



Nova Scotia Hearing and Speech Centres (NSHSC)

Accredited with Commendation

November, 2017 to 2021

Nova Scotia Hearing and Speech Centres (NSHSC) has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement. It is accredited until November 2021 provided program requirements continue to be met.

Nova Scotia Hearing and Speech Centres (NSHSC) 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 **Nova Scotia Hearing and Speech Centres (NSHSC)** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

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.

Nova Scotia Hearing and Speech Centres (NSHSC) (2017)

Nova Scotia Hearing and Speech Centres (NSHSC), established in 1963, is a provincial program of the Nova Scotia Department of Health and Wellness providing Audiology services to people of all ages, and Speech-Language Pathology services to preschool children, home schooled children, and adults. NSHSC provides diagnostic, treatment, and prevention/promotion services in 33 hospital based and community clinics in 24 communities throughout NS and records approximately 69,000 client visits annually.

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 30, 2017 to November 3, 2017

Locations surveyed

- **8** locations were 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 with Commendation** as of the date of this report.

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

Standards used in the assessment

- **4 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.

Nova Scotia Hearing and Speech Centres (NSHSC) is a provincial independent organization responsible for providing audiology services to Nova Scotians of all ages and Speech Language Pathology (SLP) services to preschool children, home schooled children, and adults. They are engaged in direct care to individuals with a wider range of disorders and communication challenges, actively engaged in prevention and promotion activities, and work in close collaboration with provincial and community partners to deliver a variety of specialty programs, including delivery of services to stroke patients and children with autism and cochlear implants. Services are provided across 35 clinic sites (in hospitals or community based), located in 24 communities (urban and rural).

It is evident that everyone at NSHSC takes to heart its inspiring vision: Every person deserves a voice. Every voice deserves to be heard. Board, management, staff, students and volunteers are mission driven and care deeply about making a difference in the lives of those they serve.

The organization's decision to pursue accreditation (with Accreditation Canada), earning the Primer Award in 2015 and undertaking their first Qmentum survey in 2017, demonstrates their commitment to service excellence, ongoing quality improvement and client safety. The organization is commended for the tremendous amount of work they have done since the Primer to address the recommendations received at that time and to continue to build capacity in many areas across the organization, e.g. in ethics, risk management and quality improvement.

NSHSC has a strong and engaged board that takes its roles and responsibilities seriously, including overall accountability for the quality of the services provided by the organization. There is a robust strategic planning process and the board's decisions are made in alignment with the key directions and objectives of the strategic plan and priorities in any one year. The organization has developed a comprehensive integrated scorecard that the board uses to monitor progress on organizational goals, key safety, wellness and risk indicators, quality improvement initiatives, as well as utilization data. In addition to the board's 3 standing committees (Executive, Policy and Governance, and Nominating) members also participate in key staff led committees, such as the Quality Advisory Council. As well, ad hoc groups are formed as necessary as issues emerge that need board leadership.

The board is committed to client and family involvement in all aspects of care and seeks out opportunities to hear their voices directly/indirectly. Of note, 10 out of the current 16 board members are currently, or have been clients or family members of service recipients. The board is acutely aware that wait times limit access to needed services and see it as a priority to identify and reduce the barriers to access as much as possible.

The leadership is a small, but mighty team, that work well together to execute successfully on a long list of planned objectives. They keep the best interests of their staff front and centre as they strive to provide excellent service to clients and families as they are aware without energized and well supported staff you cannot have highly satisfied service recipients.

The organization and its staff are well regarded by their community partners across the province. Partnerships occur at many levels - from integrated service planning for speciality populations, policy input and development, to service delivery within interdisciplinary clinical teams. NSHSC is well regarded and described as being highly collaborative, team focused, professional, strong clinically, very creative, client and family centred, and always seeking out ways to maximize scarce resources. They are also seen as always willing to share their information and knowledge and be open to joint training and exploring new and creative integrated approaches to service delivery. NSHSC take quality improvement seriously, well organized (as one partner said they were “a well-oiled machine”) with solid processes, policies and practices in place. Gaps in service were identified that partners thought NSHSC could step up and fill, e.g., in-home services (including continuing care facilities) and service to indigenous communities. NSHSC is aware these are populations in great need and have made efforts to reach out and provide service, however adequate funding and the need to build the capacity of more staff to in culturally safe and appropriate service delivery models for indigenous communities is critical to be successful.

The surveyors connected with many clients and families (both one on one and in a focus group) who were so appreciative of NSHSC’s various services and programs. Words used to describe the organization and its staff included: passionate, committed, high quality, angels, supportive like a family, compassionate, understanding, a valuable resource, responsive etc.

The most frequent concern expressed was the long wait time for service in some programs and geographies. Client experience survey results (done in 2015 and 2016) show an extremely high satisfaction with the services received with 99% of SLP and 100% of audiology respondents noting they felt safe, involved in decision-making, received needed information and they were treated with respect. Areas for improvement identified were for the for the most part around explaining access to and client rights, as well as more convenient appointment times.

Clients/patients reported that they feel part of the team at the clinics and are comfortable with all interactions. Some clients/patients/families would like more SLP and audiology services available. Clients/families interviewed reported that through the services they or their family members have made significant gains towards achieving their service goals. In one case, the client said that the clinicians motivated her when she thought she would not get her life back. The incremental success with each visit resulted in a return to a life she enjoys each day. There are opportunities for follow up are readily available and clients are thankful for that. Service plans include education for the client and family and resources available in their communities.

NSHSC are starting an exciting client and family engagement initiative with the creation of a “Partners in Care” working group that has brought together client partners to work with the organization in improving their care and service. It’s in the early days of the process, but they can already see the benefits from having client and families at the table, providing their experiences and hopefully truly co-design new programs/services in the future.

Communication is always a challenge in any organization with a workforce working in multiple sites and programs across a large geography. NSHSC works very hard at keeping the lines of communication open and transparent across and up and down the organization – from the board to the front-line staff. They use different channels of communication to capture the attention of very busy staff and clinicians and make it easy for them to access important information. For example, face to face and on-line (Lync) meetings, e-mails, and regular news in the quarterly “Centre’s Voice”. Staff have on-line access to needed policies/procedures/forms as well as great clinical support from other point of care staff across the province with expertise in various areas, through facilitated case consultation sessions or just reaching out for support when facing a new and/or challenging client situation. In addition, the organization has a culture of best practice and ensures practitioners are consistently using evidence based pathways/treatment approaches etc. in their work.

The organization is operating in a constantly changing health care system and one stretched to meet the ever-increasing demands for service within a limited funding envelope. They have been creative and nimble in developing new models of service delivery and identifying efficiencies where possible to stretch their resources. They will need to continue to search for innovative ways and new sources of funding to meet their strategic directions.

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.

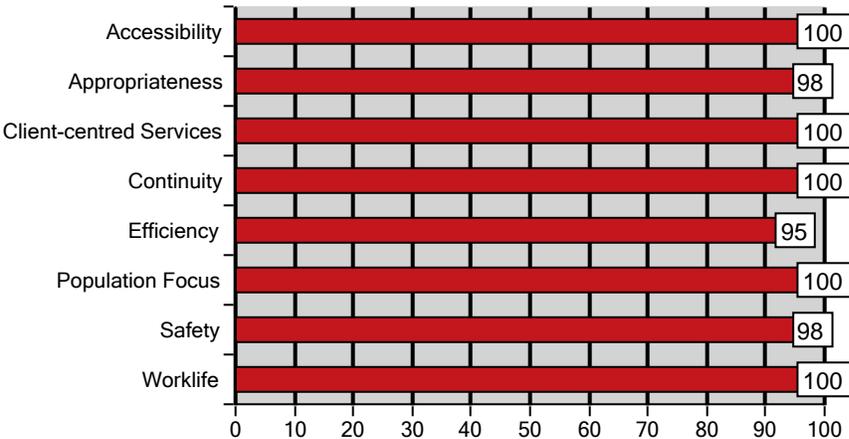
The quality dimensions are:

-  **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

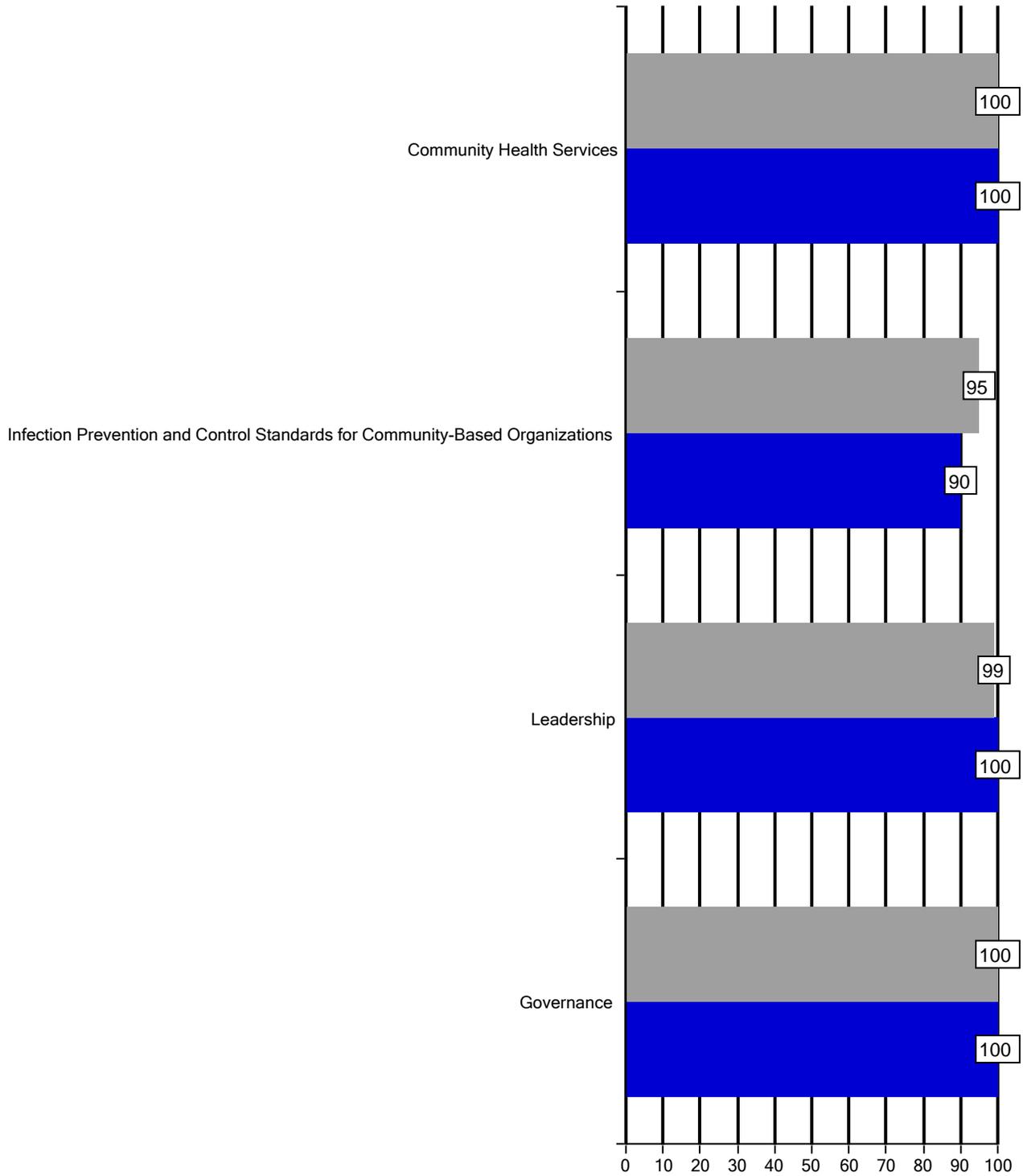
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

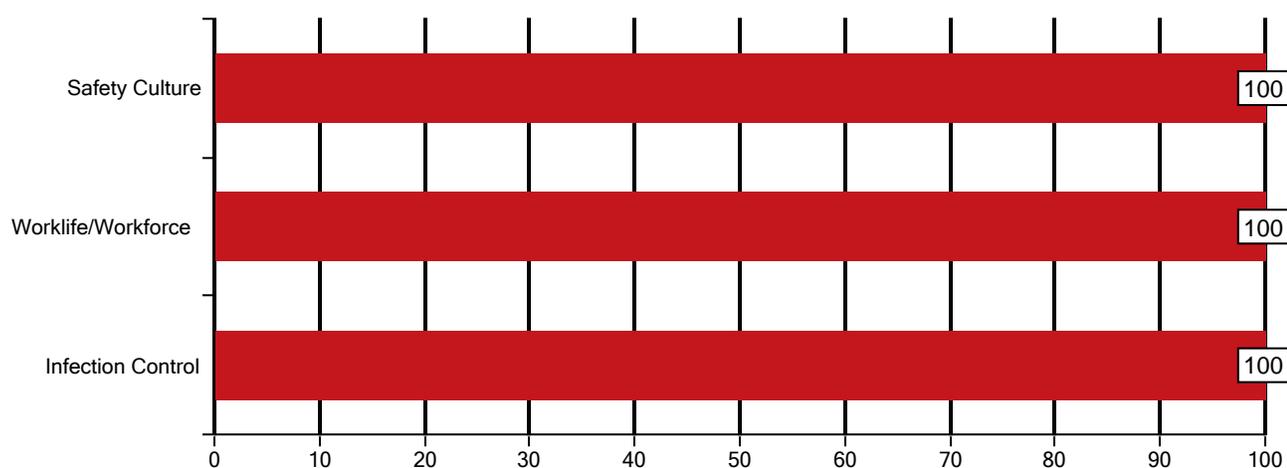
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



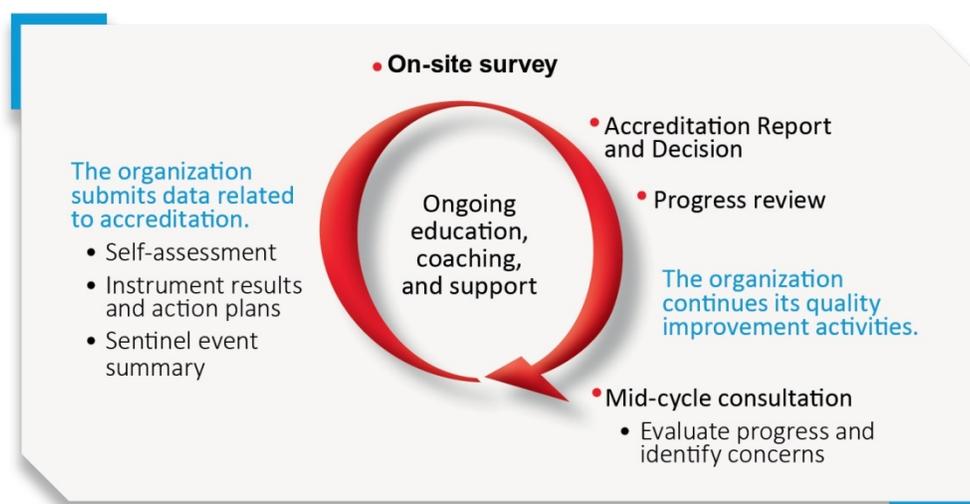
The quality improvement journey

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 **Nova Scotia Hearing and Speech Centres (NSHSC)** 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 Halifax - Infirmary
- 2 Halifax - Provincial Administrative Office
- 3 Kentville-Town Square
- 4 Kentville-Valley Regional Hospital
- 5 Lower Sackville
- 6 Sydney-Cape Breton Regional Hospital
- 7 Sydney-Health Park
- 8 Truro

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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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
 - Reprocessing
-