Accreditation Report

Northumberland Hills Hospital

Cobourg, ON

On-site survey dates: September 11, 2022 - September 15, 2022

Report issued: November 3, 2022

About the Accreditation Report

Northumberland Hills Hospital (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in September 2022. 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

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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.

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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

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

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

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

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

Accreditation Decision

Northumberland Hills Hospital'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: September 11, 2022 to September 15, 2022**

- **Location**

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

1. Northumberland Hills 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

Service Excellence Standards

4. Ambulatory Care Services - Service Excellence Standards
5. Biomedical Laboratory Services - Service Excellence Standards
6. Critical Care Services - Service Excellence Standards
7. Diagnostic Imaging Services - Service Excellence Standards
8. Emergency Department - Service Excellence Standards
9. Inpatient Services - Service Excellence Standards
10. Medication Management (For Surveys in 2021) - Service Excellence Standards
11. Obstetrics Services - Service Excellence Standards
12. Perioperative Services and Invasive Procedures - Service Excellence Standards
13. Point-of-Care Testing - Service Excellence Standards
14. Rehabilitation Services - Service Excellence Standards
15. Reprocessing of Reusable Medical Devices - Service Excellence Standards
16. Transfusion Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool
3. Governance Functioning Tool (2016)
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)	47	0	0	47
Accessibility (Give me timely and equitable services)	82	0	1	83
Safety (Keep me safe)	610	0	16	626
Worklife (Take care of those who take care of me)	121	3	1	125
Client-centred Services (Partner with me and my family in our care)	330	0	1	331
Continuity (Coordinate my care across the continuum)	62	0	2	64
Appropriateness (Do the right thing to achieve the best results)	965	9	7	981
Efficiency (Make the best use of resources)	57	2	0	59
Total	**2274**	**14**	**28**	**2316**

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	48 (96.0%)	2 (4.0%)	0	35 (97.2%)	1 (2.8%)	0	83 (96.5%)	3 (3.5%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	91 (94.8%)	5 (5.2%)	0	141 (96.6%)	5 (3.4%)	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 (For Surveys in 2021)	92 (100.0%)	0 (0.0%)	8	49 (100.0%)	0 (0.0%)	1	141 (100.0%)	0 (0.0%)	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	105 (100.0%)	0 (0.0%)	0	177 (100.0%)	0 (0.0%)	0
Critical Care Services	60 (100.0%)	0 (0.0%)	0	102 (98.1%)	2 (1.9%)	1	162 (98.8%)	2 (1.2%)	1
Diagnostic Imaging Services	67 (98.5%)	1 (1.5%)	0	66 (97.1%)	2 (2.9%)	1	133 (97.8%)	3 (2.2%)	1

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Emergency Department	72 (100.0%)	0 (0.0%)	0	107 (100.0%)	0 (0.0%)	0	179 (100.0%)	0 (0.0%)	0
Inpatient Services	60 (100.0%)	0 (0.0%)	0	81 (98.8%)	1 (1.2%)	3	141 (99.3%)	1 (0.7%)	3
Obstetrics Services	71 (100.0%)	0 (0.0%)	2	88 (100.0%)	0 (0.0%)	0	159 (100.0%)	0 (0.0%)	2
Perioperative Services and Invasive Procedures	115 (100.0%)	0 (0.0%)	0	107 (100.0%)	0 (0.0%)	2	222 (100.0%)	0 (0.0%)	2
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	48 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Rehabilitation Services	45 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	0	125 (100.0%)	0 (0.0%)	0
Reprocessing of Reusable Medical Devices	85 (100.0%)	0 (0.0%)	3	40 (100.0%)	0 (0.0%)	0	125 (100.0%)	0 (0.0%)	3
Transfusion Services **	72 (100.0%)	0 (0.0%)	4	68 (100.0%)	0 (0.0%)	1	140 (100.0%)	0 (0.0%)	5
Total	**1032 (99.7%)**	3 (0.3%)	19	1176 (99.1%)	11 (0.9%)	9	2208 (99.4%)	14 (0.6%)	28

* Does not includes ROP (Required Organizational Practices)
** Some criteria within the standard sets were pre-rated based on your organization's accreditation through the Quality Management Program – Laboratory Services (QMP-LS) program managed by Accreditation Canada Diagnostics

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 (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 (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
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
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 (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
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The "Do Not Use" list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management (For Surveys in 2021))	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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
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 (For Surveys in 2021))	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
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
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 (Obstetrics Services)	Met	2 of 2	1 of 1
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Emergency Department)	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.

Board of Directors

Northumberland Hills Hospital (NHH) is governed by a very effective Board of Directors (Board). Leading the organization through some of the most challenging times in recent memory, the Board has still managed to guide the organization through an important strategic planning refresh. These efforts will help redefine NHH moving forward as our system undergoes some serious, and necessary change.

A key underpinning of the Board's success is its connection to the community. The value placed on this relationship is palpable and it shows itself not only through the incredible support the Foundation receives but in the broader engagement people want to have with NHH. Strong response to Board vacancies is a very good example of this support.

With the challenges of the past few years as we have all navigated the COVID-19 pandemic, it has become clear that significant change to our health system is needed if we are going to meet the needs of our communities into the future. One of the key ways for this to happen is through the strength of partnerships and committing to the right care being offered at the right time in the right location. The commitment shown by NHH, led by the Board, to the strengthening of existing and the establishment of new partnerships will go a long way towards achieving this goal. As a leader, for example in the Ontario Health Team of Northumberland, NHH is setting a very good example of what it means to commit to integration.

Within the Board itself, including the process to incorporate community members, there is a clear commitment to ensure best practice governance moving forward. Included in this is the organization's commitment to diversity, equity and inclusion and, notably, the important role the Board can play in setting the tone in this area.

Community and Community Partnerships

A number of key partners from across the region were engaged in the survey, including: Peterborough Regional Health Centre; Cornerstone Family Violence Prevention Centre; Rebound Child and Youth Services; Ontario Shores; Haliburton, Kawartha, Pine Ridge District Health Unit; Ross Memorial Hospital; Community Care Northumberland; Campbellford Memorial Hospital; Ontario Provincial Police; Haliburton Highlands Health Services; Lakeridge Health - Durham Regional Cancer Centre; Ontario Health Team Northumberland; Northumberland Family Health Team; Community Health Centre Northumberland; Lakeview Family Health Team; Northumberland County; Medical Lead Northumberland Family Health Team; and, Home and Community Care Support Services.

All partners were very complimentary of the focus placed by NHH on establishing and growing partnerships.

The region clearly has a track record of working closely together as reinforced by the success of the Ontario Health Team (OHT) of Northumberland, and the approach taken by NHH in this was noted with approval. It was highlighted that the pandemic had somewhat impacted some of the momentum of the OHT however the work currently ongoing, including the shared strategic planning focus, were seen to be helpful. Partners certainly urged the organization to continue to put priority to further relationships.

Lots of examples of positive relationships were shared with mental health partnerships, including shared roles, flagged a number of times. The strength of local partnerships was also referenced as one of the key enablers of the local response to the pandemic, including establishing a hub and spoke model for Infection Prevention and Control, and working together to support Assessment and Vaccination. One area raised as requiring focus was the move to EPIC and ensuring that previous relationships enabled through the Meditech platform were able to continue.

Overall, NHH was commended by all and urged to continue to be an inclusive partner committed to advancing the system around the population health needs of those served.

Leadership

There was clear consensus across all engaged in the survey process of the advances that have been made in leadership over the past 18 months. Despite leading during the pandemic, the team has remained focused and visible, and is viewed as listening to the organization and the needs of the staff, physicians and volunteers. The team members clearly have a lot of respect for one another and set a very positive tone. The clear commitment to providing the tools necessary for NHH to meet its mandate, notably capital equipment and the new EPIC hospital information system, was recognized by staff and greatly appreciated.

Over the coming months, as the strategic plan is brought to life and the organization continues to work through the many challenges being faced, the leadership team is urged to continue to engage and focus on wellness. Driving culture and making sure that NHH remains a leader will be key to continued success.

Staffing and Worklife and Services

All areas of NHH were visited by the surveyors, and numerous members of the NHH team were engaged in the process. The compassion, passion and commitment of the team was evident throughout, with staff all going above and beyond to support one another and the patients and families seen at NHH. There was a clear appreciation of the supports provided by the organization, such as learning and training opportunities and great value was placed on the efforts of NHH to recruit and retain staff. Initiatives such as the 12-week orientation for new RNs and RPNs were greatly appreciated, and all recognized the efforts being placed on supporting the overall wellness of the organization through initiatives such as the Caring for the Carer program. Staffing levels appeared to be stable although it was very much recognized that the stability had, in many instances come at the expense of vacation. Focusing energy on addressing this vacation backlog will be important moving forward.

Many great examples of program excellence are presented in the body of this report. Innovation is certainly

a focus, and this commitment is urged to continue. NHH is large enough to offer a diverse mix of services and is small enough to maintain a very collegial atmosphere, something hard to achieve in many organizations.

A particular shout out needs to be extended to both the Auxiliary and the Foundation. There was not a single part of NHH that had not been touched by the Foundation and therefore the community. Whether the facility itself, the exceptional equipment and technology throughout, or training and development opportunities for staff, all were noted. With respect to the Auxiliary, it was nice to see the slow reintroduction of programs supported by volunteers. They set the tone for NHH from the minute you step in the front door, and it was a pleasure and a privilege for the survey team to meet a number of these dedicated, community minded individuals.

The final observation to leave in this section is a note on the high level of satisfaction exhibited by all patients and family members engaged during the survey. All were remarkably complimentary of the staff and physicians and could not have been happier with the services they were receiving.

The NHH team is commended for all the great work it is doing on behalf of those served and the survey team thanks them for being so welcoming during the on-site visit.

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:

Symbol	Meaning
!	High priority criterion
	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.

Unmet Criteria		High Priority Criteria
Standards Set: Governance		
7.8	The governing body has a succession plan for the CEO.	
7.9	The governing body oversees the development of the organization's talent management plan.	!
13.6	The governing body regularly evaluates the performance of the board chair based on established criteria.	!

Surveyor comments on the priority process(es)

NHH has a very strong Board of Directors (Board) that focuses clearly on its governance role, leaving the management of the organization to the chief executive officer and chief of staff. The survey team had the opportunity to meet with a number of members of the Board to review all key areas of accreditation accountability and found strong alignment with the standards. Three areas were not identified as compliant although it is recognized that there may be evidence yet seen by the surveyors on the points noted. Specifically, Board approval of a Talent Management Plan, evaluation of the Board chair, and CEO succession plan development were rated as no. Through discussions with the human resources team, it was evident that a number of key strategies were in place in the area of talent management however they had not been coalesced into a plan formally approved by the Board. While Board evaluations were clearly ongoing, a specific review of the Board chair was not seen to have occurred. Finally, while governance policy refers to the need for a CEO succession plan, none was evident. All three of these areas are easily addressed and none pose a serious and/or imminent risk to the organization.

A recently completed strategic plan was noted with approval, including the focus placed on ensuring strong engagement by the Board in the plan’s development. It was clear that the Board placed significant priority on strong relations with the broader community as reflected both in the plan’s development but also the ongoing evolution of the Ontario Health Team of Northumberland. On this latter point, a meeting

with a number of community partners confirmed the strong relationship that existed with other health and social service partners across NHH and the Board is commended for the tone it sets in this important area.

Operationally, the Board functioned extremely well, including recruitment, on-boarding and ongoing education and development. An area for consideration should be ensuring that the Board composition reflects the community served. While hard to ascertain if this was in fact a concern, ensuring the Board is assessed through the lens of NHH's clear commitment to equity, diversity and inclusion will be important moving forward.

The Board's role in quality and resource oversight was noted with approval. Strong processes exist to ensure this oversight happens, with the appropriate governance checks and balances in place for necessary governance approvals and reviews of all key operational areas. Decision-making was sound, with the ethics framework clearly utilized on key issues such as Bill 6 implementation. Credentialing oversight was strong, and the Board fostered a very positive relationship with the professional staff privileged by the Board.

These are challenging however exciting times in health care as there are significant opportunities for organizations committed to innovation, partnerships and population-based planning. Through the leadership of this Board, NHH is well positioned moving forward.

Priority Process: Planning and Service Design

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
4.7	An ongoing environmental scan is conducted to identify changes and new challenges, and the strategic plan, goals, and objectives are adjusted as needed, with oversight and guidance from the governing body.	
4.10	Goals and objectives at the team, unit, or program level align with the strategic plan.	
6.3	The operational plans identify the resources, systems, and infrastructure needed to deliver services and achieve the strategic plan, goals and objectives.	

Surveyor comments on the priority process(es)

NHH is commended for its commitment to strategic planning, notably the publication of the Strategic Plan "People First," with its key, foundational strategies of Connected Care Closer to Home, Accountable Care, Responsible and Healthy Work Environment, and Exceptional Care, Every Time, Every Person. The process followed in developing the plan was noted with approval, both with its internal and external engagement. Notably, aligning with the Ontario Health Team of Northumberland's strategic planning efforts will provide a very cohesive approach to moving the system forward in the coming years, something that will become more and more important as pressures and demands for health care at the right time and in the right location increase.

Mission, vision and values of NHH were reaffirmed through the process and the living of these values - quality, integrity, respect, teamwork and compassion was noted throughout the survey by the surveyors.

The "Environmental Scan Data 2016 - 2021" provided insightful information to the process, particularly the external data that will continue to facilitate broader population health planning moving forward. As the Strategic Plan is operationalized, refreshing this information and expanding on it, including access to additional data sources will be beneficial.

The next step for NHH in relation to the strategic plan is significant, namely the development of specific goals and objectives to support the plan, and the subsequent development of indicators to support same. It was noted during the survey that while there is a strong history of indicator and scorecard development this had been put on pause, due to both the strategic planning refresh and the EPIC install. Focusing on this in the short term will be key as NHH reaffirms the key role it plays in the local delivery of care.

The organization is commended for the supports it has in place to assist the NHH team as it works through the many and varied changes being addressed. Combining ongoing change with the significant impact of the pandemic on mental health and well-being requires NHH to place enhanced emphasis on continuing to strengthen supports for staff, physicians and volunteers.

Feedback from the community partners engaged in the survey process highlighted a clear and proactive commitment to strengthening existing and developing new partnerships. NHH is viewed as an equal and valued partner across the region and the organization is commended for the commitment to this important area. Success in meeting the health and wellness needs of the populations served will link directly to how well partners work together across the continuum, something NHH has clearly identified as a priority.

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)

The fiscal integrity and stability of NHH is noted with approval. Despite the challenges and uncertainty of the past couple of years financially, the team has very much ensured that the financial position of the organization remained stable.

NHH has a very strong operating position and has a thoughtful and clear process for identifying capital dollars for investment. A strong cash position and a remarkably strong Foundation and supportive community augment this latter point.

Internal processes and controls are commended. The process followed in developing budgets and subsequently monitoring and reporting is transparent and engages all appropriate individuals internally and externally. Clear, responsible assumptions are made at the beginning of the budgeting cycle and these assist in ensuring that the position developed is appropriate and defensible. A potential area of opportunity in the budget work-up is more awareness at the front-line level. Controlling costs is best achieved at the point where expenditure decisions are made so the more aware people are of the financial operation of the organization the better.

The way NHH updates on the ongoing financial position of the organization is clear and concise. Information is shared across the organization, rolling up to Board reporting as necessary. Variance reporting is clear with the position of the organization easily understood by all.

The process followed to identify and subsequently support capital equipment investments is stellar. A tour of the facility highlighted clearly the commitment to maintaining a technology platform that enables the delivery of the highest quality care and supports the needs of the health care team.

The team is commended for the integrity and stability of its resource platform.

Priority Process: Human Capital

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
10.5	There is a talent management plan that includes strategies for developing leadership capacity and capabilities within the organization.	

Surveyor comments on the priority process(es)

The Human Capital Priority Process review reinforced NHH's commitment to a safe and healthy work environment for all its team members.

Programs have been developed, notably the Caring for Carer's "Check Up from the Neck Up" initiative that recognizes the incredible stress under which health care providers have been working these past few years, and offers support as required. The overall commitment to wellness is noted with approval, with NHH recognizing that a number of areas, such as span of control in selected programs, need additional supports.

There is a clear commitment to leadership development, and it was noted that a number of current mangers in the organization were developed and promoted from within NHH. Overall recruitment and retention strategies were strong, with a very well developed on-boarding program. Training and development opportunities were available and all staff with whom surveyors engaged reinforced how important and appreciated this was. When looking at the ever-increasing competition when recruiting and retaining staff, these retention initiatives are extremely important. The development of a formal Talent Management Plan will be of benefit, particularly as NHH continues to assess the population health needs of the communities served and continues to review service alignment with same.

The surveying of staff is noted with approval, specifically the follow up on areas noted. The overall restructuring of NHH over the past 18 months, with strategic investments in key areas, will absolutely pay dividends moving forward. One of the roles that will contribute to this priority process will be the individual who will be engaged in more formal coordination of ongoing training and development.

NHH is commended for the People First lead on its new strategic plan. Putting this front and centre sends a message internally and externally and will help ensure that the organization continues to provide the highest level of care.

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)

The survey team had a good opportunity to develop an appreciation for the organization's overall focus on Integrated Quality Management. A strong team is in place and there is a clear commitment to ensuring that quality efforts support the overall goals and objectives of NHH in the areas of quality improvement, safety and risk mitigation.

A number of required organizational practices were reviewed as part of this priority process, including the need for a Patient Safety Plan, a Patient Safety Incident Management System, Disclosure of Incidents, Medication Reconciliation and Quarterly Reporting to the Board. All were assessed to be in compliance with the standards although the Safety Plan as presented in the documentation provided was, on its own not a true plan. It was assessed with the included Quality and Safety Framework, which combined were deemed to meet the expectation. Combining the framework with clear patient safety priorities, and then cascading these through professional practice and ongoing education, will result in a very solid plan.

A detailed discussion on the disclosure process revealed a strong organizational commitment to this important area. NHH is very committed to a transparent culture and is following up with the results of the Patient Safety Culture Tool which highlighted staff concern if they reported a safety incident. An action plan has been developed and the organization will continue to reinforce a blame free culture to ensure all areas of concern and risk are flagged by staff.

With the launching of a new strategic plan, NHH has a very good opportunity to reset its quality improvement program. Prior to the plan's release, and before the roll out of EPIC, comprehensive QI indicators and resulting scorecards were available across the organization. These have been placed "on hold" and NHH is urged to reintroduce them, however, to do so with fewer indicators across the organization. Bandwidth is important when developing, monitoring and setting improvement plans from indicators, and this needs to be considered.

NHH’s Quality Improvement Plan was noted with approval, with indicators identified very much aligned with overall priorities. Efforts will need to be made to align all the various activities and initiatives around a clearly defined set of indicators moving forward to enable a clear focus.

The organization's commitment to a safe work environment was clear. Proactively addressing safety concerns, risk assessments, and expeditious follow up to concerns raised help ensure the tone and culture in this important area.

Feedback from patients, while somewhat limited due to the ongoing challenges with the broader provincial hold on the OHA's NRC Picker surveying, helps inform ongoing priority setting. The engagement of patient partners is strong, and the commitment to looping feedback into improvement opportunities is clear.

NHH has a very strong commitment to Integrated Quality Improvement, a very dedicated team and a culture that will enable it to continue to improve moving forward - well done!

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)

This is an exceptional program at Northumberland Hills Hospital (NHH). All areas are very familiar with how to use the framework and have access to two ethicists from Ontario Shores who are part of the Ethics Hub, which consists of seven hospitals in the Central East Region. NHH staff have telephone access to the ethicists to assist them to resolve difficult issues that may arise, and the ethicist utilizes the ethics framework to resolve the issues. The process and people are truly commendable, and all issues are dealt with in a fair and equitable manner congruent with the values of NHH and the ethical values associated with the framework.

The framework has the ability to deal with requests for research activity but during the past three to four years requests have not happened. It was felt this was influenced by COVID-19 and its restrictions.

The ethicists keep a data base of all ethical issues they are part of and are routinely analyzing results and issues to determine if there are identifiable trends.

Education has been provided throughout the organization with the assistance of the ethicists and it appears that all areas of NHH have a concrete understanding of how to utilize the framework and when and who to call for assistance with any ethical situations.

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)

It is a very dynamic and unique group of people who have come together as the communication team. They utilize all the communication tools, e.g., internet, face to face presentations, paper based, and media, to share information with their staff, board, community and others. The manager also monitors, reviews and revises all policies and processes affiliated with privacy, collection, entry, use, reporting and retention of the health record.

The PFAC is part of this group and ensure communication is shared with their group and information is also received from the group. The tools the communication team use also act as an effective recruitment strategy for each of the NHH areas, e.g., PFAC, volunteers, Board and the organization itself.

Communication flows very much vertical and horizontal in this organization as they receive information from their constituents through all their modalities very quickly.

A very comprehensive complete communication strategy is in place and is being utilized to guide all communication endeavours.

Policies and processes are reviewed and renewed annually according to their policy. All legislation is met as required.

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)

NHH is approximately 20 years old and has been exceptionally well maintained throughout its operation. A tour of the facility, combined with surveyor feedback from all locations visited, confirmed this. All locations were remarkably clean, and maintenance has clearly been a priority throughout.

All infrastructure meets all requirements, and NHH has a sound plan to replace and upgrade as necessary. A commitment to green energy is apparent, including investments in co-gen, a new roof system, and low energy lighting. A Siemens integrated energy management system controls multiple areas of the hospital further maximizing efficiencies. The maintenance and biomedical teams are strong and proactive. All staff across the organization reinforced the proactive manner in which biomedical work was identified and completed and were particularly appreciative of the clear schedule shared by all, as well as the ability to react to sudden needs as they arise. The team was very proactive during the pandemic in ensuring items necessary to maintain NHH were on site and available.

All life-safety systems are regularly checked, and NHH runs on back-up once per week. Main utilities, such as water and diesel have good contingency plans in place should there be service interruptions.

Challenges in staffing exist, as they do across all health care organizations and good efforts are made to address this reality. Training and development opportunities are available, including on new technology as it is brought into the organization.

Kudos are extended to the Food Services Team for the quality of their service and some of the creative programs they have implemented including allowing staff to purchase/order dinners to take home from the Cafe.

Overall, the organization has a lot to be very proud of in its physical environment and, due to the NHH's location and available land currently owned, is well positioned for any future expansion.

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)

Northumberland Hills Hospital (NHH) currently does not have an Emergency Planning Committee. The terms of reference are in draft, and the Pandemic Committee will evolve into the Emergency Planning Committee.

The Facility Manager feels the physical structure of the hospital is in good shape for environmental or human emergencies. A tent is stored on site and would be used to triage a large number of patients. The ambulance bay is a closed building and at the entrance are showers with a separate drainage system. A closed decontamination area is located between the ambulance bay and the ED. The inspections of the sprinkler and ventilations systems are contracted to an external company.

Should an evacuation (Code Green) occur, there is a local manor where patients from NHH would be relocated. This manor has recently changed ownership. It would possibly be a benefit for some leaders to visit the manor and reassess its suitability for relocating NHH patients and staff prior to a Code Green occurring.

Code of the Month routinely happens. Debriefs occur with affected staff following the incident. Spiritual Care, Employee Assistance Programs, Check Up from the Neck Up, leaders and union supports are provided to staff following an occurrence. The hospital has 24/7 security with high-risk guards available each shift.

Some leaders sit on the Provincial Risk Networking Committee. The leaders are encouraged to reach out to municipality tables so they will be familiar, as community partners, with NHH's role during a community disaster.

The hospital recently had a talent event for staff, physicians and family members. Approximately 250 people attended on hospital grounds. A risk assessment plan was completed, and community partners (e.g., police, EMS) were apprised of the event prior to it occurring. The event resulted in a safe and pleasant evening for all who attended. There were no incidents, and the event was very much appreciated.

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.

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
6.2	When developing the operational plans, input is sought from team members, clients and families, and other stakeholders, and the plans are communicated throughout the organization.	

Surveyor comments on the priority process(es)

When assessing People-Centred Care Standards, there are a number of lenses through which the surveyors look.

First, is how the organization includes those receiving care in the planning of that care. Across all programs and services, it was evident that patient engagement in their care was a strong focus. There are opportunities to enhance, for example more complete use of white boards, however all patients engaged said they knew what was going on and why, and that they had opportunity to ask questions and provide feedback as necessary. Regarding feedback, like many organizations in Ontario that depended on an Ontario Hospital Association NRC Platform to secure patient feedback, efforts are somewhat on hold due to a gap in service. That said, feedback received is very positive and NHH is urged to look at expanded opportunities and platforms to collect feedback as it is key in identifying opportunities for improvement.

Second, the organization has established a Patient and Family Advisory Council (PFAC), the members of which are actively involved in a number of quality and practice committees. PFAC is also involved in policy reviews and was, as an example, very involved in reviewing the ever-changing Family and Caregiver (Visitor) Presence Guidelines throughout the pandemic. A virtual meeting with a number of members from PFAC revealed a very dedicated, passionate group of people who wanted to help strengthen NHH's focus on person-centred care. In discussions with NHH team members, the presence of PFAC members on quality and practice committees was noted with approval. NHH is urged to expand this engagement to all clinical areas, including focusing on operational planning input.

Third, is strategic engagement of patient and family advisors on key governance tables, including the Board of Directors, Quality Committee and Medical Advisory Committee. This is an opportunity for NHH to consider moving forward.

Overall, NHH is commended for its focus on and commitment to person-centred care. The approach taken to recruiting advisors, supporting them on-site and engaging them in areas of quality and practice across the organization is noted with approval. The NHH team's commitment to strengthening and enhancing

the program was also discussed and the organization is urged to continue to embed patient advisors throughout key program and service areas. With the strategic plan having just been refreshed, a tremendous opportunity exists to incorporate this important feedback into goal setting and the refresh of quality indicators.

Keep up the great work.

Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

There is a planned and coordinated approach to patient flow and bed management at Northumberland Hills Hospital (NHH). An Access & Flow Committee, with staff and physician representatives, meet monthly to review data and trending, and discuss possible solutions to patient flow barriers. Bed status reports are sent twice daily to clinical areas and the clinical operation manager sends a report at the end of the evening shift. Daily bed management meetings occur to monitor and assist with patient access and flow information, and daily rounding occurs in the acute setting with multidisciplinary professionals and the hospitalist.

Bed Surge Capacity Guidelines, including a code gridlock, are documents that guide a coordinated approach to patient flow. NHH works closely with the Central East LHIN and uses the Home First program. A geriatric emergency management nurse supports emergency department diversion and admission to the hospital, and partners with the community support services. The ED navigator reviews P4R metrics daily to support ED flow. Approximately 30% of the beds at NHH are occupied by alternative level of care patients.

NHH has been creative in developing its current staffing model. Personal support workers were recently added to the Acute Care Services and ED skill mixes to assist with patient care and the portering of patients. An RPN supports the nurse practitioner who assesses CTAS 4 and 5’s in the ED which facilitates patient flow in the ED. NHH is encouraged to move from a push patient flow concept from the ED to a pull of patients from the ED by the staff of the acute inpatient units.

The EPIC software was recently installed at NHH, and staff are becoming familiar with the many screens and the large amounts of details each screen provides. Determination of what information is necessary and beneficial is needed.

The service programs have access to Laboratory and Diagnostic Imaging 24/7/365.

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.

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 areas visited during the ambulatory tracer, namely the Dialysis and Chemotherapy Units and the Surgical Ambulatory Care Centre were very patient-focused, and this was reflected in the manner in which services were delivered. Patients, particularly in the Dialysis and Chemotherapy Units where multiple visits occurred, were actively involved in care planning. Resources were readily available to support the program and equipment and facilities were well maintained, including replacement plans as necessary.

Priority Process: Competency

Training and education supports were exemplary and partially offset by a Foundation fund directly aligned with training and development. All staff are trained on all equipment, including documented training on infusion pumps. With the new EPIC system still in early days in its roll-out, ongoing training support is readily available. The benefits of all seven hospitals across the region being on the same platform, particularly for dialysis and chemotherapy were already being realized.

The culture in the program in relation to supporting staff was strong, with a very good communication systems in place, and good feedback mechanisms to staff around performance.

Priority Process: Episode of Care

Given the nature of the services reviewed in this tracer, there is a very tight relationship between patients and providers. Service plans are clearly articulated both with patients and between either Peterborough Regional Health Centre - dialysis patients, or Lakeridge Health - chemotherapy patients.

Patients are very involved in treatment discussions, with close relationships with staff reinforcing this important flow of information. All patients are very aware of their rights and accountabilities and, where needed, medication reconciliations and transfer of care information is effectively communicated. On the day of the tracer, the chemotherapy unit had a new patient who had been very well oriented to the program.

Relationships with internal partners - pharmacy, and external partners - PRHC, are strong, with all providing exemplary service.

Priority Process: Decision Support

The new EPIC hospital information system provides comprehensive and integrated health information to all providers requiring access. Clients are able to access health information through My Chart, and efforts are ongoing to spread this awareness to patient populations.

Through dialogue with team members, privacy expectations are well understood, all information is appropriately stored and retained, and any information shared is done so in compliance with all release of information and communication procedures.

Priority Process: Impact on Outcomes

Given the regional and provincial nature of most programs assessed, there are clear protocols in place ensuring the use of evidence informed guidelines and, as appropriate the introduction of new protocols. Where this occurs, all are aware and receive the supports necessary to implement.

NHH has a very strong ethics program, with two ethicists available to consult on issues of need, as well as ensure that any research local to the organization is appropriately reviewed.

The dialysis team is commended for the focus on kidney transplantation and ensuring that all necessary protocols and patient engagement occur. The focus on safety is stellar across all programs, with best practices followed in all instances.

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

This priority process criterion was assessed in the IQMH accreditation.

Priority Process: Diagnostic Services: Laboratory

Data is collected and reviewed regularly in regard to community services required, volumes, patient satisfaction and areas for improvement. The Biomedical Laboratory follows the Ministry of Health and Long-Term Care Laboratory licensing regulation. Services provided at NHH include biochemistry, hematology, transfusion medicine, phlebotomy and electrocardiography. Histology, pathology and microbiology are supported by the Peterborough Hospital. A physician from Peterborough Hospital provides medical director support to NHH's laboratory programs and policy development. The medical director sits on the Medical Advisory Committee at NHH as well as the Pharmacy & Therapeutics Committee.

Much of the laboratory services program, including transfusion services and point of care testing has been assessed through the Institute for Quality Management in Healthcare (IQMH); therefore, the onsite survey assessed those criteria not included in the IQMH assessment.

Laboratory staff appreciated the hand rovers and the bedside printers that were implemented with EPIC. This has reduced risk in mislabelling samples and the time it takes to collect labels from a stationary printer.

The laboratory staff feel the working relationship between the lab and clinical units, particularly when all departments are busy, can become strained. It would perhaps benefit staff to receive education on the workload, time and methods used to analyze blood and produce blood results. The laboratory staff are important team players and deserve respect from all NHH employees.

Standards Set: Critical 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		
17.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
17.7	There is a process to regularly collect indicator data and track progress.	
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 manager of the Intensive Care Unit (ICU) has been in her position for approximately six months. Her office is close to the ICU. She is getting to know the staff and physicians, and the protocols and practices of the unit.

In speaking to staff, they noted that the leaders at NHH are present and communication flows both ways. They feel the leaders are making attempts to support them in their work and view this as an ideal way to recruit and retain staff.

Priority Process: Competency

Staff require specific education and skill sets to work in the ICU. They access learning modules through NHH’s intranet. Staff are supported financially for course costs once there is evidence of successfully

completing the course.

There is a Critical Care Support Team (CCST). Staff attend a two-day training session to become a member of the CCST. The Foundation pays for the CCST training session for staff and this is very much appreciated by the staff. The CCST supports all the clinical services in the hospital except the ED. Medical directives are used to support assessment and treatment choices.

Staff who work in ICU noted they often received recognition for their work. Staff mentioned the BBQ's where all family members were welcomed, talent night, Kindness Cards, Kindness Cart and face to face thank yous for a job well done.

Staff are familiar with the process of reporting an incident or a violent act. Disclosure education and scripting practice would benefit the frontline staff.

The ICU team includes registered nurses, specialists in internal medicine, pharmacists, respiratory therapists, OT/PT, social workers, dieticians and environmental services.

Diagnostic Imaging and Laboratory are accessible 24/7.

Priority Process: Episode of Care

A family waiting room is outside the Intensive Care Unit (ICU) and provides the opportunity for family members to have privacy or wait to speak to physicians and staff. Family members may stay with a family member or sleep in the chairs provided in the waiting room. It is a secured unit, and a doorbell must be pushed to gain access.

ICU has six private Level 2 beds. There is one negative pressure room. This unit provides advanced and highly specialized care to medical or surgical patients whose conditions are life-threatening and require comprehensive and constant monitoring and care. There are four step down ICU beds, and these are staffed with ICU registered nurses. There are admitting criteria for this program. The internists do not stay in the building during the night however the staff found no issues with phoning the physician at home. It was noted that some of the physicians enjoy teaching and provide many learning opportunities for staff.

Critically ill patients requiring a higher level of care are transferred by air ambulance or Emergency Medical Services. Transfers are arranged through Criticall Ontario. Patients that require a Level 3 ICU are transported to Peterborough Regional Health Centre, Lakeridge Health Corporation, Kingston Health Sciences Centre, St Michael's Hospital, The Scarborough Hospital and Sunnybrook Health Sciences.

Similar to other healthcare organizations, COVID-19 put a great deal of pressure on the staff and workload for this unit. Many staff have not been able to take their vacation during COVID-19 and some have 12 weeks or more vacation to take. Hopefully, there will be opportunity to take vacation and time off in the near future. Fatigue and burnout need to be monitored.

There is a hopper in the critical area soiled utility room. It is encouraged that this is capped or removed from the department as it is an infection prevention and control concern. Ensure all oxygen tanks are in supporting stands even if they are considered to be empty.

Priority Process: Decision Support

It was noted that with the introduction of EPIC, communication flows better within NHH and externally to referral centers and community partners. End users of the patient's health record are able to review the documentation, diagnostic results, treatments, etc. Previous patient health records can be accessed through the EPIC software program so staff no long need to access Health Records. This has improved privacy of patient information and confidentiality.

Staff noted they were still learning the EPIC system and documentation can occur in several different screens, which they find frustrating. This also adds risk if all staff are not using the same screens to document. The EPIC team is encouraged to investigate this issue and address staff concern.

Priority Process: Impact on Outcomes

The EPICs software program is able to pull relevant data and the department leads are in the process of finalizing what quality indicator data is needed, and the value added for the program.

The huddle boards have scorecards for the organization and are not unit specific. Staff noted that they receive their hand hygiene compliance rate.

The new strategic plan was recently developed, and quality indicators will be aligned with the strategic direction of the organization.

Priority Process: Organ and Tissue Donation

Northumberland Hills Hospital (NHH) follows the protocols of Trillium Gift of Life. In speaking to staff, there has not been an organ retrieval case in some time. The Trillium team would come on site and provide support to the essential NHH teams and the patients' loved ones.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Diagnostic Services: Imaging		
17.3	The team identifies measurable objectives for its quality improvement initiatives and specifies the timeframe in which they will be reached.	!
17.4	The team identifies the indicator(s) that will be used to monitor progress for each quality improvement objective.	
17.6	The team reviews its diagnostic reference levels at least annually as part of its quality improvement program.	
Surveyor comments on the priority process(es)		
Priority Process: Diagnostic Services: Imaging		

Diagnostic Imaging is a very well run and resourced program for NHH. The service is comprehensive and, in fact, provides a much higher level of service than other hospitals of similar size.

A tour of the facilities supporting the program revealed a well laid out service with appropriate space for all modalities. Being proximal to the Emergency Department (ED) allowed for a dedicated general x-ray room being available to the ED. All capacity on this particular unit is available to ED physicians for pneumothorax imaging.

A very responsible technology replacement plan is in place for the program, with new technology being acquired when end of life confirmation is received from vendors. While mainly GE equipment at this time, NHH has a commitment to identify the most appropriate vendor as required for specific modalities and has a very good internal evaluation process that includes staff and physicians. CT replacement is upcoming, and the organization is assessing the newest technology to ensure when they do upgrade that it is timely and responsible. NHH has a very strong equipment replacement program, a remarkably strong Foundation and a very supportive community. This allows funds to be available as required, when equipment investments are approved.

Staff are very engaged and committed to the service and their patients. Those engaged in the process were very complimentary of the supports they received, including ongoing education. The environment clearly triaged safety for staff and patients, with all appropriate protocols in place to support a safe environment. Radiation protection was strong, including isotope disposal, and all staff were mindful of radiation protections. Falls assessments were completed on patients, and two patient identifiers were used universally.

The program is supported by six radiologists who have recently introduced a model whereby three teams

of two support the operation on a 7 day a week, 24 hour a day basis. A 72-hour turn-around time for images is in place, and 2% of daily scans are randomly audited. As such, quality controls and turnaround times are well managed. Moving forward, the organization will need to turn attention to physician resource planning as current members of the department begin to consider retirement.

The team is commended for operating such a dynamic and comprehensive service with a clear commitment to quality and access - well done.

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	
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: 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

There has been a large changeover in leadership and staff in the ED in the past four years. The leaders work alongside staff to provide support and learning opportunities.

The ED is well organized with necessary supplies/equipment that are always under review. The leaders in this department meet monthly to review departmental data and practice protocols to ensure ED goals and objectives are being met.

The Medication rooms are secured with controlled access. The leaders and staff noted they feel safe working in this ED and have secure rooms for staff to go to should an unsafe situation for staff arise. There is a seclusion room for patients and this room is monitored from the desk.

Several referral and community partnerships and networks are in place.

The chief of the ED is a strong leader and is engaged in the daily decision making.

Priority Process: Competency

The learning module system (LMS) emails staff when a mandatory course is required to be completed. Staff have access to education materials (e.g., IV Pump User Guide) on the hospital's intranet. A wound care specialist and twelve wound care champions provide support to the clinical areas including the ED.

A new manager has been in her position for five months and had a plan in place to complete staff performance appraisals within a specific timeline. The manager is in the process of recruiting four registered nurses to get to a full staffing complement

The physician orientation process for new physician recruits is stellar. It was noted that physicians who come to the organization with the intent to work for a couple of days per month, enjoy the support and the ED environment so much that they extend their commitment to work at NHH. The organization is encouraged to consider submitting this orientation process to Accreditation Canada as a leading practice and the ED chief should consider writing about and sharing his orientation methods with other healthcare providers. Physicians receive performance appraisals in this department.

Priority Process: Episode of Care

The NHH ED, is the only ED in west Northumberland County. It acts as a gateway for urgent and emergent surgical and medical care. Coburg sits close to the 401 and receives numerous motor vehicle accident victims. As well, Northumberland County is a recreational and farming community, so accidents in these two groups occur and are brought to the NHH ED. Northumberland is also home to a high proportion of seniors with multiple chronic conditions and the ED is their go-to place for care when primary care is not available, or a higher level of care is required. This is a busy ED with over 36,000 visits per year.

NHH ED is a Level 2 provider. There are several higher levels of organizations in the region where patients may be transported for care, depending on the needs of the patient. The helicopter pad is outside the ED doors. The entrance to the ED is well marked. The enclosed ambulance garage is attached to the hospital and has accessibility to a decontamination room. Security is located at the ED entrances and security staff have training in handling high risk situations.

The ED has 22 bays which are divided into coloured zones based on patient acuity and care needs. The physicians, staff and PFAC members have made changes in the department to enhance patient flow. A flex room was developed to hold five patients, three chairs and two stretchers. A nurse practitioner and registered practical nurse work a twelve-hour shift daily to care for CTAS 4s and 5s.

This department has access to a geriatric emergent management nurse, nurse navigator, respiratory therapist, speech language technician, social worker and physiotherapist. The crisis staff are visible in the ED and there are numerous community supports for those patients who need mental health support.

Priority Process: Decision Support

Staff and physicians noted that with the introduction of EPIC, communication flow, internally and externally to referral centers and community partners, has improved. End users of the patient's health record are able to review the documentation, and such items as diagnostic results and treatments. Access to patient information is private and secure. Previous health records can be accessed through the EPIC software so program staff no long need to access previous records from Health Records.

Environmental service staff in clinical areas are kept apprised of rooms that need cleaning through a handheld computer device called a Rover. Environmental staff noted that they were treated with respect by staff and valued as an important part of the ED team.

Priority Process: Impact on Outcomes

Huddles occur daily with staff in the ED. Department specific goals and objectives are reviewed at a Program Quality Meeting. The Epic software program is able to pull relevant data and the department leads are in the process of finalizing what quality indicator data is needed, and the value added for the program.

The ED navigator is an integral role in the ED with a focus on P4R performance metrics, and works with the team to ensure goals and targets are monitored and reported. The ED navigator role supports orientation, education and mentoring for nurses within the department. This role is used to identify and initiate multiple quality improvement projects both within the ED and the organization. With the implementation of EPIC, the ED navigator has been able to provide support to staff to learn how to utilize tools/platforms in EPIC and provide support to meet the metrics.

Priority Process: Organ and Tissue Donation

NHH works collaboratively with Trillium Gift of Life (TGL). Protocols and policies follow practices designed by TGL. An ethicist is available to support ED staff and family members.
Organs may be retrieved at this hospital site, which is done by TGL. There are physicians at NHH who retrieve eyes for cornea transplants.

There is a spiritual room close to the ED and the ED has a room designated for private conversations or quiet downtime for family members.

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 & Control (IPC) Committee meets once every two months with key interdisciplinary committee members, including a physician. There is a good working relationship between Public Health and NHH. There are standing items on the IPC committee meeting agenda, and the agenda and previous minutes are received 48 hours prior to the meeting. The IPC lead of the organization sits at regional IPC tables and has a good network system in place with key partners.

Policies are reviewed by the policy committee and relevant committees. Policies are reviewed once every three years and as required due to protocol changes. The Pandemic Plan was last reviewed in March 2020, and it is suggested this plan be revised to include learnings from the COVID-19 pandemic and possible plans for the next pandemic.

All staff must have their required immunizations prior to commencing work at NHH and this includes COVID-19 vaccinations. Hand hygiene and personal protective equipment is part of the general orientation for new hires, including volunteers. Newly credentialed physicians are excluded from hand hygiene training, and it might be beneficial from a risk perspective to include this as part of their onboarding orientation. Hand hygiene audits are completed for clinical departments and the results are posted on quality boards. It might be beneficial to train frontline staff to support audit hand hygiene as these staff are always present and can spontaneously observe hand hygiene practices.

Linen is handled by an external contractor. The Environmental Services Department recently provided staff education on the appropriate usage techniques of sharps disposal, and reviewed what items are appropriate to put in the sharps containers. All solutions used by the environmental services staff have been approved by the IPC committee. Environmental services cleaning carts are standardized for products and each staff member has received education on donning and doffing and cleaning rooms when patient isolation is in place. Environmental service staff use a checklist and must complete this list each shift.

Staff working in the Food & Nutrition Departments must have a food service certificate and a food handling certificate. Routine inspections of the dietary department are completed by Public Health and findings are provided to the NHH leaders.

Standards Set: Inpatient 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		
16.7	There is a process to regularly collect indicator data and track progress.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

This medical surgical program has a new manager that started work at NHH in the last five days. The previous manager is still employed at NHH and will be accessible to provide ongoing support.

Patients are admitted to this program under the care of the hospitalist, surgeon or family physician. The hospitalists provide care to inpatients not covered by area family physicians. A nurse practitioner works on the medical surgical unit and co-manages patient care with the hospitalist.

The skill mix of staff include registered nurses and registered practical nurses and personal support workers. The staff felt the patient to nurse ratio and workload was reasonable.

Priority Process: Competency

The performance appraisals have been completed in this service area according to NHH policies. The new program manager plans to work closely with the staff in the upcoming months to determine learning needs and opportunities for staff growth and development.

Staff noted there are numerous learning modules on the hospital intranet. Staff are supported financially by the hospital if they successfully complete a course/program.

The NHH Foundation is currently providing funding for a 12- week new graduate orientation program. This provides support to new nurses while orienting them to the program and hospital. The Foundation is commended on this excellent recruitment and retention strategy. Staff receive a two-day orientation when returning from maternity leave or an extended LOA.

Huddles are completed a couple of times during a shift or as needed to share patient information. Staff feel recognized and appreciated for their work. Professional practice leads support the staff, and this program has its own educator.

All front-line staff at NHH would benefit from an education program on incident reporting disclosure: what to say, how to say it and who should report and discuss the incident.

Priority Process: Episode of Care

The Medical/Surgical Unit at Northumberland Hills Hospital (NHH) is a 40-bed unit with 10 telemetry beds and four wireless cardiac monitors. The hospital has been in surge and this medical/surgical unit currently has 68 beds occupied. This program serves adult, geriatric and medical-surgical patients with a wide variety of clinical care needs. Patients are admitted through the Emergency Department, surgical services, direct admission from the physicians' office or transferred/repatriated from other hospitals.

This unit has wide halls and was clutter free. The white boards in the patient rooms were not always filled out completely. The expected discharge date was not documented on the boards, however, in speaking to patients they were aware of their care pathway. There were several safety measures in place to protected demented/confused patients such as the yellow velcro strip across doorways to prevent access, secure doors and wander guards. A posted yellow triangle warns the staff of the possibility of a patient who may become violent.

The surveyor had the opportunity to attend the bed rounding meeting. This meeting was attended by the hospitalist (who reviewed and documented during the rounding meeting), physiotherapy, social work, occupational therapy, home & community nurse, a nurse from the family health team, patient flow staff and management members. Discharge planning was discussed in detail. Patients who have received treatment for, e.g., pacemaker insertions, same day procedures, and angiograms at referring hospitals, are repatriated back to NHH and discharged when the patient's condition stabilizes. All multidisciplinary staff provided valuable input during the bed rounding meeting.

Priority Process: Decision Support

The staff are in the process of becoming familiar with the EPIC software program. They feel that communication has improved between disciplines, clinical services and other organizations. The Transfer of Accountability (TOA) is done using a screen on the computer and staff are to document their names at the end of the TOA. It is recommended that signatures are auto populated to ensure that the names of the professionals giving and receiving the information are documented.

Staff have access to policies online. Incident reporting is completed online, and staff felt they were made aware of the investigation and follow up process. Falls and how to prevent future falls for a patient are discussed at huddles.

IT staff are in the building and provide support to staff as required. Downtime boxes are available, and staff noted that the patient information auto prints if the computers are down.

Priority Process: Impact on Outcomes

The Epic software program is able to pull relevant data and the department leads are in the process of finalizing what quality indicator data is needed, and the value added for the program. There are numerous optimization EPIC initiatives in place, with the hope of them being finalized within the year.

Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision

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

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Northumberland Hills Hospital (NHH) has a very impressive medication management, pharmacy and interdisciplinary team responsible for medication management. The pharmacy consists of two parts - one for the general hospital needs and a separate chemotherapy preparation area. At this time the chemo area is separate from pharmacy; it is secured via locks and video cameras, has two flow hoods, spill kits and its own separate ventilation. All refrigeration is monitored separately through an alarm system. There is a proposal and plan to install negative pressure and hepa filters to this area which is commendable. The area is spacious, very clean and tidy with its added security. The main pharmacy has adequate storage space for stock meds and dispensing. The area is well maintained, very clean and is spacious and secured via locks and video surveillance. All unit med rooms have up to date ADUs with security in place and are located in spacious, clean areas free from noise and distractions. The documentation system EPIC has many checks within the program to assist with such processes as safe medication practices, dosage, and abbreviations.

The pharmacy committee meets regularly to ensure practices are safe and evidence based.

The antimicrobial stewardship committee meets weekly and has an infectious disease specialist to assist in the rounds. Very impressive.

Staff receive education at orientation, and ongoing thereafter, as well as having resource available through EPIC and the 24 hour pharmacist.

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	
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 obstetrical unit is made up of four beds on the unit plus two located on the next unit which are overflow rooms but equipped for the need. Goals and objectives are in place and measured regularly.

All obstetrical services are reviewed annually and as needed to ensure they meet the needs of the patients and families they are serving.

Although the department is small, it is well equipped for the need. Each room is multipurpose: labour, delivery and post-partum. The area is a level 1 unit thus has strong links to Hospital for Sick Children via an OTN machine.

Priority Process: Competency

Education is provided post hire including prenatal courses and MORE OB as well as fetal monitoring,

NHH provides diversity training to assist staff to provide effective care to people of various cultures, races and religions effectively. The organization provides education to use the ethical framework. Staff receive orientation to all equipment in the department to ensure their competency, and especially the infusion pumps which are used.

Staff evaluations are conducted on a regular basis. Ongoing education is available to all staff if they want it.

Workplace violence and occupational health and safety education is provided to all staff annually.

Priority Process: Episode of Care

Complete assessment of the patient is conducted at time of admission and documented in accordance with best practice and research. The patient is closely monitored throughout their labour and during the delivery to monitor risk factors.

Priority Process: Decision Support

NHH adopted the EPIC computer program in partnership with other hospitals in their area to reduce the risks associated with their past hybrid chart.

Policies are in place and reviewed annually regarding storing, retaining and destroying patient records. There is a method to audit all record keeping.

Patients can access their own medical records as policies are in place to direct the process. Education is provided to staff to protect client privacy and the use of client information.

Priority Process: Impact on Outcomes

The team is very proactive regarding utilizing evidence-based information to base their care and service on.

They have approximately 580-600 deliveries per year with approximately 1/3 family physicians, 1/3 obstetricians and 1/3 midwives. Most spend approximately 24h in hospital although some return home in shorter time frames. All deliveries are combined care, and the rooms are set up to accommodate the father, mother and babe.

The surveyor interviewed a postpartum mother who had had both her babes here and she and her husband felt well cared for, with strong communication in place. They highly recommended the unit for their deliveries and excellent care.

Although there were no antepartum cases in the unit during the surveyor’s visit staff went through a tabletop admission, delivery and postpartum care. Standardized assessments were utilized throughout the episode. NHH has a unique partnership via OTN with the Hospital for Sick Children (HSC) should their expertise be required in resuscitating a delivery. If necessary, the infant is then transferred to a Level 2 NICU in Peterborough or Oshawa or to the HSC if needed.

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

The unit predominantly treats outpatients rather than inpatients. The area is very spacious, well laid out and clean. The staff are well qualified to fill the rolls within the department. Job designs are complete, current and well documented. Clients are made aware of available resources and can reach out as needed.

Priority Process: Competency

The staff within the department are educated to the needs of the role. Credentials are checked and verified. Training is provided to staff re occupational health, workplace violence, and any vocational needs of the role. The staff were very professional and respectful with each other, their patients and the surveyor.

Infusion pumps are in use and training is provided to ensure competency. They also have directions

available for operating the pumps. NHH will be obtaining smart pumps in the near future for which online and in-person training will be available.

Performance appraisals have been conducted regularly with the staff and all are current.

A spiritual room which is multidenominational is available on the first floor of the building for anyone who desires this service.

Priority Process: Episode of Care

The surveyor monitored two surgical procedures during the OR observation; one was an umbilical hernia with mesh graft and one a myringotomy. Full assessments were completed prior to surgery and information shared with staff and physicians. Checklists and assessments were very complete on EPIC. Patients were transported to their respective ORs, and name checks completed twice; patients were positioned appropriately, and anesthesia was commenced by the anesthetist. All proper steps were enacted during this phase; surgery conducted by the respective surgeons, counts accomplished and documented as required, surgery completed; reports verbal and documented were provided to PACU staff, and patients moved to PACU. Monitoring and assessments were completed by the nursing staff, all located on EPIC. Patients remained in PACU until alert and ready to go home. Patients were then discharged home when conscious and competent with directions for post op follow up and care.

Programs for wound care, falls and venous thrombosis are all available and staff were knowledgeable regarding the programs that were not pertinent to the needs of these two patients.

The surveyor went back on day two of the survey to monitor a C-section which was conducted with spinal anesthesia and completed by an obstetrician. Well done and followed all processes completely.

Priority Process: Decision Support

Policies are current and up to date for this area. Pre-assessment is completed with assessment tools that are part of the chart, and this is completed in a very comprehensive manner. Surgeons meet with patients directly before surgery to explain surgery and risks and to sign the consent. The patient is then taken to OR for surgery where processes such as double counts and pauses are conducted. Very well perfected process which runs very smoothly.

Documentation is complete within the EPIC system and all policies in place.

Hand over from department to department is completed in both written and verbal manner - well done.

Priority Process: Impact on Outcomes

Many initiatives are in place that ensure safety in the OR. The physical space is excellent, well laid out, well maintained and very functional.

Staff understand their rolls and ensure all events run smoothly. PACU is clean, neat, well organized, well staffed and efficient.

Indicator data was stalled in December 2021 with the implementation of EPIC plus the onset of the wave of COVID-19. Limited indicator results have been obtained and analyzed since then although there are plans to re-evaluate and re-establish the process.

Priority Process: Medication Management

The Operating Area is spacious and well maintained. Each theatre is equipped with excellent new equipment which is current in the market.

All areas are clean, and in excellent physical condition. Current policies are in place to cover all aspects of the care and service provided. The surveyor was able to follow one umbilical hernia repair with mesh plus one myringotomy. Excellent pre-assessment with good documentation, surgery itself well done with checks and balances in place. The EPIC program has all the assessments and checklists included and staff find this helpful as a good reminder.

Once the surgery is completed the patient is transported to PACU and receives close monitoring and excellent care. The staff in PACU are well educated for their role and all are very positive about their jobs. The patient feedback was well above normal, all spoken with expressed feelings that the care and service provided by NHH is second to none. They all indicated they received lots of information for their post-op care, they felt respected by the staff, education was provided to them re potential complications. The patients all knew who to contact and how if they need additional information and or care.

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	

The point of care testing provided in the clinical units at Northumberland Hills Hospital are blood glucose and amniotic fluid. There are 12 glucometers in the hospital and staff felt there were enough to support their work. Staff have online and hands on glucometer education and their competency is monitored by the laboratory.

Much of the laboratory services program, including transfusion services and point of care testing has been assessed through the Institute for Quality Management in Healthcare (IQMH); therefore, the onsite survey assessed those criteria not included in the IQMH assessment.

Standards Set: Rehabilitation 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 program has been designed to meet the needs of the elderly who have deconditioned while in hospital and/or need rehabilitation post stroke or complex medical problems. Feedback is obtained from the community at large and the PFAC.

Program staff have received education and the area is well organized. The unit is operating effectively.

Priority Process: Competency

Staff have received a large amount of education in preparation to work on the unit. They have excellent equipment and a wide array of allied health support. The unit is well laid out and clients are very happy there and feel they are well cared for. There is large gym, OT room and dining room as well as quiet space for families. They have access to the outdoor garden which is a delight for the patients. Training is provided for the existing infusion pumps according to standards, but the organization is retiring these and obtaining smart pumps in the near future.

Priority Process: Episode of Care

All staff have been receiving additional education to enable them to complete the best care and service

possible.

Mutiple programs are in place. e.g., wound and skin, falls, two person identifiers, and all staff are utilizing the programs in their day to day care.

The EPIC systems have assisted staff to ensure there are standardized assessments completed in a timely manner on each unit. Communication is open and transparent with patients and families, and everyone is clear on the outcomes and goals.

Priority Process: Decision Support

EPIC provides a broad set of assessment tools which truly assists the staff to complete a comprehensive assessment. Policies are in place within the organization for storing, retaining and destroying client records. Communication flows in all ways at NHH which truly assists in building the team and ensuring positive patient care.

Priority Process: Impact on Outcomes

Indicators have been collected in the past to direct quality improvement, but the process has paused some since the implementation of EPIC. Staff are knowledgeable regarding quality improvement which supports the concept.

Ethics is well understood on the unit and ongoing education has been available. The ethicists are available to each unit to assist in the solution of issues. This is very commendable.

Safety is a key concept on the unit and patients, families and staff are all open and free to make improvements as needed.

The patients and families spoken with are all very positive re the care and service on the unit.

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	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

This priority process was assessed by the IQMH.

Priority Process: Transfusion Services

The Laboratory has a Blood Bank and there are ample units and types of blood to serve the community. Blood is returned to Peterborough hospital before the expiration date occurs. The guidelines for storing and transferring blood between sites are adhered to. Refrigerator temperatures are monitored and generator back up is available.

Much of the laboratory services program, including transfusion services and point of care testing has been assessed through the Institute for Quality Management in Healthcare (IQMH); therefore, the onsite survey assessed those criteria not included in the IQMH assessment.

The laboratory program is encouraged to consider blood expanders and their need to serve specific religious groups. They should consider where and how to retrieve bags of expanders in an emergency situation.

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.

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: May 5, 2021 to May 14, 2021**
- **Number of responses: 15**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	96
3. Subcommittees need better defined roles and responsibilities.	79	14	7	75
4. As a governing body, we do not become directly involved in management issues.	13	0	87	88
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	94

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	92
9. Our governance processes need to better ensure that everyone participates in decision making.	87	0	13	69
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	95
12. Our ongoing education and professional development is encouraged.	0	0	100	84
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	0	100	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	74
17. Contributions of individual members are reviewed regularly.	0	14	86	63
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	78
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	13	87	59

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	7	93	78
21. As individual members, we need better feedback about our contribution to the governing body.	67	13	20	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	77
23. As a governing body, we oversee the development of the organization’s strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	76
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	88
27. We lack explicit criteria to recruit and select new members.	100	0	0	80
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	89
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	92
31. We review our own structure, including size and subcommittee structure.	0	7	93	88
32. We have a process to elect or appoint our chair.	0	0	100	92

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	0	100	83
34. Quality of care	0	0	100	85

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2021 and agreed with the instrument items.

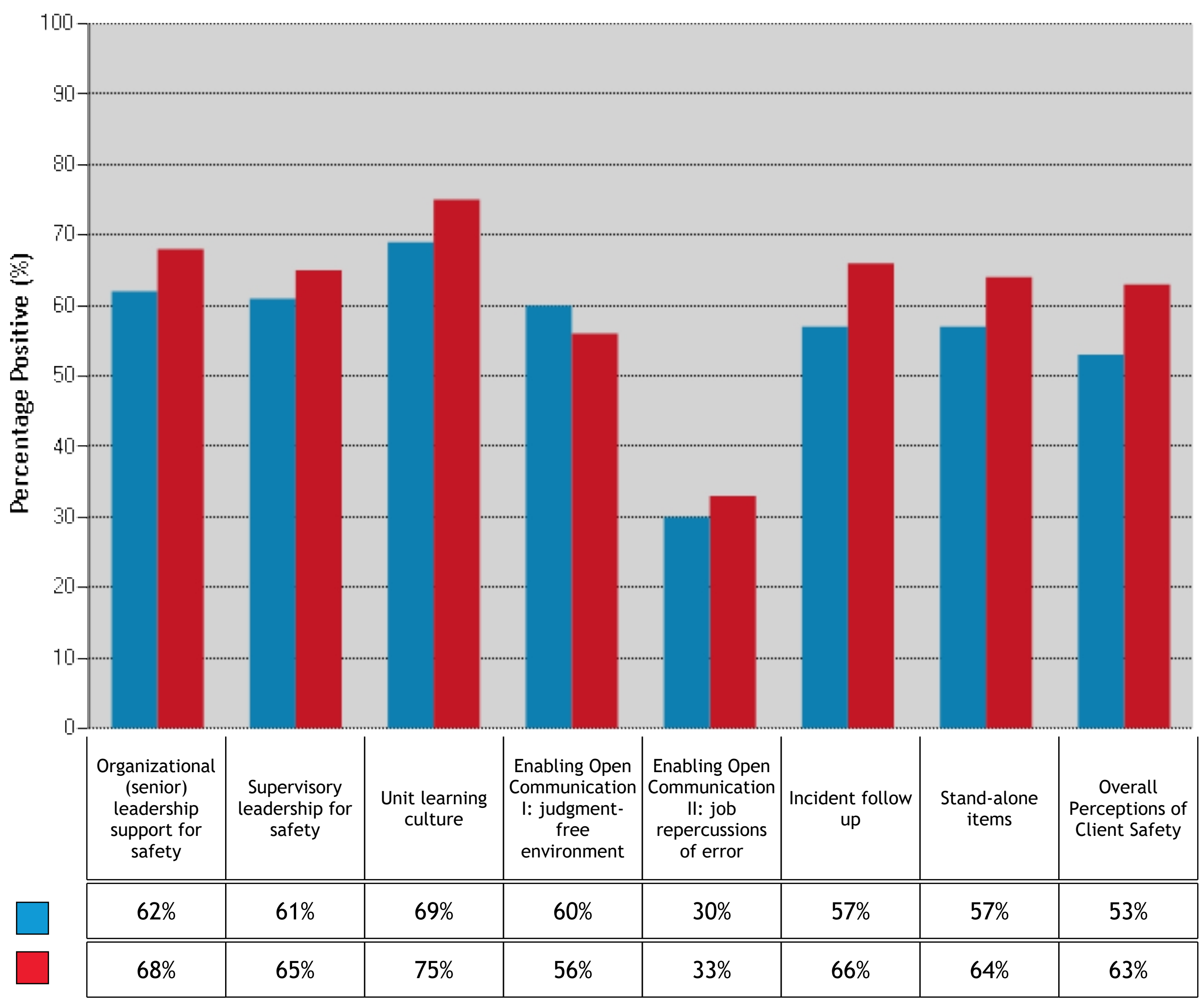
Canadian Patient Safety Culture Survey Tool

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: October 20, 2021 to April 7, 2022**
- **Minimum responses rate (based on the number of eligible employees): 237**
- **Number of responses: 245**

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
Blue (Northumberland Hills Hospital)	62%	61%	69%	60%	30%	57%	57%	53%
Red (* Canadian Average)	68%	65%	75%	56%	33%	66%	64%	63%

Legend

Northumberland Hills Hospital

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2022 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.

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 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
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Priority Process	Description
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
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.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge