



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

FIREFLY - Physical, Emotional, Developmental and Community Services

Kenora, ON

On-site survey dates: September 26, 2022 - September 29, 2022

Report issued: October 28, 2022

About the Accreditation Report

FIREFLY - Physical, Emotional, Developmental and Community Services (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 September 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

FIREFLY - Physical, Emotional, Developmental and Community Services (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

FIREFLY - Physical, Emotional, Developmental and Community Services'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: September 26, 2022 to September 29, 2022**

- **Locations**

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

1. FIREFLY (Atikokan)
2. FIREFLY (Dryden)
3. FIREFLY (Ear Falls)
4. FIREFLY (Fort Frances)
5. FIREFLY (Kenora)
6. FIREFLY (Red Lake)
7. FIREFLY (Sioux Lookout)

- **Standards**

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

System-Wide Standards

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

Service Excellence Standards

4. Community-Based Mental Health Services and Supports - Service Excellence Standards
5. Rehabilitation Services - Service Excellence Standards









- **Instruments**

The organization administered:

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

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	28	0	0	28
 Accessibility (Give me timely and equitable services)	19	0	0	19
 Safety (Keep me safe)	88	0	8	96
 Worklife (Take care of those who take care of me)	54	2	0	56
 Client-centred Services (Partner with me and my family in our care)	91	0	3	94
 Continuity (Coordinate my care across the continuum)	15	0	1	16
 Appropriateness (Do the right thing to achieve the best results)	215	8	10	233
 Efficiency (Make the best use of resources)	21	0	0	21
Total	531	10	22	563

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	45 (100.0%)	0 (0.0%)	5	36 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	5
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	70 (100.0%)	0 (0.0%)	0	110 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	29 (100.0%)	0 (0.0%)	5	43 (97.7%)	1 (2.3%)	3	72 (98.6%)	1 (1.4%)	8
Community-Based Mental Health Services and Supports	44 (97.8%)	1 (2.2%)	0	91 (96.8%)	3 (3.2%)	0	135 (97.1%)	4 (2.9%)	0
Rehabilitation Services	43 (97.7%)	1 (2.3%)	1	73 (94.8%)	4 (5.2%)	3	116 (95.9%)	5 (4.1%)	4
Total	201 (99.0%)	2 (1.0%)	11	313 (97.5%)	8 (2.5%)	6	514 (98.1%)	10 (1.9%)	17

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
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 (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

The organization was provided with an opportunity for input on their perspective using the topics above. The email sent to them and their response is below.

This message below was provided to the Accreditation coordinator and the response is captured below.
 "Organizational opportunity for Input into the Team observations Workbook.(Email from the team Lead to the organization.)

One of the tasks of the survey team is to include a brief overview in a narrative style of what their observations are of the organization under the following headings: Strengths and Successes, Challenges and Opportunities for Improvement.

Because our time with you is short and we have lots to do together and talk about, there is an opportunity for you to have some input as your perspective on the categories listed above. Sometimes you know items that we may overlook or indeed not see or hear about.

If you wish to participate in this activity, it might be a good idea for the leadership team to jot down a few notes and send them to us in an email by Tuesday evening if you wish.

The response of the organization is listed below as it was received.

"Progress since the last Survey:

- Deeply committed to and responding to Truth and Reconciliation Commission Calls to Action in respectful ways
- After many years, FIREFLY has been successfully designated by the province as Children's Treatment Centre (CTC) for Kenora and Rainy River Districts. This important step prepares the way for FIREFLY to provide specialized services for children and their families close to home
- Since the last survey additional close-to-home programs have been added to FIREFLY's basket of services including– Autism services, Speciality Clinics, Brief Services Expansion, Smart Start Hub, One Stop Talk Pilot
- FIREFLY mental health wait times for services have decreased significantly, enabling timely response to needs of children, youth, and families
- FIREFLY led the field in community Child Development virtual services. At the onset of COVID, FIREFLY developmental services trained and coached provincial peers in transitioning to virtual care
- Since the last survey, FIREFLY established new formal partnerships with Indigenous service providers, schools, hospitals, Strongest Families.
- Implementation of LEAN Six Sigma and creation of a Data Analyst position
- FIREFLY also assumed a leadership role on the districts' three provincially approved and mandated Ontario Health Teams (OHTs).
- FIREFLY with Indigenous partners supported and build a Roundhouse at the Kenora site, providing a welcoming, culturally safe setting for clients and staff.
- Two new offices were built one in Sioux Lookout and the other on Fort Frances.
- COVID-19 pivot – rapid implementation of virtual service and host of two Virtual Conferences including a two-day array of topics delivered by staff for clients, care providers, and professionals (attendance from across the province and Manitoba AND the Board hosted a 4 session Virtual Governance Series on good governance and trends on governance open to Boards across the region and province – Boards from across the province attended – well-received educational series
- Launched the FIREFLY Foundation to further support children, youth, families and communities across the region

Strengths:

- Collaborative, nimble and progressive
- Innovative and early implementors
- Strong governance
- Focus on quality and safety
- Staff development and education high priority. Ongoing investments in the development and training of staff and sharing with partners
- Staff engagement
- Truth and Reconciliation Working Group and DEI Committee
- Local presence across our service area - engaged in communities
- Multi-service agency
- System leadership, advocacy, and partnerships
- Living our values
- Northern “Know How”

Challenges:

- Recruitment and retention of staff and board members and Bill 124 limits salary increases to 1% and losing staff to higher wages in Health and Education, makes it difficult for staff who are passionate about service but can't fulfill all the services needs in a timely manner
- Physical space – organization has grown in staff and services – insufficient space at Kenora and Red Lake offices
- Geography (long distance, sparse population, travel)
- Caseloads – high and complex service needs
- Limited resources limit our capacity to respond
- In our services area issues of Poverty, equity, racism – impact on health – marginalized populations
- Funding to support Children’s Treatment Centre development
- Limited “Close to Home” services, especially specialized care, for children, youth and families

Moving Forward

- Learn, listen and move forward in good ways with our Indigenous partners
- Development of new programs (Eating Disorders, DBT Groups, Autism services, Infant therapy clinics, Triple P)
- Regional priorities – Ontario Health Teams
- Ongoing quality improvement projects
- Ocean (streamlined referral pathways)
- Imagine FIREFLY project next steps, including space planning

Board of Directors

- Deeply committed,
- Dedicated to ongoing development - annual board development sessions, last year Governance and DEI and year prior the 4 session virtual governance series, Generative governance in addition to in house learning including overview of the newly passed Ontario Non-Profit Corporations Act
- Focus on quality and safety

Community and Community Partnerships

- Partnerships and communities are core to FIREFLY's attention and approaches. Committed responding to the unique needs of communities and having a community presence in sharing voice for children, youth and families
- Key partnerships with Schools, Hospitals, Indigenous Service partners, North West Health Unit, Ontario Health Teams
- Wished we could do more

Leadership

- Skilled and passionate leadership team
- Focus on and strongly support and celebrate continuous quality improvement
- Very proud of FIREFLY staff and client focus on program planning/development
- Encourage and support staff and client engagement
- Promote a culture of care
- Transparent in approaches
- Regional and provincial leaders

Staffing and work life

- Talent Management – staff engagement
- Passionate, caring staff
- Exceptional training/development
- Focus on work-life quality
- Engagement of staff on various organization projects/committees (DEI, Imagine FIREFLY, etc.)
- Recruitment retention issues creates stress

Delivery of Care and Services

- Innovative approaches
- Use of technology
- Multi service, basket of service to meet range of needs “under one roof”
- Engagement of client/family in planning
- Meet the client where they are at...virtual/in person/presenting issue
- Extra effort to reach marginalized

Client satisfaction

- Feedback is sought from clients and communities we serve on service experience, needs and service planning with individual clients/families and from the community perspective
- Youth engagement workers
- Variety of ways in which feedback is sought from family member on Board, client surveys, engagement activities in communities, Ontario Perception of Care survey, Patient Safety Culture Tool, at Intake, during service, at completion of service, and through social media platforms

Surveyor Comments:

Work on outcomes and measuring success is needed to be done before the next survey.

Detailed On-site Survey Results

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

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

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



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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This priority process focuses on: Meeting the demands for excellence in Governance practice.

To discuss governance at FIREFLY, a virtual meeting of the FIREFLY Board was held, attended by the two directors (virtually) and three additional directors including the chair. The CEO also attended.

The very committed board is commended for the development of the Strategic Plan in the challenging times that the Covid -19 pandemic presents. The strategic plan (2018 to 2022) ensures that a clear direction for the organization is in place. It is understood that while implementation of the current strategic plan is in progress, work has begun on the required new strategic plan.

The Board in response to the question of the governance model used by the board reported that “Ours is an adaptation of the Carver model but with a focus on generativity, with a committee structure of three committees: Governance and Quality, Board Development, and Fiscal and Advisory.” Ad hoc committees are implemented when there is a need to do so. Presently the board is reviewing CEO compensation. The board, intent on having the perspective of client and family which is included at the board level is commended for having as two directors, one member who is a client and one a family member.

It is a board that would appear to govern in the context of what the CEO reported as: “There are numerous First Nations people in this region and the organization recognizes their ancestry and land concerns.” Noted as well, are the many valued partnerships that the local Indigenous people have with the organization.

Quality is a standing item on the agenda of every meeting of the Board and a presentation is made by the leaders of the organization to inform the Directors about the status of the quality and ongoing improvement initiatives. There is a tangled web of funding sources, between private and government but there are checks and balances in place.

Client and employee safety is of paramount importance to the board and is an embedded theme of all meetings. Reports presented to the board, which meets monthly, and are followed up. CEO, leadership, and quarterly reports inform the board members of the work done by the organization and of the issues that need to be addressed.

Through the review of board documents and discussion with directors during the survey, it is understood that the board clearly understands its role in accountability and results achievement. Minutes from past board meetings were reviewed and reports from the executive director, validated by the board, indicate that the board is fully informed of all issues that must be addressed.

The minutes, conversations with senior leadership, and board discussions indicate that the organization has a process to identify and manage risks and identify strategic opportunities for improvement.

The board sees as its responsibility the selection and evaluation of the CEO; having a succession plan, overseeing the strategic planning process; approving the organization's capital and operating budgets and providing overall financial oversight; approving the organization's corporate policies, and ensuring the policies are followed. The minutes reviewed and board discussions indicate that the organization has a process to identify and manage risks and identify strategic opportunities for improvement.

There is compliance with the legal and regulatory requirements of the board as well as the defined expectations of Accreditation Canada.

Roles and responsibilities of board members are documented; there is an expectation and board policy that a code of ethical board behavior is adhered to and is known to all members.

The board is commended for the integrated Quality and Risk Management Plan developed by the organization and its articulated vision of quality care to those whose needs it serves. With a website and communication strategies that are exemplary, it is apparent that the board intends and is successful in keeping a high degree of transparency with all its activities

The board is commended for the integrated quality improvement plan and its vision of quality care to those who require the services that it presently provides as well as those it may be able to provide in the future.

The board has complied with the accreditation requirements of the Governance functioning tool. Results are being addressed and remediated when necessary. The Board chair reported no areas of caution or concern beyond the shifting sands of the potential impact of government changes that could affect client support and care.

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)

Priority Process: Planning and Service Design Description: Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

A review of the documentation focused on this priority process was completed and followed by a Planning and Service Design priority process, virtual meeting with the CEO and key leadership staff who are engaged in the planning and service function of the organization.

The policies that govern this function indicate that this organization, which provides support and care to children and youth population in the sparsely populated geographic region of Northwestern Ontario region are very much focused on planning and has a very rigorous approach to it.

Policies addressing the rights and responsibilities of clients and families were reviewed and reported as developed with input from clients and families using the Client and Family Centered Care advisory group as well as client surveys and conversations with clients and families. The policies reviewed for all the organization's primary functions, operations, systems are documented, authorized, implemented, and up to date.

The Strategic Plan for Firefly is a written document covering the period from 2018 until 2022 that defines the long-term direction of the organization. The vision, mission, and values of the organization provide the foundation upon which the Strategic Plan is developed. The Strategic Plan sets the overall direction for the organization, as approved by its Board of Directors, and is supported by more detailed operational plans developed by the leadership of the Firefly organization.

The organization as reported by the board looks forward to reviewing and updating the mission statement with input from team members, client, and their families, as well as relevant stakeholders.

From the care it reportedly takes for children and youth and their families, it appears that Firefly is a values-based and values-driven organization. The organization actively advocates for the needs of its clients and is guided by a clear mission, vision, and values statements, as well as a special programs and protocols specifically developed to reflect the unique aspects of the population it serves.

From a document review and discussions with various staff, it is apparent that client and family-centered care is a guiding principle of the organization who makes an onerous effort to respond to the needs of a population who are one of the most geographically challenged in the province of Ontario. A Client Family Advisory committee has been recently established and although in its initial stages appears productive. There are two client family members on the board of directors.

Taxed to the limit to provide service to families during the pandemic, the organization has implemented many virtual strategies that have allowed them to connect with clients and families in meaningful ways. These strategies are now under review to appraise the value of keeping them in place after the pandemic subsides.

One of the current challenges in the organization is the recruitment of staff to deliver the services that have been essential to clients.

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)

Priority Process: Resource Management Description: Monitoring, administering, and integrating activities related to the allocation and use of resources.

The core of the major operational work of this organization is supporting clients and families through the various programs that Firefly provides to the large geographic area that includes the many communities it serves.

A review of this priority process included a discussion with the CEO and the financial manager of the organization who both reported their responsibility for resource management. Conversations that validated what was learned during this discussion were also validated by board members responsible for resource management.

During the discussion with the Board, it was learned that there is a very appropriate relationship between the Board, the CEO, and senior management. All roles are clearly defined and understood, a rationale that underpins and attests to the excellent functioning of the Board and organization. Policies, education, orientation, and education are in place. The Auditor's report and Board minutes reviewed were in the appropriate format, explanatory, and indicated that the Board adheres to the professional practice of determining if there are conflict of interest items on the agenda.

The annual and capital budgeting process is aligned with a consideration of the mission, vision, and strategic goals and objectives.

This not-for-profit organization appears exceedingly managed from a resource management perspective. It is both client and employee-centered with a culture of safety that shows an investment of resources to develop and keep it so. The organization is commended for how it has procured and managed resources (both human and financial) during these Covid-19 challenging times.

All programs and services have input into the budgeting process. Monthly reports are provided from all services and accountability is managed.

There is a lean leadership team with an appropriate span of control to both manage, support, and demonstrate accountability.

The financial position of the organization and the policies of the Board, demonstrated by an external audit, are in compliance with accepted accounting principles (GAAP). The Board also adheres to the Ministry guidelines for expenditure of finances.

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)

Human Capital: Developing the human resource capacity to deliver safe, high-quality service.

To prepare for this priority process of the survey, policies, procedures, and other documents related to the management of human capital were reviewed and followed by a virtual discussion of the management of HR in the organization. The HR team consisted of the Director of Human Resources and a key staff member from the HR office and the lead surveyor.

Prior to the team meeting, the HR director provided a virtual review of each selected electronic staff file (permission to review signed) using the “Bamboo HR” software to display the contents of the selected file. Firefly is commended for the use of Bamboo HR as an appropriate software that captures essential information of the staff member and keeps it secure and confidential.

The team explained the various ways the organization provides support for activities to improve the quality of worklife, health and safety of the work environment. There is an active Occupational, Health, and Safety committee represented in all Firefly sites. This committee oversees that workplace health and safety policies that comply with relevant legislation are developed and implemented by the organization.

A documented and coordinated approach to preventing workplace violence is implemented. The team reported that the organization has in place policies and protocols including a policy regarding reporting, investigating, and resolving behavior that contravenes the established code of behavior. The HR team discussed the documented and coordinated approach to prevent workplace violence both for clients and the staff who support them. There is an open-door policy to bring forward any complaints, concerns, or grievances.

Recruitment and selection of team members are conducted in an equitable manner according to individual qualifications and their capacity to contribute to the organization's values, goals, and objectives. The Diversity, Equality, and Inclusion committee is active in the organization.

The team was pleased to report that continuing professional development and learning are supported by the organization. There is a strategy to develop leadership skills within the organization.

An immunization policy and associated procedures, which include recommending specific immunizations for team members, have been developed. The team reported staff compliance with immunization during the requirements of the COVID-19 pandemic.

Roles and responsibilities for patient safety are defined in writing in the position profiles reviewed.

At the intake to service in the organization, there are clear, documented processes shared with clients and families about how to file a complaint about the organization or their care or to report a violation of their rights.

Of the many quality improvement projects that are in progress and those that have been completed there is recognition of those who participate. Examples of acknowledgments were provided.

Policies and processes for selecting and negotiating contracted services are developed and implemented and the quality of the contracted services is regularly evaluated.

Patient safety training and education that addresses specific patient safety focus areas are provided annually to leaders, team members, and board members.

The organization is commended for the attention paid to being cognizant of the fatigue that all levels of staff may experience in normal times but is commended for the implementation of a group to address and support each other during the challenges that accompanied the pandemic.

The Worklife Culture instrument has been completed with an Action Plan developed to respond to identified concerns expressed through the flagging process inherent in the instrument. The action plan results are in an implementation process.

All Required Organizational Practices (ROPs) for this priority process have been met.

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)

This priority process focuses on using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

Firefly presented its approach to Integrated Quality Management (IQM) which demonstrated that the accreditation process is strongly aligned with integrated quality management (IQM) at this organization. For both clients, families, and staff safety, through a quality improvement lens forms the baseline of IQM.

Indicators are used to collect data that is used to support IQM management decisions and the dedication of resources.

Firefly is commended for being prepared for the COVID -19 pandemic and keeping both clients and staff safe.

Quality improvement is identified as a strategic priority, both from a governance perspective as well as leadership and staff perspective. A Quality Improvement Plan and a Risk Management Plan are in place. Indicators are used to collect data that is trended and used to support IQM management decisions and the dedication of resources.

The resources made available during the pandemic are but one example that the health and welfare of staff and clients is a focus of the board and the resources to enable this are always forthcoming. Policies and processes for selecting and negotiating contracted services are developed and implemented.

There are many forums where quality and quality improvement are the focus of agendas, the least of which is the governing board which has one of its three committees as a Quality Committee.

The CEO reported that Governance receives all the documents and presentations that enable them to take the pulse of what is occurring in the organization from an IQM perspective. This includes safety reports, incidents as well as information on adherence to the full disclosure policy of all these events and the support that clients, families, and staff receive as part of the required follow-up.

The Patient Safety Culture Survey has been completed; action items addressed, and information shared with all staff. A Client Safety Plan is developed, implemented and conversations with the team who met for this priority process demonstrate their understanding of the plan and how it underpins their approach to client and staff safety. The Client Safety Plan is part of the quality and Risk management approach to client and family care. While “safety is seen as everyone’s business” there is a Client Safety plan familiar to client and family care. While “safety is seen as everyone’s business” there is a Client Safety plan familiar to all spoken with during the survey.

A client safety incident management system supports the reporting of incidents and follow-up education for both the agency, the client, family, and any others involved. Near misses as well as adverse events go through a very rigorous and investigative process completed with appropriate documentation. All “incident” reports are investigated through a Root Cause Analysis process. Incident reporting and follow-up investigation and education are managed very well at Firefly.

The spread and sustainability of quality improvement results are promoted and supported throughout the organization either with clients and families directly or through publications.

The in-place documentation that describes the integrated Quality and Risk Management plan is comprehensive and serves the organization well. Included in the concerns of the organization is addressing the risk of a cyberspace attack. These concerns are being addressed in the organization.

The organization is commended for the measures taken to establish a just culture and remove any punitive fears from those involved in reporting incidents. Establishing trust with clients, their families, staff, and the community. The Diversity, Equity, and Inclusion committee are commended for its efforts to address issues in the culture.

A documented and coordinated approach to disclosing patient safety incidents to clients, residents and families is implemented, the goal of which is to enhance communication and provide a supportive response.

All Required Organizational Practices (ROP’S) for this priority process except for Medication Reconciliation which is non-applicable.

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)

Principle-Based Care and Decision Making: Identifying and making decisions about ethical dilemmas and problems.

After a review of documentation that the organization uses for ethics including the framework, a meeting was held with the team to discuss ethical situations that have occurred in the organization and the process by which the ethical dilemmas were resolved. The Ethics Committee address ethical issues.

This framework is used by the organization to support ethical practice and examples were provided of the process used to resolve ethical issues.

More explicitly the team reported that the “Ethics” committee's purpose is: To develop, support education and organizational outreach regarding ethical dilemmas, to conduct and support ethical reviews at all levels of the organization including client, staff, and organizational practices, provide input into policy and procedure development, track and trend ethical questions, as well as situations and evaluate the effectiveness and outcomes of FIREFLY’s Ethics Framework.

The framework considers issues confronting the organization from the following perspective: Recognize an Ethical Issue. Identify the Facts. Consider the Relevant Ethical Principles and Theories, Explore the Options, Act, and Reflect on the Decision.

It is suggested that as the organization grows and increases service delivery to include additional services to more complex clients, the inclusion of front-line staff as members of the Ethics Committee.

Beyond the initial education provided at orientation where the framework is discussed, the organization is commended for ongoing front-line staff education.

The organization is encouraged to consider using case studies to increase the awareness of staff of the ethical situations that can happen in the provision of the services provided. A case review process will provide a retrospective educational dimension in learning and sharing. Focused attention on front-line staff and the awareness of the tools of the framework will enhance staff how to recognize and report ethical issues that arise.

The organization reports no research projects presently but is aware of the value for clients and staff in participation in research.

To comply with the requirements of the practice of client-centered care, it is suggested that the organization continue to solicit feedback on the ethical framework used by the organization by engaging clients and family members more formally, and where possible continue building ethics capacity with all staff beyond orientation.

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)

Priority Process: Communication Description: Communicating effectively at all levels of the organization and with external stakeholders.

Following a review of the Communication Strategy for Firefly, a virtual meeting was held with the executive director and the leadership staff responsible for communication. The Communication Strategy defines key audiences, defined objectives, and innovative strategies to enhance Firefly as top-of-mind agency. As learned during documentation review and conversations with the staff member responsible for communicating the organization has considered current and evolving information needs; hardware and software and the security affecting all information dissemination in the organization.

The privacy and confidentiality of client information are protected, in accordance with applicable legislation. There are policies and processes to allow clients and families to easily access the information in their health records in a routine and timely way.

The usefulness of all the data and information collected by Firefly is regularly assessed and the assessment results are used to improve the information systems. It is admirable that Firefly periodically reviews the usefulness of the data collected still complying with the government mandate to collect various indicators. The frequency of evaluating the quality and usefulness of data and information is a function of the leadership team. This activity will be supported by the data analyst who has recently joined the team. All staff utilize the information management system (Communication) to access learning modules) collect clinical data, and trends and share that data with all from the board to all other staff.

It is obvious that underpinning the communication effort of Firefly is a goal that promotes and measures the service to the client and to the staff who stay connected and informed to care for them.

The documents reviewed for the accreditation survey are indicative of Firefly's practice to ensure that recording activities and decisions made maintains continuity and builds the corporate memory of the organization. Board minutes and minutes of all formalized committees were produced for the perusal of the surveyors. There is evidence of a close working relationship between the CEO and board as well as among the leadership and senior staff.

There is evidence of the successful role of the CEO and leadership teams, who engage in a collaborative process to maximize service delivery, avoid duplication in planning, and work together to enhance the health provision capacity of Firefly in the community.

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)

Priority Process: Physical Environment Description: Providing appropriate and safe structures to the facilities in achieve the organization's mission, vision, and goals.

When the surveyors arrived at the Firefly office in Kenora it was learned that there was a strong likelihood that one of the key staff had been exposed to a family member who has tested positive for the Covid-19 pandemic. After a discussion with the CEO, a decision was made that the survey would be conducted virtually. The survey team was experienced in virtual surveys and the organization had been providing service to clients virtually during the pandemic. The consensus was reached that the survey would be conducted virtually.

Extremely helpful to this priority process was a virtual tour of the Firefly main office space provided by the accreditation coordinator. The office appears to be an extremely comfortable place to work, and its cleanliness and orderliness were noted as well as the artwork that was displayed. The organization benefits from an active Occupational Health and Safety Committee (OHSC) which follows the regulatory protocols of that organization.

The Occupational Health and Safety committee regularly inspects the office spaces and provides reports as to the current status as well as the adherence to applicable laws, legislation and codes required for occupancy of the site.

The Emergency Preparedness Plan in place is designed to suit the needs of the organization. The organization is congratulated on their recycling efforts

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)

Priority Process: Emergency Preparedness Description: Planning for and managing emergencies, disasters, or other aspects of public safety.

This priority process focuses on providing appropriate and safe structures to the facilities in achieve the organization's mission, vision, and goals.

A review of the contents of the Emergency Preparedness plan document preceded a virtual discussion with key staff responsible for the implementation of the emergency processes and training at Firefly. The documents reviewed describe the role of leadership, employees, community resources, and participants, which are essential to the safe provision of support and other resources required to implement the plan.

A review of practice drills at sites visited by on-site surveyors found Firefly in compliance with Accreditation Standards for this priority process. Debriefs are held after evacuation exercises and lessons learned information is shared across the organization. Documentation is completed and the learning from drills and emergency preparedness activities which is shared across the organization. The organization evaluates and updates the various components of the Emergency Preparedness plan annually.

The team reported that there are policies and procedures for identifying and responding to outbreaks, and these are in line with the applicable regulations. Conversations were held with most of the leadership team during the week, and it was learned that team members are provided with information about the organization's role during an outbreak. The organization is commended for the innovative ways it implemented to reach clients through multiple media.

During the pandemic and post-pandemic, policies and procedures regarding outbreaks were regularly reviewed. Firefly reported, during the survey, that the information was received from the North West Health Unit originated in the Ministry of Health. The North West Health unit provided an interpretation of the Ministry guidelines, e.g., the best recommendations for speech therapy, local rates, and risk reduction recommendations for staff when COVID-19 rates were high.

The organization is commended for improvements that are in process as a result of “lessons learned” during the pandemic.

Priority Process: People-Centred Care

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Child and Youth Mental Health (CYMH) program is very people-centred in all areas of their work. Therapists work in all locations for this program except Fort Frances. Services offered show that Firefly is interested in engaging their child and youth clientele (DBT and Dungeons and Dragons groups - for example). Clients have reported they have easy access to paperwork when needed and to their file when they desire. They also report that the ability of the organization to both pivot to virtual care during the pandemic and continue with virtual meetings lately has been a boon for clients who need to be seen in person and those family members who need to have virtual meetings for many logistical reasons. Firefly's flexibility in this area was commended by the clients interviewed.

The Child and Youth Development Program devised a very innovative way to tackle a problematic wait list - offering one session immediately, then a three-session brief intervention which helped many clients achieve equilibrium and not require other services. This allowed for other clients to access services. At the present time there are only 12 people on the wait list and a full cadre of therapists with the intention of hiring more.

Files are fully electronic, are easy to read and maneuver through and have all necessary component parts. These files are accessible for all therapists involved in the case. In the file, serious incidents (as well as other vital information) can be documented with goals and achievement of the same.

Clients may have different therapists when beginning to receive service but report all helpers to be terrific and to have consistency with one eventually.

It is clear as well that the governing body is keen to hear about the clients and their progress and sees these opportunities to better understand the work Firefly is doing.

The Child and Youth Development Program mirrors much of what was said above. They have done different things to manage their challenging wait list, but they feel they are moving in the right direction with these ideas. It was evident from talking with clients and family systems as well as staff that everyone working at Firefly is focused on meeting the client where they are at and working to help them attain their goals.

Of note is the environment and how Firefly has accommodated the physical needs of their clients - wheelchairs and walkers for example - but also speech, sight, and hearing challenges as well. They train their reception staff to assist with clients when they arrive. They also took clients into a new build in Fort Frances who brought their wheelchair and walker to determine door widths and ramps before the building construction was complete. They have signs in Braille and a Communication Symbol that notes access to other ways of communication.

Overall, all programs surveyed have people - clients, partners, family members, schools, staff in mind all the time in all operations.

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)

Firefly has had some challenges with wait lists over the past years. They have been doing many things to try to stabilize or eradicate them. In the Child and Youth Mental Health (CYMH) arena they initiated 4 brief sessions for people on the first and this served to help those needing service substantially.

In the Developmental program, they initiated the idea of "blocks" of therapy with breaks in between and also a quick assessment for some services such as speech and Occupational Therapist (OT) done briefly for understanding the needs of clients. They call some of these services "while you wait" services. This team is also looking at online resources that can help while waiting.

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)

Medical Devices and Equipment: This priority process is focused on: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

A review of this priority process during a virtual team meeting was completed with a conversation with the clinical staff who have the responsibility for the management of medical devices and equipment in Firefly.

The team explained the protocols followed when there is a need to purchase equipment. Firefly will ensure that the equipment purchased, and its use and care are appropriate for the purpose for which it was intended. Previously owned equipment is donated to the organization, checked, and repaired or refurbished when necessary.

A preventative maintenance program is in place for each Firefly site, as appropriate and the documentation was available for monitoring and review.

Cleaning and disinfection have become more pronounced during the pandemic and for each contaminated device and piece of equipment, a recognized classification system and a protocol are used to determine what level of disinfection or sterilization is required. Ministry information is used to determine for process and disinfectant. Concise policies and procedures have been developed and maintained for cleaning and disinfecting processes. There is no sterilizing of devices or equipment as single-use devices are used.

The team reported that there is training, and education mandatory for all staff assigned to care for equipment including maintaining the inventory, cleaning, disinfecting, and maintenance of it.

Commendation to the clinicians who oversee the management of medical devices and equipment for the development and implementation of the training matrix, which has been developed for staff assigned the responsibility for cleaning, disinfecting, and maintaining medical devices and equipment. Staff are required to wear personal protective equipment (PPE) when cleaning and disinfecting. This PPE could include eyewear protection. Clinical staff assigned to oversee the maintenance of equipment including the cleaning and disinfecting of it, monitor and document the cleaning and disinfecting process, and make improvements when observed, as necessary.

Follow-up of adverse events, or near misses on wheelchairs and other devices, is followed by an investigation of the occurrence. Maintenance and repair of the equipment, through the supplier, occurs as needed.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
6.4 There is a policy that guides team members to bring forward complaints, concerns, and grievances.	
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	
17.6 New or existing indicator data are used to establish a baseline for each indicator.	
17.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
17.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Firefly is well connected in the community having been around for many years and over the last recent ones, growing with community need. They work with a variety of partners to build connections for clients and are very much involved in community activities that serve to advertise Firefly's services and demonstrate their accessibility.

Firefly has a diverse collection of clients and offers a wide array of services to meet their needs. They are very innovative too - creating innovative ideas to engage youth, children, and families to access help and continue a therapeutic path (some examples are the DBT group and the Dungeons and Dragons group - that engages hard-to-entice teenagers!).

They are very people-centred - considering client needs and feedback as well as incorporating ideas from staff. The clients who were spoken to raved about the services they were being offered, bemoaned the size of the wait list and some struggles with smooth service transitions but emphasized that they wanted to commend the hard work of staff who genuinely cared for them and worked towards their success.

They note the need for more physical space but use what they have to promote diversity and the demands created by the pandemic. With the change in child care services (losing 5 of them) there will be new space to use.

Leadership in The Child and Youth Mental Health (CYMH) program is strong and focused on providing top quality service with about 40 therapists.

Priority Process: Competency

About 40 staff work in the Child and Youth Mental Health (CYMH) program. They are all well educated and capable therapists. They are supervised, their case numbers are monitored, they receive training, are evaluated throughout the year - not just with one performance evaluation and there is a focus on recognition in a variety of ways - daily and yearly. They also work collaboratively. The files reviewed showed that the staff have knowledge and capability in this area.

While there is no spiritual space that is non-denominational, there are spaces in Kenora (the Roundhouse) and Sioux Lookout that were purpose-built for ceremony.

Priority Process: Episode of Care

A tracer was completed virtually for the Child and Youth Mental Health arena. While a tracer done virtually is not the best, as a "virtual tour" had occurred the evening before, it was a little easier to imagine the client system accessing the service.

The parent of the client was also interviewed after the tracer and the file was reviewed as well.

The parent was extremely complimentary of the therapist who was presently working with the child. The parent also mentioned that even though there was a shake start to the Firefly engagement, which was over, and the connection being made with her child was excellent. The parent also made mention of the flexibility of the organization to allow her child to be seen in person while she could continue to access services virtually. That was just one example of how Firefly puts clients first.

Intake of clients can occur in a variety of ways - in person, by phone and now and online self-referral process. There has been an exceptionally long wait list in Child and Youth Mental Health -this was alleviated in the past year by initiating one immediate session, then three brief sessions before determining if any longer therapeutic service was needed. As a result, the wait list is down to 12. This is a major change that must be commended. the Child and Youth Mental Health (CYMH) program feels that solution-focused brief interventions work very well for some people, and this was evidenced by the wait list reduction.

Comprehensive assessments are completed and reviewed to determine next steps if longer term therapy is deemed needed. In some cases, a client might need the services of the Rehabilitation program under Firefly and if that is the case, these services can be arranged seamlessly.

Many of the Child and Youth Mental Health services occur from school referrals or recommendations and therapeutic interaction can occur in the school. Client caregivers report that this is helpful to the school as well as the client.

At first, working virtually during the pandemic was difficult and hard for people to get used to but now, the organization is seeing the benefits but as noted above, being cognizant and flexible about different needs in a client system.

While mentioned previously, it is of note that the Child and Youth Mental Health team strives to engage their clients with creative ideas (DBT groups, for example) that meet the clients where they are and are sensitive to the needs particularly of adolescents. This was very evident.

Overall, it was very evident that the management of any case is very well done with this program and that clients, caregivers and staff are appreciated, listened to, helped, and cared for.

The team does assess clients at intake for any safety risks (suicide, self-harm, violence) and takes action, flags this if needed. The Columbia Suicide Severity Screener is completed at Intake. If suicide risk is identified, the Intake Worker contacts the local clinical manager and staff contact the youth and family to complete the Columbia Suicide Severity Rating Scale (C-SSRS) (full assessment), a suicide risk assessment report and safety plan. A copy of the screener and C-SSRS Scale, assessment report, safety plan, and contact notes completed by Intake and the clinician are uploaded and charted in the file.

The Child and Youth Mental Health screener also assesses for risk and is documented and uploaded in the file. There are policies and guidelines about managing violence and there is a procedure related to intervening with suicidal clients that could be expanded upon to give credit (as a policy statement, for e.g.) for this being done for all referrals. Distinguishing between suicide and self-harm is also suggested.

In general, the safety risks that appear at Firefly are (as provided by the team): risk of harm to self (self-injury and suicide attempts), child abuse, aggression at home, community, in school by self or others, neighborhood safety, lack of safe, affordable housing. Racism, bullying, and homophobic comments in their community and school. It is interesting that the reporting of serious occurrences does not cover these items which could be an area of interest for the organization with regard to learning and reporting.

It is suggested that the organization review if these are all covered with directives or suggestions for interventions in either policy or procedures.

Priority Process: Decision Support

Client files are all electronic and are shared with others who might be involved in the case, so information is widely shared. The ease of finding information was noted as was clarity of writing in the files seen.

Client's report having easy access to their file and any paperwork needed. This was available to them almost immediately which they appreciated.

Client confidentiality is important to them - there are many policies and directives related to ensuring privacy that staff are conscientious about - this was evident when the surveyors were asking for information.

There is a policy on internet use. It is suggested that perhaps the organization might want to consider expanding this policy to include the use of chat or text with clients, online therapy considerations (especially with the virtual world being used much more often now), appropriate use of Teams and Zoom in meetings, the proper use of email by staff with each other and with clients (just a few examples).

Priority Process: Impact on Outcomes

This team uses evidence-informed interventions when working with their clients. These are both spoken about and also reported in the file.

It is also evident that clients (wherever possible) and their caregivers are incredibly involved in decision-making about services being offered. The organization also is extremely interested in feedback from clients, takes it seriously and makes changes based on feedback.

The organization does accept research proposals from outside organizations, expects that ethics reviews are done with their university partners before being reviewed in-house with their own committee members. They access consultation from an ethicist when required.

Information about client progress is collected. Goals are created and determined for all members of the client systems (child, parent, school, for e.g.). Instruments used are client and problem dependent. Many of these progress processes are pre and post - this is excellent for measuring success. The next step is to aggregate these results across programs and over time determine success for individuals and interventions that then allows for possible innovations going forward based upon evidence. Aggregating data - either outputs or outcomes has begun at Firefly and should continue to measure the success of the good work being done. There are many interesting things to want to know about interventions and progress.

The surveyor was not sure if new initiatives and programs began with outcome expectations and indicators of expected success. Firefly has a strong interest in quality improvement and determining both client and program success and could expand its measurement of same.

As noted in a few places, the clients report being helped and happy with services provided. A client survey was done related to satisfaction. The client record outlines the therapeutic or rehabilitation practices offered and notes progress in each for the client and client system. This is incredibly good. However, it is unknown what is done with all this information and how or if it is aggregated and then reviewed to determine changes in programming or service provision. This is the next step in quality improvement and the determination of success...client success, staff success, program success.

There are expectations of funders that certain collected information is required about clients that come to Firefly. This information is clearly complete. Other information is also embedded in the good work being done that could inform future projects, new modes of intervention to be tried out and help with making changes to programs that perhaps are not working as well as Firefly might like.

Collecting output data and satisfaction information with client feedback is a wonderful place to start to define what else an organization wants to know. Adding outcome measures of all kinds makes for a more robust system of care and this process of being involved in knowing what works and what does not can engage staff as well as clients and lead to helpful information for funders and donors. This also helps with monitoring things that matter.

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

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

8.2 There is a process to select and review products for hand hygiene, including alcohol-based hand rubs (or alternatives) and hand soaps.

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control for Community-Based Organizations

Since Firefly's last accreditation, COVID-19 occupied 2+ years of their four-year cycle. As a result, the organization was challenged to increase their focus on infection prevention and control, use of PPE, informing and training staff and manage the effects of the pandemic on staff and clients alike. Overall, they rose to the challenge admirably.

There was pre-pandemic, a Joint Health and Safety Committee that met (and continues to meet) once per month. Members are equally represented by management and front-line staff and locations. When the pandemic arrived, a COVID-19 task force was created that interfaced with the H&S committee. The H&S committee performs 2 inspections of sites per year - which works out to inspections each month in some Firefly location.

The Committee makes recommendations, reviews events, and policies (once per month) as well as new legislation. They also create a newsletter that goes out to all staff.

It is clear that the organization took this responsibility very seriously and as a result, there is evidence of cleaning and disinfecting procedures, policies and activities that are monitored.

Firefly mostly followed directives from partners, funders, and legislation except when the needs of clients were deemed to come first - these decisions were not taken lightly. (Some clients needed to see faces; some needed to be seen in their homes, for example).

They have increased attention and interest in hand washing through training, videos that make fun and self audits that are then available for review. Self-audit results of hand hygiene activities are done.


Attention has been paid to this area over time. It is stated in the Cleaning and Disinfecting policy that there are annual audits of these activities, but this audit was not seen. There are many activities being done in this area that are noted to be "quality improvement". It is recommended that a clear process of collecting data about these activities and their success is noted.

It is also recommended that the Cleaning and Disinfecting policy be amended to make note of loaned, shared, consigned, etc. devices and the process involved in ensuring their cleanliness.

There is a Universal Precautions policy, one for sharps and disinfecting and cleaning. It is suggested that a policy on food preparation and storage be developed as a separate entity.

A pandemic plan per se was not found. The organization notes that they follow the directives of community "partners" in any pandemic. However, no reference to a "pandemic" could be found in the Emergency and Disaster Plan. Nor was there any reference to following directives noted elsewhere. It is recommended that the organization's Emergency Disaster Plan include that reference - with a link if possible - and the word "pandemic" - as well as adding many of the very good things they have created and learned during COVID-19 times.

Standards Set: Rehabilitation Services - 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	
5.4 There is a policy that guides team members to bring forward complaints, concerns, and grievances.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
12.2 Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
Priority Process: Impact on Outcomes	
15.6 New or existing indicator data are used to establish a baseline for each indicator.	
15.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	
15.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Child Development Services in Firefly are located in northwestern Ontario - Red Lake, Fort Frances, Sioux Lookout, Kenora, Atikokan and Dryden. Services offered are varied: Occupational Therapist (OT), Physical Therapist (PT), Speech Language, Prenatal, Nutrition, School-based Rehabilitation and Respite. Programs and clients in Kenora and Sioux Lookout were surveyed this time. Unexpectedly this occurred virtually, due to COVID-19.

Services offered depend on client need (and multiple services are often given to one client). The program is very flexible, and it is evident that staff work on the Firefly philosophy of "meeting the client where they are at".

In all locations, there are strong connections with other community organizations, schools, health units, hospitals and the like. The program also has a tight staff connection and capabilities to work virtually so services can be provided to clients by tapping into the natural network of staff. The Child Development Program is also connected to the Firefly Mental Health arm so complex clientele can also be served seamlessly. All services are connected through the client information system EMHWare.

There is a trained and capable multi-disciplinary staff group - all of whom have clear roles and tasks that interface with others and thus can address client needs. They also mentor each other and bring in new staff to work hands-on with the clients under close supervision - keeping in mind the regulatory bodies and their expectations while still providing service.

The organization also pays close attention to the environment - making sure settings are user-friendly, having clients come to a not-quite-finished new build in Fort Frances with wheelchair and walker to determine ramp access and door openings and creating communication aids, training administration staff as well. Staff will often make home visits if required and coordinate services for client system ease (all coming on one day for example or allowing one client to be seen virtually and the other Face-to-face).

Innovation and new ideas are encouraged.

Priority Process: Competency

Clients spoken to had nothing but good things to say about the staff who worked with them and their children. They mentioned flexibility, consistency, coordinating services, going out of their way to help, being available in person or virtually, sharing information, being able to access documentation and paperwork effortlessly. Youth liked their counsellors as well. Clients also mentioned challenges with wait lists, psychiatrists who they were referred to as not being very connected nor providing promised follow-through and delays in receiving much-needed services or too much turnover. It was also clear the clients had no trouble letting Firefly know their concerns and felt they were listened to.

Staff in the Developmental program are very skilled in specific areas. The organization is looking for even more skilled people as recruitment is a big challenge. They also hire new positions (dietitian) due to client needs. The organization also sends people to training related to them expanding their skills - also due to client need.

Supervision of staff is done regularly and staff report enjoying group supervision with their peers. There are quarterly reviews given to all staff as well.

A policy for staff lodging a complaint could not be found.

This team was able to speak openly about an ethical dilemma and how they were managing it - which was excellent.

Priority Process: Episode of Care

As noted, before, clients appreciate the work of Firefly staff and commendations abound even with challenges like wait lists and lack of consistency with counsellors due to staff recruitment and retention issues. It is also of note that clients report staff listening to youth and adjusting ways of interacting at their requests (seeing a youth alone and waiting for that youth to ask for parents to be involved in the client's own time; being seen in person even though your parent wants to continue with virtual work).

The team has been working hard to reduce the wait list for its services. Two ways of addressing this are creating service "blocks" that offer a break in between and free up time for another client. As well, the team is offering brief assessments that can pinpoint issues that are potentially minor and can be addressed quickly. In some areas, online help can be used as well but this is not ideal for some services where a face-to-face contact is needed (feeding, speech, physical therapist (PT) for example).

They also have a policy or directive that outlines for staff high, medium, and low priority considerations when determining who to assist on the wait list. Examples of this were given - showing how useful this has been.

Service after hours is not available 24/7 but Firefly's connections with other organizations is noted and information about how to access is on phone lines and given to all clients. That being said, staff make themselves available after hours, after school and evenings when this is required or requested.

Consent from clients and their families is top of mind at intake. It is suggested that a policy be created on "informed consent" that is easily accessed by all.

Firefly also has created virtual connections with services they do not have in house (psychiatric services in other cities, for example) that can be accessed easily. This team has also hired a totally virtual counsellor that provided for one client consistency over a year period - much appreciated by the young person.

There are some safety issues with clients and one incident of assault of a staff by a child in a session. As a result, they considered many ideas for ensuring staff safety and landed on walkie-talkies. Ideally use of these and their success will be monitored.

When staff are visiting homes, there are guidelines for determining safety and also guidelines for travelling in Firefly cars - which are well-maintained.

It should be noted with the ratings on falls and pressure ulcers that it is not known if data is collected and then used for change on the very few incidents that happen in these areas.

Priority Process: Decision Support

As noted earlier, client records are all electronic and contiguous across the Firefly system which makes for good internal communication about client progress and changes. This helps with transitions and clients who have multiple services occurring. The EMHWare system is easy to work with and staff report being satisfied with it.

Much work has been done on privacy and these policies and guidelines are a good start. Some more work needs to be done regarding the use of technology by clients and with clients and in virtual work.

Priority Process: Impact on Outcomes

Evidence-based practice performed by credentialed and regulated professionals is the work being done well with clients from this team. Staff are very clear about their roles and abilities. They have been attentive to client perceptions of being a large team with many different professionals and the challenges of recruitment and retention - thus addressing the worry of therapists changing and not providing consistency.

The client records show different and yet intersecting goals and plans made that address the sometimes-differing goals and hopes of all involved. Over time progress is noted.

There are safety policies and guidelines for the organization as a whole and information on incidents is collected. Often when dealing with youth, children, and families there are many issues that relate to safety both directly and indirectly that occur in everyday life - so the small number of incidents was interesting and caused a wondering of the nature of the reporting or the definition of what "safety" means. This is just something to consider.

As noted in a few places, the clients report being helped and happy with services provided. A client survey was done related to satisfaction. The client record outlines the therapeutic or rehabilitation practices offered and notes progress in each for the client and client system. This is incredibly good. However, it is unknown what is done with all this information and how or if it is aggregated and then reviewed to determine changes in programming or service provision. This is the next step in quality improvement and the determination of success...client success, staff success and program success.

There are expectations of funders that certain collected information is required about clients that come to Firefly. This information is clearly complete. Other information is also embedded in the good work being done that could inform future projects, new modes of intervention to be tried out and help with making changes to programs that perhaps are not working as well as Firefly might like.

Collecting output data and satisfaction information with client feedback is a wonderful place to start to define what else an organization wants to know. Adding outcome measures of all kinds makes for a more robust system of care and this process of being involved in knowing what works and what does not can engage staff as well as clients and lead to helpful information for funders and donors. This also helps with monitoring things that matter.

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: October 26, 2021 to November 12, 2021**
- **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.	100	0	0	69
4. As a governing body, we do not become directly involved in management issues.	0	29	71	86
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	92

	% 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	92
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	94
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	93
9. Our governance processes need to better ensure that everyone participates in decision making.	71	29	0	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	94
12. Our ongoing education and professional development is encouraged.	0	0	100	81
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	94
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.	14	14	71	77
17. Contributions of individual members are reviewed regularly.	0	29	71	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	29	71	61

	% 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	14	86	84
21. As individual members, we need better feedback about our contribution to the governing body.	86	14	0	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	14	86	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	43	14	43	75
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	14	86	88
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	90
27. We lack explicit criteria to recruit and select new members.	100	0	0	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	84
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	90
31. We review our own structure, including size and subcommittee structure.	0	0	100	85
32. We have a process to elect or appoint our chair.	0	0	100	87
33. Patient safety	0	14	86	84
34. Quality of care	0	14	86	86

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

Canadian Patient Safety Culture Survey Tool: Community Based Version

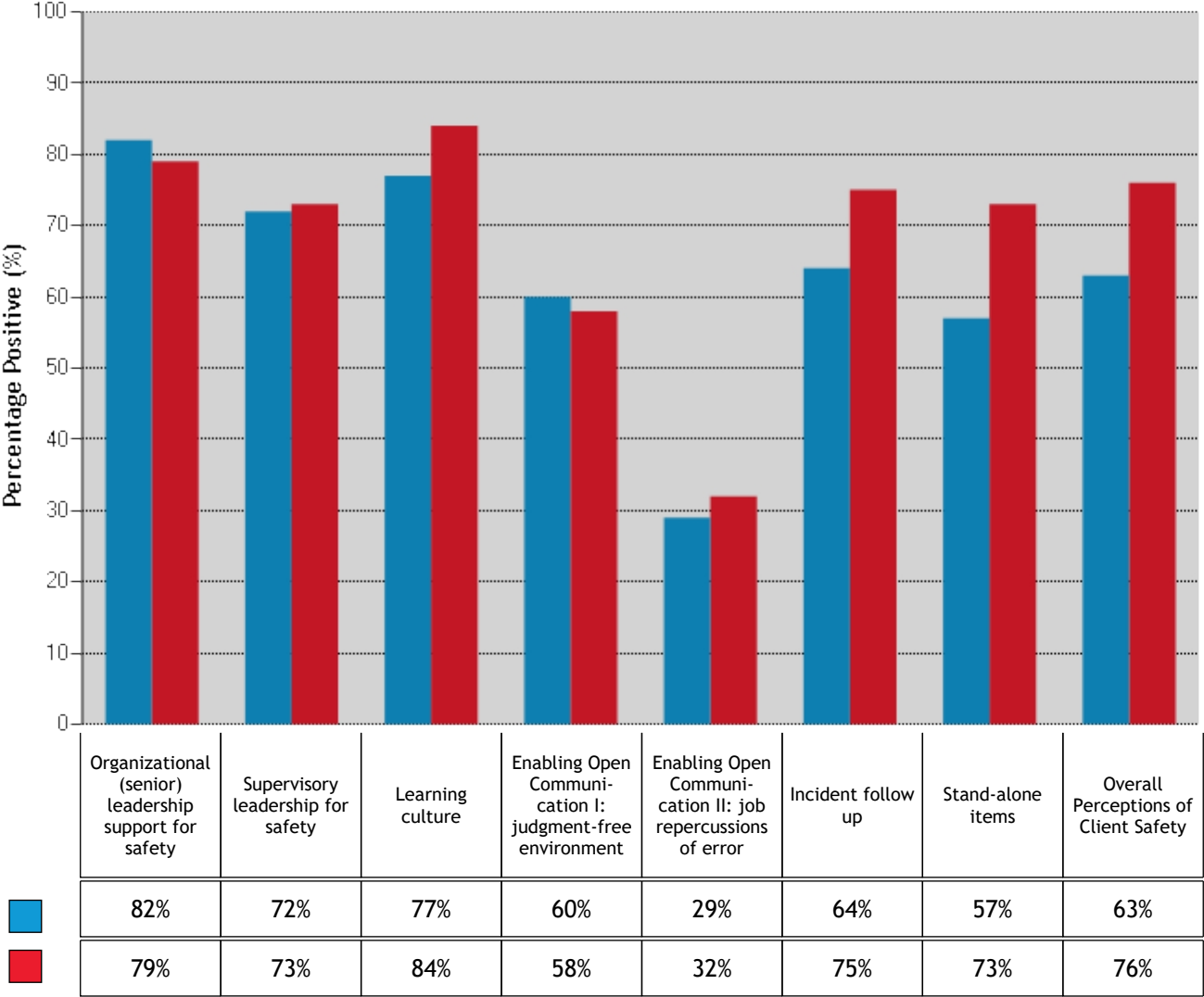
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: November 12, 2021 to December 3, 2021**
- **Minimum responses rate (based on the number of eligible employees): 83**
- **Number of responses: 85**

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



Legend

- FIREFLY - Physical, Emotional, Developmental and Community Services
- * Canadian Average

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

Worklife Pulse

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

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

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

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.

We were disappointed when our survey unexpectedly became a virtual survey on the first day because we felt we could mitigate the risk with surveyors on-site. This change led to FIREFLY having to pivot in the moment resulting in not having the greater “in person” interactions that would have provided more detail on the programs and appropriate time to highlight some of the points that were identified by the surveyors in the report.

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