



Grey Bruce Health Services

Accredited

April, 2018 to 2022

Grey Bruce Health Services has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until April 2022 provided program requirements continue to be met.

Grey Bruce Health Services 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 **Grey Bruce Health Services** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Grey Bruce Health Services (2018)

Grey Bruce Health Services is a family of six community hospitals serving the residents of Northern Grey and Bruce counties.

The largest of our sites, the Owen Sound hospital offers a full range specialty services including complex surgeries, total joint replacements, cancer surgeries, MRI and CT scans, and many more.

Our rural hospitals in Lion's Head, Markdale, Meaford, Southampton and Wiarton offer a wide range of primary and ambulatory care services and 24/7 emergency departments.

To provide "Quality Care, Right Here," we work closely with our partners to ensure that patients in need receive community supports once they are discharged.

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

April 15, 2018 to April 20, 2018

Locations surveyed

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

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

Standards used in the assessment

- **16 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.

Grey Bruce Health Services exists to provide quality health care to the residents of Grey and Bruce counties and to the many visitors who travel to the region.

Grey Bruce Health Services is a multi-site health service organization that operates six hospitals in the Grey Bruce region. The regional hospital in Owen Sound is the largest of the sites, and offers a full range of specialty services, including complex surgeries, total joint replacements, cancer surgeries, and MRI and CT diagnostic services. The rural hospitals in Lion's Head, Markdale, Meaford, Southampton, and Wiarton offer a wide range of primary and ambulatory care services and all have 24/7 emergency departments. The six hospitals have 100,000 patient visits per year.

Grey Bruce Health Services renewed its strategic plan in 2016. This five-year plan seeks to anticipate and embrace change, find innovative and collaborative ways to use available resources wisely, and add greater value to the patient experience while exceeding ever-higher expectations for quality outcomes. Input from peers, stakeholders, staff, physicians, community, and patients was sought to inform decision making regarding the future direction of the organization.

The organization is guided by a refreshed mission, vision, and values.

- Mission: Quality Health Care, Right Here
- Vision: Exceptional Care. Strong Partnerships. Healthy Communities
- The core values are "We CARE: Collaboration, Accountability, Respect, Excellence" and "We LEAD: Lead by example, Empower, Achieve results, Develop others."
- The directions for the future are "to achieve the best outcomes, create positive experiences, secure our future, and inspire passion in our people."

An operational plan that details how the organization will accomplish the goals and objectives to support the strategic priorities has been developed and highlights key actions, accountabilities, and timelines.

Staff at the hospital appear to be compassionate, professional, and committed to providing patient- and family-focused care. All levels of staff appear to be engaged with and proud of their program/unit. The organization maintains a wide range of services for its communities. Many of the services are supported by one person or a small group of dedicated staff. As with other small hospitals, there is organizational risk with this type of situation.

There is open and transparent communication with community partners and this facilitates the care that is provided to the patients. The leadership team has implemented various methods to facilitate the sharing of information with team members, including newsletters, e-mails, coffee talks, and SharePoint. Management is committed to open and transparent communication.

As with most health care facilities, significant capital investment is required to upgrade the buildings and facilities to ensure business continuity and meet care delivery standards. Similarly, the organization will need to continue planning for ongoing medical equipment investments. The organization will also need take into account that reprocessing standards are being strengthened and consider its approach to reprocessing so as to mitigate risk and ensure safe and quality care for patients. As such, building and facility planning will need to include focused discussion about reprocessing requirements.

Moving to a fully electronic health record will improve efficiency and reduce the risks associated with a hybrid chart. It was reported that the Grey Bruce Cerner hospitals require major upgrades. Developing a robust IT plan to guide the transition to electronic records will help position the organization for success. Similarly, it is encouraged to continue to pursue the transition from paper records and documents to electronic records. Staff report that policies and procedures are available in paper and electronic formats. It is suggested that a process be implemented to ensure that only the current and official version is accessible to staff.

Discussions with community partners and agencies indicate a strong, collaborative, and respectful working relationship with all levels of the organization. Grey Bruce Health Services is viewed as “core to the community” and the cornerstone for future sustainability. During the stakeholder meeting, a participant shared that “The health of the hospital is the health of the community.” In general, community partners are looking to be involved with the hospitals. Community partners identified transportation, orphan patients, access to mental health, and access to primary rather than emergency care as priorities.

Patients report that they are very satisfied with the care they receive. Interviews with patients and/or family members across the services highlight their gratitude and appreciation for the respect and compassion shown by all involved in providing service and care. Many patients and families report that they are very satisfied with the care they receive, treated with respect, and invited to participate in their care. They see opportunities for improvement in the areas of discharge planning, parking, and the transfer of information between members of the health care team and between the health care team and the patient and their family. The organization has achieved Baby Friendly designation and is a Senior Friendly hospital.

An integrated quality improvement plan has been developed and implemented. An integrated risk management approach to mitigate and manage risk is in place. The organization participates in the HIROC risk assessment/risk register program. Staff members appear engaged, knowledgeable, and compassionate in the delivery of care and services. Staff have a knowledge of ethics, emergency preparedness, and quality initiatives as well as policies and procedures. The organization is encouraged to further pursue processes to systematically integrate evidence-based tools into practice.

The organization identified concerns regarding the ongoing recruitment and retention of physicians and health care professionals in speciality areas. Other challenges identified by the organization include ongoing fiscal realities, high mental health needs, aging population, and corporate bed utilization.









The organization is well supported by a committed board, engaged staff, and compassionate medical staff. Staff communicate and model the values across the organization. There is a sense of community and collaboration. Patients feel well cared for by the staff and appreciate the compassion, empathy, and care they receive.

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.

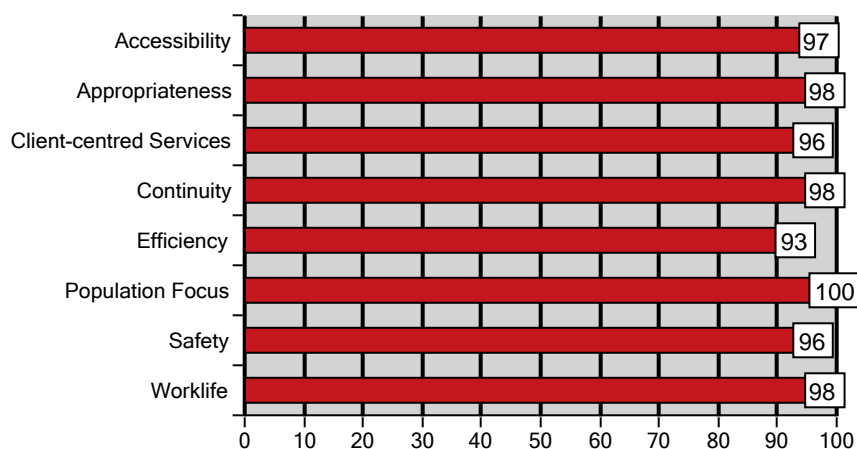
The quality dimensions are:

-  **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:** 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

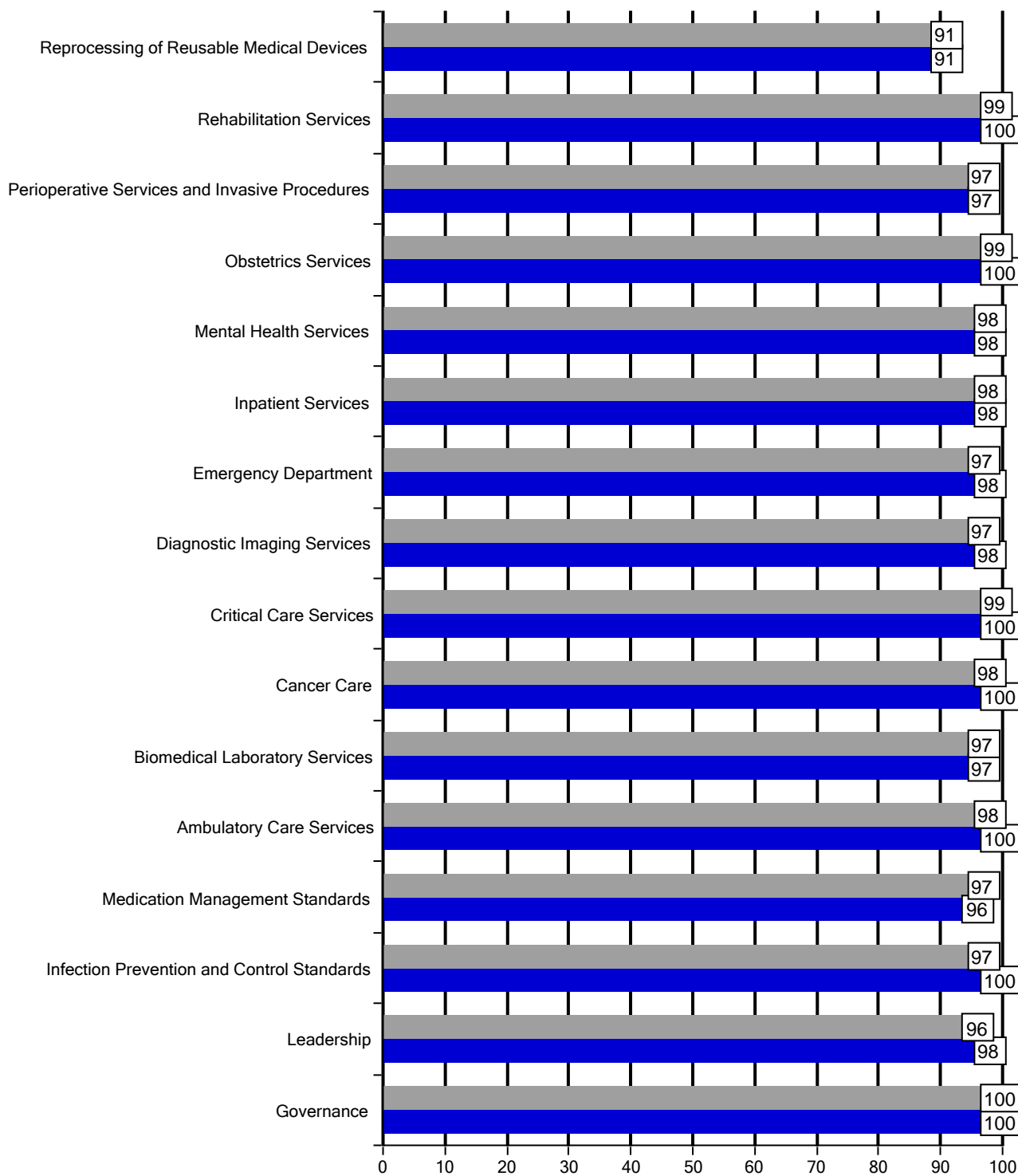
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

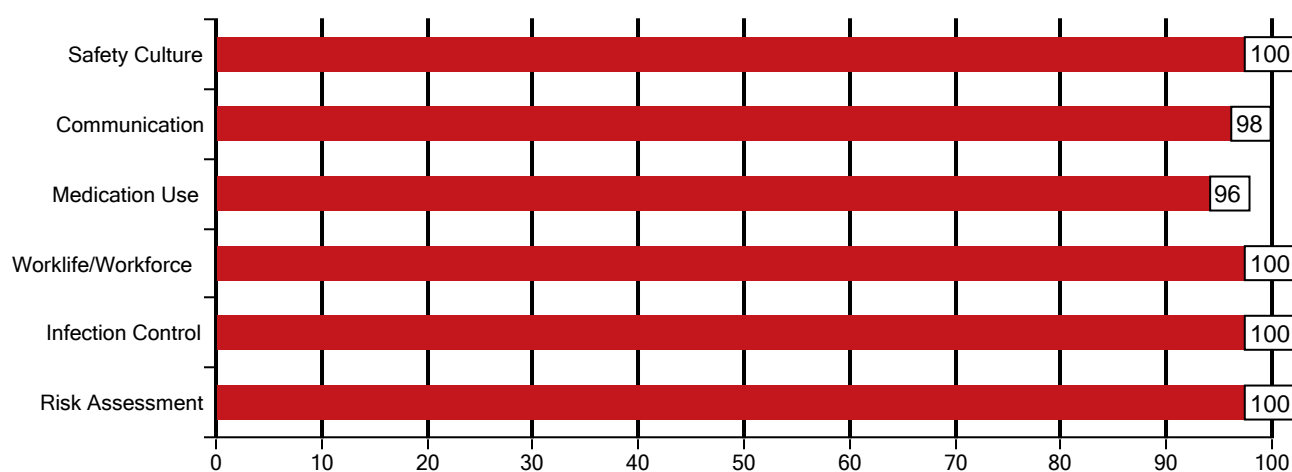
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



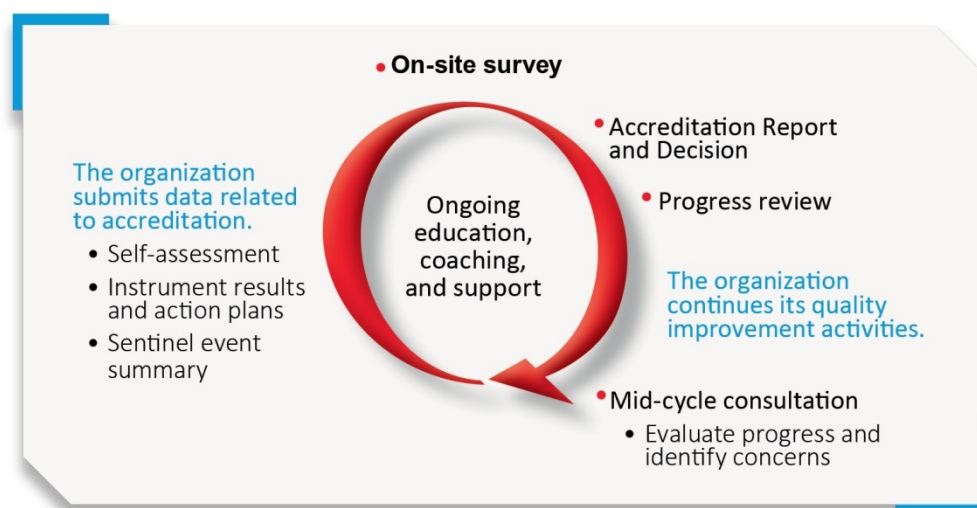
The quality improvement journey

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 **Grey Bruce Health Services** 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 Lion's Head Hospital
- 2 Markdale Hospital
- 3 Meaford Hospital
- 4 Owen Sound Hospital
- 5 Southampton Hospital
- 6 Wiarton Hospital

Appendix B

Required Organizational Practices

Safety Culture

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

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - 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 Pumps Training
 - Narcotics Safety
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Worklife/Workforce

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

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
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Required Organizational Practices

Risk Assessment

- Falls Prevention Strategy
 - Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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