



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

John McGivney Children's Centre

Windsor, ON

Part 1 of 2 Virtual

Virtual survey dates: January 18, 2021- January 20, 2021

Part 2 of 2 On-site

On-site survey dates: March 31, 2021 - March 31, 2021

Report issued: May 27, 2021

About the Accreditation Report

John McGivney Children's 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, a virtual survey was conducted in January 2021 and an on-site survey was conducted in March 2021. Information from the virtual and 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 virtual and 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 virtual and on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

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

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

We look forward to our continued partnership.

Sincerely,

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

Leslee Thompson
Chief Executive Officer

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Executive Summary

John McGivney Children's 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 a virtual and 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

John McGivney Children's 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 Virtual and On-site Survey

- **Virtual survey dates: January 18, 2021 to January 20, 2021**
- **On-site survey dates: March 31, 2021 to March 31, 2021**

- **Location**

The following location was assessed during the virtual and the on-site survey.

1. Main Office

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the virtual and 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

Service Excellence Standards

4. 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)	21	0	0	21
 Accessibility (Give me timely and equitable services)	11	0	0	11
 Safety (Keep me safe)	76	1	5	82
 Worklife (Take care of those who take care of me)	47	1	0	48
 Client-centred Services (Partner with me and my family in our care)	62	0	0	62
 Continuity (Coordinate my care across the continuum)	13	0	0	13
 Appropriateness (Do the right thing to achieve the best results)	169	2	11	182
 Efficiency (Make the best use of resources)	20	0	0	20
Total	419	4	16	439

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 virtual and 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	43 (95.6%)	2 (4.4%)	5	35 (97.2%)	1 (2.8%)	0	78 (96.3%)	3 (3.7%)	5
Leadership Standards for Small, Community- Based Organizations	39 (97.5%)	1 (2.5%)	0	69 (100.0%)	0 (0.0%)	1	108 (99.1%)	1 (0.9%)	1
Infection Prevention and Control Standards for Community-Based Organizations	26 (100.0%)	0 (0.0%)	8	47 (100.0%)	0 (0.0%)	0	73 (100.0%)	0 (0.0%)	8
Intellectual and Developmental Disabilities	54 (100.0%)	0 (0.0%)	0	93 (100.0%)	0 (0.0%)	0	147 (100.0%)	0 (0.0%)	0
Total	162 (98.2%)	3 (1.8%)	13	244 (99.6%)	1 (0.4%)	1	406 (99.0%)	4 (1.0%)	14

* 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 (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
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
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
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1

Summary of Surveyor Team Observations

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

--- VIRTUAL---

Part 1 of 2

This virtual survey of the John McGivney Children's Centre (JMCC) is the Part 1 of 2, and is the JMCC's first survey experience with Accreditation Canada. The Centre provides pediatric rehabilitations services to populations of the Windsor and Essex County areas. Services include activities that are Centre-based, Community-based as well as School-based. With the arrival of the COVID pandemic, the JMCC has been very quick and a leader in transforming its services to offer virtual rehabilitation and treatment to its clients.

The JMCC has a very active and engaged Board of Directors. With the newly instituted term-limits to Board member mandates, the Board has focused attention to the introduction of new members to its various committees and eventually to membership at the Board level.

The JMCC is in the final year of its 2017-2022 strategic plan with 4 strategic goals including Family-Centred Care, growing a community culture, engaging in the transformation agenda, and becoming an innovative hub of learning and practice. The organization has embraced these strategic priorities and these are very evident in the design and delivery of services by all levels of the organization.

Community partners identify the JMCC as an excellent "team player", always ready to lead and/or contribute to initiatives for the benefit of the clients. In addition, partners recognize the willingness staff at all levels of the JMCC to collaboratively problem-solve.

The leadership of the JMCC is commended by its staff and partners for their openness, their caring and human approach, their communication, as well as their collaborative and participative management style. Despite the challenges posed by the COVID pandemic, the staff and clients continue to feel connected and part of the "family" due to the explicit efforts of the management and communications team to implement new strategies to maintain contact.

A high percentage of staff at the JMCC are long-standing employees, and this can partly be attributed to a positive work environment, where management's stated priority is to invest in its employees.

There is also a very strong and well developed client engagement strategy, contributing to a family-centred approach. Many strategies and efforts are made to involve clients, including the creation of roles such as client engagement coordinators.

Some of the challenges facing the JMCC over the next years including inadequate funding to meet the needs of the population, recruitment of qualified professional staff, as well as the increasing presence of private fee-

for-service providers. The JMCC will also have the challenge of reviewing its post-COVID service delivery model, and what lessons could be learned from the pandemic.

--- ON-SITE ---

Since Part 1 (the virtual portion) of this survey, the organization has already been in action mode, seeking opportunities to implement quality improvement initiatives proposed by the survey team.

Among these initiatives include review of quality indicators included in the balanced score card, pursuit of the Inclusivity, Diversity, Equity and Accessibility (IDEA) committee including client representatives, as well as quality verification of cleaning services.

Detailed Virtual and On-site Survey Results

This section provides the detailed results of the virtual and 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 virtual and 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.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
2.1 The mix of background, experience, and competencies needed in the governing body's membership is identified.	!
2.6 There are written criteria and a defined process for recruiting and selecting new members of the governing body.	
10.1 The governing body adopts patient safety as a written strategic priority for the organization.	!
Surveyor comments on the priority process(es)	

--- VIRTUAL---

The JMCC has a very dynamic and engaged Board of Directors who actively support the services transformation agenda.

The Board recently implemented a limit to the term of its members, and the membership recruitment process is therefore relatively recent. The Board recognizes the necessity to identify the desired ideal mix of background, experience and competence for future recruitment efforts.

Persons interested in joining the Board are first offered an opportunity to participate on Board committees. This allows a mutual "trial" period. When a Board seat becomes vacant, recruitment is done from these committee members.

Patient safety is not a written priority for the organization in its 2017-2022 strategic plan. The Governing body states its intention to integrate safety in the next strategic planning cycle.

Partners identify JMCC as one of the leaders in the use of communication specialists to assist in communicating key messages all stake holders.

A Balanced Score Card is reviewed regularly to monitor the organization's key performance indicators. --- ON-SITE ---

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)

--- VIRTUAL---

The organization has a 2017-2022 strategic plan which is monitored regularly by the Governing Board as well as by the management team. Annual operational plans are created in consultation with staff and, in some cases, with client representatives.

The organization receives input from families and clients in order to plan and deliver services which will meet their needs.

Community partners indicate that the JMCC is a very cooperative partner with a genuine willingness to share expertise and to collaboratively solve problem situations and to provide optimal care for clients.

--- ON-SITE ---

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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)

--- VIRTUAL---
The organization follows a defined budget planning cycle. Ressources are allocated, within the dedicated envelops, in order to address client needs based on wait lists, etc.
--- ON-SITE ---
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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)

--- VIRTUAL---

The staff at the JMCC recently voted to unionize in 2020, and a new collective agreement has been ratified. There continues to be a constructive professional working relationship between the organization and this new union, and employees interviewed appear to be very engaged and enjoy a "family" ambiance with colleagues.

"Investing in its staff" is a priority supported by the senior leadership of the JMCC.

--- ON-SITE ---

Staff interviewed all express having adequate access to continuing education and professional development opportunities.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
3.1 Quality improvement is identified as a strategic priority.	!
Surveyor comments on the priority process(es)	

--- VIRTUAL---

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--- ON-SITE ---

Despite having very few reported incidents, the organization is encouraged to undertake prospective risk analysis on a regular basis in order to identify potential risks, the organizations tolerance to these risks as well as mitigation strategies if applicable.

The leadership team is encouraged to pursue its review of the indicators presented in the Balanced Score Card in order to ensure that the metrics provide the information necessary for performance and quality management.

Quality improvement is integrated into team activities.

Client experience surveys are regularly administered. The organization is currently reviewing the schedule of administration of these surveys. "Client impact stories" are now integrated on a regular basis at the Quality Committee of the Governing body.

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)

--- VIRTUAL---

The JMCC has developed and are utilizing an ethics framework across the organization from the front-line clinicians to administration, senior leaders and board. The development of the framework was commenced internally by prior leadership in 2017 and research was completed to identify information and keys aspects of importance that was prioritized to be included in the framework. In researching and developing the ethics framework, the lead staff described the collaboration that was required and the consultation with Ethicists in Toronto Region.

The center is proud that they are using the ethics framework in many different areas now in the JMCC and recognized opportunities for future use. Several ethical issues that were raised in the center at the board and clinical levels that went through the established ethics process to support decision making and assist in guiding the teams. There is no formal ethic committee and many of the tools are designed for staff to use at the front line in documenting and raising ethical issues. As well, the center has completed easy to use resources that can be used for back of the house staff as well forward facing staff in clinical areas. The client service management group have an executive policy that they used to support their work related to ethics and collaborate together to review scenarios and ethical dilemmas.

The Board utilized the framework in discussions around the fee for service model that they are continuing to examine for implementation. As well, the clinical teams utilized the framework for examining equity across services in the context of appointment time. With COVID19, the team struggle with the decision of what treatments would work virtually versus in-person and this was an ethical dilemma that was reviewed by the framework. COVID19 has raised may issues for the staff and they were able to utilize the framework for the center.

Several opportunities exist to expand the utilization and spread of the concept ethic at JMCC. Currently, the leadership team is small at JMCC and the ethics work is an add on to their work group. There is an opportunity under the leadership of Wendy to develop a structure that works and builds capacity in the centre with front-line clinicians and individuals who are interested in ethics. Having an ethics committee with involvement of front-line clinicians with leadership support would increase the uptake and spread of work related to ethics. As well, have the ethics framework utilized and introduced to the Parent Advisory Committee may assist parents in their communication and discussion around ethical issues they face daily related to their child.

--- ON-SITE ---

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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)

--- VIRTUAL---

The JMCC has a very contemporary and comprehensive communication plan, addressing internal and external communication needs. Communications are achieved mostly by electronic means, including social media, email and newsletters. The organization seeks client and staff input in order to ensure that contents of communications respond to the needs of the target audience.

Clients, staff as well as partners all appear satisfied with the quantity and quality of communications with JMCC.

--- ON-SITE ---

Communication boards addressing various topics targeting staff as well as clients are attractive, uncluttered and draws attention.

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)

--- VIRTUAL---

Not being assessed at this time

--- ON-SITE ---

The organization shares its building with the John McGivney Children's Centre School Authority. Because of COVID restrictions, only the JMCC side of the building was visited during the onsite survey.

The physical spaces, adapted to respect COVID social distancing and infection prevention guidelines, are uncluttered and adapted to the population. Equipment storage areas are organized and attention paid to staff and client safety.

The organization is open to and seek to reduce its environmental impact. For example, a recent power surge has damaged some neo lights. The organization is utilizing this opportunity to transition to LED lights.

Another example is the recent acquisition of a washer and dryer in order to facilitate the use of reusable gowns.

The organization has a very well designed and adapted playground, and, in keeping with their organizational values of being open and involved in the community, this park is made accessible to the public. Although the equipment is quite new, and appears in good condition, the organization is encouraged to formalize a preventive maintenance/inspection program in order to ensure the safety of all who use it.

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)

--- VIRTUAL---

The organization has emergency protocols in place, and drills are performed at pre-determined intervals with feedback following each drill for improvements.

Even though a business continuity plan is already in place, the organization is encouraged to also take into the consideration the contingency for lost of paper documents (employee files, etc.) as part of this plan.

--- ON-SITE ---

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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)

--- VIRTUAL---

The Family Centre-Care (FCC) is one of the strengths of the JMCC. Across all interviews with clients, families, staff and leadership there is very good alignment and commitment to have a strong FCC model. At the board level, there are directors who are either care recipients, parents or relatives of individuals who have received care at JMCC. The board has an approach where impact stories are shared with members and this help ground the conversation in the clients who received care. The FCC model was introduced in 2014 and is a key strategy within the strategic plan and focus area which has led to many initiatives that have elevated the FCC model.

The JMCC strategic focus on Family Centre Care has seen many positive benefits for staff and families who come to the center. Staff and families have received education at the center on the FCC approach and when designing new programs clients and families are encouraged to be invited. Recently, the center created a new Diversity and Inclusion Committee to bring forward education and information about the different and diverse backgrounds and cultures of staff, clients and families. There is a sincere effort to further engage the right individuals to further understand cultural diversity and increase cultural awareness.

The JMCC has a Family Advisory Committee that commenced in prior years with the goal to increase the voice and engagement of clients and families. The center uses impact stories to discuss impact on outcomes and these stories are shared with the board. The impact stories outline how the treatments and services of JMCC has impacted outcomes especially around functionality and recovery. Recently, more initiatives were introduced to link and educate families especially new one to the center with the Parent to Parent Program. This program aligns new families at the center with families who have attended for longer periods and helps educate and orientated these new families. The language line has been very beneficial as well in communicating with families who are new to the center where there is no or limited English. More recently, the transportation services have been made available to support families in their ability to come to the center for care and treatment.

--- ON-SITE ---

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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)
<p>--- VIRTUAL---</p> <p>The JMCC center have completed work to enhance the timely access to care for clients and their families. In recent year, the intake process was re-designed with a central intake process and navigation roles implemented to create a more seamless approach that was effective and efficient. Prior to this change, intake was de-centralized and this created more challenges for clients and families.</p> <p>Staff discussed waitlists that exist with certain services however they monitor this closely and work to alleviate waits for clients and families.</p> <p>With the advent of the pandemic there are opportunities to look at access to services with virtual care and on-site visits that support the clients and families more.</p> <p>--- ON-SITE ---</p> <p>.</p>

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)

--- VIRTUAL---

At JMCC there are many technologies and equipment that are utilized for assessment, treatments and therapies. There is no on-site sterilization or re-processing done and these processes are not required for the work and treatments that are done at JMCC.

The center has many different types of equipment and technologies that are used however all require cleaning or surface disinfection versus sterilization. The center has procedures and protocols for cleaning, maintaining equipment in working order with preventative maintenance and equipment loaning. There is a equipment lending program to support families who are in need of equipment and a biomedical engineer is on staff to support this. The cost of the equipment if high and unfortunately some families are unable to afford the purchase or are waiting for their equipment to come in and the lending program is very beneficial.

During the on-site, further review of the Medical Device and Equipment processes will need to be reviewed.

--- ON-SITE ---

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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

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: 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

--- VIRTUAL---

The leadership and front-line team members are pleased with the support and focus during the COVID19 pandemic and how JMCC is following the recommendations and guidelines from the ON Public Health. Infection Prevention and Control (IPAC) during the pandemic has become prioritized at the center and while challenging there are many positive developments that the team achieved in relation to providing care at home and in the center. The center had well established IPAC policies and procedures and the pandemic has enabled them to update and fully address the new and emerging requirements in this area.

The emergency orders and closing of the center, as a result of the pandemic, has challenged the team to introduce new ways of providing care and reach out to clients and families in need. The center pivoted to virtual care for engagements and scheduled appointments. For those clients and families who where identified as needing in-person meetings or treatments changes were made to provide in-home appointment and /or at the center when it was opened. To date, the team are pleased that none of the staff have obtain COVID19 and while challenging for everyone they are working to stay in touch with families and introduce new ways of ensuring that vital treatments are given to at risk clients to prevent declines in functional abilities.

To date, the center has not experienced an outbreak or link to any major community outbreak. Recognizing that teams are achieving good results to date in this area, having information posted in the center on their success / status as a result of their interventions give clients and families feedback on their progress and confidence in managing COVID19. In addition, Hand Hygiene is foundational in creating good IPAC programming and an area of opportunity at JMCC is in relation to auditing. Currently, the center completes self-audits, and this is good however I would encourage the center to develop a champion model where staff and leaders are auditing each other and posting the results. This approach can be implemented once the emergency orders are lifted at the center.

--- ON-SITE ---

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

--- VIRTUAL---

The John McGivney Children's Centre has a well-established leadership role in the Windsor Region provide care on an ambulatory basis to individuals and their families with special needs. The front-line clinical teams are composed of health care professional such as OT, PT, SLP etc. who are very committed to providing the best care possible for their clients and families. Many of the front-line professionals have been working at the center for decades. As well, they are crossing over with positions in the school and treatment center and have diverse skill sets.

The strength of the team is evident however one of the challenges that the center will be facing is the recruitment with senior professionals with retirement. Human Resource planning will be a key aspect of the future talent management planning with respect to the recruitment of front-line professionals. As well, with the many changes in the senior leadership there will need to be opportunities for engagement and team building with department leads and front-line staff.

--- ON-SITE ---

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Priority Process: Competency

--- VIRTUAL---

The front-line team members discussed the supports and education that they receive to maintain competency on an annual basis. Many of the clinicians belong to professional colleges and as such have annual expectations that are required to be completed by their professional bodies.

There are many opportunities for mentorship and education throughout the center. Staff were able to discuss the learning that takes place at JMCC and recognize that lifelong learning is available to them.

During the on-site further validation of this will occur and review of documentation related to education.

--- ON-SITE ---

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Priority Process: Episode of Care

--- VIRTUAL---

During the virtual interviews, opportunities were provided to meet with staff, clients and families regarding the care at JMCC. Staff are pleased with the care re-designed processes that enable more operational efficiencies and seamless access to care with the central intake. The staff are continually working to advance care delivery that is of high quality and safe.

Many family interviews and a focus group were completed with family members and clients regarding the care at JMCC. All families and clients interviewed were very positive about the JMCC and felt the care was very good. Families describe the center and the staff as family and gave multiple anecdotal stories about how the staff go above and beyond to deliver care and make not just the client feel welcomed but the family as well.

COVID19 has caused disruption in the ability of the center to provide care however the teams and the associated staff have been creative in pivoting to virtual care and in home where possible. As well, clients who needed to be seen have been accommodated where possible.

--- ON-SITE ---

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Priority Process: Decision Support

--- VIRTUAL---

The introduction of the electronic record has been very beneficial in collecting standardized information and data regarding clients care that can be shared across professionals in the care team. The organization has policies and procedures in place to protect the client record and enable the team to effectively plan care with the information available. The center does not have specific dedicated roles for decision support however they have individuals who are assigned to obtain information regarding activity and performance.

--- ON-SITE ---

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Priority Process: Impact on Outcomes

--- VIRTUAL---

The JMCC center is pleased to have an electronic health record. This has enabled many positive contributions to safe care and hand-offs with information being stored in a consistently way electronically.

The center is focused on ensure quality care is provided and outcomes are achieved for their clients and the organization. Families were very pleased with the care and the impact that the treatments have had on their children.

--- ON-SITE ---

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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 virtual and the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: June 1, 2020 to June 15, 2020**
- **Number of responses: 11**

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	9	91	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	97
3. Subcommittees need better defined roles and responsibilities.	100	0	0	73
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	96

	% 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	97
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	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	91	9	0	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	84
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	0	100	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	9	9	82	80
17. Contributions of individual members are reviewed regularly.	9	45	45	69
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	10	60	30	53
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	82

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	45	27	27	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	18	18	64	83
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	93
24. As a governing body, we hear stories about clients who experienced harm during care.	38	38	25	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	95
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	90
27. We lack explicit criteria to recruit and select new members.	100	0	0	78
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	9	91	92
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	92
31. We review our own structure, including size and subcommittee structure.	0	0	100	81
32. We have a process to elect or appoint our chair.	0	0	100	90

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

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 * Canada Average
	Organization	Organization	Organization	
33. Patient saf	0	18	82	83
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	
34. Quality of care	0	18	82	83

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

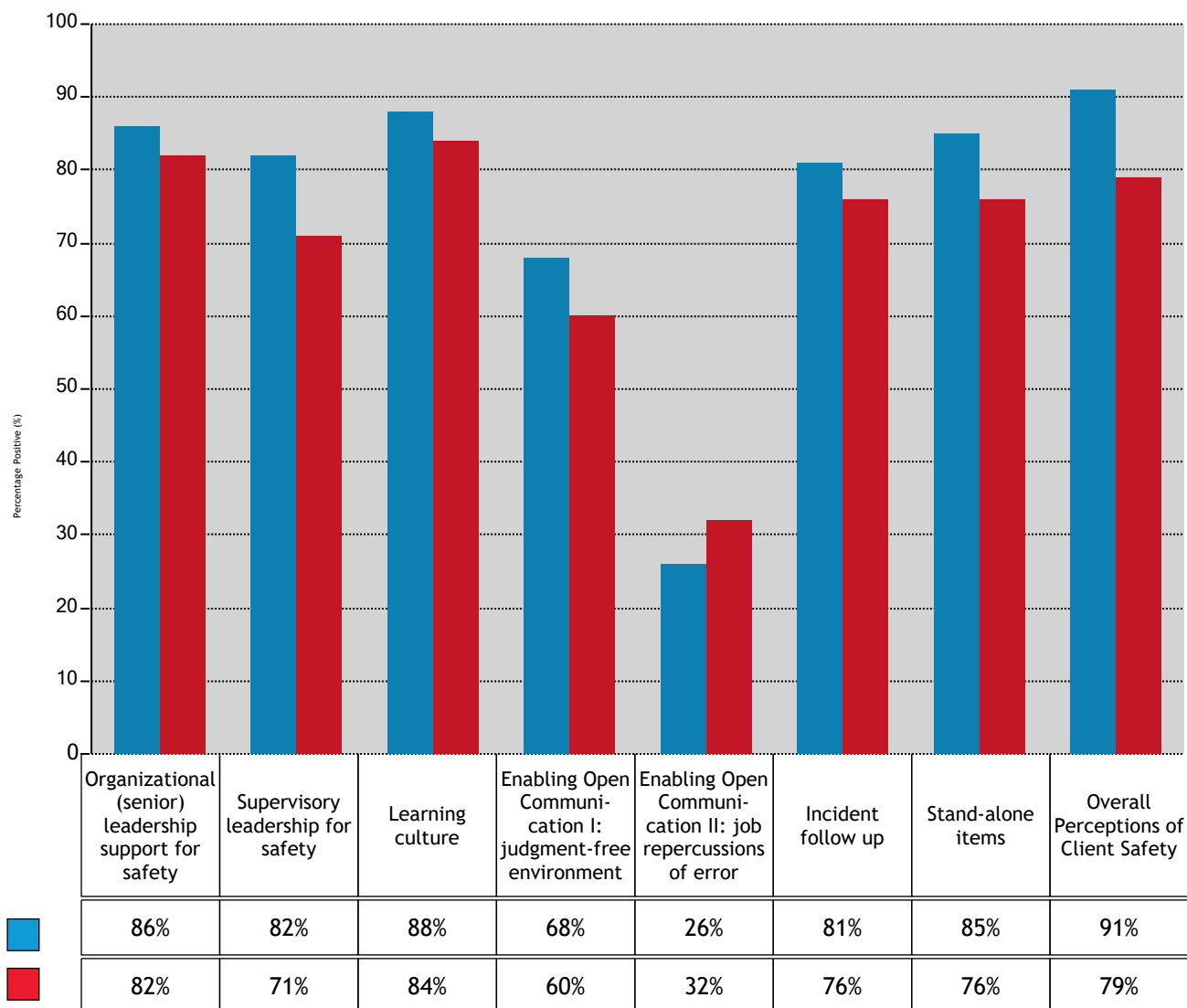
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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 virtual and the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: June 1, 2020 to June 15, 2020**
- **Minimum responses rate (based on the number of eligible employees):**
47
- **Number of responses: 48**

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



Legend

- John McGivney Children's Centre
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

Worklife Pulse

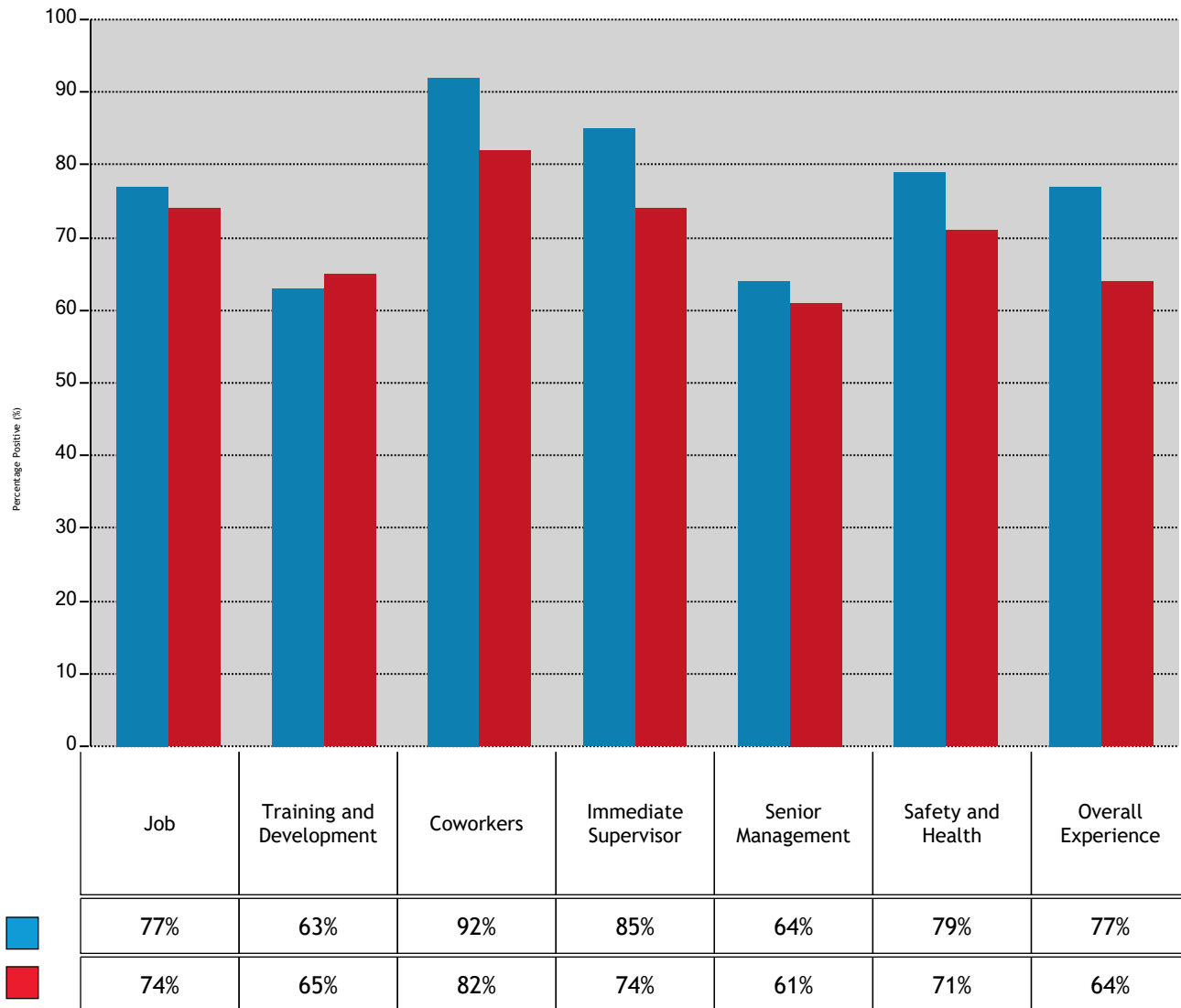
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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 virtual and the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the virtual and the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: June 1, 2020 to June 15, 2020**
- **Minimum responses rate (based on the number of eligible employees):
62**
- **Number of responses: 63**

Worklife Pulse: Results of Work Environment



Legend

■ John McGivney Children's Centre

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo a virtual and 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 virtual and of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

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

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

Following the virtual and 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

Priority Process	Description
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
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

Priority Process	Description
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