



**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

About the Accreditation Report

Pine River Institute (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 March 2023. 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,

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

Leslee Thompson
Chief Executive Officer

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Executive Summary

Pine River Institute (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

Pine River Institute'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: March 13, 2023 to March 16, 2023**

- **Locations**

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

1. Headquarters
2. Lang House
3. Shelburne Campus

- **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
4. Medication Management for Community-Based Organizations (For Surveys in 2021)

Service Excellence Standards

5. Substance Abuse and Problem Gambling - Service Excellence Standards









- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Governance Functioning Tool (2016)

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	22	0	0	22
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	130	1	16	147
 Worklife (Take care of those who take care of me)	52	0	0	52
 Client-centred Services (Partner with me and my family in our care)	68	0	0	68
 Continuity (Coordinate my care across the continuum)	9	0	0	9
 Appropriateness (Do the right thing to achieve the best results)	195	1	15	211
 Efficiency (Make the best use of resources)	19	1	0	20
Total	505	3	31	539

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	44 (97.8%)	1 (2.2%)	5	34 (97.1%)	1 (2.9%)	1	78 (97.5%)	2 (2.5%)	6
Leadership Standards for Small, Community- Based Organizations	40 (100.0%)	0 (0.0%)	0	70 (100.0%)	0 (0.0%)	0	110 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	28 (100.0%)	0 (0.0%)	6	43 (100.0%)	0 (0.0%)	4	71 (100.0%)	0 (0.0%)	10
Medication Management for Community-Based Organizations (For Surveys in 2021)	65 (100.0%)	0 (0.0%)	8	36 (100.0%)	0 (0.0%)	3	101 (100.0%)	0 (0.0%)	11
Substance Abuse and Problem Gambling	46 (100.0%)	0 (0.0%)	0	82 (100.0%)	0 (0.0%)	0	128 (100.0%)	0 (0.0%)	0
Total	223 (99.6%)	1 (0.4%)	19	265 (99.6%)	1 (0.4%)	8	488 (99.6%)	2 (0.4%)	27

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Substance Abuse and Problem Gambling)	Met	1 of 1	0 of 0
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	Met	3 of 3	1 of 1
The “Do Not Use” list of abbreviations (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	3 of 3
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Unmet	0 of 1	0 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: 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

Summary of Surveyor Team Observations

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

Established in 2006, Pine River Institute (PRI) serves youth between the ages of 13 and 19 years who struggle with addictive behaviors, frequently combined with other mental health issues. PRI's primary source of fundings is from the province's Ministry of Health. Additional sources include treatment service and grants and donations, received the Pine River Foundation (PRF).

PRI's program comprises four phases. The first phase of the program is the outdoor leadership experience (OLE) where youth spend 6 to 8 weeks in and around the vicinity of Algonquin developing outdoor living skills and are supported to meet therapeutic milestones. The OLE's length of stay at the enables the achievement of a Grade 11 physical education credit. The second phase of the program takes place on campus, located north of Shelburne. Here, students live on campus, participate in academics, and practice and build upon the skills they learned during the OLE. Each student is assigned to a team led by a therapist, youth counsellor, and a teacher. The length of stay depends on individual goals and progress. In the transitional phase, students move from campus to home or in the organization's transition facility, Lang House located in Orillia, where they and their families work an individualized transition plan. The final phase consists of a three-to-six-month aftercare program including an integration plan focused on using resources in their home community. The overall average length of stay is between 12 and 24 months. PRI also operates a centre for family initiatives. This program consists of capacity building webinars and provider training. It also includes a six-week caregiver program, designed to support parents as they wait for their child to be admitted to the program. This program creates invaluable opportunities to reduce the sense of isolation caregivers often experience when working through their child's addiction issues.

The service model at PRI is client/student and family focused, giving voice to their needs, engaging them in a healing process with access to a full continuum of supports from intake to community transition including fully accredited provincial high school credits. The model acknowledges that every young person should be supported within the context of their developmental maturity and the family system. It is also delivered within a peer system and therapeutic milieu with structures and boundaries that promote a holistic approach to care. Clinical teams are empathic and have extensive knowledge about youth development and youth addiction recovery. The program is fundamentally about saving lives, significantly changing the trajectory of the lives of young people.

PRI is supported by a cohesive and highly effective governing body. The board's composition includes alumni parents, and reflects the required competencies defined in the skills matrix. Gaps in the skills matrix guide the recruitment of new directors. The screening and interview processes are robust. New directors have access to formal and informal supports including a buddy system to make their onboarding and introduction to board and committee meetings successful. The board has a developed a clear direction for the organization as evidence in its recent strategic plan, and long-term growth plan. Directors are kept informed of changes in the organization's broader environment, regionally provincially and nationally. There are opportunities for directors to have meaningful contact with clients, families, and staff.

The board also has access to the views and recommendations of the Caregivers Advisory Council. Timely fiscal, human capital, clinical, risk and quality information and data are provided to facilitate the board's decision-making. Deliberations and opposing points of view are welcome and fostered. The board is supported by a comprehensive set of by-laws, policies, and orientation program, and its performance and meeting effectiveness are informed by the results of self-assessment tools.

The leadership team is cohesive and committed to excellence in all aspects of its operations. There is excellent alignment between the organization's 'back of house' support services and its clinical services. Staff across all areas demonstrate a shared commitment to client and family wellbeing and fostering a safe and healing environment. Resources are allocated to enhance staff morale and wellness. Organizational and service level decisions are guided by safety and quality to ensure this specialized service and its teams are supported. Action plans are in place to address staff engagement and work life concerns.

PRI is viewed as a trusted organization and leader, and a strong advocate for creating a more responsive youth addiction treatment system locally, and provincially. Strategic partnerships are fostered, and formal agreements have been developed to respond, and coordinate programs and services with other organizations and sectors to better meet the growing needs of youth and caregiver. PRI has several affiliations with universities and several professional schools and colleges to support student placements. These are optimized to also help with recruitment. The mobilization of training and education on family therapy for clinicians and providers, and the wait list program are excellent models of prevention and early intervention.

Caregivers have tremendous respect for PRI, and the commitment, compassion and sensitivity teams demonstrate toward their family unit, and their child. They feel comfortable providing constructive feedback. The environment at PRI fosters the development of informal peer networks which are invaluable to reduce their sense of isolation. Clients speak highly of the program. And despite the challenges of working through the OLE, they understand and recognized the positive impact it has on their sense of self and the development of adaptive coping skills.

PRI is an active and respected community partner and system leaders. Partners recognize PRI as an evidence driven program. The transitional care model at Lang House is considered to have been conceptualized and developed based on outcome data, demonstrating the need for bridging youth from active treatment to community living. Community partners value the advocacy of PRI and acknowledge the recent expansion in beds as a timely response to the system's growing service demand in youth addictions. The caregivers program provided by the CFI service, is an example of a complementary initiative to support the growing wait list for beds. The initiative creates more effective coping and parenting skills among parents, and support the shift from pre-contemplation, contemplation and readiness while overall become more knowledgeable about the PRI program.

PRI has much to celebrate. It has performed very well on its first Qumentum survey. Well done!

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: Infection Control	
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	· Infection Prevention and Control Standards for Community-Based Organizations 8.4

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
- 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	
1.3 The governing body approves, adopts, and follows the ethics framework used by the organization.	!
7.2 The governing body follows a policy on CEO compensation.	
Surveyor comments on the priority process(es)	

Pine River Institute's board is cohesive and highly functional. The board's composition consists of a good balance of new and seasoned directors and contributing a rich mix of skills and knowledge to the organization.

An up-to-date skills matrix is used to facilitate the recruitment of new directors. The board's recruitment process is strategic to fill specific competency gaps. The recruitment process includes an extensive screening process. The orientation process is thorough and supported by a buddy system and several opportunities to meet with the chair and members of senior team. Roles, responsibilities, and expectations are clearly defined. One Pine River Institute board director also sits on the Pine River Foundation (PRF) board, and both chairs meet routinely, creating alignment of purpose, and in growth strategies.

In addition to the recently developed 2022-27 strategic plan, the board in collaboration with the PRF completed a strategic growth roadmap. A ten-year visionary document on how Pine River Institute can expand its reach as more and more youth struggle with addiction and mental health issues, and how both entities can work together to increase their collective impact in the system.

Directors are kept up to date with changes in regional, provincial, federal policies and Ministry planning priorities. This is facilitated by also having access to CEO reports, and the work led by a standing committee on public policy. This committee oversees and advises the board on areas related to Pine River Institute's public policy activities and public positioning.

The board works collaboratively with the senior team to ensure decisions are aligned with the organization's mission. Decisions are informed by quality improvement, risk and safety data, and incidents. Decisions are also guided by the values of organization and influenced by the experiences of youth, parents, and caregivers. The recently established Caregivers Advisory Council is also helping to inform discussions, and influence change.

The board receives the information that it needs to assess the costs, benefits, and impacts of their resource allocation decisions. Decisions about finances, and human resources are supported by standing committees and informed by the organization's risk matrix.

Directors engage in decision making that is inherently informed by their individual and collective experiences with ethical practices. They welcome diverse opinions and foster courageous conversations. When expanding the organization's residential beds this past year, the board was strategic in phasing in new admissions to ensure safety and quality were not compromised, and teams were given the time to sustain the changes being made.

The board is commended for having recognized the importance of developing a leadership succession plan. A policy should be in place to support the governing body's evaluation and compensation process for the CEO which is currently guided by written work plan objectives, key interviews, and board feedback.

The board is encouraged to use the ethics framework, acknowledging the importance of working through non-clinical ethical dilemmas which can include business, fiscal, safety, technology, privacy, social media, and/or discrimination issues. To make ethical decision making a more explicit expectation and practice, the board is encouraged to add the ethics framework to its orientation manual. It may also want to engage in an annual table top discussion about a real or simulated ethical dilemma. These examples are known to help sustain a culture of ethical decision-making.

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)

Planning and service design at Pine River Institute is intentionally developed and implemented to meet the needs of current and prospective clients and families. Their active engagement in each phase of the program creates several opportunities for real time input. Additional sources of feedback include the ongoing research and evaluation activities, results from the OPOC surveys and the Caregivers Advisory Council. Recent examples of improved service elements include the development of a more streamlined application process. The establishment of Lang House to provide transitional supports for youth working toward independent community living, and the training being developed by the CFI to address the competency gap in family therapy among community agencies and organizations serving youth.

Strategic and operational plans incorporate the views and experiences of clients, families, and staff, and reflect the results of an environmental scan. Operational plans are completed annually and updated quarterly. When developing these, input is also sought from the Caregivers Advisory Council.

The organization keep up with trends changes in the environment, practices, policies, and demographic information. This is best exemplified by the recent changes in the program's structure, practices and therapeutic interventions to better support transgender youth, and youth with unique cultural needs and practices.

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)

Pine River Institute has all the essential structures and processes in place for planning, monitoring, administering, auditing, and integrating the activities needed to support the effective allocation and use of resources.

Primary sources of financial pressures include ongoing static Ministry funding and the restrictions of Bill 124. These are considered in the annual budget planning as well as historical trends, current and past year variances, staffing needs and anticipated growth. Needs and risks are analyzed and discussed as part of recommendation and approval processes. Budget planning involves the development of assumptions and validation with, and by the senior management team. Pine River Institute has discretion to reallocate resources when needed and this is done as a team. Budget tools to improve fiscal competencies among the management team are to be developed. This will help foster a model of shared accountability.

The organization's foundation provides another avenue of funds. These support the acquisition of additional space to keep pace with the growth in clinical services. A fee for service stream, although a secondary source of revenue, provides an additional funds to support some admissions, and after care services. A bursary program is to help offset these costs for eligible clients and families.

Access to Ontario's community infrastructure fund provides funds to support the renovation of the organization's aging infrastructure at the main campus. A plan to assess the organization's capital assets in all sites is being developed. This will help forecast and short- and long-term maintenance as well as replacements costs.

Pine River Institute is encouraged to keep advocating for the back of house, back-office resources it needs to effectively support the ongoing growth of its clinical services.

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)

The human resources (HR) team was expanded recently to develop internal HR competencies and provide more consistent and continuous HR processes.

External factors impacting the organization's recruitment and retention of human capital include the restrictions of Bill 124 and the lasting workplace impacts of the COVID-19 pandemic.

Employee engagement results inform the HR team's planning. Strategies are being developed to improve professional development, leadership training and opportunities. A compensation review was completed and implemented to reflect increasing scopes of practice and responsibilities of some front-line groups of employees.

HR planning for the past years has been intensive to staff additional beds funded by the Ministry. The team is also working on stabilizing turnover rates and developing the required elements of being a top employer in the sector. HR pressures and trends such as turnover and absenteeism are reviewed on a quarterly basis by the Performance Quality and Improvement as well as Client Safety Committee.

A robust screening and interview process is in place. Recruitment emphasizes 'fit' with the organization's values, culture, and client population. Positions and staffing models are reviewed by the HR committee, ensuring leadership, financial, and clinical perspectives. High risk clinical areas such as the OLE maintain a high staff to client ratios.

Pine River Institute is encouraged to consider adding references to the organization's values and ethics framework in the interview and performance appraisal tools and processes.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Quality improvement initiatives are aligned with the organization's strategic priorities, as well as informed by incident reports, and new and emerging practices. Examples of these included the outfitting strategies developed to minimize cold weather injuries in the OLE or wilderness program, and the shift in policy and practice to better support transgender youth.

Operational objectives reflect strategic priorities and the organization's comprehensive risk matrix. Leaders involve their teams in the management of risks in their day-to-day activities. A just culture is supported and promoted. Lessons learned from incidents are shared with teams, and clients.

The disclosure of incidents is briefly referenced in the incident reporting policy. Pine River Institute may want to either expand the policy to outline all the elements of disclosure more explicitly or develop a separate disclosure policy. Elements that need to be expanded include disclosure training and assessing the disclosure experience. The Canadian Patient Safety Institute's disclosure guidelines is one of many sources of information the organization may want to consult.

Therapeutic interventions are informed by leading practices, evidence and influenced by client needs and experiences. New interventions are selected and evaluated for their therapeutic value by therapeutic and clinical teams.

There are both formal and informal processes for youth to share their concerns and complaints. Data from the Ontario Perception of Care (OPOC) tool is also used to make changes and or improvements to policies and practices.

The organization is commended for broadly and publicly reporting on its research and quality outcomes. As the new Caregivers Advisory Council becomes more established, this group should become more active in providing input on and participating in the development and evaluation of improvement initiatives.

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)

All the essential structures, training and related policies are in place to support a culture of principle-based care and decision making at Pine River Institute.

The ethics framework is supported by a committee and a group of staff who are trained as ethics champions. Ethical dilemmas and their associated decision-making process are documented in the R.I.V.E.R. (Reflect Identify Value Explore) worksheet which is maintained for record-keeping and knowledge sharing.

A research advisory committee is in place to oversee the organization's research and evaluation activities, and review research projects for the purpose of assessing impact to resources, teams and ultimately, the youth. Pine River Institute's research and evaluation protocol is submitted annually to, and approved by a partner university's research and ethics board. Research and evaluation activities are aligned with the organization's values and clinical model of care. Elements being measured are adapted to reflect changes in practice, and the needs and characteristics of clients.

Pine River Institute is commended for its ongoing contributions the body of knowledge on youth addictions and mental health. Goals of the research team include developing greater knowledge translation and mobilization strategies. The organization is encouraged to continue advocating for, and positioning its research to strategically influence practice and they design of the youth addiction sector.

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)

A full-time communications director and a comprehensive communication plan are in place. Several recent tools and strategies have been implemented, and some are still in development. These have been planned to intentionally improve the internal communication across the organization's sites, and the awareness of Pine River Institute among partners, prospective clients, families, and employees.

Pine River Institute has increased its use of social media and is producing video stories about the program and its phases including the unique OLE model. Access to information across the organization's sites has been improved with staff portals. A family intranet site was designed as an information message board, providing parents and caregivers with updates and announcements about the organization and relevant changes.

The standard electronic safeguards protect client information. A separate browser is in place for youth. The necessary back-ups and built-in audits control access and maintain confidentiality. While some of the clinical information continues to be scanned and uploaded, most of the clinical notes are done electronically. The Best Notes client information management system currently meets the organization's needs, but a change in the sector is expected in the coming years which may lead to a change in systems. The installation of fiberoptics in the region expected to happen soon, will improve connectivity for the main campus. OLE staff who work in remote areas of Algonquin Park have access to satellite phones and walkie talkies.

The organization is encouraged to continue working promoting the value of completing program evaluation and research surveys among parents and caregivers, and to find ways of translating outcomes and demonstrating how the evidence is being used to inform and drive service expansions, as well as advocacy efforts.

Overall, innovative communication strategies are serving to better promote the value of the organization and its services.

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)

The two sites visited including the Campus site and Lang House are well maintained , clean and focused on safety. Safety aspects include optimal lighting, signage, accessibility, and controlled access where necessary.

Pine River Institute has undertaken multiple approaches to minimize impacts on the environment including recycling, water, energy management, composting and the use of environmentally friendly cleaning products where possible.

The organization has emergency generators at the Campus site that ensure ongoing daily operations and clinical services in the event of power outages.

Pine River Institute is encouraged to track incidents of falls or other incidents related to physical structures. Incidents should be reviewed yearly, and adjustments made to physical space, as necessary.

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)

Pine River Institute has a well-developed emergency and disaster plan that was created with collaboration of internal staff, community partners(Fire, Emergency Medical Services (EMS) and law enforcement.

The dedicated facilities management team ensure that all sites are actively using the business continuity plan to guide their preparation for unexpected events such as weather, fire, and evacuation.

Pine River Institute is encouraged to hold yearly table top exercises to simulate real emergencies and responses without significantly disrupting on daily operations and clinical services. Findings from the yearly table tops should be shared with everyone in the organization.

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 of 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		
8.4	Compliance with accepted hand-hygiene practices is measured.	 MAJOR
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: <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). 	
8.4.2	Hand-hygiene compliance results are shared with team members and volunteers.	MINOR
8.4.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	MINOR

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
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
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
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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)
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Priority Process: Clinical Leadership
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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
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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

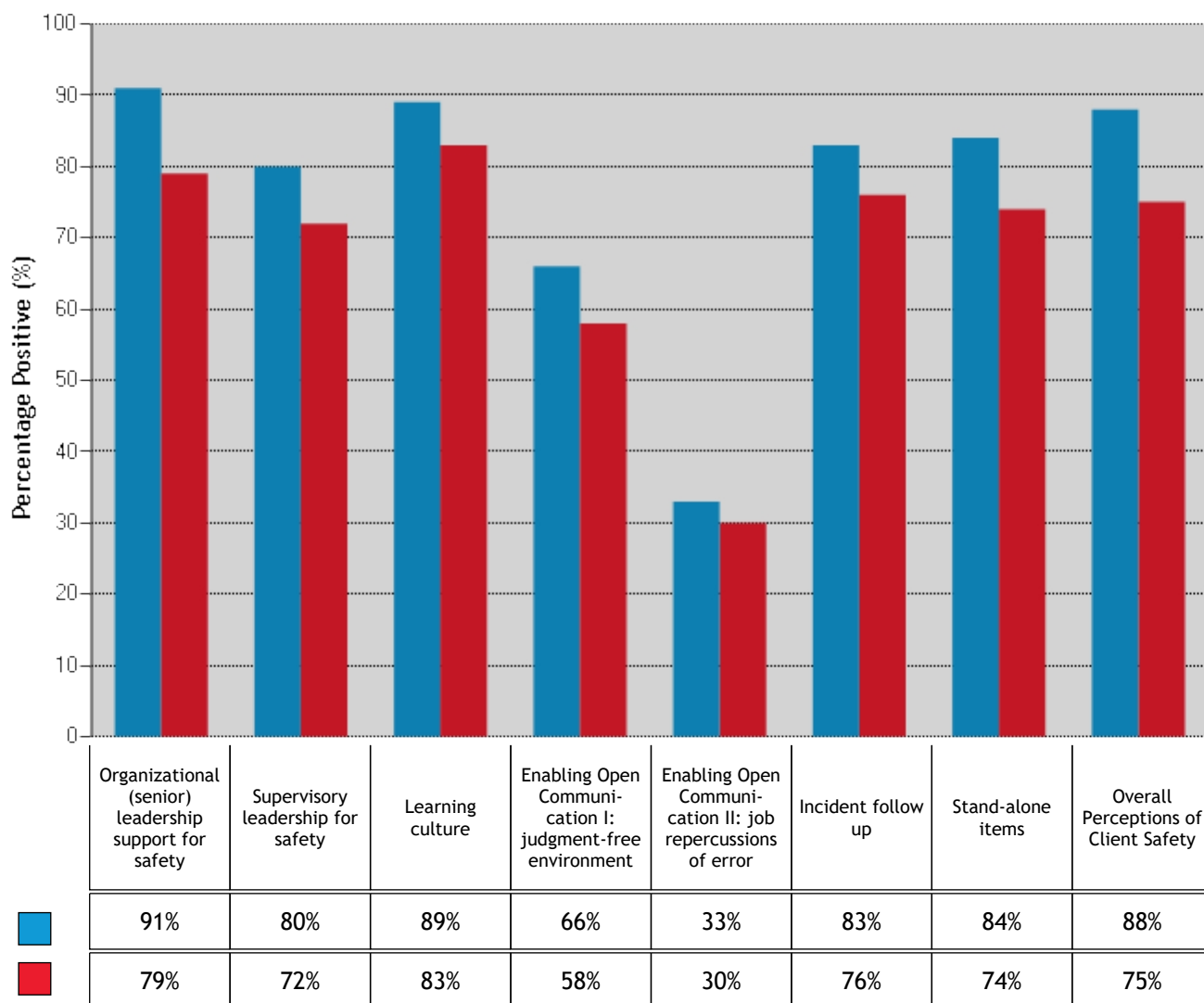
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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