



Brain Injury Community Re-entry (Niagara) Inc.

Accredited with Exemplary Standing

May, 2016 to 2020

Brain Injury Community Re-entry (Niagara) Inc. has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until May 2020 provided program requirements continue to be met.

Brain Injury Community Re-entry (Niagara) Inc. is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Brain Injury Community Re-entry (Niagara) Inc.** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Brain Injury Community Re-entry (Niagara) Inc. (2016)

Since 1988 Brain Injury Community Re-entry (Niagara) Inc. has been providing rehabilitation and support services to individuals living with the effects of an acquired brain injury.

BICR provides life skills instruction to individuals who have sustained varying degrees of injury in the desire to increase their level of functional independence & become active again in work, education, home & leisure activities.

Services: Residential programs, Apartment living with on-site staff support, Community outreach services, Pre-employment services, Return to work programs, Community based adult day programs, Psychology/Social Work, Recreation & Educational opportunities for individuals & families

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

May 1, 2016 to May 4, 2016

Locations surveyed

- **8** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited with Exemplary Standing** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **5 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Brain Injury Community Re-entry (BICR) Niagara Inc. is commended on participating in and preparing for the Qmentum accreditation program. BICR is a non-profit organization serving individuals living with the effects of an acquired brain injury (ABI). BICR was founded in 1988 by a group of concerned parents and professionals who felt specialized services were required for the Niagara area. One of the founding members currently serves as the chair of the board of directors. Since its inception this organization has expanded in scope and now serves the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN). Referrals are received from across the province, from as far away as North Bay.

The organization's board of directors and senior leadership team are acknowledged for their commitment to promoting a culture that challenges all staff to live the mission, vision, and values (philosophy) as part of the everyday workplace. The focus on participant- and family-centred care and services is evident throughout all program areas. Families and community partners noted this as well.

Strong community partnerships and a positive community reputation position the organization as a leader among its peers. This was expressed by several members of the participant and family group and the community partners' focus group. Examples of these strong partnerships and linkages include the HNHB LHIN, Brain Injury Services of Hamilton, Hamilton Health Sciences, the Canadian Mental Health Association, long-term care facilities, Public Health Niagara Region, the Community Care Access Centre (CCAC), the Brain Injury Association of Niagara, Ontario March of Dimes, Niagara Regional Housing, and other peer organizations.

The participants and families' focus group was eager to commend BICR for its commitment to participant- and family-centred services. They feel they are valued contributors to their care and service delivery. They further note that they feel empowered to offer suggestions and participate whenever possible in planning opportunities such as strategic planning. This group did state that they feel there is a need to increase awareness of BICR services in the community.

Community partners spoke highly of the organization's reputation in the health care community. They noted that BICR has a good understanding of the environmental factors that impact their collective target populations. BICR was described as flexible, quality and client focused, excellent collaborators, and a strong leader at community tables. The working relationship with staff and leaders was described as great and services as very impressive. The partners were grateful for the services provided by BICR and there was recognition that the organization is "never adequately resourced" in the provision of these services.

BICR's commitment to providing information to participants and families in English and French as an attempt to meet cultural diversity needs is noted.

There is a well-defined strategic planning process that includes input from a wide variety of stakeholders. The use of the Open Space forum as a means of collecting information has been well received by families, participants, and community partners.

The organization is fortunate to have strong governance and leadership as it faces system-wide challenges across the province, including changes that will impact care and services. These include provincial funding limitations and increasing volume and complexity of participant referrals. Trends in demographics suggest a continued increase in aging participant referrals as well as aging caregivers. Trends suggest a rise in the number of participants presenting with a dual diagnosis, including mental health and possibly addiction issues. Creativity and innovation in developing strategies to sustain the high level of service delivery for which BICR is known will be required. The organization is wished well in meeting these challenges.

The board is commended for its commitment to continuous quality improvement and risk management and for its efforts to promote and sustain a culture of client safety across the organization. The support of the senior leadership team is recognized with approval.

The comprehensive quality improvement plan, that includes safety and risk management, is aligned with the strategic directions and grounded in the mission, vision, and values. It provides a clear guide to direct organization-wide integrated quality management. The Quality Committee serves a key role in overall coordination of quality improvement across the organization. The team is encouraged to continue with its plans to review the terms of reference for this committee, specifically with respect to increasing the membership of front-line staff and reducing the number of managers.

Many quality and risk management initiatives have been implemented since the last on-site survey. These include the introduction of a new critical incident classification, a new pharmacy partnership, a revised falls prevention strategy, a new evaluation form, improvements in medication management processes as a result of a prospective analysis on medication audits, and suicide prevention training for staff.

A well-developed and comprehensive written workplace violence prevention policy clearly delineates the roles and responsibilities for implementation, monitoring, investigation, and reporting.

The organization demonstrates excellent leadership with regard to prioritizing the importance of safe worksites for its staff and participants. Physical environment concerns are addressed in a timely manner with areas of risk prioritized. With limited financial resources BICR is fortunate to have a reserve fund to address some of its larger capital replacement needs.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

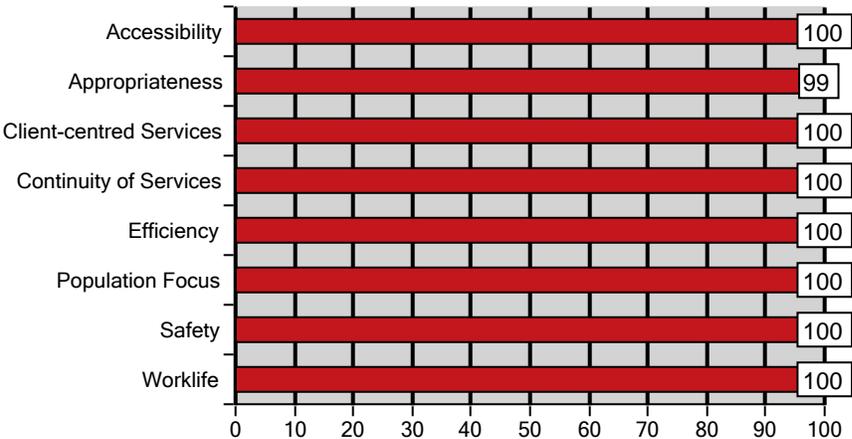
The quality dimensions are:

-  **Accessibility:** Give me timely and equitable services
-  **Appropriateness:** Do the right thing to achieve the best results
-  **Client-centred Services:** Partner with me and my family in our care
-  **Continuity of Services:** Coordinate my care across the continuum
-  **Efficiency:** Make the best use of resources
-  **Population Focus:** Work with my community to anticipate and meet our needs
-  **Safety:** Keep me safe
-  **Worklife:** Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

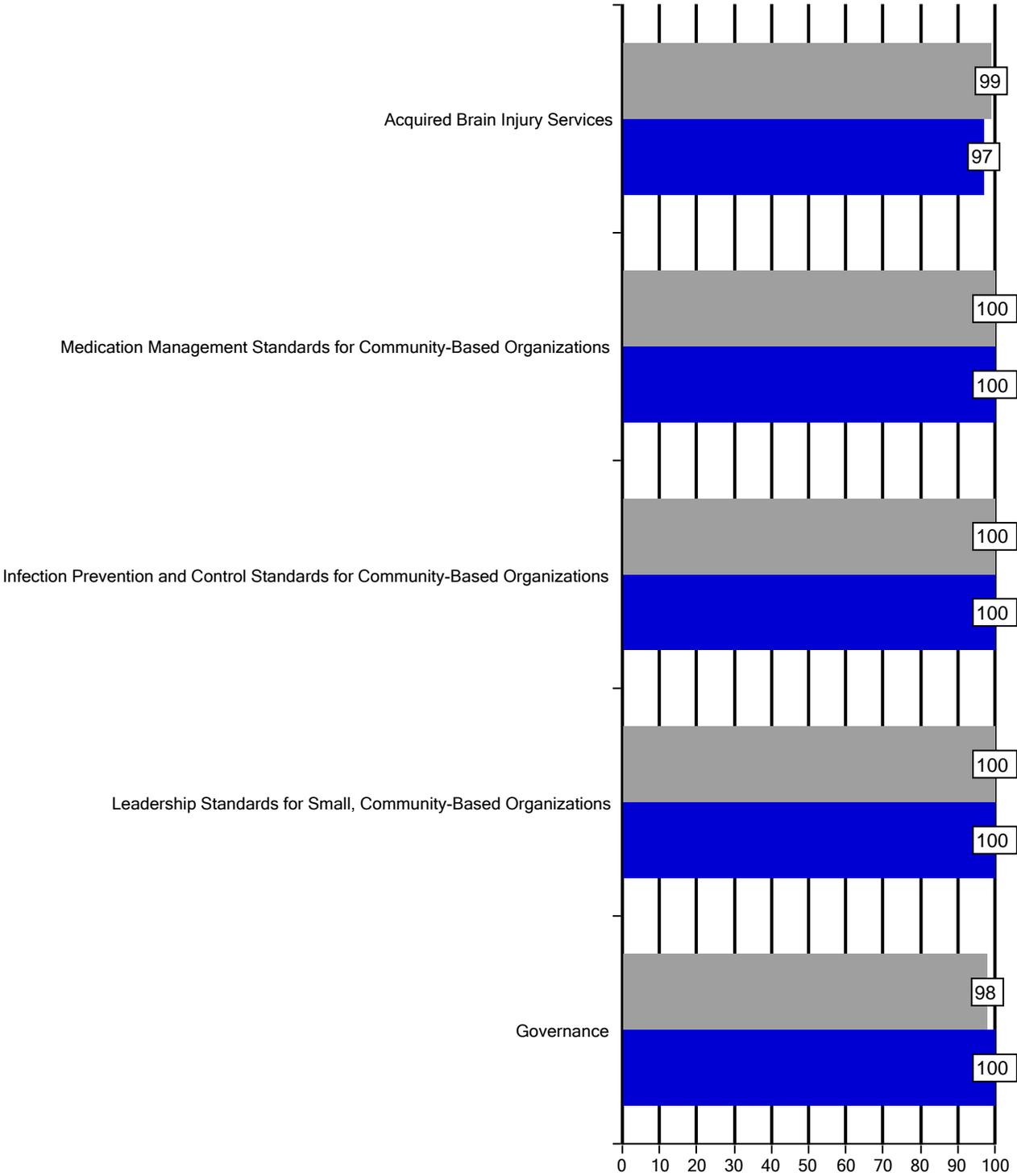
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

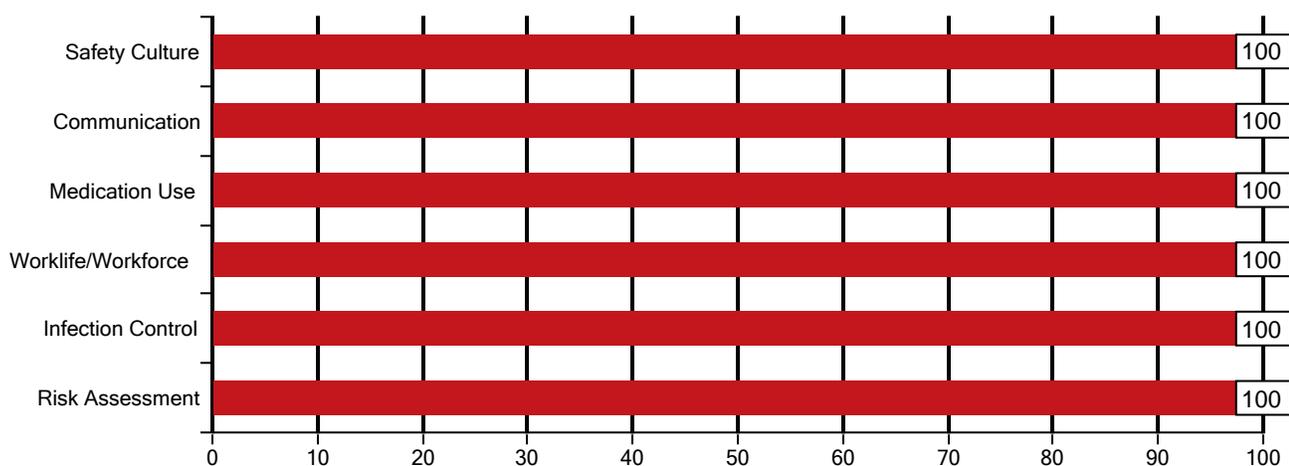
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



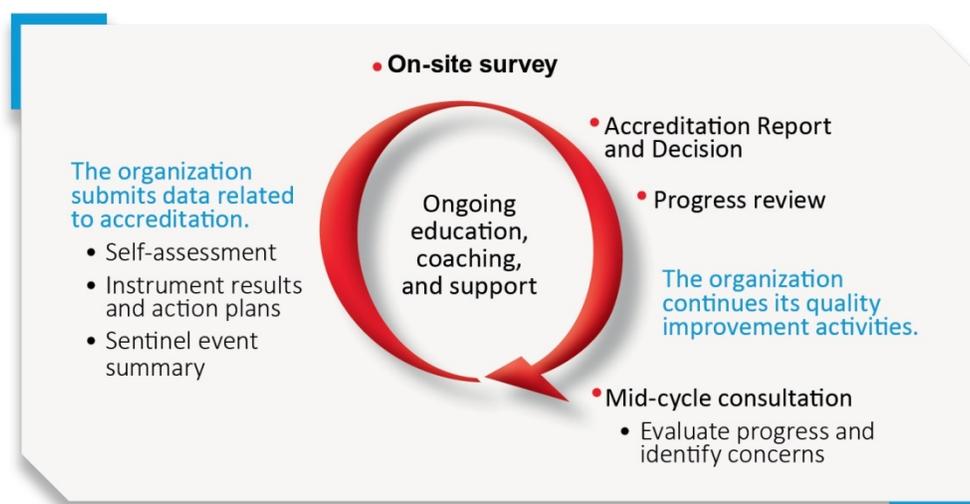
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Brain Injury Community Re-entry (Niagara) Inc.** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Bowden Street
- 2 Brain Injury Community Re-entry (Niagara) Inc.
- 3 Buckley Towers
- 4 Parkdale Place
- 5 Personal Effectiveness Training (P.E.T.) Program
- 6 Promenade Richelieu
- 7 Richardson Court
- 8 Vocational Program

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - The “Do Not Use” list of abbreviations
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Medication Use

- Heparin safety
 - High-alert medications
 - Narcotics safety
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Worklife/Workforce

- Patient safety plan
 - Patient safety: education and training
 - Preventive maintenance program
 - Workplace violence prevention
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Infection Control

- Hand-hygiene compliance
 - Hand-hygiene education and training
 - Infection rates
 - Reprocessing
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Risk Assessment

- Falls prevention
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