Accreditation Report

ORNGE

Mississauga, ON

On-site survey dates: October 29, 2018 - November 2, 2018

Report issued: December 4, 2018

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 2018. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

Your 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

Table of Contents

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 29, 2018 to November 2, 2018**

- **Locations**

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

  1.   Communications Centre
  2.   Headquarters
  3.   London - RW - 792 - YXU
  4.   Ottawa - RW - 791 - YOW
  5.   Ottawa CCLU
  6.   Thunder Bay - FW - 790, RW - 797 - YQT
  7.   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 Standards for Small, Community-Based Organizations

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

- **Instruments**

  The organization administered:

  1.   Worklife Pulse
  2.   Canadian Patient Safety Culture Survey Tool
  3.   Governance Functioning Tool (2016)
  4.   Physician Worklife Pulse 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)	22	0	0	22
Accessibility (Give me timely and equitable services)	3	0	0	3
Safety (Keep me safe)	135	3	1	139
Worklife (Take care of those who take care of me)	53	1	0	54
Client-centred Services (Partner with me and my family in our care)	41	0	2	43
Continuity (Coordinate my care across the continuum)	15	0	0	15
Appropriateness (Do the right thing to achieve the best results)	140	0	1	141
Efficiency (Make the best use of resources)	36	0	0	36
Total	**445**	**4**	**4**	**453**

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	47 (95.9%)	2 (4.1%)	1	36 (100.0%)	0 (0.0%)	0	83 (97.6%)	2 (2.4%)	1
Leadership Standards for Small, Community-Based Organizations	38 (100.0%)	0 (0.0%)	2	70 (100.0%)	0 (0.0%)	0	108 (100.0%)	0 (0.0%)	2
EMS and Interfacility Transport	118 (99.2%)	1 (0.8%)	0	121 (100.0%)	0 (0.0%)	0	239 (99.6%)	1 (0.4%)	0
Total	203 (98.5%)	3 (1.5%)	3	227 (100.0%)	0 (0.0%)	0	430 (99.3%)	3 (0.7%)	3

* 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 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			
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)	Unmet	5 of 5	2 of 3
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0
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
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 (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 non-profit charitable organization that operates Ontario's air ambulance and related systems. It is a large, complex and diverse organization, servicing a population of more than 14 million people spread over 1 million square kilometres spanning urban, rural and remote areas.

Ornge operates a fleet of owned and operated aircraft (8 fixed wing and 12 rotor wing) and land ambulances (14 of which 4 are staffed as Critical Care Land Ambulances or CCLA). Services are also delivered through contracted carriers (4 fixed wing Standing Agreement Carriers with 16 aircraft and Toronto Paramedic Services with up to 2 CCLA). Over 20,000 patient-related transports are provided annually of which more than 90% are interfacility transports. The organization also provides approximately 700 organ-related transports and manages more than 400,000 Patient Transfer Authorization Centre (PTAC) requests out of its Operations Communication Centre (OCC).

A Base Hospital provides medical direction and oversight to Primary Care and Advance Care Flight Paramedics and Critical Care Paramedics operating out of 9 air base and 3 land base stations geographically dispersed across the province. There are more than 600 employees including paramedics, pilots, communication officers, physicians, aircraft maintenance engineers, along with a team of educators, researchers and support staff. Collectively, they respond to a wide-range of patients including life or limb, scheduled appointments and non-urgent repatriations.

Following substantial change in 2012, the organization is currently governed by a Board of Directors and is accountable to the Ministry of Health and Long Term Care (MOHLTC) under a Performance Agreement. As the only provider of air ambulance services in the province, Ornge directly interacts with a multitude of partners including hospitals, nursing stations, local and regional medical services, central ambulance communication centres (CACC) and CritiCall Ontario. The organization has sought to understand and strengthen these partnerships and has incorporated feedback and input into planning and evaluation processes. Community involvement is strong and is furthered through a network of volunteers and committed staff.

Leadership is strong and has successfully steered the organization through some rough waters, including recovery from significant financial challenges and an air disaster that claimed the lives of pilots and crew. The organization has been stabilized and has focused its efforts and energy on a continued and dedicated path of improvement. Foundational tenets of service to patients, safety, efficiency and effectiveness, and stewardship provide a strong platform for a series of well integrated plans that support Board driven strategic priorities.

The leadership team has embraced the accreditation process and has made commendable progress in advancing a patient-centred approach and embedding it into the way business is conducted and services are delivered.

A focus on the evolution and growth of a just culture, one in which employees are encouraged to bring forward reports of hazards, near misses and safety-related incidents / quality concerns without fear of a punitive response or reprisal, is evident. Employee engagement scores are monitored and reported out to all staff and improvements have been made. The organization's leaders are encouraged to continue this work and to share stories and learnings as part of a strategy to reshape perceptions and change the conversation. There have also been significant efforts to support staff wellness with strong programs emerging for mental health supports, operational pauses in the face of trauma triggering incidents, PTSD response and violence prevention.

Pilot recruitment and retention is an identified challenge (not just for Ornge) and the organization is actively pursuing opportunities to address.

During this accreditation survey, we had an opportunity to visit 5 base stations, the Operations Communications Centre and meet with staff and leaders throughout the organization. By all accounts, care was found to be exceptional. Without question, all staff are committed to the provision of high quality, safe, timely care. There are many processes and systems in place to support the safe delivery of care and services including robust quality assurance and quality improvement activities designed to support an environment of learning and development.

As a survey team we were impressed with the multi-pronged approach to gain feedback from the many stakeholders and to bring the patient perspective into all aspects of service planning and design. Client and staff satisfaction is high but there are still opportunities for improvement and an expanded mission statement, to specifically address access, provides a strong directional compass.

Congratulations to everyone at Ornge! The amount of effort and work you have put into this process is not to be underestimated.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Medication Use	
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	· EMS and Interfacility Transport 13.10

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.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
2.8 Each member of the governing body signs a statement acknowledging his or her role and responsibilities, including expectations of the position and legal duties.	!
Surveyor comments on the priority process(es)	

Following a structural change in 2012, the Board of Ornge has overseen the transformation and subsequent stabilization of the organization. A conventional board / management structure is utilized with supporting committees that cover the expanse of Ornge's operations. There is a formal process to raise and consider conflicts of interest and Board members are guided in ethical decision making by the Board-approved values.

Ornge operates in a complex environment and new Board members are supported through a comprehensive orientation process. Board bylaws set out roles and responsibilities. Members currently sign an acknowledgement of the conflict of interest policy; this could be strengthened to include a formal acknowledgement of expectations. The Board regularly evaluates the skill mix of members. With the focus on a patient centred approach, there is an opportunity to consider inclusion of a patient representative.

Performance of Board members, the Board Chair and the CEO are regularly evaluated along with an overall self assessment of the Board's own functioning.

Regular reports on quality and safety activities are received and acted on.

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)

Ornge has a vision, mission and values statement that was developed with contributions from multiple sources. Stakeholders, staff, patient and family needs and perspectives were all incorporated resulting in an amended mission statement and updated organizational values. This work has been translated into a strategic plan that sets out key foundational elements onto which all other plans are pinned. An environmental scan is conducted regularly, fed by not only external factors but also from issues identified through audits, the safety management system, risk identification sessions and other formalized processes.

The organization has a good understanding of the health needs of the population(s) it serves and looks at changes to adjust (examples include changes to staffing and scheduling configurations and increased access to telehealth for remote communities).

Plans are monitored and communicated both internally and publicly in accordance with regulatory and oversight requirements.

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)
Resource allocation within Ornge is managed in concert with the Performance Agreement in place with the Ministry of Health and Long Term Care (MOHLTC) with overarching budget approval being provided by the Board of Directors.   Decisions regarding resource allocations are made with a strong emphasis on values, what's important for the patient and staff, and other key organizational priorities. Ornge leaders can be flexible within the budget funding envelope and, with Board and MOHLTC approval, recently leased an additional aircraft to manage projected aircraft downtime during medical interior refits / and required aircraft painting. Regular financial reports are provided to both the Board and MOHLTC.

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)

There is a significant organizational focus on staff with a foundational commitment to "maximizing patient and employee safety by minimizing risk and being vigilant regarding safety issues in [our] diverse operating environments." (Ornge Strategic Plan 2020.) Employee engagement scores are closely monitored and shared and initiatives to address are communicated across the organization. Examples of targeted activities include the implementation of the TADRAG (Triage and Dispatch Review Action Group) which provides a forum for frontline staff to bring forward issues and concerns and Town Halls for information sharing.

The organization has implemented a Traumatic Incident Review Procedure to proactively support staff across all departments when triggering events are identified. In addition to a repackaged Employee Family & Assistance Program (EFAP), a Human Factors Specialist is on staff (and family members) to provide support and Road to Mental Readiness has also been adopted and rolled out.

Recognition opportunities include Stork pins, Life Saved Award and Telecommunicator of the Year Awards. Staff achievements and kudos are highlighted in various communiques and forums.

One of the critical issues currently facing the organization is recruitment and retention of pilots. Exit interviews are utilized to assist in understanding the challenges and interviews with retained pilots are also conducted to help understand positive retention factors.

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)

The organization has developed a Quality Improvement Plan (QIP) to guide and direct focused improvement opportunities across the system. The QIP, as with other organizational plans, was developed with input from multiple stakeholders and sources, including patients and families. The result is a focus on four key areas: initiatives to improve timeliness of care, improve effectiveness, improve patient-centred care and make care more efficient and safe.

Improvement initiatives are tested in pilot phases, with evaluation designed into the process. Following a successful pilot, a business case is developed and, on approval, spread to the rest of the organization is implemented. As an example, standardization initiatives are underway as a proactive measure to address variation in equipment layout and kit design. This initiative began as a pilot project in Thunder Bay and Timmins and, following evaluation and a PDSA cycle, is in the process of being spread across the organization. Kits are set to be delivered in December with deployment in January 2019.

Ornge contracts with Standing Agreement (SA) providers for air and paramedic services and maintains a contract with Toronto Paramedic Services for Critical Care Land Ambulance services. Quality provisions are built into the procurement process and the organization includes these practitioners under its base hospital umbrella ensuring a seamless and high-quality approach to the provision (and monitoring) of care whether delivered directly by Ornge staff or through SAs.

There is a significant focus on the evolution and growth of a just culture. Education has been provided and the incident management system, through QPulse, supports a just culture by focusing on system level opportunities for change. QuickTurns, QuickSmarts and 360s are used to share alerts, learnings and improvements across the organization. An example of the value of aggregate analysis of reported events (triangulated with data from chart audits) can be seen following identification of an increase in infusion dosing issues after changes were made to the use of ketamine. The review, with staff involvement, identified the need for reprogramming of the pumps to ensure standardized doses are now included in the pump library.

A risk management framework is in place and departments appear to be well-versed in its use and application. Regular follow ups and updates are conducted with all departments. A formal disclosure policy and process is also in place. Major disclosures are generally facilitated by the Chief Medical Officer or a Senior Medical Director. Disclosures in this environment can be challenged by the availability of information, timing delays, and lack of a therapeutic relationship with the patient – this is not unique to Ornge.

Ornge has taken the unique approach of expanding the well-established aviation safety management system (SMS) to encompass quality and operations. Air Medical Resource Management (AMRM) uses a layered approach to feed situational awareness up through the organizational infrastructure on a daily basis. All departments participate in the briefings ensuring a sustained focus on safety, patients, access and timeliness.

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)

While no specific patient or group of patients provided input directly into the development of the newly released and largely clinically based, Ethics Framework, multiple sources of patient experience were considered in the drafting (sources included patient complaints, compliments, survey results as well as practitioner experience). A bioethicist was also engaged to consider the work in the unique transport environment. There was a recent opportunity to utilize the framework in the context of palliative care patient transfers. Using a patient centred approach, the ethics-based review considered the historical approach of categorizing palliative transfers as non-urgent. The process prompted changes to the Transport Medicine Physician (TMP) approach to triage for palliative cases, recognizing the potential need for urgency in repatriating a patient.

Ethics based support for non-clinical consideration include a Code of Conduct, Conflict of Interest, Whistleblower and Perquisites policies that apply across the organization. At all levels, reference to Ornge's values is expected to support ethical and challenging decision-making (Living our Values, Ornge).

The Research Approval Policy and Procedure includes a flow chart that indicates when Research Ethics Board (REB) review is required. Ornge has established relationships with Sunnybrook and Ottawa REBs both of whom have base hospitals and a good understanding of some of the unique transport-related issues.

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 undertaken a series of surveys to gain insight into stakeholder needs and experiences. They are actively involved in the communities they serve and have a high corporate profile. The organization has a recently revised communication plan that provides a framework that supports engagement and responsiveness. Updated platforms are now providing insight into the effectiveness of various communication approaches.

There is good use of evidentiary references and best practices to ensure that staff are confident in the rationale behind organizational policy and practice.   Data and information is collected, utilized and reported out.

There was evidence that information being collected is reviewed for true need with a noted willingness to stop collection if it no longer makes sense.
Communication methods are varied, with multiple channels and media utilized with some innovative approaches currently under development.

Accreditation Report · Detailed On-site Survey Results

18

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)
Vehicles used to transport patients are designed in a way that supports safe medical care during transport for both patients and team members. Organisational training and education includes safe operation and maintenance of vehicles, use of vehicle restraints and vehicle cleanliness. Participation in training and education is documented. Specialized dedicated transport teams for interfacility transport are included in regular training and orientation to ensure they are familiar with safe operating procedures.

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)

By nature of its services, Ornge is not a primary emergency medical response (EMS) organization. 93% of their work is inter-facility transport with only 7% trauma / medical calls. Disaster response plans are in place internally for loss of aircraft, land ambulance or facility-based disasters and all staff are provided with orientation on hire and drills are regularly practiced. Emergency preparedness in this context focuses on emergencies, disasters and other events that could impact operations -- business continuity plans are in place across all department areas.

Both the disaster response and business continuity plans are regularly updated based on inputs from audit processes, the safety management system, risk reviews, tabletop activities etc. The Operations Control Centre is required to conduct one "bugging out" exercise at least once per year (12 hours); typically, this level is exceeded, and the organization has plans for a 24-hour evacuation of the OCC in the next month. There is a reciprocal agreement in place with a local Central Ambulance Communications Centre (CACC) allowing for 100% return to operations in an alternate work space (AWS) and a data recovery site has also been set up in Hamilton, ON. Should it be required, the OCC can also run through laptops and cell phones in a true mobile fashion.
Separate response plans have also been developed for Pandemic Responses and more recently, Cyber Incidents.

In most disaster responses, Ornge's involvement will be either as a secondary responder (and as such, staged in a cold zone and tasked by on scene first responders) or will be supporting hospital evacuations / patient decantation as part of bed clearing requirements. While this may not require a specific disaster response plan for any one local area (emergency response is still a municipal accountability), Ornge is called on to participate in local table top exercises from time to time. Development of standardized approaches may be helpful, particularly for supports that may be required for things like upstaffing in the OCC, participation or establishment of an Emergency Operations Centre, enhanced telehealth supports for rural communities etc.

In terms of public-facing support, Ornge has recently developed a video re: landing site safety that can be shared with local emergency services, at Sports Arena shows etc.

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	
10.5 The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	!
Surveyor comments on the priority process(es)	

The organization has made significant progress in bringing people-centred care to its core. A common language and focus has developed and there is a clear commitment across all teams.

Currently, the Board receives patient feedback through regular reports, shared stories and community-based meetings. A recent Town Hall meeting included a presentation by a former patient and an opportunity to reunite that patient with the paramedics and pilots involved in his care. There is an opportunity to consider placing a patient on the Board to ensure patient perspective is directly considered in decision-making processes.

Two of three patient positions on the Medical Advisory Committee have been filled; they will be attending their first meeting in the coming month. Exploration of educational or learning opportunities to assist these individuals (and potentially patient participants) to participate in formal quality improvement initiatives is encouraged.

Ornge has a robust patient complaint process in place supported by a Patient Advocate role which provides staff, managers, leaders, the Board and regulators with patient and family perspective on the services provided.

Patients are offered an opportunity to share their stories via a new page on the public website. Since launching the updated website last year, 52 patients have come forward with stories and interest in helping with spreading stories and experiences.

The strategic plan, annual report and quality improvement plans are all posted on the Ornge public-facing website.

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 change in the mission statement to specifically incorporate [transport and] "access" to health services has prompted some considerable work to date to address barriers to access. This has included the Regional Critical Cardiac Response (RCCR) program where the TMP will provide guidance to a remote sending health facility while awaiting transport. A telemedicine project is also underway to support point of care testing in remote communities.

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)

Ornge has a very robust maintenance monitoring program that uses the "Q Pulse" IT platform to monitor and track all fixed assets. Information is entered in to the system as per manufacturer specifications that alerts base Managers when scheduled maintenance is required. Managers also use the system to input data when an asset fails or its integrity is in question.

The organization has proactively begun to look at making improvements to the design of their transport vehicles. Interior configuration redesign and improved equipment options are being considered and plans are being developed to make needed improvements.

The security and management of controlled substances is very good. All controlled substances are securely stored and there is a robust process for monitoring these medications. Access is limited to only those who are authorized.

The organization has taken great care and effort in developing a process for the cleaning and disinfection of equipment and supplies. A multidisciplinary approach has been used to identify best practices to guide this development.

While the effort applied to formalizing this process has been strong and is informed by subject matter experts and evidence, the final step to excellence lies in the ability to clearly demonstrate that these efforts are yielding the results that are expected. At this time there is no evidence that demonstrates that this level of assessment has been conducted within the organization. The organization is encouraged to develop a process that tests overall cleanliness of assets (including vehicles, monitors, soft bags etc.) in order to either validate existing processes or identify opportunities for improvement.

There was a lack of formalized check lists for equipment and medication bags noted. The kit standardization project will address this moving forward.

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

13.10	A documented and coordinated approach to safely manage high-alert medications is implemented.	ROP
	13.10.6 Client service areas are regularly audited for high-alert medications.	**MINOR**

Priority Process: Infection Prevention and Control

9.9	Linen, supplies, devices, and equipment are stored and handled appropriately.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Transport Medicine Physicians (TMP) support the OCC as well as paramedic crews with an onsite/online 24/7 presence at either the OCC in Mississauga or at base stations across the province. TMPs have eyes on every call and, in the event of competing priorities amongst requests for service, determine clinical triage priority.

The Provincial Transfer Authorisation Centre (PTAC) supports regional /provincial response to disasters and pandemics through collection of infectious disease criteria, implemented following the SARS outbreak in 2003.

ORNGE OCC collaborates with regional and provincial partners and makes orientation to ORNGE available to Central Ambulance Communication Centres (CACCs), CritiCall Ontario, hospital staff and others.

The organization has developed and implemented a detailed deployment plan. The Deployment Plan is organized as follows. First, the Ornge Triage and Acuity Scale (OTAS) and Ornge's Scope of Service are presented. Then, details are provided on Asset Selection and Assignment. Assets are considered for deployment based on the type of request for service – scene and modified scene call vs inter-facility emergent, urgent and non-urgent next day requests. This involves two main activities – selection of the preferred type of asset based on relevant circumstances, and assignment of the closest most appropriate

asset. The Plan includes decision algorithms to assist Communications Officers (CO) in asset assignment. Finally, information is also included on other logistical matters necessary for servicing the request, such as Special Operations and Local Operating Practices.

Priority Process: Competency

The organisation provides team members with access to a variety of teaching and training methods.

TMPs are provided with specific orientation to the environment. OCC Flight and Call Taking staff have regular audits performed to support learning at an individual level and trends are identified to support broader system level learning.

Priority Process: Episode of Care

While patients/family engagement feedback informs all aspects of Ornge's planning and service design, the Operations Control Centre (OCC) is somewhat unique in having little direct patient conact- most calls for service are received from sending hospitals, CACCS, directed through CritiCall Ontario, or in rural areas, received from nursing stations or local paramedics.

For each call a standard set of information is documented.
The organisation uses the Institute for Healthcare Improvement (IHI) framework for patient safety. The components of the safety framework includes: patient and family centred care, patient safety governance, accountability, leadership, psychological safety, teamwork, communication, reliable care processes, continuous learning , transparency, improvement and measurement. Key outcomes include the development and maintenance of a culture of patient safety, engagement, performance monitoring, support of patients, families and staff when encountering patient safety concerns, alignment with the Strategic and Quality Improvement Plans and systems/procedures designed to improve reliability and incident prevention.

The OCC tests down-time procedures and process two times per year, the most recent in March 2018 and next one scheduled for November 2018. The transport team's safety is monitored through regular connections with crew, and through a flight following process which is sub-contracted and based out of Toronto's Pearson Airport. Vehicle status is also monitored through vehicle locator technology.

A sterile cockpit is maintained through mission acceptance. Relevant information will be conveyed to the pilot after first level mission acceptance in event of a potentially combative or high risk patient including risk assessment/mitigation details. This assists in ensuring any safety concerns are addressed.

Priority Process: Decision Support

Surveyors observed that there is an accurate and up-to-date record for each call received and mission completed.The record for each call is electronic and includes the address, response number, type of incident, response time, dispatch time, time arrived at scene, responding EMS unit and team member ID numbers.

Formal and informal training is provided to all team members.

Priority Process: Impact on Outcomes

OCC tracks critical time stamps for each mission. Time points are used to establish response time standards. The time points include time of request; the time of vehicle alert; the time the vehicle began responding, arrived at scene, arrived at patient side, departed scene; and arrived at its destination to transfer the patient to the receiving medical team, or home, and returned to service. Information is subsequently shared by the organisation for action/follow up either within OCC, Operations or Aviation.

OCC participates in Ornge's Medical Advisory Committee ensuring their input into discussion and recommended approval of evidenced-based guidelines that may impact OCC services.

Priority Process: Medication Management

The organisation has policies and processes in place to safeguard medication distribution and administration in order to reduce the potential for preventable adverse drug events with high alert medications and optimize patient safety.

Priority Process: Infection Prevention and Control

The organization has developed and implemented an Infection Prevention and Control Resource program. A detailed manual is available. The document was developed and approved by the Medical Advisory Committee (MAC), signed by the Chief Medical Officer, and issued by the Ornge Base Hospital on behalf of Ornge as a whole. Base managers are responsible for operations of Infection Prevention and Control.

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 16, 2018 to May 4, 2018**

- **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	N/A
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	N/A
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	N/A
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	N/A
3. Subcommittees need better defined roles and responsibilities.	100	0	0	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
3. Subcommittees need better defined roles and responsibilities.	100	0	0	N/A
4. As a governing body, we do not become directly involved in management issues.	0	14	86	N/A
4. As a governing body, we do not become directly involved in management issues.	0	0	100	N/A
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	N/A
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	N/A
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	N/A
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	N/A
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	N/A
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	N/A
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	N/A
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	N/A
9. Our governance processes need to better ensure that everyone participates in decision making.	83	0	17	N/A
9. Our governance processes need to better ensure that everyone participates in decision making.	100	0	0	N/A
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	N/A
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	N/A
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	N/A
12. Our ongoing education and professional development is encouraged.	0	0	100	N/A
12. Our ongoing education and professional development is encouraged.	0	0	100	N/A
13. Working relationships among individual members are positive.	0	0	100	N/A
13. Working relationships among individual members are positive.	0	0	100	N/A
14. We have a process to set bylaws and corporate policies.	0	0	100	N/A
14. We have a process to set bylaws and corporate policies.	0	0	100	N/A
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	N/A
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	N/A
16. We benchmark our performance against other similar organizations and/or national standards.	0	17	83	N/A
16. We benchmark our performance against other similar organizations and/or national standards.	0	33	67	N/A
17. Contributions of individual members are reviewed regularly.	0	0	100	N/A
17. Contributions of individual members are reviewed regularly.	0	0	100	N/A
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	N/A
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	0	100	N/A
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	40	60	N/A
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	N/A
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	N/A
21. As individual members, we need better feedback about our contribution to the governing body.	83	17	0	N/A
21. As individual members, we need better feedback about our contribution to the governing body.	100	0	0	N/A
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	N/A
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	N/A
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	N/A
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	N/A
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	N/A
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	N/A
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	N/A

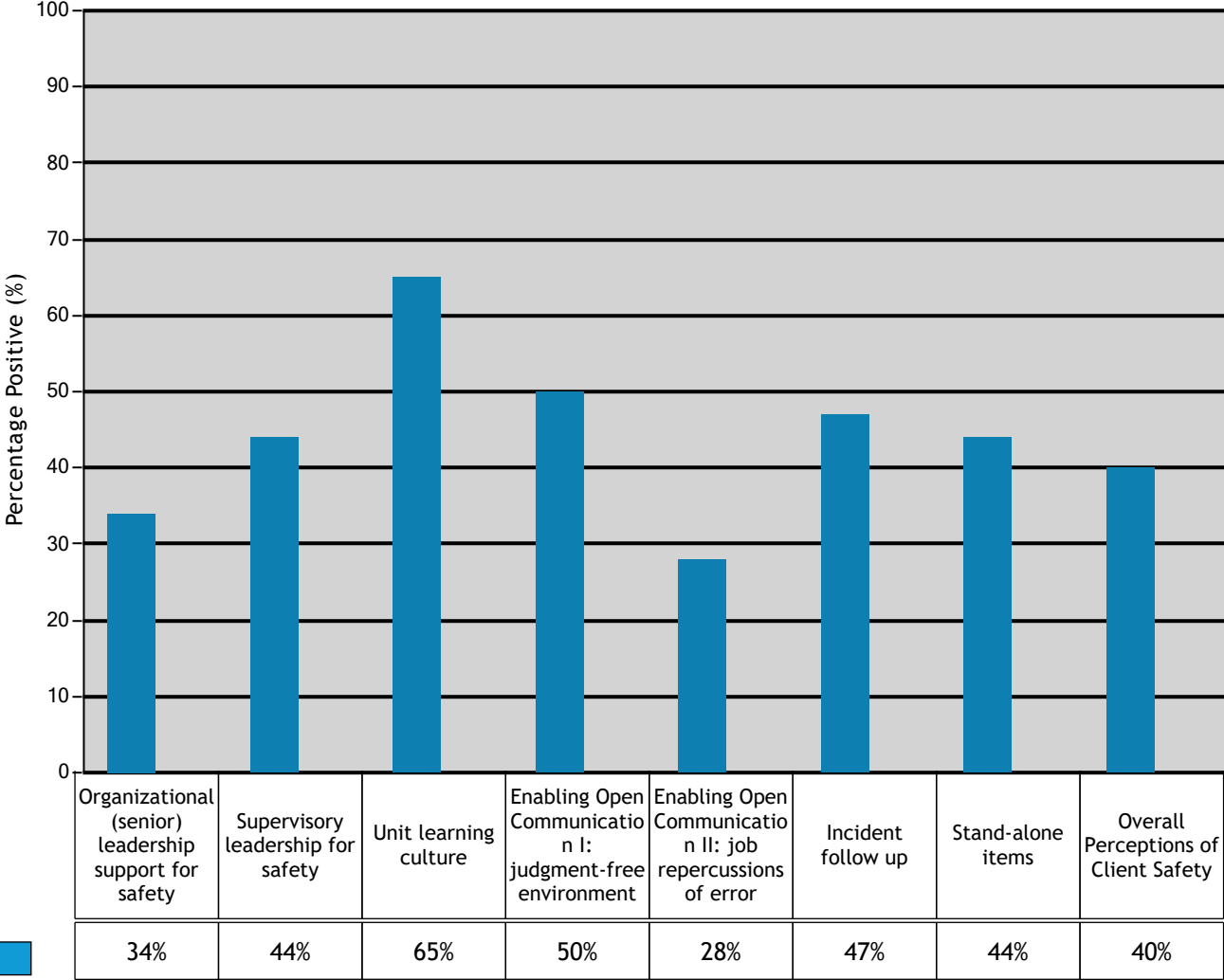| Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	0	100	N/A
33. Patient safety	0	0	100	N/A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

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: March 1, 2017 to February 28, 2018**

- **Minimum responses rate (based on the number of eligible employees): 119**

- **Number of responses: 123**

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
	34%	44%	65%	50%	28%	47%	44%	40%

Legend

ORNGE

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.

The organization used an approved substitute tool for measuring the quality of worklife but did not provide Accreditation Canada with results.

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

.

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
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.