



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Maltby Centre

Kingston, ON

On-site survey dates: October 16, 2023 - October 19, 2023

Report issued: November 15, 2023

About the Accreditation Report

Maltby Centre (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 October 2023. 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 that reads "Leslee Thompson". The signature is written in a cursive, flowing style.

Leslee Thompson
Chief Executive Officer

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Executive Summary

Maltby Centre (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

Maltby Centre's accreditation decision is:

Accredited with Exemplary Standing

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

About the On-site Survey

- **On-site survey dates: October 16, 2023 to October 19, 2023**

- **Locations**

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

1. Kingston Office
2. Napanee Office
3. Northbrook Office (small satellite office)
4. Sharbot Lake Office (small satellite office)
5. Sydenham Office (small satellite office)

- **Standards**

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

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Leadership Standards for Small, Community-Based Organizations
4. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

5. Community-Based Mental Health Services and Supports - Service Excellence Standards
6. Intellectual and Developmental Disabilities - 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)	28	0	1	29
 Accessibility (Give me timely and equitable services)	20	0	3	23
 Safety (Keep me safe)	84	0	43	127
 Worklife (Take care of those who take care of me)	54	0	4	58
 Client-centred Services (Partner with me and my family in our care)	101	0	14	115
 Continuity (Coordinate my care across the continuum)	19	0	1	20
 Appropriateness (Do the right thing to achieve the best results)	222	0	38	260
 Efficiency (Make the best use of resources)	20	0	1	21
Total	548	0	105	653

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	44 (100.0%)	0 (0.0%)	6	36 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	6
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	70 (100.0%)	0 (0.0%)	0	110 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	23 (100.0%)	0 (0.0%)	11	38 (100.0%)	0 (0.0%)	9	61 (100.0%)	0 (0.0%)	20
Medication Management Standards for Community-Based Organizations	1 (100.0%)	0 (0.0%)	29	1 (100.0%)	0 (0.0%)	39	2 (100.0%)	0 (0.0%)	68
Community-Based Mental Health Services and Supports	44 (100.0%)	0 (0.0%)	1	94 (100.0%)	0 (0.0%)	0	138 (100.0%)	0 (0.0%)	1
Intellectual and Developmental Disabilities	52 (100.0%)	0 (0.0%)	2	91 (100.0%)	0 (0.0%)	2	143 (100.0%)	0 (0.0%)	4
Total	204 (100.0%)	0 (0.0%)	49	330 (100.0%)	0 (0.0%)	50	534 (100.0%)	0 (0.0%)	99

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Intellectual and Developmental Disabilities)	Met	4 of 4	1 of 1
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

Maltby Centre, previously accredited by the Canadian Centre for Accreditation (CCA) is commended for its commitment to continuous quality improvement and is welcomed into the Accreditation Canada family. The Maltby Centre was originally established as Pathways for Children & Youth in 1996. It has since been renamed in honor of its founder, JoAnne Maltby. It is the lead agency for mental health and autism services to children and youth in Kingston, Frontenac, Lennox, and Addington (KFLA). The Maltby Centre has 5 campus locations operating within the KFLA area - Kingston, Napanee, Northbrook, Sydenham, Sharbot Lake.

The Maltby Centre provides approximately 3500 annually to clients in their home settings as well as in schools and other community locations. Staff of the Maltby Centre is committed to client-centered service for clients and families and strive to tailor these services to individual needs. The flexibility in providing services either virtually or in-person is but one example of this tailoring. Through collaboration and integrated leadership locally, regionally and across Ontario the Maltby Centre's staff work to support clients and families in reaching their full potential.

Key objectives of this survey were to receive feedback on the organization's autism services as well as its quality improvement safety and risk management practices.

Maltby Centre is fortunate to have a governing body committed to its vision of 'Inclusion. Acceptance. A Life Without Barriers,' a community where children, youth and their families are provided with timely mental health care and autism services and are empowered to thrive and seek out opportunities to hear client voices directly/indirectly. For example, through client stories, review of client satisfaction survey results, complaints, and having a board member with lived experience.

The organization is attuned to the needs of the community and the increasing complexity and acuity of present and prospective clients. The establishment of an Equity, Diversity, and Inclusion (EDI) policy and committee is an example of the Maltby Centre's commitment to addressing the unique needs of individuals being served. Other examples include, but are not limited to, the creation of a Truth and Reconciliation Committee, alignment with the Indigenous Health Council, introduction of an Indigenous Mental Health Worker and the focus on providing services in both English and French.

The board recently recruited a new Executive Director (ED) to support and lead the strong, but relatively new, leadership team. The addition of a Director, People Services are among other key changes recently experienced by the organization, its staff, and its clients.

The change in Ministry of Children, Community and Social Services (MCCSS) funding model from 100% base funding to a 'Fee for Services' model has the potential for significant impact for clients requiring autism services. The team has developed a short-term contingency plan to address some of the real and anticipated concerns resulting from this change however, longer term solutions are needed. The Maltby Centre is working with its peers and partners to further address this situation.

This funding change has added to already existing challenges such as sustainability of the high level of quality services to which clients have become accustomed, competing priorities within the health care sector, the increasing complexity and acuity of client needs. Maltby Centre is aware of these pressures and are proactive in building strong, strategic community linkages which has positioned them well to meet these, and other, challenges ahead.

There is evidence that staff is highly valued as noted by the organization's commitment to ongoing professional development. This is applauded.

Maltby Centre has a robust quality improvement plan which incorporates risk management and mitigation as well as client safety and a healthy workplace. The Maltby Centre's team has worked diligently to promote a culture of quality and safety. The commitment to providing opportunities for client and family input into decisions affecting the organization is noted with approval. Clients and family members interviewed speak very highly of the respect for their input into their individualized goals. They further commented on the compassion and support that they receive from the Maltby Centre's staff.

Client and families express much satisfaction with the services they receive and feel that they are included in decision-making both with their individual goals and within the organization itself. One example provided was the input requested regarding the Maltby Centre's expansion of hours.

The organization's strategic planning process involves the board, senior leadership, staff, clients, families, and community partners. Input is achieved through a variety of venues. These include but are not limited to, the Youth Advisory Committee (YAC), the Family Advisory Committee (FAC), and surveys to peers and partners. The Maltby Centre is commended for its commitment to continued exploration of opportunities for greater input from all stakeholders as it embarks on a new strategic planning process in May 2024.

Maltby Centre is driven by the people who work for the organization to make the lives of the people they serve better. The WorkLife Pulse Survey conducted in preparation for this accreditation survey indicated areas of concern particularly related to staffs' psychosocial health and safety. It is noted that the feedback was collected at a time of significant change for the organization. To address the concerns raised in the survey a staff committee was formed and an action plan was developed. Progress on the implementation and outcomes associated with this plan have been positive to date. The team plans to re-administer the WorkPlace Pulse survey again in January 2024. This is positively noted.

The organization provides a high standard of client care to an increasingly complex population. The high level of respect and the positive regard for each other and their clients and families were obvious and was reflected in the responses of the clients and families.

The Maltby Centre continues to provide challenging and expert care in a very fluid system however, the strong organizational vision and mission will undoubtedly serve them well in the future.

The Community Partners Focus Group noted the collaborative relationship with the Maltby Centre's management staff. It was also noted that staff have a good understanding of the environmental factors that impact their collective target populations.

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: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Maltby Centre Board of Directors is commended for its ongoing support to the organization and its leaders and for its support of the Maltby Centre's initial Accreditation Canada's survey – a quality improvement journey.

The Board of Directors is a diverse, skills-based board, composed of ten directors. The board takes its roles, responsibilities, and legal obligations seriously. They are a passionate, engaged, and thoughtful group of volunteers who understand their fiduciary duties and in particular their overall accountability for the quality and safety of the services provided by the organization.

The board has recently welcomed three new members to the table, each bringing their passion for the work of Maltby Centre as well as varied backgrounds and expertise which will compliment the current membership. Member recruitment is strategic, ensuring that competencies and skill sets align with strategic directions. There is a selection matrix which assists in the recruitment of new members. The board has assessed the skills currently required by the governing body and has identified the addition of legal expertise as one. The board is wished well in its recruitment efforts.

New board members receive a comprehensive orientation which is evaluated for quality improvement in accordance with governance policy.

The board has three sub-committees - Governance, Finance and Audit and Risk, and Quality. These subcommittees meet regularly and provide valuable input to the decision-making process to the board as a whole.

The board has just recently hired a new, highly experienced, Executive Director (ED). During the past two months the ED has been learning about the organization, its strengths and currently challenges and becoming acquainted with staff and clients. In addition to this, the Maltby Centre has been preparing for its first Accreditation Canada survey. A great welcome to Maltby Centre! She is wished well in her role.

Management provides the board with regular reports to ensure they can monitor all aspects of the business and progress on their strategic plan and annual operating goals. Relevant key performance indicators have been identified and used in the report to the board in a dashboard format. It is acknowledged that changes will be forthcoming to some of these performance indicators to ensure alignment with the new 'fee for service' funding model for autism services.

Policies and procedures which provide direction to the board have been developed and shared with board members.

The board oversees the strategic planning process and monitors the progress in achieving of the goals set out within the plan. The strategic plan is used to inform operational planning which is led by the Executive Director. Regular reporting on progress towards meeting the strategic directions is provided to the board by leadership. A new strategic planning exercise will take place in the spring of 2024. Preparations for important session have already begun. Plans to seek input from clients, families, staff, partners, and other stakeholders will be included in these preparations.

The board members are strong advocates for Maltby Centre and have a good working relationship with the Executive Director and the senior leadership team. This will serve to strengthen the organization as challenges continue to present themselves. Some current challenges that were identified and discussed during this survey include, but are not limited to, changes to the provincial funding, especially for autism programs and services; sustainability of the delivery of high-quality services, with limited resources; an increase in the complexity and acuity of client needs; competing priorities within the changing world of health care and uncertainty around further potential or real changes from the Ministry of Health (MOH) and/or the Ministry of Children, Community and Social Services (MCCSS).

The board has a formal succession plan for the replacement of the Executive Director (ED).

Encouragement is given for the continued exploration of opportunities to inform staff, stakeholders, and the community about the organization, including the strategic plan, goals, and objectives; decisions that affect the operations of the organization; changes in the external environment that impact the organization's services or create risks or opportunities; and changes in its own membership, structure, or operations.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is acknowledged for its commitment to promoting a culture that challenges all staff to live its mission, vision, and values as part of the everyday workplace. The commitment to professional development for staff is noted positively.

The current strategic plan will be completed in the spring of 2024 and preparations for a new planning session have begun. A consultant will be contracted to assist with this important undertaking. The planning process will be led by the Board of Directors with support from the Executive Director and the Senior Leadership team. Input will be sought from clients through the Youth Advisory Committee, families through the Family Advisory Committee, staff, community partners and other stakeholders. Information gathered from an environmental scan will also be used to help inform the planning process.

The Maltby Centre is commended for its progress in meeting the goals of the current strategic plan. The commitment to quality, risk management, safety and a healthy workplace as strategic priorities are noted with approval.

Maltby Centre has many strong community partnerships. Community partners speak well of their relationship with the management team. They did offer encouragement for the Maltby Centre to focus on promoting its core services within the community at large and to promote community awareness of 'Maltby Centre' versus its former, more recognized name of 'Pathways for Children and Youth.' Several members of the community partners' focus group expressed this.

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The board and the senior leadership team work together to address organizational budgetary and financial concerns. Capital budget requests are done through the Ministry of Health on an 'as needed' bases.

The recent introduction of a new 'fee for service' funding model for autism services is a major shift for the organization and has the potential for significant impact on client services. The Maltby Centre has developed a contingency plan to assist in mitigating risks where possible. They are wish well in facing challenges arising from this change in operations. Regular communication with government representatives to address the Maltby Centre's concerns as well as advocating for families, where possible, is part of their plan. The team is wished well as it endeavours to address this situation.

Processes for contracted services are clearly defined for the organization as are procurement processes.

Independent financial audits are conducted annually in accordance with generally accepted accounting principles (GAAP). Audits results are shared with the board and as required of a publicly funded organization.

Resource allocation decisions consider client safety, impact on client care and service delivery, and potential risks.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Human capital is recognized as a valuable resource at Maltby Centre. To this end, the leadership team recognizes the importance of work life balance and has introduced a number of strategies to ensure a healthy workplace. There is an active Wellbeing Committee which promotes, among other things, fun activities for staff. Staff also have access to EFAP.

During the past four years there have been changes in leadership at Maltby Centre which included a redesign of the management structure resulting in changes in some roles across the organization. In addition to this, a change in funding led to a reduction of staffing by 15%. The Maltby Centre was fortunate to be able to achieve this decrease without any layoffs. This is commendable.

It is felt that the results of the Work Life Pulse survey conducted in preparation for this Accreditation survey were impacted by the changes noted above. An action plan, with staff input, was developed to address the areas of concern flagged in the survey. A Psychological Health and Safety Committee, a subcommittee of Joint Occupational Health and Safety (JOHS), resulted from this action plan. Also, the addition of a Director of People Services position was related to the results of this survey. Plans to re-administer the Work Pulse Life survey in January 2024 is strongly supported.

The orientation process for new staff is detailed and comprehensive. Staff is held accountable to the Maltby Centre's code of conduct and confidentiality agreement as well as to its policies and procedures.

Staff training and education is a definite strength of this organization. It is noted one and one-half percent of the staffing budget is allocated to professional development. The board is commended for this commitment to a culture of continuous learning.

The increasing complexity of clients needs including equity, diversity and inclusion is recognized by Maltby Centre. To better prepare staff to meet these needs, the Maltby Centre's emphasis on introducing Trauma-Informed Care training is commended. Equally commendable is the Rainbow Diversity Training which helps organizations along the path towards becoming more open and welcoming, as well as equitable and accessible to persons of all sexual and gender diversities. The Maltby team is recognized for its proactivity in these areas.

Attention to Workplace Violence and the education of staff in this area is noted with approval. Equally impressive is the focus on training in client and workplace safety.

Students are welcomed at Maltby Centre.

Performance reviews are conducted bi-annually and are oriented to professional growth and development. Staff input into their goals are commended.

Staff note that they feel valued by the organization and supported by management. A high level of staff engagement was noted during this survey. Staff is clearly valued, and this is evident in their passion and enthusiasm. A confidentially accessible Employee and Family Assistance Program (EFAP) program is available for all. Team meetings are held regularly and include updates on the broader organizational developments and successes, which supports continued engagement. A recent all-day staff meeting was well received by those in attendance.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Maltby Centre team is commended for its commitment to continuous quality improvement and risk management and in its efforts to promote and sustain a culture of client safety across the organization.

The Maltby Centre has two active quality committees – a subcommittee of the board and an internal staff committee with the internal committee providing information to the board committee. Quality committee reports, as with all committee reports, are linked to the appropriate pillars within the current strategic plan. Key performance indicators have been identified for quality improvement, risk management, and client and workplace safety.

The Maltby Centre has a comprehensive quality improvement plan which is outcome focused. This robust integrated quality plan utilizes a balanced scorecard to inform the board of organizational quality, safety and risks which assists the board members in their decision-making. It is noted that changes are forthcoming to this scorecard as a result of the change in funding model for autism services.

Data collection, analysis and evaluation processes are well established and clearly defined. The team is recognized for its efforts in moving this forward. The team is encouraged to continue its efforts to provide training and education to all staff on integrated quality management processes. The Maltby Centre will benefit greatly from such an initiative.

The recent introduction of Suggestion Boxes as a way for staff to offer input, anonymously, into quality improvement activities is proving to be very beneficial.

Critical incident reporting processes are well defined and comprehensive. The inclusion of details on the disclosure process and information on debriefing resources following a reportable incident are positively noted. Corrective actions are implemented as necessary with the actions taken being monitored for effectiveness. It is noted that the lessons learned from incident report investigations will be used in promoting a 'just culture' within the workplace.

The Workplace Violence Policy affirms the Maltby Centre's commitment to building and preserving for its employees a safe, productive, and healthy working environment. Evidence to support this focus on a healthy and safe work environment was noted throughout the survey.

There is a strategy which addresses prevention and reporting of client abuse.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Maltby Centre is clearly committed to grounding all decisions made at the leadership and governance tables to the organization's strategic plan and the Maltby Centre's mission, vision, and values. The Code of Conduct incorporates guiding principles, policies, values, and standards of expected behaviour into one overarching document.

There are supports in place for program/service teams, staff, clients, and families when ethical dilemmas emerge to ensure all voices are heard and difficult issues can be resolved, and decisions made thoughtfully and collaboratively.

Maltby Centre also has a Professional Practice Advisory Committee (PPAC) which facilitates dialogue, supports decision-making, and promotes excellence in the domains of health disciplines practice, education, research, and quality.

The Decision-Making Framework is comprehensive, and the Maltby Centre's Research Ethics Committee members have all been trained on the principles within the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Maltby Centre encourages and is supportive of research that is relevant to Maltby Centre's mission. There is a policy which clearly defines the review and approval process of any research projects and includes steps that protect the rights of research participants. The organization has access to objective external reviewers, when necessary, through Queens University or St. Lawrence College. An example of a current research project underway at the Maltby Centre is the 'Care for Adolescent who Receive Information 'Bout Outcomes' (CARIBOU). This project provides an evidence-based approach to treating depression in youth and uses a measurement-based framework for assessing and monitoring their progress. This is a three-year project in collaboration with the Centre for Addiction and Mental Health (CAMH).

The team is encouraged to consider expanding its ethics activities to include case studies on a quarterly basis. The lessons learned from this could be useful when dealing with current or future situations. The inclusion of an ethicist to such discussions is also a consideration. This type of review has been used by other organizations as a part of their training on managing ethical dilemmas.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

A robust three-year Communication and Engagement Strategy has been developed and is being rolled out across the organization.

The Maltby Centre uses various types of internal and external communication tools. These include printed and digital materials, available in both English and French, social media etc. The website has recently been updated, largely in response to recommendations from the Youth Advisory Committee (YAC). One example of a change resulting from YAC's feedback is the introduction of youth portal. Another is the addition of TikTok to the Maltby Centre's social media platforms.

A new internal newsletter from the ED has been introduced and plans to revitalize the external newsletter is in the works. Monthly 'Tech System' updates are in place to keep staff apprised of information management news.

Plans to explore further opportunities to share more organizational information regarding quality initiatives, key performance indicators etc. with stakeholders and with the broader community are commended.

Attention to security and privacy of information is commended. Information management policies and processes are in place to ensure good risk management practices. Examples include cybersecurity, phishing, back up systems, multi-factor password protection etc.

The recent "All Staff Day" was welcomed. Equally noted is the feedback from staff indicating that they are feeling more informed and that their input and suggestions are welcomed.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is comprised of 5 physical locations. The main office in Kingston, ON, is fully occupied by staff of Maltby Centre rents and occupies half of their main office building in Kingston, ON, while the four rural sites share space with various health and government services. Renovations completed during the COVID-19 Pandemic were done in consultation with Infection Prevention and Control (IPAC) professionals and Public Health. The organization uses certified tradespeople to support any issues with electrical/plumbing etc. Ventilation is checked every 6 months.

There is emergency lighting in place in the event of power failure. ALL IT systems are backed up.

The environment is clean, spacious, and decorated in colours that support a calm environment. Parking lot lighting has been changed to improve client/staff safety during evening programs. A remote camera in the reception area allows for visualization of the front lobby and hallways on the main floor.

The organization seeks to reduce the impact on the environment with the following initiatives: confidential shredding, old laptops are cleared and given to clients for use in virtual sessions, hybrid work model reduces travel impacts, paper printing. Billing and collections are done electronically. Client files are 100% electronic. Lighting will be upgraded from fluorescent to LED in the future. The organization plans to include applicable UN Sustainable Development goals in the next Strategic Plan.

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 organization's policy for pandemic planning and managing outbreaks are well developed through consultation with consultants and other community health organizations.

There is good communication with employees, clients, and volunteers.

An emergency disaster management is in place. Fire drills are conducted twice yearly with the fire department having attended one of the drills. Learnings from the drills guide improvement activities.

There is good communication with front line teams, families, and volunteers in the event of an emergency, or office closures due to weather, through an email chain or email information.

The organization has developed plans for several emergencies/disasters i.e., Bomb threat, among others.

As this work is reviewed, It will be important for the organization to determine which emergency/disaster plans need to be included in their planning and whether or not some may be added.

This work falls under the responsibility of the Joint Health and Safety Committee who approach this work with enthusiasm, commitment and are thorough in their approach.

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)

Maltby Centre is commended for promoting a culture of people-centred care. Throughout this survey there were many examples provided to support clients and families as being important contributors to decision making.

There is any abundance of evidence to support many community linkages and many partnerships.

There are several advisory committees at Maltby Centre which include the Family Advisory Committee (FAC) and the Youth Advisory Committee (YAC). Feedback from these groups indicate that participants feel that they have a platform to voice their concerns and to offer input into organizational decision-making. Examples include, but are not limited to, contribution to facility design, selecting paint colors, strategic planning, policy, and procedure development.

Wait time has been identified as one of the performance indicators that the team closely monitors. Other measures include successfully reducing barriers to services, complaints and concerns, safety, and risk management etc. These and other key performance indicators are focused on improving processes that will enhance people-centred outcomes.

Managers are active participants on many external committees, advisory groups, etc. The Roadmap to Wellness is one example of such a committee which is chaired by a member of the Maltby team. It is recognized that involvement in external committees is important and, in some cases essential, to positioning the Maltby Centre and the programs. The team is supported however in its plan to build management capacity within the organization by reviewing a complete list of external tables at which Maltby is represented. This list can then be prioritized in accordance with the core programs offered by the Maltby Centre.

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)

Patient flow was reviewed for both Community Mental Health and Autism Services. There are significant barriers to families accessing funding for services. Intake and family support coordinators, help families by redirecting them to free services within the organization or outside of the organization if there are other services available. Staff advocate for families to be able to receive services required and encourage families to advocate for themselves.

Leadership staff monitor wait times for programs and have developed interim solutions to support families with complex needs with block funding for one particular service.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The only medical device on site is an Automated External Defibrillator (AED). The device is inspected monthly during the Joint Health and Safety Committee inspection. The recommended intervals for inspections and replacement parts are followed. Staff training on the AED is provided at the same time as CPR/First Aid training.

Many standards are not applicable to this organization as there are no medical devices/equipment that requires cleaning, disinfection, or sterilization.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

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

Medication Management for Community-Based Organizations

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The organization works with families and their pediatric clients throughout the assessment process, goal setting and review processes. Pediatric clients participate to the extent they are able and developmentally ready.

The organization works in partnership with many community agencies. Many staff are embedded in the school system and work with the education system to support their clients.

There is a strong focus on reducing the stigma of mental health in the community with the organization participating in Mental Health Awareness activities. The New Mentality is a program dedicated to reducing stigma and is active and innovative in this work.

The team is comprised of different mental health professionals who bring a variety of skills and expertise to the table.

Priority Process: Competency

The organization places a great deal of emphasis on training employees on the skills and knowledge required to work in the field. This includes everything from patient safety, workplace health and safety to nonviolent crisis intervention. There is opportunity for ongoing professional development for employees beyond the orientation period. Patient and staff safety is a strong focus. The organization promotes educational activities that are pertinent to the whole organization, while including opportunities for learning needs identified by their team members. Some funding for continuing education is available.

There is a mechanism for employees to bring forward concerns/complaints. Workplace violence/harassment policies are posted on the Joint Health and Safety Committee bulletin board.

Priority Process: Episode of Care

The Episode of Care consisted of a visit to a school program, a file review, interviews with team members and a tour of a rural site.

It is evident that there is a strong focus on client centredness and a dedication to supporting clients in the best way possible. Timeliness of services may be a challenge in some cases due to wait lists and delays in families obtaining funding for services. Team members focus on what can be accomplished with existing services within and outside of the organization.

A consistent baseline assessment is completed for all clients in collaboration with families and therapists and select other tools to assess client function based on need. The client is involved in service planning.

There are often numerous professionals involved with clients, families and therapists are able to support them with system navigation.

The observation in the school program demonstrated the focus on client involvement in goal setting as students reflected on their progress in meeting goals and what they were proud of that day.

There are many transitions that occur throughout the service planning for this client group (home school to specialized program and back, transition to the next level of school, transition, or discharge to a new program, among others).

There is a great deal of emphasis on information transfer, warm handoffs and maintaining a presence for a time during the transitions. The transition process is evaluated by reviewing client adaptation to the new situation and making changes to the plan should that be necessary. It is evident that a great deal of effort is made for a successful transition.

The organization has the capability and is encouraged to consider a more robust evaluation of their transition processes to determine what works well and what could potentially be improved at this vulnerable time in client's lives.

One family member was contacted for feedback during the survey. The client was very appreciative of the services received and stated it made a world of difference and her daughter was doing well. She felt like she had "won the lottery" and had kudos for the staff member involved.

Priority Process: Decision Support

There is an electronic record to document client intake, assessments, interventions, referrals, and service plans. Clients and families receive copies of reports should they wish. Information can be shared with organization if the client and family consents.

There is an individual who oversees the privacy aspect of sharing records, request for records and sharing records with other parties and disclosure. People are appreciative of having someone available to guide them through this process!

Encrypted email is available to transition documents to clients and families directly.

Priority Process: Impact on Outcomes

There is a policy covering ethical research and a committee reviews all research projects the agency is requested to participate in. Clients and families are invited to participate should the project be relevant and not cause hardship for clients and their families.

A patient safety incident system is in place. More serious incidents are reported to government. Analysis of the patient safety incidents supports quality improvement activities.

The organization has a strong focus on quality improvement initiatives.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	

The organization has met all criteria for this priority process.

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

The organization partners with local Public Health and other relevant stakeholders to support Infection Control for employee and patient safety. These relationships were enhanced during the COVID-19 pandemic and the organization benefitted from the exchange of evidence-based information to guide their planning.

There are detailed policies/procedures regarding pandemic planning, infection prevention and control and supporting immunizations for employees and clients by providing information and facilitating onsite immunization clinics.

Training programs are available at orientation and at various intervals throughout employment on PPE, hand hygiene, prevention of food borne illnesses.

Audits on hand hygiene are completed by observation twice yearly. Results are shared with the governance board and employees/volunteers. At this point, this information is not shared with clients, and it is suggested that an appropriate venue be found to share this information. Hand hygiene audits can be enhanced by incorporating employee self-audits and monitoring use of hand hygiene products should the organization wish to consider this.

External cleaners are hired for regular site cleaning and follow infection prevention protocols for cleaning.

The organization has not experienced an outbreak of COVID-19 nor other communicable diseases although they are well supported with policies/procedures and access to community partners should one occur.

Standards Set: Intellectual and Developmental Disabilities - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The organization involves both clients and families in the assessment, planning and reviews of services. There is a multi disciplinary skill set available on the team and referral to other professionals occurs as needs are uncovered.

The site is sensory friendly and is a calming environment for this client group.

Social inclusion formed part of the service plan for a client observed on a 1-1 session and the therapist placed a great deal of importance and effort into the client working toward this goal.

A great deal of systems advocacy occurs with external stakeholders. Senior leadership advocates at government or other funding tables for increased support for this group.

Priority Process: Competency

The organization has an extensive training program for orientees that is inclusive of technology, care delivery, ethical framework, workplace health and safety, patient safety, workplace violence along with office processes. It is obvious the organization values the training and education of its staff.

The team works closely with the client/family in a way that is centered around their goals and needs.

Professional development opportunities are designed and presented by the organization. There is funding for professional development.

Priority Process: Episode of Care

The Episode of Care was completed by viewing a 1-1 client visit, a file review, an interview with a clinical supervisor and a manager.

There is great effort into supporting clients and families to clearly understand the treatment goals and service plan in place. Clients are encouraged to participate as they are developmentally able. While there is not an emphasis on the assessment of physical health, should a client present with physical changes, a medical assessment is recommended.

There are wait lists associated with services for this group and although there is no coordination between agencies for the first available appointment, efforts are made to support the client and family by other means.

Families are contacted by support staff while on the wait list to verify their interest and have the opportunity to express any challenges they may be facing.

Clients and families are informed of their rights/responsibilities related to care, the complaints process both within the organization and to appropriate Provincial Bodies.

There are many transitions that may occur for this client group. There is consideration given as to when transitions will occur, planning is done for long term transitions and goals are set accordingly. If transitioning from programming to school, the coordinator works with the school, client, and family to review the transition plan. Support is provided throughout the transition.

There are some family questionnaires that measure the experience of transition for families. It is suggested the organization consider more formal ways of evaluating transitions by performing audits, or through a quality improvement initiative.

There is a policy in place related to restrictive methods although this is a strategy that is infrequently used. The preferred method to manage an escalation is to use positive behavioural supports. Should restrictive methods be deemed necessary, an incident report would need to be filed with the government.

One family member was contacted for feedback. Feedback was positive about the agency and the services provided. Frustration was expressed due to the delay in provincial funding reaching families, the family feels there is not sufficient services to support them. The family member provided kudos to 2 staff members.

Priority Process: Decision Support

Client records are maintained in an electronic file format which supports access and information flow to all team members working with the client.

Therapists provide an initial assessment and determine what standardized assessment tools would be appropriate for the client.

The organization places a great emphasis on privacy and one person is available to support the team in privacy matters. Clients and families receive copies of any reports from the therapists. There is a process in place for clients viewing their files, requesting files and for secondary requests for file information.

Priority Process: Impact on Outcomes

The organization places a strong emphasis on the use of indicators to measure the quality of services and how to improve services.

Patient safety incidents are documented, reviewed and more significant incidents are reported to government. These incidents are analyzed for quality improvement purposes.

There is a strong emphasis on both client and staff safety.

Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Medication Management for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

Presently, the organization does not provide any medication management services. Services at the organization consist of individual or group therapy sessions for pediatric clients. Parents are responsible for medication administration and monitoring. As a result, most of the medication management standards do not apply.

There are plans in place to support the community and client group with the availability of Naloxone on site and for front line staff to carry with them. Participation in this activity will be on a voluntary basis. Current planning is centered around implementing Naloxone by nasal route.

Consultation with- Professional Practice Committee, applicable professional licensing bodies and local Public Health is in process.

A draft policy is in development and includes roles/responsibilities, medication storage (temperature sensitive), training in delivery of the medication, incident, and emergency management, monitoring for quality assurance and evaluation.

The organization will continue their planning process until readiness for implementation is established. The organization is encouraged to consider these standards in their continued planning as well as to continue their stakeholder consultation.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: September 27, 2022 to October 7, 2022**
- **Number of responses: 8**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	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.	88	13	0	70
4. As a governing body, we do not become directly involved in management issues.	0	0	100	87
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	95

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	95
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	25	75	92
9. Our governance processes need to better ensure that everyone participates in decision making.	63	13	25	61
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	95
12. Our ongoing education and professional development is encouraged.	0	0	100	89
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	93
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	13	88	96
16. We benchmark our performance against other similar organizations and/or national standards.	13	25	63	77
17. Contributions of individual members are reviewed regularly.	13	50	38	71
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	13	88	77
19. There is a process for improving individual effectiveness when non-performance is an issue.	13	63	25	64

	% 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	13	88	83
21. As individual members, we need better feedback about our contribution to the governing body.	38	13	50	44
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	38	63	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	94
24. As a governing body, we hear stories about clients who experienced harm during care.	38	25	38	82
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	13	88	91
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	88
27. We lack explicit criteria to recruit and select new members.	100	0	0	79
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	87
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	25	75	87
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	13	88	92
31. We review our own structure, including size and subcommittee structure.	0	13	88	86
32. We have a process to elect or appoint our chair.	0	13	88	87

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	14	0	86	83
34. Quality of care	0	25	75	82

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

Canadian Patient Safety Culture Survey Tool: Community Based Version

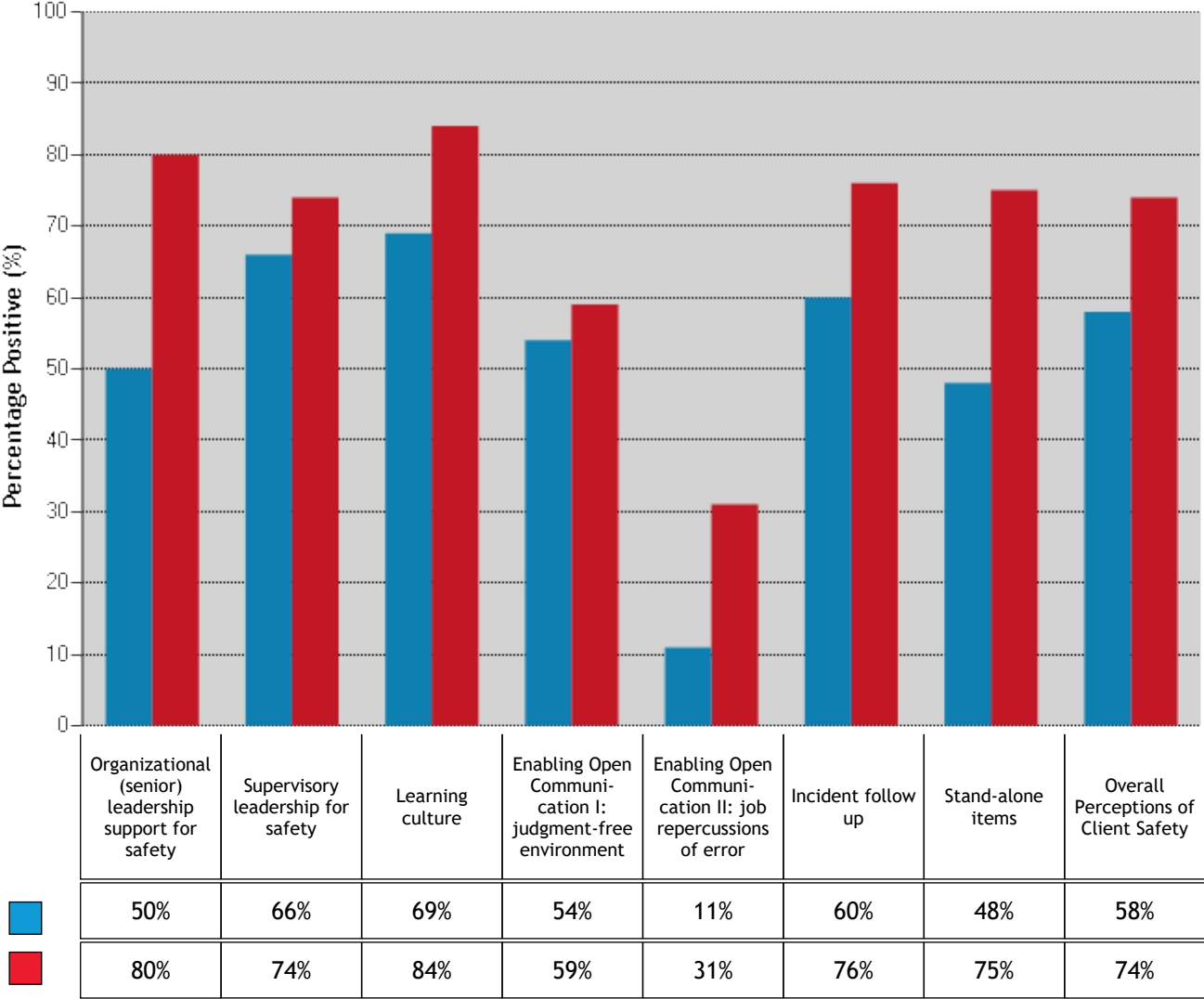
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: November 14, 2022 to December 31, 2022**
- **Minimum responses rate (based on the number of eligible employees): 96**
- **Number of responses: 96**

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



Legend
■ Maltby Centre
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2023 and agreed with the instrument items.

Worklife Pulse

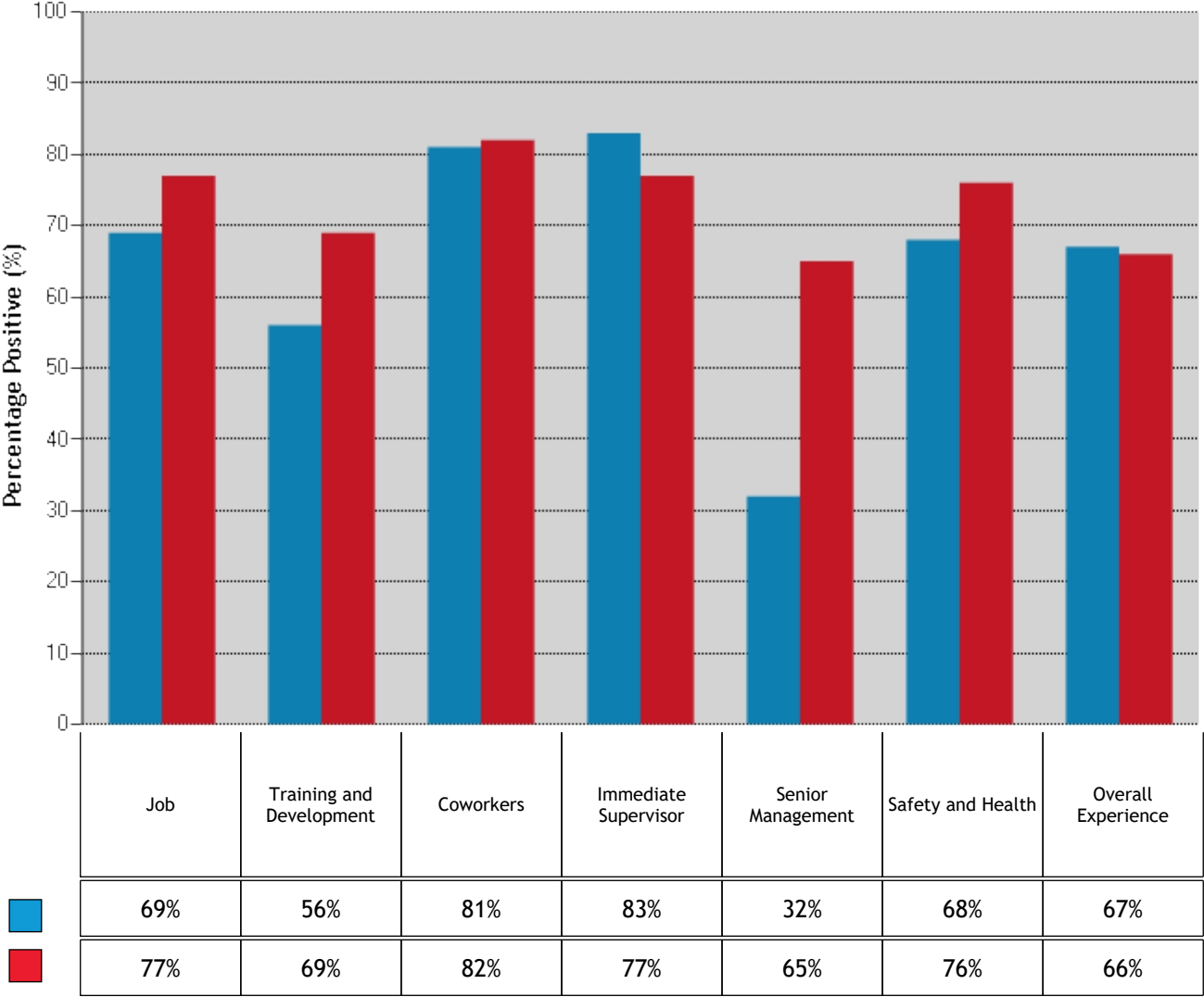
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: February 27, 2023 to March 28, 2023**
- **Minimum responses rate (based on the number of eligible employees): 89**
- **Number of responses: 96**

Worklife Pulse: Results of Work Environment



Legend
■ Maltby Centre
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2023 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

The findings in this report accurately capture the successes and challenges we are experiencing at Maltby Centre. It has been an overall positive experience preparing for accreditation and taking part in the site survey. We found the site survey really highlighted our strong approach to people-centred care and commitment to quality improvement. In all priority process meetings, we were able to provide endless examples and evidence of our strength in this area. We also agreed with the surveyors' observations around challenges Maltby Centre is currently facing, particularly around the ongoing changes to the Ontario Autism Program and the structure of fee-for-service programming. We were pleased to note that many of the suggestions for improvement offered had already been identified by our Leadership team, for example, an evaluation of the multiple tables Maltby Centre sits at is already under way. Our strategic plan is coming up for renewal in a few short months. We will aim to ensure our new strategic plan is cohesive with our QI Plan, Risk Management Plan, People Plan, Emergency Plan, and IPAC Plan, and continue to build on these plans with the standards in mind. In particular, we plan to update our Emergency Plan to be easier to reference in an emergency event, and add a risk assessment for the scenario of a missing client.

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 20 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