



Calgary West Central Primary Care Network

Accredited

October 2020 to 2024

Calgary West Central Primary Care Network has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until October 2024 provided program requirements continue to be met.

Calgary West Central Primary Care Network is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

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

Accreditation Canada commends **Calgary West Central Primary Care Network** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Calgary West Central Primary Care Network (2020)

The Calgary West Central Primary Care Network (CWC PCN) is a non-profit organization committed to a healthier future. We work alongside more than 450 family doctors to provide support for continuous health care.

Since 2006, the CWC PCN has supported patient care and medical homes by: educating patients on the value of having a medical home; helping patients find a family physician; developing programs and services for patients; consulting with patients, physicians and health partners; providing in-clinic supports for programs; managing a centralized after-hours clinic, offering professional development and networking opportunities for physicians; and providing support for their practices.

Accreditation Canada

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

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

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

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

Demonstrating a commitment to quality and safety

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

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

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

On-site survey dates

October 18, 2020 to October 22, 2020

Locations surveyed

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

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

Standards used in the assessment

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

Summary of surveyor team observations

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

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

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

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

The Calgary West Central Primary Care Network (CWC PCN) is to be commended on their progress in their first QMENTUM survey with Accreditation Canada. Much has been accomplished in the two years since the primer in 2018.

The Board of Directors (Board) was included in this survey. This is a skills-mixed board that has demonstrated strong governance processes, including Board Ends, Executive Limitations, and Governance Policies. There is good succession planning, for the board and its committees. There is a good relationship with the Executive Director. Board orientation is comprehensive. The Board may wish to add patient stories to their Board meetings as a way of increasing their patient-centeredness.

Community partners report this organization is highly collaborative and cooperative. It is seen as highly responsive. The partners note that this network is attuned to emerging trends and frequently the "first out of the gate" on new initiatives.

The leadership team is strong and committed to their roles. They have found innovative ways to keep their staff connected throughout the COVID-19 Pandemic and still offer high quality services. The Executive Director and Leadership team work closely together and plan. This is a real strength of the organization.

Client satisfaction is refreshingly high. Consistently high marks are awarded for the cleanliness of the premises, the professionalism and kindness of staff, and the quality of services provided. The CWC PCN's willingness to link unattached citizens to competent family physicians and nurses is highly valued.

The organization has a young and vibrant staff who are serious and committed to the overall goal of their health professional staff and the "main office" staff. The attributes of effective teamwork are the development and nurturance of the Patient Centred Medical Home (PCMH). This includes both their health professional staff and the "main office" staff. The attributes of effective teamwork are evident everywhere throughout the organization. Frontline clinicians provide services onsite (CWC PCN) and

in the community (community medical practices) and in people's homes. Staff are positive and balanced in the work they do. There is no doubt about their commitment to their PCMH.

Opportunities for family physicians to provide CWC PCN on site clinical services is very highly valued. There is active competition to "sign-up" for shifts as soon as they become available. "Sign-ups" are "sold out" within in a matter of minutes. This is much to the disappointment of family physicians vying for the opportunity to work at the CWC PCN. The most common reason cited for this enthusiasm is how well organized and well run the clinical services are. This is clearly a reflection of the choice of staff who make this facility work so well.

The CWC PCN's comprehensive array of services are supplemental to the family practice services provided by the over 450 family physician members of the PCN. The normal tensions of provider-directed services in response to perceived need and public perspectives are observed. All participants appear to value the precept "nothing to me, nothing for me, nothing about me...without me" as they focus on being a "patient-centered" organization. The organization has implemented a Patient Advisory Council who help to provide the patient/client voice to the work they do.

Commitment to the public is demonstrated by a primary attention to access. On occasion, health professionals wonder when their responsiveness of comprehensiveness will come up against the brick wall of sufficient resources. Some onsite and co-located services in the community have had to be scaled back and alternatives provided. Despite this, there is a drive to "grow together".

During the survey, ample opportunity to sample patient/client satisfaction occurred. Individuals, when asked, were willing to engage in conversations (directly or by phone). The brief interviews determined the process of access, pre-existing knowledge of the CWC PCN, family physician (if attached) participation in the PCN, and planned follow-up for the individual. Of particular note was the reception process during our COVID-19 pandemic. The rigorous attention to initial screening/masking and hand sanitizing was reassuring for people arriving at the CWC PCN. Coupled with the exemplary receptiveness and accommodation by the Medical Office Assistants (MOAs), the interpersonal and clinical skill of the nurses and family physicians, individuals were pleased with their experiences during the 'significant event' of having to use the services of CWC PCN.

In interviewing several family physician members of the CWC PCN, the agency might consider these physicians as "proxy clients". Family physician involvement in the PCN, in addition to the practical benefits of work life balance utilizing the after hours call service, seems driven by obtaining access to services and medical/nursing opinions on behalf of "their patients/clients". Many of these physicians and the people they care for, could only try and access such services though a hospital where the realities of community living are difficult to appreciate.

The CWC-PCN focus on satisfaction and the importance of a quality improvement process is to be commended.

Overview: Quality dimensions results

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

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

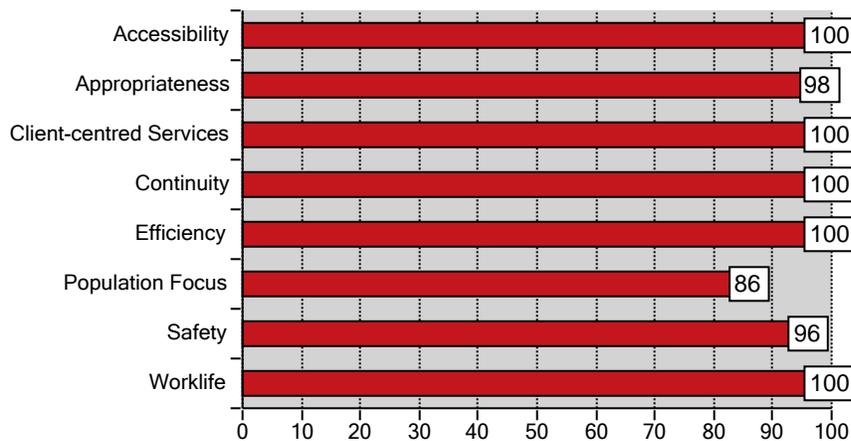
The quality dimensions are:

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

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

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

Quality Dimensions: Percentage of criteria met



Overview: Standards results

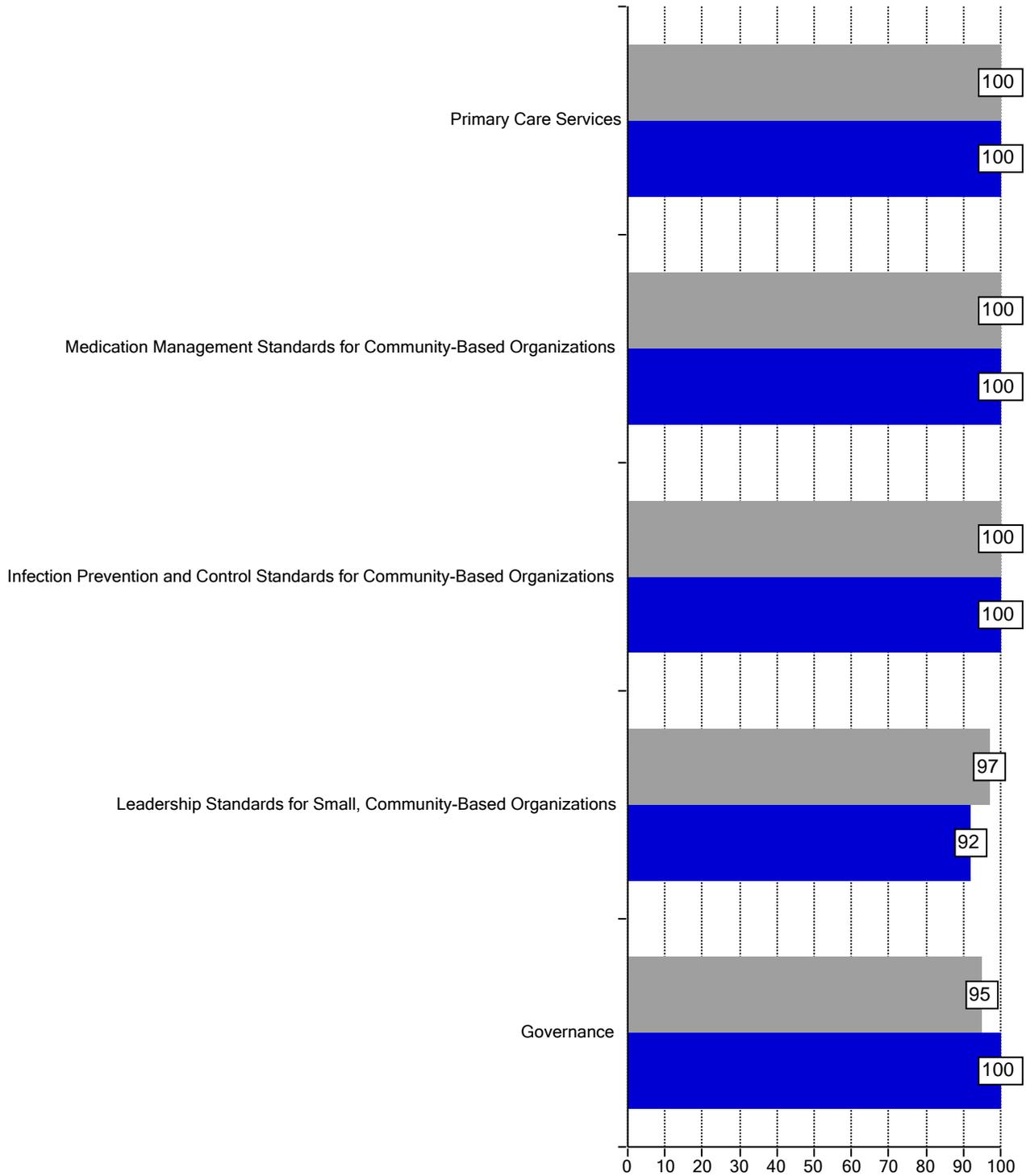
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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

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

Standards: Percentage of criteria met

High priority criteria met
 Total criteria met



Overview: Required Organizational Practices results

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

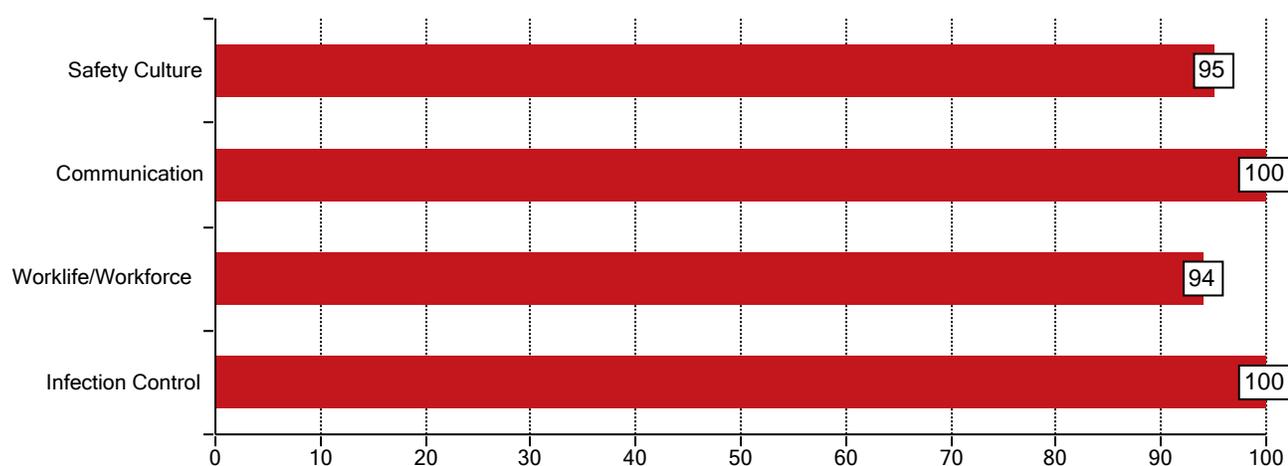
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

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

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

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

ROP Goal Areas: Percentage of tests for compliance met



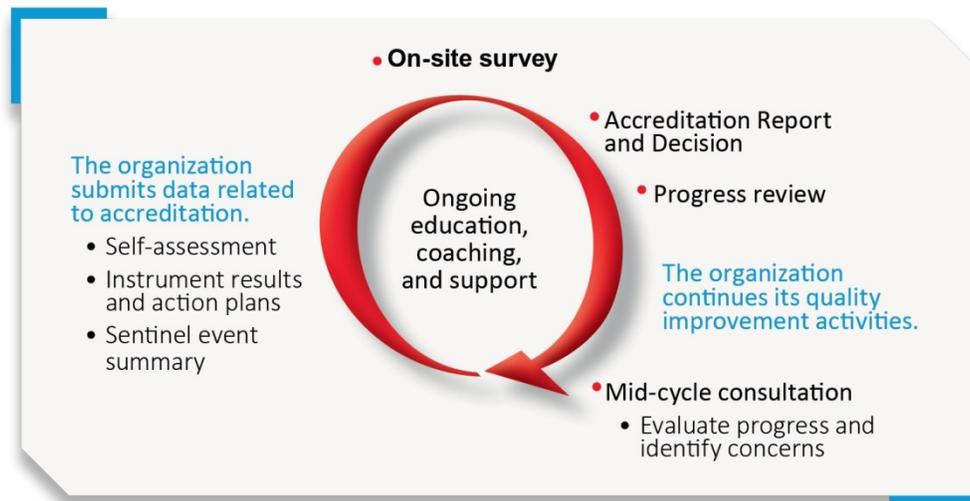
The quality improvement journey

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

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

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

Qmentum: A four-year cycle of quality improvement



As **Calgary West Central Primary Care Network** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 CWC PCN Main Office

Appendix B

Required Organizational Practices

Safety Culture

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

- The “Do Not Use” list of abbreviations
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Worklife/Workforce

- Patient safety plan
 - Patient safety: education and training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
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Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
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