



**ACCREDITATION
AGRÉMENT
CANADA**

Accreditation Report

Qmentum Global™ for Canadian
Accreditation

**Centre d'accueil le Program de
Portage Inc.**

Report version: 11/09/2025

Confidential

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About Accreditation Canada

Accreditation Canada is a global non-profit organization with a vision of safer care and a healthier world. Its people-centred programs and services have been setting the standard for quality across the health ecosystem for over 60 years. The organization continues to expand its reach and influence. Accreditation Canada empowers organizations and enables them to comply with national and global standards through innovative programs tailored to local needs. Accreditation Canada's assessment services and programs contribute to the delivery of safe, high-quality care and services in health systems, hospitals, laboratories and diagnostic centres, long-term care homes, rehabilitation centres, primary care organizations, and home and community care settings. Its specialized accreditation and certification programs support the delivery of safe, high-quality care and services for specific populations, health issues and health professions.

About the Accreditation Report

The Organization mentioned in this accreditation report (the "Organization") participates in Accreditation Canada's Qmentum Global™ program for Canadian accreditation.

As part of this program, the Organization participated in continuous quality improvement activities and underwent assessments, including an on-site assessment from 2 June 2025 to 6 June 2025. This accreditation report reflects the information and data provided by the establishment and the assessments conducted by Accreditation Canada on those dates.

This report was produced using information from the evaluations and other data obtained from the Organization. Accreditation Canada relies on the accuracy and completeness of the information provided by the institution to plan, conduct the on-site evaluation and produce this report. It is the Organization's responsibility to promptly disclose to Accreditation Canada any incidents that could affect its accreditation status.

Program Overview

The Qmentum Global™ program for Canadian accreditation enables your organization to continuously improve the quality of care and services through a high-quality care experience. The program provides your organization with standards, survey tools, assessment methods and an action plan designed to promote continuous learning and improvement. The program also offers a client support model for ongoing support and guidance from dedicated advisors.

Your organization participates in a four-year accreditation cycle, which spreads accreditation activities over four years while helping your organization focus its efforts on planning, implementing and evaluating quality improvement. This promotes the integration of accreditation activities into daily practices.

Each year of the accreditation cycle includes activities to be carried out within your organization. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. At the end of the cycle, the Accreditation Type Approval Committee (ATAC) determines the organization's accreditation status based on the program accreditation guidelines. The results of the assessment and accreditation status are documented in a final accreditation report for your organization. Once accreditation status is established, your organization begins the first year of a new cycle, building on the actions and learnings from previous accreditation cycles, in line with the principles of continuous quality improvement.

The assessment manual (Accreditation Canada Manual) supporting all assessment methods (self-assessment, attestation, and on-site assessment) is divided into applicable standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), the assessment results and surveyors' findings are presented by standard in the report. The report also includes an executive summary, the accreditation status granted to the organization, the locations assessed during the on-site assessment, the results of the required organizational practices, and finally, an overview of people-centred care and quality improvement.

Summary

About the Organization

The Centre d'accueil le Program de Portage inc. is a rehabilitation organization dedicated to supporting individuals struggling with drug addiction. Founded in 1972, Portage is headquartered in Montreal and operates residential centres, specialized programs and outpatient programs in Quebec and New Brunswick. Since the last survey in 2021, Portage has ceased its operations in Ontario.

Over the years, Portage has expanded to provide a comprehensive range of people-centred resources and services throughout the rehabilitation journey. Its programs serve adults, adolescents and mothers with children aged 0-5.

Portage's corporate structure includes several entities. The Portage program is the sole member of the Portage Foundation and the sole shareholder of the Welcome Centre. Three additional entities operate independently in terms of membership or shareholding and manage their day-to-day operations. Two supervised community housing corporations (HCP1, HCP2) were created to rent apartments to former program participants at below-market rates, allowing them to stay for six months to two years after completing the Portage program. These corporations receive subsidies through an agreement with the *Société d'Habitation du Québec*.

The Movement for Integration and Employment Retention (MIRE) in Montreal and the Employment Training Centre in Quebec City were established to help individuals leaving rehabilitation and aftercare programs reintegrate into the labour market after completing their program. MIRE is a partner of the Quebec Ministry of Employment. The Welcome Centre oversees the management of buildings and payroll for staff working in community housing (HCP1, HCP2) and also manages MIRE's administrative activities.

In 2018, the Ribambelle Montréal daycare plan was launched to support the children of mothers enrolled in the mother-child program in Montréal. Since 2023, the daycare centre has been officially approved and subsidized by the Quebec Ministry of Family Affairs.

Summary of Surveyor Team Observations

Since the last survey in 2021, Portage has experienced both significant achievements and notable challenges, all within a period of major organizational change. Over the past few years, Portage has demonstrated adaptability and determination. The organization has worked to strengthen its public visibility, particularly through an increased presence on social media, helping increase awareness of its services.

In 2023, Portage celebrated its 50th anniversary, a milestone that highlighted the unwavering commitment of a community dedicated to rehabilitation and social reintegration. This period also saw the inauguration of a new building at Lac Écho, enhancing the therapeutic environment and improving the quality of services offered to women. A subsidized daycare centre replaced the previous drop-in model, allowing children of patients and staff to be cared for, thereby supporting a better work-life balance. The expansion of programs for adolescents (aged 14–21) enabled the organization to meet a growing need for specialized services for this vulnerable age group. The foundation also worked diligently to ensure financial stability and maintain several services, despite a challenging public funding environment.

At the same time, Portage faced complex challenges that required significant structural changes to secure its future. After five decades of continuous service, a transition in governance and leadership began with the gradual division of the founding president's responsibilities. This paved the way for a major organizational transition in 2024, involving the board of directors, senior management, the foundation, and associated entities. The arrival of a new Chair of the Board in September 2023, followed by a new CEO in September 2024, marked the beginning of a new cycle of governance and leadership.

In Ontario, Portage was impacted by substantial budget cuts from the two ministries responsible for addiction services and youth offenders. Financial losses exceeding \$1 million over three years ultimately led to the closure of services in 2024. The organization covered the full cost of transferring young patients to New Brunswick, ensuring continuity of care and upholding Portage's values.

In Quebec, a budget deficit emerged due to public revenues being indexed at a lower rate than expenditures incurred under the 2017–2018 agreement with the Ministry of Health and Social Services (MSSS). The year 2024 was marked by difficult decisions, including a 24% reduction in the number of beds and a salary freeze to ensure the sustainability of services.

In New Brunswick, Portage's financial situation allowed for the continued delivery of all services.

The complexity of the challenges faced, combined with leadership changes, led governance and management to extend the 2021–2024 strategic plan by one year, positioning the organization for the upcoming 2026–2029 fiscal cycle. At the time of the survey, a new organizational chart for the head office had been approved by the Board of Directors on April 16, 2025. Portage remains in a period of adjustment to new internal realities. The organization has undertaken a complex migration of payroll and pension systems, requiring significant change management efforts.

In this context of profound transformation and a highly competitive job market, Portage continues to demonstrate resilience, adaptability, and a steadfast commitment to its social mission. The efforts to maintain service continuity throughout the rehabilitation process, even in turbulent times, are a testament to its strong leadership and exemplary dedication to meeting the needs of individuals struggling with addiction.

Key Areas for Improvement and Areas of Excellence

Key Areas of Excellence

Through interactions with staff, patients and their families, the entire surveyor team observed that Portage stands out for the quality of its caring approach and its commitment to supporting patients on their path to recovery through various care and service programs.

The culture of the teams serving the living environments and the therapeutic community approach are strengths. The kindness shown and the emphasis on respect are evident in everyday actions, listening attitudes and collective vigilance towards each individual, regardless of their background or challenges.

Portage also stands out for its concrete efforts at several sites to remove barriers to accessing services, enabling more people to benefit from the program. In addition, the organization offers seamless integration of services at every stage of the rehabilitation process, ensuring that transitions are adequately supported.

Support for family and friends is another important area of excellence. The organization provides services to help family members and significant others understand the situation and their key role in the residents' journey. These services complement the therapeutic work by promoting sustainable recovery.

The organization's recognition of providers' lived experience through the program is also a point of excellence that attests to the program's ability to guide people towards a career path. Their presence adds a dimension of lived experience and great credibility to the approach, creating authentic and hopeful connections.

Finally, Portage stands out for its ongoing involvement in research, teaching and knowledge sharing, which also contributes to advancing practices in the field of addiction.

Key Areas for Improvement

To support its new cycle, Portage is encouraged to consolidate certain practices of its culture of continuous improvement by structuring them further. Beyond audit and quality assurance mechanisms, a shift towards more structured, objectively measurable quality review practices linked to the root causes of issues would lead to concrete impacts and adjustments based on reliable data.

Portage is also encouraged to consider other avenues for improvement in response to risky behaviours. The organization is encouraged to enhance its vision in a more proactive and preventive manner, taking into account factors that contribute to behaviours upstream, such as trauma and internal precipitating factors of undesirable situations. This involves dynamic risk management, where in-depth analysis of causes helps prevent the recurrence of undesirable events.

The content of incident and adverse event reports could also benefit from more rigorous factual descriptions, as could the quality of the recommendations resulting from these analyses. Taking the time to explore root causes and consider long-term solutions enhances the safety and quality of services.

In addition, strengthening formal links with physical health expertise would make it possible to offer even more comprehensive support to residents, particularly those with more complex medical needs. Portage is also encouraged to undertake a comprehensive review of succession planning and the transfer of knowledge acquired through experience, which are also key issues in ensuring the continuity, sustainability and consistency of the organizational approach.

Finally, it would be useful to standardize certain practices by establishing clear protocols, particularly for early risk assessment, reporting and disclosure of adverse events, and preventive equipment management.

People-Centred Care

Portage supports people struggling with addiction in a safe, respectful and motivating environment. At all of the sites surveyed, the approach is resolutely people-centred. Resident and patient committees are active and participate in improvement plans based on satisfaction surveys conducted twice a year.

Each patient is welcomed with dignity and recognized as a whole person, with their strengths, challenges and potential for change. Portage welcomes ethnocultural and gender diversity with an inclusive approach. Readmissions into the program are received without judgement and with the same compassion, as several patients have testified. Care is structured around the individual, who is systematically involved in decisions that affect them. An individualized intervention plan is established, and the patient actively participates in it. Respect for each person's personal history, choices, emotions, and pace is at the heart of the therapeutic approach.

Clinical staff, practitioners, peers and former patients form a caring community. Patients are empowered in their journey towards health and well-being. The autonomy and empowerment of each patient are central to their progress, the strengthening of their individual capacities and the management of their emotions. As observed by resident or patient committees, concrete activities reflect the people-centred approach. The teams consider psychological, physical, social, emotional and spiritual dimensions. The six-step program is a comprehensive, integrated, progressive approach tailored to each situation. The integration of additional services (day centre, closed treatment, aftercare, supervised apartment, job integration) allows patients to return to their usual living environment.

Involving family, friends and support networks is also an important part of recovery. As observed during the survey, the various programs include opportunities for interaction with family members, where possible, to rebuild relationships and ensure continued support after the stay. People-centred care is also celebrated collectively as each patient's steps on their path to recovery.

Overview of Quality Improvement

A strong culture of safety is deeply embedded at Portage. The organization deserves recognition for its rigorous and integrated approach to operational and clinical audits conducted across all sites in recent months. These audits reflect a clear commitment to evaluating the achievement of standards not only through quantitative indicators, but also through a qualitative understanding of on-the-ground realities. This proactive, multidisciplinary approach helps ensure consistent practices, supports the development of robust improvement plans, and highlights areas of success. It demonstrates Portage's organizational commitment to staying aligned with sector best practices and promoting exemplary service quality. Portage is strongly encouraged to continue building on this leading practice.

Throughout the survey, it was observed that the therapeutic community approach leads the organization to place the safety and empowerment of individuals at the heart of its interventions. Undoubtedly, this approach helps to reinforce shared vigilance among staff members, patients and their families. This collective vigilance is a strength and a pillar of the safety culture at Portage. This vigilance leads the organization to control the risks to which individuals are exposed and prevent the escalation of undesirable situations. As a learning organization, Portage values the expression of concerns, the recognition of issues as learning opportunities, and compassionate support in times of vulnerability. A climate of trust that encourages the proactive reporting of undesirable events, including those that were narrowly avoided, is worth highlighting, as evidenced by 78% of respondents to the workforce questionnaire. The fact that staff feel sufficiently supported and empowered to report such events is a sign of a high level of organizational maturity.

That said, to continue to progress and further structure its risk management, it is suggested that the organization refine its objective of anticipated risks. During the tracers, several areas of uncertainty were identified concerning the identification of potential risks and mitigation measures. In several cases, risk reduction mechanisms are set out based on incidents encountered, without being clearly assessed and without proven effectiveness of monitoring. Clarifications on people at risk (e.g. falls, suicide) and on measured risk thresholds (e.g. locations) would improve the anticipation of critical situations and prioritize high-impact actions. The adoption of a more structured risk analysis framework, inspired for example by recognized models, would be an important lever for moving from a reactive to a more preventive approach.

In addition, it would be appropriate for Portage to establish standards for writing event reports and standards of practice for analyzing sentinel events. During the survey, several tracers on situations involving falls by adults and a baby were examined in detail. Although these events are exceptional, they represent a valuable source of learning and must be treated rigorously and consistently. The implementation of standards defining the stages of analysis, the tools used (such as the cause tree), the responsibilities of each stakeholder and the deadlines for completion would enhance the quality of the internal investigation process. These standards would also help to standardize practices across different locations, while promoting a culture of learning based on facts rather than individual perceptions.

Finally, in a spirit of ongoing collaboration and shared improvement, it would be beneficial for Portage's partners to be more systematically informed of the improvement initiatives being implemented. Their involvement, as care partners or field workers, is essential to the success of the planned transformations. In this regard, establishing more formal mechanisms for assessing their satisfaction would represent a significant step forward. Structured feedback from partners would help guide improvement efforts and strengthen trust by providing a clear picture of the concrete benefits of the actions taken by the organization. Portage has a solid foundation to continue to excel in patient safety. Its culture based on the principles of the therapeutic community, its transparency in the management of adverse events, and its commitment demonstrated through audits are undeniable strengths. By refining its risk measurement tools, further structuring the analysis of critical events and strengthening dialogue with its partners, the organization will be take a new step forward in its journey towards excellence and safety.

Accreditation Status

The accreditation status granted to Centre d'accueil le Program de Portage inc. is as follows:

Accredited with Commendation

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

Locations assessed during the accreditation survey

The following locations were assessed during the on-site survey:

- Portage Atlantic, Cassidy Lake
- Portage Lac Écho - adult program
- Portage Lac Écho - youth program
- Portage Lionel-Groulx - mother-child program
- Portage Lionel-Groulx - TSTM program
- Portage Quebec
- Portage Square Richmond
- Portage St. Malachie

¹ The establishment sampling was conducted on multi-site, single-service organizations, as well as multi-establishment, multi-service organizations.

Required Organizational Practices (ROPs)

A required organizational practice (ROP) is a criterion that describes a standard practice that an organization must have in place to improve patient safety and minimize risks to provide reliable, high-quality care to the population it serves. Harm may occur if the standard practice is not implemented. ROPs contain several criteria, called compliance test.

Table 1: Summary of Required Organizational Practices (ROPs) for the Organization

Name of the ROP	Standard(s)	Number of met criteria for the compliance test	Percentage of met criteria for the compliance test
Hand-Hygiene Education and Training	Infection Prevention and Control for Community-Based Organizations	1 / 1	100.0
Hand-Hygiene Compliance	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0
Infection Rates	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0
Reprocessing	Infection Prevention and Control for Community-Based Organizations	0 / 0	0.0
Workplace Violence Prevention	Leadership	7 / 8	87.5
Patient Safety Education and Training	Leadership	1 / 1	100.0
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0
Patient Safety Incident Disclosure	Leadership	3 / 6	50.0
Patient Safety Incident Management	Leadership	5 / 7	71.4

Table 1: Summary of Required Organizational Practices (ROPs) for the Organization

Name of the ROP	Standard(s)	Number of met criteria for the compliance test	Percentage of met criteria for the compliance test
Client Flow	Leadership	5 / 5	100.0
Preventive Maintenance Program	Leadership	3 / 4	75.0
Infusion Pump Safety	Service excellence	0 / 0	0.0
Medication Reconciliation at Care Transition - Home and Community Care Services	Addiction Services	4 / 4	100.0
Suicide Prevention	Addiction Services	5 / 5	100.0
Client Identification	Addiction Services	1 / 1	100.0
Information Transfer at Care Transitions	Addiction Services	5 / 5	100.0
Accountability for Quality of Care	Governance	5 / 5	100.0
The Do Not Use List of Abbreviations	Medication Management for Community-Based Organizations	6 / 6	100.0
Managing High Alert Medications	Medication Management for Community-Based Organizations	6 / 6	100.0
Concentrated Electrolytes	Medication Management for Community-Based Organizations	0	0.0

Table 1: Summary of Required Organizational Practices (ROPs) for the Organization

Name of the ROP	Standard(s)	Number of met criteria for the compliance test	Percentage of met criteria for the compliance test
Heparin Safety	Medication Management for Community-Based Organizations	0 / 0	0.0

Assessment Results by Standards

The following section includes the results at the end of the on-site assessment from the certification survey (where applicable) and on-site assessments.

Core Standards

The Qmentum Global™ for Canadian accreditation program includes a set of core assessment standards that are required for any organization seeking accreditation. The core assessment standards are essential as they cover fundamental areas in the delivery of safe, quality care and services.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Service Excellence

Standards assessment: 86.5% of criteria are met

13.5% of criteria are unmet. For more information, please refer to the table below.

Assessment results:

Service excellence is demonstrated through various actions across Portage's different sites.

First, the organization maintains strong ties and has a well-established presence in addiction services at the local, regional and provincial levels. Portage demonstrates a clear commitment to people-centred care, including clear efforts to co-design services and develop care plans in collaboration with the community. Patients fully represent the therapeutic community model implemented by the program. Careful attention is paid to identifying and removing barriers to access, while promoting an inclusive and welcoming environment.

The Portage team is committed to providing a safe and healthy treatment environment and high-quality care, with evidence-informed choices at the heart of its interventions and the development of its rehabilitation practices. During the admission process, a questionnaire called the "Drug Addiction Severity Index" questionnaire is completed with the patient. This questionnaire is completed at various stages of the rehabilitation process and makes it possible to quantify the patient's progress in their addiction treatment and to assess the priority needs for the conceptualization of their treatment. The team ensures the safety of its colleagues and the patients under its responsibility.

The support provided by Portage before, during and after each patient's services is personalized.

The relevance and efficiency of the services offered by Portage are assessed at each site and by senior management, in collaboration to discuss services. For example, by analyzing admission data, length of stay, and proposals submitted by the various patient and resident committees.

In conclusion, service excellence is evident across Portage's various sites, albeit to varying degrees. The sharing of best practices between sites to promote improvement and dissemination must be maintained to promote safe and equal services for all clients who request the various services offered by Portage.

Table 2: Unmet criteria in Service Excellence

Criterion number	Criterion	Type of criterion
1.2.7	The team works with the organization to create a universally accessible service environment.	Normal priority
3.1.8	The team monitors and evaluates its record-keeping practices, and uses the results to make improvements.	High priority
4.2.1	The team follows the organization's proactive, predictive approach to identify safety risks.	High priority
4.2.2	The team develops and implements strategies to address identified safety risks.	High priority
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	Normal priority
4.3.5	The team leadership works with staff to design and test quality improvement activities to meet objectives.	High priority
4.3.6	The team leadership works with staff to design and test quality improvement activities to meet objectives.	Normal priority
4.3.7	The team leadership works with staff to use new or existing indicator data to establish a baseline for each indicator.	Normal priority

Criterion number	Criterion	Criterion type
4.3.8	The team leadership works with staff to regularly analyze indicator data to evaluate the effectiveness of its quality improvement activities.	High priority
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	Normal priority

Medication Management for Community-Based Organization

Standards assessment: 97.5% of criteria are met

2.5% of criteria are unmet. For more information, please refer to the table below.

Assessment results:

The organization demonstrates an ongoing commitment to good practices in medication management, supported by structured governance. Monthly meetings with all nursing staff provide an opportunity to review policies, adjust procedures and promote knowledge sharing. Participation in the safety committee, which covers medication management in particular, supports this continuous improvement process.

Formal agreements are in place with community pharmacies, which play a vital role in ensuring safe practices related to the supply, disposal and administration of medicines.

Several measures have been implemented, including the centralization of signature sheets to reduce omissions, accompanied by weekly follow-ups at each site. Recertification for the safe administration of medications, particularly high-risk ones, is well established. A training program is also offered to non-professional caregivers, including supervision and annual recertification.

Medications are delivered in Dispill form, in sealed containers, checked in complete confidentiality, and then stored in a secure, double-locked office accessible only to authorized personnel. No high-risk substances are stored or administered on site. A single-dose system is used for regular and as-needed (PRN) medications.

Protocols govern the detection of and response to side effects and overdoses, with access to nasal Narcan, educational and visual materials, and regularly replenished emergency kits (Epipen, Baxemie, Naloxone). Vaccination campaigns are well organized, and self-administration of medication is supervised: residents store their treatments in locked lockers, without staff intervention.

A comparative medication review (CMR) is carried out on admission, updated each time there is a change in treatment and on discharge, with quality validation. Medication errors are recorded in a database.

There is room for improvement. More systematic and uniform application of practices across all sites would strengthen organizational consistency. It is also recommended that rigorous documentation be ensured, particularly for administrative signatures. Polypharmacy is an issue in youth residential settings, particularly in the presence of co-occurring disorders. The implementation of a formal monitoring process would make it possible to better assess the appropriateness of prescriptions, identify potential interactions and reduce unnecessary treatments.

Portage is also encouraged to analyze data on medication errors in order to identify trends and guide its continuous improvement efforts, in collaboration with clinical teams. Finally, the implementation of a structured process for sharing medication safety events with all staff would strengthen collective accountability and support a culture of learning and quality, in particular through the use of visual management tools to analyze causes and trends.

Table 3: Unmet criteria for Medication Management for Community-Based Organization

Criterion number	Criterion	Criterion type
1.3.6	Separate storage in client service areas is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	High priority
3.1.2	A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	High priority
8.1.5	Information about recommended actions and improvements made following incident analysis is shared with clients, families, and teams.	Normal priority

Governance

Standards assessment: 82.5% of criteria are met

17.5% of criteria are unmet. For more information, please refer to the table below.

Assessment results:

After five decades of growth and continuity in governance, Portage has found itself at a major organizational turning point since the last accreditation survey. Based on a governance model that has enabled the expansion of services in Quebec, Ontario and New Brunswick, and the creation of related entities such as a day centre, a nursery, supervised community apartments and employment integration centres. The organization has long operated with a centralised management structure, with the founding president serving as chair of the governing bodies of the various legal entities associated with the Portage Welcome Centre and the foundations. This unified structure, although effective for a long time, reached its limits in a context of increasing complexity, separation of organizational and funding powers, and the need for succession planning.

In 2024, the financial situation of several centres, notably Elora in Ontario, revealed vulnerabilities. The cumulative deficit and findings of regulatory non-compliance in Ontario led the authorities to reduce admissions, threatening the very functioning of the therapeutic community that underpinned the continuity of services. The board of directors therefore decided to close the services in Ontario and comply with the request to return the operating licence.

At the same time, despite the preventive security measures put in place by the organization, isolated but serious incidents of misconduct were reported in some centres, raising concerns. Faced with this difficult period, Portage embarked on a structural organizational transformation. The arrival of a new chair of the board of directors made it possible to establish a succession plan designed to strengthen leadership continuity. A new chief executive officer was appointed in 2024, marking a significant change in the approach to governance and leadership. Several initiatives were launched: revision of the general regulations, creation of a permanent ethics committee to replace ad hoc committee meetings, and revision of the mandates of the board committees. Governance improvement projects were also put back on the agenda as planned in Accreditation Canada's Qmentum program: evaluation of the objectives of the Chief Executive Officer and the Chair of the Board, and implementation of mandatory governance training, particularly on equity, diversity and inclusion.

The 2021-2024 strategic plan has been extended until March 2026, with a commitment to prepare the next 2026-2029 strategic plan as early as 2025. This transition is accompanied by a consolidated annual action plan, including contributions from the various functional departments at head office and on site. In this regard, the organization deserves recognition for introducing SMART objectives into its operating model.

A comprehensive review of the structure of the Board of Directors' committees was conducted. The mandates of the subcommittees were revised to clarify them: governance, program and vigilance, communications, finance, property, environment and energy, and human resources. These subcommittees oversee internal practices and ensure strategic alignment.

During the survey, discussions with the board of directors and a review of meeting minutes revealed that the organization pays close attention to financial management, government relations and organizational performance. The board of directors regularly reviews safety reports and internal audits presented by a "program and vigilance" committee that meets regularly to deal with incidents, accidents, satisfaction and complaints.

In addition, a new conflict of interest policy was adopted in April 2025 and is to be implemented. A governance assessment survey, recommended by Accreditation Canada during its last survey, was conducted in March 2025, followed by an action plan in April. The plan focuses in particular on improving the information provided to directors and developing a continuing education program.

The governance committee has also begun a review of the composition, diversity and term lengths of the board, which will lead in the coming months to a proposal to amend the general regulations, the adoption of competency matrices and the implementation of a self-assessment process. The organization is strongly encouraged to follow through on its commitments.

Between now and the next survey, Portage is invited to engage its staff, patients, relatives and partners in a 2026-2029 strategic planning exercise, incorporating a rigorous analysis of the external context, emerging threats and expected results. Clear indicators will undoubtedly be a guarantee of quality to support decision-making. Portage is also invited to explore security data analysis in a more systematic manner to enable the board of directors to assess the effectiveness of information systems and measures to prevent the recurrence of undesirable situations, and to monitor trends over several cycles.

Portage is also encouraged to consider involving partners in program governance, particularly through feedback mechanisms, structured consultations and transparent communication during periods of crisis or change. Already well established in the field of research, Portage is also encouraged to exercise ethical leadership, using its reference framework to make complex decisions, particularly when the organization's values are challenged by financial or structural choices.

Portage has demonstrated its ability to bounce back in times of turbulence. The ongoing transformation, although still in its early stages, reflects a firm commitment to updating its governance practices. To make this transition a success, the organization is encouraged to maintain a clear course, rely on reliable data, and mobilise the skills of its board of directors, management and patients to achieve sustainable results.

Table 4: Unmet criteria in Governance

Criterion number	Criterion	Criterion type
1.1.2	The governing body works with the organization to develop or regularly review the organization's vision, mission, and values with the organization's stakeholders.	Normal priority
1.1.7	The governing body ensures that the organization has effective mechanisms to address ethics in organizational decision making.	High priority

2.2.9	The governing body provides its members with continuing education related to governance.	Normal priority
3.1.9	The governing body ensures it is kept informed of organizational risks in a timely manner.	High priority
3.5.4	The governing body defines the organization's approval procedures for capital investments including major asset purchases.	High priority
3.5.8	The governing body ensures that the organization has effective information management systems, including systems for information security.	High priority
4.2.1	The governing body regularly evaluates its effectiveness, to make improvements as needed.	High priority
4.2.2	The governing body regularly evaluates the performance of its chair to provide them with feedback based on the results.	High priority
4.2.3	The governing body chair regularly reviews the contributions of its individual members to provide feedback to them based on the results.	High priority
5.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.	High priority
5.1.5	The governing body monitors its action plan for addressing systemic racism.	High priority

6.1.1	The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.	High priority
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	High priority
6.1.5	The governing body monitors its action plan for addressing Indigenous-specific systemic racism.	High priority

Leadership

Standards assessment: 83.7% of criteria are met

16.3% of criteria are unmet. For further information, please refer to the table below.

Assessment results:

Service planning and design

In 2024, Portage began a major transition in governance and leadership. This transition opened a new chapter for the organization, its board of directors, senior management, foundation and associated entities. The arrival of a new chair of the board of directors and a new chief executive officer the following year laid the groundwork for strategic and operational renewal with a view to structural changes.

In this context of transformation, and in light of the complex situations experienced in 2024, the board of directors and the new management team decided to extend the strategic plan developed for the 2021-2024 period into 2025. This extension is intended to provide time for reflection and repositioning, with a view to a new structured planning exercise for the period 2026-2029.

At the time of the survey, several projects were underway or in preparation, demonstrating a strong commitment to rigorous, consistent planning based on best practices. The revision of the long-term mission and vision statements will be part of the discussions in the coming months to ensure that Portage's core values are aligned with evolving social needs, therapeutic approaches and the organization's role in its ecosystem.

The organization is also considering a review of its risk matrix to incorporate new operational and financial realities, while strengthening its anticipatory capacity and organizational resilience.

Continuing its long tradition, the organization is encouraged in its work to strengthen its evidence-based and research-based approach. Portage confirms its commitment to using the results of impact evaluations to guide its clinical choices, strategic directions and program improvements. The organization is also encouraged to continue its work to develop an up-to-date profile of its clientele. This work, carried out in collaboration with a firm of program evaluation specialists, will enable services to be tailored to the profiles and changing needs of patients. Research consistent with government priorities remains a concern for the organization, while maintaining the flexibility necessary to respond to the specific realities of its clientele, including trauma and co-occurring disorders.

Throughout the survey, it was noted that Portage has developed robust mechanisms for consultation and dialogue with stakeholders, patients, their families and partners. This culture of participation is a key lever for future strategic planning, promoting buy-in, consistency and innovation. In this phase of transition and renewal, the organization is strongly encouraged to structure its strategic approach around specific, measurable, achievable, realistic and time-bound (SMART) objectives to ensure rigorous implementation and ongoing progress evaluation. This approach will enable Portage to consolidate its achievements, meet current challenges and move forward with confidence towards the next stages of its development.

Resource management

To finance its programs and ensure that they are free of charge for those who use the service, Portage receives public funding and donations through its foundations. The organization demonstrates financial integrity, supported by a committed community, an alert financial and accounting team, loyal philanthropic partners and visionary major donors. This synergy has enabled Portage to develop, grow and overcome difficult periods.

Thanks to fascinating management mechanisms, partnerships with existing grant programs and significant donations invested in its locations and programs, the organization has been able to build up prudent financial reserves over the years, ensuring its stability and ability to weather more uncertain economic cycles. These reserves played a crucial role when Portage faced a major financial storm in Ontario and Quebec caused by an unfavourable budgetary context in terms of public funds. A combination of financial and human factors had a significant impact on government contributions in Ontario. The withdrawal of its operating licence and accumulated debts led the organization to withdraw from Ontario. The organization is encouraged to adopt a general policy to support the management of its assets and capital investments. In Quebec, the cap on government budget indexation and budgetary restrictions also had a direct impact on the closure of beds, while in New Brunswick, the budgets allocated by the provincial government benefited from a significant increase.

This difficult period tested Portage's financial resilience, the seriousness of its governance, the transparency of its accountability, and the depth of its community and philanthropic roots. As Portage enters a new chapter in its organizational evolution, it has been observed that its sustained growth and lasting social impact rely largely on the financial confidence it inspires. The organization is encouraged to nurture this confidence by rooting it more firmly in rigorous budget planning and asset performance analysis mechanisms to achieve its missions. Already, the healthier dynamics of the relationships between the Board of Directors, Senior Management and the Foundation are the foundations of a renewed confidence that recognizes the relevance of the Portage model, its capacity for innovation and the exceptional quality of its support.

Communications

A communications committee coordinates between management, the Board of Directors and partners, using bilingual channels that promote a two-way exchange of information. Despite having sites spread across Quebec and New Brunswick, the organization favours a harmonized approach to information management and IT systems.

Social media is used to promote the mission externally, and inclusive communication is provided to staff (e.g., birthdays, open discussions), with feedback mechanisms such as surveys and post-event reviews. Communication with patients is also two-way. Emphasis is placed on the importance of keeping them well informed of their responsibilities, while ensuring ongoing opportunities for feedback from them. Patient feedback has led to concrete adjustments, particularly in food services, programming and youth activities.

Strategic planning for 2026-2029 has begun. The organization is in the early stages of the process. In the meantime, current objectives are incorporated into an operational plan that is revised quarterly. It is recommended that staff and partner participation in the next strategic renewal process be expanded.

Information systems ensure secure access (privilege levels, two-factor authentication) and are subject to regular audits. An external assessment is being considered to validate security, compliance and performance.

The organization recently adopted Microsoft SharePoint and OneDrive to enhance information security and collaboration. The effectiveness of these tools will be monitored using dashboards to assess adoption trends and usage rates. A bilingual IT newsletter will also support ongoing training. Microsoft Defender will be the next solution implemented to further enhance security and prevent potential threats.

The Portage software, an electronic health record system custom-designed for the organization, generates data from clinical records for reporting purposes. Its ongoing effectiveness will be monitored with a view to continuous quality improvement. The organization recognizes the added value of an electronic medication administration record and has begun preliminary discussions to explore this possibility, depending on priorities and available resources.

Principle-based care and decision-making

The organization has implemented significant measures to operationalize its ethical framework. The creation of a permanent ethics committee to replace ad hoc committee meetings provides a more structured approach and is currently being formalized. A recently hired ethicist has been appointed to lead this work. This committee, which reports directly to the board of directors, will address issues related to governance, ethics, research and the revision of the code of conduct. A board resolution has been passed to support its creation. The ethicist will also draft the committee's bylaws and oversee ethics training for front-line staff, managers and board members. With a three-year mandate, this new addition will play a central role in embedding ethical thinking, research projects, dialogue and learning at all levels and across all sites of the organization.

Key ethical policies have been updated, including those relating to conflicts of interest and the code of conduct. These revisions, led by the new executive management in collaboration with senior management and the board, have strengthened expectations. Conflict of interest disclosures are now required and reviewed by both the management team and the board. A modernized and structured approach has been adopted, including clear criteria for identifying and mitigating potential or actual conflicts related to contracts or material resources. These changes reflect rigorous management principles and are aligned with recognized best practices.

The 12-week staff orientation program includes structured content on the ethical framework, conflicts of interest, the code of ethics and the code of conduct. Ongoing support is provided through monthly team meetings and supervision meetings, which provide regular opportunities for ethical reflection and discussion of complex situations. Weekly calls involving the directors of all centres, as well as representatives from operations, quality and nursing, provide a constant space to raise and address ethical issues and incidents in real time.

The organization also uses an ethical reflection tool developed several years ago. Although it remains relevant, a review would be appropriate to align it with the new committee's mandate and the ethicist's vision. Furthermore, as part of the upcoming update of its strategic plan, mission, vision and values, the organization should review its ethical framework to ensure consistency with its fundamental orientations.

Awareness and use of the framework and tool vary from site to site. Some integrate them regularly into supervision meetings, supported by presentations and discussions based on concrete cases, while others have only a superficial knowledge of them. To further embed ethics in the organizational culture, future initiatives include the establishment of ethics cafés and more structured opportunities for staff engagement.

To consolidate and maintain a culture of ethical care and decision-making at Portage, the organization should consider systematically documenting and tracking ethical issues and dilemmas.

This would help identify trends, guide service improvements, and target staff training needs based on emerging concerns that might otherwise go unnoticed. Integrating ethical decision-making skills into staff recruitment and performance evaluation processes is also a recommended strategy for maintaining an ethics-driven organizational culture.

Medical equipment and devices

The organization has a preventive maintenance plan for medical devices, which governs the inspection, monitoring and maintenance of the equipment used. It mainly uses non-critical medical devices and applies the Spaulding classification to define cleaning and disinfection requirements. Although medical equipment is limited, certain devices are available to support residents' physical health as part of their rehabilitation. Cleaning and disinfection are carried out by staff in accordance with established protocols supported by clear policies and procedures. A list of non-critical equipment is available to staff.

The preventive maintenance plan is managed by the Director of Nursing. It includes a schedule specifying the inspection periods assigned to the nursing team. These inspections are recorded in a centralized log. Biweekly meetings of the nursing team allow for discussion of equipment-related issues and ensure appropriate follow-up.

The organization is encouraged to strengthen this program with the necessary policies and procedures and by implementing a mechanism to evaluate the effectiveness of the plan. Finally, although electronic medical records are not currently included in the list of medical equipment, the organization uses a hybrid system (paper and database) and is encouraged to integrate it into its preventive maintenance plan, in accordance with standards for the safe management of medical technologies.

Locations

Spread across eight sites, seven in Quebec and one in New Brunswick, the organization offers well-maintained, clean physical environments that are conducive to a therapeutic, welcoming and safe atmosphere.

The interior spaces are carefully designed to support the comfort, dignity and well-being of residents. The rural facilities are particularly notable for their peaceful outdoor grounds, which are landscaped in collaboration with residents. Community gardens, walking trails and other recreational areas are being developed, reinforcing residents' sense of belonging and engagement in their therapeutic living environment.

The organization also places great importance on physical activity, recognized as a key factor in rehabilitation. Several sites offer facilities for yoga, weight training and outdoor sports. These activities contribute to both the physical well-being and mental health of residents.

On the environmental front, the organization demonstrates an ongoing commitment to sustainable stewardship. Initiatives such as recycling, composting, reducing the use of single-use items (such as plastic water bottles) and optimizing energy consumption are implemented at several sites. The installation of LED lighting, the adjustment of heating schedules, and the regular maintenance of ventilation and air conditioning systems demonstrate a commitment to reducing the ecological footprint of the locations. In addition, charging stations for electric vehicles have been installed and electric vehicles have been added to the organization's fleet.

Infrastructure maintenance is based on rigorous processes, which are particularly important in rural locations. Well water quality is tested every two weeks. Septic tanks, water tanks, pumps, and generators are maintained according to a predefined schedule to ensure safety and continuity of services, including in emergency situations.

Maintenance staff are available 24 hours a day, 7 days a week, to respond quickly to the needs of the various sites. Maintenance requests are sent via dedicated emails for each site, ensuring follow-up. An annual meeting of the maintenance team allows priorities for action to be established, based on observations in the field and expressed needs. These priorities are then forwarded to management to be incorporated into organizational planning.

The adoption of the Rezilio digital platform would further optimize the monitoring and traceability of interventions.

The safety of patients and staff in relation to locations is ensured by local safety committees. These committees review incidents that have occurred, propose corrective measures and implement preventive actions (e.g., distribution of crampons for winter, installation of safety capsules on slippery surfaces).

Finally, the organization is encouraged to strengthen its environmental risk analysis to better guide the planning and prioritization of its projects, considering budgetary, safety and sustainability considerations. The organization is invited to continue its efforts to improve the accessibility of its locations, with a view to inclusiveness.

Preparation for emergency situations

A standardized and comprehensive emergency response plan has been developed to guide the response to different types of critical situations. This framework plan is broken down into specific plans for each site, which are managed on the Rezilio digital platform. This platform allows key personnel to quickly access documents, update them and track their progress. The emergency plans are also linked to a database containing up-to-date customer information, which facilitates a response tailored to the needs of residents. A printed version is available in all locations.

The team can count on staff with many years of experience in emergency management, both individually and collectively. However, to strengthen the sustainability of organizational knowledge and ensure consistency of practices across different sites, it is recommended that this knowledge be formalized in written policies. This includes documenting the procedures and strategies implemented to plan, manage and restore services during emergencies.

Regular exercises, such as fire drills, are conducted to test plans and validate the effectiveness of processes. These exercises are followed by debriefing sessions where results are analyzed, areas for improvement are identified, and lessons learned are shared with teams and, in some cases, with residents. This approach promotes a culture of shared preparedness and improves organizational responsiveness.

The organization has also put in place backup systems (generators, water systems, etc.) to mitigate the effects of utility outages and maintain the safety and well-being of patients. Staff and patients are informed and involved in emergency preparedness measures, which helps build their confidence and sense of security.

Finally, the lessons learned from the pandemic have had a positive effect on the understanding and application of infection prevention and control (IPC) measures. These experiences have strengthened the team's ability to anticipate risks, adapt quickly and implement effective protective measures.

Table 5: Unmet criteria in Leadership

Criterion number	Criterion	Criterion type
2.1.1	The organization has a master plan that outlines the long-term needs of its community and other stakeholders based on projected changes in the population and demographics, and a long-term plan for how it will continue to meet changing needs.	Normal priority
2.2.1	The organization leadership engages with staff, clients, families, and other stakeholders to develop criteria to determine organizational priorities that are aligned with its vision, mission, and values.	Normal priority
2.2.2	The organization has a strategic plan that identifies organizational priorities and how it will achieve them.	Normal priority
2.2.3	The organization conducts ongoing environmental scans and adjusts the strategic plan as needed based on the results of the scans.	Normal priority
2.2.5	The organization identifies measurable goals and objectives in its strategic plan that are consistent with its vision, mission, and values.	Normal priority
2.4.4	The organization regularly evaluates its services for feasibility, relevance, acceptability, affordability, appropriateness, and effectiveness, and uses the results to make improvements.	Normal priority
1.2.7	The organization builds organizational capacity to use the ethics framework and embeds ethical behaviour in its policies, practices, and processes.	High priority

Criterion number	Criterion	Type of criterion
1.2.8	The organization collects and evaluates information about the ethical issues and challenges it faces, and it uses this information to inform organizational quality improvement initiatives.	High priority
2.3.1	The organization has an organizational structure that is aligned with and supports the strategic plan.	Normal priority
2.3.2	The organization ensures clear reporting relationships are defined when determining or revising its organizational structure, to establish effective channels of accountability.	Normal priority
3.4.2	The organization develops, implements, regularly reviews, and updates as needed position descriptions, in accordance with the needs of the organization and its stakeholders.	Normal priority
3.4.8	The organization has a talent management system for succession planning, human resources development planning, continuous performance feedback, and capacity building throughout the organization.	Normal priority
4.1.5	Workplace Violence Prevention 4.1.5.4 Risk assessments are conducted to ascertain the risk of workplace violence.	ROP
4.1.16	The organization engages with clients, families, and the community to regularly evaluate the effectiveness of its cultural safety practices, and uses the results to make improvements.	Normal priority
2.4.1	The organization has a comprehensive system to measure its performance against strategic and operational goals and objectives, and help identify, prioritize, and address opportunities for improvement.	High priority

Criterion number	Criterion	Criterion type
2.4.2	The organization regularly reports on its performance indicators and shares the reports with stakeholders to keep them informed.	Normal priority
2.4.12	The organization communicates the results of its quality improvement activities to stakeholders for transparency and to encourage organizational and system-wide transformation.	High priority
2.5.1	The organization adopts an integrated risk management framework to identify, analyze, mitigate, and manage risk, including high-risk factors, and increase the reliability of the organization.	High priority
2.5.2	The organization engages stakeholders in risk assessment and management processes, to strengthen planning.	Normal priority
2.5.3	The organization has a documented risk management plan that is implemented throughout the organization, to align its risk management activities.	High priority
2.5.4	The organization reports on risks to the governing body in a timely manner, to keep the governing body informed and up to date.	High priority

Criterion number	Criterion description	Criterion type
4.2.2	<p data-bbox="386 317 784 344">Patient Safety Incident Disclosure</p> <p data-bbox="407 401 1170 489">4.2.2.2 The disclosure process is reviewed and updated, as necessary, with input from clients, families, and team members.</p> <p data-bbox="407 520 1117 667">4.2.2.4 Communication occurs throughout the disclosure process with clients, families, and team members involved in the patient safety incident. Communication is documented and based on their individual needs.</p> <p data-bbox="407 695 1162 783">4.2.2.6 Information about the quality performance of the organization is used to make resource allocation decisions and set priorities and expectations.</p>	ROP
4.2.3	<p data-bbox="386 932 816 959">Patient Safety Incident Management</p> <p data-bbox="407 1016 1154 1131">4.2.3.5 All recommended actions resulting from the analysis of patient safety incidents are reviewed and the rationale to accept, reject, or delay implementation is documented.</p> <p data-bbox="407 1163 1166 1614">4.2.3.7 The effectiveness of the patient safety incident management system is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: <ul style="list-style-type: none"> <li data-bbox="691 1283 1130 1371">• Gathering feedback from patients, families and team members about the mechanism in place. <li data-bbox="691 1377 1166 1465">• Monitor reports of incidents related to patient safety based on the type of event and its severity. <li data-bbox="691 1472 1117 1524">• Review whether improvements are implemented and maintained. <li data-bbox="691 1530 1130 1614">• Determine whether team members feel comfortable reporting patient safety incidents. </p>	ROP

Criterion number	Criterion description	Criterion type
4.2.5	The organization regularly undertakes safety risk assessments, shares the results with staff, and ensures improvement plans are developed to address root causes.	High priority
2.6.4	The organization establishes a dialogue with stakeholders to develop and implement a business continuity plan to ensure the continuation of essential care services during and after an emergency or disaster.	High priority
2.7.4	The organization uses defined performance indicators to regularly evaluate the effectiveness of its environmental stewardship initiatives, and uses the results to make improvements.	Normal priority
2.7.5	The organization regularly evaluates the impact of climate change on the organization and on the health of the community, and uses the information to adapt to and mitigate climate change.	Normal priority
4.3.1	The organization ensures its physical spaces are safe and meet relevant laws and regulations.	High priority
4.3.8	Preventive Maintenance Program 4.3.8.3 There is a process to evaluate the effectiveness of the preventive maintenance program.	ROP

Infection Prevention and Control for Community-Based Organizations

Standards assessment: 100.0% of criteria are met

0.0% of criteria are unmet. For more information, please refer to the table below.

Assessment results:

The organization demonstrates a clear commitment to good infection prevention and control (IPC) practices. Policies and procedures are well developed and consistently implemented. IPC practices are well established at each site. Staff receive adequate training and apply standard practices, particularly with regard to hand hygiene, environmental cleaning, outbreak management and the safe handling of equipment and products. Monitoring mechanisms are in place and the organization promotes a culture of prevention across all areas of its operations, creating a safe environment for patients, family members, staff and surveyors.

The adequate availability and distribution of hand hygiene equipment is noteworthy. Handwashing stations with sinks or hydroalcoholic solution dispensers are installed at all relevant access points and in care areas.

Patients receive guidance on safety measures, including the proper use of cleaning products in therapeutic activities. Some also receive specific training in housekeeping and cooking, enabling them to actively participate in meal preparation in a safe environment.

Cleaning products are secured using controlled-dose dispensers and sealed containers, thereby limiting the risk of unauthorized access.

Compliance with hand hygiene practices by staff and patients demonstrates effective awareness and a well-established culture of prevention. Practices are reviewed regularly with teams and residents. Audits are conducted and disinfectant dispensers are available at several strategic locations.

In order to maintain the progress made in hand hygiene compliance, the organization is encouraged to adopt visual management tools, such as displaying compliance trends at each site. This approach promotes staff engagement, reinforces a sense of responsibility and maintains a continuous focus on this essential practice.

Outbreak management is rigorous. Monthly reports on notifiable diseases are produced and updated as cases evolve. The experience gained during the pandemic has strengthened the team's understanding of IPC and its ability to respond to emergencies. Isolation protocols are applied in the event of an outbreak.

At the Lionel-Groulx site, certain targeted improvements should be considered to further strengthen the system. The storage conditions for cleaning products need to be reviewed. Air extraction is insufficient, and product security does not fully meet standards, which could pose a long-term risk to health and safety. The condition of the ducts, ventilation outlets and suspended ceiling in the ground floor kitchen also raises concerns. The organization is invited to assess these elements in order to prevent the accumulation of moisture and the appearance of mould that could compromise food safety and indoor air quality.

Table 6: Unmet criteria for Infection Prevention and Control for Community-Based Organizations

This section does not contain any unmet criteria.

Service Specific Assessment Standards

The Qmentum Global™ for Canadian accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services offered by organizations. These standards are essential to the management and delivery of safe, high-quality care and services in specific service areas, such as mental health and addictions.

Addiction Services

Standards assessment: 97.1 per cent of criteria are met

2.9% of the criteria are unmet. For further information, please refer to the following table.

Assessment results:

Portage demonstrates a clear commitment to providing people-centred rehabilitation services designed to support patients where they are in their journey, throughout their recovery and until their reintegration into the community. This approach is first evident in the sustained attention paid to the accessibility of services. Upon admission, a rigorous assessment process is implemented to verify that the patient's needs are met by the services offered. When the identified needs exceed the scope of the program, a case conference is held with the patient, family and partners to facilitate referral to more appropriate resources. However, strengthening the pre-admission process represents an opportunity for improvement, particularly for young people with complex needs, such as those associated with foetal alcohol spectrum disorder (FASD). A more structured process would allow for increased planning and help avoid admissions that do not match either the patient's needs or the program's capabilities.

The organization also demonstrates an ongoing commitment to reducing stigma and promoting mental health. The therapeutic model adopted is based on a holistic approach to health, integrating a soothing physical environment, the promotion of healthy lifestyles, and the active involvement of families.

Patient empowerment is an essential component of the care model. Patients can give or withdraw their consent at any time and actively participate in community life and decision-making processes. Each program has a residents' committee that meets regularly to discuss individual rights, thereby promoting shared responsibility and transparency within the therapeutic community.

Human resources are a major challenge, particularly in rural areas. A targeted and sustainable regional staffing strategy is recommended to ensure team stability and continuity of care.

Action plans are developed in collaboration with staff and patients. An admission kit is given to each patient and their family, clearly outlining services and expectations. Resident committees are actively involved in service planning, and satisfaction survey results are shared with management. This approach reflects a culture of continuous improvement, in line with the principles of people-centred care.

On the clinical side, a comprehensive biopsychosocial assessment is conducted, including suicide risk.

A comparative medication review is performed upon admission, when a prescription is changed, when transferring to another service, and when the patient is discharged. However, systematic assessment of fall risk was not observed. The organization is encouraged to adapt its assessment tools to patient profiles, particularly taking into account the use of sedatives or impulsive behaviour, and to implement appropriate preventive measures.

Another gap identified concerns the proactive assessment of dynamic risks, particularly those related to behavioural triggers. The integration of clinical tools that take into account past trauma would enable earlier detection and more effective prevention of adverse events (incidents or accidents).

The Substance Use Disorder Severity Index (SUDSI) is used rigorously to assess needs and guide the planning of individualized care for each patient. Although it plays a central role, its integration at the time of admission presents certain operational challenges. Clarifying the roles, responsibilities and timelines related to its use would optimize its clinical impact across all Portage sites.

Aftercare and reintegration services are greatly appreciated by patients, as they offer ongoing support during the transition to their natural environment. Residents shared that they feel safe and supported by the staff. Although their therapeutic journey can be demanding, they feel that the structure of the therapeutic services helps them progress toward their recovery goals. They mentioned that the staff supports them while holding them accountable, in a caring manner.

Recognition of successes is deeply rooted in the organizational culture. Ceremonies mark the end of the residential stay and the achievement of one year of maintaining a positive lifestyle, reinforcing the sense of belonging and valuing the efforts of patients. On the staff side, a quarterly recognition program contributes to team mobilization and a favourable working environment.

The bilingual approach and safety culture are implemented in almost all departments. Clinical tools are available in French and sometimes in English in most programs, and access to translation between peers or with practitioners is possible. A minimum level of oral comprehension in either official language is required to ensure active participation. The organization also ensures that cultural and spiritual dimensions are integrated into individualized intervention plans, particularly for First Nations patients, by respecting traditional practices and welcoming elders in a spirit of openness and inclusion.

Table 7: Unmet criteria for Addiction Services

Criterion number	Criterion description	Criterion type
1.2.7	Translation and interpretation services are available for clients and families as needed.	Normal priority
1.3.6	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	High priority