ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Deep River & District Hospital/Four Seasons Lodge

Deep River, ON

On-site survey dates: November 16, 2015 - November 19, 2015

Report issued: December 4, 2015

ACCREDITATION CANADA
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Driving Quality Health Services
Force motrice de la qualité des services de santé

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About the Accreditation Report

Deep River & District Hospital/Four Seasons Lodge (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in November 2015. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada's President and CEO

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Wendy Nicklin
President and Chief Executive Officer

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Section 1 Executive Summary

Deep River & District Hospital/Four Seasons Lodge (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Deep River & District Hospital/Four Seasons Lodge's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: November 16, 2015 to November 19, 2015**

- **Location**

  The following location was assessed during the on-site survey.

  1 Deep River & District Hospital

- **Standards**

  The following sets of standards were used to assess the organization's programs and services during the on-site survey.

  System-Wide Standards

  1 Leadership
  2 Governance
  3 Medication Management Standards
  4 Infection Prevention and Control Standards

  Service Excellence Standards

  5 Reprocessing and Sterilization of Reusable Medical Devices - Service Excellence Standards
  6 Point-of-Care Testing - Service Excellence Standards
  7 Diagnostic Imaging Services - Service Excellence Standards
  8 Medicine Services - Service Excellence Standards
  9 Transfusion Services - Service Excellence Standards
  10 Biomedical Laboratory Services - Service Excellence Standards
  11 Long-Term Care Services - Service Excellence Standards
  12 Emergency Department - Service Excellence Standards

- **Instruments**

  The organization administered:

  1 Governance Functioning Tool
  2 Canadian Patient Safety Culture Survey Tool: Community Based Version
  3 Worklife Pulse
  4 Client Experience Tool

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	40	5	0	45
 Accessibility (Give me timely and equitable services)	46	1	0	47
 Safety (Keep me safe)	388	11	32	431
 Worklife (Take care of those who take care of me)	82	7	3	92
 Client-centred Services (Partner with me and my family in our care)	95	1	0	96
 Continuity of Services (Coordinate my care across the continuum)	27	0	2	29
 Appropriateness (Do the right thing to achieve the best results)	659	20	19	698
 Efficiency (Make the best use of resources)	45	0	4	49
Total	**1382**	**45**	**60**	**1487**

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	42 (100.0%)	0 (0.0%)	0	32 (100.0%)	0 (0.0%)	0	74 (100.0%)	0 (0.0%)	0
Leadership	43 (95.6%)	2 (4.4%)	1	78 (92.9%)	6 (7.1%)	1	121 (93.8%)	8 (6.2%)	2
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	1	29 (100.0%)	0 (0.0%)	2	69 (100.0%)	0 (0.0%)	3
Medication Management Standards	56 (91.8%)	5 (8.2%)	17	60 (96.8%)	2 (3.2%)	2	116 (94.3%)	7 (5.7%)	19
Biomedical Laboratory Services **	71 (100.0%)	0 (0.0%)	0	103 (100.0%)	0 (0.0%)	0	174 (100.0%)	0 (0.0%)	0
Diagnostic Imaging Services	61 (95.3%)	3 (4.7%)	3	66 (98.5%)	1 (1.5%)	1	127 (96.9%)	4 (3.1%)	4
Emergency Department	46 (100.0%)	0 (0.0%)	1	69 (95.8%)	3 (4.2%)	8	115 (97.5%)	3 (2.5%)	9
Long-Term Care Services	39 (97.5%)	1 (2.5%)	0	90 (96.8%)	3 (3.2%)	1	129 (97.0%)	4 (3.0%)	1
Medicine Services	31 (100.0%)	0 (0.0%)	0	69 (97.2%)	2 (2.8%)	0	100 (98.0%)	2 (2.0%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	48 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Reprocessing and Sterilization of Reusable Medical Devices	35 (85.4%)	6 (14.6%)	12	49 (83.1%)	10 (16.9%)	4	84 (84.0%)	16 (16.0%)	16
Transfusion Services **	75 (100.0%)	0 (0.0%)	5	66 (100.0%)	0 (0.0%)	1	141 (100.0%)	0 (0.0%)	6
Total	**577 (97.1%)**	17 (2.9%)	40	759 (96.6%)	27 (3.4%)	20	1336 (96.8%)	44 (3.2%)	60

* Does not includes ROP (Required Organizational Practices)
** Some criteria within this standards set were pre-rated based on the organization's accreditation through the Ontario Laboratory Accreditation Quality Management Program-Laboratory Services (QMP-LS).

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Diagnostic Imaging Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Emergency Department)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Medicine Services)	Met	5 of 5	0 of 0
Two Client Identifiers (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Emergency Department)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Point-of-Care Testing)	Met	1 of 1	0 of 0
Two Client Identifiers (Transfusion Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Unmet	3 of 4	0 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Emergency Department)	Met	1 of 1	0 of 0
Infusion Pumps Training (Long-Term Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Emergency Department)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The Deep River District Hospital/Four Seasons Lodge and Family Health Team is commended on preparing for and participating in the Qmentum survey program, and for their strong commitment to the accreditation process and to continuous improvement. The organization's board, leadership team, staff members, Hospital Auxiliary and medical staff, all are highly engaged and passionate about ensuring excellent services are provided by the organization.

The board has a diverse, skill-based composition and members are clear on their roles and responsibilities related to governance. The board recently completed a strategic planning process that included almost 50 stakeholders from the community as well as physicians and staff. The outcome of that process is a strategic plan, with specific strategic priorities for 2015-2018. The board now receives regular reports on each of the priorities.

Since the organization's previous accreditation survey, the chief executive officer (CEO) and leadership team have focused their efforts on enhancing service integration. Together they have implemented creative partnerships to improve the efficiency and effectiveness of health care services at the Deep River District Hospital and the community, with the Healthy Meals program for children, the physiotherapy clinic, primary care, mental health, and shared laundry services, and many more initiatives.

Across the organization there is a genuine culture of quality, safety and patient/family focus. This is further confirmed with feedback from external stakeholders and patients and their families. Community partners highlight the organization’s openness for collaboration and willingness to create innovative partnerships to benefit the community as a whole and the organization.

Staff members are passionate about their roles and proud of the work they do in providing quality patient care and services. There is tremendous support for staff learning and development. From the perspective of the delivery of care and services, the patients and their families appreciate the quality of care and service that they receive. Patient safety is seen as a priority across the organization and many initiatives are in place including falls prevention and medication reconciliation. There has been tremendous progress during the past few years regarding the organization's development and implementation of an electronic medical record (EMR), which has significant impact on patient care quality and safety.

As with any organization there are challenges to face and opportunities for improvement. The organization is facing some challenges associated with staff recruitment and retention in key positions and sustaining the small hospital model. Opportunities for improvement identified in this survey include medical device reprocessing, emergency preparedness and the need to refresh the ethics framework.

Year over year, patient satisfaction results continue to be the highest in this province. Patients, families and community members are strongly committed to their hospital and feel safe and well cared for by the organization.

Section 2 Detailed Required Organizational Practices Results

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Medication Use	
Antimicrobial Stewardship The organization has a program for antimicrobial stewardship to optimize antimicrobial use. Note: Beginning in January 2013, this ROP will only apply to organizations that provide inpatient acute care services. For organizations that provide inpatient cancer, inpatient rehab, and complex continuing care services, evaluation of this ROP will begin in January 2014.	· Medication Management Standards 2.3

Section 3 Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

3.1 Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

3.1.1 Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The board members of the Deep River District Hospital/Four Seasons Lodge function at a strategic level with clear understanding of their governance role and responsibilities. The board has endorsed the indicators in the balanced scorecard and quality improvement plan for acute care, family health team and long-term care facility. The board was instrumental in ensuring that the indicators/initiatives were focused and aligned on what was important for the organization. This effort recognizes the board's commitment to quality and safety; while being mindful of meeting the goals.

The organization is commended for the risk matrix process, also known as the Insomnia Index. This process is used to regularly identify risk issues and report to the board. There is confidence at the board level of being aware of risk issues and mitigation strategies.

Assessing the population needs of their community has been an important priority in the strategic plan. The board has identified services, especially Primary Care, for supporting these distinct population needs. The chief executive officer (CEO) is making the strategic plan operational at the leadership level, with specific operational plans that are monitored, along with regular status reports to the board.

It is noted the strategic planning process was led by the strategic planning and partnership committee of the board, and it engaged diverse stakeholders. The board reviewed and validated the mission, vision and values. The result of this process is a three-year strategic plan that includes clear strategic priorities for the organization.

Encouragement is offered to the board and leadership to assess capacity of the organization as they plan their initiatives on an annual basis. Staying focused on a few will be important to ensure that staff members can effectively manage the change required. Also important will be the monitoring of and supporting change management of the staff.

The board has developed a Community Engagement framework and is encouraged to implement and evaluate during the next year.
The board has been supportive of the leadership team's efforts at integration with other health service and non-health service providers. The board and the senior management are commended for their innovative approaches to seamless integration with community partners. In fact, the board has included community members on some of the board committees, and this has been a great opportunity for recruitment of future board members.

The board regularly reviews governance policies and procedures and recently, it has been working on developing the Chief of Staff role description and accountability framework for this role. The board is encouraged to continue its work on this and other policies.

The current challenge for the board is the soon-to-be CEO vacancy and ensuring that continued leadership on strategic priorities continues during the recruitment phase. The evaluation process of the board chair could become more formal, as specific feedback could assist this role.

The board identifies with the importance of staying innovative and creative in seeking new ways of being a hub for health services for the community while being challenged with fiscal restraints.

3.1.2 Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Deep River District Hospital/Four Seasons Lodge is commended for its work in the planning and service design of a broad array of health services for the community. This has occurred with a thorough review of demographic information about the community to assess health care needs. The planning and implementation of services is occurring in partnership and integration with community service providers. A great example of this is the organization's assessment of population needs using data from "High User Group" (HUG) to validate 'lag' coded data from the Canadian Institute of Health Information (CIHI). This, in turn, focused the organization on primary care services to meet the population needs, and resulted in the Mental Health crisis service.

Another service design that is highlighted is the Healthy Eating program for children. The organization has supported a dietician and chef to visit schools and teach children how to prepare healthy meals. This is a small term investment for a long-term outcome, with the goal being to reduce obesity and diabetes.

The strategic planning process this year involved multiple stakeholders, and they have confirmed the organization's mission, vision and values.

The chief executive officer is the organization's representative in the CASH Group, which is a sub-group of the Local Health Integrated Network (LHIN) whose objective is to work in collaboration to advocate for small hospital needs, and develop opportunities for shared services and joint purchasing opportunities.

The leadership team is strongly encouraged to reflect on the change management process, including opportunities for earlier involvement in planning and implementation of external stakeholders and staff.

3.1.3 Priority Process: Resource Management

Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a well-organized capital and operating budget process that engages leaders in all areas of the Deep River District Hospital/Four Seasons Lodge. It is noted the rolling five-year capital budget enables strategic future financial planning requirements. The current challenges are related to reduced revenue and increases in expenses, especially related to sick time.

The organization is encouraged to engage board members with Local Health Integrated Network (LHIN) discussions related to funding; the governance voice can be valuable. Encouragement is also offered to ensure that budget challenges and opportunities for cost savings are explored with front-line staff, and especially early on in the budget planning process.

3.1.4 Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
10.2 The organization's leaders implement staff recruitment and retention strategies for leaders, staff, service providers, and volunteers.	

Surveyor comments on the priority process(es)

The organization has skilled and experienced management and staff teams; however, it is challenging to maintain continuity and levels of service when there is turn over. It is recommended that a comprehensive succession plan be developed that includes options for shared services and partnerships.

Staff members report a high level of satisfaction with the workplace violence program and regular safety education sessions. Regular reports are made to the board as part of the balanced scorecard. Staff members report they feel safe in their workplaces. The organization is commended on ensuring that regular performance appraisals are completed. All staff members that were interviewed during the survey reported that they had received a recent appraisal.

The organization has placed a focus on facilitating a respectful workplace and is encouraged to continue its efforts to engage staff members and develop constructive approaches.

3.1.5 Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is a strong culture of quality/safety, from the board to front-line staff. There are number of projects which recognize Deep River District Hospital/Four Seasons Lodge's commitment to ongoing quality and safety improvement, including: unit dose packaging system and the electronic medical record which is a work in progress.

Quality and safety indicators are monitored via the balance scorecard and shared with the board and staff. Encouragement is offered to report more real-time results.

Investments in quality and safety improvement methods have included some LEAN methodology training and human performance advocacy. The chief executive officer led the quality improvement approach to improve processes for the Family Health Team. Laundry and dietary services have also improved their processes. The organization is encouraged to continue with these methods for other areas where process changes are identified.

An evaluation of the Falls Prevention program is underway and it includes engaging staff members in a formal way to review and improve processes related to further reducing falls. The Registered Nurses Association of Ontario (RNAO) best practice guidelines are being used to benchmark current practices.

On a quarterly basis, the leaders provide a risk assessment to the board for seven areas where risk to the hospital facility may exist. In addition, the balanced scorecard highlights a number of specific areas for quality/safety focus for example, emergency department wait times, medication incidents, infection rates, and access to primary care.

The leadership is encouraged to adopt 'leader standard work' processes such as huddles and purposeful rounding across the organization. The front-line staff members are open to meaningful engagement with leadership and for opportunity to share their perspectives to improve quality and safety.

3.1.6 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
1.7	The organization's leaders build the organization's capacity to use the ethics framework.	
1.8	The organization's leaders have a process for gathering and reviewing information about trends in ethics issues, challenges, and situations.	
1.9	The organization's leaders use information about trends in ethics issues, challenges, and situations to improve the quality of services.	

Surveyor comments on the priority process(es)

The organization has adopted a clear, practical ethics policy and framework. It is overseen by an ethics committee made up of the chief executive officer, chief nursing officer and chief of staff. The board and leadership team apply the organization's values to decision making and these values are aligned with ethical principles.

During the on-site survey staff members reported being aware of the organization having an ethics policy, but feeling unable to use the information. Ethics education was last provided approximately two years ago. It is recommended that ethics principles and processes be included in the staff education program, with a focus on application of the principles to common ethical challenges. Opportunities to connect with an ethicist and/or participation in conferences to review trends and apply learning should be pursued.

3.1.7 Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization established an Integrated Community Services Council approximately two years ago, with the objective to bring all community service leaders together for information sharing and planning. This has been acknowledged as an important communication forum for community services stakeholders. In addition, the organization is encouraged to work with their internal staff members and external partners/stakeholders to find new and effective ways to communicate. Given that the current communication plan is under review/revision, this would be an ideal opportunity to seek input from staff members and partners regarding ideas for improvement of this plan.

The organization is strongly encouraged to explore the implementation of: "Purposeful Leadership Rounding" as one approach for engaging with front-line staff.

With increasing use of a variety of technology and applications, the organization is encouraged to continue the work in developing policies and procedures for directing the use and access of the different technology and applications.

3.1.8 Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Overall, Deep River District Hospital/Four Seasons Lodge environments are clean, well-maintained and designed to make the best use of limited space. Renovations to the front entrance, the laboratory and diagnostic imaging departments among others, have improved functionality and meet the growing needs of patients and staff.

Construction on a new Family Health Team building will begin soon. This is a partnership between the municipality, hospital and Family Health Team and will also enable better use of currently occupied space.

Space contributions to community organizations such as the Food Bank and space leased to other medical, therapeutic and diagnostic groups is occurring in an effort to create an integrated health hub for the area. Other creative approaches include: heating of the stores area by waste heat from adjacent information technology (IT) servers, and providing laundry services to a variety of local businesses while ensuring safe and efficient services to the hospital and long-term care programs.

The organization is commended for installing solar panels which will address energy needs and minimize impact on the environment.

3.1.9 Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
14.5	The organization's leaders regularly test the organization's all-hazard disaster and emergency response plans with drills and exercises to evaluate the state of response preparedness.	!
14.6	The organization's leaders use the results from post-drill analysis and debriefings to review and revise if necessary its all-hazard disaster and emergency response plans and procedures.	
14.9	The organization's leaders develop and implement a business continuity plan to continue critical operations during and following a disaster or emergency.	
14.10	The business continuity plan addresses back-up systems for essential utilities and systems during and following emergency situations.	!
Surveyor comments on the priority process(es)		

The organization conducted its annual evacuation exercise last December, and included external partners in the exercise. The code grey mock exercise was conducted and it was used for the prospective risk assessment.

This year the organization participated in an exercise with Renfrew County, Canadian Forces Base Petawawa, and others from Chalk Lake to test the Emergency Preparedness Plan. The organization is encouraged to assess its own emergency preparedness plan based on its participation in this recent exercise.

The emergency preparedness committee, which had been inactive for a number of months has recently reconvened. The committee should focus on creating a comprehensive business continuity plan. Also, the committee is encouraged to establish annual work plans that include regular reviews of the emergency codes, evaluation of drills, and emergency preparedness plan.

The emergency preparedness plan needs to include functions such as development of a fan-out list, and identification of the emergency planning that is done with the community.

3.1.10 Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The emergency department (ED) monitors volumes on an ongoing basis and takes action to ensure the best utilization of resources in collaboration with Emergency Medical Services (EMS), Canadian Community Access Centre (CCAC), the medical unit, diagnostic services and long-term care. Within the ED, there is good collaboration with Ottawa hospitals and Pembroke to expedite transfers of complex patients. The ED responds to higher levels of activity quickly by bringing in more staff members and physicians, but rarely experiences a surge situation in which an internal transfer is not possible.

The organization has been proactive in establishing and leading weekly interdisciplinary discharge planning meetings where solutions to issues such as alternate level of care (ALC) stays are brainstormed. New community services, including an assisted living facility, a community paramedic program and the 'Match' program for seniors have helped to maintain, or return patients to the community from the hospital. There is also daily informal communication on discharges.

3.1.11 Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems

Unmet Criteria		High Priority Criteria
Standards Set: Reprocessing and Sterilization of Reusable Medical Devices		
2.4	Supervisors and staff members involved in reprocessing have completed a recognized course in reprocessing and sterilization.	
2.5	The organization conducts baseline and annual competency evaluations of staff members involved in reprocessing and sterilization.	
2.7	The organization documents and retains records of education, training, and competency assessments.	
3.4	The medical device reprocessing department has a specific, closed area for decontamination that is separate from other reprocessing areas and the rest of the organization.	!
3.5	The organization regulates the air quality, ventilation, temperature, and relative humidity, and lighting in decontamination, reprocessing, and storage areas.	
3.6	The organization selects materials for the floors, walls, ceilings, fixtures, pipes, and work surfaces that limit contamination, promote ease of washing and decontamination, and will not shed particles or fibres.	
5.2	The medical device reprocessing department's hand hygiene facilities are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, or electric eye controls.	!
10.2	The organization limits and monitors access to the storage area to appropriate team members.	
10.4	The organization maintains the integrity of each sterile package.	!
13.7	The team monitors compliance with policies and procedures, safe work practices, and OHS requirements in the reprocessing unit or area.	!
13.9	The team designs and tests quality improvement activities to meet its objectives.	!
13.10	The team collects new or uses existing data to establish a baseline for each indicator.	
13.11	The team follows a process to regularly collect indicator data to track its progress.	

13.12	The team regularly analyzes and evaluates its indicator data to determine the effectiveness of its quality improvement activities.	!
13.14	The team shares information about its quality improvement activities, results, and learnings with clients, families, staff, service providers, organization leaders, and other organizations, as appropriate.	
13.15	The team regularly reviews and evaluates its quality improvement initiatives for feasibility, relevance and usefulness.	

Surveyor comments on the priority process(es)

There are opportunities for improvement in the reprocessing services. Given the small volume of reprocessing that is done at Deep River District Hospital/Four Seasons Lodge, regular auditing of processes for the emergency department (ED) and especially, for the clean/sterile area are recommended to ensure compliance to standards.

Policy and procedures have been updated and are aligned with the Provincial Infectious Diseases Advisory Committee (PIDAC) standards.

The team needs to consider having an operational review of all reprocessing and sterilization processes.

3.2 Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Point-of-care Testing Services

- Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Clinical Leadership

- Providing leadership and overall goals and direction to the team of people providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services

Episode of Care

- Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Organ and Tissue Donation

- Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs

Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Diagnostic Services: Imaging

- Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions

Diagnostic Services: Laboratory

- Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions

Transfusion Services

- Transfusion Services

3.2.1 Standards Set: Biomedical Laboratory Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Diagnostic Services: Laboratory

The organization's laboratory services were successfully transferred to Eastern Ontario Regional Laboratory Services (EORLA) almost two years ago. There is a collaborative relationship between the organization and EORLA, with roles and responsibilities well defined. For example, EORLA is responsible for performance appraisals and Deep River District Hospital/Four Seasons Lodge coordinates adverse event reporting, general orientation, staff recognition and recently renovated space. A sub-set of three of the local hospitals shares some initiatives such as validation studies.

The organization participates in discipline-specific working groups that link physicians, managers and technologists from participating hospitals, the LifeLabs (outpatient services) and the Ottawa General Hospital Reference Laboratory. These groups develop shared policies and procedures, educational programs and joint purchasing of equipment and supplies. The EORLA also facilitates access to shared positions including a laboratory director, manager and biochemist.

Laboratory services are provided to hospital in-patients and emergency patients. Utilization information is collected monthly and submitted to EORLA and reported back to the chief executive officers of hospital on a quarterly basis.

The laboratory services team actively participates in pertinent educational opportunities such as Ebola education and provides front- line staff members with courses that include: "Bloody Easy" online modules.

3.2.2 Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Diagnostic Services: Imaging		
2.1	The team tracks wait times and average response times for elective, urgent and emergent requests for diagnostic imaging services.	!
17.3	The team identifies measurable objectives for its quality improvement initiatives and specifies the timeframe in which they will be reached.	!
17.5	The team collects, analyzes, and interprets data on the appropriateness of examinations, the accuracy of the interpretations, and the incidence of complications and adverse events.	!
17.14	The team shares information about its quality improvement activities, results, and learnings with clients, families, staff, service providers, organization leaders, and other organizations, as appropriate.	
Surveyor comments on the priority process(es)		
Priority Process: Diagnostic Services: Imaging		

The diagnostic imaging (DI) team collects and reviews information about services requested by physicians. Services consist primarily of radiography, ultrasound and bone density testing as well as cardiography and pulmonary function testing. Team members are highly qualified to provide designated services. The medical advisor provides most interpretations, with support of radiologists from Pembroke Hospital.

The bone density program is provided by a radiologist and a technician, both with additional training in the field. Screening information is collected and evidence-based advice on vitamin supplements, exercise and diet is discussed with clients. The team teaches the process annually in Toronto.

Endo cavity ultrasound procedures are growing in volume. The team has recently overseen a renovation to implement a new process for sterilization to occur in the department, outside the ultrasound room. Best practice information was gathered to develop the new system and staff members received education on sterile techniques. New policies and procedures were developed.

The team hosts the Ontario Breast Screening program and performs the mammograms which are scheduled by the office in Pembroke. Diagnostic mammograms are also provided by the organization's staff.

There is a comprehensive quality control program. In addition, quality indicators are tracked with a focus on wait times and responses to requests. It is suggested that wait time indicators be tracked separately for emergency and elective requests. It is further suggested that the team work with the medical advisor to explore collecting data on appropriateness and accuracy of interpretations as a next step in the quality improvement program. Encouragement is offered to develop a method of sharing quality indicator results with patients and their families, and use of a quality board is one example.

Safety information is provided to some clients/patients and their families. It is suggested that the pamphlets be provided to all new clients.

3.2.3 Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
5.9	The team receives education and support to work with clients with mental health and addictions.	
Priority Process: Episode of Care		
11.1	The team works to ensure that client privacy is respected during registration.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
17.12	The team shares information about its quality improvement activities, results, and learnings with clients, families, staff, service providers, organization leaders, and other organizations, as appropriate.	
Priority Process: Organ and Tissue Donation		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

With few exceptions, the emergency department (ED) provides a full range of services including trauma, mental health and pediatrics except for the highly complex emergency patients. The Canadian Triage Acuity Scale is 3 to 5 for the majority of patients and they come from a wide area surrounding Deep River. More complex cases are stabilized and transferred to Pembroke or Ottawa, often by helicopter via the adjacent helicopter pad. There exists a strong relationship with Emergency Medical Services (EMS) and a local physician group of seven that ensure on-site coverage.

Although patient volume and needs are highly variable, the team has systems in place to respond to spikes in workload, with a second on-call system for physicians and calling in nursing staff from medicine, and adding extra shifts as necessary.

The design of the ED accommodates a range of patient needs and is small enough to facilitate close observation. Although staff workspace is limited when volumes are high, patient areas are generous in size and well equipped.

Team goals are integrated with organization goals and are developed based on data, including wait times and length of stay. The team is meeting its targets. Chart reviews are conducted monthly to assess patterns and address quality improvement opportunities such as addressing repeat patients.

Priority Process: Competency

A group of seven local physicians provide 24/7 coverage to the emergency department (ED). There is access to specialists via the Criticare Line and close contact with the Children's Hospital of Eastern Ontario (CHEO) and Pembroke Hospital.

Staff members spoken with during the survey reported easy access to educational opportunities, including annual skills days, in person education and online modules. All ED staff members are advanced cardiac life support (ACLS) certified and have training in the Canadian Triage Acuity Scale (CTAS) and Pediatric-CTAS assessment and crisis prevention and intervention, among others.
The staff members have taken the lead in providing a rural trauma course for other hospitals. Registered nursing staff members are working to full scope of practice and registered practical nurses (RPNs) will be supported to work to full scope in the near future.

Although staff members are not currently educated on managing mental health issues, a mental health first aid program is currently being developed.

Priority Process: Episode of Care

Since computerized tomography and magnetic resonance imaging are not offered by the organization patients must be transferred to another hospital by ambulance, accompanied by a registered nurse. The organization is encouraged to continue discussions with Emergency Medical Services (EMS) and the receiving hospitals regarding other options that do not put emergency department (ED) staffing levels at risk.

The organization is considering options to separate the ED registration and waiting areas more effectively from the main entrance to facilitate privacy and safety.

Priority Process: Decision Support

Information technology (IT) and IT resources support smooth patient flow from registration to triage and is readily available in case of malfunction. An Accudose unit is used to store, dispense and track medications safely and efficiently.

Evidence-based clinical guidelines and pathways are adopted or adapted from reliable sources and updated regularly.

Priority Process: Impact on Outcomes

Satisfaction surveys of emergency department (ED) patients indicate high levels of quality service, at 96%. Patients that were interviewed during the survey appreciate the expertise of staff members and physicians and timely access to services.

The team tracks trends in wait times, length of stay and outcomes. The team is encouraged to investigate trends and reasons for patients leaving without receiving services, following registration. The team is also encouraged to review quality and utilization indicators in regular team huddles and share results with staff members, and patients and their families by posting results on a quality board.

Priority Process: Organ and Tissue Donation

Organ and Tissue Donation is not applicable to this organization.

3.2.4 Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control
It is clearly evident that infection prevention and control (IPAC) education and supports are in place across the organization, at all three sites. Staff members, patients and their families and physicians are committed to ensuring that IPAC practices are followed. The organization is encouraged share the hand-hygiene rate by area more frequently than once per year. Posting results regularly in departments is a good reminder to staff members about their compliance or non-compliance. The organization has usually had a good compliance rate to flu vaccination and the IPAC nurse has been a great advocate and educator for it.

3.2.5 Standards Set: Long-Term Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.7	The team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
Priority Process: Episode of Care		
8.9	The team follows the organization's process to identify, address, and document all ethics-related issues.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
18.4	The organization shares benchmark and best practice information with its partners and other organizations.	
20.10	The team shares information about its quality improvement activities, results, and learnings with residents, families, staff, service providers, organization leaders, and other organizations, as appropriate.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The organization's Four Seasons Lodge offers residents and families a pleasant home-like environment including flexible common spaces and a secure outdoor garden for activities. It is considered a facility of choice and has long waits for admission except in crisis situations. There are 10 permanent beds and four interim beds for individuals discharged from hospital and waiting for a bed in Four Seasons Lodge or another facility. The four-bed, two bath room does not allow for all residents to have access to a window or sufficient space for personal possessions.

The team collaborates well with the Community Care Access Centre (CCAC), the North Renfrew Nursing Home, the Champlain Geriatric Mental Health team and other partners. The team feels well-supported by the organization and team members make extra efforts to provide person-centred, respectful care and services.

Priority Process: Competency

The team is 'small but mighty' and works collaboratively to meet resident needs. The team is encouraged to develop a regular process to evaluate team functioning and use the information to make improvements as necessary.

Staff members report having easy access to education, education that reflects resident needs and staff interests. The staff skills days are highly appreciated.

Priority Process: Episode of Care

The minimum data set (MDS 2.0) assessment information is used to generate care plans and address care needs. Individual outcome information is shared with staff. It is shared by the resident assessment instrument (RAI) coordinator and with families at the care conferences. The team is encouraged to monitor selected quality indicators at the unit level to monitor trends and set priorities for quality improvement.

The core care team receives support internally from the organization's hospital, including access to intravenous IV services and palliative care consultations. This support means that transfers to acute care are rarely required. External supports include visiting specialists such as a dentist and dental hygienist, behavioural consultants and spiritual care, among others.

The team is commended on the effectiveness of the skin and wound care practices as well as other strategies to prevent pressure ulcers. There are currently no pressure ulcers (currently at 0). Progress is also being made in preventing falls. Residents and their families report feeling well-informed, including information contained the admission package, care plan and activities. They appreciate having input and choices that increase quality of life.

A wide variety of resident-centred recreation opportunities are offered at Four Seasons Lodge as well as in the community. Help from families, staff members and volunteers make this possible. The recreation therapist also leads the resident and family council, which is well-attended and is engaged in helping to plan activities and provide feedback on food and equipment. The team is encouraged to use this opportunity to share quality improvement project results and safety information with council members.

Priority Process: Decision Support

Evidence-based guidelines are primarily adopted or adapted from a variety of sources. It is suggested that sources be referenced and staff members be given more opportunities to comment.

Priority Process: Impact on Outcomes

Based on the data collected, the team has selected key quality indicators to address improvement opportunities. The team is encouraged to begin sharing results with residents and their families and community partners to demonstrate a commitment to improvement and enhance engagement.

3.2.6 Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Medication Management			
2.3	The organization has a program for antimicrobial stewardship to optimize antimicrobial use. Note: Beginning in January 2013, this ROP will only apply to organizations that provide inpatient acute care services. For organizations that provide inpatient cancer, inpatient rehab, and complex continuing care services, evaluation of this ROP will begin in January 2014.		ROP
	2.3.4	The program includes interventions to optimize antimicrobial use that may include audit and feedback, a formulary of targeted antimicrobials and approved indications, staff training, antimicrobial order sets, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	**MAJOR**
	2.3.5	The organization establishes mechanisms to evaluate the program on an ongoing basis, and shares results with stakeholders in the organization.	**MINOR**
8.5	The organization manages alert fatigue by regularly evaluating the type of alerts required by the pharmacy computer system based on best practice information and input from staff and service providers.		
12.1	The organization limits access to medication storage areas to authorized staff and service providers.		!
15.1	The pharmacist reviews prescription and medication orders within the organization prior to administration of the first dose.		!
16.5	The pharmacy team avoids direct contact with the medication during preparation.		!
20.2	The organization protects the health and safety of service providers who transport, administer, and dispose of chemotherapy medications.		!
20.3	The organization has a readily accessible hazardous spill kit located wherever chemotherapy medications are dispensed and administered.		!
27.4	The interdisciplinary committee regularly completes a comprehensive evaluation of its medication management system.		

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Pharmacy services are provided via unique collaboration between contract services and the organization's hospital staff. Clinical pharmacy services in acute care are provided by a telepharmacy company specializing in rural hospital services. Services include 24/7 access to clinical advice and consistent participation in pharmacy policy development, quality improvement and committee work.

The pharmacy assistant employed by the organization is responsible for delegated duties including entering medication orders, packaging, ensuring appropriate checks and medication delivery. The hospital's clinical educator facilitates nursing education and policies. For the organization's Four Seasons Lodge there is a separate contract with a pharmacy provider specializing in long-term care (LTC). It is suggested that a representative attend the pharmacy and therapeutics committee to ensure coordination and oversight.

The pharmacy and therapeutics committee is taking an active role in monitoring and improving the medication delivery system. The committee is encouraged to complete the updating and approval of all policies.

By way of the efforts of an interdisciplinary sub-committee, the Antibiotic Stewardship program has been launched and is in the initial implementation stages. This has included a focus on treatment of urinary tract infections (UTI) with the use of anti-biograms in the planning stages. Evaluation of results has yet to commence.

The team is commended on the implementation of Accudose dispensing units in the emergency department (ED) and the medicine services unit to increase staff efficiency, accuracy and safety. The initiative has been funded by a collaborative group of rural hospitals with strong support from the telepharmacy provider and nursing.

The main pharmacy has been redesigned to accommodate standardized colour-coded bins and a new secure narcotic storage unit has been installed. Owing to the limited ventilation in this small space, the door is sometimes left open and this presents a security risk to the staff member. It is recommended that this issue be addressed.

The organization is encouraged to conduct a comprehensive review of the entire medication management and delivery system, including for the long-term care unit. As part of the review, the organization may choose to explore the feasibility of a shared intravenous (IV) admixture program, computerized prescriber order entry (CPOE) and bar coding. There is an opportunity to align the review with the process mapping that is planned for the medical unit.

3.2.7 Standards Set: Medicine Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.7 The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
Priority Process: Episode of Care	
11.6 Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Medicine Services leadership strives to ensure that goals and objectives are a shared vision across the team. It is apparent that many staff members are aware of and often engaged in these goals and objectives, and the falls prevention evaluation is just one example.

The leadership and staff members need to look at ways for improving utilization of workstations on wheels (WOWS). The safety of medication administration and documentation of nursing care is at risk with the current way in which the WOWs are used.

The front-line leadership roles of the clinical educator and team leader have been instrumental in leading change at the front-line level. The leadership and team members need to be open to new ways of working together around work/job redesign.

Learning/teaching is valued at the organization, and is evidenced in student placements for nursing and health information, and physician residency placement, and placements for Canadian Forces health care personnel.

Priority Process: Competency

The medicine service has a number of strengths for ensuring competency of the team and performance. The orientation program is standardized, and can be customized depending on the new hire's experience. There is education support to staff members including use of the e-learning system and staff members acknowledge and appreciate the support.

There is evidence of leadership commitment to completing annual performance review process for staff.

The medicine team is encouraged to refine the acuity tool for use in patient/staff assignment and to do this in a way that gives a clearer understanding of resource allocation.

The team is encouraged to further enhance the staff recognition process for example, a simple 'shout out' to staff. This could be done by leaders or peers to recognize how staff members have made a difference; doing so could benefit the team.

The team needs to develop a formal process for regularly evaluating how the team is functioning and monitoring the strategies it has put in place to improve.

Priority Process: Episode of Care

The team has implemented weekly interdisciplinary meetings, led by the team leader and with a focus on discharge planning. This collaboration has been beneficial for care planning and supporting the transition of patients from hospital.

The team is urged to consider a more efficient and effective method for transferring client information between shifts for example, use of the bedside hand-off. The team uses white boards for communication in the patient room; the team is encouraged to include goal setting in the communication.

The medicine team is encouraged to design a process for follow-up post discharge to ensure that transition to destination and appropriate follow-up is underway.

The need for electronic medical record (EMR) progression is well acknowledged; specifically for other disciplines to document and for computerized prescriber order entry (CPOE). This will significantly streamline communication between team members and improve assessment and treatment planning. The EMR project team/lead is encouraged to map out the critical path for EMR progression and communicate this to the physicians and staff.

There is a newly developed wound care cart, and it includes an outline of products for different wound stages. This cart and its information has standardized products and have assisted with improving access to and efficiency of wound care.

The team is encouraged to review its current medication administration and documentation process that uses Workstation on Wheels (WOWS). Both of these processes can be significantly enhanced if staff members were to use the WOWs as intended, which means taking them to the bedside for medication administration and documentation of assessments.

Priority Process: Decision Support

The hybrid chart currently poses challenges for the health team members as they need to look in different places to find patient information. Therefore, the organization needs to clearly define the path for the next steps and proceed with their execution to realize a fully electronic medical record.

Priority Process: Impact on Outcomes

The team is encouraged to complete regular audits of the two client identifiers process to ensure compliance.

Currently, the regular huddles and staff meetings may touch on safety issues; however, it needs to be assured that there is clear focus on safety talks at huddles, or have separate safety huddles.

The medicine services has a wide variety of written patient information, including an admission pamphlet on safety, and there is evidence that the patients receive them and find some useful.

3.2.8 Standards Set: Point-of-Care Testing - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Point-of-care Testing Services

Point-of-Care Testing (POCT) is conducted by nursing staff members that work in the emergency department and on the in-patient medical unit using standardized processes and equipment. The organization is commended for training 100% of nursing on POCT using the new ranges during the recent annual skills day. There is a process in place of 'locking out' untrained nurses and it is used to ensure safe practice.

3.2.9 Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Transfusion Services	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Transfusion Services
Blood transfusion services are provided according to Eastern Ontario Regional Laboratory Services (EORLA) policies, clinical guidelines and quality control processes. Blood bank inventories are coordinated with Pembroke Hospital and Ottawa General Hospital to ensure none is wasted. The organization is commended for supporting the interdisciplinary transfusion medicine committee. This committee provides local oversight of quality improvement activities, audits and education, reporting to the medical advisory committee (MAC). The medical director is shared with the Ottawa General Hospital. Access to transfusions is timely, with waits no more than one hour for cross-matching and provision of blood products.

Section 4 Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

4.1 Governance Functioning Tool

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: May 1, 2015 to May 15, 2015**
- **Number of responses: 9**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	0	100	93
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	0	100	96
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	0	100	97
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	22	78	94
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	0	0	100	93

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	11	0	89	95
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	97
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	97
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	94
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	95
11 Individual members are actively involved in policy-making and strategic planning.	0	0	100	90
12 The composition of our governing body contributes to high governance and leadership performance.	0	11	89	93
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	11	89	96
14 Our ongoing education and professional development is encouraged.	0	0	100	90
15 Working relationships among individual members and committees are positive.	0	0	100	97
16 We have a process to set bylaws and corporate policies.	0	0	100	96
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
18 We formally evaluate our own performance on a regular basis.	0	11	89	83
19 We benchmark our performance against other similar organizations and/or national standards.	0	22	78	71
20 Contributions of individual members are reviewed regularly.	0	22	78	66

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21 As a team, we regularly review how we function together and how our governance processes could be improved.	0	11	89	79
22 There is a process for improving individual effectiveness when non-performance is an issue.	0	33	67	62
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	11	89	79
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	11	11	78	81
25 As individual members, we receive adequate feedback about our contribution to the governing body.	0	33	67	69
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	96
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	22	78	90
28 As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
29 As a governing body, we hear stories about clients that experienced harm during care.	0	0	100	88
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	95
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	0	100	91
32 We have explicit criteria to recruit and select new members.	0	0	100	87
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	0	100	94

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	93
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	95
36 We review our own structure, including size and subcommittee structure.	0	0	100	91
37 We have a process to elect or appoint our chair.	0	0	100	93

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

4.2 Canadian Patient Safety Culture Survey Tool: Community Based Version

Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

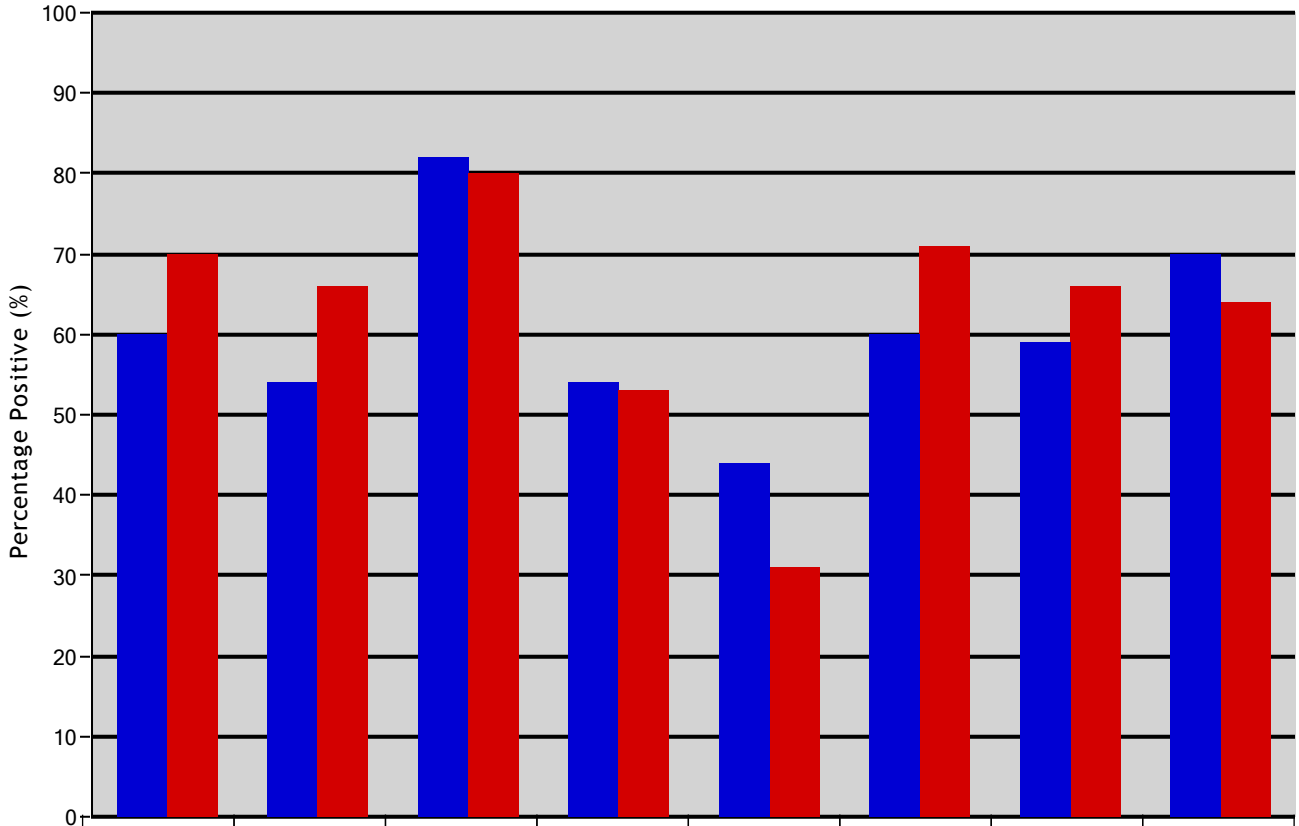
Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: September 29, 2015 to October 15, 2015**
- **Minimum responses rate (based on the number of eligible employees): 49**
- **Number of responses: 30**

Sample size is smaller than expected. Therefore, as the results may not be representative, the following data are presented for information only.

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	60%	54%	82%	54%	44%	60%	59%	70%
	70%	66%	80%	53%	31%	71%	66%	64%

Legend

Deep River & District Hospital/Four Seasons Lodge

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

4.3 Worklife Pulse

Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

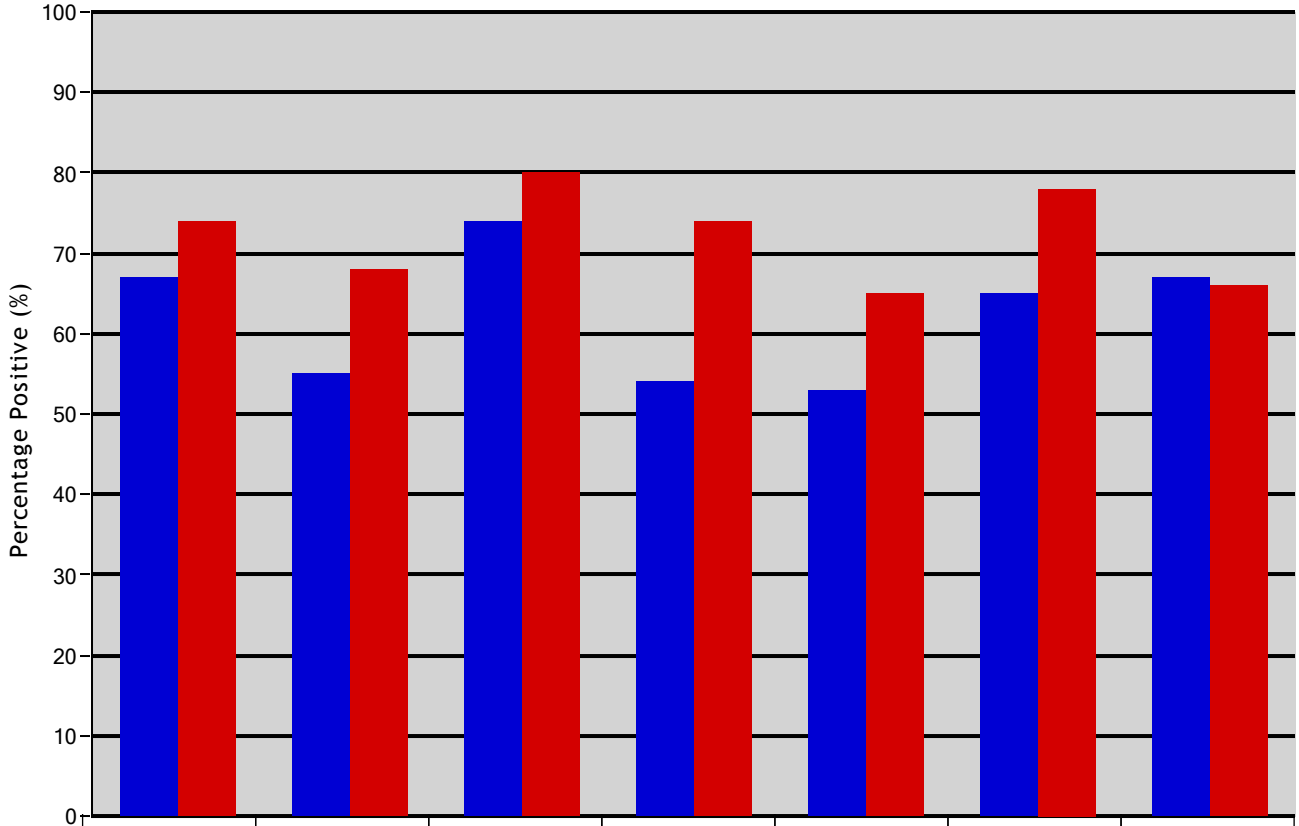
Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: April 16, 2015 to May 10, 2015**
- **Minimum responses rate (based on the number of eligible employees): 89**
- **Number of responses: 43**

Sample size is smaller than expected. Therefore, as the results may not be representative, the following data are presented for information only.

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	67%	55%	74%	54%	53%	65%	67%
	74%	68%	80%	74%	65%	78%	66%

Legend

Deep River & District Hospital/Four Seasons Lodge

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

4.4 Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences,including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education,including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries,including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living,including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

Appendix A Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

Appendix B Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served
Principle-based Care and Decision Making	Identifying and decision making regarding ethical dilemmas and problems.
Resource Management	Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served, through leadership, partnership, innovation, and action.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and overall goals and direction to the team of people providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge