



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Aventa Treatment Foundation for Women

Calgary, AB

On-site survey dates: November 12, 2017 - November 15, 2017

Report issued: February 20, 2018

About the Accreditation Report

Aventa Treatment Foundation for Women (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in November 2017. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Client Engagement Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

Table of Contents

Executive Summary	1
Accreditation Decision	1
About the On-site Survey	2
Overview by Quality Dimensions	3
Overview by Standards	4
Overview by Required Organizational Practices	5
Summary of Surveyor Team Observations	8
Detailed On-site Survey Results	10
Priority Process Results for System-wide Standards	11
Priority Process: Governance	11
Priority Process: Planning and Service Design	12
Priority Process: Resource Management	13
Priority Process: Human Capital	14
Priority Process: Integrated Quality Management	15
Priority Process: Principle-based Care and Decision Making	16
Priority Process: Communication	17
Priority Process: Physical Environment	18
Priority Process: Emergency Preparedness	19
Priority Process: Patient Flow	20
Priority Process: Medical Devices and Equipment	21
Service Excellence Standards Results	22
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision	22
Standards Set: Managing Medications in Aboriginal Substance Misuse Services - Direct Service Provision	24
Standards Set: Substance Abuse and Problem Gambling - Direct Service Provision	25
Instrument Results	27
Governance Functioning Tool (2016)	27
Canadian Patient Safety Culture Survey Tool: Community Based Version	31
Worklife Pulse	33
Appendix A - Qmentum	35
Appendix B - Priority Processes	36

Executive Summary

Aventa Treatment Foundation for Women (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Aventa Treatment Foundation for Women's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: November 12, 2017 to November 15, 2017**

- **Locations**

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

1. Aventa - Phase III House
2. Aventa Main Office (610-25th Ave SW)

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Leadership Standards for Small, Community-Based Organizations

Service Excellence Standards

4. Managing Medications in Aboriginal Substance Misuse Services - Service Excellence Standards
5. Substance Abuse and Problem Gambling - Service Excellence Standards

- **Instruments**

The organization administered:

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

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	21	0	1	22
 Accessibility (Give me timely and equitable services)	11	0	0	11
 Safety (Keep me safe)	71	0	23	94
 Worklife (Take care of those who take care of me)	48	0	2	50
 Client-centred Services (Partner with me and my family in our care)	51	0	5	56
 Continuity (Coordinate my care across the continuum)	9	0	0	9
 Appropriateness (Do the right thing to achieve the best results)	174	0	18	192
 Efficiency (Make the best use of resources)	20	0	0	20
Total	405	0	49	454

Overview by Standards

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

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	45 (100.0%)	0 (0.0%)	5	36 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	5
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	69 (100.0%)	0 (0.0%)	1	109 (100.0%)	0 (0.0%)	1
Infection Prevention and Control Standards for Community-Based Organizations	17 (100.0%)	0 (0.0%)	17	38 (100.0%)	0 (0.0%)	9	55 (100.0%)	0 (0.0%)	26
Managing Medications in Aboriginal Substance Misuse Services	9 (100.0%)	0 (0.0%)	9	12 (100.0%)	0 (0.0%)	3	21 (100.0%)	0 (0.0%)	12
Substance Abuse and Problem Gambling	44 (100.0%)	0 (0.0%)	1	80 (100.0%)	0 (0.0%)	2	124 (100.0%)	0 (0.0%)	3
Total	155 (100.0%)	0 (0.0%)	32	235 (100.0%)	0 (0.0%)	15	390 (100.0%)	0 (0.0%)	47

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	8 of 8	4 of 4
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	8 of 8	4 of 4
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	12 of 12	2 of 2
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	4 of 4
Patient Safety Goal Area: Communication			
Client Identification (Substance Abuse and Problem Gambling)	Met	2 of 2	0 of 0
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	8 of 8	2 of 2
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	8 of 8	4 of 4

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	Met	6 of 6	4 of 4
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	4 of 4
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	12 of 12	4 of 4
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	2 of 2	4 of 4
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	10 of 10	0 of 0

Summary of Surveyor Team Observations

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

Since 1970 Aventa has offered services and programs to help educate and support women to recover from addictions. A trauma informed curriculum and treatment for mental health conditions is also offered. The clinical teams are dedicated and committed health care professionals who actively participate in quality and safety initiatives.

The services are provided in a modern, clean and therapeutic environment. Aventa recently purchased a building adjacent to their property. They plan to transfer all administrative functions to the renovated space and increase the capacity of the treatment program by approximately 20 beds. This will draw on the leadership and boards skills of detailed and heightened risk management planning.

The strategic plan has been updated for 2017-2022. The quality and risk management plans are integrated and a culture of safety is embedded into the operations. Aventa has applied the Qmentum standards effectively and appropriately to support the vision and day to day operations.

The board of directors is a group of enthusiastic individuals with the appropriate mix of skills, experience and backgrounds that are aligned with the organizations strategy. Furthermore, their quality and client safety expertise supports effective decision making. Likewise, the leadership at Aventa is confident and promotes transparent communication and a productive, enhance respectful work environment.

Aventa has received several awards since their previous survey. In 2016, they won the Lieutenant Governor's Circle on Mental Health and Addiction – True Awards – True Service, the Canadian Federation of Business and Professional Women Centennial Recognition Award and the Alberta Justice and Solicitor General Community Justice Award – Leadership.

Aventa is currently active on 9 community committees, one being the Valuing Mental Health Review Committee & Fentanyl Crisis Response. They are very well regarded by community partners who value their collaboration on client care initiatives. Aventa's reputation is described as trustworthy, cooperative and dependable.

To better support the clients' needs Aventa partnered with the Calgary Dream Centre to support additional community beds for women. Clients also report high levels of satisfaction with the care they have received and credit the organization for personal successes.

The organization provides an excellent service to women who are struggling with addiction and trauma issues. Leadership at Aventa have demonstrated the increasing value that they place on Client and Family Centred Care with the amount of resources that is used to support CFCC. Client flow from intake and admission to Aventa Phase III is seamless. The organization uses evidenced based program material produced by Dr. Stephanie Covington.

Aventa has a robust infection management program that has produced effective outcomes with reduced infection rates in its facilities. This program is well resourced and monitored by the leadership at Aventa.

Aventa's contribution to improving the lives of women suffering from addiction and trauma and to their community is commendable and they are encouraged to continue celebrating their achievements.

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:



High priority criterion

MAJOR

Required Organizational Practice

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>The board of Aventa is a thoughtful mixture of active, involved individuals who demonstrate accountability for the quality of care provided. Members understand the importance of their role in relation to quality and safety and consistently monitor the progress of the strategic plan. The board is also fully informed of the client and family-centred care principle and support a respectful, compassionate and culturally appropriate approach.</p> <p>Members evaluate their performance individually and as a team and report high levels of satisfaction in terms of their participation and involvement.</p> <p>Relations with the CEO and the leadership team are positive. A plan for a temporary absence of the CEO is developed. It is recommended a long term plan be developed to prepare and support emerging leaders and the organization.</p> <p>The financial challenges Aventa needs to manage and staff retention are identified as ongoing issues.</p>

Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Services and programs are planned with the input from clients, families, staff and community partners. Feedback is gathered in a variety of formal and informal ways. A newly revised strategic plan identifies the long-term vision that is consistently monitored. Formalized policies and procedures support the operation and promote consistency and quality.

According to community partners relationships with Aventa are very positive and are described as cooperative and collaborative. Communication is effective and transparent. Community agencies look forward to ongoing partnerships and look forward to working together on future projects including diabetes care, smoking cessation and other clinical programs and services. Clients, past and present, also report very high levels of satisfaction and are extremely grateful for the support they have received.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Leadership of Aventa successfully advocates for clients and families and has significantly increased the operating revenue over time. They report that relationships with funders and community partners are cooperative and collaborative. The board approves final submissions and regularly reviews variances. Adjustments made are done according to policy and procedure.

Aventa is commended for their fiscally responsible approach and creative management of limited resources.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The staff at Aventa are a team of qualified professionals. Job descriptions are detailed and updated, as required. Training starts at orientation for all staff and continues on an annual basis. This supports a culture of client and family-centred care. Teams are also provided with access to best practice information.

Recruitment and retention are identified challenges for Aventa. Compensation at Alberta Health Services (AHS) is significantly higher than what Aventa can offer for similar positions. Nevertheless turnover rates remain low supported by creative retention strategies and staff wellness initiatives.

Aventa has indicated they hope to purchase a HR tracking program that will help monitor performance reviews, mandatory training and education opportunities.

In preparation for expansion of services and programs, Aventa is encouraged to begin the recruitment process in advance to ensure the selection process attracts the best possible candidates.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Aventa has developed an integrated quality and risk management plan that provides direction on managing quality and risk and the deployment of resources. A quality improvement committee with representation from all levels of the organization supports the culture of quality and safety that is evident at Aventa. Regular reporting to the clinical staff and board members informs the teams on the progress of the quality initiatives.

An organized safety plan processes client safety issues. Despite the financial challenges, the organization has allocated resources to lead the accreditation process. Aventa applies the Qmentum program very appropriately and effectively to support CQI.

The team is challenged by the complexity of their clients and demands for services. Management of the waitlist is an identified goal. In addition, to promote consistent and quality medication reconciliation Aventa needs to formalize the med rec policy. A policy will reinforce the organization's commitment to safety and will provide overarching guidance for successful implementation of medication reconciliation.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Aventa has effectively implemented an ethics framework and has an active ethics committee. The leaders, board members and staff are provided with support to use the framework on a day to day and on a case by case basis. Issues are processed proactively in order to anticipate the team’s decision making needs (i.e. use of naloxone kits, supporting transgender clients etc.). Training is provided on a regular basis and the effectiveness of their efforts are evaluated.

Aventa is encouraged to incorporate ethics into their annual staff development plan to build capacity and to continue providing forums to discuss and process their ethical challenges.

Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Advocacy at Aventa is a shared responsibility across the organization. Leaders, frontline staff and board members ensure the community is aware of the services they deliver and the programs they provide. Together they actively participate in community events to raise awareness and bring recognition to addiction and mental health issues. The results of the quality improvement initiatives are shared at the local and provincial level.

The revised website is user friendly and provides valuable information and education to various stakeholders. The organization is very satisfied with the usefulness and functionality of their information management system.

Staff, community partners and clients all comment on the value of the transparent communication style they can expect from Aventa.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Aventa is in the process of renovating a building they bought that is next door to their main office and Phase II treatment program. The plan is to remove the administrative offices from 610-25 Ave and expand the space for the treatment program including the addition of new beds. The organization held focus groups with its clients to obtain input on this major renovation project.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

After the Calgary flood of 2013 the organization thoroughly reviewed and updated its emergency plans. There are regular fire and evacuation drills. Aventa's client files database is kept on a Cloud Web based system. The organization has a financial recovery strategy that will enable it to continue for a period of months in the event of any unexpected disasters or occurrences.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Aventa identifies barriers to their services including demands for service and accessibility. The leadership acknowledges the importance of effective waitlist management and the team is encouraged to consider innovative supports for clients waiting for service.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is a non-medical facility that only has non-critical medical devices that require only a thorough cleaning and/or low-level disinfection.

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

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

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	

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

Aventa has a robust infection management program that has produced effective outcomes with reduced infection rates in its facilities. The program is well resourced and monitored by Aventa's leadership. Suggest that Aventa contact Accreditation Canada for clarification on the four moments of hand hygiene in an addictions treatment facility, particularly in regard to staff/client interaction, before and after at the point of providing counseling services.

While the organization has included guidelines for sharps in its staff orientation manual it is suggested that a policy and procedure for sharps be developed and included in Aventa's Policy Manual.

Standards Set: Managing Medications in Aboriginal Substance Misuse Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
----------------	------------------------

Priority Process: Medication Management

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Aventa is a non-medical addictions treatment facility. However, it has access to an in-house doctor (1/2 day) and an in-house psychiatrist (1/2 day) as well as a nurse 5 days a week. These doctors often change and or prescribe new prescriptions for women entering Aventa's program. The medication system is well monitored by the nursing staff and improvements are made based on review of safety reports.

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

Unmet Criteria	High Priority Criteria
----------------	------------------------

Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Aventa's leadership have demonstrated the increasing value that they place on Client and Family Centred Care with the amount of resources that is used to support CFCC. They have a Family and Friends program; families have access to online feedback; Comment Boxes are available throughout the facility, clients give ongoing informal feedback to staff, Survey Monkey is used to survey clients at graduation and they do focus groups to obtain client input on specific issues such as the redesign of the main site.

Priority Process: Competency

Aventa has a comprehensive orientation process for new staff. There have been regulatory changes with the Alberta Health Act, requiring that staff who provide psychosocial interventions in the Province of Alberta, must be registered with a regulatory body. Aventa Staff have been grandfathered in with the Canadian Certified Addiction Counsellor Association (CCACA), and the organization has also contracted Dr. Beverley Frizzell to provide authorized clinical supervision in line with the Health Professions Act.

Priority Process: Episode of Care

Clients at Aventa report a high degree of satisfaction with the service that they have received during their **stay at the treatment center. They report a "seamless service that is warm and welcoming."** The organization has standardized assessment, intake and client file documentation processes at both locations.

Aventa's family physician meets with referred clients on Tuesday mornings. The organization's psychiatrist meets with referred clients once a week. Aventa clients' medications can be changed by both these doctors. It is recommended that a copy of the updated Medication Observation Sheet (MOR) be given to clients and their family doctor upon program discharge.

Priority Process: Decision Support

Aventa has moved to fully electronic client files system that is Cloud Web based. Staff appear to have adapted well to the new system. Staff report that information flow has improved both within and between the two sites. There is a Communication Book that can be accessed by staff at both sites.

Priority Process: Impact on Outcomes

As a trauma informed facility Patient/ Client Safety is a primary focus of Aventa's leaders. With the recent increase in opioid (Fentanyl) deaths in Alberta the organization has made Naloxone kits available, not only to current clients, but even women on its Waitlist. Aventa has also trained its staff on overdose prevention as well as Workplace Violence Prevention strategies. Multiple safety measures are in place at Aventa including security cameras inside and outside the buildings; locked and monitored entrances; public address system; Walkie Talkies at the main centre and a cordless phone at Phase III; Aventa Safety Committee and Safety Officer; Alerts on the electronic client database; Little Green Button Emergency System; a Fire/evacuation Drill Program and allergies included on individual client's medication sheets.

Aventa has two quality improvement goals for 2016-2017: Establish benchmarks based on best practices and Literature review and informing all staff of the principles and practices. Input from client and family is obtained from extensive surveys, focus groups and feedback comments. The organization plans in 2018 to survey past and current clients on strategies to avoid clients leaving the program before their completion dates.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

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

- **Data collection period: March 27, 2017 to April 13, 2017**
- **Number of responses: 7**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	92
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	93
3. Subcommittees need better defined roles and responsibilities.	86	0	14	65
4. As a governing body, we do not become directly involved in management issues.	0	0	100	85
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	94

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	93
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	94
9. Our governance processes need to better ensure that everyone participates in decision making.	100	0	0	60
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	0	100	86
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	93
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	96
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	79
17. Contributions of individual members are reviewed regularly.	0	0	100	61
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	0	100	57
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	81

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	100	0	0	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	79
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	90
24. As a governing body, we hear stories about clients who experienced harm during care.	33	0	67	77
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	85
27. We lack explicit criteria to recruit and select new members.	100	0	0	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	86
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	94
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	89
31. We review our own structure, including size and subcommittee structure.	0	0	100	84
32. We have a process to elect or appoint our chair.	0	0	100	87

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

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	0	100	79

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
34. Quality of care	0	0	100	81

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

Canadian Patient Safety Culture Survey Tool: Community Based Version

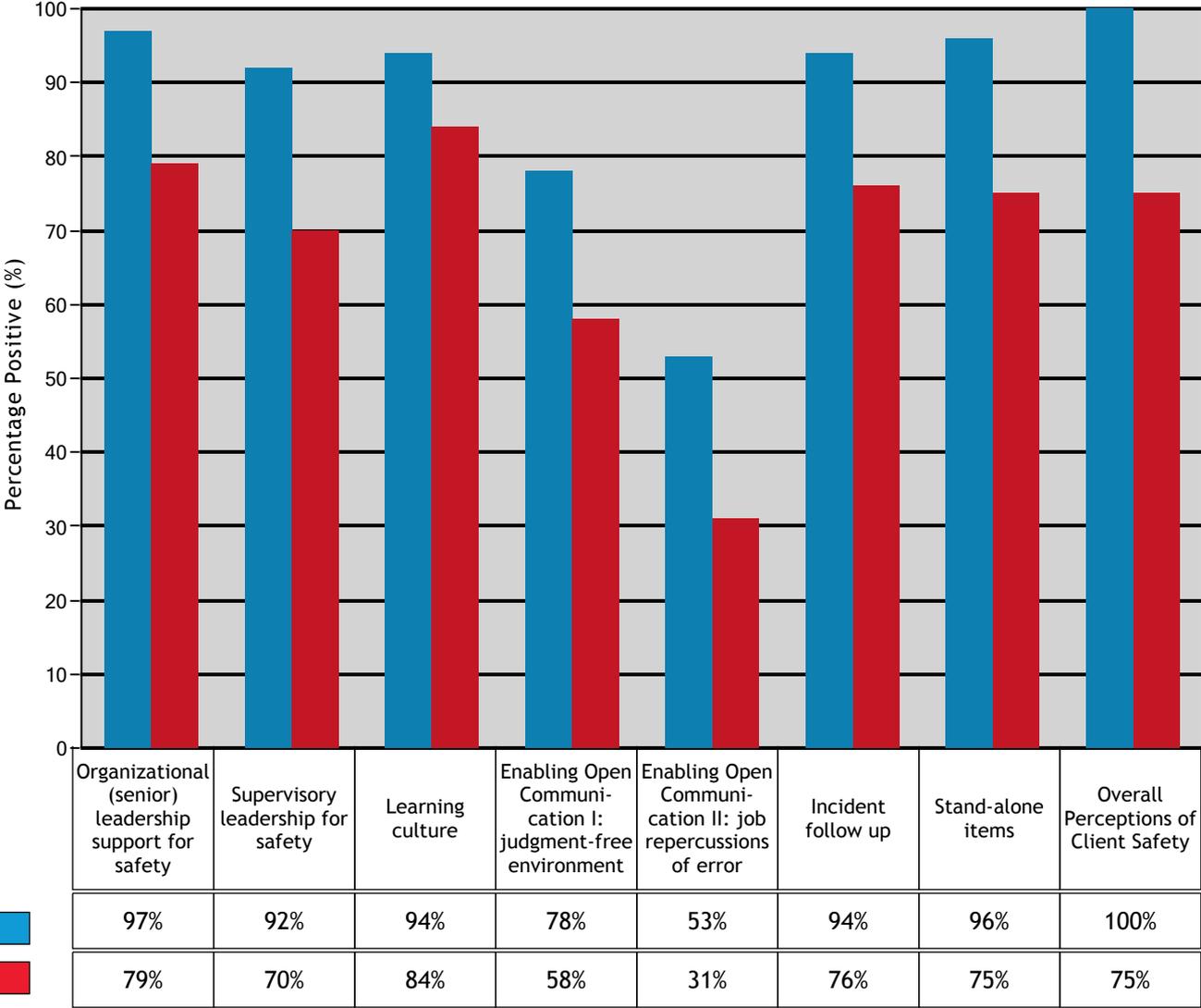
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

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

- **Data collection period: December 1, 2016 to February 14, 2017**
- **Minimum responses rate (based on the number of eligible employees): 33**
- **Number of responses: 38**

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



Legend

- Aventa Treatment Foundation for Women
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

Worklife Pulse

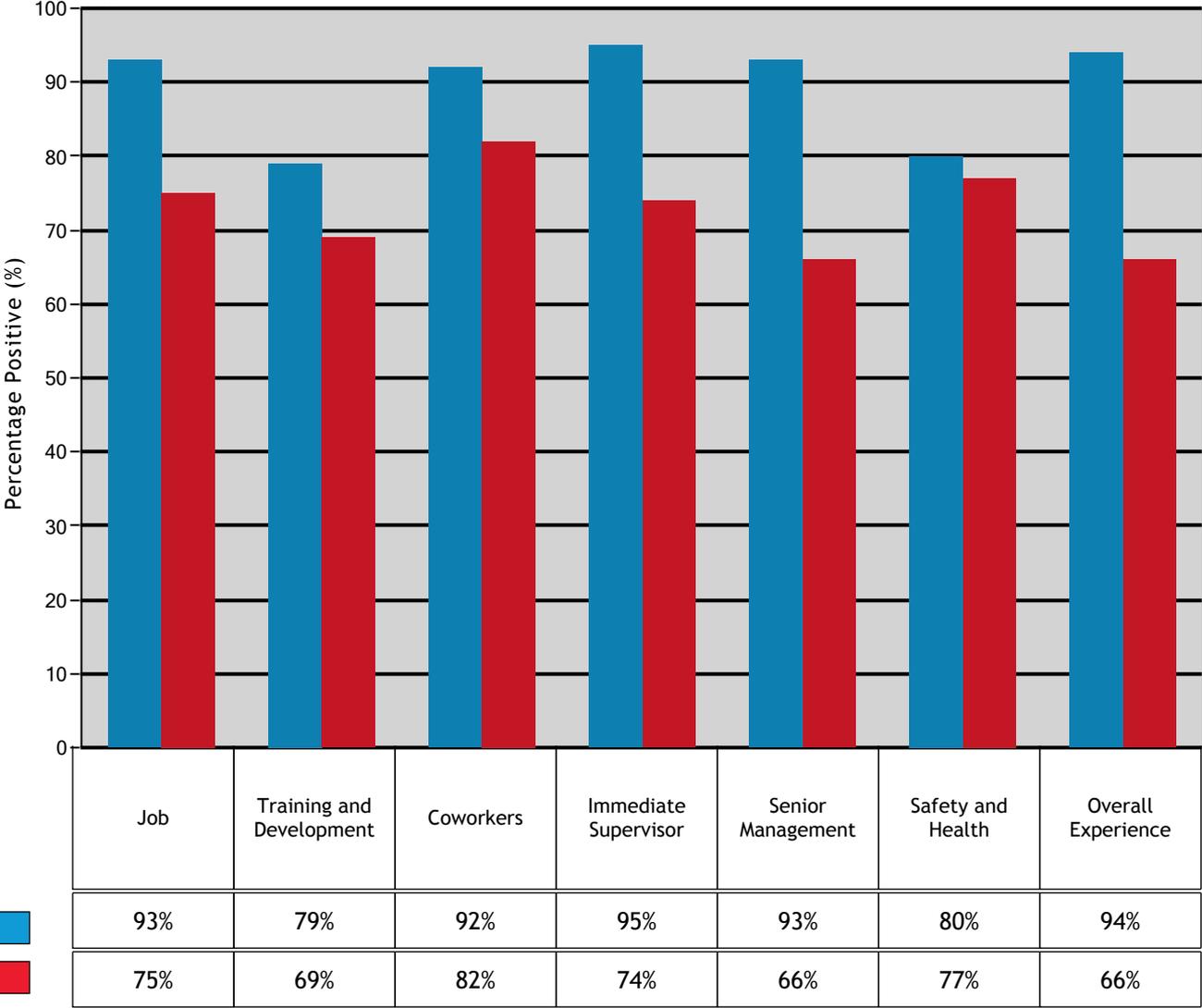
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

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

- **Data collection period: November 16, 2016 to December 3, 2016**
- **Minimum responses rate (based on the number of eligible employees): 49**
- **Number of responses: 50**

Worklife Pulse: Results of Work Environment



Legend
■ Aventa Treatment Foundation for Women
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

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

Priority processes associated with service excellence standards

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

Priority Process	Description
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge