



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Portage

Montréal, QC

On-site survey dates: June 11, 2017 - June 16, 2017

Report issued: February 8, 2018

About the Accreditation Report

Portage (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 June 2017. 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 is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

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 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 that reads "Leslee Thompson". The signature is written in a cursive, flowing style.

Leslee Thompson
Chief Executive Officer

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Executive Summary

Portage (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

Portage's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: June 11, 2017 to June 16, 2017**

- **Locations**

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

1. Centre d'accueil le Programme de Portage - Portage Lac Écho
2. Centre d'accueil le Programme de Portage - Portage Lionel Groulx, programme Mère-enfant
3. Centre d'accueil le Programme de Portage - Portage Lionel-Groulx, programme TSTM
4. Centre d'accueil le Programme de Portage - Portage Québec
5. Centre d'accueil le Programme de Portage - Portage Square Richmond
6. Centre d'accueil le Programme de Portage - Portage St-Malachie
7. Centre d'accueil le Programme de Portage - Portage West-Island
8. Portage Program for Drug Dependencies - Portage Atlantic, Cassidy Lake
9. Portage Program for Drug Dependencies - Portage Ontario, Elora

- **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
4. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

5. Substance Abuse and Problem Gambling - Service Excellence Standards

- **Instruments**

The organization administered:

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

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)	29	0	0	29
 Accessibility (Give me timely and equitable services)	10	0	1	11
 Safety (Keep me safe)	114	4	9	127
 Worklife (Take care of those who take care of me)	61	0	0	61
 Client-centred Services (Partner with me and my family in our care)	67	1	0	68
 Continuity (Coordinate my care across the continuum)	10	0	0	10
 Appropriateness (Do the right thing to achieve the best results)	212	5	13	230
 Efficiency (Make the best use of resources)	21	1	0	22
Total	524	11	23	558

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	45 (100.0%)	0 (0.0%)	5	35 (97.2%)	1 (2.8%)	0	80 (98.8%)	1 (1.2%)	5
Leadership	50 (100.0%)	0 (0.0%)	0	95 (99.0%)	1 (1.0%)	0	145 (99.3%)	1 (0.7%)	0
Infection Prevention and Control Standards for Community-Based Organizations	27 (96.4%)	1 (3.6%)	6	46 (97.9%)	1 (2.1%)	0	73 (97.3%)	2 (2.7%)	6
Medication Management Standards for Community-Based Organizations	42 (97.7%)	1 (2.3%)	3	41 (93.2%)	3 (6.8%)	5	83 (95.4%)	4 (4.6%)	8
Substance Abuse and Problem Gambling	44 (97.8%)	1 (2.2%)	0	81 (98.8%)	1 (1.2%)	0	125 (98.4%)	2 (1.6%)	0
Total	208 (98.6%)	3 (1.4%)	14	298 (97.7%)	7 (2.3%)	5	506 (98.1%)	10 (1.9%)	19

* 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)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	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)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	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			
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Unmet	1 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0

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.

Portage is a private health and social services institution under agreement with Quebec and integrated with the health and social services systems in Ontario and New Brunswick. It is a bilingual, non-profit organization that provides a continuum of services to substance-dependent persons with concomitant mental and physical health problems. Portage operates a network of rehabilitation centres providing both residential and outpatient services in Quebec, Ontario and Atlantic Canada.

Portage's clients include adolescents and adults, mothers and children and adults with concomitant mental health and substance abuse disorders, and persons in the process of reintegrating the workplace. The organization offers both residential and outpatient gender-specific programming. Users come from a variety of ethnocultural backgrounds. Within specialized therapeutic community environments, users deal with the root causes of their substance abuse problems and learn functioning skills that will help them to resume healthy and productive lives, without needing drugs.

Portage is in its third cycle with Accreditation Canada's Qmentum program. The Board of Trustees is committed to fulfilling the organization's aspirations and is supported by dedicated and energetic teams who adhere closely to the organizational guidelines.

The administration and the care teams are committed to upholding Portage's mission and its therapeutic community approach. Portage works with public health and social services institutions, communities, multisectoral partners and provincial, national and international bodies. It has a strong network of philanthropic partners who share its values and objectives.

Portage works consistently and diligently on ongoing quality improvement in community-centred development for users and their friends and family members. The evaluation of user satisfaction is an operational pillar of its vision for quality. It is also consistently concerned with user safety and works vigilantly to avoid risk in the care environment. To meet the requirements of the Accreditation Canada program, action plans for the Worklife Pulse and Safety Culture tools were provided through the portal, illustrating Portage's integration of the accreditation procedure as a tool for ongoing improvement in service quality.

The organization is coping with a health care system undergoing radical change in Quebec, with attendant challenges to the organization of services to ensure timely response to client needs. It must manage a complex and precarious funding situation and succession planning challenges.

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: Communication	
<p>The Do Not Use list of abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.</p>	<ul style="list-style-type: none"> · Medication Management Standards for Community-Based Organizations 1.5

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	
7.8 The governing body has a succession plan for the CEO.	

Surveyor comments on the priority process(es)

The Board of Trustees is robust and seasoned. It has the leadership, expertise and knowledge to carry out its governance role thoroughly and efficiently. Its members are selected for their expertise in various fields of organizational management. Their personal commitment and ability to build relationships in multiple networks make them a strong group with a significant effect on the policies of the organization.

The trustees’ code of ethics is adopted and implemented. Members are nominated in a formal procedure, although the assessment of the President’s contribution and the level of satisfaction with the board’s functioning could be more formal. Portage elects its President each year at the Annual General Meeting and his or her re-election serves as his or her annual review. The President may be removed from office, if necessary.

The Governors we interviewed are clearly attentive to, understanding of and responsive to the concerns of the communities served by the organization and of the management team. The linkages among the Board of Trustees, the management team and the Board of Governors are described as vital in supporting the achievement of the organizational mission.

The organization is aware of the importance of strengthening its succession management program, which could help to mitigate the risk of shifts in human resources and governance. A formal system to encourage such aspects as advancement and skills development to keep up with current and future issues might help to sustain the commitment characteristic of those involved in the organizational mission. It should be noted that the succession plan set up after the accreditation in 2013 has been carried out. Of the 15 individuals identified, 14 are in senior positions. A new plan has been reviewed for

implementation after discussion with the Board of Governors and the adoption of the report in May 2017.

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)

The organization has a 2013-2016 Strategic Plan which it extended in 2017. User-centred values underpin the main policies and locally prepared operational plans are aligned with the Strategic Plan.

Planning focuses on access to services, individual capacity-building and a sustainable funding plan. It is based on internal crossover data and sophisticated environmental interpretation.

There is no apparent use of population and epidemiology data, which might make a useful contribution to the design and collection of information on the importance of the organization's mission.

Planning and service design are followed closely, and progress reports are submitted to and discussed with the Board of Trustees and internal management committees. They are tangible reflections of statements of achievement, patient flow and expected outcomes.

Consultation and collaboration with partners take various forms to ensure timely and adequate responsiveness to needs to maximize the potential of the therapeutic community approach.

The accessibility of the adolescent program is a major issue from the perspectives of both community balance and operational stability. The organization is strongly encouraged to continue the innovative approach adopted by the adolescent program at Lac Écho to expedite access to its services (admission, treatment, follow-up, reintegration) and continue sharing its unique expertise with the integrated networks and local services.

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)

Financial resources are carefully managed. Financial planning procedures are well organized. Senior administrators and several department heads monitor budget variances and the organization has successfully instilled a positive culture of financial resource management. When managers require it, support and training are available.

Provincial regulations are carefully followed and an outside firm carries out audit procedures. The organization's financial resources and property teams are also encouraged to question the cost of certain procurements to ensure optimal use of financial resources.

Some existing policies and procedures have been revised in the interests of maintaining careful resource management.

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 strong commitment of the individuals who shape the organization and its community spirit has unquestionably served as a springboard for the organization, for many years.

To manage its human capital responsibly, the organization has sought continuing improvement of its internal procedures, updating its wage policy, revising 80% of its job descriptions, carefully documenting performance assessments and maintaining a confidential employee assistance program.

The organization has a good orientation and integration process for new employees. It is encouraged to provide gradual assimilation and inculcation of the content of new policies, as it is already doing in several areas. Employee recognition measures are well organized and, as indicated by several employees we interviewed, much appreciated.

Training in the therapeutic approach is effective and systematic. Clinical topics and violence prevention are always available. The organization assigns equal value to professional training and experience and is strongly encouraged to continue developing its overall framework of skills development and the supervision of clinical and non-clinical staff. One notable initiative is the collection of data from user satisfaction surveys relating to the identification of new staff training needs and new services the organization could offer.

The cooperative teamwork in connection with users is noteworthy. When the organization and its staff, like other organizations, are called on to handle significant events and ethical issues, they demonstrate prudence and relational expertise reflective of their principles for human capital management.

To cope with the shift in senior administrators and facilitate the gradual handover of their expertise, the organization would benefit from exploring all possible options for short, medium and long-term succession planning.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
12.7 As part of the integrated risk management approach, the quality of contracted services and contracted service providers is regularly evaluated.	

Surveyor comments on the priority process(es)

Since the last accreditation survey, it is clear that the organization’s overall vision of the quality and safety process has developed. Staff compliance and tangible user participation in improvement projects are deep-rooted. Users’ accountability and active cooperation in safety matters are noteworthy and dovetail with care practices that focus on clients and their loved ones.

The support for safety concerns from the senior administration and government authorities, and the leadership demonstrated by directors and department heads, are a rallying point. The responses to the Patient Safety Culture questionnaire tally with the comments made by the individuals and partners surveyed.

By embedding support for vigilance and safety with a focus on risk management, medications, occupational health and safety, infection control and information asset security, the organization demonstrates the consistency of its management culture and intervention philosophy.

The carefully documented, exacting and methodical work attests to collective achievements. The organization and its community tailor the progressive practices explored in pilot projects, the measurement standards selected by the teams, communication techniques and satisfaction tracking to the needs and cultural context of their clients in Atlantic Canada, Quebec and Ontario.

For several decades now, the organization has earned a trusted reputation with its own pioneering approach centred on users and their families; it is strongly encouraged to continue to develop research and teaching partnerships based on clinical impact assessment in constantly changing activity sectors.

By strengthening the systematic integration into all of its activities of these simple and meticulous methods with their emphasis on the achievement as a community of everyday qualitative and quantitative progress, the organization will maintain clinical and managerial leadership that significantly affects the experience of users, family members and staff.

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)

The values of the organization are embedded at every level.

Its mission and vision are ingrained and well integrated.

At a meeting of the Board of Trustees, the organization will adopt a new ethical framework with which the managers are familiar. It presents Portage's ethical guidelines and confers specific functions of an ethics committee on the existing committees. The framework also designates the individuals responsible for the ethical framework and the resolving of ethical problems of an organizational, clinical or research-related nature.

Employees have received ethics training from Université Laval. The quality of discussions with employees who identify ethical dilemmas and discuss situations frankly as a team and with their superiors is noteworthy.

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)

The communications department has made several presentations on the guidelines and vision of the organization's senior management. The Portage website contains a wealth of good quality information on the organization. Social media are used for more up-to-date client outreach. Information brochures on all of Portage's services are available for users, family members and partners. The department prepares annual communication plans reflecting Portage's objectives. The two communication policies are well known within the organization.

The organization has also taken on an information role in the current public discussions on cannabis.

Communications are an organizational priority and are ubiquitous at Portage. The organization's stakeholders meet and participate in a variety of ways: regular calls from directors; Board of Trustees' working committees; residents' committees in the centres; group meetings of users in each clinical program; participation by friends and family members; working committees involving various partners and other initiatives.

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 physical environment observed in most of the sites surveyed has excellent features. The spaces are inviting, safe and functional. Clients have access to private entrances and premises. The environment provides good working conditions for team members.

The environmental policies are based on legislation; federal, provincial and municipal requirements; and the local features of the facilities. They govern the acquisition, maintenance and upgrading of equipment, buildings, infrastructure, vehicles and so on.

The organization is well prepared for breakdown mitigation, with uniform inspection practices and backup and maintenance systems for all sites. A central software program, managed at the head office, has recently been designed to coordinate these measures even more consistently, effectively and efficiently, saving costs and time. A central email system for prompt notification of the need for repairs, equipment or maintenance connects the sites with the head office and allows management and teams across the organization to take stock of the measures to improve and maintain the physical environment.

Several facilities have electricity and water conservation measures in place. There is a recycling program. The organization is encouraged to continue to expand its recycling strategies.

Equipment and supplier contracts are managed consistently in all sites. The organization demonstrates good safety practices for staff and users during construction projects.

The organization is aware of building issues and challenges. It is encouraged to pursue a prospective environmental risk management review.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has set up a uniform emergency preparedness plan for user safety at all facilities. Each person's role is described and communicated to staff and users of the facilities. A prevention program has been set up to ensure the safety of users, family members and staff. An organization-wide safety committee has been set up, with one representative from each site. The organization is currently improving prevention and intervention in its emergency preparedness plan. It plans to consult with staff, users and their family members when developing the new plan.

Evacuation drills are held monthly at each site and staff and users receive feedback with a view to continuous improvement. Staff members receive safety training, as do all users at the intake stage. Staff, users and family members receive prompt support in the event of a safety-related incident.

A number of strengths have been identified, such as monthly audits; staff and user feedback concerning opportunities for improvement; and training for new users and new staff members.

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)

Access to services varies. All sites could introduce supportive measures for users who are waiting for services.

A number of strengths have been identified: constructive efforts to provide clients on the waiting list with support, and smooth movement from assessment to intake to the end of the program and aftercare/ continuing care.

Several challenges have been identified: access to treatment beds and waiting lists may vary for some client groups and programs.

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)

Cleaning and disinfection of non-critical equipment is well established in the organization. Portage provides training on the use and operation of equipment and devices. Equipment sterilization and reprocessing are not performed at the site, because the organization uses single-use devices and instruments.

Portage is not a hospital or medical setting: it is a rehabilitation and wellness centre. Little medical equipment is used in its infirmaries, which provide comfort care and support only. Diagnostic care and medical treatment are provided externally, in medical clinics and hospitals. The survey observed that the organization's single-use blood glucose meters, which are rarely used, were not part of a preventive maintenance program for medical equipment. The organization is encouraged to take inventory of the medical equipment used in each facility and clarify the maintenance and tracking procedures used.

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

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

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	
2.3 Optimal environmental conditions are maintained within the physical environment.	

9.1 Areas of the physical environment are categorized based on the risk of infection to determine frequency of cleaning and the level of disinfection required.



Surveyor comments on the priority process(es)

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

The planning, implementation and evaluation of infection prevention and control measures are very well established at Portage. The organization demonstrates ongoing allocation of resources that are necessary to support effective prevention and management activities.

While new spaces are under construction, the organization demonstrates good infection prevention and control practices.

In one of the nine facilities surveyed, no environmental classification by zone was apparent. Zones must be implemented uniformly by infection risk category for compliance and enhanced cleanliness and disinfection control in all facilities of the organization. During the on-site survey, Portage was planning to introduce in all of its facilities an MSSS-recognized visual inspection grid identifying zones by infection risk category.

Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	
<p>1.5 A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.</p> <p>1.5.1 The organization's Do Not Use list is inclusive of the abbreviations, symbols, and dose designations, as identified on the Institute of Safe Medication Practices (ISMP) Canada's "Do Not Use List".</p> <p>1.5.2 The Do Not Use List is implemented and applies to all medication-related documentation when hand written or entered as free text into a computer.</p> <p>1.5.3 Preprinted forms related to medication use do not include any abbreviations, symbols, and dose designations identified on the Do Not Use List..</p>	<p style="text-align: center;"></p> <p style="text-align: center;">MAJOR</p> <p style="text-align: center;">MAJOR</p> <p style="text-align: center;">MAJOR</p>
<p>3.3 Conditions appropriate to protect medication stability are maintained in medication storage areas.</p>	
<p>3.11 When the organization is notified that medications have been discontinued or recalled by the manufacturer, the affected medications are stored away from medications in current use, pending removal or disposal.</p>	<p>!</p>
<p>15.4 There is a policy on storing medications that are self-administered by clients/residents.</p>	
<p>20.3 A policy on storing medications on behalf of clients/residents who self-administer medications is developed and implemented, where applicable.</p>	

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

The organization’s facilities do not include an on-site pharmacy, but it has formal agreements with community-based pharmacies. Staff members receive initial and ongoing training in their medication management roles and responsibilities.

Medications are stored securely and medication carts are kept in secure, restricted areas. Medications are administered on a standard schedule.

During the on-site survey, in one site only that was surveyed, two medications were refrigerated and the medications discontinued for one user had not been removed and returned to the pharmacy.

The organization acted promptly to remedy these two situations in accordance with its safety measures. It is recommended that the organization establish methods and processes to regulate and inspect the temperature in all refrigerators used to store medications.

Policies are in place to ensure the accurate transcription of medication prescriptions. During the on-site survey, it was also noted that, in some sites, the electronic medication reconciliation form had fields for notes and retranscription. Predetermined fields would correct this situation. In all other respects, the medication reconciliation is meticulously implemented at admission and discharge with active user participation.

Portage is encouraged to implement a policy stating whether or not the organization may receive, store and administer medication samples. This activity could be added to its integrated quality management program.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
11.6 Policies and procedures for securely storing, retaining, and destroying client records are followed.	!
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	
<p>Portage is firmly committed to users and delivers individualized care based on users’ strengths and objectives, within a therapeutic community environment. Information collected about users helps to inform the program’s service delivery priorities. The organization has set up formal procedures to obtain feedback from clients and family members and integrate it into service design and processes. One example is the user satisfaction evaluation procedure, which includes a survey and an outcomes analysis by users, the residents’ committees in the residential centres and the users’ committee.</p> <p>The teams receive support in providing services and partnerships within and outside Portage. The website and the campaigns concerning current substance-abuse issues serve not only to familiarize the public with Portage’s services, but to provide information and reduce stigmatization. Training and resources are available and accessible for all staff, users and their family members.</p>	

Priority Process: Competency

The organization has an orientation program for new staff in addition to clinical education through specialized courses in the individual areas of service. Staff members receive annual training in managing incidents of aggression and violence. The organization has compulsory training sessions such as risk assessment, managing aggressive behaviour and workplace safety.

Staff members monitor and deal with potential ethical problems as a team, consulting their superiors as needed in more complex cases.

Interdisciplinary cooperation among team members is evident. The inclusion of users and family members is deeply ingrained in the organization. Tools and communication procedures are standardized within the teams, whose work is excellent.

Priority Process: Episode of Care

Users are evaluated from a biopsychosocial perspective, using a variety of evaluation tools, including those which are standardized in many departments. Portage has a detailed, standardized suicide risk assessment and completes an intervention procedure for each user, which is then reviewed from an individual needs assessment perspective.

The user-centred approach adopted by all team members is a strength in every department. Although reflected in different ways, the attention to users' needs was altogether consistent. The therapeutic community model builds a real sense of a "Portage family," in which individuals support one another's growth and participation in the treatment. The dedicated staff members create a welcoming, respectful environment.

The programming includes recreational activities with users and family members. The partnership with Outward Bound Canada, for example, is a high point in their experience. Families are an integral part of users' treatment and recovery and family members felt that they received support and information concerning users' recovery plans. Family support groups play a key role in clients' rehabilitation, helping family members and clients to share their growing knowledge and understanding of the treatment process and how to provide support for clients beyond their stay at Portage. Staff members focus on preparing for the transition and provide aftercare to help clients reintegrate into the community once they leave Portage.

The clinical efforts to provide adapted intervention for specific client groups such as transgender youth and the "Take Back Control" outpatient group, in Quebec City, should be noted.

Priority Process: Decision Support

The organization is encouraged to maintain the quality of its decision support and the vigilant follow-up that is carried out. The quality of the treatment plans that are prepared with the user and with support from the department head, as needed, are commendable.

During the on-site survey, it was observed in a single program surveyed that Portage's methods and procedures for records storage, retention and destruction were not being followed.

Priority Process: Impact on Outcomes

The departments are engaged in quality improvement projects and eager to adapt their assessments to better serve users. Portage encourages the use of a range of risk assessment tools, such as suicide risk and violence risk assessment. Staff members are trained to use these tools. Portage provides users and family members with oral and written information on safety promotion.

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: March 10, 2016 to September 13, 2016**
- **Number of responses: 12**

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	17	83	92
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	8	92	93
3. Subcommittees need better defined roles and responsibilities.	33	33	33	65
4. As a governing body, we do not become directly involved in management issues.	0	0	100	85
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	17	83	94

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	8	0	92	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	8	92	93
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	8	92	94
9. Our governance processes need to better ensure that everyone participates in decision making.	58	17	25	60
10. The composition of our governing body contributes to strong governance and leadership performance.	0	25	75	92
11. Individual members ask for and listen to one another's ideas and input.	0	8	92	96
12. Our ongoing education and professional development is encouraged.	8	50	42	86
13. Working relationships among individual members are positive.	0	8	92	95
14. We have a process to set bylaws and corporate policies.	0	33	67	93
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	8	92	96
16. We benchmark our performance against other similar organizations and/or national standards.	8	17	75	79
17. Contributions of individual members are reviewed regularly.	17	17	67	61
18. As a team, we regularly review how we function together and how our governance processes could be improved.	33	42	25	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	17	42	42	57
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	17	25	58	81

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	36	27	36	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	27	0	73	79
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	90
24. As a governing body, we hear stories about clients who experienced harm during care.	27	0	73	77
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	17	8	75	85
27. We lack explicit criteria to recruit and select new members.	75	8	17	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	8	8	83	86
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	94
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	18	18	64	89
31. We review our own structure, including size and subcommittee structure.	17	33	50	84
32. We have a process to elect or appoint our chair.	33	25	42	87

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	9	91	79

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	
34. Quality of care	0	9	91	81

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

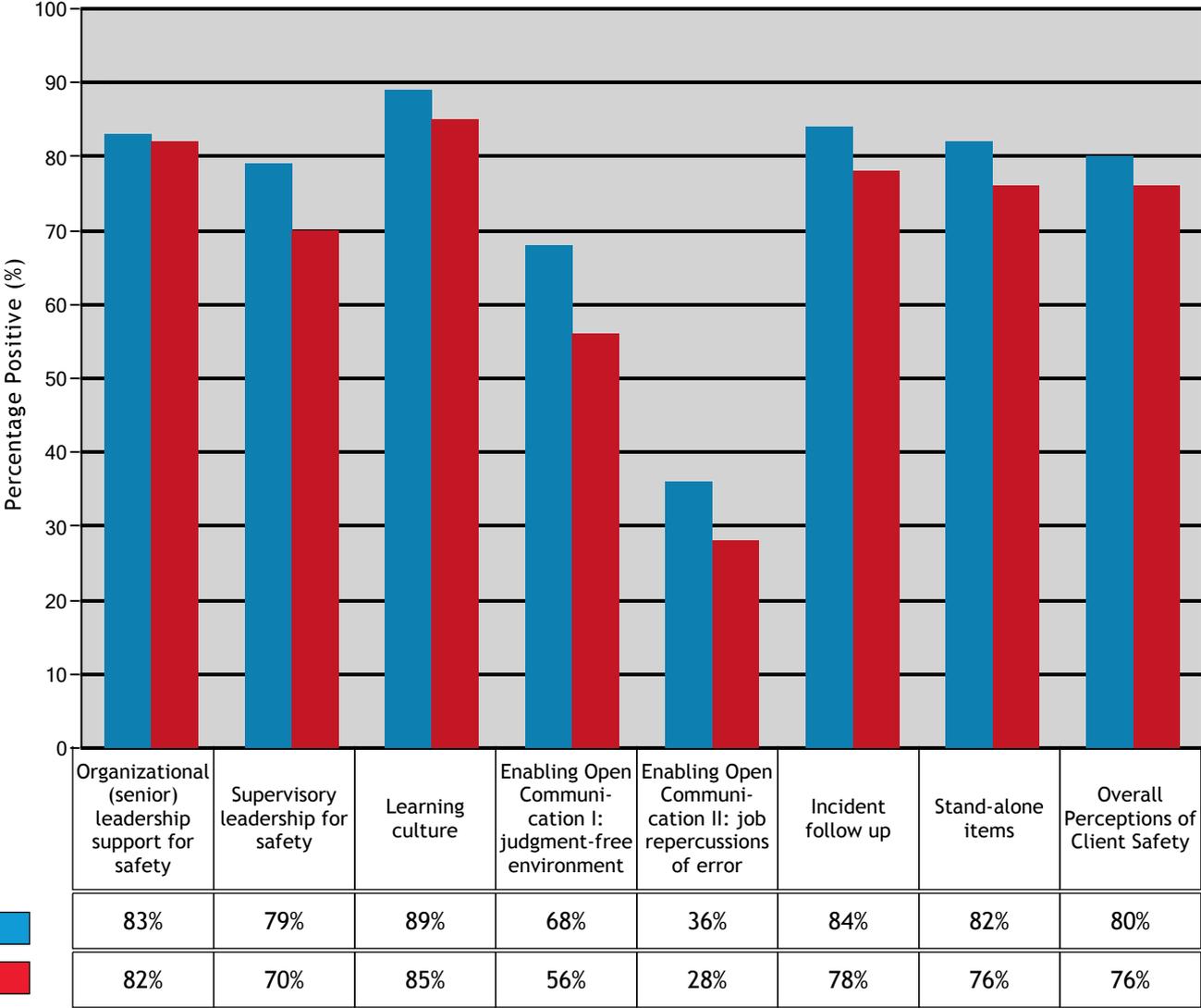
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: March 10, 2016 to July 8, 2016**
- **Minimum responses rate (based on the number of eligible employees): 143**
- **Number of responses: 172**

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



Legend
■ Portage
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 and agreed with the instrument items.

Worklife Pulse

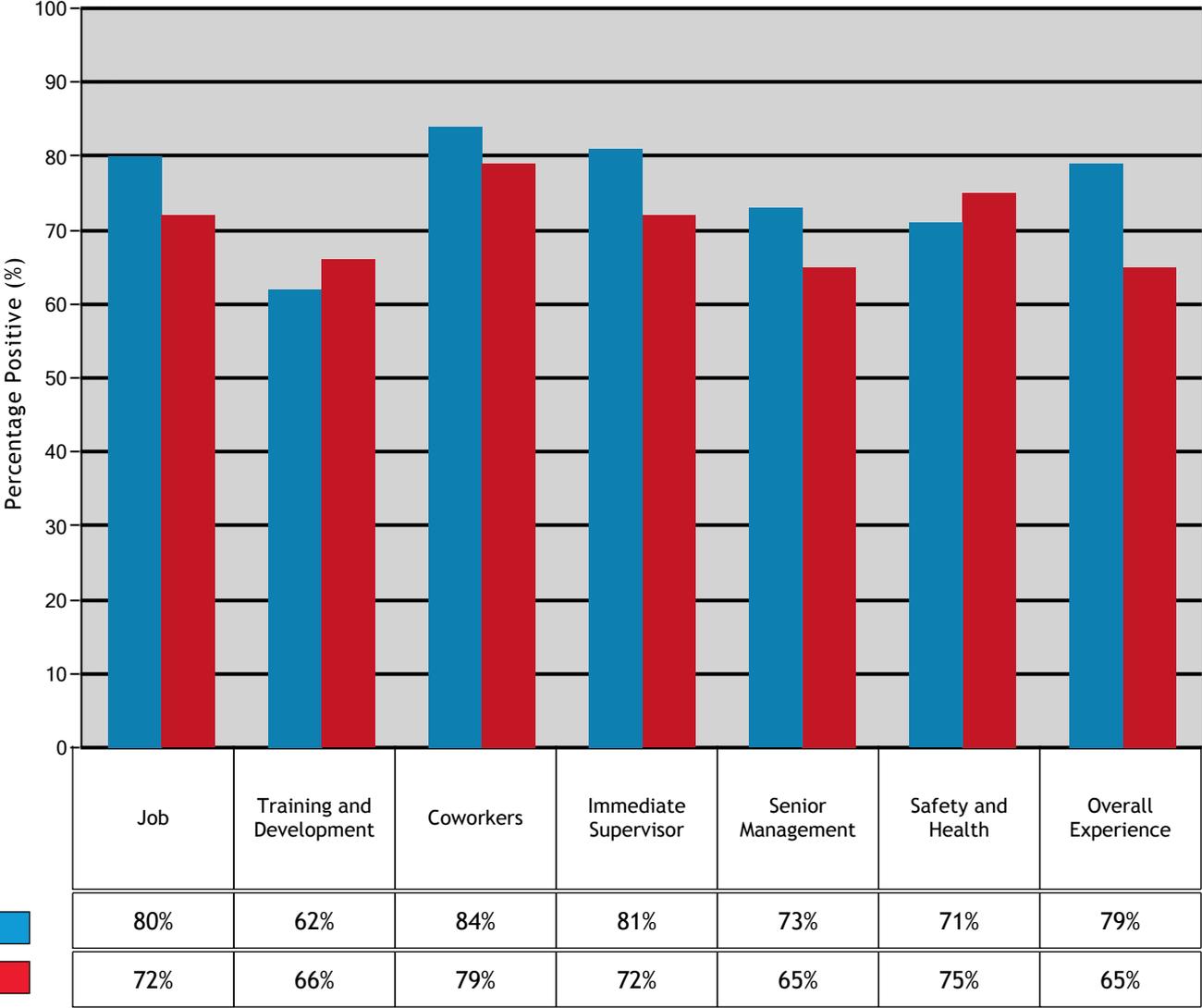
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

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

- **Data collection period: March 10, 2016 to June 13, 2016**
- **Minimum responses rate (based on the number of eligible employees): 156**
- **Number of responses: 221**

Worklife Pulse: Results of Work Environment



Legend
■ Portage
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 and agreed with the instrument items.

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 10 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

Priority Process	Description
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

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

Priority Process	Description
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