ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Hearing and Speech Nova Scotia

Halifax, NS

On-site survey dates: October 25, 2021 - October 29, 2021

Report issued: December 20, 2021

About the Accreditation Report

Hearing and Speech Nova Scotia (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2021. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

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

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Hearing and Speech Nova Scotia (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Hearing and Speech Nova Scotia's accreditation decision is:

Accredited with Commendation (Report)

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

About the On-site Survey

- **On-site survey dates: October 25, 2021 to October 29, 2021**

- **Locations**

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

  1. Antigonish
  2. Dartmouth-Queen Square
  3. Halifax - Dickson
  4. Halifax - Halifax Community Clinic
  5. Halifax - IWK Newborn Hearing
  6. Yarmouth

- **Standards**

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

  System-Wide Standards

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

  Service Excellence Standards

  4. Community Health Services - 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)
  4. Client Experience Tool

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)	24	0	0	24
Accessibility (Give me timely and equitable services)	8	0	0	8
Safety (Keep me safe)	67	3	4	74
Worklife (Take care of those who take care of me)	46	2	0	48
Client-centred Services (Partner with me and my family in our care)	48	2	2	52
Continuity (Coordinate my care across the continuum)	9	0	0	9
Appropriateness (Do the right thing to achieve the best results)	172	1	6	179
Efficiency (Make the best use of resources)	20	0	0	20
Total	**394**	**8**	**12**	**414**

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	42 (93.3%)	3 (6.7%)	5	36 (100.0%)	0 (0.0%)	0	78 (96.3%)	3 (3.7%)	5
Leadership Standards for Small, Community-Based Organizations	39 (97.5%)	1 (2.5%)	0	69 (98.6%)	1 (1.4%)	0	108 (98.2%)	2 (1.8%)	0
Infection Prevention and Control Standards for Community-Based Organizations	32 (100.0%)	0 (0.0%)	2	46 (100.0%)	0 (0.0%)	1	78 (100.0%)	0 (0.0%)	3
Community Health Services	43 (97.7%)	1 (2.3%)	0	77 (98.7%)	1 (1.3%)	2	120 (98.4%)	2 (1.6%)	2
Total	**156 (96.9%)**	5 (3.1%)	7	228 (99.1%)	2 (0.9%)	3	384 (98.2%)	7 (1.8%)	10

* Does not includes 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: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Unmet	1 of 2	0 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1

Summary of Surveyor Team Observations

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

Hearing and Speech Nova Scotia (HSNS) is a non-profit organization providing standardized speech and hearing services in thirty-five (35) clinic sites, located in twenty-five (25) communities across Nova Scotia. Some services (e.g. specific Autism services) are also provided in non-traditional settings, such as day cares, libraries, and community meeting rooms.

The organization is governed by a Board of Directors (board). The board is a Skills Mix board, with defined terms and works hard to incorporate diversity in its members (including rural/urban). The board meets regularly and now routinely engages with clients by having client experiences as part of at least two meetings per year.
The board has its own Bylaws, Policies and Executive Limitations and is supported by Senior Management.

The organization has built strong relationships with its many partners (examples: Nova Scotia Department of Health and Wellness, Nova Scotia Health Authority, IWK Health, Dalhousie School of Communication Sciences and Disorders, Nova Scotia Early Intensive Behavioral Intervention Program, EENTs, and Atlantic Provinces Special Education Authority). The partners value their relationships with HSNS and describe the organization as reputable, collaborative, agile, essential, nimble, and responsive. Partners also appreciate the organization's openness and strong communication skills. They note that the organization needs to continue to let Nova Scotians know about their services.

HSNS is fortunate to have a strong leadership team. The leaders of the organization are passionate, committed, and agile. They are strong advocates for their clients, families, and staff and a great deal of work is done “behind the scenes” to ensure staff have the tools they need (education, training, equipment, processes, policies etc.). The leadership is “small, but mighty”!

Staff are highly skilled, credentialed, and professional. The organization works hard to ensure staff have the tools they need to do their roles. Families and clients report that staff are “highly educated and very professional”. The organization uses opportunities to have staff work at the site they desire when possible. The staff are working on applying an equity, diversity and inclusiveness lens to their work and participate in other quality improvement projects. The staff at this organization are solution-focused; when they identify issues, they work with their managers and other staff to seek solutions. The staff support 70+ student placements per year.

Care delivery has been a challenge during the global pandemic; however, the organization has overcome many barriers. They quickly pivoted and adopted virtual care appointments to ensure they were able to continue to deliver high quality services to their clients and families. This has not gone unnoticed by their clients/families.

The organization routinely surveys their clients/families around the client experience. The PiC have been The organization routinely surveys their clients/families around the client experience. The PiC have been involved in adapting the Client Experience Survey Tool to better capture the data the organization requires. Client satisfaction remains high.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Worklife/Workforce	
Patient safety plan A patient safety plan is developed and implemented for the organization.	· Leadership Standards for Small, Community-Based Organizations 14.1

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	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		
2.5	The roles and responsibilities of the chair are described in a position profile, terms of reference, or by-laws.	!
10.1	The governing body adopts patient safety as a written strategic priority for the organization.	!
13.3	The governing body shares the records of its activities and decisions with the organization.	!

Surveyor comments on the priority process(es)

Hearing and Speech Nova Scotia has a very strong Board of Directors (BOD). The board is a skills mix board and has just instituted three-year terms that can be renewed once. With the institution of terms, there has been a large turnover resulting in eight new members. Some members whose terms are equal to or longer than the new maximum of six years have stayed on for an additional year to ensure a good mix of experienced board members with the new ones. The BOD developed a mentorship process two years ago and now pairs new board members with an experienced board member (mentor) to assist them in their transition. The initial feedback regarding the mentorship process is positive.

Recruitment of new board members occurs in a variety of ways: advertising (e.g., LinkedIn), word of mouth, individuals may be targeted specifically for skills they could bring to the BOD, the nominating committee may target individuals, and individuals can submit expressions of interest as examples. The board is working hard to ensure good geographical coverage as well as looking at diversity and skills.

Board members report that the onboarding and orientation are comprehensive. This has been made much easier with the implementation of Aprio, the new board portal. New members can log into the portal and access bylaws, policies, the organization's mission, vision, and values as well as other critical documents. The board has a Board Member Commitment Form that is signed by all new board members.

The process assists board members to understand their commitment to the board and the principles that the board espouses.

The board has four main sub-committees: Executive Committee, Board Policy Governance & Review Committee, Nominating Committee, and Finance and Investment Committee.

The BOD monitors the Key Performance Indicators of the organization and oversees the Quality Improvement Plan. One director noted that their role is “nose in, fingers out”; the BOD is an oversight body and works hard to ensure they are not involved in the day-to-day operations of the organization.

The board chair is elected from within the BOD and the chair leads the evaluation of the CEO, the board’s only employee. When completing the annual review of the CEO, the chair will reach out to the Senior Leadership Team and the Board Executive for feedback. The chair develops written feedback for the CEO; the chair reviews the goals of the past year and progress towards these goals. The CEO provides their written goals for the next year and the chair uses this opportunity to begin succession planning. The organizational policy dictates that the CEO must provide six months’ notice of intention to leave the organization so as to allow time to recruit a successor.

Since the last survey, the board has implemented a Hearing and Speech Scholars Endowment Fund at Dalhousie University. They have awarded their first scholarship to a deserving student who is partway through their master’s degree at the Dalhousie School of Communication Sciences and Disorders.

The BOD is constantly informally scanning the environment. The organization may wish to formalize their environmental scanning as they plan the next three to five years for their organization.

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)

Hearing and Speech Nova Scotia (HSNS) has recently released a new Strategic Plan 2024. The plan is the culmination of interviews/sessions with partners, clients and their families, other stakeholders, the board of directors, staff, and leadership. The plan aligns with deliverables required by funders (e.g. DHW).

The mission of the organization is to improve the lives of Nova Scotians by delivering quality audiology and speech language pathology services. The vision of the organization is that “every person deserves a voice. Every voice deserves to be heard” and this vision resonates with partners, clients, and families. Values espoused by the organization are CLASIC: Client-centred, Leadership, Accessible, Supportive, Integrity, and Collaborative.

Client Rights and Responsibilities are posted in all sites as well as at the corporate offices. The leadership team scans the environment regularly for new and emerging trends and incorporates the information into their planning. A suggestion would be to formalize the environmental scanning – perhaps having a living document that is updated quarterly and shared with the board and all staff. At present, it is monitored informally and is not collated for sharing. This could be a valuable tool for future planning.

Annual operational plans and business plans are developed, and progress is reported to the board on a quarterly basis. The operational and business plans are based on the goals of the strategic plan and align with the direction given by funders.

The organization has many rich partnerships. Examples include the Department of Health & Wellness (Government of Nova Scotia), NSHA (Nova Scotia Health Authority), the IWK, the School of Communication Sciences and Disorders (Dalhousie University), Nova Scotia Early Childhood Development Intervention Services, King’s Regional Rehab Centre, and the Eskasoni First Nations community located in Unama’ki (Cape Breton). The organization has been working with the Mi'kmaq to improve services to this marginalized community.

To ensure the organization reaches marginalized communities, it has launched an Equity, Diversity, and Inclusiveness (EDI) Taskforce. Another population they are working with is the LGBTQ2+ community, particularly the transgender community who may require services of SLPs as they transition.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is to be commended on the management of its resources. With a policy and expectation that they come in “on budget” and inability to run a deficit, resources must be managed diligently. They recently hired a new Director of Finance and Operations and this individual brings a history of working with the Department of Health and Wellness and working for the Nova Scotia Health Authority. The relationships with these partner organizations are an asset to Hearing and Speech Nova Scotia (HSNS).

The organization has a number of Executive Limitations (EL) in place to protect the organization: asset protection, compensation and benefits, financial conditions and activities, financial planning and budgeting, global executive constraint, and financial oversight. Under the EL for Financial Oversight, there is a Finance and Investment Committee that is mandated to oversee the board’s responsibilities relating to the financial affairs of HSNS. The committee also makes recommendations to the board on issues such as investment asset allocations, fundraising, and financial management and reporting activities.

There are criteria used when looking at reallocation of resources that are basically supply versus demand and the organization has become very adept at maximizing its investments in human resources. The criteria used include reviewing waitlists, determining current activity as well as looking at trends over time. Examples were provided where the organization has used a vacancy in one area to supplement another area that might be experiencing a surge in referrals, extended wait times, or other pressures. The team reviews service pressures at monthly meetings and keeps a finger on the pulse to be proactive in managing surges. New positions require a business case to funders and the Director of Finance and Operations must sign off on any new position postings.

Tight fiscal controls are in place with quarterly reporting to the CEO and Board of Directors. The pandemic has been challenging in a number of ways, but also financially as the organization needed to purchase additional Personal Protective Equipment (PPE) that would normally not be required for day-to-day operations. HSNS funded the PPE in 2020 as they did realize some savings in reduced travel (virtual care) and reduced continuing education opportunities; however, as they return to in-person appointments and continuing education events are resumed, these funds will not be available. The director has let funders know they may require assistance with covering the costs of PPE in this current fiscal year.
Capital budgeting/funding remains a source of pressure for the organization. Medical devices, for audiology in particular, are expensive and each device has a limited life expectancy. The organization has reviewed all assets, documented their life expectancy, and developed a capital budget based on this data. They submit to a capital budgeting process annually; however, there are no guarantees that they will be funded. The organization is constantly having to seek approval and develop contingency plans if not funded.

The organization is continually working on projects. The new EDI (Equity, Diversity and Inclusiveness) project is funded from within. The team uses free education where possible, and staff use continuing education funds as well. Working with the Eskasoni First Nations Community provides a good example of developing new partnerships and changing practices while funding from within. Over time, the team has dedicated a portion of an SLP, CDT, and audiologist to this community. The investment in developing relationships, taking additional training, and providing culturally sensitive care have been very positive for both Eskasoni and HSNS.

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)

Since the last survey, the organization has procured BambooHR (referred to as Bamboo) to assist in the management of their Human Resource (HR) Department. This system has improved efficiency, provides reporting capabilities, and has reduced the number of paper documents used by HR significantly. In addition, much work has been done to map out HR processes, such as the job posting and recruiting process, HSNS offer letter and onboarding process, and resignation/retirement process to name a few. All these improvements contribute to enhanced quality within HR.

The organization has created a Talent Management Plan (2020-2024). Within the plan, goals are set, priority issues are identified, strategies are provided for recruiting, onboarding, learning and development, performance management, appreciation, succession planning, and offboarding.

Employees stay an average of 12.25 years, up almost 1.0 years longer per average than in 2019-20. The team attributes this to a healthy, happy workplace. A number of strategies are employed to ensure a happy, healthy workplace including trying to accommodate staff employment in the area of the province they choose, ensuring staff have the tools required to do their job, ensuring staff are provided with core competency training and can apply for additional training through a training fund, access to EAP services for staff who require it; quarterly reviews of caseloads to ensure staffing levels are appropriate leaves available for special issues, including domestic violence, OHS, and Wellness Committee, in-person clinical forum every two years, and various appreciation events.

Personnel files have been transitioned over to Bamboo from paper. Performance reviews are completed every two years which includes a Competency Action Plan as part of the appraisal process. All files reviewed had evidence of performance reviews completed regularly. The reviews were comprehensive and gave helpful feedback to the employees. Leaders do work hard to touch base with employees regularly and as frequently as possible.

The organization’s policies are up to date and available electronically. New staff are required to review the entire policy manual as part of the onboarding process. Specific policies are reviewed annually and the bamboo system will send updates by email if any policies are changed.

One of the policies that is required to be reviewed annually is the Workplace Violence Prevention Policy. The bamboo system sends alerts to employees reminding them that they are due/overdue to review a policy. The HR department is able to run a deficiency report of staff who are overdue to review policies and share this with the specific managers.

The Workplace Violence Prevention Policy (7.4.2) outlines the process for employees to report incidents involving workplace violence and details steps for resolution. The policy lacks clarity on who the individual/position is and who is responsible for implementing and monitoring the adherence of the policy. It is most likely that the Director of Finance & Operations according to the process defined within the policy. It is recommended that the organization make this clearer in the next review of the policy. All staff receives training in Non-Violent Crises Intervention.

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			
2.1	A healthy and safe work environment is identified as a strategic priority.		!
14.1	A patient safety plan is developed and implemented for the organization.		ROP
	14.1.2	There is a plan and process in place to address identified patient safety issues.	**MINOR**
	14.1.3	The plan includes patient safety as a written strategic priority or goal.	**MAJOR**
	14.1.4	Resources are allocated to support the implementation of the patient safety plan.	**MINOR**
14.2	Responsibility is assigned for implementing and monitoring the patient safety plan and for leading patient safety improvement activities.		

Surveyor comments on the priority process(es)

Over the years, the organization has worked hard to embed the principles of quality improvement into its day-to-day operations. Their strong desire to deliver high-quality services is driven by input from clients, families, staff, the board, partners, and leadership of HSNS. There is a “Quality Assistant” that is resourced to assist with the quality work of the organization.

The organization has developed an Integrated Quality Framework. This framework has three main themes: Clients & Communities, Safety & Wellness, and Quality & Improvement. The themes are derived from mandates from partners (such as DHW), from the organizational Strategic Plan as well as national performance standards from organizations such as Speech-Language and Audiology Canada (SAC) and Accreditation Canada. The Quality Improvement Plan has been derived from these sources and is reported on quarterly and in the form of an Integrated Quality Scorecard.

There is a Quality Advisory Council that reports on key activities of the following working groups: Standards and Audit Working Group, Ethics Decision-Support Working Group, Quality Improvement Working Group, and the PIC or Partners in Care Working Group. Numerous quality improvement projects are occurring throughout the organization. Examples include Audiology Wait Times Project, the Eskasoni First Nations work, as well as participating in having designated Early Intensive Behavioral Intervention (EIBI) resources to deliver Pivotal Response Treatment. Another quality initiative of the organization is the

development of All Together Now! (ATN). ATN is training that was delivered to children with Autism or who may be on the Autism Spectrum. The training was developed and copyrighted by the organization.

The organization has a comprehensive Risk Management Plan. There is an HSNS Risk Assessment Rubric is used to classify each identified risk as to likelihood and impact. This assists the organization in prioritizing the risks and developing plans/monitoring.

Another priority for the organization is the continued development of a just culture of reporting. The most common incident is misdirected referrals. The team has done a deep dive to determine the cause(s) and put improvements in place. The electronic medical record (EMR) has been a useful tool in terms of assisting with auditing. In reviewing the misdirected referrals, the team learned that they were vulnerable when their ASP (Administrative Support Professional) was off. As all referrals went into one pool and even after the EMR was implemented, which allowed sharing of the pooled referrals, it was not clear whose role it was to sort/action the referrals in the absence of the ASP. As a result, the teams have developed “coverage partners” leveraging the provincial EMR. This work was largely accomplished by a working group of the ASPs and now there are short-term coverage plans in place.

The organization has an up-to-date and comprehensive Disclosure Policy. Often the disclosure occurs at the time an incident is discovered and by the individual involved. If not, leaders assist staff in disclosure and supports are available is needed for a more traumatic event (e.g. EAP).

The organization does not have a Patient Safety Plan. In Standard 14.1 under Integrated Quality Management, the standard notes that ensuring safe services is one of the organization’s primary obligations to clients and that patient safety can be improved when organizations develop a “targeted” safety plan. Many of the elements of such a plan are already in place at HSNS; however, having safety as a written strategic priority or goal is not evident. It is recommended that the organization consider adopting Patient Safety as a strategic goal and develop a Patient Safety Plan that is implemented, monitored, evaluated, and shared with all staff, the board, and available for the public/clients.

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)

Principled Based Care and Decision-Making focuses on identifying and making decisions about ethical dilemmas and problems.

Following a review of the documents relative to this priority process, the surveyor met with a very knowledgeable and dynamic team to discuss the many components of the Ethics framework and related documents. The team was pleased to report that the fourteen-member team includes a client representative.

It is evident in both clinical practice and decision making related to non-clinical issues, and the organization actively advocates for the needs of its clients and families. The organization is guided by a clear mission, vision, and values statements, as well as a Code of Ethics specifically developed to reflect the unique aspects of the clients, families, and staff who are part of the organization.

The HSNS Ethics Framework is a statement of the organization's purpose, values, and principles. It is multifaceted and consists of the foundational components, listed core ethical principles. As reported, these are: Client and staff's right to make independent informed decisions regarding their interests, including their right to privacy and confidentiality, their duty to act in the best interest of others and promote the well-being of others, their duty to do no harm to others and the expressed idea that HSNS staff, Board members, and volunteers are guided by these core ethical principles.

Examples were given by the Board of situations where they employed the ethical principles and SBAR tools.

Client and family-centered care are central to the organization. The principles emerging from this philosophy form the basis for decision-making in all aspects of HSNS work-related conduct and are supported in the HSNS Mission, Vision, Values, and Client Rights and Responsibilities and HSNS Policies and Procedures. The HSNS Ethics Tool (SBAR) (guidelines and worksheets) provides a guided process to describe, examine, assess, and resolve ethical decisions within the context of the HSNS Ethics Framework. The Ethics Committee is the forum for the presentation, review, and discussion of the ethical decisions through the lens and application of the organization's decision-making framework called a "consultation."

The mission, vision, and values are also recognized by staff across the organization. Respect, care, compassion, and trust were evident in staff, and to the clients within Hearing and Speech Nova Scotia (HSNS).

During the team meeting and tracer on Principle-Based Care and Decision-Making examples of ethical issues faced by the organization's staff and the process for addressing these were discussed.

An interdisciplinary Ethics Committee is in place, comprised of representatives from Speech-Language pathology (SLP), audiologist, regional representation, clinical supervisors, technicians, administrative staff, and a client representative. Access to legal and ethics advisor support is available as needed.

Beyond the initial education provided at orientation, the organization is aware of the value of using case studies to increase the awareness of all staff of the ethical situations that can happen in the provision of services to Hearing and Speech clients and families. A case review process provides a retrospective educational dimension to learning and sharing.

The team engaged in principle based care and decision making can be proud of its many accomplishments that demonstrate a commitment to its values.

Principle based care and decision making examples of ethical issues faced by the organization's staff and the process for addressing these using the organization's tools were reported by the board.

The team is aware of the need for a recognized objective reviewer in research and understands the client/family prerogative in participating or refusing. An appropriate research policy is in place. The organization understands the ethical implications of engaging in research and reports that research in the organization will adhere to all tenets of research, including a review by a recognized research body.

A code of conduct applies to all employees of the organization.

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)

Since the last survey, the organization has gone externally to commission a vendor to assist them in developing a communication strategy. The vendor (The PR Hive) conducted focus groups with clients and families, completed a survey with staff, performed a stakeholder analysis, conducted a CRA Public Omnibus Survey, performed a Digital 360 Social Media Scan as well as performed an audit of the current communication materials. The information gleaned, while not unexpected, did confirm that there were some communication challenges. The challenges included a general public lack of knowledge about the services available from Hearing and Speech Nova Scotia (HSNS), the fact that one can self-refer and the full scope of services available. The good news is that any information found on social media was positive; however, there was not enough information.

A Three-Year Communication Strategy was developed and it is comprehensive. There are five objectives and these objectives are actioned, monitored, and reported on regularly. The organization has a Communication Committee chaired by the Director of Audiology and the committee includes a client/family representative.

Some of the actions taken by the organization in response to the communication strategy were to upgrade their website, including feedback from clients, family, staff, and partners; they went through a re-branding exercise, and have begun using social media sites (e.g. Vimeo, Facebook, Twitter). The organization is monitoring response to their communication strategies and is seeing some results, such as more than a 20% increase in Nova Scotians reporting they are aware of HSNS.

The organization is now asking clients/families their “preferred” method of communication, i.e. telephone, email, text. There is a 1-800 line to reach the organization and this line is set up for individuals who are ‘hard of hearing’. The organization has a Communication Calendar that is planned one year in advance and success stories are reported every quarter.

Feedback from clients/families and partners is extremely positive about their experiences with HSNS. They do suggest that there are still Nova Scotians who do not know about the services and how to access them. The organization is encouraged to continue to look for new ways to communicate its services, and perhaps exploiting the fact that the services are covered under Medicare and self-referral is acceptable could be helpful.

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)

Physical Environment focuses on providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals.

A meeting was held with the team responsible for managing the physical environment and the chief financial officer. The team is responsible for knowing which laws, regulations, and codes apply to the organization and ensuring they are in place. The team operates from the premise that managing the physical environment helps safely protect the client/resident and staff.

The many sites in the province where Hearing and Speech Nova Scotia (HSNS) provides services were discussed in this meeting with the team identifying physical spaces that need attention. The team was pleased to report that plans are underway to identify spaces that are appropriate to provide services for clients and families.

There are thirty-five sites (HSNS) including clinical areas in several hospitals. Leasing properties, with the assistance of the government department responsible, allows the organization to respond to the realities of the current market in the community sector and the rural environment where such properties are sought. Lease commitments are included in the organization's annual financial planning. Space planning and evaluation of new locations are conducted on the basis of established standards and criteria that include accessibility (proximity to public transit, availability of parking, physical accessibility, and client/family input. Renewal of contracts is a work in progress at this time.

Complying with provincial regulations, the monthly report of the Occupational Health and Safety Committee is also reviewed, and discrepancies are addressed if necessary.

The team responsible for procurement and management of facilities oversees the major yearly audit completed at each site. Deficiencies are addressed after audit reviews.

It appears that there are some initiatives undertaken to minimize the organization’s impact on the environment. The development of a policy that would engage the complete organization in efforts to recycle would add strength to the endeavor.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization uses its Pandemic and Widespread Infectious Diseases Plan to guide its work around outbreaks. The organization has the unique experience of using space owned by other accredited bodies (e.g., Nova Scotia Health Authority and IWK) and so staff has dual responsibilities in terms of outbreaks/emergency situations. Within the Operational Agreements with partners, the organization has been able to embed some direction with regards to issues such as outbreaks. If for example, an outbreak were to occur in the space used by Hearing and Speech Nova Scotia (HSNS) at an IWK site, the organizational direction to staff is to take direction from the site (this could be Occupational Health & Safety or Department of Public Health), ensure the safety of clients, families and themselves. This could result in notifications to clients/families of potential exposure.

One of the challenges for the organization is that they need to be at tables with the sites in planning for disasters and emergencies. They are currently in negotiations with partners to become part of their emergency planning teams.

The team conducts a tabletop all-hazards scenario every year. Following the exercise, the team debriefs, records learnings, and then incorporates them into the plans. Learnings are shared with the board and all staff. The organization has an emergency phone tree (tested annually) and completes follow-ups as required.

The organization has a comprehensive Business Continuity Plan that was developed in partnership with staff, clients, and families as well as partners. This has become particularly important as the organization's processes become more digitized. The team has incorporated downtime procedures for their provincial electronic medical record (EMR) and BambooHR. Policies have been developed to ensure the appropriate use of computers, the internet, and electronic records, and these policies are monitored. It is hoped that one day the organization's EMR might be part of the Nova Scotia One Patient, One Record program.

The implementation of the various systems has made the organization vulnerable to power/internet outages. To mitigate these risks, the senior leadership team carries USB keys and fobs allowing them to have access to vital information to continue operations remotely if necessary.

Regular fire drills are conducted, recorded and improvements are made as necessary. The team may wish to consider consolidating information relating to outbreaks into one policy/procedure.

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.

Unmet Criteria		High Priority Criteria
Standards Set: Community Health Services		
2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
11.1	Clients and families are actively engaged in planning and preparing for transitions in care.	!

Surveyor comments on the priority process(es)

Surveyors had the opportunity to talk with clients, families, and partners during the survey visit. When asked to describe what they liked most about the organization, the clients, families, and partners were quick to respond with phrases such as “very professional, total team approach, patient-centered, my whole life has changed for the better!”

Clients and family members describe being involved in their care “every step of the way”. One person remarked that they feel like “partners in their care”. The organization does have a Partners in Care (PiC) group that provides a client/family lens to the organization. The PiC has a Terms of Reference (January 2021), meets at least three times per year and meetings are minuted. Many of the members of the PiC sit on other organizational committees such as Communication and Ethics as examples. The PiC members have been involved in new staff orientation as well as the orientation of new committee members. They find the work they do on the PiC very rewarding and leads to personal growth.

Clients and family members describe the staff as “highly educated and very professional”. They note that credentials are displayed in offices, and this provides comfort to them to know that staff are credentialed. PiC members can also assist the organization by reviewing brochures (e.g., GERD), educational guidelines, handouts.

The organization’s vision is “Every person deserves a voice. Every voice deserves to be heard” and clients/families report the organization lives this vision along with their mission of providing quality SLP and audiology services to Nova Scotians. Minutes of several meetings were reviewed and an item on the minutes is always Narrative Building Exercise – “Hear my Voice”. At each meeting, a PiC member can tell their story or give voice to their story.

When looking at the values of the organization (Client-centred, Leadership, Accessible, Supportive, Integrity, and Collaborative), many of these words were used by clients and families to describe the organization. The organization is living its values!

When asked what the organization could improve upon, clients and families note that despite their ongoing communication, some people still do not know about this organization. There are other hearing centres that may be in competition with HSNS so they believe the organization must continue to create awareness of their quality services to the general public. In some instances, the physical locations may not be as accessible to individuals with disabilities who require wheelchairs/motorized scooters. The clients/families recognize that the organization may not have much authority in these places; however, it is the reality of some clients/families.

Of note, the clients/families were complimentary of the staff/organization's efforts to keep them safe during the pandemic. It did not go unnoticed that staff performs hand hygiene frequently, wear masks, goggles, shields and this is really appreciated. The organization is planning to have clients/families involved in the co-design of future space where possible. Another area for improvement relating to person-centred care would be to work more collaboratively on transitions. When speaking with clients/families, most did not understand the expected trajectory of care and when they might expect to transition or end treatment.

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)

Hearing and Speech Nova Scotia (HSNS) has identified a number of enablers and barriers to patient flow across the province. In terms of enablers, there are five main ones that improve access/quality for their clients: the electronic medical record (EMR), their updated website as well as a 1-800 number to call for current and potential clients, Endowment Fund Scholarship, and the EDI Taskforce.

The implementation of a provincial EMR has improved efficiency, allowed easier access to information, and improved patient flow. For example: if a patient from Antigonish is transferred to Halifax for treatment of a stroke they will be seen in Halifax by a Speech Language Pathologist (SLP). Now with the EMR, that SLP can document in the record and the client's record follows them back to Antigonish, where their SLP will have access to the initial assessment, treatment plan, goals, and progress to date.

The organization has recently updated its website and worked hard to configure the website to provide a better client experience. In addition, there is a 1-800 number that rings into the corporate office and the organization's goal is to have the call answered when possible. If not, the assigned individual(s) will return the call as quickly as possible.

The organization has partnered with Dalhousie University School of Communication Sciences and Disorders and created an Endowment Fund that funds an annual scholarship that will help ensure there is more diversity among speech-language pathologists and audiologists throughout the province while providing support for students from under-represented populations.

The EDI Taskforce will ensure that the organization applies an equity, diversity, and inclusiveness lens to their planning and service delivery.

As with all organizations, there are some barriers for clients. There are longer than desired wait times in some areas of the province. Many things can impact the wait times: increased referrals (e.g., new providers), staff vacancies, the pandemic shutdown, etc. The organization constantly strives to meet targets and implement measures (sometimes temporarily) to assist. Currently, the Audiology Wait Time Project is working to address this issue.

Referrals themselves can be a barrier – the organization does not require a physician/nurse practitioner referral to see clients. That is, clients can self-refer. Despite ongoing communication about this fact, many clients remain unaware. The organization is doing a new poster campaign to increase awareness of self-referrals.

Another quality improvement the organization has undertaken to improve flow is around the implementation of a Triage Tool to assist in ensuring the most urgent clients are seen first.

The location of services is important for access, particularly for those with transportation issues, accessibility issues, and language barriers. Providing services in the community in the right place and at the right time is something that the organization works diligently on.

As the organization frequently uses space that is managed by others, it can be challenging to know who to approach about an elevator that is not working properly or doors that are broken. Having the operational contracts with these organizations has assisted in improving some of these issues as they may now have covenants around the space.

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)

Medical devices and equipment is a priority process that focuses on obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The team interviewed for this priority process was the QE2 Dickson) where hearing and speech services and audiology are provided to adult clients.

The topics discussed with this very knowledgeable team and their manager included the planning, acquisition, and replacement of devices, the preventative maintenance of these devices as well as cleaning and sterilization.

The team reported being satisfied that they had adequate space to provide care and that the machinery and tools they must work with are reliable. There is also a process for reporting malfunctions and medical devices are readily available if requested.

This team was pleased to report their formal links with reprocessing in the hospital environment where excellent service is provided (a hospital responsibility that is managed very well), according to the team.

There are policies for the use and maintenance of medical devices. The Speech-Language Pathologists and the Audiologists spoken with discussed their processes to identify, manage and address risks associated with medical devices and equipment during the COVID-19 pandemic.

A process is in place to ensure the maintenance of medical devices and equipment. As professionals, the SLP team and audiologists understand their responsibilities of ensuring the equipment used is up to date and effective. Examples were provided of decision-making that occurred as clinicians made selections from different devices that were available.

All preventative maintenance is logged.

All training and competency assessments are documented in the organization’s records and annual licenses from the regulatory bodies are on file too. The team also provided an excellent example of training beyond orientation for specialized client procedures performed by the SLP was provided.

Planning and resourcing for medical devices and equipment maintenance was also a topic discussed. The team advised that equipment can be requisitioned through HSNS central office.

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: Community Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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	

Clinical Leadership is focused on providing leadership and direction to teams providing services.

Hearing and Speech Nova Scotia (HSNS) is a value-based and values-driven organization, and this is evident in both clinical practice and decision-making related to non-clinical issues.

The organization actively advocates for the needs of its clients and is guided by a clear mission, vision, and values statements, as well as a Code of Ethics specifically developed to reflect the unique aspects of the clients and families they serve.

It appears the organization admirably balances its own role and reputation with the expectations of clients and families. All teams have expressed their relief that the pandemic regulations now allow them to see clients/families again.

The organization monitors emerging trends and changes in its referral population, client mix, and demographic features of the communities it serves, seeking to be proactive in supporting and enhancing the capacity of its care providers to be responsive to client acuity and complexity

The organization strives to have the capacity and the qualified staff availability to accept one hundred percent of referrals from its funders on a timely basis. Among other similar Canadian organizations, HSNS scores highly on client services provided.

There are formal processes for accepting referrals and admitting clients to HSNS services. The team advises the public that a client can make a self-referral.

Criteria are in place to determine who is appropriate for admission and the urgency and priority for the required admission. Several clients have spoken with expressed pleasure that they were seen by the clinicians much earlier than they had hoped.

Service-specific goals and objectives are developed, with input from clients and families. Goals are adjusted as care progresses. Client files reviewed indicate that the client has participated in and consented to their care plans.

The organization is commended on its focus on embedding in the organization a person-centered model of care.

Teamwork and respect for co-workers are very evident. Both leaders and Clinicians actively seek out creative approaches to provide the highest level of service to meet the needs of their clients.

The organization advocates for its clientele on many levels. Most notably is the partnership with APSEA-an organization focused on children who have hearing challenges.

Through this and other community-based organizations, HSNS supports the development of safe health policies, and the promotion of healthy communities is conducted in collaboration with community members, and with input from clients and families. The establishment of the Partners in Care organization is evidence of this.

In the four sites visited (three hospital sites and one clinical site) the environments for care were adequate. A suggestion was made to formalize the recycling program and have it supported by a policy.

Priority Process: Competency

Competency is focused on developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services

Hearing and Speech Nova Scotia (HSNS) staff interviewed during tracers reported feeling involved in decision-making regarding their work with clients. The teams have spoken with and individual employees during tracers reported being well supported by their managers, indicating that they would not hesitate to call their managers with questions, concerns, and suggestions, to report an incident, or to seek advice with a challenging client or situation. Staff reported receiving support for ongoing education.

Investment in staff from the point of orientation and throughout their working careers with the organization was reported. During tracers, clinical staff expressed appreciation for the support from HSNS for education and mentoring related to skill acquisition, upgrading, and personal and professional development.

Team communication was strong at all sites visited. There is evidence of collaboration, courtesy, trust, respect, and mutual support. Team members are clinically strong and possess the necessary credentials. Orientation is structured, well defined, and complete. A mentoring system supports orientation.

Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs. Translators are made available to clients/families who identify language barriers to service. The availability of the French SLP, who works both as a consultant to all staff as well as managing her own caseload, is commendable.

Team members are supported by the team managers to follow up on issues and opportunities for growth identified through performance evaluations.

Examples were provided by staff spoken with of issues that emerged from their performance evaluation and of the support they received from HSNS to pursue further learning opportunities.

The organization is commended for its recognition of excellent service from employees and the efforts made to publish this commendation throughout the organization.

Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members and the measures taken to keep all employees safe was noted during the survey.

While there is no defined space for spiritual care, there are areas designated for counseling clients and family members in the sites visited.

Priority Process: Episode of Care

The episode of care priority process is focused on partnering with clients and families to provide client-centered services throughout the health care encounter.

Hearing and Speech Nova Scotia (HSNS) has placed safety and quality as part of a critical foundation for the care of their clients and their families. Accurate records are maintained for each client and information is transferred effectively when it is necessary and always with client consent.

The excellence in service provided and observed is congruent with the focus within the therapeutic approach to maintaining consistency in service delivery as well as the policies and protocols that have been developed to keep it so. Policies and protocols are frequently reviewed by the clinicians and managers. This will sometimes result in a policy or protocol review and revision process.

During a discussion with the team assembled to discuss the quality and safety of service delivery, it was learned that for clients who require one or more home visits the approach to ensure safety begins with a two-step very comprehensive written safety risk assessment of the client`s home environment as well as education for the client if required.

The risk assessment, updated periodically or whenever necessary, includes both internal and external factors and includes the hazards across the spectrum of challenges such as aggressive pets.

The Client Goals Plan is developed with the client is and is electronically filed in the EMR software system. Consent to treatment and a record of client teaching is included in the client file.

Policies and procedures have been developed to ensure critical incidents are monitored and reported in a timely manner. Tracking is done on a global basis and follow-up results are presented to staff as a learning tool or the need for a quality improvement project to address the incident is initiated.

The organization should be proud of its development of the creative fashion in which they manage to procure client input from clients who have received care (Partners in Care). This indicates that the organization has taken seriously the need to have client input. This partnership allows clients to have input into policies and protocols, as is required by Accreditation Canada's standard " a process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families."

Other standards that require the client's input, in addition to the surveys completed, also benefit from the input of the Partners in Care membership.

It would be ideal if at the end of each service encounter as the clinician checks the client's satisfaction with the visit that the responses could be quickly documented or be part of a checklist that is completed.

Priority Process: Decision Support

This Priority process focuses on maintaining efficient, secure information systems to support effective service delivery.

After a review of the documents provided, several team interviews were held across the selected sites in the organization by both surveyors. A review of several redacted client files validated that an accurate and up-to-date, complete record is maintained for each client, and a confidentiality norm prevails. The clients and families are made aware that there is a protocol for accessing individual files which requires their signed consent to do so. Client information shared among partners in the circle of care is on a need-to-know basis.

The use of the specialized Electronic Medical Record (EMR) enables the clinician to collect a standardized set of information that allows for consistency in files and is collected and stored confidentially with the client's knowledge. The teams are delighted with this software that can be modified to suit their needs.

The EMR allows for the standardized collection of client information relative to the service received. This information contained in the EMR allows for a flow of information among team members and other organizations (e.g., the client's physician) that has the client's consent. Client records are appropriately documented and managed according to privacy legislation.

Meetings of clinical staff in scheduled meetings occur to ensure sharing of information (e.g., management updates), standardization of organizational protocols, and sharing of best practices.

The teams are extremely diligent in accessing and reflecting on research and best practice information.

All members of HSNS are admirably person-centered in decision-making.

Clinical staff have excellent access to various protocols and best practice information. At the heart of the services provided is respecting the individual client and family and their identified preferences if stated

Clients and families interviewed during tracers expressed their trust and high level of satisfaction with the professional approach to the service they receive and the confidential and safe manner in which the service is provided.

The teams monitor process and outcome measures to evaluate and improve the quality of services to clients and families and the impact on outcomes.

Priority Process: Impact on Outcomes

Impact on outcomes is focused on using evidence and quality improvement measures to evaluate and improve the safety and quality of services

Several discussions, with various teams across the organization, focused on methods used by HSNS to improve the safety and quality of the services.

There is a major focus on outcomes and measurement using indicators (both quantitative and qualitative) to identify priorities for safety and quality improvement.

Safety incidents are monitored, trended, and shared with all sites enhancing what appears to be in this organization—a culture of organizational learning.

Quality improvement initiatives when developed and implemented have an evaluation component; the results of which are shared with all staff.

Identifying the need for quality improvement strategies and enhancing safety for both employees and clients is an embedded activity that underpins both the care discussed and observed during this survey.

Client surveys obtain the clients' perspective of the services they receive and what is suggested for improvement.

Partners in Care is a unique and commendable initiative established by HSNS and comprised of clients or family members who have received care and are well-positioned to provide feedback. The perspectives of this group who attend various meetings of HSNS provide perspectives that come from their experience of having received care from the organization.

Client surveys, which provide valuable information, enable the organization to use a proactive, predictive approach to identify risks to both client and team safety.

The organization does a very good job of sharing best practices in an effort to create more consistent practices.

Staff are well trained in appropriate safety practices to ensure their own safety and the safety of the clients. A Risk Management Plan is in place and potential risks are identified, documented, and addressed.

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

Infection prevention and control (IPAC) focuses on providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field.

Following a review of the IPAC documents, The Guidelines for Personal Service, the IPAC Manual, and the Pandemic Widespread Infectious Plan, available to the organization to manage and promote IPAC, a meeting was held with the team at the IWK site (HSNS) to discuss this priority process.

Infection prevention and control activities were discussed as they are managed at IWK but the team was well able to discuss the activities, policies, and protocols across the organization including the risk to clients/residents, team members, and volunteers especially in these pandemic times and previously in pre-covid times. The team reported that when the pandemic began the organization-initiated control activities that included developing policies and procedures for routine practices as well as additional precautions. As well, the organization and began delivering infection prevention and control education, partnering with Health Services Nova Scotia to do so.

Infection prevention and control (IPAC) is paramount in Hearing and Speech Nova Scotia's (HSNS) mission to provide a safe working environment for its staff and clients, families volunteers, and students.

The organization's IPAC manual is a compilation of all supporting policies, procedures, and guidelines related to IPAC activities in the organization. All who were interviewed were familiar with the IPAC manual and explained how it guided them in their work. The team reported that the organization contends that infection prevention and control is considered a shared responsibility for all staff, managers, partners, and clients and is referenced in the organization's code of conduct and the job descriptions. Reviewed minutes of the Joint Occupational Health, Safety and Wellness Committee (JOHS&W) indicate that leadership is provided on key strategies and objectives for promoting best practices in IPAC. Partners, registered nurses, physicians, and other health care staff at IWK provide a consultation resource to Speech and Hearing staff that requests advice or perspectives on confronting issues or situations.

The team reported that the JOHS&W objectives and activities related to IPAC are guided by Accreditation Canada standards, NS Department of Health, and any requirements from host sites and other external

partners in the delivery of audiology and speech-language pathology services.

Evidence was provided on how JOHS&W and management collaborate in declared pandemics. The proven ability of the organization to provide services to many clients during the COVID-19 pandemic attests to the capability of the organization to provide services, although somewhat reduced, during the pandemic is strong evidence of their ability to provide safe, quality care under challenging conditions.

The team explained that the current IPAC priorities fall into five areas familiar to staff spoken with during the tracer of this priority process. The five priorities discussed were: the need for increased awareness of infectious diseases typically associated with the delivery of health services, the recommended preventative measures (e.g., flu, measles, etc.); the increased use of effective procedures for cleaning and disinfecting equipment and materials used in the course of delivering services, the increased awareness and use of effective hand hygiene and personal protective equipment, the regular monitoring, and implementation of strategies to improve on performance for all of the above and work in consultation with and support of the HSNS Management/board/DHW in the event of a pandemic or widespread infectious disease.

The organization shared several key methods used to address these priority areas including a variety of communication strategies as well as advising and supporting management in reviewing policies, procedures and educational resources, the development of educational programs for staff and work with the JOH&S committee and the organizational management with a goal of improvement strategies.

The history of approaches implemented to provide service during the pandemic are captured in the IPAC manual and the strategies developed and implemented appear to have served the organization well. While proven to be effective in managing the COVID-19 pandemic, the policies developed and created are key to responding to pandemics and are congruent with federal and provincial guidelines.

The team was pleased to report that a risk assessment has been completed to identify activities that are at high risk for spreading infections. Any activities that need attention are addressed by the management team and are added to infection prevention and control policies and procedures.

Person-centered care and the information and perspectives that are garnered from client and family feedback is used to develop strategies for IPAC and opinions are constantly sought as clients and families receive services. In addition to formal surveys conducted, clients/families are asked to comment on their service at the end of each session where care is provided. Documenting these comments in the client's file, especially if a suggestion for improvement is noted, would be beneficial to the organization.

Screening all clients/families who seek services is rigorously completed and if necessary, additional precautions are required based on the risk of infection. Following the developed Immunization policy, immunization and how to access it is strongly encouraged. Policies and procedures for using personal protective equipment are in place and it was commendable to see team members remind team members to do so. Team members, clients/families, students, and volunteers are provided with education about hand-hygiene protocols. The availability and use of hand hygiene products, selected with the assistance of

the JOHS committee, were seen throughout all sites visited. Audits, including measurements for compliance with hand hygiene practices, are constantly reviewed and were available for review by the survey team. Cleaning contracts are in place at sites outside the hospitals visited; clinical sites have their own contracts. Sites visited have documentation that cleaning has been completed. Hospital sites manage their cleaning where speech and hearing services are offered.

At the four sites visited during the survey, infection and control policies and protocols that emerged from them were exemplary. All teams spoken to appear passionate about the services they provide and the efforts made to keep the teams and clients they care for, safe, and satisfied.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: February 19, 2021 to March 9, 2021**
- **Number of responses: 13**

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	8	92	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	96
3. Subcommittees need better defined roles and responsibilities.	92	8	0	75
4. As a governing body, we do not become directly involved in management issues.	0	15	85	88
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	94

	% 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	96
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	8	92	92
9. Our governance processes need to better ensure that everyone participates in decision making.	75	25	0	69
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	8	92	84
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	15	85	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.	0	15	85	74
17. Contributions of individual members are reviewed regularly.	0	31	69	63
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	8	92	78
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	36	64	59
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	78

	% 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.	58	17	25	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	8	0	92	77
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	8	0	92	76
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	8	92	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	88
27. We lack explicit criteria to recruit and select new members.	100	0	0	80
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	89
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
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.	8	8	85	88
32. We have a process to elect or appoint our chair.	0	0	100	92

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2021 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 * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	8	0	92	83
34. Quality of care	8	0	92	85

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2021 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

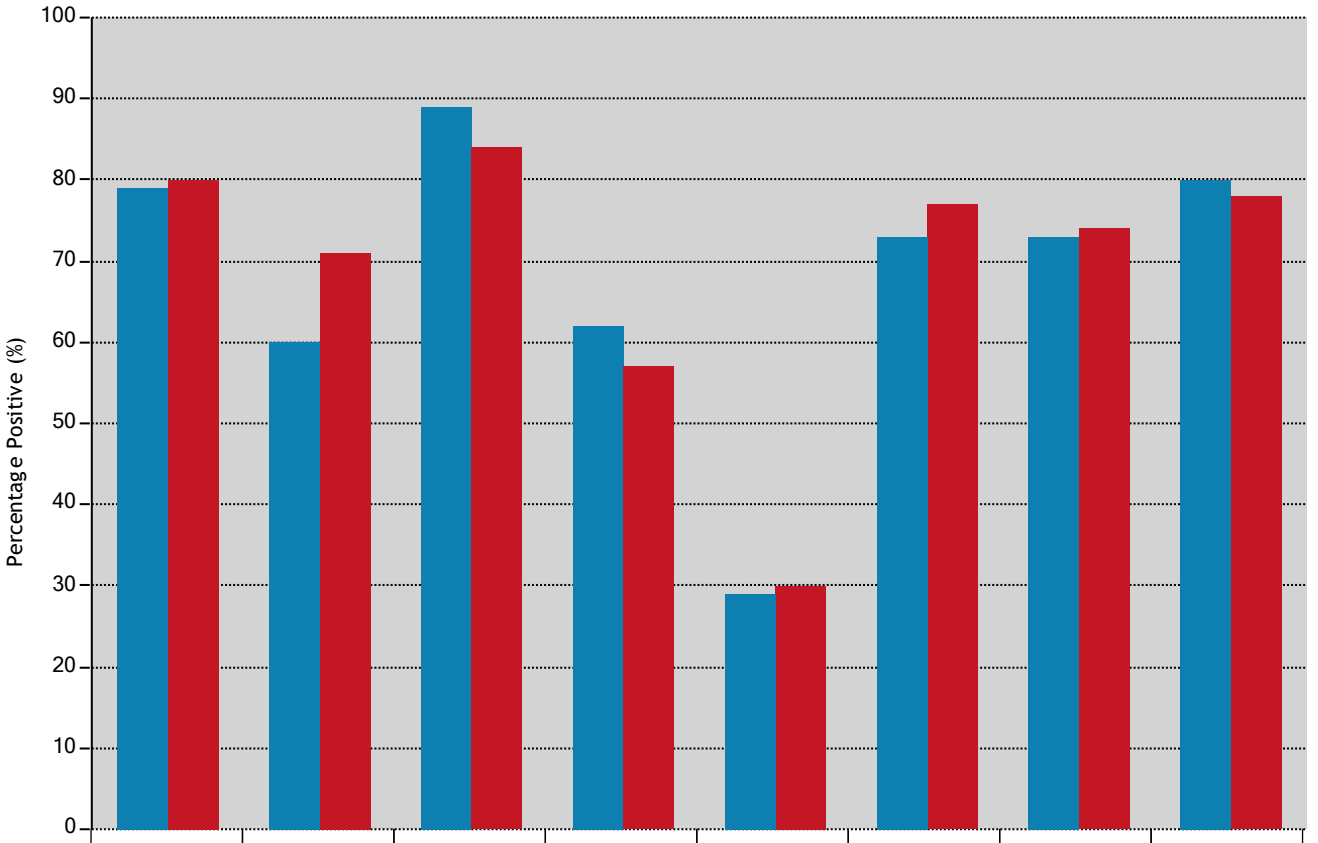
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: October 23, 2020 to November 13, 2020**
- **Minimum responses rate (based on the number of eligible employees): 109**
- **Number of responses: 131**

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



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	79%	60%	89%	62%	29%	73%	73%	80%
	80%	71%	84%	57%	30%	77%	74%	78%

Legend

Nova Scotia Hearing and Speech, Business Name: Hearing and Speech Nova Scotia

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2021 and agreed with the instrument items.

Worklife Pulse

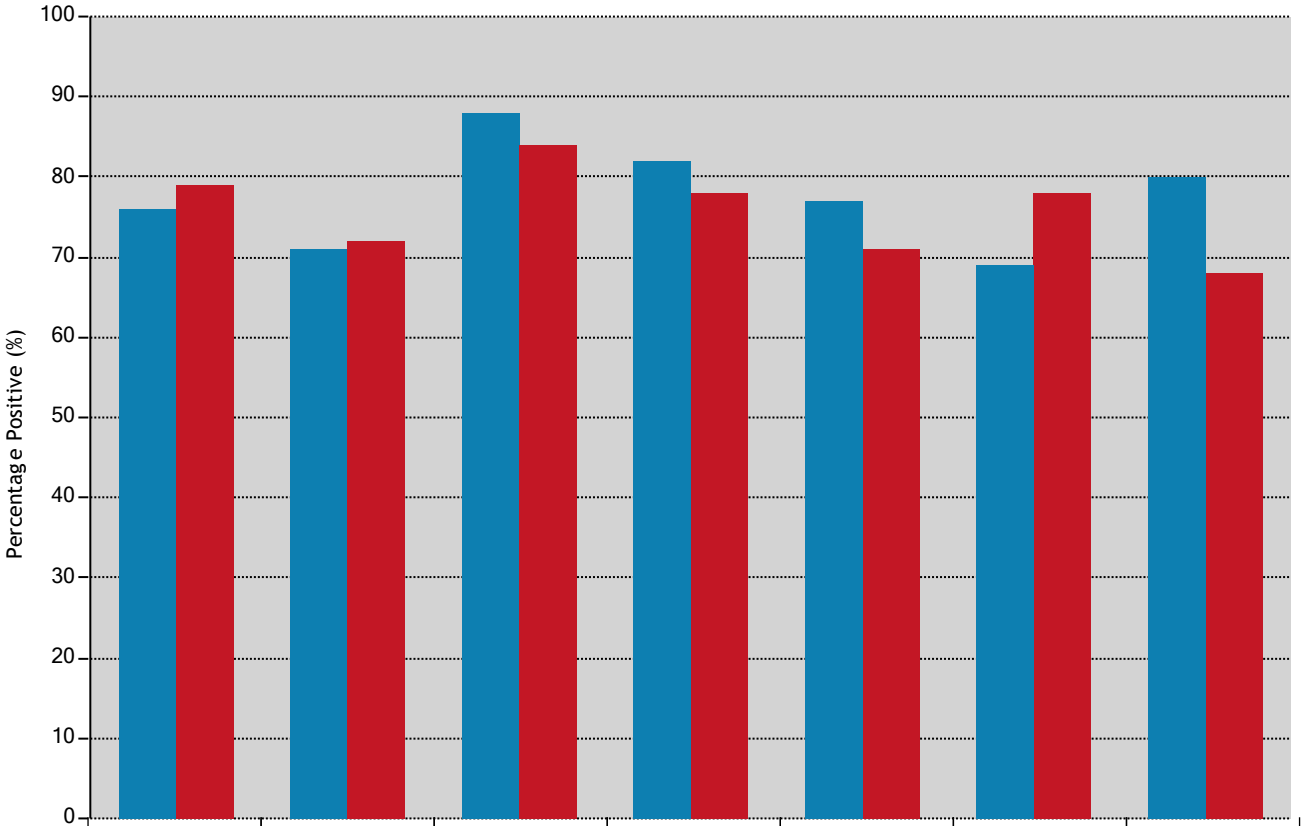
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: October 23, 2020 to November 13, 2020**
- **Minimum responses rate (based on the number of eligible employees): 119**
- **Number of responses: 134**

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	76%	71%	88%	82%	77%	69%	80%
	79%	72%	84%	78%	71%	78%	68%

Legend

Nova Scotia Hearing and Speech, Business Name: Hearing and Speech Nova Scotia

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2021 and agreed with the instrument items.

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 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.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.

Priority Process	Description
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