



ACCREDITATION CANADA



*Driving Quality Health Services*

## Executive Summary

**Brain Injury Community Re-entry (Niagara) Inc.**

St. Catharines, ON

*On-site survey dates: May 27, 2012 - May 30, 2012*

*Report issued: June 12, 2012*



ACCREDITATION CANADA  
AGRÉMENT CANADA

*Driving Quality Health Services  
Force motrice de la qualité des services de santé*

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## About the Accreditation Report

Brain Injury Community Re-entry (Niagara) Inc. (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in May 2012. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

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

## Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

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.

*Accreditation Canada is a not-for-profit, independent organization that provides health services organizations with a rigorous and comprehensive accreditation process. We foster ongoing quality improvement based on evidence-based standards and external peer review. Accredited by the International Society for Quality in Health Care, Accreditation Canada has helped organizations strive for excellence for more than 50 years.*

### A Message from Accreditation Canada's President and CEO

On behalf of Accreditation Canada's Board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at Brain Injury Community Re-entry (Niagara) Inc. on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using it to support and enable your quality improvement activities, its full value is realized.

This Executive Summary is part of the Accreditation Report, but can also be used as a stand-alone document to inform stakeholders. It shows your accreditation decision and highlights some of your accreditation activities and on-site survey results.

Your Accreditation Specialist 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.



Wendy Nicklin  
President and Chief Executive Officer

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## Section 1 Executive Summary

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. Organizations that are accredited by Accreditation Canada undergo a rigorous evaluation process. Following a comprehensive self-assessment, trained surveyors from accredited health organizations conduct an on-site survey to evaluate the organization's performance against Accreditation Canada's standards of excellence.

Brain Injury Community Re-entry (Niagara) Inc. (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. This Accreditation 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.

Brain Injury Community Re-entry (Niagara) Inc. 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.

### 1.1 Accreditation Decision

Brain Injury Community Re-entry (Niagara) Inc. has earned the following accreditation decision.

Accredited with Exemplary Standing

## 1.2 About the On-site Survey

- **On-site survey dates: May 27, 2012 to May 30, 2012**

- **Locations**

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

- 1 Brain Injury Community Re-entry (Niagara) Inc.
- 2 Buckley Towers
- 3 Parkdale Place
- 4 Personal Effectiveness Training (P.E.T.) Program
- 5 Promenade Richelieu
- 6 Richardson Court

- **Standards**

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

***System-Wide Standards***

- 1 Sustainable Governance
- 2 Effective Organization









***Service Excellence Standards***

- 3 Infection Prevention and Control
- 4 Acquired Brain Injury Services
- 5 Customized Managing Medications

### 1.3 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 lists the quality dimensions and shows how many of the criteria related to each dimension were rated as met, unmet, or not applicable during the on-site survey.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	33	0	1	34
 Accessibility (Providing timely and equitable services)	17	0	0	17
 Safety (Keeping people safe)	105	1	9	115
 Worklife (Supporting wellness in the work environment)	40	0	0	40
 Client-centred Services (Putting clients and families first)	23	0	0	23
 Continuity of Services (Experiencing coordinated and seamless services)	9	0	1	10
 Effectiveness (Doing the right thing to achieve the best possible results)	177	4	0	181
 Efficiency (Making the best use of resources)	22	0	0	22
<b>Total</b>	<b>426</b>	<b>5</b>	<b>11</b>	<b>442</b>

## 1.4 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 contribute to achieving the standard as a whole.

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Sustainable Governance	22 (95.7%)	1 (4.3%)	0	65 (95.6%)	3 (4.4%)	0	87 (95.6%)	4 (4.4%)	0
Effective Organization	56 (98.2%)	1 (1.8%)	0	49 (100.0%)	0 (0.0%)	0	105 (99.1%)	1 (0.9%)	0
Infection Prevention and Control	47 (100.0%)	0 (0.0%)	0	39 (100.0%)	0 (0.0%)	3	86 (100.0%)	0 (0.0%)	3
Customized Managing Medications	28 (100.0%)	0 (0.0%)	6	12 (100.0%)	0 (0.0%)	0	40 (100.0%)	0 (0.0%)	6
Acquired Brain Injury Services	33 (100.0%)	0 (0.0%)	0	75 (100.0%)	0 (0.0%)	2	108 (100.0%)	0 (0.0%)	2
<b>Total</b>	<b>186 (98.9%)</b>	<b>2 (1.1%)</b>	<b>6</b>	<b>240 (98.8%)</b>	<b>3 (1.2%)</b>	<b>5</b>	<b>426 (98.8%)</b>	<b>5 (1.2%)</b>	<b>11</b>

\* includes ROP



## 1.5 Overview by Required Organizational Practices

In Qmentum, a Required Organizational Practice (ROP) is defined as 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 how the applicable ROPs were rated during the on-site survey.

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Effective Organization)	Met	3 of 3	0 of 0
Adverse Events Reporting (Effective Organization)	Met	1 of 1	1 of 1
Client Safety As A Strategic Priority (Effective Organization)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Effective Organization)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Effective Organization)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Acquired Brain Injury Services)	Met	2 of 2	0 of 0
Information Transfer (Acquired Brain Injury Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Effective Organization)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Acquired Brain Injury Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Acquired Brain Injury Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Acquired Brain Injury Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Customized Managing Medications)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Effective Organization)	Met	0 of 0	2 of 2
Client Safety: Education And Training (Effective Organization)	Met	1 of 1	0 of 0
Client Safety: Roles And Responsibilities (Effective Organization)	Met	1 of 1	2 of 2
Preventive Maintenance Program (Effective Organization)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Effective Organization)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Control Guidelines (Infection Prevention and Control)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Influenza Vaccine (Infection Prevention and Control)	Met	3 of 3	0 of 0
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Acquired Brain Injury Services)	Met	3 of 3	2 of 2

## 1.6 Summary of Surveyor Team Observations

During the on-site survey, the surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

Brain Injury Community Re-entry (Niagara) Inc. (BICR) is commended for its participation in the accreditation process and demonstrated commitment to quality improvement and participant safety.

The BICR board is comprised of ten individuals who are committed to working together in a collegial environment to oversee the governance and strategic direction of the organization. In developing their strategic directions they used an open space conference to invite active participation from participants, families, staff and community providers. They recognize and value the talent and commitment of the staff and leadership team.

The board is encouraged to build further conversance in the key performance metrics applicable to the acquired brain injury (ABI) target population as these may increasingly be tied to success in leveraging funding enhancements within the local health integration network (LHIN) environment reporting and accountability framework for agencies.

The organization has developed a strikingly broad network of community partners, a cross-section of who were well-represented at the community partners focus group discussion. They talked about the cooperation they receive and how the organization is always willing to help. They were especially thankful for the educational services provided to them by the organization and commented on the dedication of the staff and how hard they work to assist participants to enter the program. Community partners discussed the navigational skills of the staff that help the participants work through the formidable amount of paperwork necessary for the application process. They would like to see the board and leadership team take a more active role in advocacy for more housing space and for ABI units in long-term care homes to facilitate care for seniors.

The leadership team has created a culture of great mutual respect and teamwork through recognition of the talents, qualifications and experience of the colleagues they work with in a team setting. They are to be congratulated for the work they do to foster excellent relationships with their community partners. Their dedication to maintain their participants within the community setting is evident through their comprehensive services offered to the ABI population. As well, the organization has proactively pursued procurement of some fleet vehicles and a van to support participant transportation, recognizing transportation needs and logistics have become more challenging as the range of service options and partnerships has grown. The organization justly takes pride in its commitment to and track record of volunteer utilization and student clinical placements as well as the role their staff play in mentorship of these students. Their staff sit on college and university committees and assist with teaching. The organization views as a challenge and loss their inability to hire more graduating students who have completed placement with them due to resource constraints and only being able to offer limited employment hours insufficient to retain them.

The organization has a dedicated and enthusiastic staff who demonstrate a strong commitment to participant-focused care. They aim to return the participants to their natural environment whenever possible. The organization has recently won the Niagara gold and platinum award for their wellness program for staff. They also recently underwent a provincial Workwell audit and scored very well. They are proud of this achievement as it needs to be acknowledged that a very few organizations pass the audit on the first try. The organization is congratulated for the value and support they put into staff education. Staff identify this commitment to education as a great retention tool.

The organization's priority around technology investment has enabled introduction of business tools significant in streamlining processes and boosting efficiency and effective time management for staff. Examples are the advent of one scheduling system, some electronic charting steps, and a computerized system for payroll and human resource functions.

The organization offers a comprehensive package of services for their participants. Given the high proportion of participants with a dual diagnosis, the organization has also focused on related programming development such as expanding the flex and access to the Substance Abuse and Brain Injury (SUBI) project. Notwithstanding, the agency is challenged in their efforts to access psychiatric services in the community and from other service providers for their participants as well as access to inpatient units when required. Despite these challenges and concerns of leadership around retention capacity in the face of a protracted legislated provincial wage freeze period, there have been some successes in creatively adding or expanding some distinct staff roles and reach. Examples are the long term care facilitator position, the extension of the rural service coordinator's reach in the Fort Erie area and the addition of a new rehabilitation counsellor position.

The staff clearly support and operationalize the board's strategic direction on participant safety. They moved their PET and vocational programs to the main office area which provide safe space for staff and participants and create the opportunity for a drop-in centre for a wide variety of activities. There is a commitment to workplace health and safety and all of the staff on the workplace health and safety committee have been funded and received their workplace health and safety certification.

The organization values participant feedback through satisfactions surveys. The results of their survey demonstrate that there is a high level of participant satisfaction with the services offered by the organization and the knowledge and skill of the staff.

Additional challenges confronted by the organization relate to several areas. Among these are the identified ongoing needs and desire to continue to expand technology access and to deal with rising transportation costs in the face of flat lined budgets. While positively embraced and supported by staff, the major organizational transformation involved in adapting to a new assessment tool has increased training and workload demands, and associated worker stress. Similarly, while also highly positive for the organization, participants and staff alike, the opening of Promenade Richelieu as a new residence presented numerous challenges in managing the move and transition of six participants from their old residence. The growing volume of referrals, associated increased wait time pressures, as well as the increasing complexity and aging of participants and family caregivers also are increasing pressure points for the organization. These are acknowledged as a strategic priority.