaction is extremely important, the organization is encouraged to place continued effort on client outcomes, not just satisfaction.

This wonderful organization was a delight to survey. Staff at all levels were well aware of the accreditation process. We were welcomed warmly and our feedback was sought and accepted.









HopeGreyBruce offers quality addiction and mental health services and is well placed to be a leader provincially and nationally.

Overview: Quality dimensions results

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

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

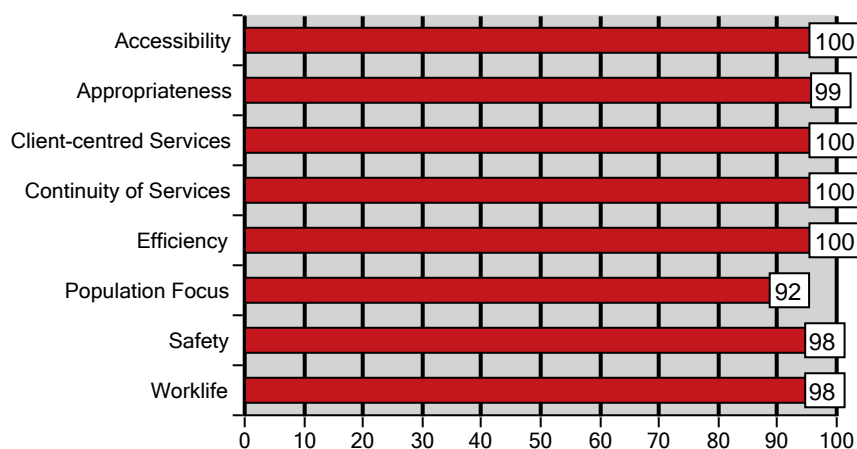
The quality dimensions are:

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

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

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

Quality Dimensions: Percentage of criteria met



Overview: Standards results

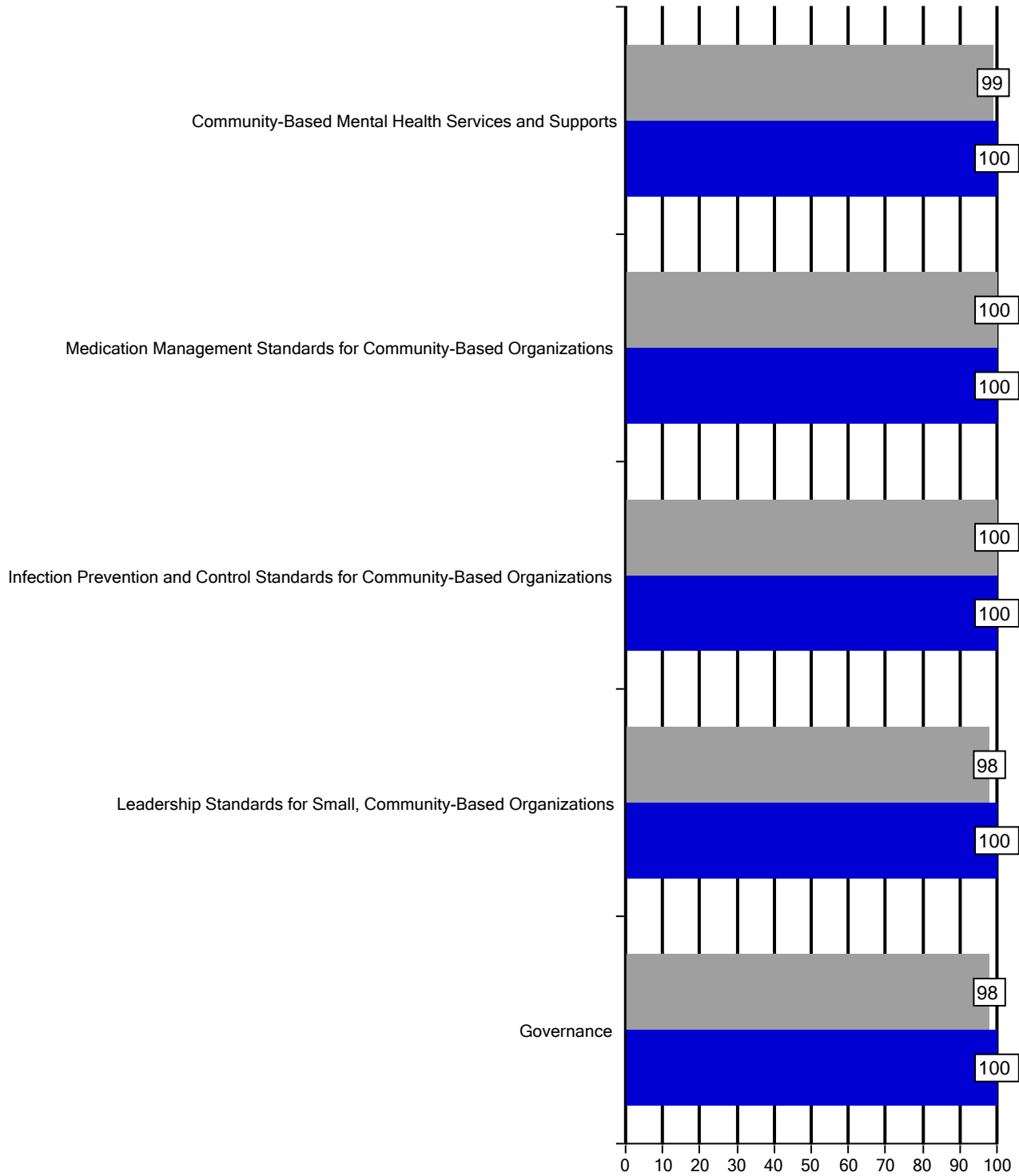
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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

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

Standards: Percentage of criteria met

High priority criteria met
 Total criteria met



Overview: Required Organizational Practices results

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

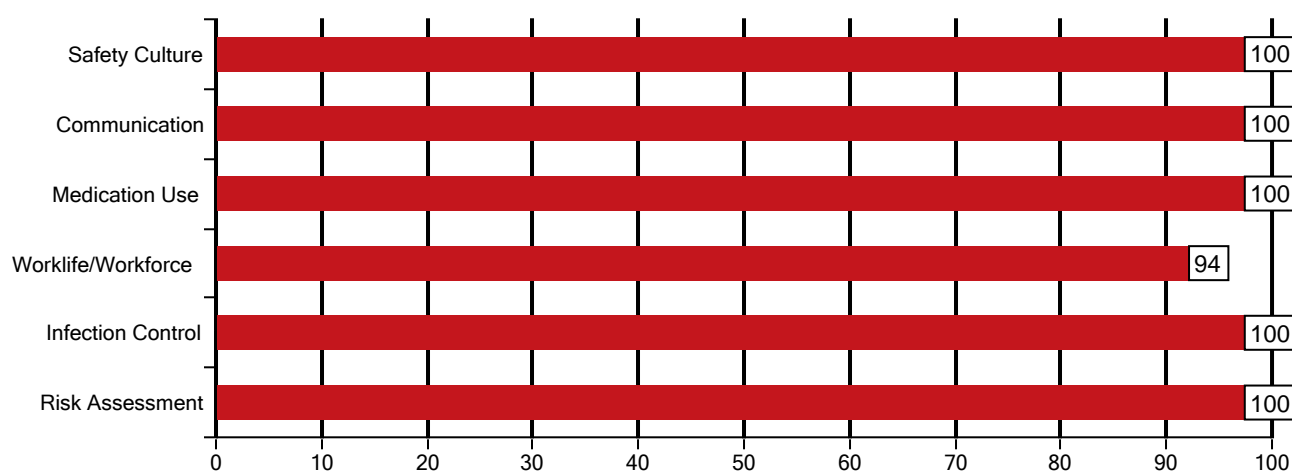
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

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

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

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

ROP Goal Areas: Percentage of tests for compliance met



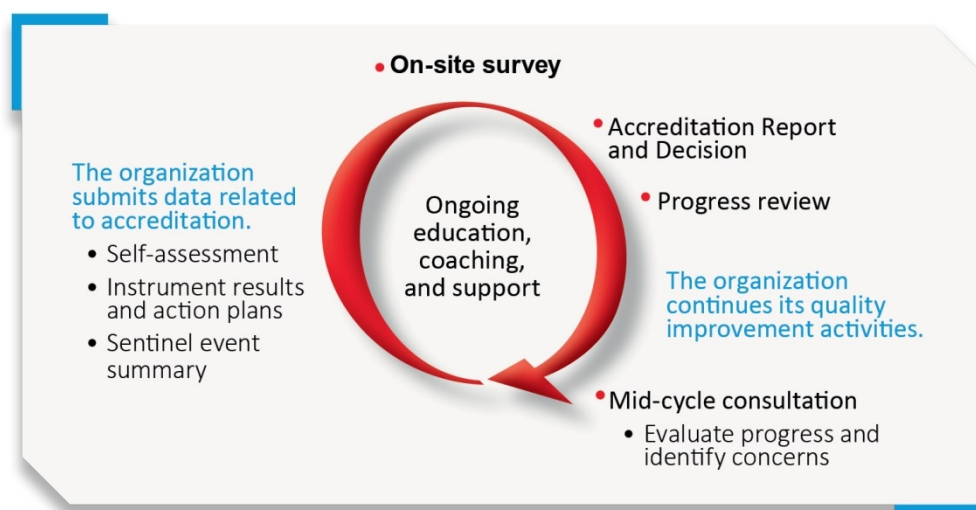
The quality improvement journey

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

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

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

Qmentum: A four-year cycle of quality improvement



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

Appendix A: Locations surveyed

- 1 Brooke House
- 2 Central Administration Office & Base Offices for Addictions Services, Community Network Support Team, Consumer/Survivor Development Project, Family Support Initiative and Telemedicine Program (Owen Sound Office)
- 3 Central Grey Bruce Community Mental Health Team (Hanover)
- 4 Community Connections Housing & Support Base Office
- 5 Frank Street Group Home
- 6 The Green House

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

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

- High-alert medications
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Worklife/Workforce

- Patient safety plan
 - Patient safety: education and training
 - Preventive maintenance program
 - Workplace violence prevention
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Infection Control

- Hand-hygiene compliance
 - Hand-hygiene education and training
 - Reprocessing
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Risk Assessment

- Suicide prevention
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