Accreditation Report

ORNGE

Mississauga, ON

On-site survey dates: October 31, 2022 - November 4, 2022

Report issued: January 20, 2023

About the Accreditation Report

ORNGE (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 October 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,

Leslee Thompson
Chief Executive Officer

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Executive Summary

ORNGE (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

ORNGE'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: October 31, 2022 to November 4, 2022**

- **Locations**

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

  1. Headquarters
  2. London - RW - 792 - YXU
  3. Sioux Lookout - FW - 795 - YXL
  4. Thunder Bay - FW - 790, RW - 797 - YQT
  5. Toronto - RW - 799 - YTZ

- **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. Leadership

  Service Excellence Standards
  3. EMS and Interfacility Transport - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Canadian Patient Safety Culture Survey Tool
  2. Governance Functioning Tool (2016)
  3. Physician Worklife Pulse Tool
  4. Client Experience Tool

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)	27	1	0	28
Accessibility (Give me timely and equitable services)	3	0	0	3
Safety (Keep me safe)	138	0	2	140
Worklife (Take care of those who take care of me)	63	0	0	63
Client-centred Services (Partner with me and my family in our care)	41	1	1	43
Continuity (Coordinate my care across the continuum)	16	0	0	16
Appropriateness (Do the right thing to achieve the best results)	159	0	0	159
Efficiency (Make the best use of resources)	38	0	0	38
Total	485	2	3	490

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	50 (100.0%)	0 (0.0%)	0	35 (97.2%)	1 (2.8%)	0	85 (98.8%)	1 (1.2%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	95 (99.0%)	1 (1.0%)	0	145 (99.3%)	1 (0.7%)	0
EMS and Interfacility Transport	119 (100.0%)	0 (0.0%)	0	120 (100.0%)	0 (0.0%)	1	239 (100.0%)	0 (0.0%)	1
Total	219 (100.0%)	0 (0.0%)	0	250 (99.2%)	2 (0.8%)	1	469 (99.6%)	2 (0.4%)	1

* Does not includes 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)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Information transfer at care transitions (EMS and Interfacility Transport)	Met	4 of 4	1 of 1
Patient Safety Goal Area: Medication Use			
High-Alert Medications (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Reprocessing (EMS and Interfacility Transport)	Met	1 of 1	1 of 1

Summary of Surveyor Team Observations

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

Ornge is the province of Ontario's air ambulance and land-based critical care provider. Ornge is a non-profit charitable organization servicing a population of 14 million people and over 1 million square kilometers. Ornge's fleet consists of owned and operated assets of 8 fixed-wing and 12-rotor wing (helicopters) aircraft. In addition, there are 14 land-based critical care transport ambulances (including contracts with Toronto Paramedic Service). There are 7 rotor wing bases, 3 fixed wing bases, and 4 critical care land bases. In addition, Ornge uses contracted aircraft, pilots, and paramedics through service agreements (SA) primarily focused on transporting low-acuity calls.

Ornge transports approximately 20,000 patients annually. More than 90% of the call volume is inter-facility transfers (IFT) in addition to providing over 700 organ-related transports. Ornge Operation Control Centre (OCC) is the central coordination center for all IFT transfer logistics and all flight planning. The OCC has a team of 51 unionized coordinators to track, plan, and medically coordinate patient transport across the province. Through the OCC the transport medical physician (TMP) provides real-time support to their direct Ornge clinical staff and their SA partners.

Since the last survey, the organization has developed a new strategic plan called iPropel that uses the four blades of an aircraft propeller to simulate the four pillars of the plan. This strategic plan is in place until 2024 focusing on:
• 	Invent Practice in Transport Medicine
• 	Improve our Processes to achieve operational excellence
• 	Integrate Provincially
• 	Inspire our People

With the inclusion of the organization's motto of "health equity in motion", Ornge has set itself up well with not only an excellent strategic focus but a unique lens of health equity through its role in provincial IFT's. The organization's experience over the pandemic has solidified its role in providing health access to rural communities and health equity to underserved populations.
This was a passion and focus for not only the senior leadership of Ornge but a palpable value of the board of directors. In addition, Ornge has been innovative in looking at transport needs of specific vulnerable populations and has put in place a mental health transport team consisting of an RN, Paramedic, and hospital security officer. This unique approach better addresses the transportation needs of the patients through a trauma-informed approach.

Ornge is very aware of its organizational risks both from the micro level and enterprise level. Health human resources (HHR) is the number one concern both for the executive leadership and the board. The HHR problem is not unique to Ornge as every aspect of the health sector is being faced with this challenge. The organization is doing the best it can with mitigating this risk and creatively looking at all aspects to recruit

and retain staff to maintain their current and future needs.

Ornge has prepared itself well for this Qmentum process which is not only shown in its compliance with the standards but also genuine conversation with the board, leadership, and frontline staff. The organization has used the Accreditation Canada standards to focus its attention on quality, improvement, and patient safety. This has also resonated with the frontline staff in both their understanding of the accreditation process and their roles in patient safety.

During the base visits, the survey team was not able to do any fly or ride-outs with crews due to liability issues with Accreditation Canada and Ornge. As such, the surveyors did their best in assessing the episode of care standard with the crews. The observations and feedback from the surveyor are based on conversations on the standards with the crews and are not witnessed in practice.

The organization's medical staff follows clinical practice guidelines and standardized protocols are used to assess the physical, emotional, and mental status of patients. The results of the assessment are used to identify the patient's immediate needs, make care decisions, and select the best destination setting. There is an open, transparent, and respectful relationship with each patient, and the patient's wishes regarding family involvement in their care are respected and followed where appropriate.

Ethics-related issues are proactively identified, managed, and addressed with escalation to TMP as required. The organization has developed a clear and usable ethical framework. There is evidence that staff has been orientated to this process. In addition, the organization demonstrated that patients and families are provided with information about how to file a complaint or report violations of their rights.

Ornge is an innovative industry leader in IFT and HEMS operations. The organization continues to expand its role in the community and demonstrates its strategic quality focus in all corners of the province. The organization's leaders and frontline staff have an intrinsic passion for patient care, which is demonstrated in their daily work. The organization will need to continue to embed the patient and family voices of all the communities Ornge services on their journey of continuous improvement.

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
ROP	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.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

Ornge is governed by 8 engaged volunteer community board of directors (the board). The board members comprise of a mixed corporate and medical backgrounds with skill set which allow for a blended representation of the vast communities of the province. The board has been quite stable over the past 10 years with most recent addition in 2018. The board is a tight and results oriented group that is focus on patient safety and equity of care. In addition to having a very good understanding quality indicators and operational pressures.

The board has a robust by-law which clearly articulates their roles and responsibly. As the board are volunteers, the members have an organic passion for improving the health care services for the province of Ontario. Ongoing education on patient safety and quality improvement have been provided to all board members. The board is a well-established group that hold the Ornge leadership accountable to patient safety and quality while pushing the organization to improve through continuous quality improvement.

While the board has a good demographic mix in membership, they are encouraged to continue to assess the community representation of all the diverse populations they are serving, particularly the underserved and vulnerable populations. This is certainly an area that the board is aware of and is encouraged to continue to find ways to represent all the different communities Ornge serves.

The Quality of Care Committee of the Board of Directors has two members that includes a former Ornge patient and a former Ornge patient family member.

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 has a well-established strategic planning process with a published plan until the end of 2024. The organization has re-envisioned its priorities with a purposeful focus on health equity. The new iPropel strategic plan uses the four blades of a propeller to articulate the organization's priorities:

-Invent Practice in Transport Medicine
-Improve our Processes to achieve operational excellence
-Integrate Provincially
-Inspire our People

In addition, the organizational motto of "Health Equity in Motion," clearly identifies the opportunities and focus of the organizational values. Ornge could bolster these organizations' foundational values by continuing to include patients and families in building and maintaining these strategic documents.

Highlighted from the previous survey is the organizations' use of the risk registers and strategically using of risk to inform corporate decision-making. Ornge has a strong accountability culture and clearly understands their current future risks.

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)

Ornge has built a robust and transparent accounting process for all aspects of its operation. Unlike most Canadian Emergency Medical Services (EMS) organizations, Ornge owns and operates its flight operations. This has allowed Ornge to manage the end-to-end operation of its service delivery. However, capital investment in aviation is costly and requires robust accountability and preplanning, particularly with fleet replacement. Ornge has a demonstrable and transparent process of their finances that is reported to the ministry.

In addition to the internal clinical and aviation assets, Ornge does contract out many of the lower acuity transports to three different air ambulance providers through a service agreement (SA). Under these SA, the aircraft, flight crew, and paramedics are provided. Ornge is still responsible for the performance management of the contract, providing medical support through their base hospital, and any quality and safety reviews.

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)

It is widely understood Health Human Resources (HHR) is a challenge in all sectors of health care. These national HHR challenges have also impacted Ornge's health professionals in addition to their aviation side of the operation. Ornge has a good understanding of its internal staffing challenges, however, the impact of the larger HHR issues with the health systems is not widely understood as to how they may affect the operations of Ornge. As rural and remote healthcare facilities' staffing continues to be challenged, there will be an increased demand on the transport system putting disproportionate pressure on the Emergency Medical Services (EMS) agencies including Ornge.

Retention of employees is an important aspect of any HHR strategy. Ornge has continued to invest in its staff for education for medical and leadership opportunities. The organization sees the value in building its staff through continued education.

The organization has a strong focus on staff safety both physical and mental health aspect. Ornge has invested in a human factors manager that focuses on the mental health of the staff. In addition, Ornge has contracted with Trauma Assist to provide specific crisis counseling for the EMS environment.

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)

Quality improvement is a value that was seen at all levels of the organization. Ornge should be commended on building and continuing to nurture a just-culture within their organization. This culture will be the foundation of their improvement journey and embed safety and trust in a learning environment.

Ornge has done a good job in building a robust patient safety and review infrastructure, so items are identified, and escalated quickly. Daily huddles with frontline staff can identify local improvement activities. In addition, cascading daily leadership huddles identify operation or safety risks that are needing immediate attention. Patient safety events are reviewed with recommendations produced with accountable actions and timelines.

The organization has a good partnership with its external stakeholders so that reviews and accountable actions are communicated. Ornge works hard to ensure the service they are delivering is meeting the needs of the sending sites, communities, and patients.

An internal patient advocate helps patients or families through a review or information-gathering process. This allows Ornge to have personal contact with the complainant to help mitigate their concerns and or ensure the loop is closed with their inquiry. The organization could bolster its patient safety review and implementation process by including patient advisors throughout the process. This is helpful to ensure complex system reviews, so the patient is not lost in the focus of the work.

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)

Ornge has an excellent ethics framework. This document has assisted the organization with a point of care ethical challenges, in addition to challenging corporate ethical dilemmas, particularly through the COVID-19 pandemic. The organization has a good real-time escalation process for the frontline crews through their emergency transport medicine physician (TMP) at the operations control centre to work through ethical challenges. Research and innovation are a value to Ornge, and the organization has a robust ethical review process for any research activities. The organization encourages its teams in research and will coach paramedics through the research process.

As ethical dilemmas are not often realized until the team is well into the issue, the organization is recommended to practice using the ethics framework on a proactive basis. This will provide the staff with a level of comfort with the framework when faced with ethical challenges at the point of care.

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)

Ornge has done extensive work in understanding and communicating with its stakeholders. The organization has done a great job in looking beyond the hospital and health districts they provide services and include patients and families. This is a strategic shift that will bolster the organizations' ability to focus on access and health outcomes. Better understanding of the organization's stakeholders has allowed Ornge to focus on the value-added services they are providing across the province. The organization is encouraged to continue this purposeful focus on patients and families as they build out their engagement opportunities.

The organization has good evidence that stakeholder information is collected with client and patient satisfaction surveys. There are varied communication methods with multiple channels and innovative approaches to reach many different patient demographics.

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)

The physical environment of the bases and facilities met and, in most cases, exceeded Accreditation Canada Standards.

The Thunder Bay "Super Base" was well designed and laid out to deliver timely, effective fixed and rotor wing responses.

Administrative and Training areas were clearly defined and allowed for practical use. Aviation support was clearly delineated from Operations.

Sioux Lookout being a rural and remote base also met the expected standards set out by Accreditation Canada.

It should be highlighted that the Sioux Lookout base is limited in size. The present base would likely limit any future expansion however current state more than acceptable.

Challenges were identified regarding the process to obtain maintenance and cleaning contracts, and this is predominantly due to Ornge not owning the facility.
Recognizing that real estate is limited it would be optimal if Ornge had the ability to procure a "purpose built" facility that would align with the other bases in the organization.

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)

During the COVID-19 pandemic, Ornge played an essential role not only in the transportation of critically ill patients but in creating new transport guidelines for COVID-19 patients provincially. Their expertise in transport logistics became an essential link in the province's emergency response to the pandemic. As ICU capacity became an emergent problem in Ontario, there was a precarious need to move more critical patients across the province. Ornge stood up surge teams and the organization's medical leadership triaged the volume of patient moves through their EOC structure.

Not only was Ornge involved in the transport of many of the COVID-19 patients in the province, but they saw a need outside of their IFT mandate to support rural and remote communities with testing and vaccination administration. "Operation Remote Immunity" clearly demonstrated Ornge's ability to look outside of its historic mandate and identify the needs of the communities they serve.

Finally, Ornge has a robust continuity planning process to ensure core business units can continue to function in an emergency. Through COVID-19 and their intimate experience with aviation safety, Ornge has lots of lessons learned which has continuously improved their emergency response planning

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.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
2.3 The governing body includes clients as members, where possible.	
Standards Set: Leadership	
4.3 Services are planned with input from clients, families, and the broader community.	
Surveyor comments on the priority process(es)	

Ornge has continued to engage with patients and families to gain a good representation of the communities they serve. Ornge has recognized that its stakeholders are just not the health facilities they work with, therefore, the inclusion of patients and families has been an important strategic shift. The organization is encouraged to expand this work to all aspects of the operation including any appropriate opportunities with the board of directors and other decision-making functions. The surveyors were encouraged by the proactive work since their previous survey and will look forward to seeing the continued advancements in client-based improvements.

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)

The organization is not directly responsible for the flow, in isolation, due to its role as a secondary Emergency Medical Services (EMS) provider. However, the role Ornge plays in IFT's directly impacts the flow of patients through the hospitals and health networks they support. The unique role Ornge plays with the movement of patients throughout the province strategically positions them to have a holistic view of the patient flow throughout the province. The organization does work with the hospital stakeholder to improve flow and access. Ornge is encouraged to continue this work and use its position as IFT transport logistics expert to create efficiencies to better support its stakeholders. This will align with the organization's strategic priority of health equity and access.

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 team documents and keeps current records of all preventative maintenance and cleaning for vehicles, medical equipment, and communication equipment. Vehicles are equipped with sharps disposal containers and containers for hazardous materials.
The organization has demonstrated that they have a process for cleaning, disinfecting, and sterilizing medical devices, the equipment is monitored as well as improvements are made when needed.

The service uses paper-based checklists to confirm and document equipment and medication supplies. The completed documents are scanned and emailed to the professional standards and compliance coordinator. The surveyors identified that the scanning and emailing process is cumbersome and often difficult for the coordinator to access. There is an opportunity to improve this checklist process by developing these checklists into an electronic format.

Ornge has developed and is currently conducting a trial to utilize an electronic version of these tasks.

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:

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

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

Standards Set: EMS and Interfacility Transport - 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.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The strategic direction and mission of ORNGE is to save lives, restore health, create capacity, and preserve dignity. This visionary direction has propelled the organization toward enhancing its ability to bring critical care capability to the scene to save the lives of critically ill or injured patients. The survey team observed that the team's scope of service is aligned with the organization's mission and strategic plan. Ornge is asked to repatriate patients to hospitals closer to their home communities if air transport is required, and/or if patients require a critical care level of care during repatriation. This activity creates necessary capacity at hospitals to receive the next critically ill or injured patient.

ORNGE also helps provide dignified end-of-life care. ORNGE coordinates all aviation and critical care transport requirements in support of Trillium Gift of Life Network's (TGLN) mission. This involves coordinating air transport for TGLN surgical transplant teams and for recovered organs. As well, Ornge transports patients back to their rural and remote communities to be with family and friends at the end of

their lives.

ORNGE transports or organizes the air transport of all stretcher-bound patients in Ontario for diagnostic imaging and/or specialist consultation to help restore them back to health.

We comment the leadership team for taking a truly visionary approach to service delivery. As a collaborative, integrated member of the health care system, ORNGE is indeed advancing their pursuit of opportunities to fill health care gaps where appropriate to create a more sustainable and dependable service.

Priority Process: Competency

The organization has a comprehensive ethical framework and training. Support to manage ethical issues is provided to team members.

The survey team observed that a documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use has been implemented.

Training on how to effectively manage and use communications equipment is provided to the team.

Students are provided with adequate supervision and their placements are evaluated. There is a policy in place to support student education and safety.

Training for stress recognition and management is provided to team members.

Team members are recognized for their contributions. Career milestone plaques are provided to staff based on 5,10,15,20 years of service.

Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members. There is significant staff engagement on the organization's Occupational Health and Safety (OH&S) Committee.

Patient and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable

Priority Process: Episode of Care

The organization's medical staff follow clinical practice guidelines and standardized protocols are used to assess the physical, emotional, and mental status of patients. The results of the assessment are used to identify the patient's immediate and urgent needs, make care decisions, and select the best destination setting, where applicable. There is an open, transparent, and respectful relationship with each patient and the patient's wishes regarding family involvement in their care are respected and followed.

Ethics-related issues are proactively identified, managed, and addressed. ORNGE has developed a clear

and usable ethical framework. There is evidence that all staff have been orientated to this process.

The organization demonstrated that patients and families are provided with information about how to file a complaint or report violations of their rights.

ORNGE has also demonstrated that they have formal documentation tools and communication tools and strategies for sharing of information at care transitions. The organization uses SBAR as a communication tool.

Priority Process: Decision Support

Information is documented in the patient's electronic health records in partnership with the patient and family. There is a process in place for patients to access information. The surveyors observed that policies and procedures for securely storing, retaining, and destroying patient records are followed. Policies and procedures for disclosing health information for secondary use are developed and followed.

Priority Process: Impact on Outcomes

ORNGE has a robust hazard assessment plan to address identified safety risks. Patient safety incidents are reported according to the organization's policy and documented in the patient and the organization record as applicable. Patient safety incidents are disclosed to the affected patients and families and support is facilitated where appropriate.

Priority Process: Medication Management

The organization's medication management team reviews and approves the rationale for availability and safeguards are put in place to minimize the risk of error. The surveyors observed a very robust and organized approach to storing and safeguarding medications at all applicable sites. The Chatham base medication management system was exceptionally well constructed and organized. Impressive work!

Priority Process: Infection Prevention and Control

There is evidence that an individual is designated to lead and coordinate the Infection Prevention Control (IPC) program. The IPC program is regularly reviewed to ensure currency. Surveyor observed that hand-hygiene education is provided to team members and compliance with accepted hand-hygiene practices is measured. Personal protective equipment (PPE) is securely stored in vehicles and is accessible to the team. Surveyor observed that vehicles and medical equipment are regularly cleaned and disinfected in accordance with established protocols. Sterile supplies are appropriately stored.

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 31, 2022 to April 30, 2022**

- **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	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	71	0	29	69
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	95
9. Our governance processes need to better ensure that everyone participates in decision making.	86	14	0	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
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	82
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	0	100	96
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	76
17. Contributions of individual members are reviewed regularly.	0	0	100	63
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	0	100	57

	% 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	0	100	79
21. As individual members, we need better feedback about our contribution to the governing body.	86	14	0	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	76
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	74
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	87
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	14	86	90
27. We lack explicit criteria to recruit and select new members.	86	14	0	79
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	89
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	14	0	86	94
31. We review our own structure, including size and subcommittee structure.	0	14	86	90
32. We have a process to elect or appoint our chair.	0	0	100	93

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	82
34. Quality of care	0	0	100	83

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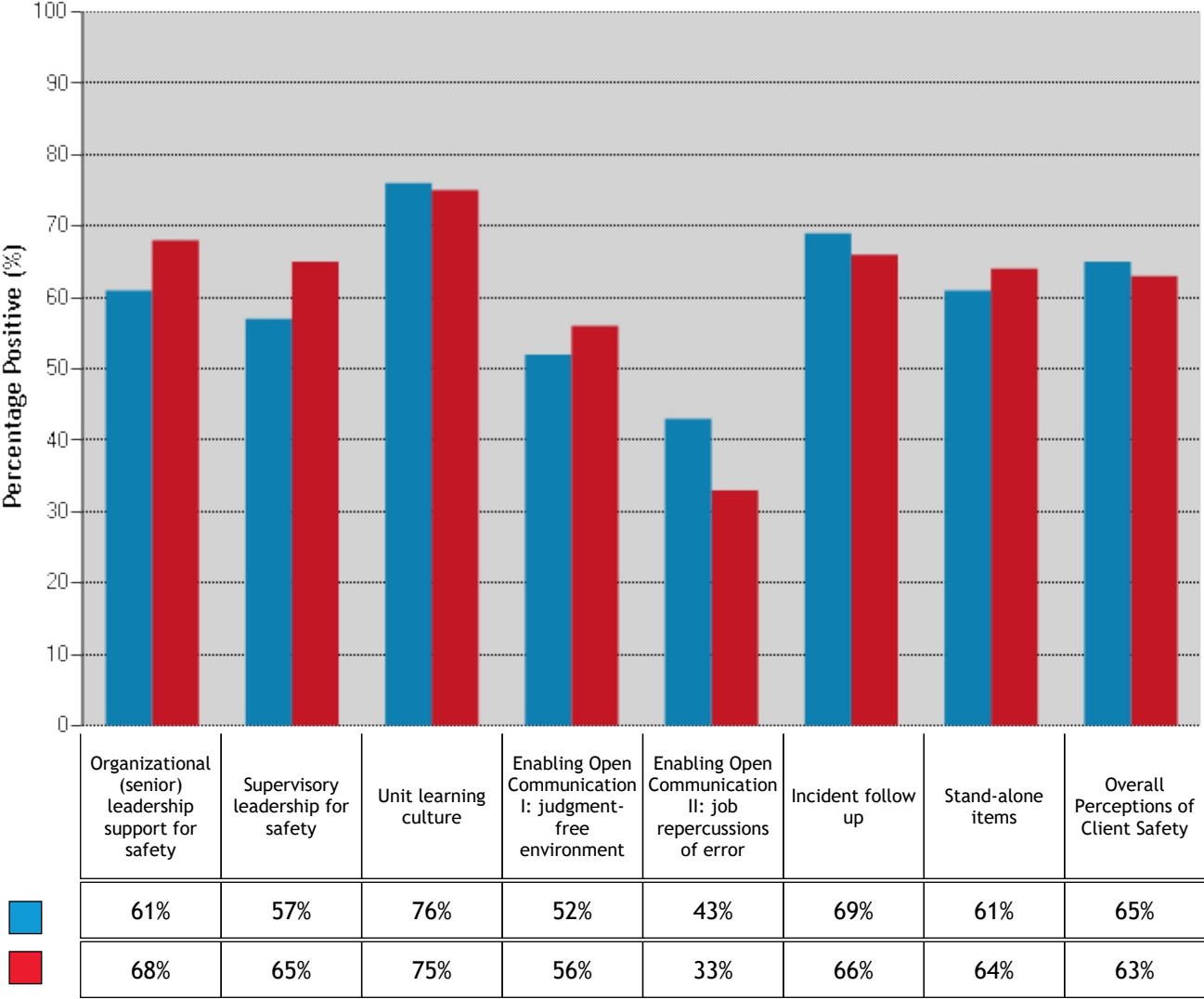
Canadian Patient Safety Culture Survey Tool

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: September 1, 2021 to January 11, 2022**

- **Minimum responses rate (based on the number of eligible employees): 135**

- **Number of responses: 136**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
■	61%	57%	76%	52%	43%	69%	61%	65%
■	68%	65%	75%	56%	33%	66%	64%	63%

Legend

■ ORNGE

■ * 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