ACCREDITATION AGRÉMENT CANADA Qmentum

Accreditation Report

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

Timmins, ON

On-site survey dates: September 19, 2016 - September 22, 2016

Report issued: October 7, 2016

About the Accreditation Report

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

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

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.

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 Accreditation Specialist 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

Table of Contents

Executive Summary

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

Timmins and District Hospital/L'Hôpital de Timmins et du District's accreditation decision is:

Accredited with Commendation (Report)

The organization has surpassed the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: September 19, 2016 to September 22, 2016**

- **Location**

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

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

- **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
  4. Medication Management Standards

  Service Excellence Standards

  5. Ambulatory Care Services - Service Excellence Standards
  6. Biomedical Laboratory Services - Service Excellence Standards
  7. Critical Care - Service Excellence Standards
  8. Diagnostic Imaging Services - Service Excellence Standards
  9. Emergency Department - Service Excellence Standards
  10. Medicine Services - Service Excellence Standards
  11. Mental Health Services - Service Excellence Standards
  12. Obstetrics Services - Service Excellence Standards
  13. Perioperative Services and Invasive Procedures - Service Excellence Standards
  14. Point-of-Care Testing - Service Excellence Standards
  15. Reprocessing and Sterilization of Reusable Medical Devices - Service Excellence Standards
  16. Transfusion Services - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Governance Functioning Tool (2011 - 2015)
  2. Canadian Patient Safety Culture Survey Tool
  3. Worklife Pulse
  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)	48	1	0	49
Accessibility (Give me timely and equitable services)	82	0	0	82
Safety (Keep me safe)	583	3	14	600
Worklife (Take care of those who take care of me)	108	10	0	118
Client-centred Services (Partner with me and my family in our care)	332	3	0	335
Continuity of Services (Coordinate my care across the continuum)	65	0	0	65
Appropriateness (Do the right thing to achieve the best results)	969	8	9	986
Efficiency (Make the best use of resources)	55	0	0	55
Total	**2242**	**25**	**23**	**2290**

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	49 (98.0%)	1 (2.0%)	0	36 (100.0%)	0 (0.0%)	0	85 (98.8%)	1 (1.2%)	0
Leadership	48 (98.0%)	1 (2.0%)	0	93 (96.9%)	3 (3.1%)	0	141 (97.2%)	4 (2.8%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	1	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	1
Medication Management Standards	73 (100.0%)	0 (0.0%)	5	62 (100.0%)	0 (0.0%)	2	135 (100.0%)	0 (0.0%)	7
Ambulatory Care Services	45 (97.8%)	1 (2.2%)	0	77 (98.7%)	1 (1.3%)	0	122 (98.4%)	2 (1.6%)	0
Biomedical Laboratory Services **	71 (100.0%)	0 (0.0%)	0	105 (100.0%)	0 (0.0%)	0	176 (100.0%)	0 (0.0%)	0
Critical Care	47 (95.9%)	2 (4.1%)	1	112 (97.4%)	3 (2.6%)	0	159 (97.0%)	5 (3.0%)	1
Diagnostic Imaging Services	65 (98.5%)	1 (1.5%)	1	66 (97.1%)	2 (2.9%)	1	131 (97.8%)	3 (2.2%)	2

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	71 (100.0%)	0 (0.0%)	0	107 (100.0%)	0 (0.0%)	0	178 (100.0%)	0 (0.0%)	0
Medicine Services	45 (100.0%)	0 (0.0%)	0	77 (100.0%)	0 (0.0%)	0	122 (100.0%)	0 (0.0%)	0
Mental Health Services	48 (96.0%)	2 (4.0%)	0	90 (98.9%)	1 (1.1%)	1	138 (97.9%)	3 (2.1%)	1
Obstetrics Services	69 (97.2%)	2 (2.8%)	2	86 (97.7%)	2 (2.3%)	0	155 (97.5%)	4 (2.5%)	2
Perioperative Services and Invasive Procedures	113 (100.0%)	0 (0.0%)	2	109 (100.0%)	0 (0.0%)	0	222 (100.0%)	0 (0.0%)	2
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	46 (100.0%)	0 (0.0%)	2	84 (100.0%)	0 (0.0%)	2
Reprocessing and Sterilization of Reusable Medical Devices	49 (98.0%)	1 (2.0%)	3	61 (100.0%)	0 (0.0%)	2	110 (99.1%)	1 (0.9%)	5
Transfusion Services **	75 (100.0%)	0 (0.0%)	0	68 (98.6%)	1 (1.4%)	0	143 (99.3%)	1 (0.7%)	0
Total	**946 (98.9%)**	11 (1.1%)	15	1226 (99.0%)	13 (1.0%)	8	2172 (98.9%)	24 (1.1%)	23

* Does not includes ROP (Required Organizational Practices)
** Some criteria within this standards set were pre-rated based on the organization's accreditation through the Ontario Laboratory Accreditation Quality Management Program-Laboratory Services (QMP-LS).

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-related prospective analysis (Leadership)	Met	1 of 1	1 of 1
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)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	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 (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (Medicine Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health 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 (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)	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 (Medicine Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	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 (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	7 of 7	0 of 0
Medication reconciliation at care transitions (Critical Care)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Medicine Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	8 of 8	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 Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-alert medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion pump safety (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion pump safety (Critical Care)	Met	4 of 4	2 of 2
Infusion pump safety (Emergency Department)	Met	4 of 4	2 of 2
Infusion pump safety (Medicine Services)	Met	4 of 4	2 of 2
Infusion pump safety (Mental Health Services)	Met	4 of 4	2 of 2
Infusion pump safety (Obstetrics 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 pump safety (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Narcotics safety (Medication Management Standards)	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
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls prevention (Ambulatory Care Services)	Unmet	2 of 3	2 of 2
Falls prevention (Critical Care)	Met	3 of 3	2 of 2
Falls prevention (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls prevention (Emergency Department)	Met	3 of 3	2 of 2
Falls prevention (Medicine Services)	Met	3 of 3	2 of 2
Falls prevention (Mental Health Services)	Met	3 of 3	2 of 2
Falls prevention (Obstetrics Services)	Met	3 of 3	2 of 2
Falls prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Critical Care)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Suicide prevention (Emergency Department)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Suicide prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous thromboembolism prophylaxis (Critical Care)	Met	3 of 3	2 of 2
Venous thromboembolism prophylaxis (Medicine 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.

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

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Risk Assessment	
Falls prevention To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	· Ambulatory Care Services 8.6

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:

!	High priority criterion
ROP	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	
13.7 The governing body regularly reviews the contribution of individual members and provides feedback to them.	!

Surveyor comments on the priority process(es)

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. Each board member is heavily involved in the Timmins community and committed to the growth and excellence of the hospital.

The board underwent an external review two years ago and is in the process of implementing many of the recommendations. Board members are also very much aligned to the external partners, such as the Local Health Integration Network and other health-related and educational organizations. 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.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This organization is very responsive to suggestions, concerns, and feedback provided by patients and families about the patient experience at the Timmins and District Hospital.

There several means for patients and families to provide input, such as the website, the patient advisers on the clinical team, the client engagement focus group, and the lead for patient discharge who sees each patient on discharge to ensure resources are in place and the care provided was safe and of high quality.

The leaders are very involved with peers and partners in the community. Senior leadership Team supports and encourages talent development and invests in future leaders.

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)

Senior Leadership Team have committed to pay down a long-term debt that has accumulated over the past 20 years, a process that will undoubtedly take several years.

With a strong and active Foundation and Auxiliary the organization is able to commit much needed funding for capital and infrastructure expenditures.

Priority Process: Human Capital

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
2.10	An immunization policy and associated procedures, which include recommending specific immunizations for team members, are developed.	
10.4	Education and training are provided throughout the organization to promote and enhance a culture of client- and family-centred care.	
10.7	Position profiles are developed for each position and are updated regularly.	
10.11	Policies and procedures for monitoring team member performance align with the organization's mission, vision, and values.	!

Surveyor comments on the priority process(es)

The organization is commended for the attention it gives to recruiting and retaining staff.

Educational opportunities are available to help staff develop skills and progress in the organization. Online education is offered as well. What remains to be developed is a human resource developmental plan which identifies on a yearly basis the educational activities which are required, prioritized for a given year.

Efforts are being made to revise job descriptions. The organization is encouraged to ensure job descriptions reflect a culture of patient- and family-centred care practice.

Patient- and family-centred care is being developed and will be implemented over the next few years. A committee that includes family members is in place.

The organization supports a safe environment through the policy on workplace violence prevention. Online training is offered to staff. There is a code white policy and procedure.

The organization is aware of incidents in the workplace and intervenes as necessary. It is suggested that follow up be formalized by developing an action plan to monitor improvement.

The organization has an excellent wellness program with over 20 community partners. Participation in the activities is high and they are appreciated by staff.

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)

There is evidence that the senior leaders, board of directors, and middle managers are committed to providing high quality care to the patients and families. There is a strong presence of the management team at all levels 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 for the organization and there are numerous activities at all levels to ensure good outcomes, such as revamping the falls prevention strategy. Hand hygiene is a priority and the organization 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.

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)

The ethics committee has developed an ethics framework to help identify and address ethical issues. The committee has deliberate turnover to saturate staff learning, which is commended as a good strategy.

In response to an accreditation recommendation in 2012, the ethics committee incorporated clinical research activities into the framework. Through enhanced awareness and education the clinical teams are learning to address issues that can present significant challenges for patients and their families. The effect of social media on ethics and medically assisted dying are some of the topics the ethics committee may be required to address in the near future.

In terms of organizational awareness the ethics committee members use several strategies to sensitize the governing body, the leadership team, physicians, staff, and patients to its existence. A blue laminated card is provided to employees at orientation, educational sessions are offered, regular reports are provided by the chief nursing officer, and an ethicist who is very committed to the organization is accessible at all times. The ethicist offers educational sessions on ethical topics upon request. Staff members are encouraged to access the online ethical decisions worksheet to declare ethical dilemmas and follow the process for managing them. The organization is encouraged to collect feedback on the worksheet template and make changes to optimize its use.

As the ethics committee moves forward the focus will be on continuing to develop strategies to increase its visibility and capacity building throughout the organization, with an emphasis on patient care areas, research, and decision making.

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)
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 the fact that the EMR is shared with 21 other hospitals in the region, necessitating discussion and agreement prior to implementation.

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)

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 (IPC), 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.

Renovation and construction work is contracted out but there is an orientation process for all contract workers.

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)
This is a dynamic and outcome-driven team that has developed a comprehensive, easy-to-read and retain manual for emergency responses. The managers are accountable for ensuring all staff members are educated on the different codes and responses.

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)

The organization is aware that patient flow is a challenge. A patient flow algorithm is implemented and known by staff.

The quality improvement plan that was started in July 2016 has defined and measurable objectives. The post-discharge phone call has been in place since August 2016 and it has had a positive impact on the reduction of visits to the ED.

Non-urgent transport is presently a challenge due to EMS withdrawing this service and only doing emergency transport. The organization is developing links with community-based organizations such PATH (Priority Assistance to Transition Home, a Red Cross-based service), Voyageur, and taxis. These links are important to avoid overflow in the ED.

A surge plan is developed and staff know who to contact.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Unmet Criteria	High Priority Criteria
Standards Set: Reprocessing and Sterilization of Reusable Medical Devices	
5.2 The medical device reprocessing department's hand hygiene facilities are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, or electric eye controls.	!

Surveyor comments on the priority process(es)

As of May 2016, all reprocessing is done in the central reprocessing department (CRD).

There is close collaboration and a good working relationship between infection prevention and control and the CRD.The CRD is starting a quality improvement initiative that will seek feedback from end users to improve the service.

The process for selecting and purchasing medical devices and equipment is through the Equipment Planning Committee and the appropriate program leaders are invited to provide input when a request for new equipment is made. A guiding principle for this committee is to reduce the variation in models in the organization and in the region.

Upgrades have been made in the CRD to ensure non-porous material is used and a new stainless steel sink was installed recently. There are monthly rounds with occupational health to ensure a safe working environment.

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	
1.1 Services are co-designed with clients and families, partners, and the community.	!
1.2 Information is collected from clients and families, partners, and the community to inform service design.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
8.6 To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	ROP
8.6.1 A documented and coordinated approach to falls prevention is implemented.	**MAJOR**
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	

Comments for ambulatory care are based on time spent with the oncology team.

The recent move of ambulatory oncology to a new and larger area has improved patient comfort and safety. The unit is populated with six treatment areas and an additional treatment area designed to accommodate overflow.

Diagnosis and initial tests and chemotherapy administration are delivered at the Health Sciences North (HSN) of which Timmins and District Hospital is a satellite. The approach to care is interprofessional and patients and families are at the centre of the plan of care. Although patients are invited to participate in their care the services are not co-designed with their input.

The ambulatory oncology team is dynamic and is working diligently to optimize care and services to meet the needs of patients and their families.

Although the support from the Health Sciences North (HSN) is an added value to the team, it is important that this oversight not become a deterrent to quality improvement and the development of a risk management program.

Priority Process: Competency

The team consists of deeply committed professionals who work in collaboration with pharmacists, medical generalists, medical specialists, and social workers.

The team receives training and performance feedback. There are opportunities for education, such as nursing attendance at a provincial standardized chemotherapy and biotherapy course offered by the de Souza Institute.

Infusion pump training is conducted in accordance with regulations and training is carried out when improvements are required.

Patients and families are engaged to provide input and feedback on their participation in their care. There is access to a spiritual space for all clients.

Priority Process: Episode of Care

Responses to requests for general oncology services are timely and coordinated with Health Sciences North (HSN). Patients in need of urgent care can contact the ambulatory oncology nurse for support and guidance; however, this service is offered from 8 a.m. to 4 p.m., Monday to Friday. Otherwise, the patient is instructed to go to the ED.

On rare occasions some patients do not show up for scheduled appointments. This is monitored and strategies to improve attendance are implemented.

In terms of support offered to families, the supportive care network and the cancer chat are two avenues that allow patients to seek and receive support. Social services is an integrated part of the interprofessional team and they ensure these services are known to the patients and families and facilitate access.

Priority Process: Decision Support

The ambulatory oncology team uses both Mosaiq and Meditech electronic charts. Mosaiq originates from Health Sciences North (HSN) and is used by nursing staff. Meditech is an electronic documentation tool used by other health care professionals at the organization. Staff members have voiced some concern in having two parallel documentation tools.

Timely technological support is available for both systems.

Priority Process: Impact on Outcomes

Guidelines are developed to ensure compliance with practices, such as double identifiers and peripheral inserted central catheter care.

Indicators are tracked and reported to the Hospital Quality Improvement Committee. Data are entered by the unit agent and sent to leadership on a monthly basis.

It would be beneficial for front-line staff to understand the value and role of indicators, to help them better understand the organization, workload, and quality and safety.

Although the nursing team in ambulatory oncology is aware of the ethics worksheet, the incentive to use the form has not yet been promoted.

Standards Set: Biomedical Laboratory Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Diagnostic Services: Laboratory

Overall, laboratory services are extremely well managed.

In response to a recommendation in the previous on-site survey, carts to store cardboard boxes that were on the floor throughout the laboratory services were purchased.

Standard operating procedures are verified every year. Medical and administrative direction for the lab is provided through University Health Network. The last IQMH (Institute for Quality Management in Healthcare- Centre for Accreditation) inspection was in 2015 and the teams are already preparing for the self-assessments that will begin in 2017.

With regard to their link with the University Health Network, some concerns were expressed in relation to the Network's misunderstanding in managing the needs of small laboratories, especially with regard to the creation of standard operating procedures (SOPs). Although some SOPs are reported as having been "Timminized," it is important for the leadership team to address this concern.

Standards Set: Critical Care - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.3	The required level of staffing is determined and maintained to provide consistent quality of service at all hours of the day and on all days of the week.	
4.4	An intensivist or critical care specialist is available daily to consult with admitting physicians in open ICUs.	
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
9.16	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.	
10.2	A process which meets legal requirements is followed to address decisions about providing, forgoing, or withdrawing life-sustaining treatment in partnership with the client and family.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
15.5	Guidelines and protocols are regularly reviewed, with input from clients and families, to ensure they reflect current research and best practice information.	!
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

Clinical leadership works as a team to implement high quality, safe care. Objectives have been developed as a team and in accordance with the strategic plan.

Priority Process: Competency

The organization supports ongoing education. Some policies require revisions to be in accordance with best practices.

The organization offers educational sessions on revised policies. The units do one-on-one education and group sessions. The educator is very active in the development and implementation of policies.

Priority Process: Episode of Care

The organization works together to improve services. Communication in bed management helps the team respond rapidly to critical care needs for beds.

The organization is in the process of reviewing most policies and procedures. This will ensure best practices are followed and high quality care is maintained.

All information is communicated to patients and families in a timely fashion. Confidentiality is always maintained.

Priority Process: Decision Support

Regular informal, spontaneous meetings are held on the unit. Issues are discussed and solutions adapted to needs. The team is dynamic and proactive.

Educational sessions are offered through the learning management system.

Priority Process: Impact on Outcomes

The organization evaluates patient satisfaction through a feedback program and results are posted on the unit.

The intensive care unit has received positive feedback, which helps motivate staff to offer the best possible care. A patient on the unit verbalized their satisfaction as well.

Priority Process: Organ and Tissue Donation

The organization follows governmental indicators for high risk of imminent death.

The critical care unit is a level 3, therefore automatically participates in the governmental program for both tissue and organ transplant. The physicians must assess the patient to determine neurological death. Fifty percent of the Timmins population have given consent for organ transplant.

The staff believe in the program.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Diagnostic Services: Imaging		
3.10	The team evaluates and documents each team member's performance in an objective, interactive, and constructive way.	
3.11	Each team member has an up-to-date, comprehensive personnel file or employment record.	
15.8	The team identifies, reports, records, and monitors in a timely way sentinel events, near misses, and adverse events.	!

Surveyor comments on the priority process(es)

Priority Process: Competency

Patients and families have access to spiritual space if requested.

Priority Process: Diagnostic Services: Imaging

Diagnostic imaging (DI) comprises three radiologists and over 50 employees.

The overall impression is of a highly competent and dedicated team that is fully engaged in the organization. For example, to promote fundraising toward the Breast Wellness Centre staff volunteered to participate in a golf tournament that resulted in a substantial donation invested in the acquisition of radiology equipment for the centre. Additional fundraising activities helped offset the costs to redesign a portion of the radiology department that is planned to open at the end of September.

The DI team completes approximately 80,000 procedures annually. In terms of quality improvement and risk management, several activities are continuously monitored including results from patient satisfaction surveys, turnaround time for imaging services, and wait times for MRI services, to name a few.

Data are benchmarked against similar DI services across the region, and trends are identified and measures taken to improve the service. Results are posted on a clipboard in the hall and are available to staff and patients who wish to learn about diagnostic services quality and safety programs.

Given the strong commitment toward performance improvement, leadership in DI is encouraged to engage in quality and safety walkarounds in each modality to inquire about the quality of services and to connect directly with the staff. This would give staff an opportunity to bring forward issues that they feel may compromise their work.

Although DI services are carried out in an older building, privacy and comfort measures for patients are a priority. In response to the last accreditation on-site survey an area adjacent to the CT room was created to allow patients to recover quietly post-treatment.

In terms of recruitment, students are supported in their learning and some return as employees. Resources such as an anesthetist, a respiratory technician, a DI technician, and nursing ensure quality and safety for conscious sedation application.

Succession planning for the DI medical director is an important challenge.

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

Clinical leadership is responsive to individual and community needs. As with most EDs, this is a window on community need that reflects chronic and acute conditions, how effectively primary health care services are organized in the community, and the availability of and access to family physicians.

Priority Process: Competency

Experienced general practice, family practice, and emergency medicine physicians are the backbone of this ED. Their strength lies in multitasking. They often provide services through ED shifts, operating room assists, hospitalist services, and family practice in the community.

Priority Process: Episode of Care

Two patients were interviewed about their experience in the ED

One had to make a second visit to the ED, based on a unmet need engendered by a physician being unaware of outstanding issues. "There is nothing wrong" is an inappropriate response to not knowing why the bruising has occurred and the patient is stable and should be seen in follow-up.

The second individual, having had two previous heart attacks, was worried about having a third was leaving the ER without clear direction as to what to do. He was relatively new to the community and had no family physician.

Priority Process: Decision Support

The medical record is paper based.

An initial foray on the part of ED physicians into electronic data entry proved to be exceptionally time consuming and slowed the very process it was meant to facilitate.

Priority Process: Impact on Outcomes

Incident reporting and reporting of significant events impacting quality and safety follow the prescribed protocol.

Priority Process: Organ and Tissue Donation

The Trillium Gift of Life Network is Ontario's organ and tissue agency. Its supportive and detailed process allows the Timmins and District Hospital to fulfil its obligations to the community.

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 organization has a comprehensive and robust infection prevention and control (IPC) program. Two infection control practitioners manage the program rigorously and ensure their visibility throughout the organization.

The organization has implemented an aggressive and inclusive approach to hand hygiene including monitoring and auditing hand-hygiene practice compliance. The program is successful and employees are aware of hand-hygiene audit results.

A comprehensive set of IPC policies, procedures, and practices are embedded across the organization and communicated through a number of quality and safety avenues including regular IPC walkabouts, IPC committees, and IPC communications, to name a few.

Infection rates are closely monitored and the organization has a comprehensive protocol to identify, manage, and report outbreaks. The IPC team is actively involved in all renovation and construction initiatives in the organization to ensure compliance with provincial, national, and organizational infection prevention and control standards.

IPC is a key component of the overall approach to quality, safety, and risk management across the organization. In light of the importance of producing, analyzing, sharing, and improving IPC practices, an electronic approach to support quality improvement activities in relation to IPC would be more efficient and reliable.

Although medical direction for infectious diseases is provided by the chief of staff, the organization is encouraged to continue to seek ways to attract to the team an MD who is an expert in this highly specialized domain.

The organization is commended for the outstanding IPC work that is being conducted to enhance safety and reduce risk to patients, families, staff, and volunteers.

Standards Set: Medication Management Standards - 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

An excellent professional staff coupled with a well-educated and trained support staff ensures reliable medication management services.

The Ontario College of Pharmacists has provided multiple challenges to be addressed as to space, storage, and credentialing requirements for staff working in this area. Leadership in this area is commended.

Standards Set: Medicine 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	
Medicine services is very capably led. The clinicians (nurses/physicians) are generally young and enthusiastic. This is a remarkably comprehensive service.	
Priority Process: Competency	
The education, training, and credentialing of health professionals is exemplary.	
Priority Process: Episode of Care	
Medicine services focuses on patient-centred care in all its interactions.	
Priority Process: Decision Support	
Decision support and computerization is mature from a nursing perspective. These earlier adopters may facilitate the transitions in ED and the intensive care unit.	
Priority Process: Impact on Outcomes	
Evidence-informed guidelines are not only embraced but promoted.	

Standards Set: Mental Health 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		
3.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
4.3	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.	
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
11.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
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 leadership team has developed specific goals and objectives based on best practice. Staff stated there is good teamwork. The team is aligned with the organization's values, mission, and strategic plan.
Priority Process: Competency
The interdisciplinary teams are well defined and objectives are developed. Team meetings are held regularly and minutes are kept for each meeting. The leadership team is fairly recent and is in the process of stabilizing the team. An educator was hired and is doing educational sessions with staff on days and nights; these are appreciated by staff. They were done in a short period of time. Staff are very motivated to upgrade their skills.

Staff stated they would like more recognition from the organization for their work and effort. The organization is encouraged to initiate a staff recognition program, which could have the added benefit of helping to retain staff of all disciplines.

Staff appreciation is in progress.

Priority Process: Episode of Care

The organization has a defined mandate for each unit and staff feel they have expertise working with the specific groups.

The organization does not use a specific model of charting. A model such as focus charting could be considered to facilitate charting.

The policy and procedure for the use of restraints is well implemented.

Suicide assessment and monitoring are well identified in the policy. The organization ensures staff are available to monitor this population closely.

Priority Process: Decision Support

The organization refers to best practices when reviewing the programs.

Policies and procedures are available electronically although the system is not user friendly. The organization is upgrading the electronic system.

Teams are interdisciplinary and staff feel they are part of a team.

An ethical framework has been developed. The organization is in the process of educating the staff to promote the identification and referral of ethical issues.

Priority Process: Impact on Outcomes

The team promotes safety. Information is given to patients and families and pamphlets are available on the unit.

Education is offered to staff regarding their role in promoting a safe environment.

All staff wear a panic alert button. They are clear as to how to use it and who would respond if the button is activated.

Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.4	Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.	
Priority Process: Competency		
3.12	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
5.3	Team members are recognized for their contributions.	
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		
16.5	Guidelines and protocols are regularly reviewed, with input from clients and families, to ensure they reflect current research and best practice information.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

This is a proactive team that meets regularly to review services.

There is good collaboration between services and community organizations.

The organization supports student placements.

When material needs to be updated it is discussed within the team. When equipment is broken it is discussed with manager and a decision is made to fix or replace.

Some equipment requires upgrades (i.e., more Pandas as there is only one on the unit).

The organization is encouraged to add blue bili lights and biliblankets to increase the effectiveness of the treatment and to make a priority when budget is available.

Priority Process: Competency

The team communicates regularly to ensure delivery of care. The organization promotes education to staff to ensure quality service is offered.

The organization would benefit from formally recognizing the contributions of the staff. The team informally acknowledges work and effort on an individual basis, but it is suggested a staff recognition program be put in place.

Priority Process: Episode of Care

Obstetric services are well organized. The organization does a triage prior to admission. Confidentiality is maintain during all phases of the delivery.

The organization admits mothers from 34 weeks gestation and accepts transfers of premature babies who have reached 34 weeks gestation. . The parents present stated this permitted them to visit the baby more frequently.

Mothers who are less than 34 weeks are referred to Health Sciences North to deliver. When they cannot be transferred, the baby is delivered in-house and transported to Health Sciences North or the Children's Hospital of Eastern Ontario (CHEO) by a specialized neonatal team. This is important to ensure the baby is closer to home. The parents present stated this permitted them to visit the baby more frequently.

Staff follow the MoreOB program.

Priority Process: Decision Support

Regular staff meetings are held with the manager, and education sessions are offered online.

Some policies and procedures need to be reviewed and brought into line with best practices. The organization is encouraged to put in place a structured revision process for all policies and procedures.

Priority Process: Impact on Outcomes

The organization tracks many indicators which helps evaluate the services offered.

Families expressed satisfaction in the personalized care they received during labour, the support they received post-delivery with skin-to-skin contact, and the help they received for breastfeeding. The organization is working toward being a Baby Friendly Hospital.

Formula is offered as a supplement. The organization is encouraged to consider hiring a lactation consultant. The lactation consultant could help with the implementation of the 10 steps to be designated as a Baby Friendly Hospital.

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
Perioperative services and invasive procedures are based on and co-designed with individuals and their community in mind. Services are regularly reviewed and assessed with individual needs and experiences as a reference.
Priority Process: Competency
A comprehensive array of surgical expertise is provided. The capacities and capabilities serve this community and its satellite communities well.
Priority Process: Episode of Care
A patient's description of their experience in the ED as well as their facilitated admission to the surgical floor, initial operation, and repeat operation within 48 hours testifies to this well-organized service. The patient expressed appreciation for the care, attention, and skill of the staff and surgeon.

Priority Process: Decision Support

Decision support is a component of the standard operating procedure.

Priority Process: Impact on Outcomes

Patient quality and safety significant events/critical incidents are well supported through the process of debriefing. All individuals who might benefit from the debrief are invited to participate.

Priority Process: Medication Management

The unique attributes of medication management for perioperative services and invasive procedures are very well addressed.

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

An interdisciplinary committee reviews point-of-care testing (POCT) quality control data annually and makes improvements as needed.

Support for POCT is offered for blood glucose and urinalysis tests.

A POCT assistant technician is assigned to emergency services for support in carrying out some diagnostic measures laboratory orders.

Compliance with proper labelling of the specimen on collection was assessed.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Transfusion Services	
1.1 At least every two years, the team collects information about the demand for transfusion services including service volumes, wait times, client perspectives on services, and trends in service needs across different groups such as age or condition-specific populations.	

Surveyor comments on the priority process(es)

Priority Process: Transfusion Services

Service providers stated that transfusion products are delivered in a timely fashion.

A transfusion procedure was observed in a clinical unit. It was noted that nursing staff are appropriately trained and aware of policies, procedures, and risks that can occur in relation to the administration of blood and blood products.

Consent for transfusion, identification, evaluation, and documentation of adverse events and follow-ups are in compliance with the transfusion services SOP.

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 (2011 - 2015)

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: July 7, 2015 to September 20, 2015**
- **Number of responses: 14**

Governance Functioning Tool Results

		% Disagree	% Neutral	% Agree	%Agree * Canadian Average
		Organization	Organization	Organization	
1	We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	0	100	94
2	Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	7	93	95
3	We have sub-committees that have clearly-defined roles and responsibilities.	0	7	93	94
4	Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	21	79	94

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	7	7	86	92
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	7	93	93
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	94
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	7	93	94
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	95
11 Individual members are actively involved in policy-making and strategic planning.	7	0	93	89
12 The composition of our governing body contributes to high governance and leadership performance.	0	0	100	92
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	0	100	95
14 Our ongoing education and professional development is encouraged.	0	0	100	90
15 Working relationships among individual members and committees are positive.	0	0	100	97
16 We have a process to set bylaws and corporate policies.	0	7	93	95
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
18 We formally evaluate our own performance on a regular basis.	0	7	93	81
19 We benchmark our performance against other similar organizations and/or national standards.	0	14	86	69

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20 Contributions of individual members are reviewed regularly.	0	14	86	69
21 As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	81
22 There is a process for improving individual effectiveness when non-performance is an issue.	0	15	85	63
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	83
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	0	14	86	82
25 As individual members, we receive adequate feedback about our contribution to the governing body.	0	23	77	69
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	95
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	88
28 As a governing body, we oversee the development of the organization's strategic plan.	0	7	93	94
29 As a governing body, we hear stories about clients that experienced harm during care.	0	7	93	87
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	92
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	7	93	90
32 We have explicit criteria to recruit and select new members.	0	8	92	83
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	7	93	90

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	92
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	7	93	95
36 We review our own structure, including size and subcommittee structure.	0	7	93	91
37 We have a process to elect or appoint our chair.	0	0	100	91

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2015 and agreed with the instrument items.

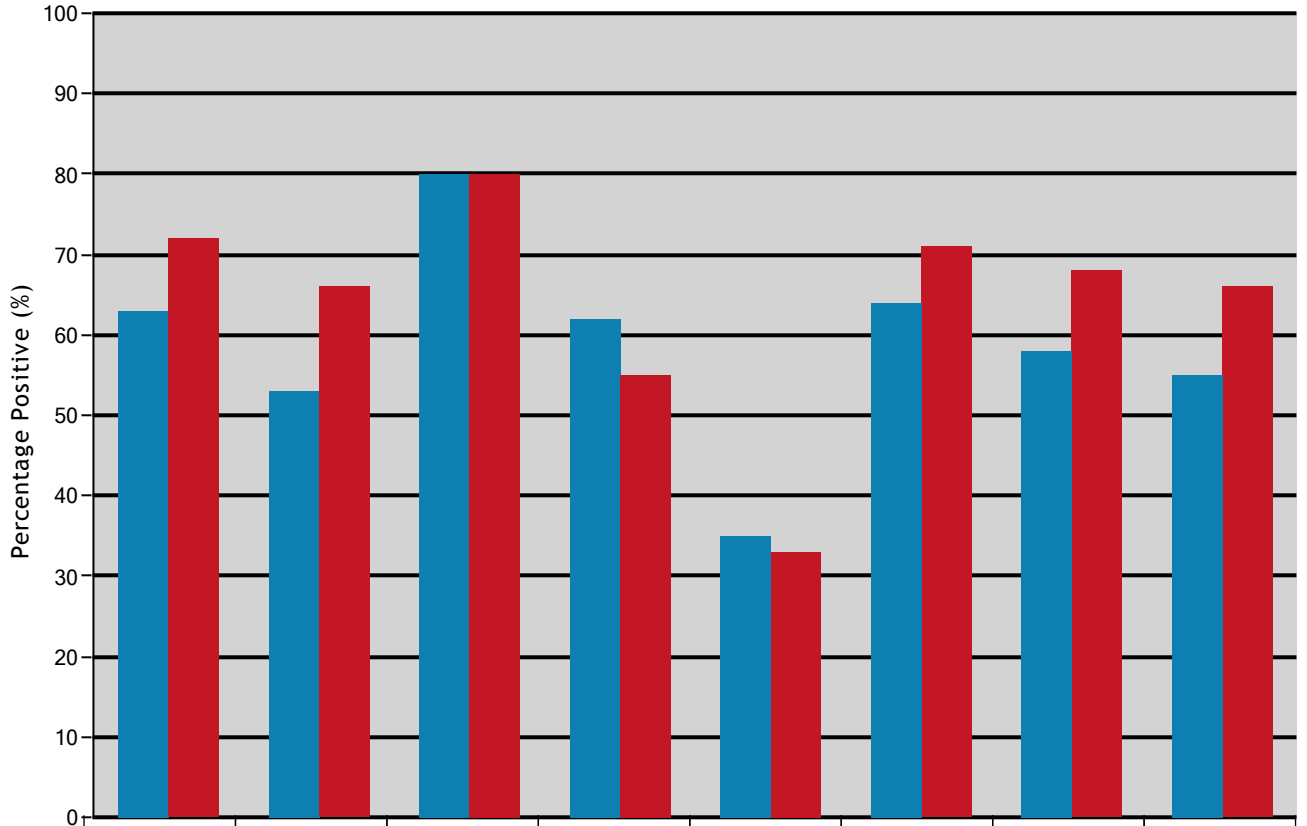
Canadian Patient Safety Culture Survey Tool

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: August 28, 2015 to October 31, 2015**
- **Minimum responses rate (based on the number of eligible employees): 228**
- **Number of responses: 352**

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
	63%	53%	80%	62%	35%	64%	58%	55%
	72%	66%	80%	55%	33%	71%	68%	66%

Legend

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

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2016 and agreed with the instrument items.

Worklife Pulse

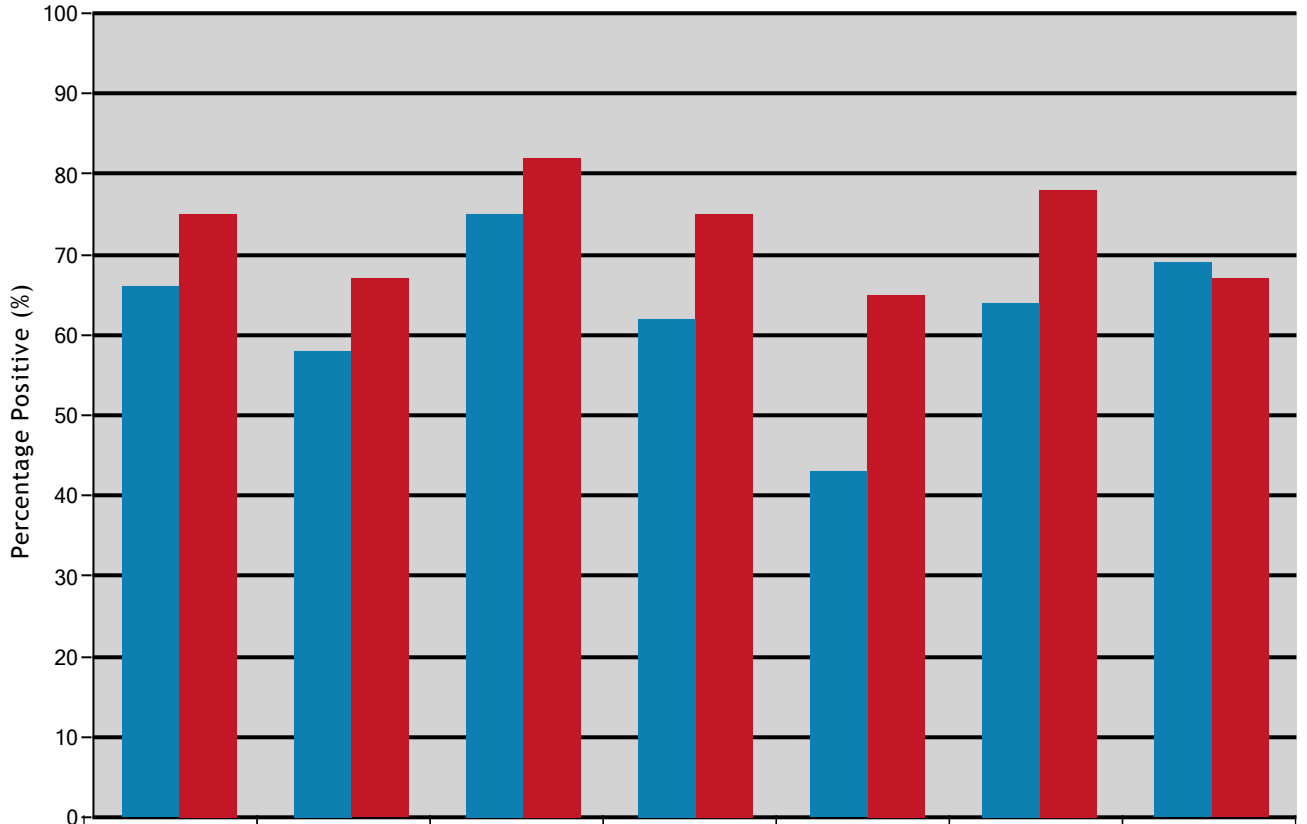
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse 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: August 28, 2015 to September 20, 2015**
- **Minimum responses rate (based on the number of eligible employees): 243**
- **Number of responses: 258**

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	66%	58%	75%	62%	43%	64%	69%
	75%	67%	82%	75%	65%	78%	67%

Legend

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

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2016 and agreed with the instrument items.

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 10 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. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

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

Priority Process	Description
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
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

Priority Process	Description
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