



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ for Canadian
Accreditation Program

John McGivney Children's Centre

Report Issued: 15/04/2025

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the “**Organization**”) has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from March 23, 2025 to March 26, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an actioning planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

The John McGivney Children's Centre (JMCC) provides specialized pediatric rehabilitation expertise in Windsor-Essex, supporting children and youth with physical, neurological, and developmental needs. The services offered include therapies (occupational, physiotherapy, speech, social work, autism services, therapeutic recreation, and specialty clinics). Services are offered at the JMCC facility and school, in 125 community schools, and in the homes of clients and their families.

The mission, vision, and values are:

Mission

We enrich and celebrate the lives of children and youth with disabilities to help abilities grow by providing child-focused, family-centred care.

Vision

As a provider of innovative services to children with disabilities, we are a centre of hope, support and inspiration, working together toward a future of empowerment, participation, and opportunity.

The values that guide the work of the centre are collaboration, honesty, innovation, leadership, diversity, equity and inclusion.

The JMCC was last accredited in 2021. In March 2025, this fully onsite accreditation re-survey reflects the post-pandemic reality. Leaders seek to reflect on the organization's journey as they navigate its future development and growth. Through the accreditation work, leaders are committed to supporting and prioritizing the well-being of clients, families, and staff.

Surveyor Overview of Team Observations

The JMCC is led by a multi-skilled Board of Directors. The Board is composed of community members, all with complementary expertise and skills, and increasingly with diversity that reflects the communities it serves. A strategic plan, operational plan, quality and safety reporting, along with regular financial statements reflect financial stability, quality, and operational stewardship of the Board. To better serve Indigenous populations with reciprocity, the governing body could consider implementing an Indigenous-specific anti-racism framework and action plan in partnership with an Indigenous organization.

The JMCC leadership team has a flat management structure that aids in agility and specialization. As leaders within the children's treatment centre (CTC) space, the organization creates innovative new programs that are responsive to the community, including a new audiology service partnership and well-received transition programming including transition clinics, life skills programming, transition to adulthood programming, and transition to employment. The clinical leadership considers client-specific goals to build the internal multi-disciplinary team and external partnerships and referrals.

The organization demonstrates strong commitment to infection prevention and control (IPAC) priorities, with a dedicated joint health and safety committee and well-implemented hand hygiene practices. The pre-assessment intake clinics effectively address waitlist concerns, supported by enthusiastic and committed clinicians. Policies are up to date and well written, ensuring that all clients have well-developed care plans. While education on healthy sexuality is provided, it could be further developed in an official written format. The newly adopted electronic health record system is comprehensive and user-friendly.

There is evidence of opportunities for staff to grow within the organization and to take advantage of professional development programming. A robust youth advisory and family advisory committees co-design new programs, which shows the evolution of client-centred planning and long-standing client and family satisfaction. The strategic plan is supported by operational planning and metrics; a future step is to support a living environmental scan that is an amalgamation of the data from partnering organizations, including government.

The organization continues to grow its existing partnerships with the community and providers. These partnerships include collaborations with local school boards, other provincial CTCs, the SmartStart Hub, and teaching hospitals. The centre is congratulated for its expansive view of health and recovery, ensuring partnerships that cover the developing needs of its clients and the social determinants of health. Partners describe JMCC as "collaborative," "positive," "transparent," and they say it "exemplifies leadership in the community".

Key Opportunities and Areas of Excellence

The organization has significant strengths, notably in the strategic plan and partnerships, and the evolving governance model, including skills-based composition and mentorship/coaching. Other strengths include a novel pre-assessment intake clinic/triage and an exceptional focus on infection prevention and control (IPAC). Challenges since the last survey include funding not keeping pace with the cost of living and expenses in relation to client volumes; human resource recruitment, including diversity considerations; and the creation of an anti-racism framework and action planning that includes Indigenous populations.

Other observations and areas of excellence include governance and due diligence, leadership and staff service planning and delivery, innovative multi-transition programs, communications through social media and video series, and the youth and family advisory councils.

Challenges for the organization include medical staff credentialing, healthy sexuality documentation, client volume increases, and client behavioural challenges.

Patient safety strengths include the joint health and safety committee, and new practices regarding electronic health records (EHR) and hand hygiene. Challenges include formalizing the practice of using two client identifiers, and infection prevention and control during renovations.

People-centred care is a strength of the organization, illustrated through solution-focused coaching, client satisfaction surveys, and youth and family engagement consultants. Challenges for people-centred care include creating culturally safe programming with Indigenous partnerships.

Ethics is a strong consideration for the organization when it makes decisions. Strengths evident during the survey include the solid use of the ethics framework by personnel, new staff ethics orientation, and the availability and use of ethics worksheets. Challenges or opportunities include consultations for ethics expertise, increasing ongoing ethics training, and expansion of ethics capacity (for example, through the activities of an ethics committee).

Risk management strengths are demonstrated through the organization's enterprise risk management (ERM) framework, its revised pandemic policy, its cyber insurance and debriefing/learning from local cyber-attacks, and regular emergency preparedness drills. Risk challenges include multi-year comparison of enterprise risk management, organizational sole-source funding, and the ongoing need for specialized health human resources in pediatrics.

Solid quality improvement outcomes include adaptive leadership for quality initiatives, open-source sharing such as the OT tip sheet, and the new quality committee structure that features the staff and family committee, which reports and provides quality improvement planning and metrics to the governance quality committee. Opportunities to improve quality include training and preparedness for infrequent occurrences such as disclosure of client incidents, and the refinement of quality dashboards and metrics.

People-Centred Care

The organization strongly supports a people-centred care approach that focuses on nurturing mutually beneficial partnerships among personnel, clients, and families. Collaboration with clients and families to provide care that is respectful, compassionate, and culturally safe is an important organizational priority. The philosophy of personnel is to consistently follow the lead of clients and families with regard to services and care. JMCC adheres to a solution-focused coaching approach in which clients are supported in building solutions based on their own knowledge and experiences. This approach emphasizes client empowerment to create change. All staff are trained in this approach, which reinforces the importance of person-centred care. The organization makes use of colourful solution-focused cue cards containing tips and questions to better understand and apply this approach. These cue cards support service providers in what is described as a reflective, solution-focused exercise with clients, families, and service providers. They offer various tips, reframing exercises, core questions, and other suggestions. It is a very helpful and simple way to implement this approach.

The organization uses an equity, diversity, and inclusion (EDI) approach and has an EDI committee in place to address care issues related to the person-centred approach.

The organization systematically collects feedback regarding client satisfaction.

Quality Improvement Overview

Quality and safety management practices have been a significant focus of JMCC. Efforts to improve staff support and patient safety, through error prevention and open communication in staff meetings, contribute to a “just culture” approach. The new staff quality improvement committee, together with the family advisory committee, has drafted the annual quality improvement plan, which was then presented to the Board quality committee. A “quality scorecard” has been developed with family feedback, along with a solid enterprise risk management (ERM) plan. To show year-to-year trends, the organization could incorporate past-year assessments in the ERM alongside current-year risk ratings for identified risks. Furthermore, by partnering with Empower Kids Ontario (EKO) organizations, the collective could create a sector risk assessment and management report to develop shared advocacy on collective risks, including wait times, that jeopardize child and youth health in this sector, in order to mitigate risks and identify solutions.

Staff and the Board are proud of their quality and safety responsiveness, including enhanced communication channels with clients and families. The novel family portal in the new electronic health record (EHR) facilitates communication and care exchange and allows clients and families to work with JMCC clinicians toward client goals. To further the safety culture, leaders could implement a policy and procedure for using two client identifiers to ensure the correct client is identified and provided with the appropriate treatments.

Accreditation Decision

John McGivney Children's Centre's accreditation decision is:

Accredited with Exemplary Standing

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

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Main office

¹Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Hand-hygiene Education and Training	Infection Prevention and Control for Community-Based Organizations	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0%
Infection Rates	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0%
Reprocessing	Infection Prevention and Control for Community-Based Organizations	2 / 2	100.0%
Information Transfer at Care Transitions	Intellectual and Developmental Disabilities Services	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	0 / 0	0.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Client Flow	Leadership	5 / 5	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Accountability for Quality of Care	Governance	5 / 5	100.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Governance

Standard Rating: 90.4% Met Criteria

9.6% of criteria were unmet. For further details please review the table below.

Assessment Results

The Board of Directors is recognized for its work and dedication to the successful governance and oversight of JMCC. Since the last accreditation survey, the Board recruited and onboarded a new CEO and supported the organization as a new senior leadership team was developed. The Board of Directors is experienced and brings skills from a variety of backgrounds. There is evidence of the importance of the Board's mix of skills, a new mentorship/coach model, and increasing cultural representation to reflect the communities the organization serves. The organization has engaged a consultant to advance a systemic racism framework and action plan. The Board is encouraged to continue this planning; additionally, a next step could be to adopt a recognized framework for acknowledging Indigenous-specific racism and, together with Indigenous partners, initiate an action plan.

Quality, safety, and incident reporting are well documented in Board minutes. The current strategic plan was developed by the Board and leadership with stakeholder involvement. An ongoing environmental scan is a next step to help ensure alignment of the strategic plan with the evolving needs of the community.

The Board is acknowledged for its work in reviewing governance and organizational plans to support the continued growth and development of programs. Board involvement in talent management planning and oversight could be considered, along with progressive health human resources mitigation. With regard to the medical workforce, Board oversight of medical personnel credentialing, privileges, and appeals is an important addition to the annual Board work plan.

Table 2: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
1.1.4	The governing body ensures that the organization engages in ongoing environmental scans to adjust the strategic plan as needed based on the results of the scans.	HIGH
3.3.1	The governing body ensures that the organization establishes procedures to credential members of its workforce.	HIGH
3.3.2	The governing body ensures that the organization establishes procedures to manage privileges for the clinical service providers who require them to provide client care.	HIGH
3.3.3	The governing body ensures that the organization establishes procedures to regularly evaluate the performance of clinical service providers who have been granted privileges and address any performance issues identified.	HIGH
3.3.4	The governing body ensures that the organization establishes procedures to appeal decisions regarding privileges.	HIGH
6.1.1	The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.	HIGH
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	HIGH
6.1.5	The governing body monitors its action plan for addressing Indigenous-specific systemic racism.	HIGH

Infection Prevention and Control for Community-Based Organizations

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The leadership of the organization has worked diligently to ensure infection prevention and control (IPAC) is well established throughout JMCC, supporting the safety and well-being of its clientele and staff. IPAC policies and procedures are in place and well known to the staff. A pandemic policy is also in place, developed during the pandemic and revised in 2023. The personnel leading the joint health and safety committee have been very active in ensuring that the various components of IPAC activities are exceptionally well implemented and understood by personnel, clients, and families. The committee leaders are described as highly experienced in IPAC activities and have maintained continuous attention to this vital safety dossier.

Hand hygiene is understood as critically important for safety and is a focus of training, education, and orientation for the entire staff, including new employees. A hand hygiene policy is in place, audits are regularly conducted, and results are posted and shared.

The organization is well stocked with personal protective equipment (PPE), which staff can easily access. All PPE is located in a well-organized, central storage area, with clear notes for staff placed in sections where equipment may be missing or on order.

The site is described as very clean and well maintained. The organization has a maintenance service in place to uphold the cleanliness of the entire facility. Various staff assistants and therapists provide additional cleaning support in all areas considered high-touch, especially where therapy is provided to clients. Everything is consistently cleaned and wiped, including toys, chairs, and equipment.

The organization reports that it has not experienced any outbreaks to date. Hand sanitizing gels and soap dispensers are found throughout the site. The organization is also diligent in ensuring that clients and families showing symptoms of illness are respectfully asked to return home and refrain from accessing the site during those periods, in an effort to maintain a safe environment.

Appropriate signage is posted to promote infection prevention among personnel. Positive approaches are used, including contests and quizzes, to inspire staff and improve motivation.

Safe sharps disposal containers are easily located at the site, and a contracted company empties them when full.

Protocols have been developed for the safe handling of soiled linen.

The safe handling of food is also a focus of the IPAC policy. All refrigerators are cleaned and emptied regularly.

Various medical devices are found on-site, with guidelines in the JMCC program manual regarding their ongoing maintenance and cleaning.

While staff are not required to vaccinate, they are strongly encouraged to do so.

Infection prevention and control measures appear to be well integrated within the organization.

Table 3: Unmet Criteria for Infection Prevention and Control for Community-Based Organizations

There are no unmet criteria for this section.

Leadership

Standard Rating: 98.4% Met Criteria

1.6% of criteria were unmet. For further details please review the table below.

Assessment Results

Human Capital

Human capital has been a strong focus at JMCC. Recent successes include the creation of a talent management plan to strategically detail current and future planning, including diversity; recruitment of representatives from each department for the joint health and safety committee; and revision of the organizational chart with increased distributive leadership. The organization is encouraged to build on its cultural competency training for interactions with Indigenous peoples.

Human resources (HR files are paper-based and well-organized. One potential improvement would be to offer staff an opportunity to provide feedback about their leaders to inform performance appraisals. Benefits planning, an employee assistance program, virtual work opportunities, social programming, and grief counselling have all contributed to creating a healthy workplace. The HR department is encouraged to explore a mental health culture-building program, such as Not Myself Today, to further support staff.

Communications

There is evidence that communication is strong between staff, the Board of Directors, partners, clients, families, and communities of Windsor-Essex. The Board receives communication metrics twice yearly; these show steady growth in number of communication channels, type, and number of contacts. The client and family voices contribute to quality improvements and program developments, including novel podcasts and videos. The organization is congratulated for assessing communication strategies through analytics, use of social media, and knowledge dissemination through QR codes and a planned new website.

Communications between the organization and partners is strong. A strategic communication plan is in place. A potential new focus could be expanded joint communications with partners for shared programming to increase reach and support collaborative branding. The organization is congratulated for maintaining French-language services and expanding communication materials for other languages. The open-source sharing of OT tip sheets contributes to JMCC's system leadership and people-centred focus.

Emergency Preparedness

Sound organizational preparation is evident for pandemic planning and outbreak management. Lessons learned from the recent COVID-19 pandemic were used to update and expand the pandemic plan. The organizational response to the current measles outbreak includes screening clients and families during appointment reminders and prior to arrival at the multiple onsite programs. JMCC is proud that its staff mobilized virtual care during the pandemic and that it was the first children's treatment centre (CTC in the region to transition to virtual care. Working with the communications department, staff created a video series to enable families to complete therapies at home. At the main office, emergency preparedness is evident in the physical environment, with examples such as signage and the design of tornado and severe weather rooms.

The organization has robust emergency preparedness programming, with colour-based codes that largely align with those of school and hospital systems. Drills and debriefings are conducted every two months by

the joint health and safety committee. One consideration is to have the incident response lead wear the yellow safety vest to visually alert visitors with potential language barriers. Business continuity planning is robust, with backup plans to continue operations and to assist other organizations. A telephone tree call list is updated; a next step would be to conduct a mock call or text exercise to determine availability of staff to come to site at specific points in time. Additional code development, such as Code Black (suspected bomb or active shooter and Code Purple (hostage incident could be considered moving forward.

Resource Management

The Board of Directors, CEO, and finance team have strong financial controls, and the Board exercises ongoing due diligence in maintaining the organization's fiscal and resource health. JMCC forecasts a one-year budget for Board approval and undertakes a monthly review that includes variances. The move towards increased access to project sponsorship through grants is commended. The Board may wish to consider going to market with a request for proposals (RFP for auditor services every five years.

The CEO proposes and seeks resource allocation for initiatives aligned with the centre's mandate and client care, including audiology services, life skills programs, and a family engagement consultant. Volunteers are engaged to support the organization.

Technology is well resourced, including databases, virtual programming with handheld devices, video and podcast creation, and, importantly, JMCC has secured government funding for a new electronic health record system thanks to advocacy by Empowered Kids Ontario (EKO).

Planning and Service Design

The organization has a strategic plan that includes strategic priorities and a recently reviewed mission, vision, and values. An operational plan supports the strategic directions and offers key performance indicators to track achievement and success. Stakeholder engagement is also considered, with a plan created to align and strengthen targeted communications and collaborations. The organization is recognized for its system leadership and participation in Empowered Kids Ontario (EKO, which resulted in JMCC securing government funding for the electronic health record purchase and implementation. Further collaborations with EKO on system risk assessment and mitigation may be a next step.

Program leaders leverage their system partnership opportunities to enhance seamless transitions, implement the one-stop SmartHub, create novel collaborations such as the audiology services, and build measles screening and information for onsite appointments. Further developing a living environment scan will strengthen program responsiveness to community needs. Multidisciplinary staff are proud of the novel pre-assessment intake/triage process, which has reduced the waitlist for services. Expanding youth advisory services through paid summer positions allows for increased inreach into current client populations and supports innovative projects such as the podcast series.

Physical environment

JMCC's physical environment demonstrates a strong commitment to safety and hygiene, characterized by its beautiful decor, well-lit spaces, and proactive maintenance practices. External spaces such as Play McGivney extend the therapeutic milieu for clients, families, and the community. The focus on clear safety signage in multiple languages and effective preventive measures contributes to a culture of safety for both clients, family, and staff.

The organization prioritizes health and safety by displaying comprehensive signage throughout the facility. This includes handwashing hygiene reminders, emergency procedures, and safety information including screening for potential outbreaks (of measles, for example. The provision of tornado rooms underscores the safety culture of the organization. Moving donated quilts on display in the upper level to wall-mounted shadow boxes would assist for cleaning. Similarly, moving brochures from the one upstairs bathroom is a strong consideration.

Environmental stewardship is evident in the purchasing of green products and the use of building automation. Infection prevention and control (IPAC) measures during renovations should be guided by an IPAC practitioner, who is often available for consultation from hospitals or larger community centres. Medical devices have been recently categorized according to the Spaulding classification as non-critical, requiring cleaning and disinfection. Sterilization does not occur onsite, and no single-use devices are used. Cleaning supplies are stocked in kits to allow for easy and monitored accessibility. Preventive maintenance is provided through vendors and therapy assistants, along with regular safety checks. Sharps containers are purposefully selected to eliminate child tampering and are monitored to ensure they are only filled to the designated maximum level.

Client flow

The organization has experienced an enormous increase in referrals over the past several years, creating a need to maintain waitlists. To address the important concerns of potential clients facing lengthy waits, the organization implemented modifications to the intake process and established pre-assessment intake clinics to help manage client flow efficiently and appropriately. This client flow strategy ensures a valuable triage process, using a priority matrix and ranking tools to facilitate rapid contact from a professional following a referral or service request. During this initial review, the client's issues and needs are assessed, and families are provided with a clear opportunity to engage with the organization, receive guidance, and access resources to help manage the waiting period more comfortably. Families have a point of contact, access to resources and recommendations for potential supports, and reassurance about the eventual pathway toward services, discharge, referral elsewhere, or a potential future recheck. This process also ensures that families only have to "tell their story once," which clients and families find greatly relieving.

This valuable client flow approach has significantly improved wait times for services. Staff report that clients and families appreciate this approach, viewing it as both beneficial and respectful of their important concerns.

Principle-based care and decision making

The organization has an ethics framework that is widely known and understood by the staff. It has also developed a well-written ethics program manual and an ethics policy. Ethics worksheets are available to staff to offer support in addressing ethical issues.

There is a manager actively involved in managing the ethics dossier. She offers support to personnel facing any ethical issues in their practice. The discussions with staff that took place as part of the tracer experience demonstrated how aware they are of the potential ethical issues that arise in their work environment, as well as the important concepts and principles in clinical ethics.

There is no clinical ethicist at JMCC. The teams ensure multidisciplinary discussions to help address ethical issues and offer support to one another. The ethical worksheets accompanying the framework are used as a support tool. The organization has had contact with an ethicist in a local hospital on occasion. The lead manager in ethics has participated in training, to the benefit of the personnel of the organization.

It was discussed that it would be beneficial for the organization to consider organizing ongoing training in clinical ethics for the personnel to enhance their knowledge in this area, to further build capacity and enable the personnel to be better able to identify issues as ethical. The organization might also wish to consider organizing ethics committee meetings to ensure the development of a culture of clinical ethics and support for team members who want to learn from one another about complex cases that address values. Clients using services are aware of the importance of identifying and expressing ethical concerns.

Table 4: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.2.3	The organization conducts ongoing environmental scans and adjusts the strategic plan as needed based on the results of the scans.	NORMAL
3.4.13	The organization provides staff with opportunities to participate in performance reviews of the organizational leaders to give the leaders a more complete assessment of their performance.	NORMAL
4.1.8	The organization develops, implements, regularly reviews, and updates as needed a policy for client identification, to ensure client safety.	HIGH

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Intellectual and Developmental Disabilities Services

Standard Rating: 96.1% Met Criteria

3.9% of criteria were unmet. For further details please review the table below.

Assessment Results

The organization demonstrates dedication and commitment to systems advocacy activities with clients and families, and in partnership with community establishments. Social inclusion is considered important in helping to maintain clients' connections in the community, develop and maintain social networks, and access community support services even after JMCC services are no longer provided. Clients are offered life skills programs through their various therapies, including social work, to ensure greater independence later in life as young adults in the community.

Clients are supported in obtaining age-appropriate education in healthy sexuality as part of the therapy process while at JMCC. When reviewed among the team members, it was acknowledged that this activity should be more fully detailed in an internal organizational document, outlining the importance of this issue and shared appropriately with all staff, advisory committees, clients, and families.

All newly onboarding staff members participate in an orientation process. Criminal background checks are also systematically conducted.

A detailed intake process is undertaken for all new referrals. New clients and families receive a comprehensive orientation binder providing essential information to begin services.

A thorough procedure, known as the Withdrawal of Service policy, is in place to allow persons with intellectual and developmental disabilities and their family members to appeal service decisions when requested.

A complaints policy is in place, including a process to address both specific isolated concerns and official complaints requiring review and response.

Developing open, transparent, and respectful relationships with all clients and their families is described as a critically important professional responsibility, in line with the objectives of person-centred care. Obtaining informed consent before providing services or sharing information is a standard procedure, well entrenched among staff throughout the organization. It is a key example of the respect shown to clients and families at JMCC.

Translation and interpretation services are understood to be essential in this community. The makeup of the community at large includes many new arrivals from various locations, including the Middle East, where English is not their mother tongue. Translated materials, posters, pamphlets, and documents are also available at the site to promote inclusion and better understanding of services.

The organization does not have an active research ethics board (REB) in place. Nonetheless, clients and families may have the opportunity to be engaged in research activities initiated by university researchers who approach JMCC to solicit potential participants.

All files contain a completed individual care plan with identified goals and objectives. These detailed plans, including recommendations, goals, and objectives, are entered into the organization's electronic medical record (EMR, which is easily accessible by all staff. The organization is in the process of developing a portal that will allow clients and families to electronically access their own charts at JMCC, including all information about their care and services. This is recognized as an excellent initiative, and the organization is commended for pursuing this approach to further its commitment to person-centred care.

In terms of care transitions, various types were identified, including transitions toward school integration, daycare integration, and adulthood. The organization pursues these safe transitions with the support of clients, families, school boards, and health professionals. They are implemented months to years before the transition is to take place. For example, ten months before transitioning to school, and two years before a client enters their 18th year. This model ensures the transition process is well-organized, gradual, and inclusive of potential partners contributing to its success.

The opportunity to survey various areas of the site as part of the tracer activity included visits to the pre-assessment clinics in physiotherapy with clients and families, a session of speech-language therapy with a young client, the ASD assisted devices program for unique wheelchair seat adaptations, and the ACC alternative communication devices service enabling technological opportunities to improve speech and communication for clients. These observations confirmed the tremendous value of the exceptional projects and services in place at JMCC, which serve to greatly enhance the quality of life for clients.

In terms of feedback from clients, the survey included a client and family engagement focus group as part of the process. Representatives of the Family Advisory Council and the Youth Advisory Council were present virtually, along with the organization's Family Engagement Consultant. Feedback from these representatives, as well as from other family members contacted individually, was extremely positive. There is a strong sense of satisfaction with the services provided by the organization and a deep connection and confidence in the personnel as a result. The representatives confirmed their participation as active advisory council members who work closely with the organization to enhance excellence, quality, and safety. They expressed feeling highly respected by the organization in terms of collaboration and valued for their thoughts and opinions on multiple dossiers and projects. These two advisory councils and the Family Engagement Consultant reinforced their roles in bridging the organization to clients and families through mutual respect, activities, and group discussions, leading to the enhancement of these relationships and quality improvement initiatives.

Table 5: Unmet Criteria for Intellectual and Developmental Disabilities Services

Criteria Number	Criteria Text	Criteria Type
2.4.4	There are policies and criteria on utilization goals, procedures, and limits on the use of restrictive methods in accordance with applicable legislation, and team members are trained on them.	HIGH

Criteria Number	Criteria Text	Criteria Type
2.4.5	Policies and criteria on the use of restrictive methods are regularly updated.	NORMAL
2.4.9	Access to spiritual space is provided to meet clients' needs.	NORMAL