Accreditation Standard Revision Webinar

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Introduction

- Revision Process
- Overview of Revisions
 - Expectation for Meeting New/Revised Standards
 - Rationale for Changes
- Questions & Answer
 - Please use the chat feature to submit your questions. ©



Standard Revision Process

- Feedback is received on an ongoing basis for annual revisions (from MU, Divisions, THQ)
- Consultation occurs with relevant staff and departments
- Revised standard is drafted
- Chapters will be implemented effective January 1, 2023



Standard Revision Process

- Standards are evaluated and approved within the accreditation team
- Revisions are evaluated based on:
 - Clear rationale
 - Operating policies
 - Input from content experts
 - Previous accreditation data
 - Current research and experience



Health and Social Care Standards



Standard Revision Process

- Standards are written to be:
 - Clear and unambiguous
 - Relevant, understandable, measurable, and achievable
- Standards are sent to the Social Mission Department for feedback
- Standards receive final approval
- Standards are published



Standard Revisions

- Standards Edited for Clarity
- Core Chapters Revisions
 - Chapters 1-4
- Generic Program Revisions
 - Chapters 5 16
- Accommodation-Based Program Revisions
 Chapters 6, 8, 9, 10, 11, 12, 14, 15, 16



STANDARDS EDITED FOR CLARITY

The following standards have had wording changed for clarity in interpretation, but there has been NO CHANGE in requirements:

Chapter 1: 1.5.6, 1.9.4, 1.10.1

Chapter 2: 2.2.1, 2.2.2, 2.4.1, 2.5.3, 2.9.1

Chapter 7: 7.7.1, 7.9.2

Chapter 10: 10.1.1, 10.1.7, 10.2.3, 10.5.3

Chapter 12: 12.7.1, 12.7.4, 12.8.1, 12.9.4

Chapter 14: 14.1.1, 14.2.4, 14.1.7, 14.5.3



Employee Relations

CHAPTER 2





The ministry unit shall have a written policy and process for the orientation of new staff which is described in the Policy and Procedure Manual and is aligned with territorial policies and standards.

All new employees shall receive an initial orientation to their position and The Salvation Army. At minimum this will include:

Safe operating procedures

- Safe operating procedures for specialized equipment as applicable

Revision: Replace Safe operating procedures with Safe operating procedures for specialized equipment as applicable





Refresher training and re-certification shall occur to ensure the team remains current in key skills and understanding of policies and procedures.

The following re-certification shall be completed as required by legislation or certifying body:

- Criminal record check (every 3 years)

Added: Criminal record check to be updated every three years



Definition of Vulnerable Adult (HR 06.001)

• Persons who, because of their age, a disability or other circumstances, whether temporary or permanent, are in a position of dependence on others; or are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them or may have difficulty ensuring their own safety and protection. This includes but is not limited to children, the elderly, those who are ill, mentally and physically disabled, or those who are vulnerable because of life circumstances.



Abuse Prevention Policy Manual

- III. Recruitment and Screening (Page 3-4)
- 4. Police record check. Individuals who have been accused, convicted or are under suspicion of crimes against children, youth or vulnerable persons, or who have been convicted of violent or sexual crimes will not have any involvement in ministries or programs where children, youth or vulnerable persons participate. Police record checks must be repeated every three years by applicants who are 16 years of age or older. A copy of the police record check is to be kept at the ministry unit and a copy forwarded to DHQ.



2.5.1

Standard

The ministry unit shall maintain a confidential system of personnel records for each employee. Files shall contain, at a minimum:

 Certificates of training in specialized equipment where applicable

The following documents require employee signature:

- Statement of Application for Work with Children and Youth and Vulnerable Sectors

> Added: Certificates of training in specialized equipment where applicable and Statement of Application for Work with Children and Youth and Vulnerable Sectors (Abuse Prevention Resource Manual, Page 6)



CHILDREN AND YOUTH and VULNERABLE ADULTS

Name: Last Paternert of Applicant Training Complete Precidium Academy Abuse Prevention Training Complete Police Check Acknowledgement of Abuse Prevention Policy Manual

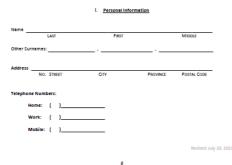
It is essential that The Salvation Army provide a safe and secure environment for children and vulnerable adults who participate in its programs and who use its facilities. To help achieve this objective, this Statement will be comoleted by:

(a) Candidates to serve as Officers.

(b) Officers and Ministry Unit Leaders who may, by virtue of their responsibilities, be in proximity to children or youth or vulnerable adults in Salvation Army program activities.

(c) Applicants for employment and volunteer positions in The Salvation Army (including Local Officers) which involve ongoing contact with children or youth or vulnerable adults.

(d) Applicants for employment and volunteer positions, who may, by virtue of their job responsibilities, be in proximity to children or youth or vulnerable adults in Salvation Army program activities.





2.9.3

Standard

The ministry unit shall have a written policy and procedure manual for the use of volunteers, covering [...] the following territorial policies and guidelines:

- Armatus abuse prevention training modules
- Praesidium Academy training modules relevant to specific client population

Revision: Replace Armatus abuse prevention modules with Praesidium Academy training modules relevant to specific client populations to align with the format in other section for employees.



Spiritual and Religious Care CHAPTER 4





There shall be current written spiritual and religious care policies and procedures and shall include at minimum:

process for care planning and documentation

Added: process for care planning and documentation as required policy



4.4.1

Standard	Procedure
Person-centred spiritual and religious care available for clients, families, staff, and volunteers includes:	 a) Review services. b) Review statistical records of individual and group participation and schedules of activity (e.g. SAMIS, other forms, etc.).
Services offered:	 c) Review religious material and the distribution process with chaplain.
 conducting spiritual needs assessments and care planning pastoral counseling crisis support internal and external referrals facilitating faith group involvement performing religious rituals/worship/chapel 	

Removed: Procedure c) removed Moved to 4.4.2



4.4.2

Standard	Procedure		
Spiritual and religious care program/service area includes:	 Tour areas used for provision of spiritual and religious care. 		
 private space for confidential conversations space conducive for the delivery of services (i.e. quiet, free of distraction, sufficient capacity, etc.) availability of space for specific spiritual and religious rituals, Indigenous ceremonies and traditions, and/or a referral to nearby facility availability of literature/publications/sacred texts 	 Review religious material and the distribution process with chaplain. 		

Added: Procedure b) added to reflect standard requirements



Chapter 5 - 16 GENERIC PROGRAM





Ministry unit mission and vision
 Ministry unit commitment statement

Revision: Standards were revised to Ministry Unit Commitment Statement to align with the United Territory Language under the direction of Mobilize 2.0

*Includes Chapter 4 – Spiritual and Religious Care





There shall be a policy in place to protect the safety and security of staff to the effect that during the hours a service is available there shall be at least 2 staff on duty at the ministry unit. When possible, there shall be at least 2 staff on duty at the ministry unit.

When there is only 1 staff on duty at the ministry unit, policy must include mechanism for notification and response of an emergency when working alone.

Revision: Standards were revised clarify the expectation that, when possible, ministry unit is to have two staff on duty. When staff is working alone, policy and training must include mechanism for notification and response of an emergency. We reviewed the operation reality of our ministry units and consulted with various departments before applying this revision.

*Exception: Chapter 13 – Child Care remains unchanged





The contents of a client record/file will meet the Privacy Manual (found in GV 01.009 Privacy – Nov 12, 2020) and be determined by the specific services offered. It will contain:

accommodation request and accommodation plan (where applicable)

Added: Accommodation request and accommodation plan (where applicable)

No change in requirement as policy is already required under chapter 1 or to be listed under program information in X.5.4. Please note sample accommodation guidelines and sample accommodation request and plan process are available in our toolkit to guide ministry units.

https://salvationist.ca/social-mission/social-mission-toolkit/general/

*Exception: in Chapter 8, Standard 8.9.4 is changed, not 8.9.3



4.8.3/X.10.3/X.11.3

Standard

Results of program evaluation and practices are developed into an action plan by the ministry unit. The action plan shall include:

goals and objectives

Added: Goals and objectives in evaluation action plans





Ongoing staff training will occur to meet the development needs of the program. All program staff must have training in at least one of the following areas:

modern slavery and human trafficking

Added: Standard to include modern slavery and human trafficking training



7.6.1

Standard

The program will have a well-defined description of the scope and delivery system of services to individuals and families. This description of services includes:

clearly defined limits or exclusions to services

7.6.2

Standard

Policies and procedures shall guide assistance operations, and include at a minimum:

documentation on scope, limitation, and delivery system for Christmas assistance including processes to determine need and to match family size to service

Removed: Language of limitation and exclusion to encourage the reduction of barriers in accessing service



The Ethical Foodbanking Code

Food Banks Canada and our network of Provincial Associations and Affiliate food banks will:

- 1. Provide food and other assistance to those needing help regardless of race, national or ethnic origin, citizenship, colour, religion, sex, sexual orientation, income source, age or mental or physical ability.
- 2. Treat all those who access services with the utmost dignity and respect.
- 3. Implement best practices in the proper and safe storage and handling of food.
- 4. Respect the privacy of those served, and will maintain the confidentiality of personal information.
- 5. Not sell donated food.
- 6. Acquire and share food in a spirit of cooperation with other food banks and food programs.
- 7. Strive to make the public aware of the existence of hunger, and of the factors that contribute to it.
- 8. Recognize that food banks are not a viable long-term response to hunger, and devote part of their activities to reducing the need for food assistance.
- 9. Represent accurately, honestly and completely their respective mission and activities to the larger community.



Means Testing

- Means testing is a process of determining whether an individual or family is eligible for food bank assistance based upon whether the individual or family possesses the financial means to support themselves without that assistance. This may include requiring the client falls under a specific income threshold, reviewing pay stubs, or requiring other 'proof of income'.
- "Feed Ontario does not endorse means testing nor the collection of specific personal financial information to access food bank services, unless required by a specific support program (e.g. rent or utility relief or assistance, social housing, etc.). Means testing creates barriers to service and reduces a food bank's accessibility to individuals who have already self-identified that they need food support."



9.5.2

Standard

Intake procedures, including screening tools, must evaluate the suitability of clients for admission to programs based on the eligibility criteria. Examples of appropriate screening tools are:

GAIN-SS

Added: GAIN-SS as a possible screening tool at intake



10.3.3/14.3.3

Standard

Ongoing staff training will occur to meet the development needs of the program. All program staff must have training in at least two one of the following areas:

- care delivery model (e.g. resident-centred (Ch. 10 client-centred) care, ethics, quality improvement)
- dementia care
- ➡ safe techniques for moving and lifting residents
- safe use of equipment, devices and supplies used
- palliative and end-of-life care
- behaviour management
- **abuse prevention**
- cultural competency and anti-oppression
- Indigenous awareness
- mental health
- compassion fatigue, vicarious trauma and self-care

Revision: Standard edited to better reflect the ongoing training of healthcare professionals



10.3.4

Item	Standard		Procedure
10.3.4	All new employees shall receive an initial orientation to their position and The Salvation Army. At minimum this will include:	a)	Review the contents of the orientation program for new
High Risk	 Employee Health and Safety: safe techniques for transferring, lifting and repositioning residents (where applicable) 	b)	employees. Review a selection of employee files for evidence of initial orientation.
	 safe use of equipment, devices and supplies used (where applicable) 		
	Role orientation:		
	 Gentle Persuasive Approach (GPA) behaviour management 		
	 abuse prevention palliative and end-of-life care Medical Assistance in Dying (MAiD) awareness training 		

Added: New Standard to capture specific training expectations of new employees at a long-term care and hospice facilities



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High Risk	gh RiskEmployee Health and Safety:Image: Safe techniques for transferring, lifting and repositioning residents (where applicable)	employees.
		b) Review a selection of employee files for evidence of initial orientation.
	 safe use of equipment, devices and supplies used (where applicable) 	
	Role orientation:	
	 dementia care Gentle Persuasive Approach (GPA) in dementia care (where applicable) behaviour management abuse prevention palliative and end-of-life care Medical Assistance in Dying (MAiD) awareness training (where applicable) 	

Added: New Standard to capture specific training expectations of new employees at a long-term care and hospice facilities



10.4.2

Standard

Program/service areas shall provide space for:

personal safety of staff and residents

Removed: Personal safety of staff and residents

10.4.3

Standard

The property of residents shall be respected and protected. There shall be policies and procedures which cover the handling of residents' property and funds, **including incidental trust funds** (FN 02.001 Funds Held on Behalf of Residents and Residents – Nov 09, 2020).

Added: Including incidental trust funds



10.5.4

Standard

Where possible or appropriate, admitted residents shall be registered to receive available government assistance.

Removed: Standard 10.5.4 removed





This section can be N/A if the ministry unit maintains external accreditation status from Accreditation Canada or CARF. Evidence of accreditation status, review result, and follow-up plan must be submitted.

Added: If ministry unit is accredited by Accreditation Canada or CARF, section 7 of Chapter 10 and 14 can be marked as Not Applicable



Standard

When a resident is accepted, there shall be an individual care plan for each resident, which will guide care. The plan:

identifies opportunity to participate in group activities or alternative individualized activities

Added: Opportunity to participate in group activities or alternative individualized activities in resident care plan





A ministry unit policy and procedure manual shall be available to all staff and shall include at a minimum:

process by which clients have access to urgent medical care
 policy on managing the death process

Removed: Process by which clients have access to urgent medical care Added: policy on managing the death process to align back to 14.7.9.



12.2.4

Standard

There shall be policies and procedures to support personal safety and security, including:

□ sign-in/sign-out or attendance record of clients

Added: sign-in/sign-out or attendance record of clients to reflect the diversity of services offered under the umbrella of developmental disability programs



12.8.1

Standard

Note: This standard applicable only for programs that admit clients with an explicit view to discharge.

When a discharge is necessary, aA plan of is designed for each client to provide continuity of care. The plan may:

- be developed with the client and family or decision makers
- commence upon admission transition (where applicable)
- identify and connect with other programs, agencies or support systems
- that will provide ongoing support
- be reassessed at time of discharge

include communication with other programs, agencies or individuals that will be providing on-going support

Revised: add more clarity in the language within the context of developmental sector.





The contents of a client record/file will meet the Privacy Manual (found in GV 01.009 Privacy – Nov 12, 2020) guidelines and be determined by the specific services offered. It will contain:

substitute decision maker documentation (where applicable)

Added: Standard to include substitute decision maker documentation (where applicable)



Chapters 6, 8, 9, 10, 11, 12, 14, 15, 16

ACCOMMODATION-BASED PROGRAM CHAPTERS





The services to clients lived on site shall include the following:

access to phones and computers (where feasible)

Added: Standard to include access to phones and computers (where feasible)

15.4.3, 16.4.3

Standard

The services to clients lived on site shall include the following:

secure personal storage locker (where appropriate)

Added: Standard to include secure personal storage locker (where appropriate)



Social Justice Guidelines for Facility & Program Space

- Building Projects OP (PY 02.001).
 - Social Justice Guidelines for Facility & Program Space
 - <u>(SUP Social Justice Guidelines for Facility & Program Space)</u>
 - More revisions will be applied in 2024 onwards based upon the published guidelines.



6.1.8 / 16.1.9

Item	Standard
Regular	A house meeting shall be in place and be held at least quarterly for all clients to participate in program matters.
	The minutes shall be made available to all clients.

Revision: Standard revised to include a weight of Regular. Omission from the past edition.



Process Change since 2021

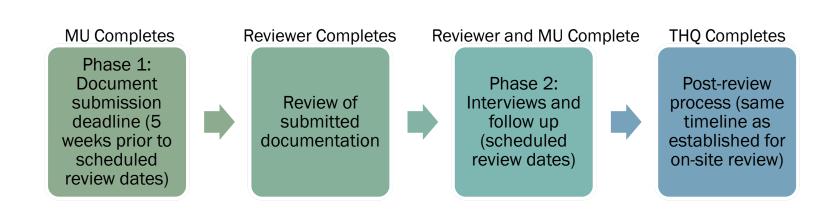
- Will be comprised of 2 phases:
 - Phase 1 Document Submission
 - Completed by MU team
 - Due date 5 weeks prior to Phase 2
 - Pre-site document submission: ministry units must submit evidence such as policies, minutes, and other document templates
 - All documentation not deemed confidential will be uploaded

- Phase 2 – Review of Remaining Evidence

- On-site review: conducted in-person or virtually 5 weeks after pre-site, will review remaining elements of standards
- Phase 2 will capture interviews, review of confidential information and other pieces that are not captured in the document submission phase
- Wil be completed via photo evidence, video evidence/interviews, screen sharing, etc.
- Technology requirements: phone and computer with video and sound capacity



Revised Review Timeline since 2021





QUESTIONS AND ANSWER



Resources

- Regional Consultants:
 - Matthew Craggs Ontario, Maritimes

 - Terri Thompson British Columbia
 - Emmy Skates Alberta and Northern Territories, Prairies
- Toolkit:
 - Salvationist.ca > Departments > Social Services > Social
 Services Toolkit > Use the blue button to 'Sign in with MyArmy' > Accreditation
- Accreditation Email:
 - accreditation@salvationarmy.ca





