ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Quinte Health Care Corporation

Belleville, ON

On-site survey dates: May 5, 2019 - May 10, 2019

Report issued: June 10, 2019

About the Accreditation Report

Quinte Health Care Corporation (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 May 2019. 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

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 Program Manager or Client Services Coordinator 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,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Quinte Health Care Corporation (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.

Accreditation Decision

Quinte Health Care Corporation's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: May 5, 2019 to May 10, 2019**

- **Locations**

  The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

  1. Quinte Health Care Corporation, Belleville General Hospital
  2. Quinte Health Care Corporation, North Hastings Hospital
  3. Quinte Health Care Corporation, Prince Edward County Memorial Hospital
  4. Quinte Health Care Corporation, Trenton Memorial 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. Governance
  2. Infection Prevention and Control Standards
  3. Leadership
  4. Medication Management Standards

  Service Excellence Standards

  5. Ambulatory Care Services - Service Excellence Standards
  6. Biomedical Laboratory Services - Service Excellence Standards
  7. Community-Based Mental Health Services and Supports - Service Excellence Standards
  8. Critical Care Services - Service Excellence Standards
  9. Diagnostic Imaging Services - Service Excellence Standards
  10. Emergency Department - Service Excellence Standards
  11. Inpatient Services - Service Excellence Standards
  12. Mental Health Services - Service Excellence Standards
  13. Obstetrics Services - Service Excellence Standards
  14. Perioperative Services and Invasive Procedures - Service Excellence Standards
  15. Point-of-Care Testing - Service Excellence Standards
  16. Rehabilitation Services - Service Excellence Standards

17. Reprocessing of Reusable Medical Devices - Service Excellence Standards
18. Transfusion Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool
3. Physician Worklife Pulse Tool
4. Client Experience Tool

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)	57	0	0	57
 Accessibility (Give me timely and equitable services)	101	2	0	103
 Safety (Keep me safe)	639	2	18	659
 Worklife (Take care of those who take care of me)	136	4	1	141
 Client-centred Services (Partner with me and my family in our care)	407	2	2	411
 Continuity (Coordinate my care across the continuum)	78	0	2	80
 Appropriateness (Do the right thing to achieve the best results)	1072	4	10	1086
 Efficiency (Make the best use of resources)	61	0	0	61
Total	**2551**	**14**	**33**	**2598**

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	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0	146 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	0	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0
Medication Management Standards	72 (98.6%)	1 (1.4%)	5	60 (100.0%)	0 (0.0%)	4	132 (99.2%)	1 (0.8%)	9
Ambulatory Care Services	45 (100.0%)	0 (0.0%)	2	78 (100.0%)	0 (0.0%)	0	123 (100.0%)	0 (0.0%)	2
Biomedical Laboratory Services **	72 (100.0%)	0 (0.0%)	0	104 (100.0%)	0 (0.0%)	1	176 (100.0%)	0 (0.0%)	1
Community-Based Mental Health Services and Supports	45 (100.0%)	0 (0.0%)	0	94 (100.0%)	0 (0.0%)	0	139 (100.0%)	0 (0.0%)	0
Critical Care Services	58 (98.3%)	1 (1.7%)	1	102 (98.1%)	2 (1.9%)	1	160 (98.2%)	3 (1.8%)	2

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Diagnostic Imaging Services	67 (100.0%)	0 (0.0%)	1	68 (100.0%)	0 (0.0%)	1	135 (100.0%)	0 (0.0%)	2
Emergency Department	70 (97.2%)	2 (2.8%)	0	106 (99.1%)	1 (0.9%)	0	176 (98.3%)	3 (1.7%)	0
Inpatient Services	59 (98.3%)	1 (1.7%)	0	84 (98.8%)	1 (1.2%)	0	143 (98.6%)	2 (1.4%)	0
Mental Health Services	50 (100.0%)	0 (0.0%)	0	92 (100.0%)	0 (0.0%)	0	142 (100.0%)	0 (0.0%)	0
Obstetrics Services	70 (98.6%)	1 (1.4%)	2	88 (100.0%)	0 (0.0%)	0	158 (99.4%)	1 (0.6%)	2
Perioperative Services and Invasive Procedures	113 (100.0%)	0 (0.0%)	2	109 (100.0%)	0 (0.0%)	0	222 (100.0%)	0 (0.0%)	2
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	46 (100.0%)	0 (0.0%)	2	84 (100.0%)	0 (0.0%)	2
Rehabilitation Services	43 (95.6%)	2 (4.4%)	0	79 (98.8%)	1 (1.3%)	0	122 (97.6%)	3 (2.4%)	0
Reprocessing of Reusable Medical Devices	84 (100.0%)	0 (0.0%)	4	40 (100.0%)	0 (0.0%)	0	124 (100.0%)	0 (0.0%)	4
Transfusion Services **	70 (98.6%)	1 (1.4%)	5	67 (100.0%)	0 (0.0%)	2	137 (99.3%)	1 (0.7%)	7
Total	**1096 (99.2%)**	9 (0.8%)	22	1380 (99.6%)	5 (0.4%)	11	2476 (99.4%)	14 (0.6%)	33

* 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).

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
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	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			
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Transfusion Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient 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			
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
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
Patient safety plan (Leadership)	Met	2 of 2	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient 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
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
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

Quinte Health Care Corporation is comprised of three primary care hospitals; Trenton Memorial, Prince Edward County Memorial, and North Hastings Hospital, as well as a regional secondary hospital, Belleville General which provides a broad range of services and programs. The different culture of each hospital has been embraced, yet structures and processes have been standardized across the organization to ensure consistency and quality care. A single leadership team and Board of Directors support the management of one system of care across Quinte Health Care Corporation.

The Board has identified quality and patient safety as a key strategic priority and are commended for their passion and commitment to ensuring that quality and patient safety are maintained within the organization despite significant fiscal constraint.

The organization is commended for their work in cascading the board's recently reviewed and updated strategic priorities down to each department. Use of the strategic, operational, and "whirlwind" (or recent developments/pressures) priorities to create department goals and objectives was evidenced throughout the organization. The organization has depicted the values, strategic priorities, and overall strategic direction on the icon of a lighthouse. This picture is seen throughout the hospital, assisting staff to readily identify the key factors that guide the hospital.

Leadership is visible both internally and externally. The hospitals are viewed by community partners as collaborative, responsive, and very prepared to engage with the community. The organization has a number of partnerships with local and regional healthcare providers and have been participating in discussions at the Sub-Region Planning Table for the area. With the recent provincial move to develop Ontario Health Teams, Quinte Health Care Corporation is exploring opportunities with a number of different partners.

There is a strong focus on a healthy workplace. Much work has been done to address supports for workplace violence. The organization is commended for the work that is being done to support enhancing respectful relationships among staff and physicians and for successfully introducing physician compacts.

The organization has excelled in providing opportunities for learning and professional development for staff and physicians in both formal and informal leadership positions. The implementation of the LEADs program, now in its fourth offering, is being extended to front-line staff.

The organization is commended for the significant progress on improving work-life pulse scores in the past year. This progress is attributed to multiple factors including the implementation of regular huddles, the "grassroots transformation," and engagement of front line staff in making changes to their work environment, as well as the focus on education and professional development.

The "grassroots transformation" initiative has proven to be a very effective change management strategy. By engaging staff and physicians in the identification of quality improvement initiatives and assisting them to take ownership of these initiatives, the organization has created significant momentum and excitement for change to improve quality, patient safety and efficiency.

Patient Experience Partners (PEP) have been invited to provide input on a number of programs, as well as being involved in various projects across the organization to provide the voice of the patient and/or family member. Patient Experience Partners expressed their gratitude for the opportunity to be engaged in the work of the organization and indicated that they felt their input was welcomed and valued. They felt they were heard and that their opinion mattered. Presently not all programs have exposure to patient or family advisers and the organization is encouraged to continue to expand the use of PEPs. In discussion with individuals serving as Patient Experience Partners, they indicated they felt they would benefit from having a greater orientation to the role, as well as the opportunity to come together occasionally as a group to learn from each other. The organization is also encouraged to plan methods to evaluate the role of the Patient Experience Partners.

A key strength of Quinte Health Care is the staff and physicians involved in providing care across the organizations. Teamwork is clearly evident, and in the smaller hospitals many of the staff perform multiple roles and are always prepared to help out when needed. Recruitment of physicians, nurses and certain specialized staff has been a concern and the organization has implemented a number of strategies to address this. Significant work is being done to support the growth of leaders from within the organization and staff are appreciative of the opportunity for ongoing education and professional growth and development.

Service delivery across the four hospitals is continually reviewed for improvement opportunities. A recent review of the issues arising from transfers from one hospital to another has resulted in many changes to support better care for patients. The organization continues to experience increased patient volumes and patient flow is frequently an issue. This impacts wait times in the Emergency Department, especially at the Belleville Hospital.

Patients expressed sincere appreciation for the way in which they were being cared for. They felt respected, informed and well cared for. Paramedics volunteered that patients are happy to be taken to the Quinte Health Care Corporation Emergency Departments and the hospital has a good reputation in the community. Concerns were raised about the blandness of the food. Staff actively engage patients and family members in the planning and delivery of care as appropriate and desired by the patient.

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

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.

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 is composed of twelve elected members who are recruited through a defined process and the use of a skills matrix. A robust orientation is provided for new members, and new members are also assigned a "buddy" to act as a resource. The roles, responsibilities, and governance processes used by the board are clearly defined in their by-laws and a number of board policies which are updated annually. The board accesses input from the community through a number of different methods including an advisory council. This council was formed a number of years ago and is now acting as a key source for community input. Patient stories are presented to the board by staff and the organization is encouraged to attempt to bring the voice of the patient and family more directly into the boardroom. This is achieved by having the patient and/or family member recount their story directly or by having reports from the Patient Experience Partners currently embedded throughout the organization delivered.

The Board has identified quality and patient safety as a key strategic priority. Quality and patient safety indicator reports are provided to the board on a quarterly basis as well as a report on the balanced scorecard. Members of the board are commended for their passion and commitment to ensuring that quality and patient safety are maintained within the organization. A recent example of this was, with evidence that the organization had few opportunities to further reduce costs without impacting services or quality and patient safety, the board agreed to the difficult decision of supporting a deficit budget for the current fiscal year. This decision was not made lightly but felt necessary to ensure their community continues to receive the necessary level of service and to maintain quality and patient safety.

The ethical framework titled "GAP" has been adopted by the board and is used regularly to assist in making difficult resource decisions. A recent example of the use of the tool described by the board was in making the decision to proceed with the expenditure for a new Hospital Information System.

The organization's vision, mission, values, and strategic priorities were recently reviewed and updated. Internal and external stakeholders were engaged throughout the process and final approval provided by the board. The organization is commended for their work in cascading the board's four strategic priorities

down to each department. Use of the strategic, operational and "whirlwind" (or recent developments/pressures), priorities to create department goals and objectives was evidenced throughout the organization. The organization has depicted the values, strategic priorities and overall strategic direction on the icon of a lighthouse. This picture is seen throughout the hospital, assisting staff to identify with the key directions that guide the hospital.

The board evaluates itself annually using a formal tool, and individual member evaluations are also completed and discussed with the Board Chair. A robust process is in place to support CEO and Chief of Staff recruitment as well as evaluation.

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)

A strategic plan refresh was undertaken by the organization last year. This process involved a review and validation of the vision, mission and values of the organization. Key internal and external stakeholders were engaged in the review and validation process.

The organization is commended for adopting the "lighthouse" icon to depict the values, strategic priorities and vision. The "lighthouse" picture is found throughout each hospital and is a visual reminder of the key focus for the organization.

An in-depth environmental scan was conducted as part of the strategic plan refresh and annual reviews of data pertaining to demographics and needs of the catchment area are accessed through the South East Local Health Integration Network.

A corporate balanced scorecard is used to demonstrate progress for each of the strategic priorities. The scorecard includes metrics related to operational (current or short-term), strategy (mid-term), and planning (longer-term). It is updated quarterly and shared with stakeholders and the governing body.

The "grassroots transformation" initiative has proven to be a very effective change management strategy. By engaging staff and physicians in the identification of quality improvement initiatives and assisting them to take ownership of these initiatives, the organization has created significant momentum and excitement for change to improve quality, patient safety and efficiency.

The organization has Patient Experience Partners (PEP) embedded in several programs as well as involved in specific projects. Patient Experience Partners expressed their gratitude for the opportunity to be engaged in the work of the organization and indicated that they felt their input was welcomed and valued. They felt heard and that their opinion mattered. Presently not all programs have exposure to these types of patient or family advisors and the organization is encouraged to continue to expand the use of Patient Experience Partners. As well, in discussion with individuals serving as Patient Experience Partners, they indicated they felt they would benefit from having a greater orientation to the role and from the opportunity to come together occasionally as a group to learn from each other. The organization is also encouraged to plan methods to evaluate the role of the Patient Experience Partners; how those in the role are finding the role, as well as the value the role is bringing to the organization.

Community partners spoke very highly of their relationship with Quinte Health Care Corporation. Many expressed a significant shift in collaboration and engagement with the community agencies over the past

six to seven years. Some of the words partners used to describe their relationship with Quinte Health Care Corporation included trusting, respectful, collaborative, responsive, honest, transparent and innovative. Partners also spoke of the need for Quinte Health Care Corporation to play a key role in the new Ontario Health teams.

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Quinte Healthcare has been on a significant cost recovery journey for a number of years and has continued to successfully balance resources up until most recently. An external review team identified that the organization has reached a high level of efficiency with few additional opportunities for further cost reduction. Advocacy for additional resources is underway with funding agencies.

The organization has strong processes for both operating and capital budget preparation across all sites. Managers and directors develop and manage their budget with the support of the finance department and ongoing education. Resources are re-allocated between programs and services if unplanned priorities arise that require this action.

Despite the organization's financial position, strategic investments have been made to continue to support education and the grassroots transformation journey. The organization is commended for this commitment to building capacity to continually improve patient care.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Quinte Health Care Corporation has a strong focus on a healthy workplace. Much work has been done to address supports for workplace violence. The organization is commended for the work that is being done to support enhancing respectful relationships among staff and physicians and for successfully introducing physician compacts.

The organization has excelled in providing opportunities for learning and professional development for staff and physicians as well as those in formal and informal leadership positions. The implementation of the LEADs program, now in its fourth offering, is being extended to front-line staff.

The organization is commended for the significant progress on improving work-life pulse scores in the past year. This progress is attributed to multiple factors including the implementation of regular huddles, the grassroots transformation and engagement of front-line staff in making changes to their work environment as well as the focus on education and professional development.

Work has been done to proactively plan for supporting the growth of talent from within the organization. The talent management plan currently includes the senior leadership team and directors across the organization. There are further plans to extend this to managers so as to enhance "growth from within" opportunities.

A robust e-learning program supports the annual education and training requirements for the organization. This process is started as the new staff member attends orientation and managers are able to pull status reports from the database at any time in order to monitor staff compliance with training programs.

Although there are clear policies and procedures regarding monitoring staff performance, completion of performance reviews has not been carried out consistently across the organization. The organization is encouraged to continue their work to review the current tool and provide support to ensure greater consistency with completion of performance reviews.

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)

Quality, patient safety and patient engagement are notable drivers in the organization, as described in the mission statement: "Exceptional Care Inspired by You". The key strategic direction of "Supporting Seamless Care" was recently identified through input from patient and families as a key focal point to improve quality and patient safety. The board and leadership are highly committed to maintaining quality and safety throughout the organization. Members of the senior leadership team act as executive sponsors for key strategic objectives and are active participants in quality improvement activities.

The organization is to be commended for the energy and resources that have been dedicated to the "grassroots transformation" initiative. This initiative has engaged many staff and physicians across the organization in quality improvement activities. The initiative has proven to be a very effective change management strategy. By engaging staff and physicians in the identification of quality improvement initiatives and assisting them to take ownership of these initiatives, the organization has created significant momentum and excitement for change to improve quality, patient safety and efficiency. Staff is given time away from their regular duties to take part in this work and appear very engaged and committed to improving workflow and the quality of care.

A refreshed integrated risk management program was implemented last year and is in the process of becoming embedded in the work of departments across the organization. A large part of this program is the awareness of incidents that occur across the organization. Although there is an electronic mechanism for staff to report incidents, there may be a need for further education on the reporting of all incidents and near misses. As well, the organization is encouraged to report back to departments trends in various types of incidents so that these can be monitored by the departments.

Quality boards are found in each department and display a number of items including actions related to the department's goals and objectives in keeping with the overall strategic priorities. Given that the current year's corporate goals and objectives have just been rolled out, some of the departments were still in the process of populating their boards. The boards also display quality improvement metrics that are being monitored and grassroots initiative actions that may be underway. Huddles are held in each department and are held around the quality boards on a daily basis.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Quinte Health Care Corporation (QHC) has a robust ethical framework and process for ethics consultation. The ethics committee includes front line staff, managers, physicians, and a Patient Experience Partner(PEP). The PEP was someone who wanted to make a difference because of a suboptimal personal patient experience and as a result has made positive contributions to the committee and QHC.

The Ethics Committee meets regularly and is focused on continuing to increase awareness and capacity across the organization. Next steps for the committee is to create an education plan for QHC that draws upon experiences and trends. The ethics committee continues to seek opportunities for improvement and has self identified a need to educate patients and families on the ability to access ethics consultative services if needed.

The Ethics Committee is commended for creating an easy access point for ethics consultation through an online form and including recommendations from consultations in the patient care record.

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 Communications department is responsible for ensuring that the Board , volunteers, staff, physicians and the communities at large have current and timely information about Quinte Health Care Corporation.

The Board Governors support and provide input into communication strategies. Close connections and communications occur with the MPP and other Community Leaders.
Information is shared across the four hospitals using a variety of tools including: posters, news bulletins, flyers and brochures, monthly "Vital Signs" newsletter, Weekly Bulletin e-mail updates, FYI Bulletins, Intranet site for staff and physicians, as well as the external QHC web site (www.qhc.on.ca).

The CEO huddles with the senior team daily. She also provides occasional updates to the Directors, Managers, and Chief/Medical Directors to keep them apprised of occurrences in the hospital and her perspective. They in turn share the information with their staff.

There is growing activity on social media via such sources as Facebook and Twitter concerning good news stories. This is enhanced by 12 social media ambassadors.

Regular staff forums and huddles occur with the Senior Leadership Team and community engagement activities occur throughout the year. The Press are present at board meetings. QHC has positive relations with local newspapers, radio and television stations.

Strong focus on the values and teams with story telling are noted throughout the building on Huddle boards and posters reading, “We are all one team.”

Privacy/confidentiality education is regularly updated with current legislation. Board members, physicians, and staff are kept informed of trends, changes and risks. Regular chart audits occur for same name/address/site to site occurrences.

Policies and Procedures are to be reviewed every three years. While some areas have not succeeded in this, the goal for the immediate future is to de-clutter unnecessary and outdated/old policies.

It was noted the "intranet" does need some updating in departmental areas such as minutes and messaging.

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)

The physical environment is managed by a skilled team whose members have a pleasant working relationship with one another. Parts of the hospital building are old but have been well maintained. A continued focus on maintenance and timely investment in the physical space will continue to preserve the space. The maintenance team takes pride in their role in keeping the building in working order. It was noted the sites all have a lot of "wall clutter" that is distracting. Perhaps a "Wayfinding"committee could de-clutter walls so pertinent messages and way finding is easier.

It is reccomended that the organization encourage progress on the cafeteria LEAN flow plan initiative. Staff and families enjoy the "healthy" choices vending machines and the detailed information the machines provide.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has had an incident management system in place for a number of years. This system was put to the test a year ago when a fire occurred on a busy medical unit at the Belleville Hospital. The fire resulted in the need to evacuate an entire floor. Smoke damage required restoration of the whole unit and took a month to complete. The immediate response to the fire was appropriate and no injuries occurred. All patients were transferred to other areas and cared for within the Belleville site.

The debriefing sessions which followed included interviews with staff and patients. Five key learnings were identified from the debriefs and action plans established. Many of these action plans have now been implemented, including additional staff education on "carry and lift" techniques to be used in an evacuation, clarity of roles to support the Incident Management System functions, revisions to the Code Green, implementation of an electronic fan out process, and joint training exercises with the Fire Departments that support each of the four sites. Other actions include the development of short safety videos that are shared regularly with staff and the placement of a link to all Emergency Preparedness information on the organization's intranet.

The organization is commended for the response to this event, both in the first few hours post fire and also for the concerted effort that has been placed on learning from the event and implementing needed changes. With the knowledge and recent experience that situations such as this can and do occur, the organization is encouraged to ensure that mock codes and table top exercises of various codes are carried out on a regular basis

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Quinte Health Care Corporation has a long history of gathering input from patients, families and community members. For a number of years this was facilitated by the Advisory Council which was struck following a major external review of the functioning of the organization. Over the years this Council has changed in composition and in how it functions in relation to QHC. That said, several representatives from the Advisory Council continue to be members of the standing committees of the board.

In addition to the Advisory Council, the organization has introduced Patient Experience Partners who are engaged in various projects and specific departments. The organization is encouraged to continue to build the number of Patient Experience Partners and embed them in each department or service to provide input to the teams on a regular basis.

The board is receiving patient stories as presented by staff and also interfacing on an informal basis with members of the Advisory Council. The organization is encouraged to enhance this input by having the patient and/or family member present directly to the board and MAC if appropriate. Board input has been sought from clients and families in developing the plans for the new hospital in Prince Edward County.

Priority Process: Patient Flow

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

Unmet Criteria	High Priority Criteria
Standards Set: Emergency Department	
3.8 Standardized processes and procedures are followed to coordinate timely inter-facility client transfers and transfers to other teams within the organization.	

Surveyor comments on the priority process(es)

Quinte Health Care Corporation has been experiencing access and flow challenges for an extended period of time. A surge planning committee has been established and meets regularly with representation from across the organization.

Many initiatives to improve access and flow have been implemented across the organization and in collaboration with others however QHC continues to experience challenges with access and flow. Some of these initiatives include the multi-site bed scrum board and a transitional holding unit for ALC patients. The team at QHC is keenly aware of the barriers to discharge and therefore has identified length of stay as a grassroots transformation project. Bed surge guidelines and identified actions are well established and followed by leaders across the organization.

QHC has been working with the LHIN and community agencies to improve timely discharges. The organization has had success with Health Links for some patients with chronic diseases and would benefit from identifying a chronic disease management strategy with key stakeholders.

The ability to move patients between the sites of QHC is limited due to distances between the sites. This may be something QHC may want to consider more often during the months of good weather to improve access and flow at the Belleville and Trenton sites.

Whiteboards are very visible and well utilized for patients. They are present to help to identify patient goals for discharge and to ensure patients are actively engaged in their discharge planning. Patients are provided with an expected date of discharge however barriers to discharge continue to exist. Individual physicians are very engaged in discharge planning, however the organization would benefit from a focused effort to engage the Department of Medicine, including primary care and internal medicine physicians, in challenges with access and flow. Providing this group with information about length of stay and seeking their input for strategies for improvement will ensure better engagement and collaboration.

Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The MDRD departments at both the Trenton and Belleville hospitals are organized with standardized processes and dedicated teams. The manager and team leads are very proud of standard operating procedures which have been implemented . Quinte Health Care Corporation is commended for exceeding the industry standard load quarantine time resulting in fewer recalls and improved patient safety.

The MDRD staff receive regular feedback and performance appraisals are current. Education and training is provided on a regular basis. Staff have the opportunity to observe in the OR and procedure areas to understand how their process impacts the work flow of other departments. This has improved the collaboration between both departments.

The MDRD department at Belleville is new and spacious and both sites have a robust computer tracking system further contributing to improving inventory and safety. QHC is commended for implementing this sophisticated tracking system which further supports quality and safety.

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 direction to teams providing services.

Competency

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

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Medication Management

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

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

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

Standards Set: Ambulatory 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	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
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 oncology clinic was designed to provide a friendly, healing atmosphere. It is well staffed with a compassionate team of nurses and pharmacists who provide out-patient chemotherapy to patients who rated their experience as being very high.

When the workload and staffing was redesigned, staff were able to provide input into the changes. Staff morale is high and the manager reported having a wait list of nurses who want to work in the clinic.

Priority Process: Competency

The staff in Oncology work collaboratively with each other to provide the best possible experience for the patients who are going through a very difficult time in their life. The staff are well trained, have had unit specific training and undergo appropriate recertification on a regular basis.

Priority Process: Episode of Care

Patients are referred to the Oncology clinic by means of a Cancer Care Ontario regional navigator. This ensures patients are appropriately triaged to Belleville. Patients with cancer that Belleville cannot support are most often sent to Kingston. As Belleville's catchment area covers a large area, patients often have considerable distances to drive. The Oncology clinic facilitates investigations and treatments on the same day as often as possible to reduce the amount of commuting for patients.

While the telephone number of the Patient Experience office is listed in the Oncology Clinic Brochure, it would not be clear to the average patient or family that this is the number they would call to lodge a complaint. If the manager is aware of a patient wishing to lodge a complaint, there is a business card which can be given to the patient or family with the telephone number of the Patient Experience office. The ability of a patient or family member to express a complaint could be more clearly stated in the brochure.

Medication reconciliation is consistent with the standards in the Oncology clinic.

Priority Process: Decision Support

There is a formal process for transfer of care information from the chemotherapy clinic, to the oncology follow up clinic, to the general practitioner follow up clinic and then back to the community physician. When the patient is transferred back to the community physician, the follow up investigations appropriate to the disease process are outlined in the discharge report.

Priority Process: Impact on Outcomes

The Oncology service has done a lot of reflection and identified many quality improvement initiatives that, when fully implemented, will improve the service to their patients.

The Oncology service is encouraged to monitor staff compliance with the stages of hand sanitization as the surveyor noted a number of instances when staff neglected to sanitize their hands before and after patient encounters.

Standards Set: Biomedical Laboratory Services - Direct Service Provision

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

Surveyor comments on the priority process(es)
Priority Process: Episode of Care
Universal falls precautions are followed.
Priority Process: Diagnostic Services: Laboratory
The Biomedical Laboratory assesses whether or not a lab test is covered by a patient's insurance and will redirect them to Lifelabs when appropriate. The laboratory follows all ministry, industry and manufacturer's guidelines as appropriate to the work they do. Laboratory staff are very particular with respect to using two person identifiers to reduce the risk of error. The laboratory regularly reviews statistics such as usage, errors and turn around to monitor the quality of its service. It evaluates usage and cost of tests being sent out to determine if there is a cost benefit to bringing the test in house.

Standards Set: Community-Based Mental Health Services and Supports - 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	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
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

This is an extremely cohesive group of professionals who are clinically and administratively skilled. They are constantly striving to improve services and explore different service opportunities and thus reduce the number of patients falling through the cracks. The team is client-centered and are strong mental health advocates.

There are well-defined and closely monitored goals. The team has developed strong, well-connected partnerships internally with QHC sites and externally through all four regions.

There is active engagement with their communities and many healthcare partners to develop an awareness of services offered. The passion and committment to reduce the stigma related to mental illness and promoting the fullest recovery for each client was strong and evident.

Priority Process: Competency

Staff are keen to learn from one another as well as stay current with new information, legislation and new and developping programs. They are supportive of one another, debrief with team memebers when stressed,as well as utilize the EAP. Safety plans,such as the "Buddy System," are in place when going to

patient homes. They are trained to be mindful of their environment. The staff feels well supported by one another. All staff members maintain their credentials and ongoing education in their respective areas of expertise. (e.g., de-escalating training, civility training, violence in the workplace, privacy/confidentiality training, code white training and safe work environment.)

Priority Process: Episode of Care

Staff demonstrated excellent knowledge of the communities they serve. They are strong and passionate client advocates who take great pride in working with community partners and the clients they serve. Staff are well trained in crisis intervention. Services are planned and developed to give the best 24/7 coverage with staffing available. Their awareness of safety and their support of one another is commendable.

Priority Process: Decision Support

Staff are acutely aware of the need for the privacy and confidentiality of records in the community. They follow strict measures to secure records and patient identification when travelling in the community. Information research and evidenced based data are utilized to support clinical decisions.

Priority Process: Impact on Outcomes

The team is very in tune with the safety of staff and clients. They are strong advocates for the success of their progress and current state of programs. They worry about the future of the programs with current governmen healthcare changest. Currently they are working well within the resources allocated to them.

The grant provided by the LHIN for the “Health I am” program has greatly assisted police in assessing mental health patients and determining the need to be taken to hospital. This program has helped police determine the scale risk for harm and has reduced the number of clients being taken to ER.

Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.5	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
Priority Process: Competency		
	The organization has met all criteria for this priority process.	
Priority Process: Episode of Care		
9.3	Daily rounds are conducted by the team in partnership with the client and family.	!
9.20	Clients and families have access to psychosocial and/or supportive care services as required.	
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.	
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

The service specific goals and objectives have recently been identified but they have not as yet been implemented. The Critical Care Unit (CCU) is being utilized at close to full capacity and the team has recently been given permission to move to the planning stage to add two additional beds. A patient advocate is a member of the planning team.

The CCU has developed close working relationships with the Kingston hospitals to take patients for whom the Bellville CCU cannot provide care. While the skill mix is generally appropriate, the skill and knowledge base of social work is not available to assist with discharge planning, social or ethical issues. Families and staff would benefit from the psychosocial support and counselling that social workers can provide after adverse events or difficult deaths. Staff reported that EAP was available but had not always been helpful

in supporting them after challenging cases. Physiotherapy is shared with other areas of the hospital and is not available on weekends.

Priority Process: Competency

With staffing shortages in the Critical Care Unit, staff nurses with two years of surgical or medical floor experience have been hired and trained to work in the CCU. On occasion, they have also recruited exceptional new graduates and trained them. Management is very careful to buddy new ICU nurses with senior nurses until the new hire is comfortable caring for patients in the unit. Staff were appreciative of the training and support they received. Staff are recognized for good work in various ways.

The ICU is prepared to arrange for patients of aboriginal backgrounds to perform smudging ceremonies if requested.

Priority Process: Episode of Care

The new Critical Care Unit Patient and Family Handbook was developed with input from patient advocates.

Concerns regarding daily rounds were raised by a number of staff. There is no standard time when physicians do rounds so it is hit and miss if families are available to participate. Rounds are often made only by the nurse and intensivist. The rounds do not meet the definition of being conducted by "the team" or in partnership with the client and family.

Nurses provide a considerable amount of psychosocial and supportive care but there is no social work support to provide that additional level of expertise and care.

Priority Process: Decision Support

Being a relatively small town, staff often know or know of patients in the CCU. They are trained to avoid participating in the care of any patient they have familiarity with and are aware of the need for complete privacy/confidentiality of the patient's medical information.

The collection of patient care information meets the standards.

Priority Process: Impact on Outcomes

New goals and objectives for the Critical Care Unit that relate to the hospital's goals and objectives have just been approved. As yet the team has not started collecting data to document the impact of interventions.

Priority Process: Organ and Tissue Donation

The Critical Care Unit is proud of the work they have done to identify potential organ donors. They work collaboratively with Trillium Gift of Life and maintain the arms length detachment from the process needed to ensure their prime responsibility is to to the immediate care needs of the patient.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Imaging	

The organization has met all criteria for this priority process.

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

Diagnostic Imaging (DI) services are provided on an urgent and elective basis at all four Hospitals within Quinte Health Care Corporation. A full range of modalities are provided at the Belleville Hospital, with general X-ray and ultrasound at all others. Services for CT have been recently added at the Trenton Hospital, and the potential to add CT to the North Hastings Hospital and Prince Edward Memorial Hospital are under consideration.

Diagnostic Imaging services are supported across all hospitals by a common management structure with clear lines of accountability. As well, a common medical director is responsible for supervising and directing the radiologists supporting Diagnostic Imaging services across all hospitals of Quinte Health Care Corporation. Staff do not rotate across sites but are able to support other sites in case of an emergency.

An annual survey of physicians referring to the DI services across QHC is carried out annually and changes are made based on feedback received. An example of this process is the recent quality improvement activity that was carried out. It was designed to reduce the number of different requisitions as well as to create a common look to the requisitions following the identification that many requisitions were not being completed accurately. The initiative proved to be very successful and has significantly reduced the number of requisitions that require additional information prior to having the patient booked for their procedure.

In an effort to improve work flow at the Belleville site and support the nursing care needs of patients in the department, a role for a registered nurse and registered practical nurse have been added to the department. This has resulted in increased patient flow and reduced wait times.

In addition to feedback received for referring physicians, the DI departments gather feedback from patients in real-time and continue to use this feedback for make further improvements.

The department is commended for working closely with inpatient units and the emergency departments in order to prioritize patient care.

The organization is encouraged to carry out a basic falls assessment at the point of registration in order to identify those that are risk for falls at the first point of entry to care.

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		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
7.1	Entrance(s) to the emergency department are clearly marked and accessible.	!
12.8	Clients with known or suspected infectious diseases are identified, isolated, and managed.	!
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.		
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

Patient advocates have been integrated into the emergency department teams. These advocates have made a number of suggestions which have been implemented and improved the patient care experience. Emergency services have been well designed to provide care for the community such as the code stroke program, which has been very successful.

Priority Process: Competency

New staff have a comprehensive orientation. The staffing mix includes Registered Practical Nurses who work within their scope of practice as full members of the team. Allied Health personnel including occupational therapy, physiotherapy, and pharmacy are integral and respected members of the team. Housekeeping associates know the importance of their role in keeping patients safe.

At the three small emergency departments, nurses have received comprehensive training to do point of care testing. The training and testing is supervised by laboratory experts and monitored for accuracy and competency. Although performing these tests increases the nursing workload, the nurses recognize the great benefit of rapid results as it pertains to the care of their patients.

Performance reviews were consistently done in the emergency departments and staff gave examples of how they can be recognized for having done exceptional work.

The collaborative approach to care extended beyond the teams in the emergency departments. The three small site emergency departments worked seamlessly with the emergency department at Belleville. Although there was occasional debate as to which service (internal medicine, family medicine or critical care) would accept the patient, the working relationship between the emergency department at the three peripheral sites and Belleville is very collaborative.

Priority Process: Episode of Care

The entrance to the emergency room at Trenton is excessively cluttered with signs, the largest of which advertised the 50/50 draw. There were so many signs that the sign telling patients to call in to triage on the red phone was difficult to find. This area needs to be decluttered.

EMS personnel at the Trenton site commended the staff as being one of the best hospitals for the offloading of patients.

While the 'Welcome to our Emergency Department' pamphlet includes a telephone number for the QHC Patient Feedback/Experience, this title does not clearly state that it is the number which one would call if one had a concern or wished to file a complaint. If this telephone number is intended to be the way a patient or family can file a complaint, the purpose should be made more explicit. While the pamphlet is generally well written, it was not made readily available in the Trenton Emergency Department waiting area.

At the Trenton site, the patients are triaged directly in front of the nurse without any barrier between them. The patient tracked, had a cough and was not wearing a mask, and therefore put the triage nurse at risk of being infected. The first person to actually contact patients is the hospital volunteer who is the person most at risk of contacting a person with an infectious disease. The red telephone by which patients call in to access triage is just beyond the volunteer's desk. There is a large stop sign in the entrance asking patients to wear a mask if they have a cough or fever, however there is a lot of signage in the entrance to distract patients. The patient tracked by the surveyor had clearly not put on a mask and was in contact with both the volunteer and the triage nurse. The three other sites offer better and appropriate protection for volunteers and triage staff.

The pamphlets describing the emergency department function were not placed in areas where patients would readily see and read them. While the organization is compliant by making this pamphlet available, there is an opportunity to better provide this information to patients and families by placing the

pamphlets in areas where patients are sitting after triage or having volunteers hand them out.

It appears patients are not screened for falls risk at triage. The surveyor noted one patient who was clearly at risk of falls and had not been assessed as a falls risk or given a yellow arm band. The organization is encouraged to consider assessing patients for falls risk at triage or reinforce the need for the primary care nurse to assess the patient for risk of falling.

Priority Process: Decision Support

Being a relatively small town, staff occasionally encounter patients they know in the emergency. There is heightened awareness that they should not care for these patients and that the patient's right to privacy is paramount.

Priority Process: Impact on Outcomes

Guidelines, order sets, treatment plans, and transfer of care documentation have been standardized across the four sites of Quinte Health Care Corporation.

Staff reported they felt comfortable reporting patient safety incidents and that feedback was given in a blameless manner.

The relationship between all sites and EMS is very good with quick ambulance offload times. There is no formal EMS office where paramedics can do their charting or make phone calls at Trenton.

Each emergency department tracks quality measures and posts them where both staff and patients can see the results.

Priority Process: Organ and Tissue Donation

Staff in all emergency departments are trained to look for triggers that might suggest a patient is suitable for organ donation and are familiar with the policies of Trillium Gift of Life. Quinte Health Care Corporation has been very successful in identifying potential organ donors.

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

The Infection Prevention and Control Program at Quinte Health Care Corporation is a very robust program focused on surveillance, prevention and safety. The IPAC team is very dedicated and has created numerous patient educational booklets. These booklets were created and continue to be updated in collaboration with patients to ensure the information is current and meets their needs. IPAC works very well with the contracted environmental cleaning services to ensure policies and procedures are current and these incorporate best practice standards. The organization is commended for this collaborative working relationship. Outbreaks are regularly reported in collaboration with Public Health.

The IPAC team continues to attempt to collect timely and accurate data for surgical site infections for non-admitted patients with limited success. The team is encouraged to engage the Chief of Surgery to identify a strategy that will engage the surgeons to produce meaningful data.

The organization has many dated patient care areas and as a result, there are many areas with wooden handrails in the halls. These do not meet current infection control standards as these surfaces are difficult to clean. The organization would benefit from replacing these in patient care areas with handrails which meet current requirements.

Staff and physician immunization rates for influenza vaccines is well below the provincial average however QHC continues to identify strategies to improve this.

The organization continues to experience frequent and lengthy VRE outbreaks on the medicine unit. This is partly due to the number of patients repatriated from Kingston General Hospital where the VRE surveillance practice is different. This then contributes to the issue of hospital over-capacity and need to surge. QHC is encouraged to work with Public Health Ontario to identify strategies to decrease these outbreaks and continue to collaborate with transferring hospitals.

Communication of isolation precautions is very evident. Isolation precautions are visible on patient doors and on the tracker board in the Emergency Department. The Emergency Department is commended for working with the IPAC and housekeeping teams to improve visual cues for isolation. These teams created a ring of isolation precaution signs which hang outside each emergency room and are color coded as a

quick reference to the type of precautions. Hand hygiene compliance is very high and shared openly across the organization. The IPAC team has also collaborated with food services and is commended for this teamwork that ensures hand hygiene is performed with isolated patients before meals.

The IPAC team is keenly involved with all redevelopment projects and input into the acquisition of capital equipment, where input is required.

The QHC Pandemic Plan remains in draft form and the organization would benefit from finalizing this and completing a table top exercise to ensure completeness.

The IPAC team at QHC is a very dedicated team of individuals who provide education across all sites and provide valuable input into infection prevention and control. They continue to strive to perform better in alignment with the strategic goals of the organization.

Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.8 A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency	
3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
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 Program at Quinte Health Care Corporation is shared across all four sites. Each site is focused on providing the best care for the patients they serve.

The Program is commended for ensuring all staff are providing care at their full scope of practice and for including PSWs as part of the care team at the Belleville and Trenton hospital sites. These PSWs have been a great asset in improving patient mobility and identifying subtle changes in patient conditions. The Program is supported by pharmacists, allied health staff and clinical educators. Staff are provided with frequent and ongoing education however, performance appraisals are not completed according to the frequency expected. Staff are very engaged and enjoy working at QHC.

While most sites have universally accessible washrooms, the Prince Edward County site does not have an accessible washroom hence at present, this standard is not met.

Priority Process: Competency

The staff caring for medicine patients occasionally experience ethical questions. The ethical decision-making tool and the ethics committee has been utilized for a few of these complex patients.

Front-line staff are an active part of the ethics consultation process which results in improved decision-making and support for the staff. The other benefit to utilizing the consultation process has been to establish a care plan for specific patients and maintain this care plan for the team to access when needed.

The care needs of patients at each site is unique and the staff ensure they tailor their approach to these specific needs. Trenton Memorial Hospital provides complex continuing care and acute care to ensure patients attain their optimal function. Belleville General Hospital provides care for medical patients needing acute care with varied length of stay. Prince Edward County and North Hastings hospitals also provide care for medical patients.

At all sites there is ongoing education and training to ensure staff are knowledgeable and able to provide current and best practice care for their patients.

Priority Process: Episode of Care

The Medicine Program across Quinte Health Care Corporation ensures that patients and families are engaged in their care. Whiteboards are utilized in many of the medicine units to identify the goals of care and expected date of discharge.

Units have identified goals for improvement specific to access and flow and utilization of Patient-Oriented Discharge Summaries (PODS). The unit goal across the inpatient medicine units is to decrease the number of patients with a length of stay greater than ten days. This is not diagnosis specific and is not tied to any of the medicine QBPs however the organization has a plan to dive deeper into this metric to identify disease-specific data and opportunities. The organization would benefit from identifying length of stay benchmarks for specific chronic diseases and creating targets associated with these. This may then have a positive impact on bed availability and access and flow. The limited access to beds due to capacity challenges also impacts the ability for QHC to repatriate patients from other hospitals thereby having a greater impact across the system.

The Director and Chief of Medicine are very engaged and have collaborated to identify program goals and priorities which directly align with the QHC Strategic Priorities. The Medicine Program has implemented Patient Oriented Discharge Summaries (PODS) across all sites. These PODS were developed in collaboration with patients and continue to be improved based on patient feedback. The organization is commended for implementing this standardized quality improvement initiative across all sites. The Medicine Program meets regularly however their terms of reference continue to be in draft format. This program is encouraged to finalize these TORs and utilize a variety of data sources to create concrete goals and measure improvements.

Priority Process: Decision Support

Documentation of patient care is accurate and precise across each site at Quinte Health Care. Transfer of accountability is very well established in a standardized format across the organization. All staff are knowledgeable about the expectations.

Priority Process: Impact on Outcomes

The Medicine Program is very focused on ensuring patient safety and quality improvement initiatives. Safety of patients and staff has been improved by the introduction of GPA training. Staff have received GPA training and are well versed in strategies to identify and supports to manage AOB patients. Patients with AOB are identified by visual signs on doors to ensure safety for anyone who may enter the room.

Ensuring information is shared among all providers and between shifts is accomplished through transfer of accountability. Transfer of accountability is very well established in a standardized format across the organization. All staff are knowledgeable about the expectations.

Effective and efficient patient flow is ensured through collaboration with Home and Community Care with the weekly ALC and Complex Rounds. All ALC patients are discussed to promote strategies to ensure the patient is in the right place to receive the right level of care. Family meetings are held regularly and there is a great deal of collaboration with retirement homes, long term care homes, and community partners.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
12.6 Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

There is a policy on Do Not Use Abbreviations at QHC and auditing of compliance is done, however it is not clear that it is effective. It was noted that orders being processed by the Pharmacist which clearly had abbreviations from the Do Not Use list and were not being brought to the attention of the physician. On multiple MARS at multiple sites the term OD was frequently used by nurses who were aware the term was on the list of abbreviations not to be used. In both the Belleville and Trenton sites, the surveyor noted registered nurses documented medication orders on the MAR as sig OD. The nurses were aware that these abbreviations were on the Do Not Use Abbreviation list.While QHC meets the criteria of the ROP on Do Not Use Abbreviations, it is advised to re-educate the staff on the policy.

The pharmacy is advised to introduce Tall Man lettering for sound alike medications. The staffing in the pharmacy is not able to fully support medication reconciliation and QHC is struggling to meet its target of 80% compliance for medication reconciliation on admission. Pharmacy does not do any medication reconciliation on discharge.

While nurses are trained to report medication errors, it was noted that the rate of reporting of medication errors is very low which suggests there may be poor compliance with reporting of errors.

Staff reported concerns that over the years their workload had increased but they were not able to increase the pharmacist resources to support medication reconciliation, patient teaching, and expanded roles for pharmacists to work under medical directives. Pharmacists at QHC do not have time to participate in patient education.

The pharmacy at Trenton is a satellite of Belleville and supports North Hastings as well as Prince Edward Memorial in Picton. It functions well and is well able to support the needs of the clients in Trenton. The pharmacy computer program is integrated and well coordinated across Quinte Health Care Corporation.

Standards Set: Mental Health 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	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
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

Quinte Health Care Belleville General is designated as a Schedule 1 facility under the Mental Health Act of Ontario. The organization provides 22 mental health and addictions beds. The outstanding service continuum of mental health services consists of crisis intervention and acute inpatient admissions and closely aligns with outpatient clinic support. Staff consists of four psychiatrists, RNs, RPNs and a social worker.

The team provides clinical assessments, therapeutic intervention, and supports community integration by working closely with outpatient services. The interdisciplinary team thinks beyond their unit, building upon each client's individual assets, strengths and areas of health and competence.

Priority Process: Competency

This is a well respected, cohesive and collaborative inter-professional team. They are experts in their field. All staff maintain their credentials and ongoing education in their area of expertise (e.g., deescalating training, civility training, violence in the workplace, code white training and safe work environment). The teams are introducing new suicide assessment training.

Staff feel supported and regularly receive recognition from their manager and team leader.

Priority Process: Episode of Care

The care and support of the inpatients is provided by a professional and passionate team. Patients feel respected and are provided responsibility in the direction of their care. The unit is well monitored with security measures such as locked doors and cameras where needed. Rooms are secured with unbreakable glass, no sharp edges in the room and self-locking mechanisms that can be overridden by staff.

Staff feel safe within the environment, however they would prefer to have security more readily accessible or even part of hospital staff.

Medication Reconciliation has been completed by Pharmacy for the past two weeks. Staff feel this is a slow process; sometimes it has taken three days for the Medication Reconciliation to appear on the chart.

The Falls Risk program is in place. The unit staff are just learning the new Columbia Suicide Severity Rating scale replacing an older version. Charts and patient records are securely locked in the nursing station.

Priority Process: Decision Support

The chart is a hybrid chart. The EMR is through Meditech. There are standard checklists for processes and assessments which provide consistency in documentation.

Priority Process: Impact on Outcomes

Safety is a high priority for the entire team. All staff are aware of the “QHCares” form for reporting incidents. Unit suggested and changed the wording in the form from "Why to What" (i.e., What happened and What can we do to prevent another occurrence?)

Staff utilize the ethics framework when required Unit goals emphasize a safe and positive work environment.

Standards Set: Obstetrics 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	
3.12 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
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 Obstetrical Program at QHC provides an excellent service to the surrounding community. The unit has a fulltime Social Worker and an appropriate RN/RPN skill mix to meet the needs of the patients. Mothers are encouraged to keep their babies with them and quiet time has been established from 10 pm to 6 am to enable time for rest.

Priority Process: Competency

Staff receive updated education which enables them to stay current in their practice. Infusion pump training is one key area of focus. When Midwives were credentialed and began providing care, they too were provided with this same level of infusion pump training.

A thorough orientation and training program is established and tailored for both new graduates and experienced nurses to ensure competency and patient safety.

Priority Process: Episode of Care

The Obstetrical Program at QHC provides over 1500 deliveries per year. The program has worked diligently to ensure care is provided according to best practice guidelines, is culturally sensitive and supports the

patient and family in the event of an unanticipated death. The perinatal bereavement committee has a PEP who provides valuable input into how best to assist and support families. The safety and security of both mother and baby are of great importance and the staff ensure this through ID bands and wander guards.

The Neonatal Abstinence Syndrome program has proven to be very successful and has been showcased in the media. QHC is commended for the establishment and the ability to sustain this vital program that has decreased length of stay for some patients.

The OB Program has a program Advisory Committee and Quality Committee with a Patient Experience Partner on the Quality Committee. Various improvements have been established by the Quality Committee including the standardized induction booking procedure and the surrogate policy. The program and organization experiences many out of province and out of country surrogate births and is commended for their streamlined process which has resulted in a very positive patient and family experience.

Obstetrical care enjoys a high rate of satisfaction from patients. The OB Program has established schedules for booked cesarean sections and inductions which enable care to be provided in a safe and standardized manner. Patients are actively engaged in their care planning ensuring adherance to wishes to the extent possible. Patient safety and falls prevention is part of the discussion for every patient and their baby.

Patients who are high risk and require a different level of care are transported to another facility in a seamless and transparent manner.

Mothers have access to pain management 24/7. Fetal monitoring policies and procedures are current, follow best practice guidelines, and are consistently utilized. Breastfeeding and skin to skin practices are well promoted with patients. The Maternal/Child Program has also established numerous standard order sets that are well supported by the physicians.

Priority Process: Decision Support

An accurate and up-to-date record is maintained for each patient. The majority of this record is electronic. Patients have access to their health information.

Priority Process: Impact on Outcomes

Patient safety is of utmost importance in the OB program. Daily huddles discuss identified quality improvement goals and metrics are tracked to ensure progress. Ethical consultation has been utilized with policy development, specifically the surrogacy policy and the bed sharing policy.

Standards Set: Perioperative Services and Invasive Procedures - 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	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
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.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Trenton Memorial Hospital provides outpatient surgery through a highly skilled team. Patients are very satisfied with their experience. Unit goals are posted on the huddle board in the department and staff are involved in the achievement of these goals. Belleville General Hospital provides both inpatient and outpatient surgery. The team at Belleville General is also highly skilled and staff often work at both sites. Prince Edward County Memorial Hospital provides Endoscopy services in a highly efficient manner again with a very skilled team.

The perioperative program is commended for ensuring standardization across the sites with Transfer of Accountability and decreased opioid use. Patients who are prescribed an opioid for pain relief are provided with a standardized opioid pamphlet which provides clear patient education.

The Endoscopy surgical program at Prince Edward County Memorial Hospital is well supported andl organized. Every team member plays an integral part to ensure the program meets the goals set for the patients and the community.

Priority Process: Competency

The Surgical Program at Quinte Health Care ensures the provision of ongoing education and training for staff. There is an educator who utilizes the simulation manikin to teach new skills and refresh current ones. These simulation exercises are open to staff at all sites and has promoted the standardized care that currently exists. This includes infusion pump and emergency training.

The staff at all sites are very proud of the ongoing professional development offered at QHC. They express how supported and comfortable they feel managing challenging patient situations. The organization is commended for their commitment to their employees thereby ensuring their patients continue to receive excellent care.

Priority Process: Episode of Care

Perioperative Services at Quinte Health Care is very focused on providing a great patient experience regardless of where a patient receives this care. One specific focus is for patients with a fractured hip. These patients should receive surgery within 48 hours of the fracture and QHC is working diligently to meet this target.

At Trenton Memorial Hospital only patients who are appropriate and with less comorbidities are offered surgery there. Patients are screened pre-operatively and accommodated at the Belleville site if needed.

At the Belleville General Hospital surgeries are provided to patients as outpatients, 23 hour length of stay or inpatient stay. The Perioperative Services has created this 23-hour length of say unit for patients who only require an overnight stay and can safely be discharged. This strategy has improved access and flow of patients across the system and improved the patient experience. QHC is commended for this initiative.

At the Prince Edward County Memorial Hospital nursing staff in the procedure room provide their experience and demonstrate strong competencies for endoscopy services.

Perioperative Services has a strong Program Advisory Committee which provides input into the establishment of program and unit goals. The inclusion of a Patient Experience Partner is evident in specific projects such as bundled care and the endoscopy QBP.

Priority Process: Decision Support

Documentation of patient care is accurate and precise. There is a standardized transfer of accountability form that is used at both the Trenton Memorial Hospital and Belleville General Hospital sites. These two sites worked together to create this form to ensure information transfers with the patient are simple and complete. These teams are to be commended for successfully collaborating to ensure standardization and patient safety.

Priority Process: Impact on Outcomes

Perioperative Services is very focused on collaboration between the Trenton and Belleville sites for surgical volume, patient flow and equipment. The program is commended for establishing a weekly perioperative scrum where these two sites discuss cases for the following week. These discussions include all key stakeholder departments to ensure patient flow, equipment, infection control and human resource issues are addressed. This initiative has decreased and prevented patient safety events.

Priority Process: Medication Management

All sites surveyed in Perioperative Services at QHC adhere to the established medication practices, policies, and procedures. Documentation is complete and opioid prescriptions are minimized in keeping with the Choosing Wisely direction.

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 is a well established process at Quinte Health Care Corporation (QHC). It is seen as a benefit to have rapid access to common laboratory results and the staff who are trained to do the tests do not find that the time it takes interferes with their ability to care for patients. QHC maintains all standards applicable to point-of-care testing.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.3	Service-specific goals and objectives are developed, with input from clients and families.	
Priority Process: Competency		
3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
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 Rehabilitation/Integrated Stroke unit began its "integration journey December 2018 with 28 funded beds/32 maximum physical beds." Prior to this the unit was a mixed rehab unit consisting of 24 beds. The integrated team creates a happy, enthusiastic, and patient centered environment. The unit goals and objectives are set. Staff are aware of the G&Os via the huddle board. It is suggested that more stretch targets be set with staff and with patient input. Patients are very impressed with staff. They feel they are in control of their care and are well informed. Staffing consists of RNs, RPNs, PSWs, physiotherapists/assistants and occupational therapists/assistants.

Patient Advisers are in the early stages of integration on the unit. Patients and families were not involved in the development of unit goals and objectives.

Priority Process: Competency

The staff is highly skilled and engaged. Performance appraisals have not been completed for several years on this unit. Staff state positive verbal feedback is often provided. It is suggested that a plan be set in place to provide staff with formal evaluations. Performance evaluations benefit both employees and the organization. It is a time to provide feedback, recognize quality performance and set expectations for future job performance.

All QHC staff have access to the ethics committee and a regional Ethicist (located in Kingston). Staff are familiar with ethics resources and the ethics framework.

Priority Process: Episode of Care

This is a bright, well organized unit. Corridors are wide and clear of clutter. Patients were pleased with the unit's cleanliness, engaged staff and knowledgeable care, but did not like the food. There was evidence of an active falls program. Few noted if incident reports were filled out when falls occur. Each discipline reviews delirium, patient safety, pressure sores and VTE. Daily monitoring occurs with bullet rounds and quality huddles. Staff are receptive of the newly redesigned huddle boards. Staff appear engaged toward quality indicators and hand hygiene.

Patients and families feel engaged with the care provided.

Priority Process: Decision Support

Services for the unit are provided by a competent engaged interdisciplinary team. All patient encounters are well documented. Computers are easily accessible to all professional staff. A complete hybrid chart is maintained for each patient. Staff are aware of and follow patient confidentiality and privacy rules.

It was noted with concern that the integrated stroke/rehab unit does not have access to telemetry monitoring 24/7. The program loses the service Saturdays at 2 PM until Monday morning. Patients requiring telemetry during this time span must be admitted on another site where staff are trained and available to put on holter monitors.

Priority Process: Impact on Outcomes

Staff feel very supported by their manager and peers. Incident reports are not routinely filled out. When incident reports are completed they are reviewed and utilized as educational opportunities.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Transfusion Services	
21.5 When clients are incapable of giving free and informed consent, the team refers to the client's advance directives if available, or obtains consent using a substitute decision-maker.	!

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

Transfusion services maintains a safe environment for staff. They are not accountable for any direct patient care or interaction.

Priority Process: Transfusion Services

At the North Hastings Hospital it has been the practice that nurses receive an order from a physician and then obtain consent for blood transfusion from the patient. It is not the practice that physicians obtain the consent. The Quinte Health Care Corporation policy is consistent with Ontario guidelines that doctors must get consent for the transfusion of blood products. The practice at the North Hastings Hospital is not consistent with Quinte Health Care Corporation policy. Criteria 21.4 is a more appropriate criteria to mark negative and post this comment, however criteria 21.4 was marked positive by OLA and the surveyor is unable to change that ranking. The issue is considered to be of sufficient concern that it is being rated under 21.5.

Standard operating procedures are reviewed and updated on a scheduled and as needed basis. Staff are updated with any significant changes.

The transfusion committee meets 3 to 4 times annually and reviews the utilization of blood and blood products, appropriate utilization of blood products and reviews the mandate of the committee.

The blood transfusion service provides blood and blood products for the three smaller sites and has standard operating procedures for the safe transport of blood products to these sites.

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.

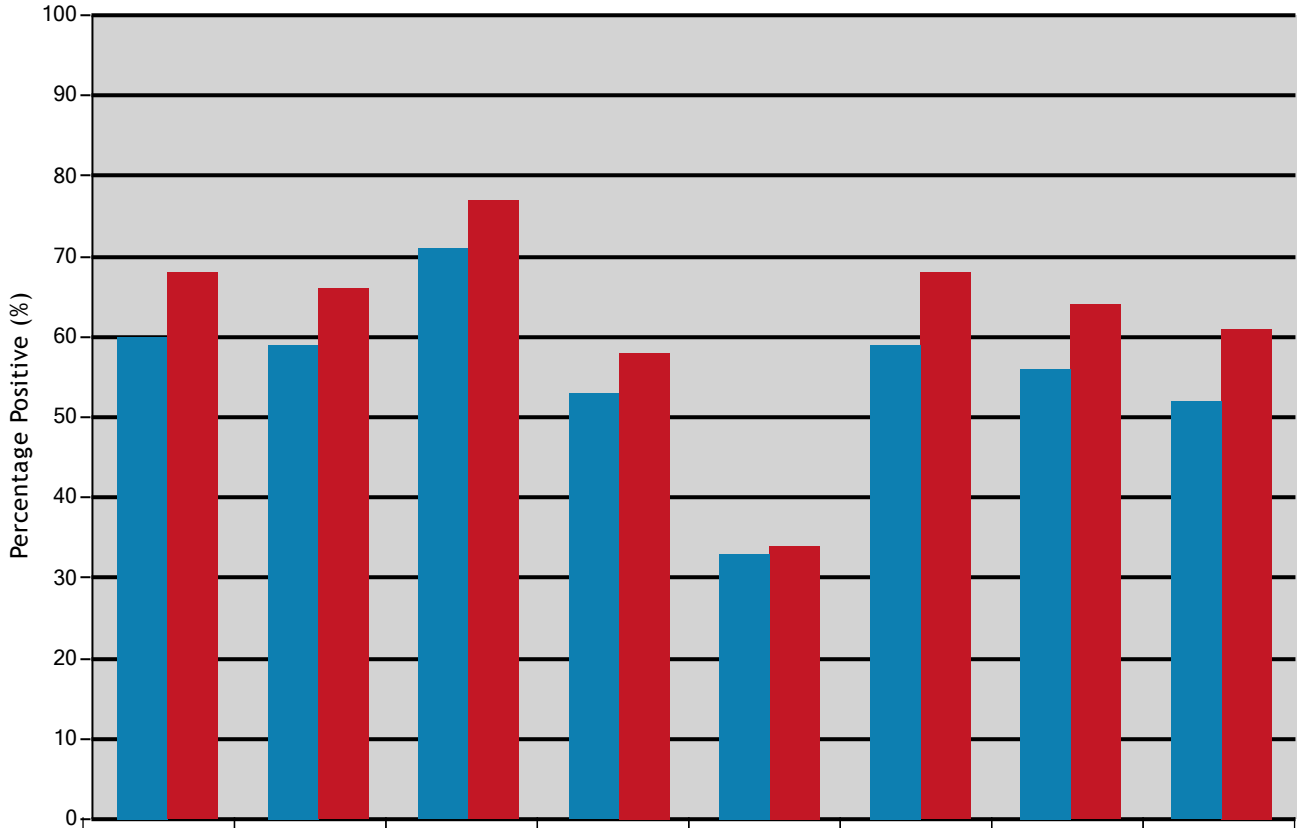
Canadian Patient Safety Culture Survey Tool

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 10, 2018 to October 13, 2018**
- **Minimum responses rate (based on the number of eligible employees): 292**
- **Number of responses: 433**

Canadian Patient Safety Culture Survey Tool: 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%	59%	71%	53%	33%	59%	56%	52%
	68%	66%	77%	58%	34%	68%	64%	61%

Legend

Quinte Health Care Corporation

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2018 and agreed with the instrument items.

Worklife Pulse

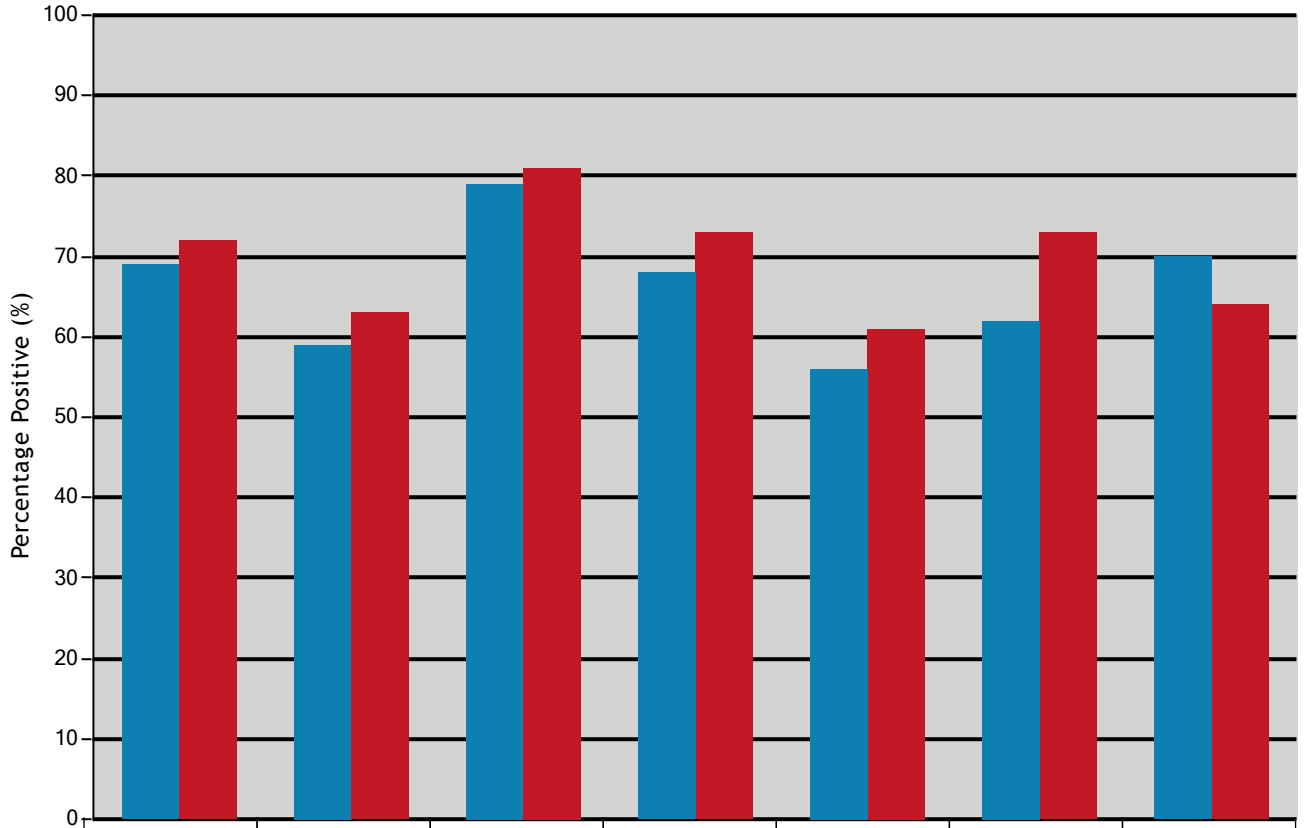
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: September 10, 2018 to October 13, 2018**
- **Minimum responses rate (based on the number of eligible employees): 311**
- **Number of responses: 480**

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	69%	59%	79%	68%	56%	62%	70%
	72%	63%	81%	73%	61%	73%	64%

Legend

Quinte Health Care Corporation

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2018 and agreed with the instrument items.

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

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

One of our values at Quinte Health Care (QHC) is “always strive to improve” and that’s something we aim to do daily. This year’s accreditation gave us a valuable opportunity to review the quality and safety of care delivered at QHC and it also confirmed to us that we are, in fact, living our values. QHC is very pleased that the Accreditation surveyors recognized our culture of continuous improvement and the passion our teams have for extending exceptional patient care. The findings in the report provide an accurate reflection of our compliance with the 2,565 criteria that we were assessed on.

We are extremely proud of our successes and we look forward to addressing our challenges. The surveyors ensured our dedicated group of physicians, staff and volunteers felt comfortable sharing details of the good work they do each and every day at our four hospitals. They took time to listen and learn about the challenges we face as well. It was an engaging and meaningful experience. We would like to express our sincere gratitude to the accreditation surveyors for their valuable insights and for their contribution to our continued journey in quality improvement and patient safety.

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.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
People-Centred Care	Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.