



Blood Tribe Department of Health Inc.

Accredited with Commendation

Blood Tribe Department of Health Inc. has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement.

Blood Tribe Department of Health Inc. 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 **Blood Tribe Department of Health Inc.** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Blood Tribe Department of Health Inc. (2023)

Since 1983, Blood Tribe Department of Health (BTDH) Inc. has been in operation as an entity pursuant to the provisions of the formerly Canada Corporations Act now Canada Not-for-Profit Act and is governed by a Board of Directors consisting of elected and appointed directors. The Board of Directors hold a governance role and ensure the Chief Executive Officer's (CEO) accountability. The CEO ensures the BTDH Inc. programs are operational and in alignment with the Strategic and Operational Plan. The BTDH Inc. employs over 400 employees with a large majority whom are community members that are educated, trained and dedicated to carrying out and sustaining the organization's vision and mission.

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

April 23, 2023 to April 26, 2023

Locations surveyed

- **13** 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

- **10 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 organization continues to benefit from a very tenured Board of Directors. Combined, they bring many years of applied, community based work experiences. They are educated, speak the Blackfoot language, are knowledge keepers, well networked with local elected officials and representatives from partnering agencies and government departments. The Board has a staggered system of appointing Directors so that new members benefit from the experience and corporate history holders of the more tenured members. The Board works in close collaboration with a similarly professional, experienced, and dedicated Leadership Team are well integrated within the community. Successorship planning and opportunities for growth within the organization are encouraged. The Board and Leadership team prioritize quality and safety and the same sentiments are ubiquitous across programs and professions throughout the organization. Staff throughout the organization generally expressed satisfaction where retention, recruitment and cohesion strategies are developed and implemented. Priority is recruiting members of the Blood Tribe and there are several capacity building initiatives with local learning institutions and human services partners towards achieving this objective. A healthy, safe work environment, focused on continuous quality improvement is a strategic priority of the organization and is embedded into their daily operations. The collective team at Blood Tribe Health Services demonstrated an admirable commitment to wrap around services and programming; specifically, managing competing priorities during a dual crisis of the pandemic and opioid epidemic. Client satisfaction was experienced as strong in all interactions during the survey. Clients expressed feelings of gratitude, safety, and connection within the programs. Staff have informal and formal mechanisms to collect both qualitative and quantitative data about the client experience that is used to inform focused and specific quality committee work.

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.

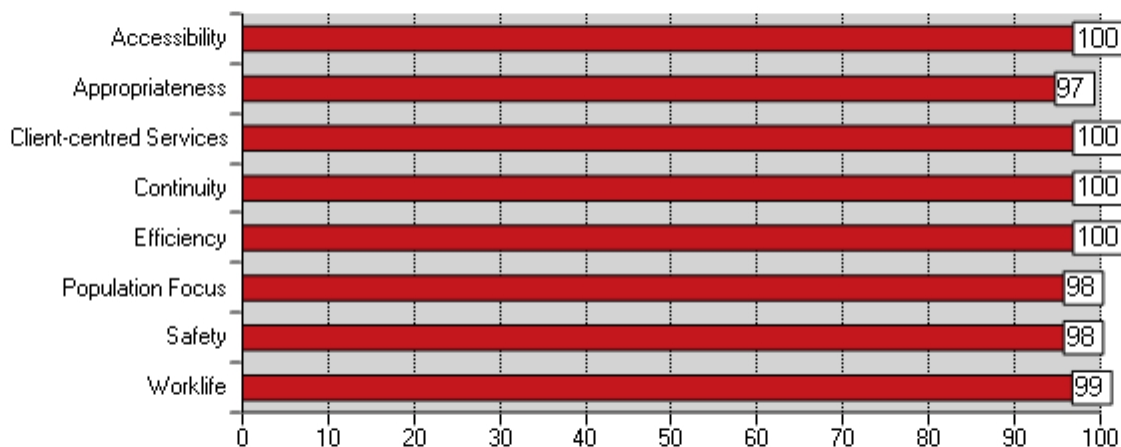
The quality dimensions are:

-  **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

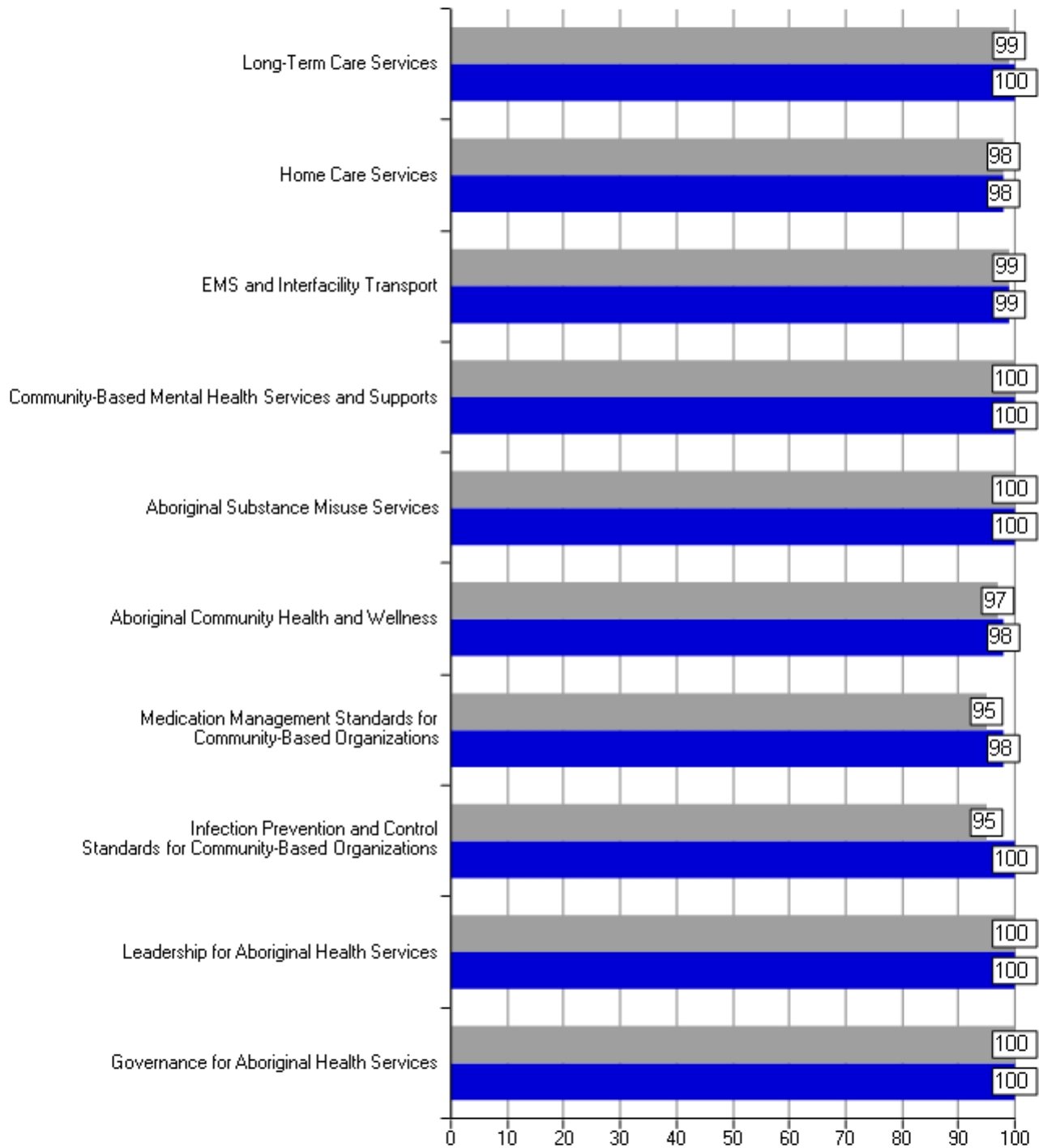
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

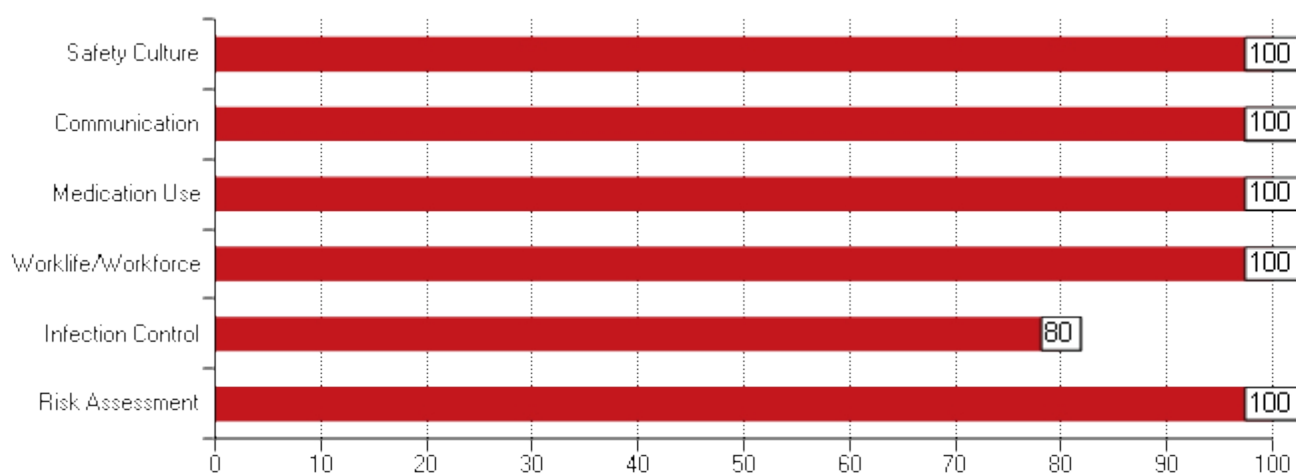
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



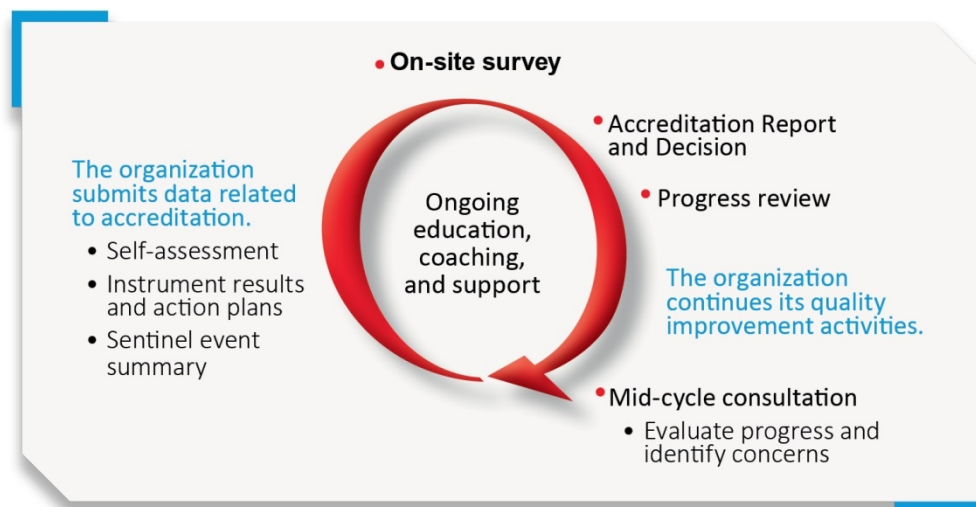
The quality improvement journey

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 **Blood Tribe Department of Health Inc.** 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 Blood Tribe Department of Health Administration
- 2 Blood Tribe Emergency Medical Services
- 3 Bringing The Spirit Home
- 4 Community Health
- 5 Facility Operations
- 6 Kainai Continuing Care Centre
- 7 Kainai Home Care
- 8 Kainai Wellness Centre
- 9 Lavern Clinic
- 10 Medical Transportation
- 11 Mobile Medical Unit
- 12 NIHB Navigator Program
- 13 Standoff Clinic

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

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - The “Do Not Use” list of abbreviations
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Medication Use

- Heparin Safety
 - High-Alert Medications
 - Narcotics Safety
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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
 - Infection Rates
 - Reprocessing
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Risk Assessment

- Falls Prevention Strategy
 - Home Safety Risk Assessment
 - Pressure Ulcer Prevention
 - Skin and Wound Care
 - Suicide Prevention
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