



Carleton Place & District Memorial Hospital

Accredited with Exemplary Standing

June, 2016 to 2020

Carleton Place & District Memorial Hospital has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until June 2020 provided program requirements continue to be met.

Carleton Place & District Memorial Hospital is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

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

Accreditation Canada commends **Carleton Place & District Memorial Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Carleton Place & District Memorial Hospital (2016)

Carleton Place & District Memorial Hospital is a 22 bed acute care facility located in Lanark County, Ontario, adjacent to the western border of Ottawa. The hospital provides 24/7 emergency services, an active ambulatory out patient clinic, which includes telemedicine, and an operating suite, for primarily day surgeries. Also, there is a very busy physiotherapy department, Diagnostic Imaging and Laboratory services. The hospital has adopted a philosophy of Patient and Family Centered Care and has developed a Patient and Family Advisory Committee. We are proud to have delivered high quality care and focus on patient safety for our community for over 60 years!

Accreditation Canada

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

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

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

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

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

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

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

On-site survey dates

June 12, 2016 to June 16, 2016

Locations surveyed

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

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

Standards used in the assessment

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

Summary of surveyor team observations

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

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

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

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

The Carleton Place & District Memorial Hospital underwent a comprehensive process to develop its four-year strategic plan in 2013. It renewed its vision and mission to align with the emerging health care needs of the community. Significant progress has been made in the achievement of the strategic directions including adoption of Ontario Hospital Association governance best practices, successful physician recruitment, progress towards enhanced patient- and family-centred care, pharmacy automation, significant progress toward an electronic health record, introduction of a physiotherapy clinic, and expanded Ontario Telemedicine (OTN).

The computerized clinical documentation has improved standardization and the quality of information in the health record. At the same time, it has created challenges related to the flow of patient information as charts are in both electronic and paper formats. The organization is encouraged to continue to advance the electronic health record.

The organization is aware of the growth of the community and is planning for the future. It continues to be challenged by an aging population and access to services for alternate level of care (ALC) patients who no longer require acute care services. The board and leadership have been innovative and creative in finding solutions to ensuring patients receive the care they need. For example, through Assess and Restore funding the hospital introduced a geriatric emergency management nurse role. This specialty-trained nurse works with patients in the hospital and visits them in their homes to facilitate a safe transition from the emergency department. Despite implementing several initiatives to reduce the number of ALC patients, the hospital is still faced with a significant number of these patients. The organization will continue to be challenged to find solutions with its partners.

The hospital is also challenged by issues with its physical space. Over the past four years phase 1 of a redevelopment project has been completed and submitted to the Ministry of Health and Long-Term Care. However, significant issues related to an aging building continue, including escalating maintenance costs, patient flow problems, privacy limitations, and infection control issues. It was clear during the on-site survey that major redevelopment is required.

The board is a high-functioning board that is committed to providing access to the best care possible. The board is innovative when faced with challenges and has reached out to other governing bodies to explore creative solutions to issues. The board has embraced change and seeks opportunities to improve care through partnerships. It used a robust process to explore several options to continue to meet the community's health care needs during challenging fiscal times. Thinking about patients first, the board determined that a partnership with Almonte General Hospital would improve local services. The Mississippi River Health Alliance was formed, still maintaining separate corporate governance. The board believes the alliance will create efficiencies and improve the community's access to quality care. A common CEO will be shared when the current CEO retires in September.

The board is a skills-based board that is committed to best governance practices, to allow it to govern effectively given the complexity of health care. It reviews its required skill mix on a regular basis and makes changes to meet the governance needs of the organization.

Community partners commented that the hospital is a collaborative partner. They described leadership as respectful, creative, and open to new opportunities. Community partners describe staff as compassionate, caring, and committed to providing excellent care. The hospital is seen as a leader in building partnerships and focusing on the health care needs of the community and the patients.

Some community partners were involved in the development of the hospital's strategic plan. Others, who were not involved, voiced that when the new strategic plan is developed they would like to be involved. Members of the community partners' group had not seen the final strategic plan and encouraged the hospital to share the plan with them.

The hospital foundation and community are very supportive and contribute annually to purchase much needed equipment for patient care.

Leadership is described as visible and open to suggestions. Leadership is very dedicated to improving quality care, patient safety, and staff health and wellness.

Many of the managers are responsible for a number of services including providing clinical services. The workload is significant and as additional responsibilities are added, there is risk of a more unbalanced worklife. The number of objectives is substantial and in this environment of significant change, the hospital may want to consider focusing on a reasonable number of objectives to ensure there is capacity to achieve these and at the same time manage unexpected external pressures. Leadership recognizes they will need to evaluate the span of control of managers.

Staff are committed to the hospital, the patients, and the families. There are many long-standing employees who voiced that this is the best place to work. Staff commented that the culture at the hospital is one of caring and family. They feel it is a privilege to come to work and contribute to changing lives. Staff are empowered to identify issues and work with their managers and team to make immediate changes where possible.

Educational and developmental opportunities are provided to ensure staff are equipped to deliver quality care and best practices. One of the greatest strengths of the organization is the staff's

dedication to delivering the best care possible. Patients and families indicated that staff are caring and compassionate and they involve them in the plan of care.

Volunteers provide an amazing service, with over 96 volunteers providing approximately 15,600 hours of service annually. The hospital could not provide the care without them and they are greatly appreciated.

The interdisciplinary teams are cohesive and focused on providing quality care. Physicians are highly engaged and are part of the care team. Together, the teams are focused on providing excellent patient and family care. Patients and families commented that they are very pleased with the care, including the excellent food.

The organization identifies health and wellness as a priority and has implemented several strategies to improve health. A major accomplishment is the focus on the healthy food program. The hospital was awarded bronze status in the Healthy Foods in Champlain Hospitals initiative, and the team is commended for this accomplishment.

The organization has embraced quality and risk management and patient safety. There is a quarterly score card that includes a robust number of hospital-wide indicators that is reviewed by the Patient Care Committee, Medical Advisory Committee, and the board. CEO forums are viewed as excellent mechanisms to hear firsthand and ask questions about quality and patient safety. The next step is to engage staff at the service level to develop and formalize goals and objectives and improvement initiatives linked to the strategic plan and hospital-wide indicators.

The board and leadership are committed to ensuring that patient and family voices are heard. In January 2016 the hospital created a Patient and Family Advisory Committee to provide advice on key issues. The committee is very engaged and committed to providing feedback to management to improve services. Members indicated that they feel that management is open and listens to them. Changes have already been made in response to the committee's feedback. The committee supports the hospital's goal of "nothing about me without me."

Overview: Quality dimensions results

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

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

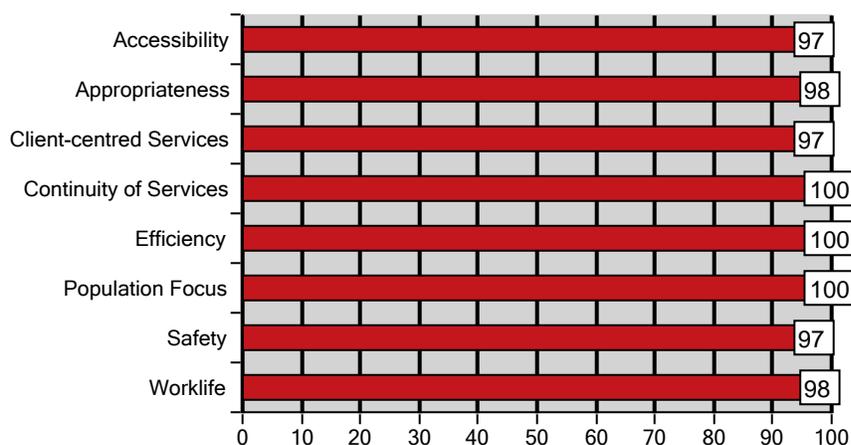
The quality dimensions are:

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

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

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

Quality Dimensions: Percentage of criteria met



Overview: Standards results

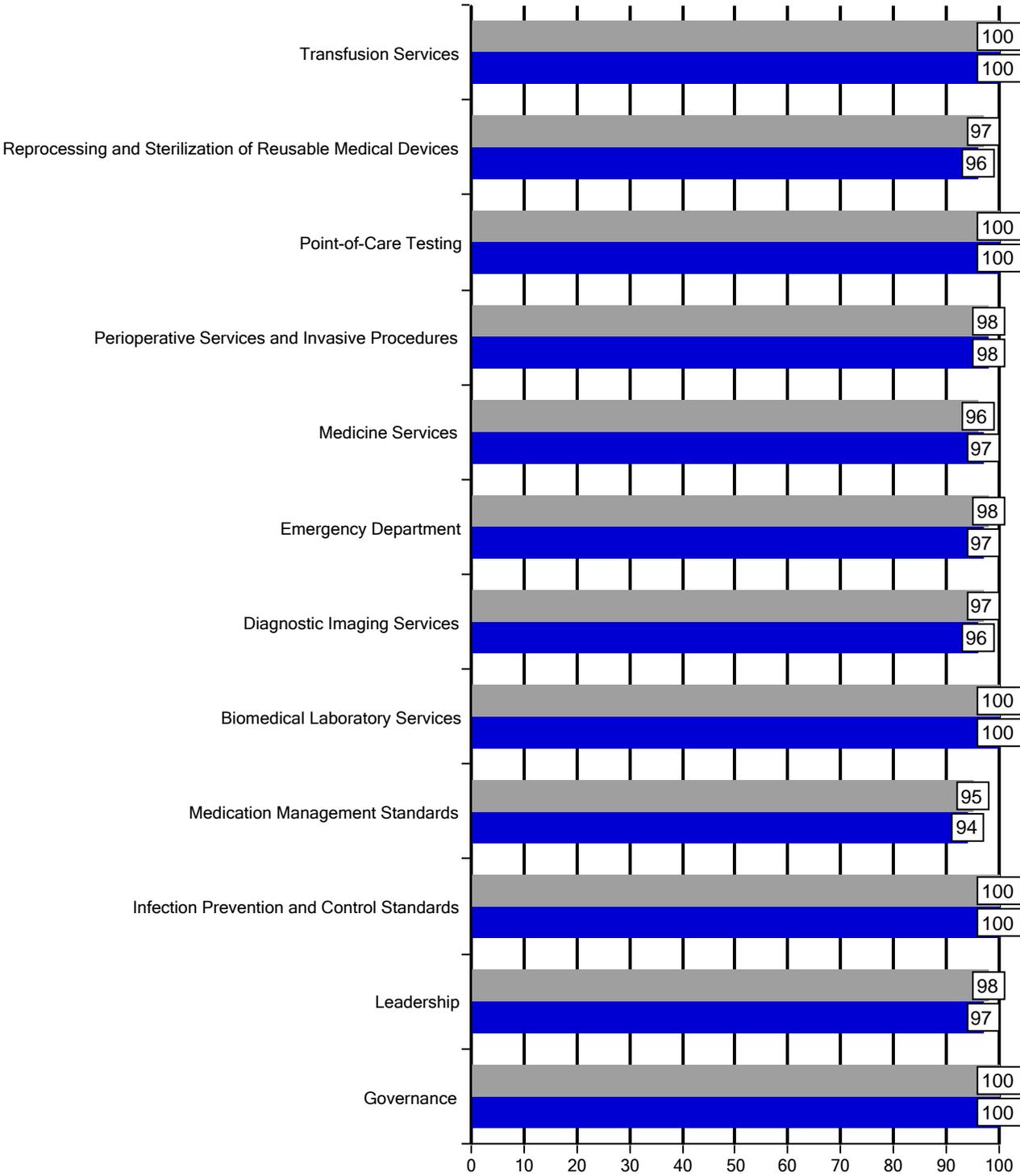
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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

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

Standards: Percentage of criteria met

High priority criteria met Total criteria met



Overview: Required Organizational Practices results

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

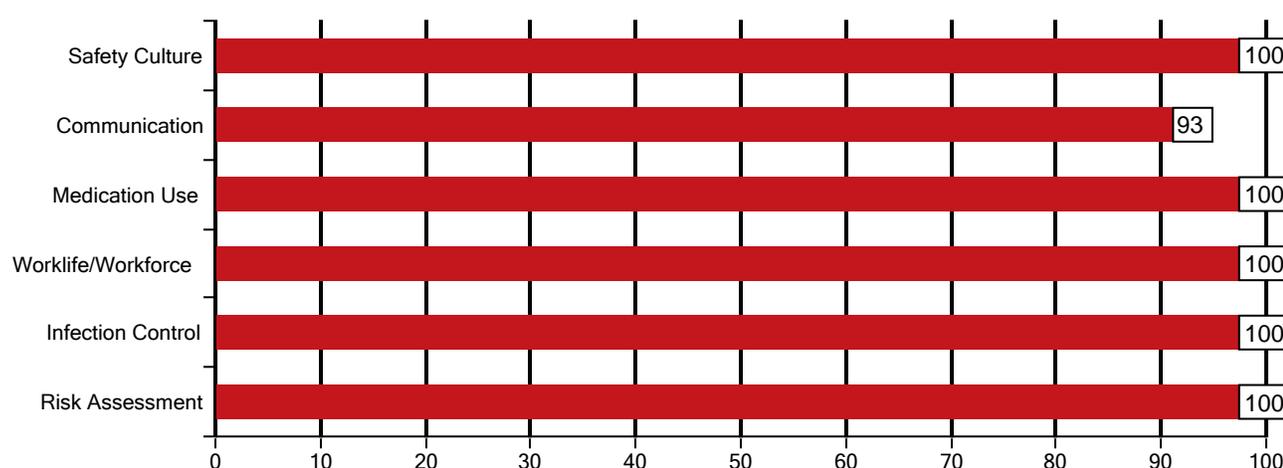
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

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

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

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

ROP Goal Areas: Percentage of tests for compliance met



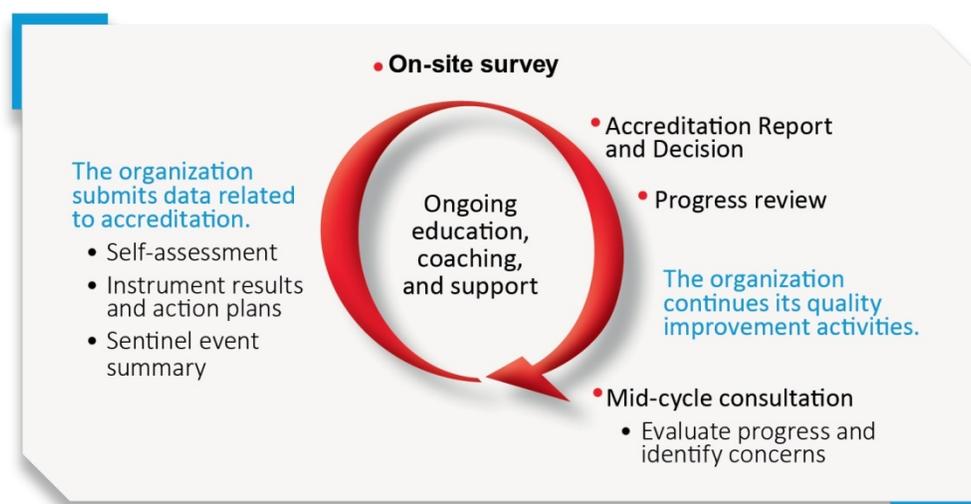
The quality improvement journey

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

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

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

Qmentum: A four-year cycle of quality improvement



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

Appendix A: Locations surveyed

- 1 Carleton Place and District Memorial Hospital

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
 - Patient safety-related prospective analysis
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Communication

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

- Antimicrobial stewardship
 - Concentrated electrolytes
 - Heparin safety
 - High-alert medications
 - Infusion pump safety
 - Narcotics safety
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Worklife/Workforce

- Client Flow
 - Patient safety plan
 - Patient safety: education and training
 - Preventive maintenance program
 - Workplace violence prevention
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Infection Control

- Hand-hygiene compliance
 - Hand-hygiene education and training
 - Infection rates
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Risk Assessment

Required Organizational Practices

- Falls prevention
 - Pressure ulcer prevention
 - Suicide prevention
 - Venous thromboembolism prophylaxis
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