



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Lance Krasman Memorial Centre for Community Mental Health

Richmond Hill, ON

On-site survey dates: December 5, 2022 - December 7, 2022

Report issued: January 6, 2023

About the Accreditation Report

Lance Krasman Memorial Centre for Community Mental Health (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 December 2022. 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 will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

A Message from Accreditation Canada

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

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

Your Program Manager or Client Services 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,

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

Leslee Thompson
Chief Executive Officer

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Executive Summary

Lance Krasman Memorial Centre for Community Mental Health (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

Lance Krasman Memorial Centre for Community Mental Health's accreditation decision is:

Accredited with Commendation (Report)

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

About the On-site Survey

- **On-site survey dates: December 5, 2022 to December 7, 2022**

- **Locations**

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

1. Krasman Centre Main office
2. Krasman Centre Satellite office (temporary)

- **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. Community-Based Mental Health Services and Supports - Service Excellence Standards









- **Instruments**

The organization administered:

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

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)	24	2	0	26
 Accessibility (Give me timely and equitable services)	9	1	0	10
 Safety (Keep me safe)	65	1	12	78
 Worklife (Take care of those who take care of me)	44	4	0	48
 Client-centred Services (Partner with me and my family in our care)	55	1	1	57
 Continuity (Coordinate my care across the continuum)	7	0	1	8
 Appropriateness (Do the right thing to achieve the best results)	160	6	19	185
 Efficiency (Make the best use of resources)	19	1	0	20
Total	383	16	33	432

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	44 (97.8%)	1 (2.2%)	5	32 (91.4%)	3 (8.6%)	1	76 (95.0%)	4 (5.0%)	6
Leadership Standards for Small, Community-Based Organizations	38 (95.0%)	2 (5.0%)	0	67 (95.7%)	3 (4.3%)	0	105 (95.5%)	5 (4.5%)	0
Infection Prevention and Control Standards for Community-Based Organizations	21 (100.0%)	0 (0.0%)	13	43 (97.7%)	1 (2.3%)	3	64 (98.5%)	1 (1.5%)	16
Community-Based Mental Health Services and Supports	36 (90.0%)	4 (10.0%)	5	90 (97.8%)	2 (2.2%)	2	126 (95.5%)	6 (4.5%)	7
Total	139 (95.2%)	7 (4.8%)	23	232 (96.3%)	9 (3.7%)	6	371 (95.9%)	16 (4.1%)	29

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

Serving the York Region, areas of Simcoe County and North Toronto, the Lance Krasman Memorial Centre for Community Mental health is a consumer/survivor initiative, offering peer support-based programs, meeting hubs, and resources for people with lived experience of mental health, substance use and housing challenges. It is funded by Ontario Health, the Regional Municipality of York, County of Simcoe, United Way Greater Toronto, and fundraising initiatives. The Krasman Centre's programs and services are strength- and recovery-based, and the approaches to peer support are informed by harm reduction and trauma informed practices. Recovery at the Krasman Centre is based by the belief that people can achieve their goals if given access to the necessary power, resources, and opportunities to heal and recover from oppression and trauma.

A wide range of programs and services are provided by the Krasman Centre such as a warm line and peer crisis support, drop-by and drop-in centres in Richmond Hill and Alliston, a family support program, peer led wrap hubs, peer recovery education program, hospital peer navigators, mobile outreach and a variety of virtual health and wellness programming and groups. The Krasman Centre has several partners including Inaadiziwin a partnership with the Georgina Island First Nation where peer workers have been integrated into the local health care system. Several other partnerships are in place. Examples include a drop-by program in Newmarket, a collaborative housing to health program, a wellness collaborative that offers harm reduction peer support at rapid access to addictions medicine (RAAM) clinics.

The organization is described by its partners as innovative and adaptive. The breadth and depth of its outreach, and partner collaboratives is impressive. Partners have a lot of respect for the Krasman Centre. They unanimously agree the organization is a gem that should be replicated and better resourced, and must have a voice at all key system planning tables. Collectively, partners are keen to support the growth of this organization's capacity to meet the growing demand for evidence informed peer-based supports. The organization has clearly outgrown its physical space and should be supported to ensure it can continue to respond to a system that continues to be challenged with growing rates of mental health and addiction issues that are exacerbated by higher rates of poverty, food and housing insecurities. The organization recognizes the importance of continuing to enhance its operational and administrative infrastructure to keep pace with the growing demand for its services.

Board composition is diverse and includes directors with lived experience. There is a good balance of new and legacy directors that ensures the continuity of corporate memory and fresh perspectives. Directors are well informed about the broader system and active in setting the organization's strategic priorities. Results of the governance self-assessment are reviewed. Action plans are in place to make improvements to the board's structure and operational processes. Board renewal is active, and based on skills and knowledge gaps. The board is skilled at ethical decision making. Financial, quality, safety and participant experience information are integral to the board's discussions and decisions. The Krasman Centre's governance structure is skilled, effective, and supported by a robust set of policies, by-laws, and committees.

The leadership team has recently been expanded in response to the unprecedented growth in services. This has created internal growth opportunities, which are good for retention and succession planning. It has also resulted in more equitable workloads and will improve the organization's capacity to achieve operational and quality improvement targets. The leadership team is regarded by its partners as transparent and responsive.

Work life balance is promoted. Several initiatives are in place to support the health and wellbeing of staff. The organization's Kare team is responsible to plan, promote, and implement wellness initiatives for staff to improve their mental health, considering environmental, emotional, intellectual, social, spiritual, and educational wellness. The Kare team provide six to twelve initiatives a year and looks for ongoing feedback and input from staff. The work life pulse tool is administered twice a year, and results are validated with staff. Staff have access to clinical supervision, frequent communication, and staff meetings. They appreciate the positive work culture of the organization. Teams are dynamic and go beyond to ensure participant needs are met.

Participants feel valued and connected to Krasman, and that their ideas and suggestions are heard. The organization's commitment to people centered care is impressive, and embedded and fully operationalized. Multiple channels and activities are used to collect and integrate participant input. Decisions at all levels of the organization are informed by lived experience.

This organization has much to celebrate. It demonstrates a strong commitment to service excellence. Well done!

Detailed On-site Survey Results

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

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

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



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

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

See Appendix B for a list of priority processes.

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

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

	High priority criterion
	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
7.8 The governing body has a succession plan for the CEO.	
7.9 The governing body oversees the development of the organization's talent management plan.	!
11.4 The communication plan includes strategies to communicate key messages to clients and families, team members, stakeholders, and the community.	
11.7 The governing body, in collaboration with the organization's leaders, share reports about the organization's performance and quality of services with teams, clients, families, the community served, and other stakeholders.	
Surveyor comments on the priority process(es)	

The board’s structure and operations are supported by a seasoned leader, clearly defined by-laws, policies, and procedures. The board’s current composition is diverse with members bringing essential skills and knowledge in the areas of finance, organizational development, evidence driven decisions, practices, government relationships, risk management and the law. These are proving to be helpful as the board supports a significant growth in services, and a newly expanded leadership team to better respond to the demand for peer programs and collaborative community initiatives. The board might want to have a competency matrix to continuously record competency gaps and use the matrix to guide the recruitment of new members. There is a thorough onboarding boarding process, preparing new members to fulfill their roles and responsibilities. A committee structure is in place.

The board is kept up to date on the agency’s fiscal performance and the achievement of strategic and operational objectives. Resource allocation and reporting requirements are supported with the services of

a contracted seasoned accountant who works closely with the board's treasurer and CEO. The board's processes ensure the budget remains balanced, and funding reporting requirements are fulfilled.

The CEO's monthly reports to the board have recently been adjusted to reflect and be aligned with the organization new strategic priorities. Safety and quality are embedded into these reports. The organization is aware and is working towards ensuring quality and safety incidents are explicitly identified on board agendas.

The board's decision-making is informed by information and data. Scenarios, along with risks and benefits are discussed and considered. Difficult decisions are supported by having board members familiar with and informed by the principles of ethical decision-making. To rejuvenate and refresh the framework at the board; especially for new members, table talk exercises, using simulated ethical dilemmas can help maintain and sustain the application of the organization's well-developed ethics framework.

As the new leadership team matures and quality reports to the board become more formal and structured. The organization should develop strategies on how it will share information about its performance and quality improvement initiatives more broadly. The communication plan is under development and include key messages for board members to use when communicating to stakeholders, and the community.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization's strategic plan was recently updated. The development process involved several stakeholder consultations, and the results of an environmental scan and SWOT analysis. The strategies priorities have informed operational objectives. Fiscal and human resources are aligned to implement and support the strategic priorities.

The organization is commended for co-designing services based on participant and community needs. Information about local determinants of health and the rates of hospital emergency room visits for addiction and mental health are used to develop partnership agreements, to meet the growing demand for peer support services. The leadership team ensures its organization's mandate and services meet community needs and respond to gaps.

A major strength of this organization's is its ability to plan and design services to increase the health sector's capacity to respond to the growing demand for mental health and addiction services. The peer model at the Lance Krasman Memorial Centre for Community Mental Health is regarded by its partners as a gem, with strong fidelity to the values and practice principles of peer support. The organization is commended for offering individual and group-based peer support, by phone and virtually including warm lines that were key to reducing harm and the impacts of social isolation. The list of innovative wellness programs the organization has designed is lengthy. The capacity for peer support has been increased in several local sectors including hospitals, housing, and addiction clinics. These partnerships result in warm transfers resulting in more efficient, smoother, and less frustrating experiences for participants.

Staff at all levels demonstrate compassion and respect for participant input. They are commended for their compassion and commitment to quality and safety. Policies are up to date. Participant rights, expectations are in place and well communicated.

The new leadership team is implementing operational objectives. The organization should ensure they have the necessary tools to ensure process and outcome measures are measured and progress shared back to the board, staff, and participants.

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)

The organization's funding sources include Ontario Health, the Regional Municipality of York, County of Simcoe, United Way Greater Toronto, and fundraising initiatives. Ministry of Health funding allocations have not changed, nor aligned are they with the increasing demand for peer support services. The agency is commended for increasing access and the capacity to meet the growing demand by securing grants, developing partnership collaboratives, and providing peer recovery training to local organizations.

Budgets are closely monitored, and the leadership team fulfills its reporting requirements. Risks are anticipated and analyzed. The new leadership structure is to receive an orientation about budget planning, and how to interpret financial reports.

When resources can be moved across operational and service or program areas, participants need are the priority. Staff understand the process. Internal budget allocations and accountability processes are clear and robust, and facilitated by the support of a seasoned contracted accountant who has been with the organization for several years. The accountant works closely with the CEO, assists with payroll, accounts payable, financial reports, the auditing process, and decisions about staffing related decisions.

Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
10.10 Policies and procedures for monitoring team member performance align with the organization's mission, vision, and values.	!
Surveyor comments on the priority process(es)	

The organization’s main human capital challenges are related to compassion, work fatigue, retention, recruitment, and wage parity. To help address these challenges, staff wellness is a priority. A staff wellness committee is in place and has several strategies to address morale, safety, and work life balance. The human resource (HR) plans include these strategies and others such as monitoring and addressing growing workloads.

The newly expanded leadership team created a more equitable managerial workloads, and a greater capacity to execute strategic priorities. This will also help develop a more robust succession plan. The organization might want to begin with documenting and sharing routine procedures. The organization is commended for initiating this important work. It is especially helpful for not-for-profit organizations whose leaders and staff typically have multiple roles and responsibilities.

Lance Krasman Memorial Centre for Community Mental Health is commended for having implemented exit interviews and using this feedback to inform its human resource plan. A main theme identified from exit interviews has been the lack of growth opportunities for staff. The new leadership structure, implemented to respond to the organization’s growth, has fostered retention and skills development. Additional training for these new managers is on the horizon. The organization has access to a contracted HR consultant, and recently started using HR downloads. These resources will be particularly helpful for new managers.

Monthly staff supervision provides real time feedback and helps inform individual work performance. A policy and procedure driven process is needed to ensure that the current supervision model is connected to the development of learning plans, in which may or may not be part of the organization's progressive discipline process. The organization is aware that its current performance appraisal tool is cumbersome. There is no evidence that the organization is consistently completing formal staff performance appraisals. The implementation of the new supervision and performance review schedule in the HR plan might be the opportune time to re-examine. The organization’s performance appraisal tool and process. The appraisal tool might be better aligned with the organization’s values and strategic priorities and include references to performance elements related to ethical decision making, quality improvement and staff and participant safety.

Lance Krasman Memorial Centre for Community Mental Health is migrating to a personnel digital record. The review of the personnel records during the site visit indicates some inconsistencies in terms of how the files are organized. As such, the organization should use standard checklist to ensure records are comprehensive and uniform.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
12.3 Policies and processes for selecting and negotiating contracted services are developed and implemented.	
12.4 The quality of contracted services is regularly evaluated.	
15.7 Reports about the organization's performance and quality of services are shared with the team, clients/residents, families, the community served, and other partners and stakeholders.	
15.8 The results of the organization's quality improvement activities are communicated broadly, as appropriate.	!

Surveyor comments on the priority process(es)

Strategic priorities and operational objectives are aligned. The quality improvement plan is well developed and supported by a committee. The organization is encouraged to develop and track measurable qualitative and quantitative data.

The recent equity, diversity and inclusion portfolio and project represent this organization’s deep commitment to all dimensions of personal safety. Incident reports are referred to appropriate committees for follow-up and trending. Daily reports at the drop-in and drop-by centres provide additional resources of information to measure safety and quality at the front line. Risk and safety plans are well developed and inform the organization’s quality improvement plan. Lance Krasman Memorial Centre for Community Mental Health should ensure it fully implements quality improvement at the front line to consistently engage staff and participants to identify, address and monitor the impact of quality initiatives. Posting quality boards in key locations and virtually is known to help staff understand what is being measure, who they can be part of the solutions. Visually tracking progress is known to foster shared ownership for, and participation in quality improvements.

Reports to the board reference quality and safety, however, the CEO is aware that the new template should be adjusted to ensure these are more explicitly defined as standing agenda items. TLance Krasman Memorial Centre for Community Mental Health may want to explore how it can further integrate safety, risk, and quality into one umbrella framework. As the new leadership team matures, the organization is encouraged to develop and share quality and safety data more broadly with staff, partners, funders, and communities.

The organization relies on contracted services to provide internal supports for information technology, human resources, and resource management. The selection and negotiation of these contracted services should be driven by a policy and procedures. This protects the organization by having the appropriate safeguards in place, how the services are monitored and evaluation. This practice can also inform the succession plan ensuring a corporate memory on how to effectively work with contracted individuals and services.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The ethics framework is supported by a policy, committee, and mandatory training. Training on the organization's ethics framework is done at orientation and annually for staff, board members, and volunteers. Students are also expected to complete the training as they begin their placement at the Lance Krasman Memorial Centre for Community Mental Health.

The ethical decision-making tools are clear and easy to follow. A longer form is available for more complex and challenging issues. A code of ethics is in place, and it is mandatory to review, and understand for the board and staff. The mandatory ethics framework training gives participants the opportunity to reflect on and discuss dilemmas.

The ethics committee meets at least quarterly and monitors the ethical issues that are brought forward. Ethical dilemmas and questions are brought forward by staff, incident reports, and individuals expressing guidance with morally challenging issues. Tracking these is done by the committee and helps to inform training needs. Ethics is a standing meeting agenda at both staff and board meetings. Recent examples of ethical issues include equitable of food distribution, the presence of uniformed police officers in drop-in centres, warm line referrals and medical assistance in dying.

Lance Krasman Memorial Centre for Community Mental Health is commended for implementing excellent strategies to support and integrate ethical care and decision making. Additional strategies the organization may want to consider ensuring the framework is sustained over time, consist of adding questions to staff interviews and performance appraisals. Table talk ethical case reviews, and occasionally having an ethicist come on site for additional discussion and training.

Recently, the organization participated in research conducted by a local university. The necessary procedures were followed to review the ethical implications of participating in this research and will be added to the ethics framework policy.

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)

Lance Krasman Memorial Centre for Community Mental Health uses several well-established mechanisms to collect feedback from participants such as participant experience surveys, daily reports from the drop-in services, monthly townhall meetings of the Lived Experience Advocates of Mental Health and Addictions. A network of participants designed to engage, empower & enable the voices of people living with mental health and/or addiction challenges in the communities served by York Region and North Toronto Ontario Health Teams.

The organization is commended for having quickly transitioned to safe drop-by spaces and virtual programming and supports as a result of the pandemic. As a result, the organization increased its communication with participants, partners and the general public using various social media platforms and news releases.

The introduction of a program manager with a communication, marketing and social media background has been key to implementing both internal and external communication strategies. The goal is to implement a comprehensive communication plan, working towards branding the organization. The leadership team understands this can further raise the organization's profile in a rapidly changing and uncertain socio-political environment.

The site visit confirms that advocacy is a shared responsibility among the board, the leadership team, staff, and community partners. The organization is commended for having developed a strategic presence on social media. Community partners understand the unique mandate of the Lance Krasman Memorial Centre for Community Mental Health. The organization is encouraged to tailor its communication plan to include ways it can increase the system's awareness about the value added to the system by sharing information about measurable impacts.

From an information technology perspective, the organization is transitioning to Microsoft Teams to manage its operations. Lance Krasman Memorial Centre for Community Mental Health is encouraged to continuously evaluate current and evolving information needs, including data needs as the new platform is implemented. The organization does collect Personal Health Information but nevertheless has a policies and practice in place to protect privacy and confidentiality of participants. It is unclear how Teams will ensure tiers of confidentiality ensuring essential privacy safeguards are in place to protect non-identifiable participant information, and other sensitive documents.

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)

Staff and visitors face multiple challenges with existing facilities. Physical space is very limited, and this has created clutter, tripping, fall risks and accessibility issues. The organization continues to explore options for other spaces including partnering with other agencies.

Lance Krasman Memorial Centre for Community Mental Health should consider options such as reduced supplies on site, improved lighting, and heating aspects of the facility with aim of improving comfort and safety

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)

Lance Krasman Memorial Centre for Community Mental Health has an emergency preparedness plan that provides clear direction and guidance to staff in the event of emergencies. Additionally, there are corresponding business continuity plans, fire drill reports and a pandemic plan that support the ongoing operations of services during emergency situations

The organization recently had a fire at one of its sites and the organization did a thorough review and analysis of the situation that included causes, actions taken and outcomes. Operations were then re-started within a three-week period.

Lance Krasman Memorial Centre for Community Mental Health is encouraged to continue to update participants, families, and community partners on the status of the facility that is now being repaired after the fire.

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The model of care at this Centre promotes the involvement of participants in all aspects of their care that they choose to participate in.

The organization is encouraged to consider documentation processes that are required to enhance safety processes for visitors and staff.

They are also encouraged to explore legislative requirements for the storage of electronic health records

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)

This organization has adapted well to the constraints of COVID-19 with respect to patient flow and continues to offer modified 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)

This organization only has one medical device, two defibrillators. Consequently, a number of standards do not apply in this setting. Training on the application of the defibrillators has occurred along with placement in readily accessible locations.

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

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
3.6 A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency	
4.9 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
4.11 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care	
9.4 Standardized assessment tools are used during the assessment process.	
9.11 Each client is assessed and monitored for risk of harm to self or others, in partnership with the client and family.	!
10.3 Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	!
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

The organization strongly promotes and encourages the participation of participants and staff in all aspects of the organization

The organization is encouraged to explore further options for resolving their space limitations

Priority Process: Competency

Education and training are a cornerstone of this organization's approach to staff development.

The organization is encouraged to restart formal performance evaluations

Priority Process: Episode of Care

This Centre is committed to the integrity of the peer support model of respectful care.

Both staff and participants value that the organization involves them in all aspects of the organization, including service delivery, planning and evaluation.

The organization is encouraged to explore options for some level of formal documentation, use of protocols and data collection with all participants

Priority Process: Decision Support

The treatment of participant information and records are aligned with their model of care.

Priority Process: Impact on Outcomes

The organization is focused on the quality and safety aspects of its work. There are both quality and safety oversight committees consisting of front-line staff and leadership

The organization should consider a broader communication of its strategic plan.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
2.3 Optimal environmental conditions are maintained within the physical environment.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	

Lance Krasman Memorial Centre for Community Mental Health has adapted well to the challenges created by COVID-19 Pandemic. There are clear guidelines in place for screening, building access, and immunization that help mitigate risks as the delivery of modified services continue throughout the Pandemic.

There are readily available hand sanitizers throughout the facilities operated by the organization. Additionally, visitors and staff are educated on hand hygiene by way of videos, posters, and existing policy.

Lance Krasman Memorial Centre for Community Mental Health is encouraged to consider monthly monitoring of expiry dates of supplies such as hand sanitizers. Use of expired hand sanitizers could reduce their effectiveness.

The organization should consider analyzing Hand Hygiene audit data with a focus on identifying system improvements. For example, times of the day or physical parts of the facilities that show lower rates of Hand hygiene compliance.

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 9, 2021 to April 2, 2021**
- **Number of responses: 5**

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.	20	0	80	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	20	80	96
3. Subcommittees need better defined roles and responsibilities.	0	50	50	75
4. As a governing body, we do not become directly involved in management issues.	0	40	60	88
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	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	92
9. Our governance processes need to better ensure that everyone participates in decision making.	80	0	20	69
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	95
12. Our ongoing education and professional development is encouraged.	20	60	20	84
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	20	0	80	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	50	50	0	74
17. Contributions of individual members are reviewed regularly.	60	20	20	63
18. As a team, we regularly review how we function together and how our governance processes could be improved.	20	0	80	78
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	40	60	59

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	40	60	78
21. As individual members, we need better feedback about our contribution to the governing body.	40	40	20	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	100	0	77
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	20	0	80	76
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	20	0	80	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	20	40	40	88
27. We lack explicit criteria to recruit and select new members.	20	60	20	80
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	60	40	89
29. The composition of our governing body allows us to meet stakeholder and community needs.	20	0	80	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	20	40	40	92
31. We review our own structure, including size and subcommittee structure.	20	20	60	88
32. We have a process to elect or appoint our chair.	0	0	100	92

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	83
34. Quality of care	0	0	100	85

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2021 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

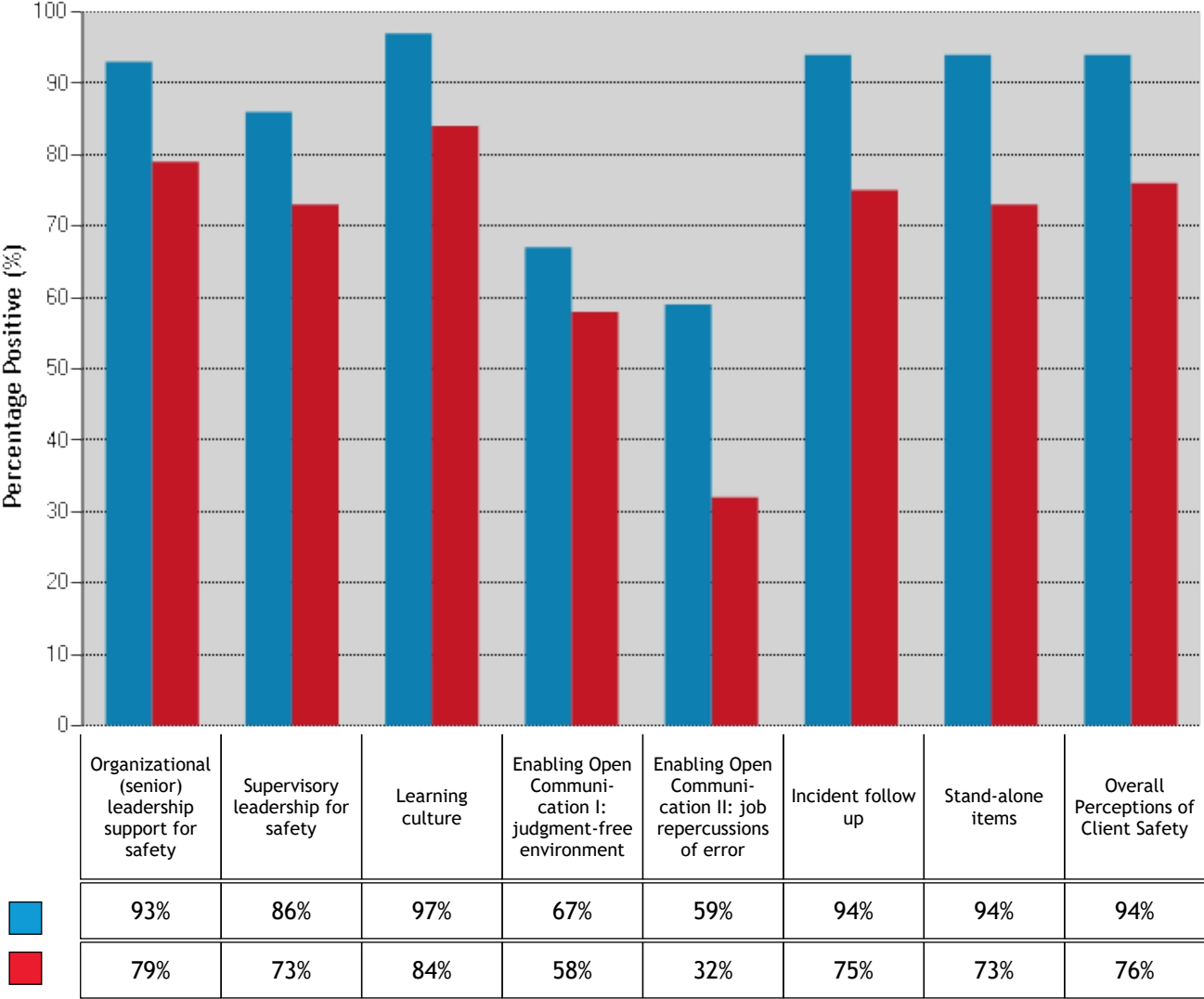
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: January 24, 2022 to September 20, 2022**
- **Minimum responses rate (based on the number of eligible employees): 4**
- **Number of responses: 18**

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



Legend

- Lance Krasman Memorial Centre for Community Mental Health
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2022 and agreed with the instrument items.

Worklife Pulse

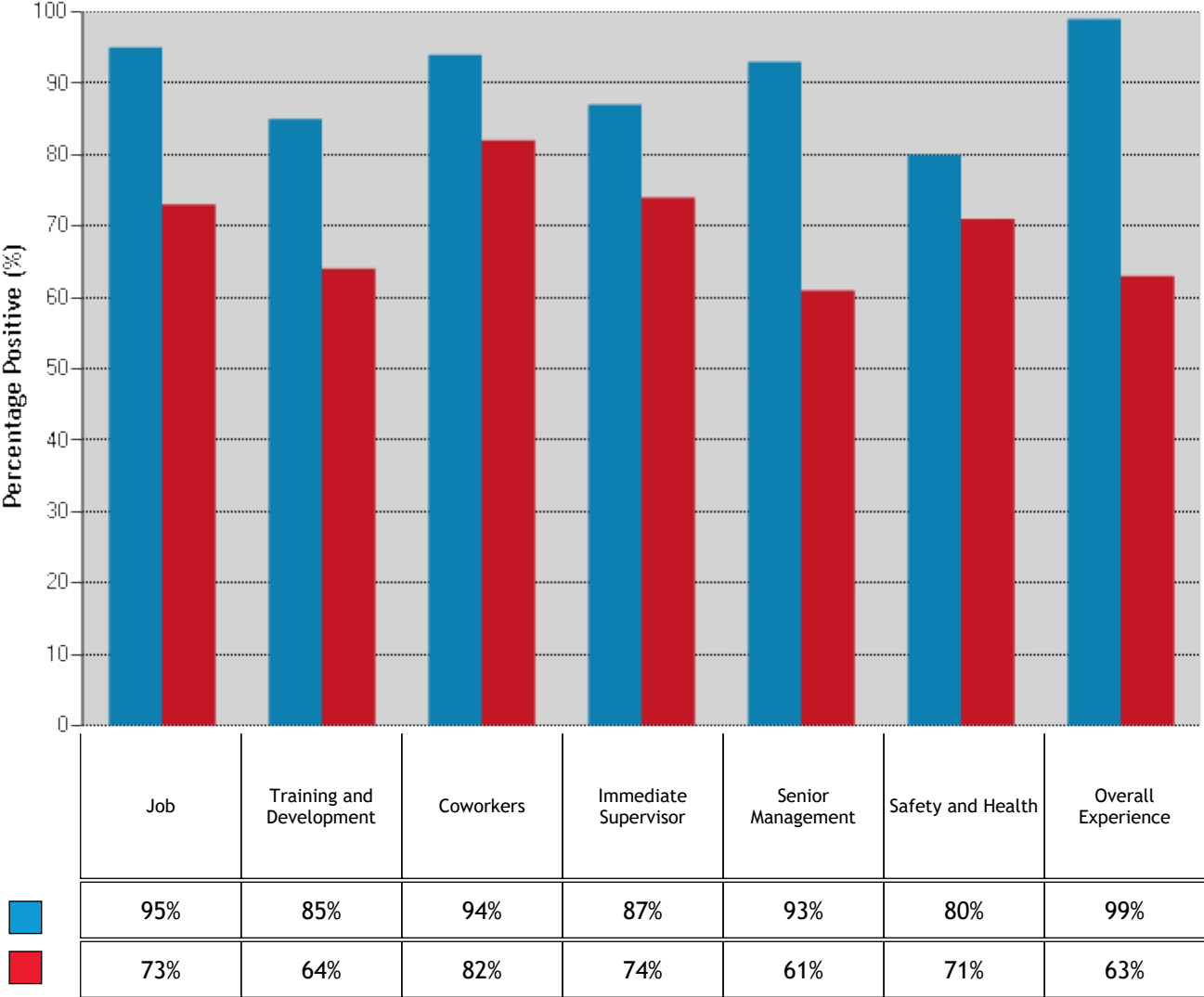
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: May 4, 2022 to June 15, 2022**
- **Minimum responses rate (based on the number of eligible employees): 15**
- **Number of responses: 23**

Worklife Pulse: Results of Work Environment



Legend

- Lance Krasman Memorial Centre for Community Mental Health
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2022 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

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 15 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
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

Priority Process	Description
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
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