Accreditation Report

Qmentum® Long-Term Care Program

City of Toronto, Seniors Services and Long-Term Care

Report Issued: 07/12/2022

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum® Long-Term Care accreditation program.

As part of this program, the Organization participated in continuous quality improvement activities and assessments, including an on-site survey from 16/10/2022 to 20/10/2022.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and 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.

Confidentiality

Executive Summary

About the Organization

The Seniors Services and Long-Term Care (SSLTC) is a division within the City of Toronto, responsible for service planning and strategic integration of City services for seniors, including:

· Directly operating 10 long-term care homes with 2,641 approved beds that provide 24-hour resident-focused, emotion-centred care, services and programs to enhance quality of life by responding to individual resident needs.

· Community support programs such as adult day programs, supportive housing services, tenancy supports and homemakers and nurses services for vulnerable individuals who reside in the community.

· Coordinating and improving access to the City's 40+ health, recreation, employment, housing and transportation services for seniors.

The City of Toronto Seniors Services and Long Term Care (SSLTC) is responsible for service planning and strategic integration of services for seniors. These services include operations of 10 long-term care homes (2,641 beds) and community services, including adult day programs, supportive housing, tenancy support and homemakers, and nursing services for vulnerable individuals living in the community. The SSLTC serves a diverse resident population, including 55 countries of origin, 50 languages and dialects, and 34 faith groups. The administration, care, and services for this resident population is provided by over 4000 employees that are employed by the SSLTC Division of the City of Toronto.

Seniors Services and Long-Term Care (SSLTC) is a City of Toronto division within Community and Social Services portfolio. Toronto City Council has a number of committees that SSLTC reports to, depending on the issue such as Economic and Community Development Committee, Executive Committee and Budget Committee. The Division of Seniors Services and Long-Term Care is led by the General Manager who provides visionary leadership and support to its 10 long-term care homes and older adult services. The Seniors Services and Long Term Care Division is staffed with a number of highly-skilled leaders who provide expertise, support, and coaching to the homes' leaders in the delivery of care and services to its resident populations. There are well established reporting mechanisms from the long-term care homes to the SSLTC Division, the SSLTC Division to Community and Social Services, and to the City Manager and City Council.

The mission of SSLTC is to "support Toronto seniors and people in long-term care to have the healthiest, most fulfilling lives possible through exceptional care and services". Its vision is "an age-equitable Toronto with fully connected services for seniors and long-term care, enabling people to live with support, and age with dignity". In an effort to fulfill their vision, there are partnerships in community, education, and research. The use of leading practices is to enhance quality of life, care, and services to improve resident outcomes. The SSLTC Division leaders, in collaboration with City Council and the homes' leadership teams, continue their efforts to apply knowledge, expertise, and contributions to shape and influence public policy.

SSLTC believes in the values of Compassion, Accountability, Respect and Excellence. These values are used to guide day to day practice, and are evident in a number of best practice initiatives including Care TO, SSLTC's emotion-centred care model currently being piloted at Lakeshore Lodge.

Surveyor Overview of Team Observations

Seniors Services Long Term Care (SSLTC) has a strategic plan (2022-2025) with three strategic priorities, and these include Excellence in Care and Services, Integrated Care & Service Continuum, and Thriving Workforce. These strategic priorities are translated into actions with key deliverables, including measurable, timed outcomes. The home's operational plans interface with the divisional strategic plan, and there are regular reporting mechanisms to track the progress across the homes.

The City of Toronto long-term care homes vary in size and age. There are several newer homes, and others that are eligible for re-development based on Ontario's classification of long-term care beds. In 2015, the Toronto City Council approved a Long-Term Care and Homes and Services Capital Renewal Plan. The plan allows for the exploration of staged redevelopment of five of its long-term care homes (1,232 beds) to meet the new design standards whilst exploring opportunities for new partnerships and leading practices.

In May 2018, City Council adopted the goal to maximize the potential number of long-term care beds which could be located on the sites requiring redevelopment. Given the sites identified at the time, this would represent an increase of 978 beds. There are discussions underway regarding joint partnerships that include the new long-term care homes and lobbying for capital renewal funding to help offset the escalated costs of construction in recent years. In the interim, there are annual investments in the State of Good Repair Projects, and ongoing preventative maintenance programs.

The Seniors Services and Long-Term Care senior leaders have developed strategic alliances through trusted partnerships with government, regulatory bodies, educational institutions, and other partners who share a common vision. The leaders seek out opportunities for innovative options and partnerships to create environments where residents and staff can thrive.

Community partners are highly complementary of their interactions with and support from SSLTC Divisional leaders and the staff of the individual long-term care homes. The community partners shared that they felt well informed by SSLTC, and that the frequent COVID-19 messaging from the Division's General Manager was thoughtful, proactive, and informative. Community partners shared that a number of their forums and connections with the organization transitioned to virtual connections during the COVID-19 pandemic. They highlighted that they were highly appreciative of the continued engagement of homes and leaders on the work, research, and projects that were underway.

A number of projects that community partners were able to speak about included the work of the Advisory Committee on Seniors Services and Long-Term care, partnership with Healthcare Excellence on resident-centered care planning, and reduction of emergency department visits. In addition, there was the achievement of partial designation under the French Language Services Act for a unit at Bendale Acres. There are a number of research partnerships, including a study with York University on Models for Long-Term Care Residential Care.

The SSLTC has an Advisory Committee that supports and enhances public accountability in the operations of the SSLTC Division. It is a non-legislative committee that acts in an advisory capacity to the General Manager and senior staff related to the care of residents and the needs of seniors in the community. The members of the Advisory Committee include citizens who are selected based on a skills matrix. Each long-term care home has its own Advisory Committee who acts as an advisory group to the Administrator. The Advisory Committee members are highly engaged individuals who provide a broad lens and scope of expertise and experiences to SSLTC.

The City of Toronto long-term care homes serve a diverse resident population. Two-Spirit, lesbian, gay, bisexual, transgender, queer and inter-sex (2SLGTQI+) individual supports (toolkits and video) are available in all of its long-term care homes. First published in 2008, a Tool Kit for Creating Culturally Competent Care was groundbreaking in supporting and caring for residents in long-term care. This toolkit was first updated in 2017 and has been recently refreshed to address homophobia and transphobia affecting seniors. Additionally, the Leading and Learning with Pride: A Revitalized Tool Kit on Supporting

2SLGBTQI+ Seniors and Directory of Services for Seniors and Caregivers in Toronto have been created.

The feedback from residents and families was highly complimentary. They shared that "the people are wonderful", "provision of dignified care to the residents", and "the staff genuinely care, and love my family member". The rates of satisfaction in 2021 from the Your Opinion Counts Family Survey were an overall rate of satisfaction of 94%. The resident population rated the home in 2021 at 93% for an overall satisfaction with the quality of care and service. SSLTC is to be commended on such high rates of overall satisfaction by residents and families.

There are a number of excellent communication strategies. The caliber of newsletters, including Health and Safety Matters, SSLTC Update Bulletin, and others are well done and enjoyed by the readers on the distribution lists. Beyond COVID-19 and pandemic Recovery, SSLTC Update Bulletin provides stakeholders with details on the City's response to the pandemic, Ministry directives, public health measures, general information, and directives related to infection prevention and control.

There have been a number of new communication forums introduced during the COVID-19 pandemic that have leveraged resources, including virtual meetings, town hall forums, over 1000 devices deployed to support resident electronic healthcare records, WIFI services for residents, integrated solutions and after-hours technology support, investment in automatic failover, and exploration of virtual health platforms.

Staff are highly engaged, caring, and committed. Many of the staff members are long serving staff and are highly engaged with both their resident population and their peers. Despite the challenges of the COVID-19 pandemic, not only do staff members continue to be highly in their day-to-day work requirements, but they are also responsive to new opportunities for learning and growth. SSLTC does an excellent job in supporting internal staff advancement, including coaching and support for staff to advance in their positions, and/or roles and responsibilities. SSLTC has created a comprehensive human resources strategy to support a host of recruitment, retention, and recognition initiates.

There is a culture of quality, innovation, and curiosity amongst the staff members. SSLTC is a leader in advancing its heath and safety and staff wellness practices, including initiatives, celebrations, and events that recognize the workplace culture and celebrate its diversity. Recent events include Cultural Diversity Day, Pink shirt/Antibullying Day with the wearing of pink shirts, Black History Month, etc. There is a good working relationship between front-line staff and the leadership of the homes, with evidence of mutual respect and support.

There are strong inter-disciplinary teams in place that work in a collaborative and cohesive manner. The strong foundation of interdisciplinary communication and integrated care planning ensures that goals are established in collaboration with residents and families. There is a strong focus on resident-centred care within the 10 homes, including a quality initiative focused on supporting resident-centred care planning and avoidable emergency department visits in collaboration with Healthcare Excellence Canada.

The homes have excellent support by their Medical Directors, Attending Physicians, and their Pharmacy provider for medication management. The homes are well integrated in their respective communities and are accessing available resources from their acute care partners, behavioural support, nurse-led outreach teams, and others to deliver leading care practices.

There has been a tremendous amount of investment in the Infection Prevention and Control programs at the divisional and home level. The addition of further resources, including infection control leads and infection control champions, continues to advance the sustainability of key infection prevention and control practices. There are robust practices for prevention, surveillance, and infection control.

There is a culture of quality and there are numerous quality projects underway that focus on enhanced care and service delivery. The homes' Quality Improvement Plans are well done, and there are excellent reporting mechanisms for reporting on key indicators by home and across the division. There are excellent risk management systems in place, including a comprehensive resident safety plan for each home.

Key Opportunities and Areas of Excellence

Leadership and Governance

- Visionary and supportive leadership across the City of Toronto, SSLTC Division and LTC Homes
- The 2022-2025 SSLTC Strategic Plan provides clear direction for the teams to advance their work, with clear ownership, accountability and responsibility
- Well-outlined Policies, Procedures, and Frameworks that support quality and risk mitigation
- Encourage a review of mechanisms for Governance to hear about Quality and Safety incidents from the residents and families that experience them
- Continue to advance the rollout of the small medical devices and equipment contract
- Explore opportunities for a comprehensive quality indicator dashboard as SSLTC self-identified as a future project

Delivery of Care Models

- Cohesive, committed, and caring teams who are living out SSLTC values
- Significant investment in Workplace Wellness and Inclusion, including Equity, Diversity training
- Clinical Transformation plan to advance leading practices and to be responsive to evolving resident population
- Culture of quality through the numerous current and past partnerships
- Continued recruitment for resident and family membership, and input on the Quality Improvement Committee
- Advancement of the team member performance appraisals for unionized and non-unionized staff, with policy and process update
- Continued advancement of workplan to create a virtual health infrastructure, tools, policies, and procedures

Emergency Disaster Management

- Good recording of lessons learned from drills and actual events
- Sharing of learnings across the organization's sites
- Residents and families report feeling safe
- Well established partnerships that support regular review and revision of plans
- Continue testing of newer emergency codes, e.g., Code Grey
- Encourage recent training direction for Incident Command System training which would lead to further capacity building and skill sets

Infection Prevention and Control

- Dedicated Divisional Support and engagement
- Enthusiastic and Innovative leads at each site
- Well done Point of Care Risk Assessment tools
- Excellent rates of resident and staff immunizations
- Implementation of IPAC Dashboard from Point Click Care
- Encourage a standardization for COVID-19 entry screening processes at the homes
- Encourage the introduction of a visual cue notification for equipment cleaning
- Introduce linen cart covers that are impermeable and made for this purpose

Medication Management

- Better Coordinated Cross-Sectoral Medication Reconciliation (BOOMR) at time of admission – Excellent evaluation results!
- Excellent consistency across all sites in applying all medication management policies
- Extensive and frequent medication management audits
- One Dedicated Pharmacy hub to support all sites within the organization

- Encourage infusion pump training for key staff at each site to enhance resident safety
- Continue with automated dispensing cabinets procurement
- Ongoing replacement of medication carts as many are old, and no longer intact

Resident Care Experience

- Initiatives enhancing and improving team Cultural Competency
- Compassionate, engaged, and dedicated care teams
- On-site clinical leadership and support
- Online training modules (ELI) with hand- on return demonstrations
- Person-centred care plans
- Ensure that suicide risk assessments are conducted for each resident at regular intervals
- Build in-house competency and skills for the safe use of intravenous infusion pumps
- Person-centred care plan rollout across homes
- Ensure that the needs of the increasing population of younger residents are met

Program Overview

The Qmentum® Long-Term Care (LTC) program was adapted using Accreditation Canada's Qmentum® program and has been customized to meet the care needs and core values of LTC homes, with the purpose of guiding continuous quality improvement. The program is founded on the principles of people-centred care and co-designed with insights and guidance from a diverse group of LTC stakeholders.

Qmentum® LTC is an accreditation program that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care to residents. Key features of the program include the continuous accreditation cycle; an updated assessment tool organized by chapter; four comprehensive assessment methods; two survey instruments [1] (Governance Functioning Tool [GFT]), and the Workforce Survey on Well-being, Quality and Safety [WSWQS]); and a secure, cloud-based Digital platform that will support the completion of these activities.

[1] Survey instrument results and associated feedback are not included in this report.

The continuous accreditation cycle comprises four phases that spread accreditation activities over four years. Each phase includes specific assessment methods and survey instruments that must be completed to advance from one phase to the next. As the organization progresses through each phase of the cycle a Quality Improvement Action Plan (QIAP) will need to be developed and updated to identify actionable areas for continued improvement. The purpose of the QIAP is to continuously "study" and "act" on the results from the assessment methods and survey instruments, to identify and action areas of improvement and to promote the organization's continuous quality improvement journey.

The assessment tool which supports all assessment methods (self-assessment, virtual assessment, attestation, and on-site assessment), is organized into thematic chapters, as per below. To promote alignment with the assessment tool, assessment results and surveyor findings are organized by chapter, 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 a Quality Improvement Overview.

Chapter 1: Governance and Leadership

Chapter 2: Delivery of Care Models

Chapter 3: Emergency Disaster Management

Chapter 4: Infection Prevention and Control

Chapter 5: Medication Management

Chapter 6: Residents' Care Experience

Accreditation Decision

City of Toronto, Seniors Services and Long-Term Care's accreditation decision is:

Accredited with Commendation

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

Locations Assessed in Accreditation Cycle

This organization has 11 locations. A hundred percent of locations will complete both virtual [2] and attestation [3] assessments, if applicable to the organization.

[2] Virtual assessment may not apply to the organization based on transition timing and progress within the organization's accreditation cycle.

[3] Attestation assessment may not apply to the organization based on transition timing and progress within the organization's current accreditation cycle.

The following table provides a summary of locations [4] assessed during the organization's on-site assessment.

[4] Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Table 1. Locations Assessed During On-Site Assessment

Site	On-Site
Bendale Acres	
Carefree Lodge	✔
Castleview Wychwood Towers	✔
City of Toronto, Seniors Services and Long-Term Care - Corporate	✔
Cummer Lodge	✔
Fudger House	✔

Site	On-Site
Kipling Acres	✔
Lakeshore Lodge	✔
Seven Oaks	✔
True Davidson Acres	✔
Wesburn Manor	

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). Accreditation Decision Committee (ADC) guidelines require 80% and above of the ROP's TFC to be met.

Table 2. Summary of the Organization's ROPs

Chapter	ROP	# TFC Met	% TFC Met
Governance and Leadership	Accountability for Quality of Care	6 / 6	100.0%
Governance and Leadership	Workplace Violence Prevention	8 / 8	100.0%
Governance and Leadership	Patient (Resident) Safety Plan	4 / 4	100.0%
Governance and Leadership	Patient (Resident) Safety Education and Training	1 / 1	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Management	7 / 7	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Disclosure	6 / 6	100.0%
Residents' Care Experience	Falls Prevention	6 / 6	100.0%
Residents' Care Experience	Skin and Wound Care	8 / 8	100.0%
Residents' Care Experience	Pressure Ulcer Prevention	5 / 5	100.0%
Residents' Care Experience	Suicide Prevention	4 / 5	80.0%
Residents' Care Experience	Client Identification	1 / 1	100.0%
Residents' Care Experience	Information Transfer at Care Transitions	5 / 5	100.0%
Residents' Care Experience	Infusion Pump Safety	0 / 0	0.0%

Chapter	ROP	# TFC Met	% TFC Met
Medication Management	The 'Do Not Use' List of Abbreviations	6 / 6	100.0%
Medication Management	High-alert Medications	6 / 6	100.0%
Medication Management	Heparin Safety	4 / 4	100.0%
Medication Management	Narcotics Safety	3 / 3	100.0%
Medication Management	Medication Reconciliation at Care Transitions	4 / 4	100.0%
Infection Prevention and Control	Hand Hygiene Education	1 / 1	100.0%
Infection Prevention and Control	Hand Hygiene Compliance	3 / 3	100.0%
Infection Prevention and Control	Infection Rates	3 / 3	100.0%

Assessment Results by Chapter

Governance and Leadership

Chapter 1 assesses governance and leadership across LTC homes. Governance and Leadership criteria apply to governing body (boards and committees) and leadership teams. Themes covered in this chapter include strategy and operational plans, roles and responsibilities of governance and leadership, organizational policies and procedures, decision support systems, integrated quality management, and risk management.

Chapter Rating: 96.8% Met Criteria

3.2% of criteria were unmet. For further details please review Table 3 below. Accreditation decision guidelines for Phase 4 are included within Table A of the Appendix.

Assessment Results

The City of Toronto Seniors Services and Long Term Care (SSLTC) is governed by City Council, in partnership with the Seniors Services and Long Term Care Division's senior leadership team. There are several governance functions that have been delegated from City Council to the SSLTC's General Manager, including the accountability requirements for the annual quality improvement plan to Health Quality Ontario. The fiduciary responsibilities of City Council are coordinated by the budget sub-committee of City Council. There are regular reports to City Council through the Economic and Community Development Committee to provide updates on key SSLTC initiatives, including updates on projects that were financially earmarked, such as CareTO, capital initiatives, and equity work.

There is a strong commitment by City Council to advance the mandate for older adult care across the city in the area of long-term care and older adult services. The governance team works collectively to advocate for long-term care resourcing across various levels in the organization, with the strength of the bureaucratic and political leaders working in tandem. The long-term care homes have positive reputations in their respective communities and are seen as the preferred home of choice by residents and families, and as a long-term care employer in Toronto. The governing body is proud of their reputation in their communities, and the work that their staff perform in offering long-term care for the residents they serve.

The Seniors Services and Long Term Care has created a 2022-2025 Divisional Strategic Plan, and the implementation of strategies and initiatives is used by the Division's Leadership Team to manage their work to align and advance the City's Strategic Plan. The progress on achieving the results of the SSLTC strategic plan is measured quarterly and reported on through various committee and reporting mechanisms.

The SSLTC senior leadership team have a collective, shared, and person-focused collaborative approach to care and service. Interdisciplinary leaders are engaged, knowledgeable, and supportive of team efforts to deliver safe quality care and service. There is work underway with a new emotional care model called Care TO, and this model is being piloted at Lakeshore Lodge. It emphasizes the emotional needs of residents, encourages positive relationships amongst residents, families, caregivers, staff and community partners, and advances the care experience for the whole person. Collectively, the homes, with support by SSLTC, are working proactively to respond to current and future needs of seniors in a changing society and healthcare environment. It is recognized that following an evaluation of the Care TO pilot, that its rollout across the other homes will include local innovation and adaptation in response to the unique needs of the resident populations.

There is a resident safety incident management system that provides clear direction on roles and responsibilities in the event of a resident incident. The policies, procedures, and frameworks support the identification, reporting, analysis, and sharing of outcomes within the home and division. SSLTC facilitates the disclosure and review of incidents by the resident and their designated representative consistent with requirements under the Quality-of-Care Information Protection Act, 2016. Policy provides a comprehensive outline of key steps to support staff in the disclosure of adverse events.

Each home has a comprehensive Resident Safety Plan with identified resident safety areas, including Medication Incidents, Outbreak Incidents, Preventing Abuse and Neglect, Critical Incident Reporting, Quality of Care Information and Protection/Just Culture, Falls, Antipsychotics without Diagnosis of Psychosis, Pressure Ulcers, Physical Restraints, Worsened Mood from Symptoms of Depression, and Worsened Pain and Potentially Avoidable ED Visits. For each of the resident safety areas, there are identified improvement/promising strategies, and results and analyses that identify the progress over time. SSLTC is encouraged to continue the advancement of its work on the creation of a quality dashboard.

The internal Quality of Care Committee performs activities, including the review of critical incidents and quality of care incidents, for the purpose of reducing the potential for risk and the likelihood of reoccurrence of like occurrences. The SSLTC Divisional Quality-of-Care Committee has designated 11 Quality Care Committee ad hoc committees to carry out activities at the home/ Community Program level. The designated subcommittees are accountable for the Divisional Quality-of-Care Committee to report their findings, recommendations, and resolutions. The Division is encouraged to continue to advance their excellent work by exploring mechanisms to hear directly from the residents, families, and/or caregivers that experience a resident safety incident. The information and insights gathered through the Quality Care Committees is used to strengthen quality and risk reduction strategies across the organization.

SSLTC is highly committed to the prevention of workplace violence and has a documented and coordinated approach to prevent workplace violence. All employees receive comprehensive health and safety training at the time of hire, and annually thereafter. Each long-term care staff member is issued a personal alarm device which they wear at all times while on duty to promote enhanced safety pertaining to workplace violence, and to provide a mechanism to summon immediate assistance. The Workplace Violence Prevention Program Staff Guide is well laid out and offers extensive information and resources for staff.

A workplace violence risk assessment is completed every three years or more frequently under certain conditions. Each home's workplace violence assessment was current and there is an action plan to address findings from their most recent assessment. SSLTC invests in extensive training for staff to support them in their interactions with residents with personal expressions, and there is training underway for Gentle Persuasive Approach coaches. In addition, there has been training in Montessori Methods for Dementia, PIECES, U-First, Residents First and Crisis Prevention Intervention training.
SSLTC has worked diligently to secure a vendor to support regular schedules for maintenance, upgrades, and replacement of medical devices across the 10 long-term care homes. There is a contract in place with communication underway on the roles and responsibilities of the new contractor who will support service checks as well as routine and preventative maintenance, including emergency service or repair.

The roles and responsibilities at each level of the organization for governance and leadership are well defined and understood by each other. There is a good flow of information, with sound processes and practices to support consistent and appropriate communications. The organization is to be commended for its ability to support quality of care and services, consistent with its established mission, vision, and values.

Table 3. Unmet Criteria for Governance and Leadership

Criteria No.	Criteria Text	Criteria Type
1.1.12	The governing body regularly hears about quality and safety incidents from the residents, families and/or caregivers that experience them.	HIGH
1.2.8	The organization's leaders ensure that plans for maintaining, upgrading, and replacing medical devices and equipment are followed.	NORMAL

Delivery of Care Models

Chapter 2 assesses the delivery of safe and reliable care models that meet the needs of LTC homes and is reliant on the effective team-level implementation of the organization's model of service delivery and the policies and practices that support it. The common elements of excellence in service delivery include strong team leadership, competent and collaborative teams, up-to-date information systems and virtual health services to support service delivery and decisions, regular monitoring and evaluation of processes and outcomes, and an overarching culture of safety and continuous quality improvement.

Chapter Rating: 82.8% Met Criteria

17.2% of criteria were unmet. For further details please review Table 4 below. Accreditation decision guidelines for Phase 4 are included within Table A of the Appendix.

Assessment Results

Seniors Services and Long Term Care (SSLTC) supports collaborative teamwork, innovation, and a culture of continuous quality improvement. Each long-term care home environment is well maintained, clean, and home-like to support residents, families, and staff. There is an overarching culture of safety, innovation, and teamwork in the work that the leaders and staff across the organization perform. Despite very challenging times with the COVID-19, the teams continue to advance their 2022-2025 Strategic Plan as well as innovative and award-winning services. Teams have been recognized and have received federal, provincial, and municipal awards.

SSLTC recognizes that their employees are an essential element to excellence in service provision and work collectively to carry out their values of CARE (Compassion, Accountability, Respect, and Excellence). SSLTC has created a Human Resources Plan (2022-2025): Building a Thriving Workforce for Seniors and Residents of Long-Term Care. There is a Human Resources Action Plan (2022-2023) that was developed to actualize goals and priorities and includes actions and evaluation metrics. There have been some early successes with the plan, including streamline hiring and on-boarding through a corporate partnership. The organization is to be commended on these recent hires given the global shortage of healthcare staff. Additionally, there are activities underway to promote workplace wellness and inclusion through investment in equity, diversity, and inclusion training and support.

Seniors Services and Long Term Care (SSLTC) has a comprehensive annual education training program for staff that includes resident safety training. Additionally, there is an essential knowledge quiz for volunteers to promote their safety as well as the safety of residents, families, and staff. SSLTC uses ELI, a staff learning platform for its mandatory and other education. There are well established health and safety committees in place, with regular meetings, inspections, and co-chair certification.

SSLTC has been actively engaged in the exploration of virtual health service provision by the care team, and other healthcare partners. They have recently completed a comprehensive virtual health platform survey and have begun analysis of these results. They have gathered information on leading practices frameworks, policies, and procedures. They are to be commended on their work to date to determine the appropriate infrastructure, tools, policies, and procedures to facilitate its use by team members, as well as to ensure privacy and information security.

Table 4. Unmet Criteria for Delivery of Care Models

Criteria No.	Criteria Text	Criteria Type
2.1.7	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
2.2.1	The organization promotes and enables the use of virtual health services by the care team and management.	NORMAL
2.2.2	The organization collaborates with residents, as required, to develop a mechanism to prevent a breach in resident safety when receiving virtual health services.	HIGH
2.2.4	The organization collaborates with residents, other teams, and organizations to provide residents with appropriate follow-up virtual health services, where applicable.	NORMAL
2.2.5	The organization has a written agreement between the off-site service delivering virtual health services and the direct resident care site receiving virtual health services.	NORMAL

Emergency and Disaster Management

Chapter 3 assesses emergency, disaster and outbreak planning and management for the LTC home. An emergency is a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property, and that is caused by the forces of nature, a disease (including epidemics), or other health risk, an accident, or an act whether intentional or otherwise. Themes covered in this chapter include up to date disaster, emergency and outbreak preparedness plans, appropriate training provided to the workforce and residents, engaging with community partners, and communication plans (internal and external). Assessment of emergency and disaster management criteria apply to the organization including its leadership, personnel, and support care teams, and is inclusive of residents, families and/or caregivers.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 5 below. Accreditation decision guidelines for Phase 4 are included within Table A of the Appendix.

Assessment Results

City of Toronto, Seniors Services and Long-Term Care (SSLTC) is well prepared for the eventuality of emergencies. They enjoy close collaboration with Municipal and Provincial partners for the achievement of the same goals. Homes surveyed were able to identify emergency situations which they have faced since the last survey. Lessons learned are discussed via thorough debriefing sessions and gaps identified are implemented. The last survey suggested that there be enhancement of recording of findings from tests and trials of emergency codes. This has been achieved.

Generators are tested weekly and are fully inspected semi-annually. Older homes are reviewing their generator capabilities and seeking to add additional coverage for the homes.

Homes are conducting regular drills of codes, with results of drills being sent to the Emergency Planner at the division level. These results are rolled up into reports, which are widely distributed to allow for organization-wide improvements. Code Grey rollout is forthcoming. Furthermore, staff in Emergency Planning roles have taken part in the Incident Command System (ICS) training, with intent for attendance at further ICS level courses. The organization is encouraged to continue on this path.

Another suggestion from the last survey was that there be heightened training given to volunteers upon orientation and ongoing, to ensure that volunteers know their roles in the event of emergencies. This recommendation has been followed and there is robust training provided to all volunteers at both the orientation and on an ongoing basis.

Staff have clearly defined roles in the event of emergencies. Drills are practiced with utmost respect given to the residents; night staff have silent drills for the most part and follow all procedures as if they were real events. Silent drills allow for the residents to remain unaffected by the drill. When there are alarmed drills for night staff, these are conducted at times that are least intrusive to residents. The organization is to be commended for the emphasis placed upon balancing the safety of residents with the desire to maintain a tranquil setting for them, while achieving the goals of ensuring that all are well prepared for any emergency.

Family Council and Residents Council are frequently updated and consulted on topics related to Emergency Preparedness and Disaster Planning.

Table 5. Unmet Criteria for Emergency Disaster Management

There are no unmet criteria for this section.

Infection Prevention and Control

Chapter 4 covers organizational safety practices for LTC homes related to infection prevention and control (IPC). The purpose of this chapter is to ensure those both working and receiving services from the organization stay safe and healthy by preventing, mitigating risk, and controlling the transmission of pathogens and/or infections. Themes presented include having a team with relevant IPC subject matter expertise, maintaining updated documentation (policies and procedures), implementing standardized practices (e.g., hand hygiene, PPE, environmental cleaning and disinfection, medical device and equipment cleaning, supply chain management, outbreak management), continuous learning activities, and continuous quality improvement to support organizations in achieving their IPC aims. This section applies to the organization including its leadership, personnel, and support care teams.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 6 below. Accreditation decision guidelines for Phase 4 are included within Table A of the Appendix.

Assessment Results

Infection Prevention & Control practices (IPAC) remain a strategic focus for the organization. There are two levels within the Seniors Services and Long-Term Care that actively work in partnership to support IPAC activities. The first is the divisional level which provides stewardship and guidance related to policy changes, interpretation of Ministry directives as indicated in the Fixing Long-Term Care Act, policy review and revision, and data analysis. They are actively engaged through weekly meetings thus ensuring that access for IPAC support is available and accessible to promote and sustain best practices at the staff level. The second is at the site level where they have active, engaged, and innovative IPAC Leads/Managers. Most, if not all, have achieved the certification to be IPC practitioners and if they have not then they are actively working to achieve this certification. The organization has realized that now, more than ever, having qualified staff with appropriate credentials is a great benefit to the promotion of IPAC measures. In addition to the IPAC Leads, staff champions at the unit level work collectively to support required practices, education, and adherence to policy.

During the last two plus years, the organization has focused on COVID-19 and the associated impact it has had on residents, families/caregivers, and staff. They report that they have had some successes navigating the COVID-19 journey to date and continue to implement COVID-19 measures by adopting a tiered approach that consists of Prevention, Mitigation and Recovery. There have been communication resources created that are shared with staff and family members to keep them well informed on all things IPAC, such as daily/weekly emails and Town Halls. The organization is to be commended on their excellent communication strategies through use of social media videos and the COVID-19 Resource Guide during the challenging COVID-19 and outbreaks.

The organization has completed their IPAC Fall Preparedness Checklist to ensure they are prepared for the upcoming Flu season. Immunization policy is in place and that supports both Flu and COVID-19 vaccinations for residents and staff. The organization reports that they have between 90-97% uptake related to immunizations. They implemented the promotion of a Staff Vaccine Champion initiative to assist with uptake and this remains a work in progress to ensure they are in place widely throughout the organization.

Surveillance takes place on a daily basis at the unit level by the IPAC Leads and Staff Champions. They complete a comprehensive checklist to ensure that IPAC measures are being followed. Data metrics are entered into the IPAC Dashboard in PCC at the site level. Infection rates are tracked and reported on a monthly basis to and from the organization. Signage is available for residents who are on precautions.

Hand hygiene auditing is a team approach, and it is encouraged and supported through the use of the Speedy Audit Hand Hygiene tracking system that is housed on an iPod or iPad. Review of their quality metrics indicate that they exceed their auditing quota on a consistent basis, and results indicate that for most months in the last year they have achieved a 90% or better rate of compliance. Just In Time education is provided, if required.

Point of Care Risk Assessment Documents are strategically placed on or outside of each resident's room. These tools assist staff with having information accessible to provide safe care during activities of daily living.

Personal laundry services are completed onsite. Other linen products are transported to an offsite location to be laundered and returned in sealed bags which are then transported to the units whereas soiled laundry travels to the laundry room via dedicated chutes. Soiled and clean areas in the laundry area are identified and staff have use of appropriate PPE when handling soiled linen.

Housekeeping staff were able to articulate their role expectations and their responsibility as part of the organization's Resident Safety Program, and it is obvious that they take pride in their work. Staff were also aware of appropriate chemical use. Cleaning checklists are completed as per policy and cleaning practices for "High-Touch" areas continue at the site level. Discussions took place regarding the time it takes to complete room cleaning and disinfection post OB. The organization is encouraged to explore the use of fogging machines that would support decontamination practices and save staff time.

All staff are educated on personal protective equipment donning and doffing (PPE) and audits are completed on a regular basis to ensure staff remain competent in PPE donning and doffing. One example shared during the surveyor visit was the "pudding" test where a staff member donned PPE, co-workers were asked to place pudding on the staff member wearing the PPE, and then the staff member wearing the PPE was requested to remove the PPE. To avoid getting pudding on themselves they needed to remove it in the correct sequence, and it provided a useful visual for those observing. PPE supplies are on hand and visible in their designated home areas.

IPAC information is included in the resident's admission handbook. Volunteers and contracted workers also receive extensive education to support compliance with IPAC measures.

Staff training is a priority and is offered regularly in relation to IPAC practices and policies (ELI). A recent activity was conducted for staff where they were given a picture and asked to identify the mistakes.

Residents are placed in cohorts and are physically distanced during meals and programs wherever possible. Hand hygiene practices were also observed being completed.

Nutrition cleaning practices and temperature monitoring is completed by staff as per checklist. Food handling practices are in place and food service inspections completed by Public Health indicate that they are in compliance with regulations and practice standards.

A variability in screening practices was noted between sites during onsite visits. The organization is encouraged to review screening practices to ensure they meet regulations and that they are completed in a standardized manner. When questioned, staff were aware of their responsibilities about not coming to work should they feel unwell.

During many surveyor conversations, the organization noted an excellent ongoing relationship with both Toronto Public Health with their annual IPAC review and Acute Care organizations that have provided guidance and stewardship when requested or required.

The organization continues to serve vulnerable residents who continue to require access to medical equipment in the provision of safe and effective care practices. A process for selecting equipment is in place at the divisional level which includes cross representation. There is consideration given wherever possible to standardization of equipment purchased, which takes into account usability, pricing, and

service agreements.

The organization has policies and procedures for equipment cleaning and disinfection purposes. Most resident specific equipment is single-use or disposable. Shared medical devices require cleaning and disinfection between uses. During the survey observations, many devices did not have wipes available on the piece of equipment to promote this practice. The organization is encouraged to purchase appropriate holders that can be affixed to the equipment to house wipes containers and promote staff use. IPAC staff indicate that they use a pen to mark equipment daily in the morning and then go back and audit to see if the mark has been erased. To promote continuous point-of-care cleaning and disinfection, the organization is encouraged to explore methods that provide a visual indicator, which makes it evident to the staff members about to use the device that it has been cleaned and disinfected, such as dirty/clean magnets that can be affixed to the device, use of painting tape that is placed on each piece of equipment, or the use of laminated cards on which staff could write.

Staff members confirmed that they receive education on the safe use of all equipment. Slings are checked daily prior to use to ensure they are in good working order and replaced when they are noted to be in disrepair.

There is no sterilization completed by the organization. It is noted that the Dental and the Foot Care providers do sterilize their own equipment to deliver service and the organization has a copy of their sterilization process. Supportive audits were evident. The organization does monitor the quality of the sterilized devices when used by the external providers through the use of a focus audit completed by the IPAC Lead or staff champion.

The organization reports that they have just signed a medical devices calibration contract. In-house maintenance staff work within their capabilities to do needed repairs but when it is beyond their scope, access to Biomedical assistance will be an additional support.

Load lift testing is completed annually with the rep who is the medical equipment provider. The organization reported that they have gone to an RFP process for medical devices replacement. Staff report that they have the equipment they need at hand to complete their tasks safely.

Table 6. Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Medication Management

Chapter 5 covers organizational safety practices for LTC homes related to medication management. Themes covered in this chapter include a collaborative approach to medication management, up-to-date policies and procedures, the assignment of responsibilities in relation to prescribing, storing, preparing, and administering medications. Medication reconciliation is also addressed. This section applies to the organization, including its leadership, personnel, and support care teams.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 7 below. Accreditation decision guidelines for Phase 4 are included within Table A of the Appendix.

Assessment Results

At all sites, the medication management teams were very committed, well represented, interprofessional, and included excellent medical staff engagement. An active organization wide Medical Services Committee and Pharmacy and Therapeutics (P&T) committee is in place as are site specific committees. Communication is excellent.

The relationship with CareRx is well established and appreciated. Of note is the regular newsletter that CareRx provides, both for staff, residents, and family members. The CareRx resource center is also easily accessible and provides information about medications and current organization-wide medication policies and procedures. The ELI online training system has modules for registered staff related to medication management and administration. CareRx also provides in-services to nursing teams and conducts reviews to identify learning needs.

The consistent application of medication management policies was observed across the City of Toronto, Seniors Services and Long-Term Care (SSLTC), and is commended. Policies are well done and updated regularly. Staff are well informed of all policies and aware of how to access them on an ongoing basis.

Extensive and frequent medication management audits occur. Audits are well done with analysis and corrective measures put in place as required. Examples include audits of the 'Do Not Use' abbreviations, audits of heparin products, audits of narcotic products, and tracking all medication errors. The ISMP Medication Management Self-Assessment for long term care was completed in September 2022. Feedback is forthcoming.

The organization has implemented the Better Coordinated Cross Section Medication Reconciliation (BOOMR) process. This medication reconciliation process occurs immediately before admission of a resident to the home. Following notification of CareRx (contracted pharmacy services), an intensive review and investigation via a three-way call occurs with the pharmacist, nursing team, and physician. The pharmacist makes recommendations, the physician then approves final medication orders, and then medication reconciliation is faxed to the nursing team. Well done! Initial BOOMR evaluation results (January 2022-June 2022) indicate saving staff time of approximately 846 hours across all sites. Also, of note has been enhanced patient safety as a result of BOOMR with the reduction of an average of five medications per admission and the identification of an average of seven medication discrepancies per admission.

A Readmission checklist is used to support medication reconciliation when a resident is readmitted to the home (most frequently from a hospital visit/admission). Medical staff maintain communication with hospitals when a resident is admitted.

Of note has been the electronic medical record (EMR) implementation in 2020. Links with the pharmacy

system has resulted in more seamless processes. Of note is the use of the Digi-pen which sends medication orders directly to pharmacy.

At some sites, the medication room is not large enough to accommodate the medication cart(s). In these situations, carts are kept in the hallway. All carts are locked and secure. Some medication carts need replacing. Automated dispensing cabinets are planned for all sites soon.

One triple locked Emergency Starter Box (ESB) is available in locked medication rooms at all sites. These support nurses having access to certain medications (starter dose with physician approval) after-hours. Spill kits are available at all sites.

Resident self-administration of medications does not occur frequently, if at all, in many sites. However, policies are in place should this occur which guides the tracking of these occasions, the storage of self-managed medication and the ongoing assessment of the resident's capacity to carry out this task safety.

Little medication incidents were noted but when they do occur, they are addressed with Just in Time retraining to support a Just Culture. Trends of the few incidents note omission of a medication is the most common error. It may be of benefit to explore if these relate to overtime hours worked by staff given the current vacancy issues.

Nurse Led Outreach Team (NLOT) and Home and Community Support nurses attend the sites when infusion pump use is required. These external staff support the sites in using the pumps, administer the medication, and ensure ongoing maintenance. No formal training for site staff is currently provided. There is the opportunity to provide training and retraining of key staff at each site (including the NP) in order to support a proactive approach to managing infusion pumps as required.

The medication management team at several sites are extremely proud of their efforts to streamline and reduce the use of antipsychotic medications. This has been very well monitored.

City of Toronto, Seniors Services and Long-Term Care (SSLTC) is embarking on further streamlining the number of insulin products that are available in the formulary. Encouragement is offered to SSLTC as they work to develop an improved approach to managing insulin administration.

Table 7. Unmet Criteria for Medication Management

There are no unmet criteria for this section.

Residents' Care Experience

Chapter 6 focuses on criteria related to the care experience of a resident in a LTC home. The themes covered in this chapter include building a competent team to provide care and services based on HSO's people-centred care principles and delivering safe and reliable care that meets the needs of residents and how they define their quality of life. The chapter emphasizes the importance of residents and caregivers as active participants in the care and services provided. Individualized care plans are informed by resident needs and goals, shared decision making, and self-management and are based on ethical principles of respect, dignity, confidentiality, trust, and informed consent.

Chapter Rating: 98.4% Met Criteria

1.6% of criteria were unmet. For further details please review Table 8 below. Accreditation decision guidelines for Phase 4 are included within Table A of the Appendix.

Assessment Results

Providing People Centred Care

The teams demonstrate a strong commitment to providing person-centered care.

Several initiatives have been implemented by the organization to provide teams with the tools and skills required to provide compassionate, respectful, and culturally sensitive care.

Spiritual coordinators are available to address emotional and spiritual needs. Residents also benefit from the support of social workers and counsellors.

The homes provide residents with access to outdoor spaces where possible. Common areas are well decorated with murals adorning the walls, and in some instances ceiling tiles.

Each home has created a list of languages that the members of their team speak and call upon these individuals to assist with ensuring that the resident is able to communicate their needs clearly to the team. Translation services are also available for written documents.

The RUDAS tool is used to verify residents' capacity to provide informed consent and if the resident is incapable, a substitute decision-maker is identified.

All residents and families are informed of their rights and responsibilities at admission; a written copy is provided, and poster-sized versions are prominently displayed within each home.

BSO teams are in place at each site to provide guidance and recommendations in the management of challenging behaviors.
Family Councils and Residents' Councils are active at all of the sites, and meeting minutes are posted on boards designated for each group.

Attention is paid to providing a pleasant dining experience for the residents. Resident feedback is sought in menu planning and pictures of the meals are posted at the entrance to the dining areas to help with meal selection.

The organization has begun a process of training staff in the creation of person-centered individualized care plans and is encouraged to complete the rollout of this project across all the homes.

The organization is also encouraged to move forward with the re-establishment of the

programming activities within the homes as soon as it is feasible to do so.

Delivering Safe and Reliable Care

Fall prevention, skin and wound care, and pressure ulcer prevention programs are well established and active in the homes. All residents are assessed to identify their level of risk during the admission assessment and are reassessed during the quarterly reviews or if their state of health requires it. Standardized documentation tools are used to complete these assessments and an admission checklist serves to guide staff to ensure that the required assessments are completed.

Policies and procedures are easily accessible via the organization's intranet site and annual online training is mandatory for staff. Training is provided during orientation for new hires.

The homes collect indicator data related to each of these programs and quarterly QI reports are reviewed at the local and divisional level. The results and analyses are shared throughout and within the organization as well as with Residents' and Family Councils. Copies of the divisional quarterly reports are posted on the designated information boards located in each home.

There is a standardized documentation tool to ensure that all relevant information is communicated when residents are transferred or when service ends.

Access to resources to support the use of intravenous infusion pumps varies depending on the site. It is suggested that the organization explore developing and implementing a training program for the safe use of infusion pumps so that all teams are prepared to respond to the intravenous infusion needs of their residents when these situations arise.

There is a policy and procedure in place to assess the risk of suicide, address the safety needs of the resident at risk of suicide, and the identification of treatment and monitoring strategies.

Currently, the organizational policy requires a suicide risk assessment at admission only. Subsequent suicide risk assessments are conducted only for those who were identified as at-risk during the admissions process. This process does not provide, in suicide risk assessments, as a baseline for those who have not had a previous history prior to admission. The prevalence of depression and suicide in the older adult population reflects the need to ensure that all residents are assessed for the risk of suicide at regular intervals.

Building a Competent Team

Staff receive a copy of the standards of conduct handbook and all staff receive scenario-based training on preventing violence and abuse.

BSO teams are in place at each site and provide guidance and training to staff regarding managing challenging behaviors. The organization also has a policy and procedure on the minimal use of restraints. This policy and procedure seem to be well integrated and applied by the staff.

Care teams are required to complete training modules regarding palliative and end-of-life care, and the organization is studying the feasibility of offering more in-depth training.

Client and Family Engagement Focus Group

Participants in the focus groups had many positive comments and expressed satisfaction with the care received. Residents stated that they are treated with dignity and respect and their right to privacy is recognized by the staff.

Family Councils and Residents' Councils are active and are seen as one means of communicating concerns to the homes' leadership teams.

Concern was expressed regarding high staff turnover and the level of understaffing which some feel impedes clear and direct communication with the front-line staff and has impacts on care.

Some family members spoke of their frustration that the pandemic necessitated the cancellation of group and one-on-one activities in the homes and the potential impact this may have had on those residents with reduced cognition.

Suggestions from the focus group participants for improvement include better food at the dinner meal and making sure that the access ramps to the external spaces are wheelchair accessible.

Families and residents would like to see group and one-on-one activities return to their pre-pandemic level as soon as possible. They would also like to have more face-to-face contact/interactions with staff and more meetings so that the staff can "reintroduce themselves".

Residents would like to see some improvement in their meals, in particular the dinner meal which could be improved.

Table 8. Unmet Criteria for Resident's Care Experience

Criteria No.	Criteria Text		Criteria Type
6.3.4	Suicide Prevention		ROP
	6.3.4.2	The risk of suicide for each resident is assessed at regular intervals or as needs change.	

Quality Improvement Overview

Seniors Services and Long-Term Care (SSLTC) worked diligently to complete itself assessment by chapter in OnboardQi. The organization identified criteria that they assessed the need for further action on. A comprehensive Quality Improvement Action Plan was created and established an area of focus, actions to be taken, rationale for such action, timelines, responsibility, and measurement outcomes for the proposed action.

The Quality Improvement Action plan was easy to follow, and discussions occurred with the senior leadership team on their progress in the criteria, by chapter, that they had identified for further follow-up. The project teams were on track with the actions and steps that they had identified to be taken to meet the criteria. The project teams were thoughtful in the actions to be taken to advance the criteria, and often included engagement with other partners as well as a review of leading practices. In some instances, such as the contract for preventative maintenance of medical devices and equipment, a new contract service provider has been secured to support this work.

SSLTC has completed a comprehensive assessment on the use of virtual health services by its homes, and in consultation with their Medical Directors on the circumstances under which virtual health services are appropriate. SSLTC has access to significant work on this topic and will be well positioned to create the required framework, policies, and processes to support safe and efficient virtual health services for its resident populations.

There have been a number of quality projects that have been undertaken since the last on-site Accreditation. SSLTC has provided and continues to provide education on quality improvement science and methodology to its leaders and staff to further enhance their skills and abilities. SSLTC is to be commended on its quality initiatives and the positive impact that they have on the populations they serve.

Appendix A

Table A. Accreditation Decision Levels and Requirements Met

Accreditation Decision Guidelines for Phase 4. Includes attestable criteria and surveyor ratings from the virtual and on-site assessments.			
ACCREDITED	**Normal Priority criteria requirements met**	**High Priority criteria requirements met**	**ROP – Test(s) for Compliance requirements met**
All Chapters within Qmentum® LTC Assessment Tool	70% and above	75% and above	80% and above
Per Chapter within Qmentum® LTC Assessment Tool		60% and above	

Not Accredited: If all categories (Normal, High, and ROP Test(s) of Compliance) are below the set percentage then the organization would be considered not accredited. If an organization receives a decision of Not Accredited, it can improve its decision to Accredited by undergoing a supplementary survey (on-site) within six (6) months. A Not Accredited status could also be given if the organization has not sufficiently met the requirements for ongoing monitoring or there are significant safety issues identified within the organization.

Accredited Under Review: Means that the continuation of the Client's Accreditation status is pending further review of evidence substantiating compliance with the requisite quality and safety standards set by Accreditation Canada for the Qmentum® Long-term Care Program, including compliance across each individual home within the Client's organization. If additional and credible evidence of concerns with the quality and safety in other sites within the Client's organization arises, then Accreditation Canada may temporarily suspend the Client's Accreditation status or change the status to "Not Accredited".

DISCLAIMER: Further information on the specific requirements of achieving a higher Accreditation Award will be provided in an Addendum later.