



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Pine River Institute

Toronto, ON

On-site survey dates: March 13, 2023 - March 16, 2023

Report issued: April 12, 2023

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	5 of 5	0 of 0

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Pine River Institute shows a strong commitment to people centered care in all aspects of planning, delivering, and evaluating its services.

Clinical teams work in partnership with clients and their families. Care is provided in a structured, compassionate, safe, and therapeutic environment. Clinical and administrative processes are in place to meet the needs, preferences, values, cultural beliefs, practices of clients and families. Clients and families are empowered to understand the underlying issues of additions and strengthen family dynamics. Clinical approaches focus on the development of self-management and problem-solving skills and improved coping behaviours. Individualized teams are assigned to each client and family.

Family therapy is a significant part of the therapeutic process, focused on healing both client and family. The engagement of families in each phase of the program including the Caregiver Waitlist Support Program is impressive, as is the emphasis placed on the safe and gradual transition between each phase and into the community.

From a leadership and communication perspective, input from clients and families is sought when developing operational plans, and procedural and policy improvements. Pine River Institute looks for and uses client and family experience data to inform the design and development of new and revised service elements.

As the Caregivers Advisory Council becomes more integrated into the organization's structure, it should also use the ethics framework, and increase its participation in quality improvements projects. The organization may also want to explore youth advisories that might consist of establishing a network or pool of youth advisors, and or use scheduled and strategic youth focus groups.

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)

Pine River Institute is aware on the wait list for services. They have taken an active approach to managing the waitlist by offering families on the Caregiver Waitlist Support Program to provide connection, education, and coping skills.

Pine River Institute staff continuously review, and triage wait lists at weekly clinical meetings.

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)

PRI has a limited supply of medical devices including Automated External Defibrillator (AEDs), scales oximeters, thermometers, and blood pressure monitors at their sites.

PRI has developed a preventative maintenance plan that lists devices and actions required. PRI is encouraged to ensure all equipment is added to the list including blood pressure monitors. Additionally purchase dates and re- calibration dates should be tracked.

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

Medication Management for Community-Based Organizations

- Using interdisciplinary teams to manage the provision of medication to clients

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.


Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
<p>8.4 Compliance with accepted hand-hygiene practices is measured.</p> <p>8.4.1 Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example:</p> <ul style="list-style-type: none"> • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions). <p>8.4.2 Hand-hygiene compliance results are shared with team members and volunteers.</p> <p>8.4.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.</p>	<p style="text-align: center;"> MAJOR</p> <p style="text-align: center;">MINOR</p> <p style="text-align: center;">MINOR</p>

Surveyor comments on the priority process(es)

Priority Process: Infection Prevention and Control for Community-Based Organizations

Pine River Institute staff are knowledgeable and committed to ensuring a safe environment for students and staff by reducing the risks associated with infection of diseases and viruses. Education on hand hygiene is provided to students and staff. Additionally, the physical environments are well maintained, organized and clean. Signage and access to hand sanitizer dispensers supports an Infection Prevention and Control (IPAC) approach within Pine River Institute physical spaces.

The organization is not monitoring for accepted hand hygiene practices within its employee group. Pine River Institute is encouraged to consider options for monitoring hand hygiene compliance that best fit within their organization. Options include team members monitoring themselves, feedback from client and family satisfaction survey, or product usage from year to year. Additionally, once the process is established a tracking mechanism should be established as results are shared within the organization and with clients and families.

Pine River Institute is encouraged to consider developing a standardized list for cleaning times and processes in its kitchen area at the Campus site.

During furniture replacement Pine River Institute should consider replacing furniture with vinyl or leather coverings that are more easily cleaned and maintained. This will assist with IPAC management.

Standards Set: Medication Management for Community-Based Organizations (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Medication Management for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

Pine River Institute has used its limited space provided for medication storage efficiently with access limited to only those staff involved in medication administration.

The nursing team is small but dedicated team that is focused on safety and efficiency throughout all aspects of medication management including storage, ordering and administration. Additionally, nurses provide education and training to non- medical staff involved in medication administration.

Pine River Institute is in the early stages of implementing electronic processes to manage medication processes such as pre- printed Medication Administration Record (MARS) and e- prescribing. The organization is encouraged to continue with these digitized processes that will further enhance medication safety.

Pine River Institute should consider developing a more focused policy and procedure on controlled substances. At present the only controlled substances are stimulants. In the future, if more controlled drugs are added to treatment a more precise controlled substance policy could enhance the safety of managing these classifications of drugs.

Standards Set: Substance Abuse and Problem Gambling - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Pine River Institute receives information and on-going feedback from students and families in various ways including client satisfaction surveys, Caregivers Advisory Council and yearly program evaluations.

Priority Process: Competency

Pine River Institute has developed valuable documents such as the staff orientation handbook, Lang House Staff handbook and the OLE shadow shift that are essential tools during the on-boarding process of the new staff. Staff interviewed identified these resources as helpful during on-boarding and with ongoing employment.

Priority Process: Episode of Care

Students from Lang house and the Campus were interviewed during this survey. Students identify strengths of the program including ongoing encouragement, structure, and support. Areas identified by students for improvement included increasing independence of students, more robust discharge planning and ongoing reviews of rules to ensure the rules are applicable to the program.

Staff interviewed at Lang House and Campus describe an organization that is open to constructive feedback and are transparent. Areas that staff identify for improvement include increasing involvement of all staff in transitions ,focus on staff retention and ongoing emphasis on improving communication within the program.

Pine River Institute is encouraged to engage staff with more discussion about 2 person -specific identifiers process to ensure all staff are aware of the process and the requirement to use 2 person -specific identifiers. Additionally, a process should be in place to update photos because of changing facial appearances over time. When photos are updated, they should be dated to ensure regular updates occur.

Pine River Institute is encouraged to continue to educate staff on privacy legislation. Part of this education could include open sessions that would involve real situations that staff experience and how this relates to privacy legislation.

Priority Process: Decision Support

Best Notes provides a platform that facilitates the sharing of standardized health information between all team members.

Pine River Institute has policies in place that address storage and retention of health information.

Pine River Institute is encouraged to continue to move forward with a full electronic health record. This will enhance safety related to sharing of health information, the accuracy and legibility of the information entered in the system.

Priority Process: Impact on Outcomes

Pine River Institute has a culture of involving students and families in all aspects of clinical care and treatment that are offered. Additionally, the organization uses various modes to collect information and feedback from students and families and this feedback informs quality improvement initiatives.

An example of the quality approach is noted with the work being done with families that are now on wait lists for services (Caregiver Waitlist Support Program). The purpose of this program is to provide education, support and active tools families can use while waiting for services. It will be important to evaluate this new service offered.

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: January 4, 2023 to January 5, 2023**
- **Number of responses: 1**

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	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	100	0	0	70
4. As a governing body, we do not become directly involved in management issues.	0	0	100	87
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	95

	% 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	95
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	92
9. Our governance processes need to better ensure that everyone participates in decision making.	100	0	0	61
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	95
12. Our ongoing education and professional development is encouraged.	0	100	0	89
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	93
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	96
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	77
17. Contributions of individual members are reviewed regularly.	0	0	100	71
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	77
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	100	0	64

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	83
21. As individual members, we need better feedback about our contribution to the governing body.	0	100	0	44
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	0	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	94
24. As a governing body, we hear stories about clients who experienced harm during care.	0	100	0	82
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	91
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	79
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	87
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	87
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	92
31. We review our own structure, including size and subcommittee structure.	0	0	100	86
32. We have a process to elect or appoint our chair.	0	0	100	87

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	0	0	100	83
34. Quality of care	0	0	100	82

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2022 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

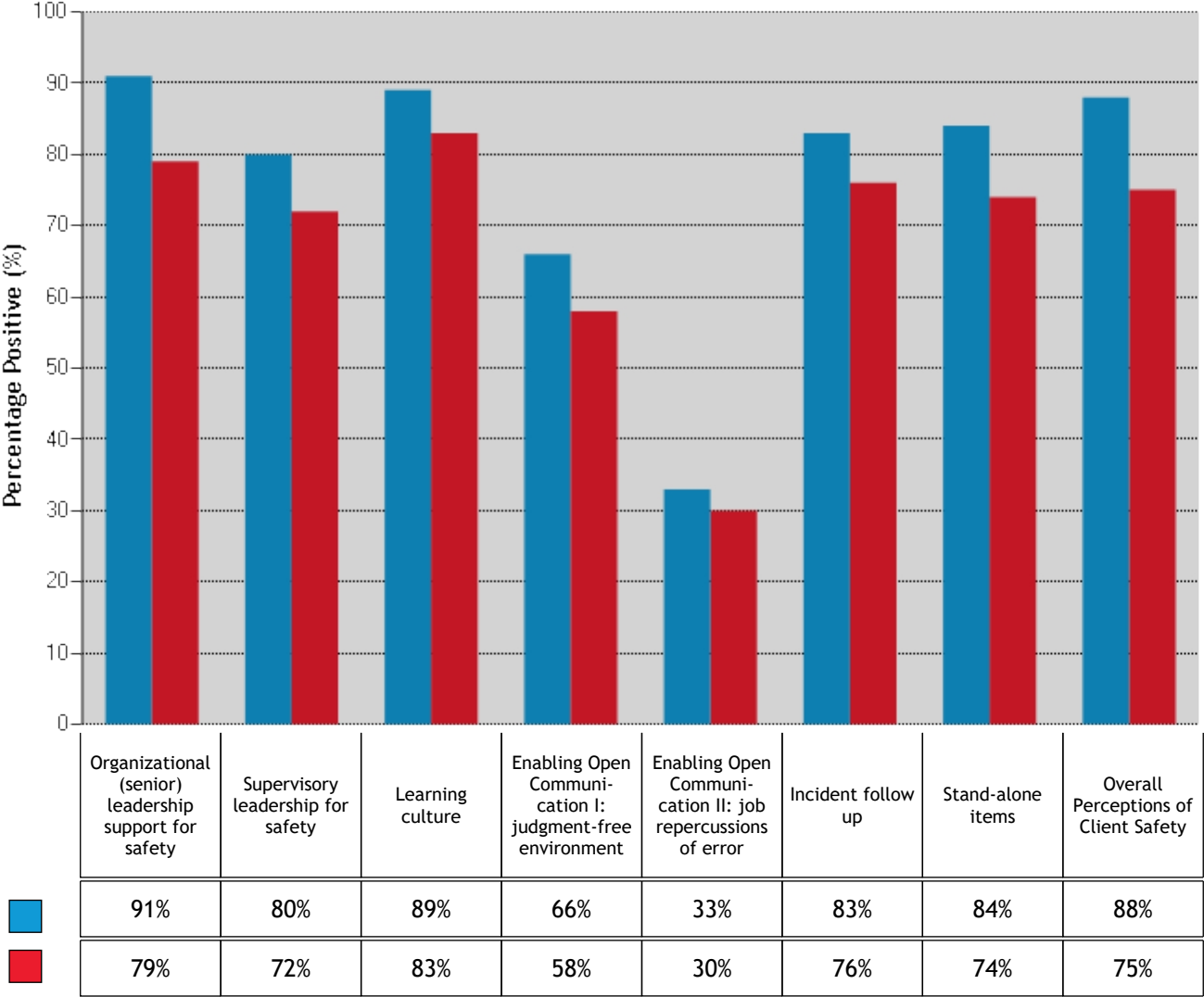
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: February 28, 2022 to April 22, 2022**
- **Minimum responses rate (based on the number of eligible employees): 55**
- **Number of responses: 55**

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



Legend
■ Pine River Institute
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2022 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.

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

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

Priority Process	Description
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.
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