ACCREDITATION CANADA

Driving Quality Health Services

Executive Summary

Alexandra Marine and General Hospital

Goderich, ON

On-site survey dates: October 27, 2013 - October 30, 2013

Report issued: November 15, 2013

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 Executive Summary

Alexandra Marine and General Hospital (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 October 2013.

This Executive Summary is an overview of the on-site survey results. More information is available in 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. Any alteration of this Executive Summary compromises the integrity of the accreditation process and is strictly prohibited.

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

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Section 1   Executive Summary

Alexandra Marine and General Hospital (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

Alexandra Marine and General Hospital'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: October 27, 2013 to October 30, 2013**

- **Location**

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

  1   Alexandra Marine & General 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

  Service Excellence Standards

  3   Managing Medications
  4   Operating Rooms
  5   Reprocessing and Sterilization of Reusable Medical Devices
  6   Surgical Care Services
  7   Emergency Department
  8   Infection Prevention and Control
  9   Biomedical Laboratory Services
  10   Diagnostic Imaging Services
  11   Laboratory and Blood Services
  12   Medicine Services
  13   Mental Health Services
  14   Blood Bank and Transfusion Services
  15   Community-Based Mental Health Services and Supports Standards
  16   Obstetrics Services

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 (Working with communities to anticipate and meet needs)	53	4	0	57
Accessibility (Providing timely and equitable services)	87	2	0	89
Safety (Keeping people safe)	528	11	18	557
Worklife (Supporting wellness in the work environment)	128	8	0	136
Client-centred Services (Putting clients and families first)	131	2	0	133
Continuity of Services (Experiencing coordinated and seamless services)	45	0	0	45
Effectiveness (Doing the right thing to achieve the best possible results)	745	25	14	784
Efficiency (Making the best use of resources)	59	6	0	65
Total	**1776**	**58**	**32**	**1866**

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	41 (93.2%)	3 (6.8%)	0	33 (97.1%)	1 (2.9%)	0	74 (94.9%)	4 (5.1%)	0
Leadership	43 (93.5%)	3 (6.5%)	0	74 (88.1%)	10 (11.9%)	1	117 (90.0%)	13 (10.0%)	1
Diagnostic Imaging Services	58 (96.7%)	2 (3.3%)	7	58 (100.0%)	0 (0.0%)	3	116 (98.3%)	2 (1.7%)	10
Obstetrics Services	63 (100.0%)	0 (0.0%)	0	74 (98.7%)	1 (1.3%)	0	137 (99.3%)	1 (0.7%)	0
Infection Prevention and Control	53 (100.0%)	0 (0.0%)	0	44 (100.0%)	0 (0.0%)	0	97 (100.0%)	0 (0.0%)	0
Biomedical Laboratory Services **	16 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	52 (100.0%)	0 (0.0%)	0
Blood Bank and Transfusion Services **	79 (100.0%)	0 (0.0%)	4	32 (100.0%)	0 (0.0%)	5	111 (100.0%)	0 (0.0%)	9
Community-Based Mental Health Services and Supports Standards	17 (100.0%)	0 (0.0%)	1	112 (100.0%)	0 (0.0%)	0	129 (100.0%)	0 (0.0%)	1
Emergency Department	31 (100.0%)	0 (0.0%)	0	92 (96.8%)	3 (3.2%)	0	123 (97.6%)	3 (2.4%)	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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Laboratory and Blood Services **	79 (100.0%)	0 (0.0%)	2	95 (100.0%)	0 (0.0%)	0	174 (100.0%)	0 (0.0%)	2
Managing Medications	69 (93.2%)	5 (6.8%)	2	50 (96.2%)	2 (3.8%)	0	119 (94.4%)	7 (5.6%)	2
Medicine Services	25 (96.2%)	1 (3.8%)	1	57 (82.6%)	12 (17.4%)	0	82 (86.3%)	13 (13.7%)	1
Mental Health Services	29 (96.7%)	1 (3.3%)	1	64 (90.1%)	7 (9.9%)	0	93 (92.1%)	8 (7.9%)	1
Operating Rooms	69 (100.0%)	0 (0.0%)	0	29 (96.7%)	1 (3.3%)	0	98 (99.0%)	1 (1.0%)	0
Reprocessing and Sterilization of Reusable Medical Devices	38 (100.0%)	0 (0.0%)	2	56 (98.2%)	1 (1.8%)	2	94 (98.9%)	1 (1.1%)	4
Surgical Care Services	30 (100.0%)	0 (0.0%)	0	63 (96.9%)	2 (3.1%)	0	93 (97.9%)	2 (2.1%)	0
Total	740 (98.0%)	15 (2.0%)	20	969 (96.0%)	40 (4.0%)	11	1709 (96.9%)	55 (3.1%)	31

* 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			
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)	Unmet	0 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 (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Diagnostic Imaging Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Obstetrics Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Surgical 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			
Dangerous Abbreviations (Managing Medications)	Met	4 of 4	3 of 3
Information Transfer (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Obstetrics Services)	Met	2 of 2	0 of 0
Information Transfer (Surgical Care Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Leadership)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Community-Based Mental Health Services and Supports Standards)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Surgical Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation at Transfer or Discharge (Community-Based Mental Health Services and Supports Standards)	Met	3 of 3	2 of 2
Medication Reconciliation at Transfer or Discharge (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Surgical Care Services)	Met	4 of 4	1 of 1
Surgical Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Surgical Checklist (Operating Rooms)	Met	3 of 3	2 of 2
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 (Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Obstetrics Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Operating Rooms)	Met	1 of 1	0 of 0
Two Client Identifiers (Surgical Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Managing Medications)	Unmet	3 of 4	0 of 1
Concentrated Electrolytes (Managing Medications)	Met	1 of 1	0 of 0
Heparin Safety (Managing Medications)	Met	4 of 4	0 of 0
Infusion Pumps Training (Emergency Department)	Met	1 of 1	0 of 0
Infusion Pumps Training (Managing Medications)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Operating Rooms)	Met	1 of 1	0 of 0
Infusion Pumps Training (Surgical Care Services)	Met	1 of 1	0 of 0
Medication Concentrations (Managing Medications)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Medication Use			
Narcotics Safety (Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
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)	Unmet	5 of 5	2 of 3
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Obstetrics Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Surgical Care Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Surgical Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports Standards)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Surgical Care 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 organization, Alexandra Marine and General Hospital (AMGH) is commended on preparing for and participating in the Qmentum program. It has achieved significant successes since its last Accreditation Canada survey in 2010. The AMGH has used a comprehensive strategic planning process that has resulted in a new strategic plan. Community members, staff and physicians were consulted. The organization recognizes that significant work is required to meet its new strategic plan, and operational plans are being developed. The span of control of management has been thoroughly reviewed and a new management structure is being implemented. Investment in management development is considered a priority for the organization. The changes to the structure are consistent with best practices and will facilitate quality improvement, engagement of staff members and support for front-line staff members to implement best practices. The teams have embraced improving client satisfaction and patient safety initiatives such as hand hygiene with some areas achieving 100 percent for both areas.

There has been significant board turnover in the last few years due to retirement of long term directors. There was great community interest in joining the board. The organization has used best practices in the development of it skills matrix and recruiting practices. The board is committed to continuous quality management and strives to improve its own function. Members regularly complete board and peer evaluation tools to identify the areas for improvement. The board is encouraged to continue its own development by attending appropriate governance education sessions.

A noted significant strength is the recruitment of high-quality physicians. Physicians are integrated with the teams and are active members in sharing best practices with staff members to improve outcomes. The interdisciplinary teams at AMGH are high-functioning and members are experienced and provide good care.

Emergency preparedness is another solid strength for AMGH. Monthly reviews of all of the codes are completed. The lessons learned from the tornado experience have led the team to ensure that they are prepared at all times and look for ways to continuously improve.

The AMGH has increased its capacity for partnerships with several organizations to provide integrated services. This includes information technology, pharmacy, laboratory, and community mental health services. As the population of the area continues to age, it brings unique challenges to the provision of services. A comprehensive clinical review has been completed. The organization is encouraged to continue to explore and develop future plans about how to meet the needs of the community while building on its current success of integration and specialization.

The organization has identified that its workforce is aging. A revised talent management plan will be developed to ensure recruitment and retention strategies are in place.

As the Health Services Funding Reform continues to be implemented, good decision support is critical. Balancing the budget continues to challenge the organization with the increase in demand, labour rates, supplies and zero percent funding increases. The board and leadership will need to continue to review financial forecasts and develop proactive strategies to meet the clinical needs into the future in this fiscal restraint environment.

The strategic plan directs significant change. It is critical that change management and capacity at all levels are considered as the operational plan timeline is developed. Staff members voiced that they are already feeling the pressure of change and not always clear about why the change is required.

The organization depends on the Foundation for capital funding. Ongoing Foundation support is required to meet the high demand of replacement and new capital equipment requirements to meet the needs of patients. Patients describe staff members as caring and compassionate. Staff members are committed to the organization and are proud of their hospital. They voiced that inconsistency, the focus on the budget and significant ongoing change has created some moral issues. They look forward to the arrival of the new clinical nurse executive (CNE) as they expect increased communication and transparency from their new nursing leader. In the interim, staff members feel supported by the chief executive officer (CEO) and have seen positive changes already. Staff members encourage management to balance the messaging about the budget and quality. It is important to engage employees in service changes at the early stages as they believe they have some of the solutions.

The organization has formed several partnerships with community providers. Community partners indicated that the communication with the organization is excellent. The organization is responsive and works well with others to improve care. They described their inclusion of consultation related to the strategic planning process as positive. They encourage the organization to share the final strategic plan with them. Community partners indicated that AMGH provides good care and encourages the organization to increase the engagement in more regional system planning, including exploring additional specialization to meet regional service needs into the future.

A clinical plan was developed with the assistance of a consultant that has resulted in a document that will assist in planning services into the future. Clinical programs are using this information to plan for future services. As the board and leadership continue to be challenged by increased demand and funding restraints, encouragement is offered to continue to explore integration opportunities that will improve efficiencies and patients outcomes.

High-functioning interdisciplinary teams were found across the organization. All of the clinical teams are committed to quality improvement and providing the best care possible for all patients. Several quality improvement initiatives have resulted in improved outcomes. Some areas in the organization have already developed program goals and objectives and indicators linked to the strategic plan. However, several areas have not started this work. The plan is to develop a process to ensure that the development of goals and objectives and indicators are linked to the strategic plan.

The organization is undergoing transition relative to quality improvement and risk management. Staff members are focused on quality improvement and patient safety however, best practices or quality improvement initiatives, near misses are not always shared across the organization. Leadership has developed a new quality framework and leadership structure that will enhance quality and risk management integration across the organization.

Access to ethics policies, tools and framework are available via Docushare. However, awareness of ethical processes and the identification of issues are not widespread in the organization. As the organization implements the planned change to the ethics framework, it is urged to include front-line staff members in its planning.