



Timmins and District Hospital/L'Hôpital de Timmins et du District

Accredited with Commendation

September, 2016 to 2020

Timmins and District Hospital/L'Hôpital de Timmins et du District has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement. It is accredited until September 2020 provided program requirements continue to be met.

Timmins and District Hospital/L'Hôpital de Timmins et du District 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 **Timmins and District Hospital/L'Hôpital de Timmins et du District** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Timmins and District Hospital/L'Hôpital de Timmins et du District (2016)

The Timmins and District Hospital (TADH) is a level C referral and teaching hospital serving the residents of Timmins and Cochrane District with a population of approximately 115,000 people. The hospital offers a full range of medical, surgical, critical care, maternity, pediatric, rehab and mental health services. TADH houses 140 beds hospital wide and has approximately 850 employees, 75 physicians and 350 volunteers. Our vision emphasizes compassion, exceptional patient care and northerners. Our strategic dimensions are to:

- Optimize care within our northern communities
- Maximize the potential of our people
- Harness and advance technological enablers
- Achieve financial sustainability

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

September 19, 2016 to September 22, 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 Commendation** 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.

The senior and middle management teams are staffed by dynamic and innovative leaders who work collaboratively. A sense of doing whatever is required for the greater good of the patients permeates throughout the different leaders. The CEO is relatively new to the organization (15 months) and brings a wealth of experience at different settings in Canada. The rest of the leaders have considerable experience in the region and the organization have embraced innovation and change.

Leaders are present in numerous settings such as daily rounds, morning huddles, staff meetings, patient/family meetings, staff recognition events, orientation, and safety walkabouts. The leaders and staff are involved in numerous initiatives in the community with the aim of harmonizing care, getting a better flow of patients from acute to primary care, providing health education and prevention, and crisis intervention. The board chair was very complimentary about the organization's leaders, feeling that they demonstrate self-awareness and good emotional intelligence.

There are numerous opportunities for improvement in this organization, such as information systems, resources, stability of hard-to-fill positions, primary care providers, and collaboration with some community partners. The leaders readily recognize these and are keen to work on them.

The board of directors is in a period of renewal with about a quarter of the members being new to the organization. The onboarding process is extensive and the selection of the new members is skills and leadership based. The board underwent an external review two years ago and is in the process of implementing many of the recommendations. The board is strategic in its orientation rather than operational, which is left to the leadership. There are numerous opportunities for continuous development for board members.

The hospital is well laid out and well maintained. There have been additions to the hospital, such as the dialysis area that is patient and staff friendly and ensures efficiency. There is close collaboration between infrastructure leaders, infection prevention and control, the biomedical department, and support leaders such as dietary and linen. The support areas (i.e., kitchen and laundry) are well laid out and there is room to provide safe service.

The client engagement focus group is a relatively new but excellent initiative to ensure patients and families are invested into the care provided and to allow them to build on the feedback received about patient experience.

There is evidence that the senior leaders, board of directors, and middle managers are committed to providing high quality care to patients and families. There is a strong presence of the management team at all levels of the organization and this is appreciated by staff and patients. There is good networking and learning with partners and other health-related organizations. Patient safety is a strategic focus and there are numerous activities happening at all levels to ensure good outcomes, such as revamping the falls prevention strategy. Hand hygiene is a priority and they recently received an award from Public Health and 3M for the number of audits conducted in the hospital. Audit results are widely distributed, including on the hospital website.

The community partners focus group was a large group of representatives who provided feedback on their working relationship with the organization, demonstrating how invested this community is in their hospital. All were very complimentary about the availability of the staff members and leaders to work together for the greater good of the patients. The only opportunity for improvement mentioned was that all were anxiously waiting for the completion of the electronic medical record (EMR) process, especially in the emergency department (ED), as it would make the care much better and safer if there was ready access to pertinent information about the patients.

The organization committed significant funds this past year to upgrade the information system. There is a plan to move to a full EMR in the next three years. The next area to be computerized is the ED, for phase one of the project. Adding complexity to this project is that the EMR is shared with 21 other hospitals in the region, necessitating discussion and agreement prior to implementation.

Overall strengths:

- Culture of quality and safety
- Commitment to continuous learning
- Dedicated and present leaders
- Passionate and committed staff members
- Communication plan
- Walkabouts with leaders
- Talent management
- Valued by the community
- Informed evidence-based medicine
- Multi-skilled clinicians
- Patient flow

Overall opportunities for improvement:

- Progression to full EMR
- Physician involvement in the Ethics Committee
- Increased involvement of front-line staff in quality discussions
- More consistency in program- and unit-specific quality improvement initiatives









- Enhancing the journey toward patient- and family-centred care
- Investment in the information management system
- Patient safety on obstetrics
- Upgrading equipment that is beyond life expectancy

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.

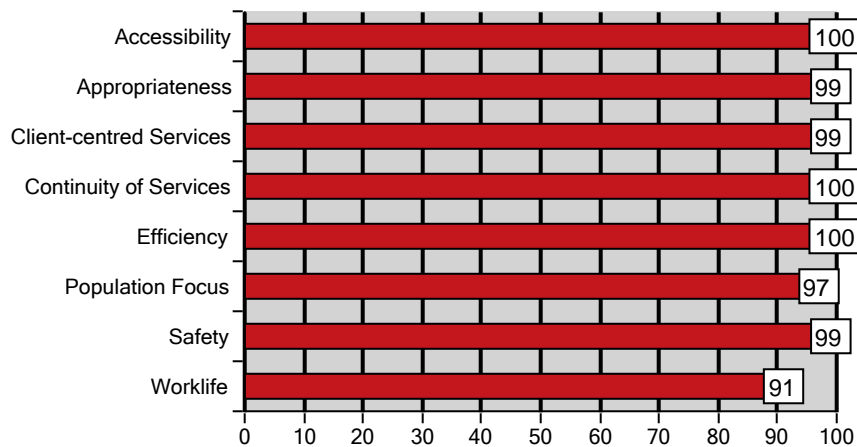
The quality dimensions are:

-  **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

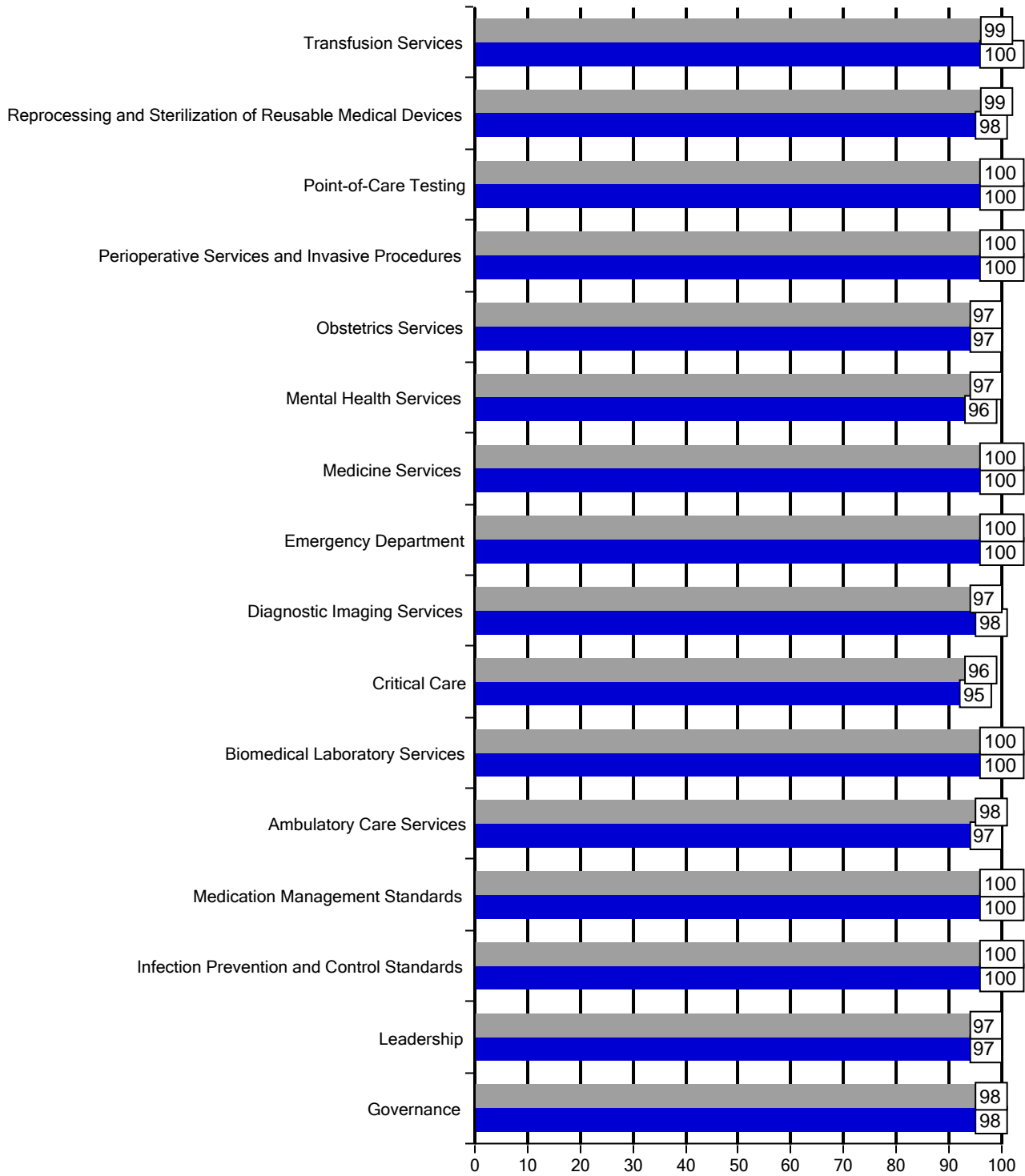
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

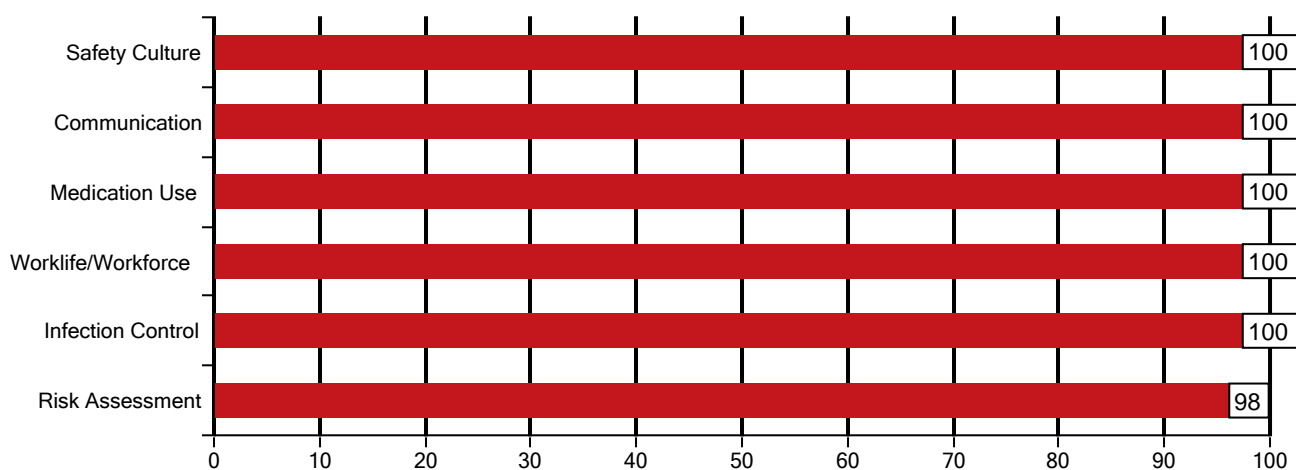
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



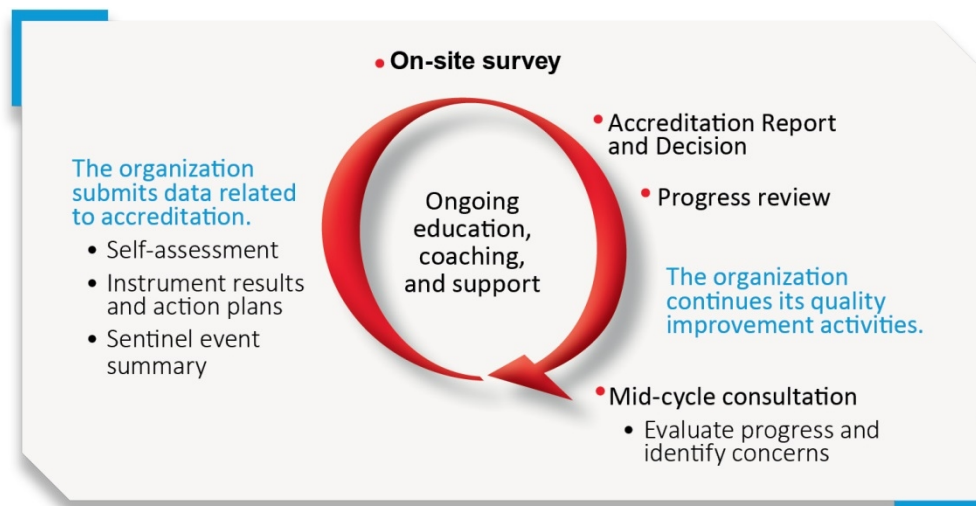
The quality improvement journey

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 **Timmins and District Hospital/L'Hôpital de Timmins et du District** 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 Timmins and District Hospital/L'Hôpital de Timmins et du District

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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