



## South Huron Hospital Association

### Accredited

October, 2017 to 2021

**South Huron Hospital Association** has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until October 2021 provided program requirements continue to be met.

**South Huron Hospital Association** is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **South Huron Hospital Association** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

### South Huron Hospital Association (2017)

South Huron Hospital Association (SHHA) serves a catchment area in excess of 19,000 clients which includes the Municipality of South Huron and its adjacent communities. SHHA provides 24/7 emergency services, laboratory services, diagnostic imaging services and out-patient clinic services and has 19 inpatient beds. The hospital is the primary care services provider for the communities it serves.

### Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) [www.isqua.org](http://www.isqua.org), a tangible demonstration that our programs meet international standards.

Find out more about what we do at [www.accreditation.ca](http://www.accreditation.ca).

## Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

### On-site survey dates

October 16, 2017 to October 19, 2017

### Locations surveyed

- **1 location** was assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

### Standards used in the assessment

- **10 sets of standards** were used in the assessment.

## Summary of surveyor team observations

*These surveyor observations appear in both the Executive Summary and the Accreditation Report.*

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

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South Huron Hospital Association (SHHA) is located north west of London, Ontario in the South West Local Health Integration Network (LHIN). The hospital's tagline is "the little hospital that does" and staff and physicians are proud to make this concept true for their community every day.

Approximately 105 staff work at the hospital, supported by 17 active physicians, 16 with courtesy privileges, and 47 consulting physicians. More than 35 volunteers and students gift their time to the SHHA. There are 19 medicine beds and the emergency department (ED) receives 9,100 patients annually. The ambulatory program is quite active with 26,000 visits through the ambulatory clinics. Primary care is supported through a partnership with the South Huron Medical Centre; a walk-in clinic is available for the community during specific hours.

The SHHA Foundation is a wonderful partner and advocate for the hospital. A significant amount of fundraising enables the hospital to make essential equipment purchases to support safe patient care. It was a pleasure to survey the hospital and experience the genuine respect and compassion the staff and physicians provide to their community.

The board of directors, leaders, staff, physicians, and volunteers are acknowledged for their commitment, passion, and attention to quality and patient safety at SHHA. Since the last on-site survey, SHHA has experienced significant change at the senior leadership team level. The CEO position is now shared with Middlesex Hospital Alliance. This creative solution to executive leadership has increased the collaboration and efficient use of resources among the hospitals and others in the South West LHIN. An interim chief nursing executive is also fairly new to the role and brings many valuable years of leadership and professional practice experience.

Services provided at SHHA meet the communities' basic acute care needs and patients are either transferred or referred to other hospitals within the local area when care needs exceed the services provided at SHHA. Significant partnerships support patients as they transition through the health care system, with an emphasis on care close to home. The linkage with the Community Health Centre in Grand Bend is particularly strong.

Tremendous work has been accomplished at this organization since the last on-site survey. The recommendations identified at that time resulted in stronger infection control practices and medication and pharmacy processes; infrastructure renovations; and improvements to quality and patient care. The majority of improvements have been accomplished over the last two years. The hospital is commended for its continued focus on providing high quality and compassionate patient care. The leaders acknowledge that they have achieved many successes and there are more to come.

The board of directors comprises an engaged group of community members who are dedicated to the mission, vision, and values of SHHA. Board membership recruitment efforts target individuals with specific competencies based on a defined skills matrix and existing needs. Several directors are new to the hospital's board. They received an orientation and other board directors provide ongoing mentorship and guidance. Together with the senior leadership team, the board led a comprehensive strategic planning refresh process that engaged staff, physicians, volunteers, community partners, and the community in identifying five main strategic priorities. The leaders have developed work plans or goals and objectives that align with the strategic plan priorities and indicators that measure achievement of the expected outcomes. The board receives updates on the strategic plan using a dashboard reporting structure.

The leadership team is small but mighty in its commitment to and passion for delivering excellence in rural health care, with its partners, to all citizens in its communities. Given the small size of the hospital, leaders wear many hats and must be extremely nimble to meet the demands inherent in hospital operations and patient care. The leaders conduct regular walkabouts to strengthen their ability to hear feedback and address the communication needs of staff. Since the CEO works between two sites and has other external meeting obligations, it is challenging for him to be highly visible. However, with the small size of the hospital and open access to staff and physicians, he makes it work. SHHA is fortunate to have a full complement of physicians and access to specialists. Staff recruitment is not an issue; however, it is anticipated that many staff will begin to plan for retirement over the next five years. The hospital welcomes many students from a variety of professions.

Given that SHHA is a small rural hospital, the leadership team has been challenged with balancing the budget in recent years, as most funding comes directly from the South West LHIN. The team has been creative and strategic in developing a balanced budget for the 2017–18 fiscal year. The hospital is commended for the manner in which staff are focused on balancing quality care service delivery with the need to be efficient and fiscally prudent. A longer-term financial strategy between the South West LHIN and SHHA would enable the hospital to effectively plan and implement its strategic plan.

The creation of a comprehensive safety plan, quality improvement plan, and risk management program provides the hospital with a roadmap that supports its strategic plan activities. However, some of the discussions and decisions around this work seem to be isolated at the leadership level. A venue to have front-line team members more informed about quality initiatives would enhance the overall team approach to achieving positive results. The dashboard is reviewed regularly and updated with input from board members. The quality improvement plan and outcomes are posted on the hospital website. Once the Patient and Family Advisory Council becomes more mature, there is an opportunity to bring more information to this council for feedback and patient and family input. The

leaders are encouraged to provide education to staff and the Advisory Council to help them develop more expertise and comfort with the quality work in which they are engaged, so as to sustain the hospital's impressive momentum.

The community partners believe the hospital provides good quality care to patients and families. Some partners reported that they had opportunities to provide feedback into the development of the strategic plan while others would have liked to have been invited to participate in a greater capacity. Overall there is a general theme of looking for more ways to collaborate and continue their partnerships with the hospital. There are formal and informal linkages and communication venues. The hospital's reputation in the community is stellar. Partners report that hospital staff are responsive and eager to ensure effective transitions along the continuum of care, and that the quality of care is excellent with compassion and a true sense of family being the hospital's strength.

The development of a healthy workplace is an important priority for the hospital. The Joint Occupational Health and Safety Committee has been renewed and comprises an impressive team that engages staff at all levels to ensure the work environment is safe and respectful. As a result of feedback from the staff satisfaction survey and the Canadian Patient Safety Culture Survey Tool, leaders are cognizant of the need to enhance communications. Improvements have been made with communication mediums such as a more visible social media presence, creation of an intranet (SHARE), and a huddle board accompanied by weekly team huddles that was being initiated during the on-site survey. There are many activities and initiatives that support a healthy work environment. Leaders use doodle polls and survey monkey to obtain staff feedback for a variety of issues. Staff report that they love their jobs and are proud to work at the hospital. Staff orientation processes are in place; however, the hospital is encouraged to review and update the topics and content. Staff interact on a personal level and relationships among staff, physicians, and leaders are respectful. The hospital has plans to implement a learning management system; this will benefit staff and facilitate tracking of mandatory training modules.

The inpatient unit provides efficient and comprehensive care that meets the needs of the community. Patients are transferred out or are taken to referral sites by emergency medical services as per protocols, depending on the severity of their health issues. Primary care integration is a priority for the hospital. The provision of palliative care and end-of-life transitions are also strengths. A lovely palliative care room was created to provide a peaceful patient- and family-centred environment. Many staff have received enhanced education in palliative care nursing.

A hospital partner aptly stated that the hospital should be acknowledged for not wanting to be everything to everyone; it provides basic community care in exceptional ways. Front-line team members are actively engaged with patients and their families to optimize their experience. There is some use of best practice guidelines, order sets, and medical directives. The hospital is on a path toward adopting an electronic health record. The IT partnership with area hospitals will facilitate this integration and the hospital is encouraged in its plans to adopt this quality and safety initiative. Inpatient medicine services are augmented by telehealth for specialist visits and outpatient visits as required. The hospital looks for ways to provide health care services as close to home as possible.

The hospital is in the early stages of formally adopting patient and family-centred care (PFCC) principles and philosophy. However, it is evident that staff and physicians keep the patient and family at the centre of everything they do. There are many examples of how the hospital obtains and uses feedback from patients and families. A Patient and Family Advisory Council has been created and two meetings have taken place. This is a great start, although the journey to infuse the voice of the patient and family into what traditionally has been health care provider decisions will take time. Ongoing and specific education in PFCC principles and implementation strategies would benefit all staff, physicians, board members, patients, and families.

Patients and families report an extremely high level of satisfaction with SHHA. Staff and physicians are considered to be kind, caring, and compassionate, and treat patients and families with dignity and respect. Patient and family satisfaction surveys are conducted regularly and results are positive regarding overall satisfaction with their care and their willingness to recommend the organization.

## Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

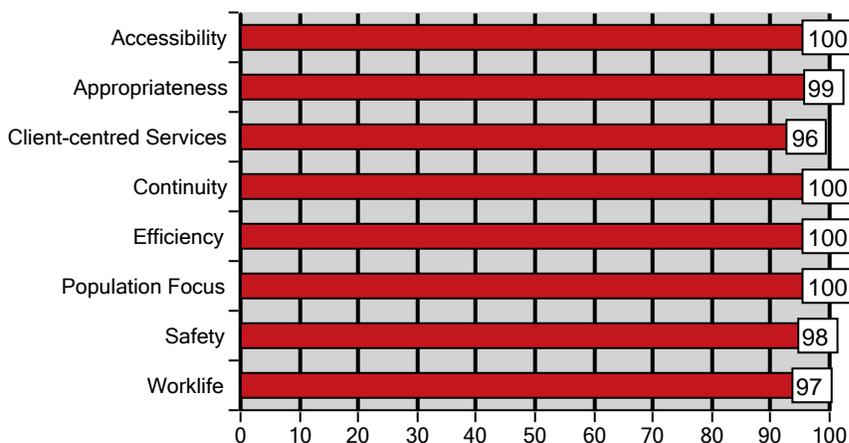
The quality dimensions are:

	<b>Accessibility:</b>	Give me timely and equitable services
	<b>Appropriateness:</b>	Do the right thing to achieve the best results
	<b>Client-centred Services:</b>	Partner with me and my family in our care
	<b>Continuity:</b>	Coordinate my care across the continuum
	<b>Efficiency:</b>	Make the best use of resources
	<b>Population Focus:</b>	Work with my community to anticipate and meet our needs
	<b>Safety:</b>	Keep me safe
	<b>Worklife:</b>	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

**Quality Dimensions: Percentage of criteria met**



## Overview: Standards results

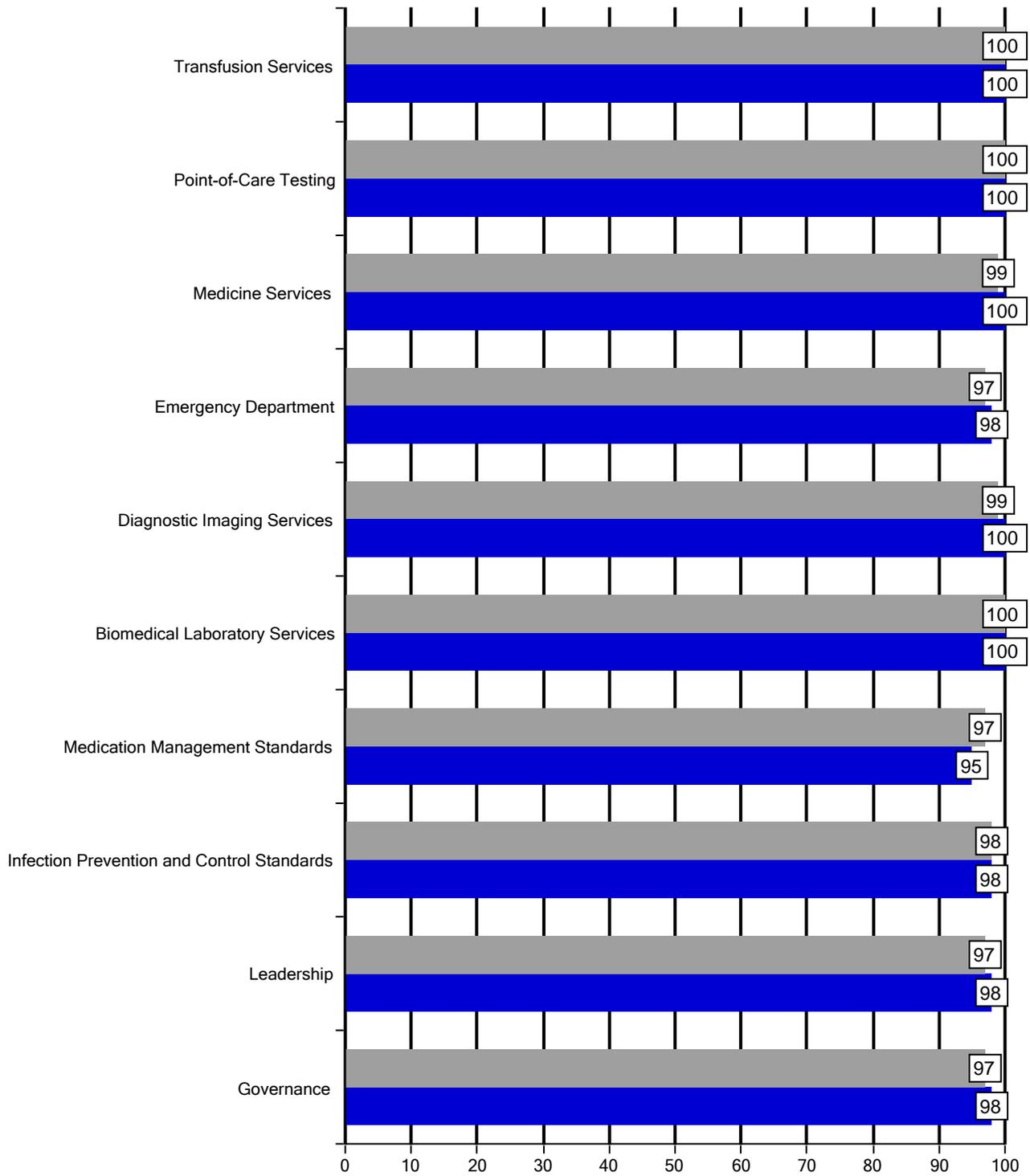
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

**Standards: Percentage of criteria met**

■ High priority criteria met 
 ■ Total criteria met



## Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

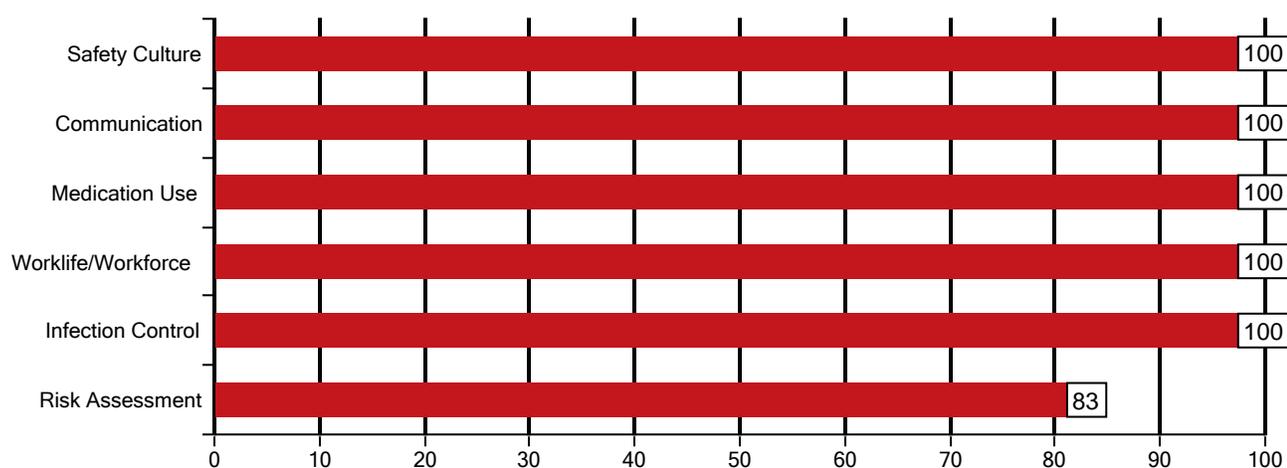
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

**ROP Goal Areas: Percentage of tests for compliance met**



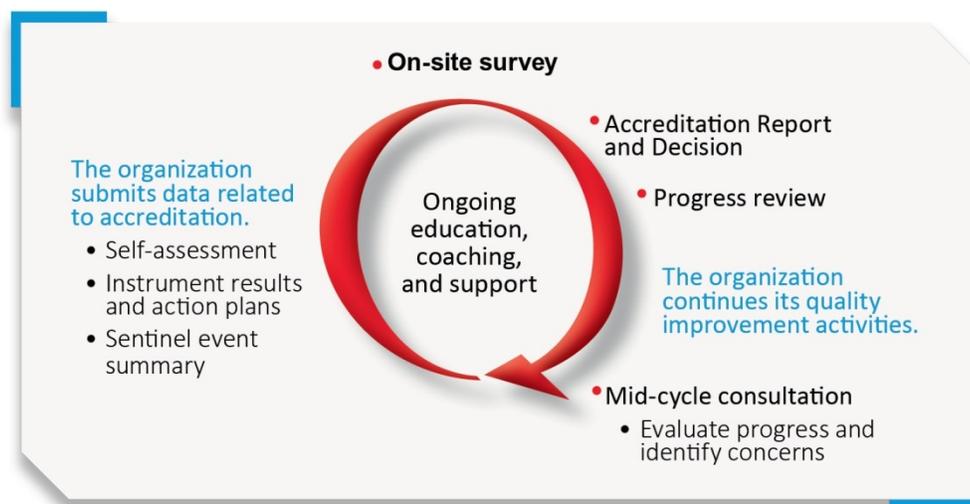
## The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

### Qmentum: A four-year cycle of quality improvement



As **South Huron Hospital Association** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

## Appendix A: Locations surveyed

1 South Huron Hospital Association

## Appendix B

### Required Organizational Practices

#### Safety Culture

- Accountability for Quality
  - Patient safety incident disclosure
  - Patient safety incident management
  - Patient safety quarterly reports
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#### Communication

- Client Identification
  - Information transfer at care transitions
  - Medication reconciliation as a strategic priority
  - Medication reconciliation at care transitions
  - The “Do Not Use” list of abbreviations
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#### Medication Use

- Antimicrobial Stewardship
  - Concentrated Electrolytes
  - Heparin Safety
  - High-Alert Medications
  - Infusion Pumps Training
  - Narcotics Safety
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#### Worklife/Workforce

- Client Flow
  - Patient safety plan
  - Patient safety: education and training
  - Preventive Maintenance Program
  - Workplace Violence Prevention
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#### Infection Control

- Hand-Hygiene Compliance
  - Hand-Hygiene Education and Training
  - Infection Rates
  - Reprocessing
- 

#### Risk Assessment

- Falls Prevention Strategy

## Required Organizational Practices

- Pressure Ulcer Prevention
  - Suicide Prevention
  - Venous Thromboembolism Prophylaxis
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