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# CCA ACCREDITATION REVIEW FINAL REPORT FOR NORTH LAMBTON COMMUNITY HEALTH CENTRE

**Date of the Site Visit: November 22-25, 2016**

**Date of the Report: March 1, 2017**

**Accreditation Term: March 1, 2017 to February 28, 2021**

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# INTRODUCTION

## INTRODUCTION TO ACCREDITATION WITH CCA

The Canadian Centre for Accreditation (CCA) is a national not-for-profit offering accreditation to community-based health and social service organizations in Canada.

Accreditation provides an external review of an organization's operations in relation to accepted standards of good practice and risk management. Standards address all aspects of the organization, including governance, management, programs and services. It is also a system to promote learning, improvement, excellence and innovation.

CCA looks at the whole organization. Reviews are conducted by CCA-trained teams made up of senior staff, governing body members and volunteers from the community-based organizations that participate in CCA.

## ABOUT THIS REPORT

This report summarizes the findings of the CCA review process to date. Comments are illustrative and not comprehensive. The report includes the following:

Section 1: An overview of the accreditation process and results

Section 2: Detailed accreditation review results by module, including:

- A summary of results
- A description of strengths
- Areas to further improve quality

Section 3: Concluding words

## SECTION 1: OVERVIEW

### THE ORGANIZATION

The North Lambton Community Health Centre was incorporated in 1994 through the collaborative effort of the North Lambton CHC Steering Committee and the Kettle & Stony Point Band Council. The North Lambton Community Health Centre was founded to serve the health care needs to eligible residents of the following communities: Kettle & Stony Point First Nations, the Town of Forest, the Village of Thedford, the Village of Arkona, Bosanquet Township, Plympton Township and Warwick Township. Clinical space was opened at Kettle Point and in Forest in 1995 at the North Lambton Rest Home.

North Lambton CHC's priority groups served include First Nations, rural families, seniors, youth at risk and persons with mental illness.

In 1996, Kettle Point Health Services opened in a new facility and the North Lambton CHC moved into leased space. In 1998, North Lambton CHC, as part of the COIW (Community Ontario Infrastructure Workplace) project, became one of two Health Centres at that time to construct a Centre, funded one-third by the Province, one-third by federal funds and one-third by the community.

In 2005, North Lambton CHC was approached by the Ministry of Health to start up West Lambton, which has a separate area and proposal submitted by the West Lambton Steering Committee to serve Point Edward, St. Clair Township and Sarnia. In 2007, West Lambton opened its doors at 429 Exmouth Street.

In 2007, the Warwick Council and Watford Improvement Group requested the assistance of North Lambton CHC to provide a Community Health Centre satellite to the community. The East Lambton site was opened in 2008 with an expansion renovation in 2009.

In 2010, the Erie St. Clair LHIN provided funding to the North Lambton CHC for a specialized team to deliver Falls Prevention services and Chronic Obstructive Pulmonary Disease education and exercise. Programs at the Forest and Sarnia sites were established to ensure both urban and rural accessibility.

In 2013, the North Lambton CHC was requested to provider services for Cardiac Rehabilitation for Sarnia-Lambton, in partnership with an existing cardiologist and London Health Sciences. The program is located in Sarnia and is open to all community members.

The health promotion staff, primary care staff and over 80 volunteers provide more than 40 programs designed to promote healthy individuals, families and communities. Programs for seniors, healthy living, exercise, navigation, chronic disease are open to all community members.

## THE REVIEW TEAM

The review team was made up of:

- Vicki Bales, President, Vicki Bales Consulting Inc. (CCA Lead Reviewer)
- Suzanne O'Byrne, Responsible for Communications and Resource Development, South-East Ottawa Community Health Centre (CCA Reviewer)
- Joseph Bortolussi, Former Director at Central Toronto Community Health Centre (CCA Reviewer)

## THE REVIEW PROCESS

The review team:

- Reviewed results of CCA's surveys of the organization's board, staff and community partners.
- Reviewed the organization's documents and narratives submitted ahead of the site visit.
- Conducted a site visit which included:
  - An orientation to the organization, including a presentation from Executive Director, President of the Board of Directors, staff and a tour of the site.
  - Six group interviews including with members of the governing body, a cross-section of staff, staff from the primary health care team, staff from the group programs, administration/finances/IT staff, and managers.
  - Individual interviews with the Chief Executive.
  - Observations.
  - The tracing of three client journeys through interviews and file review.
  - Examination of some documents on site.
  - A brief visit in the company of the Executive Director to the Kettle Point community
  - Presentation of a verbal wrap up to members of the board and staff at the end of the visit.

A preliminary report was sent to the organization on December 7, 2016. The organization's response was received on February 1, 2017 and reviewed by a CCA Accreditation Manager.

## **THE ACCREDITATION DECISION**

As its February 22, 2017 meeting, the CCA Board made the decision to fully accredit North Lambton Community Health Centre.

The organization's accreditation term is from March 1, 2017 to February 28, 2021.

## **SUMMARY OF ACCREDITATION REVIEW RESULTS**

Overall, the review team found North Lambton Community Health Centre to be a healthy, effective organization that is delivering needed programs and services to its clients and community.

The organization is commended for meeting all the Leading Practice Standards in this review.

Results are summarized by module.

The following CCA modules apply to this review:

- CCA Organizational Standards
- Community-Based Primary Health Care Standards

In order to achieve accreditation, organizations must satisfy the requirements of all modules that apply. A module is achieved when all its components are met AND at least 80% of its Leading Practice Standards are met. A component is met when all its Mandatory Standards and 50% of its Leading Practice Standards are met. If there is one Leading Practice Standard in a component, it must be met.

## SECTION 2: ACCREDITATION REVIEW RESULTS BY MODULE

### CCA ORGANIZATIONAL STANDARDS MODULE

MAN Standards Required: 32

MAN Standards Achieved: 32

MAN Standards Must be met to achieve module: 0

LP Standards Total: 26

LP Standards Achieved: 26

LP Standards that must be met to achieve all components: 0

Additional LP Standards that must also be met to achieve total of 80% of LP Standards across module: 0

	MANDATORY STANDARDS						LEADING PRACTICE STANDARDS								
	Requirements		Results at Preliminary Stage		Results After Response Assessed		Requirements			Results at Preliminary Stage			Results After Response Assessed		
	M-Total	M-Must be met	M-Achieved	M-To be met for accreditation	M-Achieved	M-To be met for accreditation	LP-Total	LP-Must be met to achieve Component	LP-Must be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module
By Component															
Governance	3	3	3	0	3	0	4	2	—	3	0	—	4	0	—
Stewardship	6	6	3	3	6	0	0	0	—	0	0	—	0	0	—
Risk and Safety	4	4	3	1	4	0	1	1	—	1	0	—	1	0	—
Organizational Planning and Performance	3	3	3	0	3	0	3	2	—	3	0	—	3	0	—
Programs and Services	5	5	5	0	5	0	1	1	—	1	0	—	1	0	—
Community	0	0	0	0	0	0	7	4	—	7	0	—	7	0	—
Learning Environment	3	3	3	0	3	0	2	1	—	2	0	—	2	0	—
Human Resources	5	5	5	0	5	0	6	3	—	6	0	—	6	0	—
Volunteers	0	0	0	0	0	0	3	2	—	3	0	—	3	0	—
Systems and Structure	3	3	0	3	3	0	1	1	—	1	0	—	1	0	—
<b>Totals for Module</b>	<b>32</b>	<b>32</b>	<b>25</b>	<b>7</b>	<b>32</b>	<b>0</b>	<b>28</b>	<b>—</b>	<b>23</b>	<b>27</b>	<b>—</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

## DETAILED RESULTS FOR THE CCA ORGANIZATIONAL STANDARDS MODULE

### Strengths in this Module

**Governance:** The number of longstanding members on the board has contributed to the Centre's ability to provide continuity in the governance area. At the same time, the Centre has continued to recruit and add new members to ensure board renewal, board succession and representation from different parts of the community including Stony and Kettle Point.

The Board is clear about its oversight role (Orlikoff model) and conscientious about regular monitoring. The Board is thoughtful and interested in its own improvement. The board uses its annual evaluation to identify areas for development and regular meeting evaluation and roundtable discussions as opportunities for more frequent self-reflection.

There is considerable board orientation and training whereby the board supports new members and ongoing members including regular board development and the opportunity for select members to attend the AOHC conference.

**Risk and Safety and Service Safety:** The organization demonstrated a thorough understanding of risk. Part of the evidence for this is: the creation of the position of Risk Management Team Lead; the Annual Risk Assessment and the use of different tools and strategies to monitor and report on risk at board and management level; high regard for staff and client safety; attention to meet the obligations under the Occupational Health and Safety legislation; and comprehensive policies and procedures that address managing risk specific to service provided.

**Organizational Planning and Performance:** It is clear that NLCHC is guided by a strategic plan, noticeably linked to the social determinants of health. There is a good alignment between operational and strategic plan. The review team was impressed with the creation of the Quality Improvement Liaison position in terms of its support for clinical practice that focuses on quality outcomes and patient safety.

**Learning Environment:** The Centre has a good process to recruit students and provides a unique educational opportunity. There is a clear process for reviewing research proposals. The involvement in the EQUIP project is an example of this as outcomes of this study may have benefits to NLCHC.

**Human Resources:** Performance appraisals and review of performance goals are aligned with strategic plan. The Centre has good methods of recruitment and training of volunteers to assist in various programs.

**Programs and Services:** The organization's approach to services is centered on the person it serves. The organization engages persons served in the service process and treats them with dignity and respect.

**Community:** NLCHC engages the community it serves and is responsive to community needs. The organization collaborates with other partners to improve services. There is a clear strategy that guides the organization's communications. NLCHC is engaged in public education on issues affecting the community and in advocacy for systemic change.

**Systems and Structure:** The centre's policies and procedures are well documented and up to date e.g., privacy, use of information systems, email, etc.



## CCA COMMUNITY-BASED PRIMARY HEALTH CARE STANDARDS MODULE

MAN Standards Required: 14

MAN Standards Achieved: 14

MAN Standards Must be met to achieve module: 0

LP Standards Total: 6

LP Standards Achieved: 6

LP Standards that must be met to achieve all components: 0

Additional LP Standards that must also be met to achieve total of 80% of LP Standards across module: 0

	MANDATORY STANDARDS						LEADING PRACTICE STANDARDS								
	Requirements		Results at Preliminary Stage		Results After Response Assessed		Requirements			Results at Preliminary Stage			Results After Response Assessed		
By Component	M-Total	M-Must be met	M-Achieved	M-To be met for accreditation	M-Achieved	M-To be met for accreditation	LP-Total	LP-Must be met to achieve Component	LP-Must be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module	LP-Achieved	LP-To be met to achieve Component	LP-To be met to achieve Module
Community-Based Approach	2	2	2	0	2	0	3	2	—	3	0	—	3	0	—
Delivery of Quality Programs and Services	7	7	7	0	7	0	3	2	—	3	0	—	3	0	—
Service Safety	5	5	4	1	5	0	0	0	—	0	0	—	0	0	—
<b>Totals for Module</b>	<b>14</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>6</b>	<b>—</b>	<b>5</b>	<b>6</b>	<b>—</b>	<b>0</b>	<b>6</b>	<b>—</b>	<b>0</b>

## DETAILED RESULTS FOR THE COMMUNITY-BASED PRIMARY HEALTH CARE STANDARDS MODULE

### Strengths in this Module

**Community Based Approach:** The organization is guided by a community based approach founded on the social determinants of health and a commitment to health equity. NLCHC works to reduce health disparities for clients and communities served. The review team heard how the organization is actively engaged in health promotion.

NLCHC takes into account the efficient and effective use of its resources in planning programs and services and seeks client's opinions on programs and services through regular surveys. The review team was impressed with the number of programs and services offered by NLCHC, and particularly with the Cardiac Rehabilitation Program (CRP) offered in Sarnia, the COPD rehabilitation program, the Fall Prevention Program and the Diabetes Education Program.

**Delivery of Quality Programs and Services:** NLCHC provides client-centred care and services, advocates for its clients, and comprehensively assesses clients' needs and strengths.

The organization provides access to primary care and other direct services in a timely manner. Its interdisciplinary team is committed to provide continuity of care and is actively engaged in illness prevention.

The organization is commended for its achievement of all Leading Practice Standards and indicators in this module.

## SECTION 3: CONCLUSION

The CCA review team appreciates the work undertaken by the organization to prepare for its review and the hospitality and support it received while on site.

The team was impressed with NLCHC as an organization that is clearly dedicated to meeting the needs of its expanding community; clearly focused on the social determinants of health; with staff who are passionate about what the organizations does; with board members who are thoughtful and caring stewards and as an centre focused on quality improvement.