



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Portage

Montréal, QC

Accreditation survey dates: October 24 to 29, 2021

Reporting date: December 20, 2021

About the report

Portage (referred to as the “organization” in this report) is participating in Accreditation Canada’s Qmentum program. As part of this ongoing quality improvement process, a survey was conducted in October 2021. This accreditation report is based on the information obtained during this survey and on other data provided by the organization.

The results of the accreditation process are based on information received from the organization. Accreditation Canada relies on the accuracy of the information it has received to plan and conduct the accreditation survey, as well as to prepare the accreditation report.

Confidentiality

This report is confidential and will be treated as confidential by Accreditation Canada pursuant to the general terms and conditions agreed between your organization and Accreditation Canada for the Assessment Program.

In the interest of transparency and accountability, Accreditation Canada encourages the organization to disclose the contents of its accreditation report to staff, board members, clients, the community and other stakeholders.

Any changes to the accreditation report would compromise the integrity of the accreditation process and is strictly prohibited.

A message from Accreditation Canada

On behalf of the Accreditation Canada board of directors and staff, I would like to warmly congratulate your board of directors, management team and everyone in your organization for having participated in the Qmentum Accreditation Program. The Qmentum program is designed to be integrated into your quality improvement program. By using it to support and enable your quality improvement activities, you are using it to its full extent.

This accreditation report includes the accreditation award you have been granted, as well as the final results of your recent survey, and the data resulting from the tools that your organization submitted. Please use the information in this report and in your performance quality improvement plan, available online, to guide you in your improvement activities.

If you have any questions or if you would like some guidance, do not hesitate to contact your program manager.

Thank you for the leadership and continued commitment that you demonstrate towards quality by integrating the accreditation into your improvement program. We gladly welcome your feedback on how we can continue to improve the program so that we can be sure to remain relevant to you and your services.

We look forward to working together with you. Yours sincerely,

Leslee Thompson

General Manager

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Summary

Portage (referred to as the “organization” in this report) is participating in Accreditation Canada’s Qmentum program. Accreditation Canada is an independent, not-for-profit organization which sets the standards to ensure health care quality and safety and which awards accreditation for health care organizations in Canada and around the world.

As part of the Qmentum Accreditation Program, the organization underwent a rigorous assessment process. Following a comprehensive self-assessment, external peer surveyors conducted an accreditation survey during which they assessed the organization’s leadership, governance, clinical programs and services against Accreditation Canada’s quality and safety requirements. These requirements include the national standards of excellence, safety practices required in order to reduce potential harm and the questionnaires used to assess the work environment, patient safety culture, governance functioning and the patient’s experience. The results of all of these components form part of this report and are taken into consideration in the accreditation award decision.

This report describes the results to date and is provided with the purpose of guiding the organization in its desire to integrate the accreditation and quality improvement principles into its programs, policies and practices.

The organization should be commended on its commitment to make use of the accreditation to improve the quality and safety of the services it offers to its patients and its community.

Accreditation decision

Portage obtained the following accreditation award.

Accredited with exemplary standing

The organization attained the highest possible level of results and has demonstrated excellence in its compliance with the accreditation program requirements.

About the accreditation survey

- **Accreditation survey dates: October 24 to 29, 2021**

- **Locations**

The following locations were assessed during the accreditation survey. All the organization's facilities and services are considered accredited.

1. Centre d'accueil le Programme de Portage - Portage Lac Écho
2. Centre d'accueil le Programme de Portage - Portage Lionel Groulx, Mother-child program
3. Centre d'accueil le Programme de Portage - Portage Lionel-Groulx, MICA program
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 accreditation survey.

System-wide standards

1. Medication management - non-hospital organizations (For the 2021 surveys)
2. Governance
3. Leadership
4. Infection prevention and control – Non-hospital organizations

Standards on service excellence

5. Addiction treatment services - Standards on service excellence

- **Tools**

The organization used the following tools:

1. Worklife Pulse Survey
2. Canadian Patient Safety Culture Survey: community care version
3. Governance functioning tool (2016)

Analysis according to the dimensions of quality

Accreditation Canada defines the quality of health care using eight dimensions of quality which represent the main components of service delivery. Each criterion in the standards is related to a dimension of quality. The following table lists the number of criteria related to each dimension which must be rated as compliant, non-compliant or not applicable.

Quality dimension	Compliant	Non-compliant	N/A	Total
 Population focus (Work with my community to anticipate and meet our needs.)	28	0	0	28
 Accessibility (Give me timely and equitable services.)	10	0	0	10
 Safety (Keep me safe.)	118	0	15	133
 Worklife (Take care of those who take care of me.)	60	0	0	60
 Client-centered services (Partner with me and my family in our care.)	60	0	5	65
 Continuity (Coordinate my care across the continuum.)	10	0	0	10
 Appropriateness (Do the right thing to achieve the best results.)	221	2	4	227
 Efficiency (Make the best use of resources.)	22	0	0	22
Total	529	2	24	555

Analysis according to the standards

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

The system-wide standards deal with quality and safety on the organizational level in areas such as governance and leadership, whereas the standards dealing with specific populations and service excellence focus on very specific populations, sectors and services. The standards used to assess an organization's programs are selected depending on the type of services offered.

This table shows the set of standards that were used to assess the organization's programs and services as well as the number and percentage of criteria which were compliant or non-compliant, and those that were not applicable, during the accreditation survey.

Set of standards	High-priority criteria *			Other criteria			All criteria (High priority + other)		
	Compliant	Non-compliant	N/A	Compliant	Non-compliant	N/A	Compliant	Non-compliant	N/A
	Number (%)	Number (%)	Number	Number (%)	Number (%)	Number	Number (%)	Number (%)	Number
Governance	49 (98.0%)	1 (2.0%)	0	36 (100.0%)	0 (0.0%)	0	85 (98.8%)	1 (1.2%)	0
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 - Non-hospital organizations	29 (100.0%)	0 (0.0%)	5	47 (100.0%)	0 (0.0%)	0	76 (100.0%)	0 (0.0%)	5
Medication management - non-hospital organizations (For the 2021 surveys)	49 (100.0%)	0 (0.0%)	9	27 (100.0%)	0 (0.0%)	6	76 (100.0%)	0 (0.0%)	15
Addiction treatment Services	46 (100.0%)	0 (0.0%)	0	82 (100.0%)	0 (0.0%)	0	128 (100.0%)	0 (0.0%)	0
Total	223 (99.6%)	1 (0.4%)	14	287 (99.7%)	1 (0.3%)	6	510 (99.6%)	2 (0.4%)	20

* Does not include the ROPs (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organization Practice (ROP) is an essential practice that the organization must have in place to improve patient safety and to minimize risks. Each ROP has associated compliance tests that are divided into two categories: the major tests and the minor tests. The organization must meet the requirements of all the compliance tests to be deemed compliant with the ROP.

This table shows the ratings allocated according to the relevant ROPs.

Required Organizational Practices	Overall Rating	Rating - Compliance test	
		Compliant with the major tests	Compliant with the minor tests
Patient-safety goal: Culture of safety			
Incident disclosure (Leadership)	Compliant	4 out of 4	2 out of 2
Adverse event reporting mechanism (Leadership)	Compliant	6 out of 6	1 out of 1
Quarterly patient safety reports (Leadership)	Compliant	1 out of 1	2 out of 2
Quality accountability (Governance)	Compliant	4 out of 4	2 out of 2
Patient-safety goal: Communication			
Medication Reconciliation at care transitions (Addiction treatment services)	Compliant	3 out of 3	1 out of 1
Patient identification (Addiction treatment services)	Compliant	1 out of 1	0 out of 0
Medication Reconciliation: a strategic priority (Leadership)	Compliant	3 out of 3	2 out of 2
Patient-safety goal: Communication			
The “do not use” list of abbreviations (Medication management - non-hospital organizations (For the 2021 surveys))	Compliant	3 out of 3	3 out of 3
Transfer of information at transition points (Addiction treatment services)	Compliant	4 out of 4	1 out of 1
Patient-safety goal: Medication use			
High-alert medication (Medication management - non-hospital organizations (For the 2021 surveys))	Compliant	4 out of 4	2 out of 2

Required Organizational Practices	Overall Rating	Rating - Compliance test	
		Compliant with the major tests	Compliant with the minor tests
Patient-safety goal: Worklife			
Patient safety plan (Leadership)	Compliant	2 out of 2	2 out of 2
Worklife violence prevention (Leadership)	Compliant	5 out of 5	3 out of 3
Preventive maintenance program (Leadership)	Compliant	3 out of 3	1 out of 1
Patient safety: training and development (Leadership)	Compliant	1 out of 1	0 out of 0
Patient-safety goal: Infection prevention			
Hand-hygiene compliance (Infection prevention and control – Non-hospital organizations)	Compliant	1 out of 1	2 out of 2
Patient-safety goal: Infection prevention			
Hand-hygiene training and development (Infection prevention and control – Non-hospital organizations)	Compliant	1 out of 1	0 out of 0
Reprocessing process (Infection prevention and control – Non-hospital organizations)	Compliant	1 out of 1	1 out of 1
Infection rate (Infection prevention and control – Non-hospital organizations)	Compliant	1 out of 1	2 out of 2
Patient-safety goal: Risk assessment			
Suicide prevention (Addiction treatment services)	Compliant	5 out of 5	0 out of 0

Summary of surveyor team observations

The surveyor team made the following observations regarding all of the organization's strong points, improvement potential and challenges.

Portage operates drug rehabilitation treatment centers for a diverse group of patients in Québec, Ontario and New Brunswick. The programs are offered in residence and externally. The majority of its activities take place in various social and health care regions in the Québec province.

This bilingual Canadian organization is a not-for-profit organization with its head office in Montréal. Its purpose is to help people with substance abuse problems to overcome their addiction and live healthy, productive lives. Since its inception in 1970, Portage has been able to expand its service offering to include services for concurrent mental and physical health problems, as well as to expand its patient base to include adolescents, adults, pregnant women, mothers with young children, Aboriginal people, and individuals referred by the courts. During this survey which took place between October 25 and 29, 2021, all the Portage group's locations underwent the accreditation survey.

The various programs offered by Portage to its patients may vary depending on the province, but all of them use the therapeutic community approach. The patients work on the reasons for their substance abuse problems and on skill development. Emphasis is placed on the social, psychological and behavioral aspects of substance abuse and on skills learning to deal with the daily challenges of a drug-free life.

Board of Directors and management

The members of the Board of Directors (BD) are dedicated and committed to offering quality-services for the territories served by the Portage centers located in three provinces: Québec, Ontario and New Brunswick. Quality and patient safety are a strategic priority. A new 2021-2024 strategic plan was drafted. The Board of Directors has set up various working committees to assist it in performing its roles and responsibilities. These committees were able to address issues related to governance, communications and government relations, finance, human resources, property, environment and energy, programs and surveillance. The Board also has an Ontario and Atlantic regional board. Matters surrounding the accessibility of services, quality and safety are regularly on the agenda.

We were able to note that the management team and the caregivers in the various provinces are dedicated to and mindful of the importance of their role in the life of these people in need. The mission, vision and organizational values are shared by all the directors. The organizational values are also known to all the collaborators. It should be noted that beyond mere words, in compliance with the selected values, the patient remains the center of everyone's concerns.

Portage has a strong network of philanthropic partners who share its values and objectives.

Community and partners

Through the years, the directors have forged business partnerships that meet the needs of the health care

facilities in the various territories served. The teams constantly collaborate with other services and programs (public network, community spaces, provisional and national authorities, legal system) in order to identify the needs of the individual.

Information exchanges with various partners demonstrates that the communication process is well established; there is a functional and efficient mutual assistance relationship. The close circle (family, significant other) emphasize the support work that is done to help them better understand and manage the difficult situation they are experiencing. What is more, this support is present even after the person has left treatment.

Staffing and quality of life at work

Staffing is a major challenge. Against the backdrop of the labor shortage currently experienced in the network, it is becoming increasingly difficult to fill the positions posted. It should be specified, however, that this is not the case at every center. The organization is encouraged to continue its efforts and to be innovative in order to attract, maintain and develop employment within the Portage organization.

Concern for the workplace is also reflected in Accreditation Canada's worklife quality and safety culture surveys. Action plans are underway to address the responses received, demonstrating the continuous drive for improvement. Discussions with employees in the different centers show that there is a high rate of collaboration and solidarity among them.

Delivery of care and services

The different teams met are committed. There is a sense of belonging to the Portage entity and it is shown in the improvement of care and service quality. New clients are welcomed by the other members of the community who are further along on their journey. Mutual assistance is quickly established to progress through the various phases of the program with the support of the caregivers. The relationship with each patient is open, transparent and respectful. This has been demonstrated by patients and families.

There is a constant concern for patient safety. This is evident upon reception where the organization is mindful of the risks of the intervention environment. The various risk assessment maps are routinely created. In addition, interdisciplinary intervention plans tailored to the patient are drawn up in tandem with the monitoring of treatment protocols.

Patient satisfaction

For Portage, evaluating patient satisfaction is an operational pillar of its quality vision. It should be indicated that the assessment is done twice a year among patients using different Portage services. The participants highlight the politeness and warmth of the caregivers. They share a feeling of safety about the environment. The clients and families, as well as the client committee, say that they are informed, consulted and invited to contribute in various decisions.

The sense that clients feel respected and cared for by competent, dedicated, respectful staff contributes to the philosophy of caring and warmth in the delivery of services.

Finally, the whole team is fully committed and dedicated.

Detailed survey results

This section shows the detailed results of the accreditation survey. By reviewing these results, it is important to focus on the service excellence and the system-wide results together, as they are complementary. The results are presented in two ways, namely, in the first place, according to priority processes and then by sets of standards.

Accreditation Canada defines priority processes as critical areas and mechanisms that have major repercussions on patient safety and care and service quality. The priority process offer a different point of view to the one provided by the standards, because the results are organized according to topics that overlap all the departments, services and teams.

For example, the priority process that deals with the patient flow includes criteria from a number of sets of standards that each touch on various aspects of the patient flow, from preventing infections to providing timely diagnostic or surgical services. This offers a complete image of the way in which the patients flow through the organization and the how services are delivered to them, regardless of the department or services.

During the accreditation survey, the surveyors assessed compliance with the criteria, explained what justified the rating allocated and made comments on each priority process.

This report contains the comments on the priority processes. The explanations for the non-compliance rating allocated to certain criteria can be found in the organization's online performance quality improvement plan.

Please refer to Appendix B for a list of priority processes.

INTERPRETATION OF THE TABLES IN THIS SECTION: The tables show all the criteria not met in each set of standards, identify the high-priority criteria (which include the ROPs) and provide the surveyors' comments on each priority process.

The following symbols accompany the high-priority criteria and the ROP compliance tests:



- High-priority criteria
- Required Organizational Practices
- Major ROP compliance test
- Minor ROP compliance test

Priority process results for system-wide standards

The results in this section are first presented according to the priority processes, then according to the sets of standards.

Some priority processes in this section also apply to the standards of service excellence. The results from the criteria where there is a non-compliance and which are also service-related, should be forwarded to the team in question.

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Criteria not met	High-priority criteria
Set of standards: Governance	
13.4 The Board of Directors follows a process that allows it to regularly assess its performance and efficacy.	!

Surveyor comments for this/these priority process(es)

The members of the Board of Directors (BOD) are dedicated and committed to offering quality-services for the territories served by the Portage centers located in three provinces: Québec, Ontario and New Brunswick. They wish to fully assume their leadership. Quality and patient safety are a strategic priority. The Board of Directors has set up various working committees to assist it in performing its roles and responsibilities. Its members are sought out because of their expertise in various fields of managing organizations. These committees were able to address issues related to governance, communications and government relations, finance, human resources, property, environment and energy, programs and surveillance. The Board also has an Ontario and Atlantic regional board. Matters surrounding the accessibility of services, quality and safety are regularly on the agenda.

Portage's structure also includes four (4) other companies in Québec: (1) Le Mouvement pour l'intégration et la rétention en emploi [training and job placement program] (MIRE) whose activities focus on social reintegration and job retention; (2) Portage community housing; (3) Portage community housing II which offers low-cost housing to patients in Portage who have completed one of its programs and (4) the centre de la petite enfance La Ribambelle Montréal [daycare center] which offers daycare services to the children of mothers in the mother-child program, to the children of mothers who have completed the mother-child aftercare program, to the children of Portage patients who have completed one of its programs, and to the children of Portage employees. These four entities are set up under the Quebec Business Corporations Act. These clarifications help to better understand the scope of the continuity of services offered by Portage.

The Board Members say that they are well informed. They appreciate the value of the score cards. The members work together as a team. It may be beneficial to institute a process to assess board meetings that

would allow for adjustments to the agenda, topics and time allocated for discussion, decision and information. All the members are invited to send in their comments on how the Board and its committees operate. This was done through the Accreditation Canada survey on governance. The results were discussed at a Board meeting and helped to better determine the contribution as board member.

The Board of Directors have the necessary policies and procedures for the internal governance of the organization. They define the scope of powers, obligations and responsibilities. The Board has made quality and safety a priority. Significant progress has been noted in the efforts that aim to create a true culture of measurement and the organization is encouraged to continue with this. The directors' code of ethics has been adopted and is applied. The procedure for appointing board members is formalized. Portage follows an annual process for appointing its chair at the annual general meeting.

The organization is invited to support the internal and external communication efforts, in particular with the various communities in the territory (ethnocultural, Aboriginal or other). It is very important to strengthen communication channels with the communities in order to communicate the vision that the organization and the Board of Directors want to develop a culture that is truly focused on the patient and their family.

The major changes brought about by COVID-19 and the labor situation have caused shifts in the various teams. Governance must be ensured to maintain an organizational structure allowing it to perform all of its mandates and to promote the continuing education of its executives in order to meet the new management challenges.

A succession management program including talent development is in place.

Priority Process: Planning and service design

Create and put in place the necessary infrastructures, programs and services to meet the needs of the communities and people served.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

Portage is active in three Canadian provinces: New Brunswick, Ontario and Québec where the majority of its activities are located in various social and health care regions in the province. This survey involved a survey of all the Portage group locations. This is not the organization's first accreditation survey. Its commitment goes back to the early 2000s. It is a not-for-profit organization with nearly 500 employees at its locations.

The management team has access to the demographical data of the territories served and knows its patient base. The Portage group's new strategic plan (2021-2024) takes into account the community's current needs and the ministerial guidelines while allowing a participatory process involving many stakeholders, partners, clients and families. This new strategic plan (2021-2024) has just recently been adopted. A preparatory consultation process had been carried out with the general management, the executives and the clients. In addition, meetings with the various committees, analysis of population data and reports from previous Accreditation Canada surveys supported the organization's thinking in preparing its strategic plan. Finally, the expertise acquired over the past 50 years allowed Portage to redefine its vision, mission and values, while maintaining its clinical approach centred on the patient and their family, in other words, the therapeutic community.

The patient base currently served by Portage includes adolescents, adults, pregnant women, mothers with young children, Aboriginal communities, people with mental disorders and patients mainly referred by the criminal court system and the health care system.

Five objectives were identified:

- Objective 1 To be the provider of an unparalleled clinical approach
- Objective 2 To be a global reference in addiction treatment
- Objective 3 To be an excellent employer
- Objective 4 To be innovated in order to find better ways of helping
- Objective 5 To be at the forefront

The operational plans for the various challenges are included in planning. The monitoring of the strategic plan and analysis of the operational plans is carried out by the management committee at its meetings.

The annual management report takes into account the progress made in reaching the objectives.

It must also be pointed out that the participatory work in the development of the strategic objectives made it possible to focus on the organization's constraints, to consider the opportunities that could be seized and to take an evaluative look at the resources. There is a firm belief that this type of exercise contributed to maintaining team spirit to deal with the COVID-19 crisis by increasing the feeling of mutual assistance among

team members. The distribution of these objectives is done through an open approach including partners, clients, families and on the various technological platforms of the Portage centers.

The teams and the staff at all the centers surveyed showed flexibility in personalizing the approach, as well as creativity and openness to optimally meet the specific needs of the patient. There is a belief in providing a supportive environment for specialized drug rehabilitation programs to enable these individuals to get their lives back on track. The programs and services are assessed by considering the application criteria for each stage of the various programs that are associated with the acquisition of specific skills.

Portage deals with a number of partners, and discussions with them confirm the existence of harmonious and constructive relationships that are well established in the three provinces where Portage is present.

The organization surveys client satisfaction twice a year and, based on the results, implements quality improvement plans.

Management is invested in planning and designing services to adjust its service offering and especially in formalizing it during the COVID-19 crisis. Initiatives have been undertaken to ensure that operations are maintained at all centers.

Priority Process: Resource management

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

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

The organization has a well-defined financial planning and management process that is linked to strategic planning and the annual objectives. As part of its 2021-2024 national strategic plan, the organization has identified specific issues related to workforce recruitment and retention, increased public and private funding, and the acquisition of buildings to house its programs and expand its service offerings. In addition, it is recommended that the organization strengthen the management succession program.

For the budget component, managers are involved in the planning and periodic monitoring of resources and are supported by well-defined organizational policies and mechanisms.

With the support of senior management, the Program Director develops operational objectives specific to the reality of its environment in collaboration with staff and the Client Committee.

On the organizational level, two improvement projects have been developed: a new SAP software that allows for the approval and control of expenses for all sites, the deployment of which is planned for the near future, and another project for the digitization of invoices, the impact of which is to reduce manual data entry.

The organization is encouraged to develop a balanced scorecard of all activities. The use of a balanced scorecard allows better predictability of achieving objectives and the required investments per objective. This same scorecard can be developed at the level of each program.

Finally, the organization is financially sound and ethical in its use of donor funding, for example, limiting administrative expenses to 10%.

Priority Process: Human capital

Reinforcement of the ability of human resources to provide safe and high-quality services.

Criteria not met	High-priority criteria
Set of standards: Leadership	
2.14 Process and result indicators related to worklife quality and the work environment are defined and monitored.	

Surveyor comments for this/these priority process(es)

Feelings of commitment, caring, community spirit, and mutual support are characteristics that describe Portage employees and help create a positive environment for patients. In situations of ethical dilemmas, staff have the tools and recourse to empathize with the patient and provide a solution.

The challenges faced by the organization are primarily workforce related. Among the main challenges is the difficulty of attracting qualified personnel due to labor scarcity and the competitive environment. That being said, the organization has continued to increase its employee salaries as an incentive and to retain their sense of belonging. The situation varies in other provinces, but is more significant in Québec. It had to be taken into account that making use of the independent workforce will be inevitable when the occupation rate approaches that of the pre-COVID-19 period. A needs analysis was done for the different job titles. Management follow-ups are done on turnover rate, retention rate, absenteeism rate, overtime, independent workforce rate. However, for an objective analysis of the strategies adopted for recruitment, the organization was encouraged to identify specific targets in order to analyze the follow-up and corrections to be made, as needed.

It will also be important to develop a “Three-year action plan for staff development (PATDP)” with the support of the various centers. This plan should include the training needs of caregivers but also managers. The patient support for this section is already present and we congratulate the organization for this initiative. It is worth mentioning the collaboration between the Université de Sherbrooke and Portage for accredited training between the two institutions. Furthermore, a graduate of the Portage program is also encouraged to join the caregiver team. The organization can assist them in obtaining certification. This is another act of community support that can be an aspect that facilitates the relationship of mutual assistance between a new client and the caregiver.

Several human resource management policies have been revised and updated. The job description contains a description of tasks and safety-related criteria. A welcome and orientation program is in place and allows the new employee to benefit from the experiential background of their mentor and the caregiving philosophy. A performance assessment program is in place and the organization is encouraged to ensure consistent application at all centers.

Training is also very present in the center’s activities. Several topics were addressed since the last accreditation surveys, but in the past few years, the infection prevention and patient safety sections were prioritized.

The employee files consulted contained certificates of professional membership and licensure where applicable. Here we see, among others, a commitment to respect the policy to prevent violence and harassment in the workplace and the code of ethics as well as a commitment to respect confidentiality.

A new policy identifying the Portage conservation schedule has just been adopted and steps are underway to provide training. The archives are kept in a safe location.

Staff members are familiar with the policy on the prevention of workplace violence and the interviews with employees confirm that the reporting process is known. The organization is encouraged to ensure consistent application of this policy at all centers. It would also be useful to consider whether to have a formal work-life balance policy. Adjustments are currently being made on a case-by-case basis for specific situations, but a policy can add an attractive component to the center in order to be an employer of choice, which is also reflected in the strategic directions. The organization is encouraged to assess the appropriateness of providing training to managers that would allow them to detect the warning signs of a potentially difficult situation experienced by the employee and to assist them or give them the necessary information to get help.

The meetings with families, the client and the staff gave the picture of an improved work climate for the teams dedicated to the quality of client care. Stable resources require structured support at all levels of the organization. There are recognition activities to highlight employee contribution in terms of their involvement, their versatility and their sense of belonging to the organization's mission and values. The organization is invited to streamline this practice at all the Portage centers. It is also suggested that information and communication should be more fluid between the head office and the caregivers at the various centers. A mentoring program is recommended that continues beyond the orientation period to provide ongoing support to new employees.

An employee-assistance program is available. A vaccination policy is in force. The COVID-19 vaccination is mandatory and the seasonal flu and pneumococcal pneumonia vaccine is highly recommended, but not mandatory.

Priority Process: Integrated quality management

Having recourse to a proactive, systematic and continuous process to manage and integrate quality, and to reach the organization's goals and objectives.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

A safety plan is in place and structured according to factors that contribute to client risk, work organization (equipment, materials, supplies, work environment and building), information and organizational factors. The organization is encouraged to review the security plan in the near future and add SMART goals. This method entails an analysis process to better define the goal with "smart" criteria: specific, measurable, achievable, relevant and time-bound. The same principle can be applied to other action plans, such as the operational plans that directly affect the strategic objectives, the different security plans and the audits created in the different sectors.

The quarterly patient-safety reports are drawn up and follow-up is done in the safety committee. A positive point is that the patient committee is involved in the patient safety monitoring activities. The report is broken down into five parts: risk management, medication, occupational health and safety, infection control and the security of IT assets. It should also be mentioned that on several occasions, actions are taken well before the safety committee meeting and the organization is proactive in finding solutions to avoid the recurrence of adverse events. The employees and clients are given a pamphlet about the safety culture. As noted by the surveyors during the last accreditation survey in 2017, the empowerment and active collaboration of patients in safety matters is noteworthy and is fully aligned with patient- and family-centered care practices. This patient safety monitoring is also visible in the forecasting analyses done annually.

Staff report that incident/accident reports are tracked by managers and feedback is provided. Meetings with staff and managers indicate that in the case of a sentinel event, a systematic and rapid follow-up is done with corrective actions. The organization's transparency should be highlighted in matters of incident and accident reporting and disclosure. The reporting process put in place is clear and known to the teams, clients and patients. The rigorous and continuous analysis of incidents and accidents, reporting and disclosure allows improvement in the quality of care and services in the organization by also increasing the relationship of trust between patients, clients and caregivers.

In terms of complaints to the Service Quality and Complaints Commissioner, the new process was implemented this year. The revision to the law indicates that the Complaints Commissioner who reviews these complaints must be located in the service territory of the organization's head office. Awareness-raising activities and corrections for reaching the new complaints commissioner have already been done on the patient and client welcome packs.

The medication reconciliation policy is in place and the roles are well established. The caregivers in question receive training.

The Accreditation Canada surveys on patient-safety culture and the Pulse survey (on worklife quality) were conducted and a follow-up plan is underway. The organization is encouraged to continue its efforts in its approach to training on incident and accident reporting. Furthermore, for the monitoring indicators component, the use of the SMART methodology already mentioned is encouraged.

For the IT section, the various centers located in Québec, Ontario and New Brunswick have an applied IT asset security policy. There is a policy on the use of social and digital media. Data securitization is performed automatically.

In conclusion, support from senior management, the Board of Director's standing committees, as well as their leadership committed to patient and client safety are components that contribute to methodical and rigorous activities based on Portage's intervention philosophy.

Priority Process: Principle-based care and decision-making

Identifying ethical dilemmas and problems and making appropriate decisions.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

The organization's appointed ethics officer is proactive. The ethical framework was reviewed in March 2021 with no significant changes, but this review enhanced the knowledge base. Directors participated and made recommendations to all members of the Board of Directors based on the results of the review exercise.

The staff received appropriate training on the ethical framework to make the subject more dynamic and the caregivers we met confirm that they have ethics discussions in team meetings and are guided by the managers.

Directors are also supported as needed by the Executive Vice President of Operations for ethical discussions and external consultations can be requested as needed. The organization would also consider setting up a specific committee if required.

The employees report that they received the new employee pack with the code of conduct. It should be noted that the organization has a social media policy that supports the organization's ethical framework and is welcomed by staff so that they know what to do.

The organization sometimes participates in research with universities as a collaborator and thus uses the university's research ethics framework.

It is important to note the quality of the ethical framework content, which determines all the spheres covered by it, namely organizational and administrative ethics, the code of ethics and conduct for directors, the code of conduct and the management of conflicts of interest and disputes, respectful and responsible behaviours aimed at countering violence, commitment and confidentiality, safety, clinical ethics, research ethics, and the roles of all levels of the organization with respect to ethics.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

A corporate communications plan is in place that addresses external and internal communications strategies. Particular attention has been paid to effective ways of recruiting adolescents to the program in certain Portage centers where a needs assessment has been conducted.

The organization communicates with a network of Partners as well as with the community in the three respective provinces (Ontario, Quebec and New Brunswick). Mechanisms are in place to identify communication needs with various stakeholders. Each center has its own list of partners and various communication mechanisms are used with them.

The pandemic accelerated the development and use of technology as an effective and timely means of communication. The website was redesigned for a third time and webinars are now used to present the services offered to the various partners instead of open days and school visits.

A calendar of the year's events with media coverage is in place (e.g.: drug addiction prevention week in the 3rd week of November.) The organization is also active on social media (Facebook, Instagram and LinkedIn).

Regarding internal communication, the organization is busy exploring alternatives that are equivalent to an intranet as means of communication with all employees.

An operating structure is in place within the organization to communicate at the Board of Directors level as well as at the front-line staff and patient level. Virtual regional management meetings take place very week and, locally at each center, the manager of the facility holds management meetings. E-mail is also used to communicate with employees. A client committee is in place and is used as the spokesperson and to monitor patient rights.

All visitors, volunteers, employees, etc. sign a confidentiality agreement when entering the facility. Reminders are also made annually. The privacy and confidentiality policies and procedures are in place and meet the applicable laws in the three provinces. An employee manual is also provided upon hiring.

An in-house computerized clinical record management system has been developed in the past year and the organization is in the process of transitioning its paper record to the cloud-based environment.

With a view to improvement, the organization conducts various surveys to gather the needs of partners and

patients or to assess the communications tools used (e.g., post-webinar surveys, etc.). A survey for the close circle was created in the past year to determine satisfaction in connection with communications.

The organization has a research and development department that is responsible for sharing best practices and which serve as supporting evidence. The communication services publish the good practices, new trends, challenges, etc. in connection with addiction treatment.

Visibility campaigns are conducted every four years with the support of partners and foundations. The latest one dealt with the legalization of cannabis in relation to addition, etc. Another one is planned for early 2022.

Priority Process: Physical environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision and goals.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

The physical environment is managed according to the rules in the three provinces in particular those in connection with major renovation and construction projects.

An e-mail system for all requests for minor and major repairs, urgent breakage situations and floods is in place; it is integrated by the managers and staff members who use it and confirm that responses are rapid.

In each Portage care center, there is one maintenance employee who ensures 24/7 response and emergency response. The director as well as the deputy director are informed of all the requests sent and can thus see its follow-ups.

A computer register is used to track all the preventive maintenance carried out; everything is indicated for each center and the inspection validation certificates are all there.

A planned renovations plan is done every year in consultation with the site managers. Portage has undertaken several actions in connection with its environment-related concerns in particular the disposal of Styrofoam cups and paper plates. The board of directors recently adopted an analysis plan on the implementation of electrical vehicles and terminals at all the sites. Portage is encouraged to continue in this way and to consider putting in place a sustainable development policy.

Priority Process: Emergency preparedness

Manage emergencies, incidents or other aspects falling under public safety, and plan in this regard.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

In the last few years, the organization signed a service agreement with the company Prudent to acquire a complete emergency measures program. This program (Rezilio) is available on the institutional portal and is deployed at all the sites.

The portal is easy to navigate; there we find in particular all the tools and resources which follows a linear and logical line of thinking, namely:

- The description of the crisis and management committee structures and their respective mandates in this context;
- The description of the recommended structures for the local risk management committees and their mandate in this same context;
- The emergency measure triggering mechanism;
- The control units at the registered office and locally as well as the communication and coordination plan and mechanisms;
- Documentation mechanisms with the log of operations;
- Communication plans for the public and the media;
- Guidelines for priority functions recovery plans;
- Annual training on various emergency plans with simulated exercises
- A register to record incidents and the training provided.
- A specific action plan for the COVID-19 pandemic.

Rezilio is a limited-access platform. A hard copy version is available in most of the sectors of activity at the Portage sites.

We currently note that there is little documented information in the training and simulation registers and in the incident records.

In the past few months, minor fires broke out at the Montréal mental health center. Although an analysis of the events and a report containing recommendations were presented to the Board of Directors, the organization is advised to set out the events in the program, since access to Rezilio provides an overview of the best overall analysis.

Locally, there is a mechanism for an on-call person who joined management at the head office. The team members know their role in case of an emergency. The staff contact information and schedules are kept up to date and displayed in an easily accessible location.

We report that work was initiated on revisions or adaptation of contingency plans with the insights of local partners (for example, for bomb threats, armed individuals, or missing persons contingency plans). However, in certain cases, this work was interrupted with the outbreak of the pandemic.

Despite this, code red simulation exercises (fire) were conducted at all the sites in the past few years.

Regarding prevention, various occupational health and safety training sessions were offered to employees, including the SIMDUT, OMÉGA, use of Naloxone spray, and others.

The employees and the organization should be commended for having promptly put in place contingency measures and sanitary measures during this pandemic. Furthermore, these measures enabled excellent management of the COVID-19 cases that took place since the outbreak of the pandemic.

Portage is encouraged to continue the pre-pandemic work, in other words the adaptations to all the relevant contingency plans for the site, by continuing to involve the local partners, patients and their families. Simulation exercises for the different emergency situations (emergency codes) help caregivers to consolidate their more specific knowledge as to their role in connection with the communication, coordination and documentation processes in a logbook during incidents.

Priority Process: People-Centred Care

Working with patients and their families in order to plan and offer respectful, compassionate, competent and culturally safe services and to ensure their continuous improvement.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

Portage developed its services on the therapeutic community model involving a partnership with the patient (client) and their family for each of the steps in their flow and the development of their skills. This model is specific to Portage and is constantly evolving along with the development of new evidence-based practices, while consolidating the clinical expertise of health care professionals. The bonds with educational institutions, the health and social services network in its region and its community partners provide the organization with an essential link to meet the needs of its patient base and the training needs of its caregivers.

Through their commitment and involvement, the partner clients occupy a major role in providing the services offered by Portage. It is remarkable to see the engagement of clients and families helping to improve their experience in their community, but more importantly revisiting their lifestyle upon discharge.

Even though significant financial efforts had been granted to ensure the retention and hiring of resources, staff recruitment can be improved.

In conclusion, the value of the work by the teams and management is indisputable. The organization is encouraged to continue on this route.

Priority Process: Patient flow

Assessing the seamless movement of patients and families between the various areas of care in a timely manner.

The organization meets all the criteria for this priority process.
Surveyor comments for this/these priority process(es)

The staff is attentive to quickly responding to the customer service requests. The flows are well defined for the adult and adolescent clients while respecting their gender, their linguistic and social specificity.

Despite the pandemic, the organization was able to maintain its service offering, while meeting the safety standards required by the public health departments of the provinces served. In this regard, we should point out the work by the employees and management who quickly reorganized the service offering, while ensuring client safety.

The use of video conferences and telephone follow-up allowed them to maintain a link with the patient and their family throughout their internal and external treatment journey, as of the first telephone call from the patient to Portage. However, the COVID-19 pandemic forced the organization to reduce the number of available beds in its accommodation.

Priority Process: Medical equipment and devices

Obtain and maintain equipment and technology to be used for the diagnosis and treatment of medical conditions.

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

The services at the various Portage centers are rehabilitation centers with a therapeutic community approach. They offer their services in complementarity and continuity with all the partners in the local service network. The centers do not offer direct medical services, but rather variable-term support for a specific group of patients.

There are few medical devices and medical instrumentation except for defibrillators, blood pressure measurement devices and glucometers. The devices are listed in a centralized file and preventive maintenance is carried out according to the instructions from the supplier company. As a result, the cleaning and disinfection of these devices are properly established and the staff follow the recommendations according to the Spaulding classification. For the few pieces of equipment present, user training is provided. It should be noted that there are single-use products and that no sterilization and no reprocessing of equipment is done at the Portage centers.

As a result, several criteria of this priority process are not applicable in the context of this organization.

Service excellence standard results

The results found in this section are first grouped together according to sets of standards, then according to priority processes.

Here is a list of the priority processes specific to the standards on service excellence:

Non-hospital organizations – Infection prevention and control

- Implementing measures to prevent and reduce the acquisition and transmission of infections among staff, service providers, patients and families.

Non-hospital organizations – Medication management

- Having recourse to inter-disciplinary teams to manage the pharmacy service delivery.

Clinical leadership

- Providing leadership and direction to teams providing services.

Skills

- Create an inter-disciplinary team with the necessary knowledge and know-how to manage and offer effective programs and services.

Episode of care

- Partnering with the patients and the families to provide patient-centered care throughout the care episode.

Decision support

- Maintaining efficient information systems to support effective service delivery.

Impact on outcomes

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

Set of standards: Medication management - non-hospital organizations (For the 2021 surveys) - Sector or service

Criterion not met	High-priority criteria
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Priority Process: Non-hospital organizations – Medication management

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

Priority Process: Non-hospital organizations – Medication management

Portage maintains a structured and safe approach as to the management of its patients' medication needs. The client's needs are assessed upon admission and the medication reconciliation is done so as to reduce the risks associated with adverse interactions.

The nurse works closely with the client and their family, the attending physicians including the consulting psychiatrist and the pharmacist. The local pharmacy dispenses the medication in Dispill which reduces the risk of errors and facilitates distribution which is regularly delegated to the team members. The non-medical members of staff receive annual training which includes observation to confirm their skills for this delegated task.

The needs for medication classified as dangerous or high-risk including opioids are administered outside the residence.

Portage is commended for having followed up on the recommendation made during the last Accreditation Canada survey for the production of a list of abbreviations. Furthermore, the organization takes a clear position on its policies on the self-administration of medication and drug samples. Overall, the standards are all met.

Portage demonstrates a particular concern for involving the client in decisions about their care. Given the sometimes complex information on the effects of medication, Portage is encouraged to offer written information to clients according to their needs.

Portage already closely monitors incident reports; its latest annual report mentions the objective of reducing medication errors made by omission. Portage is encouraged to do so by adopting a continuous quality improvement approach with the identification of success indicators, specific interventions and reassessment, see Plan Do Study Act (PDSA).

Set of standards: Infection prevention and control – non-hospital organizations - Sector or service

Criterion not met	High-priority criteria
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Priority Process: Non-hospital organizations - Infection prevention and control

The organization meets all the criteria for this priority process.

Surveyor comments for this/these priority process(es)

Priority Process: Non-hospital organizations - Infection prevention and control

In the past, the organization has put in place infection prevention and control measures which are maintained in the organization. The infection prevention guide updated in October 2020 demonstrated the continued wish to prevent infections both among staff members and the patients and their close circle.

We should mention the remarkable efforts deployed by the organization on all levels regarding the pandemic declared in March 2020 which disrupted the services. The pandemic required several human and environmental adjustments as well as the addition of important infection prevention and control procedures. We should point out the contribution from all the staff members and all the levels of responsibilities for this revision to ensure safety during the pandemic and to provide the services.

All the Portage services were pursued with different strategies and demanding obligations, but with a high level of vigilance regarding the pandemic and thus the transmission of COVID-19.

The teams were trained regarding infection prevention and control and the presence of nurse care largely contributed to the knowledge on prevention measures.

The organization identified the possible infectious diseases that could be present and took into account all the required information.

The hand washing audits are done and shared by employees and patients; the corrective actions are made and sent to management. We recommend continuing with these steps while ensuring that formalized assessment criteria are in place and that targets for results to be obtained be set for the future.

The organization is encouraged to revise the measures put in place for the pandemic as provided after this survey in order to better answer questions from patients, families and partners. The reality of vaccination, changes in the national and local measures permitting, we recommend doing so in line with the organization’s sites and thus more specifically with the public health officials.

Set of standards: Addiction treatment services - Sector or service

Criterion not met	High-priority criteria
Priority Process: Clinical leadership	
The organization meets all the criteria for this priority process.	
Priority Process: Skills	
The organization meets all the criteria for this priority process.	
Priority Process: Episode of care	
The organization meets all the criteria for this priority process.	
Priority Process: Decision support	
The organization meets all the criteria for this priority process.	
Priority Process: Impact on outcomes	
The organization meets all the criteria for this priority process.	
Surveyor comments for this/these priority process(es)	
Priority Process: Clinical leadership	

It is important to highlight the presence of directors at each of the sites who continuously monitor the progress of the activities and who are able to quickly see to the required adjustments as much for the services to be offered to the patients as to the members of the family circle and also to promptly respond to the partners. This role is recognized and appreciated by the employees, patients, partners and the community. It serves as a corner stone and drives the quality of the services offered.

The information collected from patients and families, partners and the community is monitored by management and is used for planning, prioritizing and putting in place the services that are relevant to patients.

Close partnerships are created and maintained with diverse partners in order to better meet patient needs.

The reception associated with a survey of the premises is to be underlined and is one of the ways to meet the information needs of patients, relatives and partners. What is more, conferences, testimonial presentations, and webinars used by the centers with the support of the organization’s communications department are also good ways to raise awareness and meet the needs of patients and also serve to inform partners and communities.

Priority Process: Skills

With the therapeutic community approach, staff training and development evolves according to the needs of patients and families. One of the patient contributions in recent years has been to identify gaps in knowledge and ways of working with patients from diverse cultural backgrounds and marginalized groups. Of note, for example, is the specific training developed to raise staff awareness of the needs of LGBTQ+ clients with input from them. The training was validated in one center as a pilot project and then introduced in all other centers.

The clinical team members have the required training and skills to dispense patient-centered care. The educators are divided according to 4 well-defined levels of skills and qualifications. Skills development and continuing education are supported by the organization and allow staff to progress in the organization.

A well-established partnership with organizations who have the specific expertise allow Portage caregivers to receive training on certain issues. The numerous exchanges and contacts with partners promote the knowledge of the caregivers on an ongoing basis such as eating disorders, violence, etc. There are also training sessions offered to staff members such as the one on ethics. In addition, the staff members are able to discuss clinical ethics situations as a team and receive management support.

The organization has very little medical equipment. However, training is provided to clinical and administrative employees on the use of a defibrillator at the annual first aid training. This training is provided in partnership with the certified provincial authorities.

The pandemic has brought greater and faster use of technology. The caregivers are able to use it as part of service delivery and even for training. The organization is encouraged to continue its efforts in order to consolidate the implementation of its technological projects by further supporting the employees in their learning on how to use these new technologies. The organization also takes great pride in the implementation of webinars.

The organization supports the team members in their training and development. Performance objectives are developed and monitored typically on an annual basis. The pandemic has brought about variations in the application of the performance measurement policy. It is certain that the organization will be able to regain consistency and allow for more frequent exchanges with employees.

Collaboration and teamwork has been observed among the team members and also with the patients and the families, which is completely aligned with the therapeutic community approach. Various communication mechanisms are in place such as the patient records, verbal and written reports between the relays, recorded nightly surveillance reports. There is also a suggestion box for the clients in order to suggest possible improvements.

A policy and procedure is in place for dealing with complaints. Patients are encouraged to directly refer to the line of authority. However, they can at any time communicate directly with the legal authorities in each respective province. A report is also submitted to general management as well as to the watchdog committee.

An awareness-raising campaign for a violence-free work environment started before the pandemic and had to be brought to an end during the intensive pandemic management period. It had just been resumed this past year. Information capsules, conferences and training were developed in collaboration with Éducaloi and the human resources sector. The organization is encouraged to continue its efforts in order to ensure a safe work environment.

The organization is aware of the user needs regarding spirituality. Access to a physical space and people-resources support are in place.

Priority Process: Episode of care

The Portage organization demonstrated an ongoing commitment to patient- and family-centred care and has made it a priority. Despite the COVID-19 pandemic, significant efforts have been deployed in order to continue to offer care and services to the vulnerable patient group in an adapted and safe physical environment.

A great deal of continuous adaptation of the response to the specific needs of the patient group was noted. Among others: the 18-21 year old program, the workplace accompaniment program, programming added to meet the needs of the close family, lunch provided in line with healthy lifestyle habits in Quebec City externally, support for a grocery store, programming for anxiety, updating of the Workbook, etc.

Portage is also commended for putting in place various projects to improve its service offering. To name a few, a 14-day orientation program was implemented to familiarize the client with the program, therapy tools and the concept of the therapeutic community. It should also be noted that there is an integrated intervention program for people with concomitant addiction and post-traumatic stress disorders in adult patients at the Québec Day Center. The program has been deployed since spring 2021 for adolescents at the Lac Écho residential center.

The pandemic has led teams to make greater use of videoconferencing or frequent telephone calls to maintain close contact with patients and families in order to periodically assess their state of distress and refer them to another resource, if necessary.

One of the strengths of the programs at Portage is that new clients are welcomed by other members of the community who are further along in their journey. Clients are encouraged to support and assist each other as

they move through the various phases of the program with the support of caregivers. The relationship with each patient is open, transparent and respectful. This has been demonstrated by patients and families.

An information package is given and explained to each client and family at the time of admission, including a user manual outlining their rights and responsibilities. Patient committees are active at each center and they defend the rights and responsibilities of patients.

The proximity of the caregiver team in a therapeutic community approach makes it possible to know in real time if a person requires emergency services that are immediately put in place. The community, i.e. the peers, look after the patients in each phase of the process with daily meetings in order to support each other in their care and therapy.

The in-depth knowledge of the partners ensures the necessary assistance to other services when needed.

Ethical issues are raised and managed with the support of patients and families. The information is documented in the patient records. The client committee is also involved in identifying and managing ethical dilemmas.

Medication reconciliation is performed at admission, at change of prescription, at transition to another facility and at discharge. The Best Possible Medication History (BPMH) is established together with the patient upon admission. The organization works in close collaboration with the facility's pharmacy. Discrepancies are corrected when they occur and all information is communicated to the appropriate individuals in the patient's care and also in the patient's paper and electronic record.

Portage has put in place several protocols in order to prevent falls and also to ensure a safe work and living environment for everyone. A forecast analysis was conducted and avenues for improvement were identified and implemented.

Suicide risk assessment is performed systematically for all patients upon admission, during their stay and also at the end of the program. This is done in partnership with the patients, their families and those close to them as well as with the partners. Everything is documented in the patient's records. All the clinical and security staff at all the Portage Centers are trained in suicide prevention. A schedule of recognized training in the field and in skills maintenance is also followed. A moderate and critical suicide risk watch protocol is in place. Monitoring mechanisms are in place and information is documented and communicated to the respective stakeholders.

The organization is commended for its individualized interdisciplinary patient intervention plans as well as for following therapeutic protocols.

Regular meetings between the Director of Nursing and the directors of the centers take place and allow for adjustments to be made as needed.

Priority Process: Decision support

An in-house computerized clinical record management system has been developed in the past year and the organization is in the process of transitioning its paper record to the cloud-based environment.

Processes are in place to validate and verify data quality; for example, a technical application used by an employee responsible for data quality control at intake, admission, during the stay and at discharge. The IT department has automated quality control mechanisms that run overnight to check for suspicious data and errors in the system; corrections are made immediately the next morning.

Policies for accessing and disclosing information in the patient's records are in place and comply with the respective provincial legislation. Quality officers are available at each center to respond to various requests for access to information. The organization responds to requests within the respective provincial timeframes (e.g. 40 days in New Brunswick and 30 days in Quebec and Ontario). Requests from the court are sent directly to the Director of Quality for evaluation and processing.

Patient records are stored and kept in secure locations with access limited to the relevant staff. Records are destroyed according to the policies in place and within the prescribed deadlines.

The head office communicates all information to the entire organization and raises awareness about respecting the confidentiality and privacy of patients and their information. Reminders are also made locally in the different centers. The records consulted were complete, well kept and managed with respect to confidentiality.

A policy on the use of social media is in place and is known to the staff and the group of patients. It is used with respect for the privacy of Portage patients.

Priority Process: Impact on outcomes

The organization encourages input from patients and families in the development and updating of its programs and services and in the achievement of outcomes. Involvement takes place at the individual level on a daily basis with clients as well as through patient committees or working groups. The patients are also involved in the service quality improvement projects.

Regular meetings are held between the various levels of the organization's management to discuss programs

and services, how to make them safer and how to improve them. The use of internal and external data as well as evidence are used during these meetings.

The staff members are trained on the use of various risk assessment tools such as the risks of suicide and workplace violence. Processes are in place to ensure risk monitoring in the work place and with patients. A forecast analysis was also conducted on self-harm, which allowed the Safety Committee to recommend that working groups be set up to develop and adapt the tools with the support of clinical experts.

Results of Assessment Tools

As part of the Qmentum program, the organizations use assessment tools. The Qmentum program includes three tools (or questionnaires) that assess the functioning of governance, the patient safety culture and worklife quality. They are completed by a cross-section of patient representatives, staff, senior management, board members and other partners.

Governance functioning tool (2016)

The governance functioning tool allows members of the board of directors to assess the board's structures and processes, to give their point of view and their opinion, and to determine the measures to be taken as a priority. This tool assesses governance functioning by asking questions on the following topics:

- composition of the board of directors;
- scope of its powers (roles and responsibilities);
- meeting process;
- performance assessment.

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

- **Data collection period: September 28, 2020 to January 26, 2021**
- **Number of responses: 14**

Governance functioning tool: results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance applicable laws and regulations.	0	7	93	95
2. The governance policies and procedures that define our roles and responsibilities are well documented and consistently followed.	0	21	79	96
3. Subcommittees need better defined roles and responsibilities.	54	0	46	75
4. As a board of directors, we are not directly involved in management issues.	0	14	86	88
5. Disagreements are viewed as a way to search for solutions rather than as a win-lose situation.	7	29	64	94
6. Our meetings are held frequently enough to allow us to make timely decisions.	0	8	92	96
7. Members understand and carry out their legal	0	14	86	95

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian average
	Organization	Organization	Organization	
duties, roles and responsibilities, including work related to sub-committee activities (if applicable).				
8. Members come to meetings ready to engage in meaningful discussions and thoughtful decision-making.	0	43	57	92
9. Our governance processes must do more to ensure that everyone is involved in decision-making.	43	29	29	69
10. The composition of our Board of Directors contributes to optimal governance and leadership.	7	14	79	92
11. Members ask for and listen to the ideas and input of others.	0	7	93	95
12. We are encouraged to participate in continuing education and professional development.	7	43	50	84
13. There is a good working relationship between the members.	0	7	93	96
14. There is a process for establishing the organization's regulations and policies.	0	7	93	94
15. Our regulations and policies deal with confidentiality and conflicts of interest.	0	14	86	97
16. We measure our performance against other similar organizations or against Canadian national standards.	14	57	29	74
17. Member contributions are regularly reviewed.	14	50	36	63
18. As a team, we regularly review how we function together and ask ourselves how we can improve our governance processes.	29	14	57	78
19. There is a process for improving individual effectiveness when poor member performance is a problem.	23	46	31	59
20. As a board of directors, we regularly identify opportunities for improvement and conduct our own quality improvement activities.	7	57	36	78
21. As members, we need better feedback on our contribution to Board activities.	29	43	29	45
22. We receive ongoing training on how to interpret our quality and patient safety performance information.	21	21	57	77
23. As a board of directors, we oversee the development of the organization's strategic plan.	14	7	79	95
24. As a board of directors, we hear from patients who have been harmed during care.	36	21	43	76
25. The performance measurements that we track as a board of directors give us a good understanding of the organization's performance.	7	7	86	89
26. We actively recruit, recommend and select new members based on specific skill requirements, background and experience.	7	14	79	88
27. We do not have explicit criteria for recruiting and selecting new members.	50	29	21	80
28. Membership turnover is managed appropriately to	36	21	43	89

Qmentum Program

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian average
	Organization	Organization	Organization	
ensure the continuity of the Board of Directors.				
29. The composition of our Board of Directors allows us to respond to the needs of our partners and the community.	21	14	64	90
30. Written policies clearly define the length and limits of members' terms of office and remuneration.	29	21	50	92
31. We review our own structure, including the size and structure of subcommittees.	21	14	64	88
32. We have a process to elect or appoint our chairperson.	21	0	79	92

*Canadian average: Percentage of Accreditation Canada client organizations that have completed the assessment tool, between January and June 2021, and agree with the items in the tool.

In general, over the past 12 months, how successful do you feel the board has been in driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	% Agree * Canadian average
	Organization	Organization	Organization	
33. Patient safety	8	0	92	83
34. Quality of care	8	0	92	85

*Canadian average: Percentage of Accreditation Canada client organizations that have completed the assessment tool, between January and June 2021, and agree with the items in the tool.

Canadian Patient Safety Culture Survey: community-based version

Generally recognized as an important catalyst of change in behavior and expectations, the organizational culture must allow increasing safety in the organizations. One of the key steps in this process is the ability to determine whether there is a culture of safety in the organizations, and to what extent. The Patient Safety Culture Survey, an evidence-informed tool that provides insight into staff perceptions of patient safety.

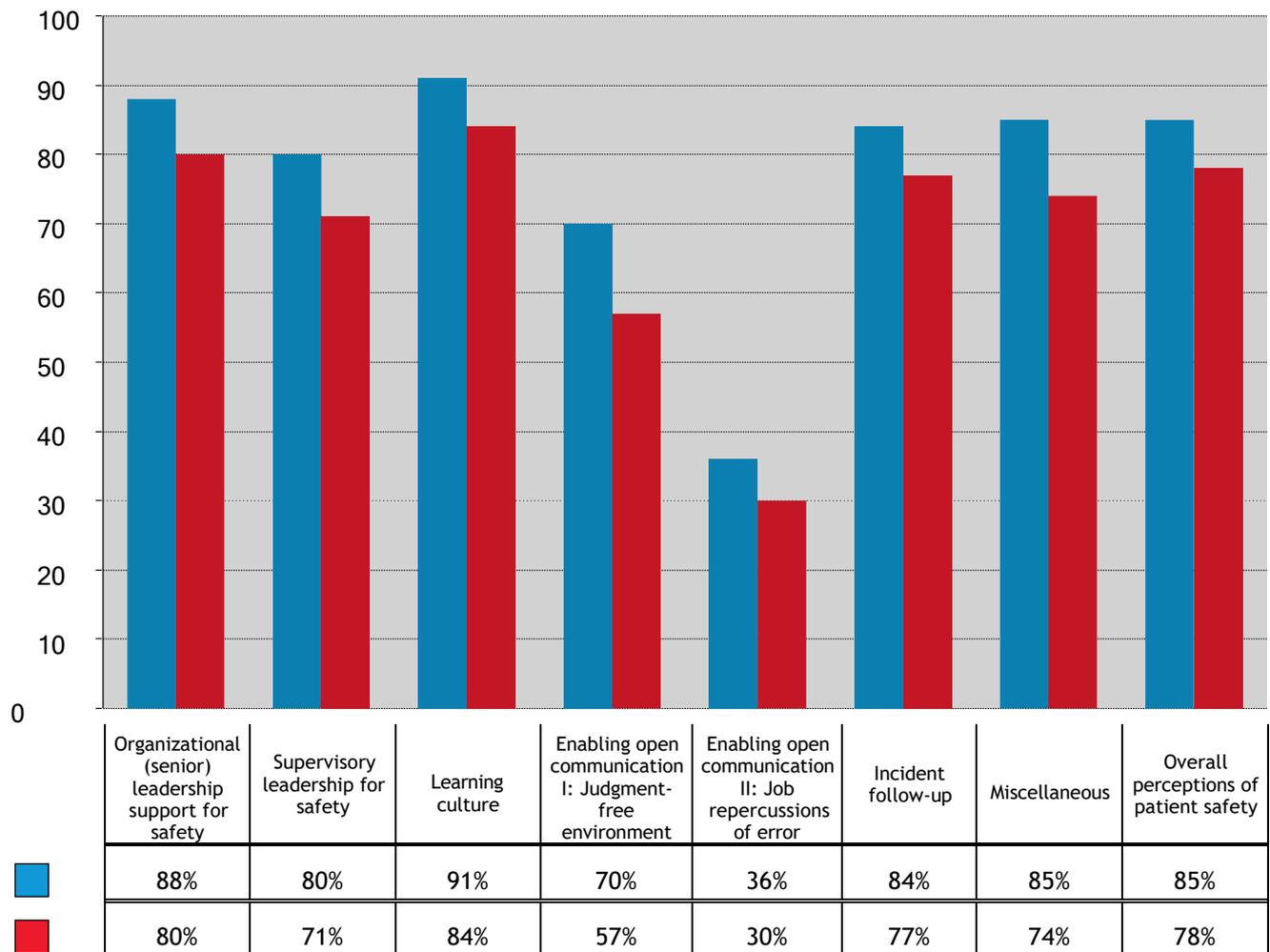
This tool also provides an overall patient safety rating for organizations and assesses various dimensions of patient safety culture.

The results of the patient safety culture assessment allow the organization to identify its strengths and opportunities for improvement in several areas that relate to patient safety and worklife quality.

Accreditation Canada provided the organization with detailed results from the Patient Safety Culture Survey through the client organization portal prior to the survey. The organization then had the opportunity to address areas that needed improvement. During the survey, the surveyors examined the progress made in these sectors.

- **Data collection period: January 13, 2020 to January 31, 2020**
- **Minimum number of responses required (depending on the number of eligible employees): 164**
- **Number of responses: 261**

Canadian Patient Safety Culture Survey: community-based version: results according to the dimensions of the patient safety culture



Key

■ Portage

■ * Canadian average

*Canadian average: Percentage of Accreditation Canada client organizations that have completed the assessment tool, between January and June 2021, and agree with the items in the tool.

Worklife Pulse Survey

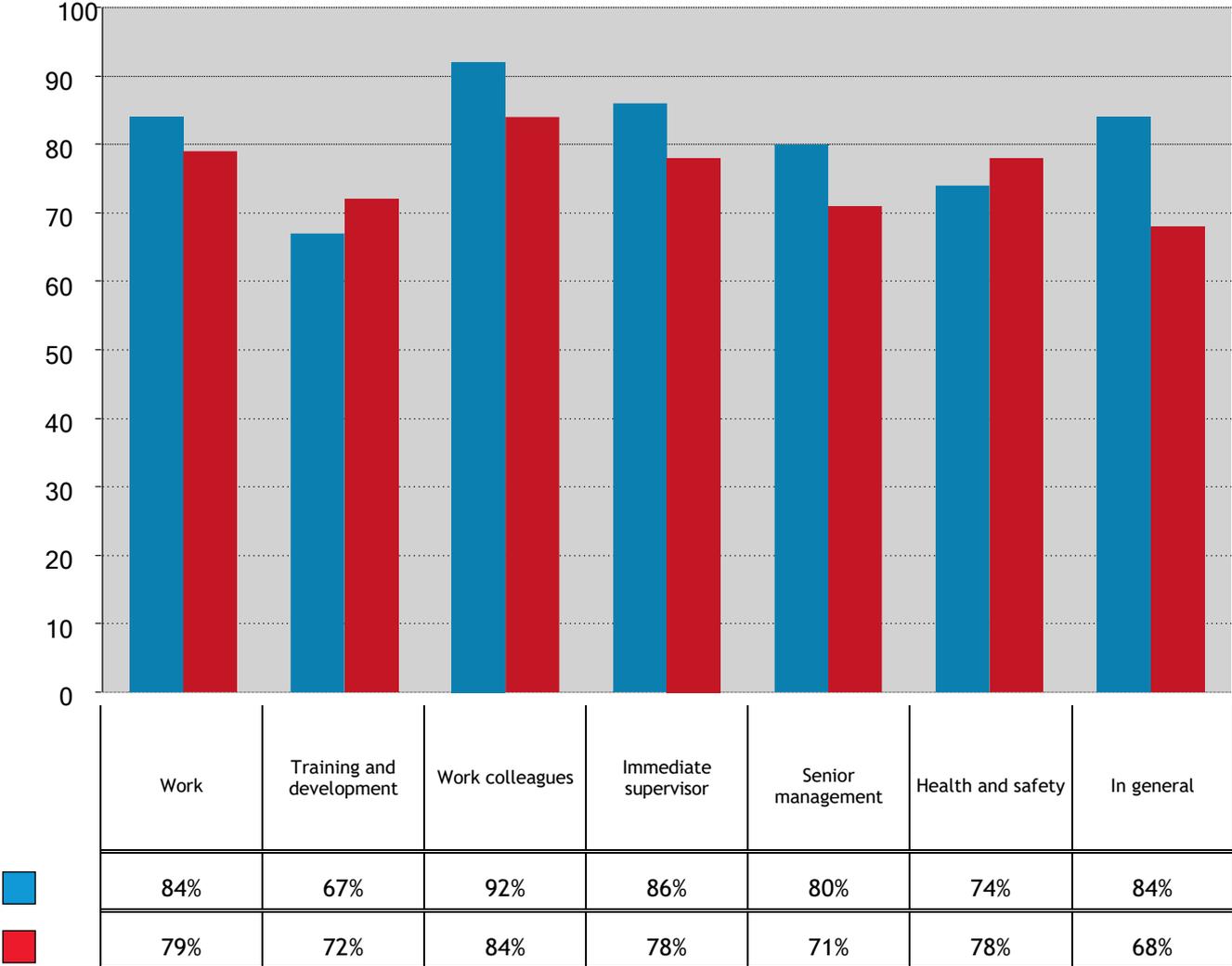
Accreditation Canada helps organizations to create high-quality work environments that promote the well-being and performance of the workforce. This is why Accreditation Canada provided them with the Worklife Pulse Survey, an evidence-informed tool, which takes a snapshot of worklife quality.

Organizations can use the findings from the WorkLife Pulse Survey to identify strengths and shortcomings in worklife quality, engage their stakeholders in discussions around opportunities for improvement, plan interventions to improve worklife quality, and gain a clearer understanding of how worklife quality impacts the organization's ability to achieve its strategic goals. By focusing on the measures to be taken to improve the determinants of worklife quality measured by the survey, organizations can improve their results.

Accreditation Canada provided the organization with detailed results from the Worklife Pulse Survey through the client organization portal prior to the survey. The organization then had the opportunity to address areas that needed improvement. During the survey, the surveyors examined the progress made in these sectors.

- **Data collection period: March 16, 2020 to April 3, 2020**
- **Minimum number of responses required (depending on the number of eligible employees): 176**
- **Number of responses: 200**

Worklife Pulse Survey: results according to work environment



Key

- Portage
- * Canadian average

*Canadian average: Percentage of Accreditation Canada client organizations that have completed the assessment tool, between January and June 2021, and agree with the items in the tool.

Appendix A - Qmentum Program

Health care services accreditation contributes to improving quality and patient safety by enabling the health care organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum program offers a process adapted to the needs and priority of each client organization.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit data from performance measurements, and participate in an accreditation survey during which trained peer surveyors assess their services against Canadian national standards. The team of surveyors provides the preliminary results to the organization at the end of the survey. Accreditation Canada examines these results and draws up an accreditation report within 15 business days following the visit.

An important adjunct to the performance quality improvement plan is the online performance improvement plan, which is available to client organizations through their portal. The information in this plan is used in conjunction with the accreditation report to ensure the development of detailed action plans.

Throughout the four-year cycle, Accreditation Canada will provide a link and ongoing support to help the organization address identified issues, develop action plans and track progress.

Action planning

After the survey, the organization uses the information in its accreditation report and its performance quality improvement plan to draw up action plans to address identified opportunities for improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Human capital	Reinforcement of the ability of human resources to provide safe and high-quality services.
Patient flow	Assessing the seamless movement of patients and families between the various areas of care in a timely manner.
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Physical environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision and goals.
Equipment and medical devices	Obtain and maintain equipment and technology to be used for the diagnosis and treatment of medical conditions.
Resource management	Monitoring, administering and integrating the activities affecting the allocation and use of resources.
Integrated quality management	Having recourse to a proactive, systematic and continuous process to manage and integrate quality, and to reach the organization's goals and objectives.
Governance	Meeting the demands for excellence in governance practice.
Service planning and design	Create and put in place the necessary infrastructures, programs and services to meet the needs of the communities and people served.
Emergency preparedness	Manage emergencies, incidents or other aspects falling under public safety, and plan in this regard.
Care delivery and decision-making founded on principles	Identifying ethical dilemmas and problems and making appropriate decisions.

Priority processes in connection with standards applicable to specific populations

Priority Process	Description
Chronic disease management	Integration and coordination of services across the continuum of care to meet the needs of populations living with chronic disease.
Population Health and Wellness	Promoting and protecting the health of the people and communities served thanks to leadership, partnership, and innovation.

Priority processes in connection with the standards of service excellence

Priority Process	Description
Decision support	Maintaining efficient information systems to support effective service delivery.
Point-of-care testing	Make use of analyses outside the laboratory, at the place where the care is offered, to determine the presence of medical conditions.
Blood banks and transfusion services	Safe handling of blood and labile blood products, including donor screening, blood collection and transfusion.
Skills	Create an inter-disciplinary team with the necessary knowledge and know-how to manage and offer effective programs and services.
Organ donation (living donors)	The organ donation services from living donors are offered by guiding the potential living donors in the informed decision-making, by carrying out analyses on the acceptability of the donor, and by conducting the procedures related to
Organ and tissue donations	Offer organ or tissue donation services, from the identification and management of potential donors up to organ removal.
Episode of care	Partnering with the patients and the families to provide patient-centered care throughout the care episode.
Primary care episode	Provide primary care in the clinical setting, including making primary care services accessible, completing the episode of care and coordinating services.
Medication management	Having recourse to inter-disciplinary teams to manage the pharmacy service delivery.
Impact on the results	Using the evidence and quality improvement measures to assess and improve the safety and quality of services.

Priority Process	Description
Surgery	Offer safe surgical care, which includes pre-operative preparation, procedures in the operating room, post-operative recovery and discharge.
Clinical leadership	Providing leadership and direction to teams providing services.
Infection prevention	Implementing measures to prevent and reduce the acquisition and transmission of infections among staff, service providers, patients and families.
Public health	Maintain and improve the health of the population by supporting and implementing disease prevention and assessment, protection and promotion of health policies and practices.
Diagnostic services – Imaging	Ensure the availability of diagnostic imaging services to assist the health care professionals in establishing a diagnosis for their patients and to monitor their medical conditions.
Diagnostic services — Laboratories	Ensure the availability of the laboratory services to assist the health care professionals in establishing a diagnosis for their patients and to monitor their medical conditions.
Organ and tissue transplantation	Offer organ or tissue transplantation services, from the initial assessment to the graft monitoring services.