Accreditation Report

Qmentum Global™ Program

Atikokan General Hospital

Report Issued: 25/04/2023

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About Accreditation Canada

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

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 19/03/2023 to 22/03/2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Confidentiality

Executive Summary

About the Organization

Atikokan is a town in the Rainy River District in Northwestern Ontario. The 2021 population census was 2,642. The town is one of the main entry points into Quetico Provincial Parks and promotes itself as the “Canoeing Capital of Canada”.

Atikokan is a town in the Rainy River District in Northwestern Ontario. The 2021 population census was 2,642. The town is one of the main entry points into Quetico Provincial Parks and promotes itself as the “Canoeing Capital of Canada”.

Atikokan General Hospital (AGH) is commended for their commitment to quality and safe care by participating in the Accreditation Canada Q Global program. Atikokan General HospitalAGH has 41 beds and offers the services of 24/7 Emergency, Acute Care including Cardiac Care, Complex Continuing Care, Long Term Care, Rehabilitation Services, Diagnostic Imaging and Laboratory Services. A Mental Health and Addictions program serves the community.

The community of Atikokan is serviced by a group of family physicians working at the Atikokan General Hospital and the Atikokan Medical Clinic. Ontario Telemedicine Network is used to access a specialist in a timely manner, reduce travel to appointments and provide care close to home.

Atikokan General Hospital has opened the renovated long term care wing as well as a new acute care wing. The building is well maintained, spacious and all patient care services are provided on the main level of the hospital.

Surveyor Overview of Team Observations

Community Partners

Community Partners described AGH as “engaged” and always “stepping up” when the need arises. They are considered good partners in providing compassionate quality care close to home. It was noted that during the pandemic, the leaders, staff and physicians stepped up and did their part to ensure patient flow occurred throughout the North Region. A Public Health partner noted that the management team never hesitates to reach out and ask questions. A partner from the Police department noted that he has witnessed in the Emergency Department, that all patients are treated with respect and that care is provided in a timely manner. The community partners noted that patients receive excellent care at AGH as it is a small community, and they are treating friends, neighbours and family.

The organization works closely with the Fire Department and routine fire checks and evacuation practices occur. AGH is encouraged to practice an evacuation in the acute areas of the hospital. There is good communication flow between AGH and community partners. The community partners commented that the leadership team is responsive and quick to assist should the need arise. There is AGH representation at numerous regional committee meetings and their voices are heard and advocacy for the community occurs.

Leadership

The Senior Team at AGH is undergoing leadership changes with the CEO leaving in April and a new CEO, who is currently the CNO, taking her place. The leadership team has new additions and there is movement of staff within the organizational structure. The leadership team is committed to providing leadership support at Atikokan General Hospital. It has been especially difficult for this northern rural community, where recruitment of healthcare professionals was challenging even before the COVID-19 pandemic. Similar to other healthcare organizations across the province there is a shortage of nursing staff, which has been enhanced by the pandemic. Physician and nurse practitioner recruitment remains one of the top priorities. AGH and its leaders and staff/physicians are resilient and pulled together as a team to ensure the emergency department remained staffed and open to the public during the pandemic. AGH’s senior leadership team has embraced quality improvement and patient safety as a focus of their work.

Key Opportunities and Areas of Excellence

Atikokan General Hospital is congratulated on the advancements it has made since its last survey. Quality of Care is a journey, and the organization can be proud of the work it has done to advance the care needs of the community while managing the pandemic.

The organization is congratulated on working toward changing the name of the hospital from Atikokan General Hospital to Atikokan Health and Community Services. This inclusive name addresses the collaborative approach to care in the community. This collaborative approach is also demonstrated in the work that has been done to integrate the Family Health Team with the hospital.

AGH is encouraged to continue its work on integrated quality. Quality indicators and data collection align with the pillars of the strategic plan. There is a need to focus on cascading quality indicator data and the performance matrix to the frontline staff. Staff need to be encouraged and given the opportunity to participate and have input into clinical changes that will improve patient safety and outcome measures. Timelines, accountability, and action plans are not clear, and it is important to engage staff at all levels of the organization in the development, implementation and monitoring of quality improvement initiatives.

There are numerous policies that have recently been developed or revised. These are located in OMNI. It appears that many of the policies have not been approved and signed off by the relevant stakeholders. Management is encouraged to complete this process before posting the policies online and sharing them with the staff.

AGH is congratulated on establishing a Patient & Family Advisory Council (PFAC) with membership from three health services, Atikokan General Hospital, Atikokan Family Health Team, and Atikokan Medical Clinic. The organization is encouraged to include PFAC members on more committees and include them in decision making initiatives and projects that relate to patient care. There are processes in place to include a PFAC member at board meetings to be a liaison for PFAC.

AGH is currently working on revising the Emergency and Disaster Plan and associated Codes to ensure they are comprehensive and meet the needs of the organization. They are encouraged to continue to finish this work as soon as possible and engage the staff in monthly mock codes. Leadership is encouraged to complete a business continuity plan that addresses the steps the management and staff need to take in response to an event that could happen in the future.

AGH is encouraged to develop a communication plan using the Communication and Stakeholder Engagement Framework. The plan needs to include who is responsible, who needs the information, when communication should occur, how information will be communicated and what follow up is needed.

AGH is encouraged to continue to develop relationships and network with the Indigenous communities. It is important to include their lens and voices in the organization work such as way-finding signage, cultural and spiritual needs, information, and education handouts.

Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

Atikokan General Hospital's accreditation decision is:

Accredited with Commendation

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

Locations Assessed in Accreditation Cycle

This organization has 1 location.

The following table provides a summary of locations[1] assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Atikokan General Hospital	☑

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

Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Accountability for Quality of Care	Governance	6 / 6	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
Client Flow	Leadership	5 / 5	100.0%
Client Identification	Diagnostic Imaging Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
Concentrated Electrolytes	Medication Management	1 / 3	33.3%
Fall Prevention and Injury Reduction - Long-Term Care Services	Long-Term Care Services	6 / 6	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Heparin Safety	Medication Management	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Information Transfer at Care Transitions	Community-Based Mental Health Services and Supports	5 / 5	100.0%
	Diagnostic Imaging Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	5 / 5	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Medication Reconciliation at Care Transitions - Home and Community Care Services	Community-Based Mental Health Services and Supports	0 / 0	0.0%
Medication Reconciliation at Care Transitions - Long-Term Care Services	Long-Term Care Services	4 / 4	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Narcotics Safety	Medication Management	3 / 3	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Diagnostic Imaging Services	6 / 6	100.0%
	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Diagnostic Imaging Services	7 / 7	100.0%
	Leadership	7 / 7	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Suicide Prevention	Community-Based Mental Health Services and Supports	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%

Assessment Results by Standard

Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 97.7% Met Criteria

2.3% of criteria were unmet. For further details please review the following table.

Assessment Results

The Emergency and Disaster Plan was recently reviewed and revised. The Emergency and Disaster Management Planning Committee recently formed and identified the need to update their Codes. Accountabilities were assigned to each member of the emergency committee.

AGF worked with the local Fire Chief and updated the Code Red. With a history of raging forest fires to the north of Atikokan and the evacuation of a Long-Term Care facility and a hospital in northern Ontario, AGH has reviewed their Code Green and evacuation processes. AGF has partnered with a Northern Bus Line Company that will facilitate transportation should the need to evacuate occur. Also, the organization adopted CareQ which is used for quick responses to and from staff during an emergency and was tested with a high return of responses in five minutes. Atikokan General Hospital is encouraged to continue its work on updating their Codes and educating and training staff. A Mock Code of the Month may be an approach to consider ensuring staff understand their responsibilities and necessary action. Backup systems are in place and regularly checked.

The Emergency Preparedness Plan was recently reviewed. Code Silver needs to be added to the coloured code chart. AGH is encouraged to complete a Mock Code Silver (weapon) with staff to ensure they understand their role and reactions should a real Code Silver occur.

The CEO sits at the community emergency preparedness table and has the opportunity to learn AGH's role should a community disaster occur as well as share the hospital's emergency plan with the community. It has been several years since a Mock Code Orange has been completed for the community and the community and hospital are encouraged to complete a relevant tabletop or mock scenario soon.

AGH is commended and encouraged to continue with this important and necessary work.

Table 3: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
3.1.2	The organization integrates its emergency and disaster plan with community emergency and disaster plans, to ensure a coordinated response to and recovery from an event.	NORMAL
3.1.4	The organization engages with stakeholders to establish, regularly review, and update as needed a business continuity plan to ensure the continuation of essential care services during and following an emergency or disaster.	HIGH

Governance

Standard Rating: 92.5% Met Criteria

7.5% of criteria were unmet. For further details please review the following table.

Assessment Results

Atikokan General Hospital is situated in a small community. As much as possible, the Board of Directors (Board) is skills based and uses a talent matrix when recruiting new members. The Board is comprised of three men and four women who are attempting to recruit a member from the First Nations community. A Patient & Family Advisory Council (PFAC) member was recently added to the board membership with the intent of acting as a liaison between PFAC and the Board. The Board is commended for including the PFAC member.

The Board is familiar with their role and responsibilities as a governing body and is aware that oversight for patient safety, risk management and quality improvement are fundamental roles of governance. The Board takes ownership of strategic planning and fiscal oversight. The current Strategic Plan, Mission, Vision and Values will be reviewed and refreshed in the fall of 2023. AGH is encouraged to incorporate the voice of the community, patient advisors, staff, and community partners into the new strategic plan work.

Board members are members of committees such as the Board's Resources and Quality Committee. Regular reporting to the Board through aligned committee structures ensures the organization's priorities related to quality and safety are accessible and addressed. The Board is regularly briefed on quality and safety incidents and are encouraged to engage in the cause –and effect analysis and clinical outcomes discussion. It is important for the Board to know that indicator information is shared, from the top down, until it reaches the frontline staff.

The board members noted it is difficult to recruit community members to the board and word of mouth is the most effective method used to entice new members. There are clear processes in place for interviewing applicants for board positions. New board members receive an orientation to AGH and to the Board. Board members are encouraged and supported by the organization to take Ontario Hospital Association governance courses.

Relevant board education is provided at each meeting and patient stories are heard at board meetings. The Board is encouraged to formalize processes to evaluate each board meeting and to evaluate the Board Chair.

There are processes in place to monitor the performance of the CEO. The Board and CEO are encouraged to complete a performance review of the Chief of Staff as this is an appointed position. There appears to be a good working relationship between the Board and leadership at Atikokan General Hospital. The CEO and senior/management members report regularly to the Board. As the current CEO is leaving the organization in a week, a domino effect has occurred within the organization with internal staff moving into leadership positions. The Board is congratulated on providing professional development opportunities to internal staff and hiring from within AGH.

The Board recently completed the Governance Functioning Tool, reviewed its results and developed a workplan. The Board is encouraged to complete the work plan and monitor results. Policies and by-laws were recently revised.
Board members stated they are connected to community members at local levels and when they hear

feedback or concerns, they know the process for bringing these to AGH's leadership. Concerns or complaints are investigated by leadership. The Annual General Meeting occurs in June and the report is distributed to the community as a hard copy or on the internet.

The Ontario Health Team has been put into place for the Rainy River Region and the Chief Executive Officer represents AGH at these meetings.

Table 4: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
1.1.3	The governing body approves, adopts, and follows the ethics framework used by the organization.	HIGH
1.3.1	The ethics framework and evidence-informed criteria are used by the governing body to guide decision making.	HIGH
4.1.3	The governing body works with the executive leader of the organization to establish, implement, and evaluate a communication plan for the organization.	NORMAL
4.1.4	The communication plan includes strategies to communicate key messages to clients and families, team members, stakeholders, and the community.	NORMAL
4.2.7	The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	NORMAL
4.3.7	The governing body regularly evaluates the performance of the board chair based on established criteria.	HIGH
4.3.8	The governing body regularly assesses its own functioning.	HIGH

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

AGH has an active Infection Prevention and Control (IPAC) committee which reports to the Medical Advisory Committee (MAC). The IPAC committee is multidisciplinary and includes representatives from all key departments within the hospital, including Medical Devices Reprocessing (MDR). The committee is chaired by the coordinator of Occupational Health and Safety and the director of the laboratory. The two co-leads are actively pursuing education and training in infection control with the goal of both being certified in infection control.

The IPAC committee is supported by both medical microbiology and infectious disease specialists from Thunder Bay. Currently, the IPAC committee has no local physician members. The work and effectiveness of the IPAC committee could be enhanced by recruiting a local physician to participate.

The IPAC committee is undertaking a program of work to enhance education, monitoring, and compliance with infection control initiatives. The committee is actively rewriting policies with respect to Personal Protective Equipment (PPE) criteria and compliance and hand hygiene policies. The committee recently introduced new signage for patient room doors indicating the levels of PPE required for different levels of isolation.

The IPAC committee is actively monitoring antibiotic resistant organisms and nosocomial infections within AGH. The committee also collects data and monitors rates of urinary tract infections, gastrointestinal tract infections, and, for the last three years, COVID-19 rates.

The IPAC committee has taken an active role in improving hand hygiene rates. The committee has revised the audit process to more accurately capture compliance with the key elements of hand hygiene. The audit results are prominently displayed on the acute care unit visible to staff, patients and families to enhance awareness of and compliance with this key patient safety initiative and to increase transparency.

Table 5: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 95.7% Met Criteria

4.3% of criteria were unmet. For further details please review the following table.

Assessment Results

Resources
Processes for financial planning and controls are established and in place. The Chief Finance Officer is new to his role and is becoming familiar with Atikokan General Hospital (AGH) financial policies and processes. AGH has a financial control system and external and internal auditing mechanisms in place to monitor financial integrity. The budget is currently not balanced and the main reason for this is staffing which includes agency staffing, overtime and sick time mostly caused by the effects of the pandemic.

There is a clear process for the preparation and development of the operational budgets, and these are approved by the executive team and the CEO. The budgets are taken to the Board for approval. The operational plans and budgets are shared with managers, who are accountable for budget variances.

There are clear processes in place for the acquisition and prioritizing of capital equipment. AGH belongs to a buying group called Medbuy, and has a very active and supportive Foundation that provides funding.

Human Capital
Like other healthcare organizations across the province, AGH has ongoing staffing issues. Staffing agencies are used to provide support and cover vacation, leaves and lieu time. The organization is reviewing the foreign workers program with the hope of hiring temporary nurses for two-year terms. Creative scheduling is offered to staff to create work life balance.

Job descriptions include safety metrics. Safety and reinforced learning from incidents are discussed during performance appraisals. The Manager of Health Records is the Privacy Officer for AGH. As well she has the role of Physician Recruitment and Retention and works closely with the Town of Atikokan and through the Health Professionals Recruitment and Retention Committee. AGH has recently purchased a house for locums and agency staff to use, which is an excellent recruitment strategy. Staff, volunteers, and physicians must sign the confidentiality agreement form at the time of being hired and annually.

A new performance appraisal form has been developed and is currently being trialed. The AGH leaders have worked hard at completing staff performance reviews and ensuring these are completed as per hospital policy. Personnel files are secured in the Human Resource (HR) Department and are well organized. Upon request to HR, staff may review their files.

AGH works with Confederation College in Thunder Bay and Lakehead University to train students and provide education to AGH staff. Through this practice, several students have been hired as AGH employees after graduation.

The doors to the hospital are locked each evening and staff control access to the building. Electronic badges are provided for staff to wear, and use should they need immediate help. Staff noted the police respond quickly to their calls.

AGH has a wellness committee with a focus to bring the staff closer together and

celebrate. Massage chairs were purchased, that staff may access during breaks. Long service awards

are provided to employees and summer BBQs are appreciated by staff.

Planning and Services
Atikokan General Hospital has 41 beds, 15 acute and 26 long term care beds and offers the services of 24/7 Emergency, Acute Care including Cardiac Care, Complex Continuing Care, Rehabilitation Services, Diagnostic Imaging and Laboratory Services. A Mental Health and Addictions program serves the community. The community of Atikokan is served by a committed group of family physicians working at the Atikokan General Hospital and the Atikokan Medical Clinic.

AGH at one time provided chemotherapy, which they are not able to do now due to staff availability, competency and medication standards. Pregnant clients must go to Thunder Bay to deliver their babies. The board and leaders of the organization are working diligently to sustain the services they currently provide to the community. Ontario Telemedicine Network is frequently used to access a specialist in a timely manner, reduce travel to appointments and provide care closer to home.

Atikokan General Hospital is working toward a corporate, more inclusive name, Atikokan Health and Community Services as the organization recognizes their partners in delivering care to the community. AGH is integrating with the staff from the Family Health Team (FHT) and working toward obtaining a home care contract. The organization would like to expand its mental health services to children. A van was recently purchased by the FHT and will be used to provide services to patients with mental health issues and help to transport them to such things as . doctor appointments, banking, or grocery shopping.

AGH works closely with its partners to provide services for its community. The leaders at AGH have network systems in place and examples given were the Northwest Regions CEO, CNE and regional board committees. AGH is commended for the excellent services it continues to provide for the community.

Ethics
Atikokan General Hospital ethics framework was recently developed and has been shared with staff through Surge e-learning. There has been no formalized education for staff nor has there been an opportunity to complete relevant tabletop exercises. AGH plans to do this soon and is encouraged to remove the diagram of the previous ethics framework located throughout the hospital. The ethics framework was chosen and developed to shape the moral duty and obligations of the organization and is rooted in principles of people centered care. AGH is committed to making ethical decisions on procedures and principles to guide governance, leadership, management and staff. The chief executive has overall accountability for ensuring the ethics policy is regularly reviewed and implemented.

The Ethics Committee, which meets quarterly, has Terms of Reference. AGH has a contract with a Bioethicist at Lakehead University; however, services are not available on weekends or evening/night shifts. The Administrator on call provides support during these times. AGH has policies and processes to support their Code of Ethics such as the Whistle Blowing policy, Staff Concerns and Complaints policy, Patient Rights and Responsibilities policy and Code of Conduct policy. AGH is encouraged to consider a Patient & Family Advisory Council representative as a member of this committee. They are also encouraged to formalize a trending process and share the ethical situation and resolution with the staff to provide learning opportunities.

Communication
Atikokan General Hospital has plans to upgrade the Meditech system to Meditech Expanse which will move the organization further away from a hybrid chart and more toward an electronic health record. The accountability for the review and revision of IT policies falls with the Chief Finance Officer. With the growing concern of cyberattacks, AGH implemented Dark Trace which monitors all network traffic and builds a baseline of how devices should be acting on the network.

The CEO releases regular updates on the organization called From Jorge’s Desk, and sends out emails and memos which are numbered and logged. The Chief Nursing Executive provides updates to staff each Friday. Huddles are performed twice per day in clinical settings. Management has weekly huddles. The

AGH leaders feel they provide several venues for internal communication and continue to make efforts to improve the flow of communication.

The Emergency Preparedness Plan outlines the communication internally and externally should a disaster or emergency occur that requires community engagement. Many of the leaders sit at regional tables and can share with and receive information from regional partners. AGH is encouraged to develop a communication plan using the Communication and Stakeholder Engagement Framework. The plan needs to include who is responsible, who needs the information, when communication should occur, how information will be communicated and what follow up is needed.

Patient Flow

Atikokan General Hospital serves a rural population and is the sole provider of acute and emergency medical care for a large region. It has 15 acute care inpatient beds, although it is rarely at capacity. Several beds are occupied at any time with patients designated as needing an alternate level of care (ALC) while awaiting the availability of a bed on the long-term care unit. Although the inpatient census typically leaves capacity for admission of new patients, the hospital does have a surge plan which was revised and updated as part of its response to the COVID pandemic.

Within the hospital, patient wayfinding is effectively facilitated through clear signage and floor markings. Entrances are clearly signed and accessible and a newly built concrete ramp at the entrance to the emergency department is heated to prevent ice and snow buildup as a patient safety feature.

Atikokan General Hospital is a member of the Regional Critical Care Response Program (RCCR) at the Thunder Bay Regional Health Sciences Centre. The RCCR leverages the Ontario Telehealth Network and provides real time support to clinicians to manage patients requiring critical interventions while simultaneously facilitating timely transfer to a higher level of care. Staff report that this program has greatly improved the ability both to manage and transfer patients in a timely manner. The Thunder Bay Regional Health Sciences Centre accepts patients from regional hospitals, such as Atikokan General Hospital, requiring critical care on a no-refusal basis. In return, Atikokan General Hospital regularly accepts repatriated patients on an expedited basis and has, on occasion, accepted patients who are unable to be repatriated to a hospital in their home community due to capacity. This regional system for transfers of the most severely ill patients is an effective and efficient means of ensuring the best possible outcomes for patients.

Physical Environment

The Atikokan General Hospital consists of three distinct wings. The oldest wing, built in 1975, is reflective of the architecture and design of the era with concrete block walls and relatively small rooms. The acute care and long-term care wings were built in the past few years and are clean, bright, spacious and well laid out to meet the criteria for patient care.

AGH is in the process of installing a new HVAC system and upgrades to the sewer and drainage systems are planned. There is a new, heated concrete ramp to the emergency department entrance that reduces the risk of falls due to ice and snow buildup. The building lacks a covered or enclosed ambulance bay.

The building is well maintained with regularly scheduled maintenance of all operating systems.

Table 6: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
1.5.4	The organization provides opportunities and support for staff and clients to lead collaborative quality improvement efforts and build their skills in quality improvement.	NORMAL
1.5.5	The organizational leaders support staff to learn from quality improvement results to enable continuous improvement.	HIGH
1.5.7	The organization recognizes the work of staff, clients, and families who participate in quality improvement initiatives, to promote an organizational culture of learning.	NORMAL
2.4.9	The organization engages with staff, clients, and families to develop, implement, regularly review, and update as needed an integrated quality improvement plan, to coordinate quality improvement activities throughout the organization.	HIGH
2.7.2	The organization develops, implements, regularly reviews, and updates as needed policies and principles to guide its environmental stewardship.	NORMAL
2.7.4	The organization uses defined performance indicators to regularly evaluate the effectiveness of its environmental stewardship initiatives, and uses the results to make improvements.	NORMAL
2.7.5	The organization regularly evaluates the impact of climate change on the organization and on the health of the community, and uses the information to adapt to and mitigate climate change.	NORMAL
2.7.6	The organization provides leaders and staff with education and training to build organizational capacity to support environmental stewardship initiatives, and adapt to and mitigate climate change.	NORMAL

Service Excellence

Standard Rating: 96.2% Met Criteria

3.8% of criteria were unmet. For further details please review the following table.

Assessment Results

TThere is strong clinical leadership throughout the Atikokan General Hospital (AGH). Leaders interviewed during the survey universally demonstrated commitment to the organization and a passion for high quality care. There is a commitment to quality improvement and the organization has undertaken a number of initiatives in recent years. AGH is encouraged to invest in quality improvement education and training and to incorporate quality improvement methodology into its initiatives. While the organization collects extensive data on clinical and other issues, translating this into key indicators, setting clear goals and targets, and monitoring trends on an ongoing basis would enhance the ability to make changes.

AGH is currently introducing new smart intravenous infusion pumps, with extensive staff orientation and training on them. The organization is committed to ensuring that all staff receive appropriate training prior to using these pumps.

Within the constraints of current Ontario legislation, AGH is encouraged to review its policies and procedures for patient access to their clinical records. The current system of formal request and supervised access to a clinical record is not in keeping with current trends toward patient inclusion in decision making, transparency, patient autonomy, and person-centered care.

Table 7: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
3.1.4	The team leadership ensures that clients are able to access the information in their health records in a routine, people-centred, and timely way.	NORMAL
3.1.5	The team ensures that clients are able to actively participate in documenting information in their record.	NORMAL
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH

Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

Community-Based Mental Health Services and Supports

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Mental Health & Addiction Services (MHAS) recently moved to a new location. The new location space is newly developed, spacious, bright and clean. It is a welcoming space with areas for the client to relax, read, listen to music or use the computer. Offices are private and soundproof.

Recently social workers from this program started to offer 24/7 on-call support services to the Emergency Department at AGH. Clinicians have been trained in Critical Incident Stress Debriefing (CISD) and Stop Smoking with the FHT's cessation program. Free nicotine replacement therapy is offered in conjunction with therapy. Other services provided by MHAS are adult mental health counselling, case management services and substance abuse and problem gambling services. With the integration of the Family Health Team with AGH, children with mental health concerns (from ages two and up) will be a focus. A van was recently purchased and will facilitate home visits and assisting clients in getting to appointments, and out for such things as groceries and banking.

The Haarala Lane Transition House has three transition beds for low-risk clients who have underlying mental health issues and are at risk of homelessness. In speaking to a client who lives at the Transition House and is legally blind, he commends AGH for providing this community service and noted that he had everything he needs to live as independently as possible – housing and staff support. He noted he was treated well by the staff.

MHAS is networked with AGH's computer and telephone system which permits MHAS staff access to client files. Computer service access is offered to MHAS clients so they can access online support programs and supply mandatory reports to service providers. MHAS uses software called TREAT for client health information and Ontario Common Assessment of Need (OCAN) for referral processes and service need identification. OMNI holds all the policies which are currently being reviewed and revised.

AGH recently signed a contract with CanTalk, an organization that delivers on-demand interpretation language services. AGH is encouraged to consider iTranscribe Audio to text apps that would work in unison with CanTalk for those patients who may be bedridden or not near a phone.

Clients may self-refer to the MHAS program. There are clear processes in place for on-boarding new clients and for discharging or transitioning clients.

Table 8: Unmet Criteria for Community-Based Mental Health Services and Supports

There are no unmet criteria for this section.

Diagnostic Imaging Services

Standard Rating: 95.3% Met Criteria

4.7% of criteria were unmet. For further details please review the following table.

Assessment Results

The diagnostic imaging program is small and consists of Xray and ultrasound services. All other diagnostic imaging services are referred off site, primarily to Thunder Bay. There are two full time and one part time (pending) imaging technologists who provide service coverage year-round, including afterhours and weekend on call coverage.

The imaging service moved from a first-come first-served basis to booked appointments during COVID to reduce the number of people waiting in the hallway waiting area at any one time. This change has proven successful and feedback from the community has been positive. The appointment system has now been adopted permanently.

AGH has a contract with a Radiology company in Markham to provide diagnostic imaging interpretation services. The service contract ensures that images are read, and an interpretation report is provided in a timely manner. The contract does not include any accountability for oversight of quality control or of utilization management to ensure appropriate use of imaging modalities by clinicians. There are no on-site visits by the radiologists to provide quality checks or to review imaging protocols. Most hospitals and health authorities ensure that a specialist radiologist is specifically accountable for the overall quality of patient care during imaging and for utilization management of imaging modalities. AGH is advised to consider including these in any new or renewed contract for professional radiology services.

The current image interpretation system involves open loop communication. Image interpretation reports are sent back to the ordering clinician. Since image interpretation can take up to 48-72 hours, AGH clinicians are encouraged to routinely enter their preliminary interpretation into the PACS system, particularly for emergency patients. This would allow the radiologist reading the image to know whether key findings had been noted and acted upon.

The ultrasound probes are cleaned and disinfected according to reprocessing and infection control standards. There is an endocavity probe that is cleaned and disinfected using a dedicated machine. The disinfecting process is currently done on a side table in the main Xray imaging suite. This should be moved to a separate, dedicated area that is not used for patient exams. Currently, the cleaning and disinfecting of ultrasound probes is done by the Xray technologists. While this is an acceptable practice, the overall accountability for the reprocessing of these devices should be under the reprocessing department to ensure integration of quality assurance.

Table 9: Unmet Criteria for Diagnostic Imaging Services

Criteria Number	Criteria Text	Criteria Type
2.1.2	The team’s medical leader is responsible for coordinating physicians’ activities.	HIGH
4.3.5	The diagnostic imaging reprocessing areas are physically separate from service areas.	NORMAL
4.3.13	The individual responsible for overall coordination of reprocessing activities in the organization oversees the team’s compliance with the organization's policies and procedures on cleaning and reprocessing.	NORMAL
5.3.2	The diagnostic imaging providers have a policy and procedure manual approved by the medical leader that details patient positioning for diagnostic imaging examinations.	HIGH
7.3.3	The team uses a management review to monitor diagnostic imaging services.	NORMAL
7.3.4	The team uses the results of the management review to educate referring medical professionals and diagnostic imaging providers on the appropriate use of diagnostic imaging services.	NORMAL

Emergency Department

Standard Rating: 98.1% Met Criteria

1.9% of criteria were unmet. For further details please review the following table.

Assessment Results

The AGH Emergency Department (ED) is small. It is a suboptimal space in that it lacks the ability to provide patient privacy and there is limited room for movement. Notwithstanding this, the team have done an excellent job of arranging the ED to optimize the use of the limited space and to ensure that they are equipped to handle both minor and major medical emergencies. The ED is well equipped and stocked with modern, well-maintained equipment.

The AGH Emergency Department is a member of the Regional Critical Care Response (RCCR) program out of Thunder Bay. RCCR provides support for the organization of the ED, standardized treatment protocols and supplies, and provides real time virtual support for the management of seriously ill patients. It also coordinates patient transfers to a higher level of care. The support of the RCCR allows the AGH ED to function as part of a high-level system of care that would not be possible if it independently.

Since the last survey, AGH has constructed a new entrance ramp to the ED which is heated to prevent ice and snow buildup and enhance patient safety. The entrance is well signed and accessible. There are separate entrances for ambulances and ambulatory patients, albeit side by side so some of the value of a separate ambulance entrance is lost. Ambulance patients still must be unloaded outside prior to being brought into the building. They also must be transported through the entire ED, with limited space for stretcher movement and a lack of privacy from other patients, to access the trauma room. Future plans for ED renovation or rebuild could address these structural challenges.

The team follows standardized triage and assessment guidelines using the Canadian Triage and Acuity Scale (CTAS) and its pediatric version. Since physicians may not be physically present in the ED when a patient presents, it is important that the CTAS levels be adhered to, and response times monitored. AGH is encouraged to audit actual response times to care against CTAS levels and to monitor these on an ongoing basis.

Table 10: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
3.1.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.1.3	Data on wait times for services, the length of stay in the emergency department, and the number of clients who leave without being seen is tracked and benchmarked.	NORMAL

Inpatient Services

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the following table.

Assessment Results

Inpatient Services at AGH is in a new, bright, clean and spacious addition that is well-designed as an inpatient and acute care unit (ACU). Patient rooms are primarily single rooms with two double rooms. One room can be reserved as a palliative care suite. The central nursing station is strategically located to observe patient flow and visitor traffic. There is central monitoring of all patient telemetry.

AGH uses the Meditech electronic medical record. This has been enhanced with the integration of Entry Point standardized order sets. AGH currently uses a hybrid system of electronic and paper-based charting and order entry. There are plans to upgrade the Meditech suite to allow better integration of information systems and reduce the duplication of information between the electronic record and paper records while reducing the number of times information needs transcribing.

AGH has incorporated the Best Possible Medication History (BPMH) component of a medication reconciliation process into both emergency encounter charting and acute care admissions. This is an excellent process to ensure that the BPMH is completed for all patients at the point of first contact. Currently, the medication profile still has to be manually transcribed multiple times in both paper based and electronic charting systems, introducing the potential for transcription errors. While this potential for errors would be reduced with a future introduction of full computerized provider order entry (CPOE), AGH is encouraged to undertake periodic audits of medication reconciliation with a focus on completion, accuracy, and comprehensiveness.

Current practice on the ACU is for all patients to have care plans developed at the time of admission. AGH regularly receives repatriated patients who have undergone surgery or procedures in other hospitals. In addition, AGH cares for inpatients with common clinical conditions, such as NSTEMI and COPD among others. AGH is encouraged to consider developing or adopting inter-disciplinary care pathways to further define and guide treatment for common conditions according to evidence based leading practices with the intention of ensuring standardization and consistent outcomes of care.

Table 11: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.3.18	Where appropriate, clinical care pathways are consistently followed when providing care to clients to achieve the same standard of care in all settings to all clients.	HIGH

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The long-term care unit at AGH is a separate but physically contiguous unit attached to the hospital. It has a separate entrance with clear signage. The unit is spacious, bright, physically attractive and clean. The overall atmosphere is comfortable and warm. Patient room doors have individual appliques that act both to enhance way-finding for residents and to enhance the feeling that this is their home.

Currently, the long-term care unit does not have an active Family Council (FC). The most recent meetings were several years ago, prior to the COVID pandemic. The organization acknowledges the challenge of recruiting members and sustaining the FC. Nevertheless, AGH is encouraged to rejuvenate the FC as an important source of feedback and a key quality assurance and improvement initiative.

The long-term care unit has implemented the Med e-care electronic patient charting system. Currently, consideration is being given to switching to the PointClickCare system. Whichever system the organization chooses one factor to consider is how well it integrates with other electronic health record systems, such as the acute care unit's Meditech system.

The long-term care unit has also implemented Care Rx. This is a unique system for pharmacy order management that employs an integrated pen stylus to electronically capture and transmit medication orders to the off-site pharmacy. This initiative reduces the risk of transcription errors.

The long-term care unit has undergone several inspections by the Ontario Ministry of Health, both as regular inspections and as investigations of reported incidents such as a client fall with associated injury. There have not been any major deficiencies identified recently.

Table 12: Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Medication Management

Standard Rating: 96.9% Met Criteria

3.1% of criteria were unmet. For further details please review the following table.

Assessment Results

AGH has an active Pharmacy and Therapeutics (P&T) committee, with a sub-committee for Antimicrobial Stewardship. These two committees report upwards to the Medical Advisory Committee (MAC). The P&T committee oversees the management of the hospital medication formulary, medication incident reviews and management, and medication management policies. The P&T committee, the Antimicrobial Stewardship Committee and the hospital pharmacy are supported by an off-site pharmacist from Thunder Bay. The pharmacist provides virtual support for individual patient care activities such as medication orders, medication reconciliation, and therapeutic substitutions, and on-site support through bi-annual visits. It is unclear, however, what accountability and responsibility the pharmacist has for the overall quality of pharmacy services at AGH. It would be advisable to clarify this and include overall accountability for pharmacy services in any new or renewed pharmacy contract.

The Antimicrobial Stewardship (AS) program falls under the responsibility of the Antimicrobial Stewardship Committee. It would be helpful to assign responsibility for specific areas of the AS program to specific individuals or roles, reporting to the committee, to ensure that activities such as audits and utilization reviews are done consistently.

AGH has done considerable work to ensure medication safety through the implementation of a high alert medication system, medication labelling using 'tall man' lettering and limiting the stocking of high dose / concentration narcotics. However, despite these efforts there are still instances where high risk products are inappropriately stocked on the acute nursing unit. It was observed that an open box containing multiple pre-mixed bags of hypertonic 3% sodium chloride were stored on top of the automated medication dispensing cabinet. Review of medication audits shows that these have been stored in the acute care and emergency medication rooms since at least 2021.

It is an accreditation requirement that audits of concentrated electrolytes, among other high-risk medications, be done at least annually to ensure that none of these are stocked inappropriately on the patient care units and are only stored in the pharmacy, with specific procedures to release them to patient care units. Only in exceptional circumstances should high concentration electrolytes be stored on patient care units where there is a risk of potential confusion with other electrolyte solutions and those exceptional circumstances should be endorsed by the accountable body (P&T / MAC).

Table 13: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type

Criteria Number	Criteria Text	Criteria Type
5.1.10	Concentrated Electrolytes 5.1.10.2 Stocking the following concentrated electrolytes is avoided in client service areas: • Calcium (all salts): concentrations greater than or equal to 10% • Magnesium sulfate: concentrations greater than 20% • Potassium (all salts): concentrations greater than or equal to 2 mmol/mL (2 mEq/mL) • Sodium acetate and sodium phosphate: concentrations greater than or equal to 4 mmol/mL • Sodium chloride: concentrations greater than 0.9% 5.1.10.3 When it is necessary to make concentrated electrolytes available in select client service areas, an interdisciplinary committee for medication management reviews and approves the rationale for availability, and safeguards are put in place to minimize the risk of error.	ROP
6.1.11	The organization uses regular, documented audits to assess the accuracy of medication order documentation and makes improvements as needed as part of a continuous quality improvement program.	HIGH
9.1.5	Automated dispensing cabinets in client service areas interface with the medication order entry management system.	NORMAL
11.3.1	Resources are provided to support quality improvement activities for medication management.	NORMAL

Reprocessing of Reusable Medical Devices

Standard Rating: 97.3% Met Criteria

2.7% of criteria were unmet. For further details please review the following table.

Assessment Results

The Medical Device Reprocessing (MDR) department at AGH is located on the ground floor of the older wing of the building. This presents challenges in space and design as the original building was not constructed with current MDR design standards in mind. Notwithstanding this, AGH has done renovations over the years to ensure that MDR is able to meet current standards of separation of work areas for decontamination of soiled equipment and sterilization. While there is some cross over of packages within the sterilization area with decontaminated equipment being transferred to a dedicated workspace for packaging and crossing over the route that sterilized packages take from the sterilizer to a storage area, staff ensure that no equipment at different stages of decontamination, packaging, and sterilization are physically exposed to each other during transport and handling.

The MDR staff identified the former ceiling tiles as a source of particulate contamination of work surfaces. The tiles have been replaced with specifically designed ceiling tiles to eliminate this source of contamination. Currently, the lighting in the sterilization room consists of neon lighting. The lighting valances and the neon tubes are uncovered and exposed and AGH is encouraged to review this to ensure that these can be cleaned appropriately, or else they should be kept covered with cleanable covers.

There are handwashing stations strategically located in both the decontamination and sterilization areas. However, these sinks have manually operated taps. AGH is encouraged to undertake renovations to include no touch taps as soon as feasible.

AGH owns all its medical devices and does not lease or share devices with other organizations. The MDR department does reprocessing of medical devices for the hospital (ACU, ECU and ER) as well as for the local Family Health Team (now an integrated part of the newly formed Atikokan Health and Community Services) and the local Medical Clinic. These latter two services are outlined in contracts with the FHT and Medical Clinic.

There is a system in place for managing inventory of medical devices and for managing recalls of devices in the event of sterilization equipment failure. Both systems are manual. However, given the small size of the organization and the limited number of medical devices, these systems seem appropriate and effective.

MDR falls under the portfolio responsibility of the Executive Coordinator while Diagnostic Imaging reports to the Chief Nursing Officer. While ideally MDR would have accountability for quality oversight of reprocessing done in Diagnostic Imaging, at a minimum both departments would be better reporting to the same manager to ensure integration of quality oversight.

Table 14: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
1.1.1	Information about service volumes is collected at least annually from all areas in the organization that require reprocessing services, and is shared with the Medical Device Reprocessing (MDR) department.	HIGH
1.2.4	A designated individual is accountable for quality oversight and for coordinating all reprocessing services across the organization, including those performed outside the Medical Device Reprocessing (MDR) department.	HIGH
3.2.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.	NORMAL

Quality Improvement Overview

Integrated Quality
Atikokan General Hospital is dedicated to excellent, compassionate and supportive healthcare. Their quality improvement and risk plan is aligned with their mission Partnering to achieve continual improvement in health outcomes for Atikokan. The Board and leadership believe that building strong partnerships with community resources will improve the delivery of safe, timely, and coordinated care in the community.

Atikokan General Hospital embraces a culture of patient safety and quality. The organization has a comprehensive integrated quality and risk plan. They work with HIROC (Healthcare Insurance Reciprocal of Canada) and use scorecards to support decisions and discussions that consider risk in policy, ownership and strategic objectives.

AGH has an incident reporting system (RL6) which does not pull all the data that would benefit incident data collecting, reporting and trending. Managers can view and collect data to analyze and trend occurrences, however most of this is done manually. AGH is working toward the purchase of a new incident management system. It is important to share incidents and investigation results with frontline staff and collect their insights and input into the prevention of further similar incidents.

Quality indicators are aligned with strategic priorities. Data is collected on the indicators and reported to the leadership team and Board. There is a need to focus on cascading quality indicator data and the performance matrix to the frontline staff. Staff need to be encouraged and given the opportunity to participate and have input into clinical changes that will improve patient safety and outcome measures. Timelines, accountability and action plans are not clear, and it is important to engage staff at all levels of the organization in the development, implementation and monitoring of quality improvement initiatives. A suggestion would be to have staff champions take ownership of clinical data, share results with their peers and engage/encourage discussions.

There is a disclosure policy, and disclosure is currently done by the managers. It is encouraged that an education/training program on disclosure be developed to ensure that a standardized and thorough approach is completed.

Patients can comment on their care using a QR code located throughout the hospital for patients and families to access with their phones and complete the survey. Comment forms are located at the main entrance to the hospital and on AGH website. AGH is encouraged to consider a phone line where complaints can be made and followed up in a timely manner.

AGH is encouraged to continue their quality indicator journey and sharing results that align with the strategic direction of the organization from the Board down to frontline staff.

Patient and Family Advisory Council
The Patient & Family Advisory Council (PFAC) was established with membership from three health services, Atikokan General Hospital, Atikokan Family Health Team and Atikokan Medical Clinic. Currently the position from the Atikokan Family Health Team is vacant. Some members have been on the council for three and four years, while others are new. The PFAC members are committed to making AGH experience a better one for the community.

PFAC has terms of referenceindicating they are to meet quarterly. Members noted this does not happen, and suggested that the meeting dates should be pre-set so they may be better attended. The PFAC members feel that the AGH leadership hear their concerns and do what they can to improve the patient experience. Examples given were improved Wi-Fi connectivity in the ER waiting room and staff wearing identification tags that are visible to the patients. The PFAC had a brainstorming session and would like to see a navigator role associated with the community, the complaint process easier/quicker to access and a designated quiet room for confidential discussions

between healthcare workers and patients /families. AGH might consider a phone line that receives complaints that can be dealt with in a timely manner.

There are plans to include a Patient & Family Advisory Council member on the Board to report on the council's work. AGH is encourage to consider PFAC members also sitting on committees such as the Board's quality and ethics committees. It would benefit this group to speak to organizations that have PFAC members embedded in their everyday tasks and functions. It would also benefit the leadership team and PFAC members to attend patient-centered conferences such as those provided by the Canadian Patient Safety Institute or Planetree.