



Stevenson Memorial Hospital

Accredited with Exemplary Standing

November, 2016 to 2020

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

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

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

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

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

November 20, 2016 to November 24, 2016

Locations surveyed

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

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

Standards used in the assessment

- **13 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.

Stevenson Memorial Hospital (SMH) is entering phase 2 of a redevelopment process. There are infrastructure issues with the building space and age. The community of Alliston is growing and the current building no longer meets the service needs of the population. This community attracts numerous seniors from the Toronto area. SMH is a small hospital situated in a large community. The SMH Foundation is extremely active and funds are being raised for the new building and capital expenditures. The new building will be built on the current 11.5 acres, and the current hospital will be used for other services that have not yet been identified.

Space issues have been identified for this hospital and its staff and patients. Patients are lined up in the registration area where there is minimal room to sit and no privacy. Patient rooms are small and crowded with equipment. Halls are also filled with equipment and other necessary items. Small, crowded spaces lead to several infection prevention and control issues. The hospital will need to determine how families can support their loved ones 24/7 when the new visiting hours are implemented, and how the hospital can support those families (e.g., lounge chairs so family members can sleep in the patients' rooms).

SMH is revising its strategic plan, and will hire an external company to assist with this process. The board is open to changes identified during the process and is willing to shift the culture of the organization if necessary to align with future health care needs and services. Professional and political input will be sought from patients, families, staff, physicians, and the community to ensure the strategic plan is comprehensive and inclusive. The hospital is encouraged to have a patient and family representative on the redevelopment committee to ensure all decisions are patient centred. An environmental scan will be completed to ensure community demographics are current and relevant to ongoing planning.

Board members are selected based on a talent matrix. New board members are provided with a binder with pertinent information and assigned a mentor who works closely with them. Local Advisory Committee (LAC) members may become board members, and the LAC is a good stepping stone that can help develop LAC members and advance them to the board level.

Board members are educated through webinars, education sessions at board meetings, Ontario Hospital Association conferences, team building exercises, and patient stories. The board identified how patient stories have enlightened them and made them more aware of the patients' and staff's daily struggles and successes. The board appears to understand its role in governance versus management and makes all attempts to function within the governance model. The board is familiar with the ethical framework and has used it to support its decision making.

SMH has a close working relationship with Southlake Regional Health Centre. Succession planning for various positions occurs across the two hospital sites. SMH makes concerted efforts to ensure services that the community values continue to be provided. The obstetrical program, which was once going to be removed from the hospital, is growing in annual deliveries with the increase in population in Alliston. Trauma cases such as orthopaedics and acute cardiac patients are referred to area hospitals. There appear to be strong linkages and good relationships at all levels with referral hospitals. The hospital has a helicopter pad to facilitate urgent patient transportation.

SMH is commended for its Patient and Family Advisory Council and the work done to date. Council members have been included in work such as in the hiring processes of senior team members and a physician, as care team members, and are on the E-Collaborative and Quality Committees. Two council members attend the Central Local Health Integration Network (LHIN) board meetings. This hospital is truly working toward a partnership among patients, family members, and staff and physicians, so patients and families can provide direct input into organizational policies, protocols, and program developments. Fashioning the work of the organization through the lens of the patient and family will enhance the patient experience and improve patient outcomes. SMH is currently working on a 24/7 visitor policy.

SMH has several tools to assist with transferring patient information from one care provider to the next. The organization is encouraged to move these activities to the patient's bedside and include the patient in the daily plan of care. The organization is encouraged to complete the white boards located at each bedside, so patients have pertinent information, including their care provider's name, available. The bedside transfer of accountability and the white boards are recognized as tools that will increase patient and staff satisfaction.

Staff from long-term care, hospice, public health, the Community Care Access Centre (CCAC), Southlake Regional Hospital, and LOFT Community Services participated in the on-site survey interview. Each of these organizations works closely with the hospital, either on committees or in project work. Public health is represented on the Infection Prevention and Control Committee, and was very involved in a past outbreak at the hospital. They commended the hospital for being open and working diligently toward resolving the outbreak and putting practices into place to prevent further outbreaks. LOFT and the hospitals are working on a behavioural transition project that has been identified as a large need for the community. There are two CCAC coordinators located in SMH; they have access to pertinent patient care information and are involved in discharge planning. Community partners identified that the hospital has too few resources for the assessment and rehabilitation of seniors and those waiting for long-term care beds. There is a need for weekend support services to assist with assess and restore activities. Community partners also identified the

need for a clinical dietitian and more physiotherapy and occupational therapists at the hospital. Overall, the community partners felt that communication and flow of information has improved over the past few years and with the new leadership. They felt there was a positive working relationship and the focus has transitioned closer to an integrated model of service delivery.

Stevenson Memorial Hospital's communication and community engagement strategy plan was developed in 2015 and is being reviewed and revised. This plan aligns with the strategic plan. The hospital also has a crisis communication plan that is used in urgent situations that require timely information sharing. The crisis plan highlights pertinent steps to follow throughout the process.

SMH is commended for arranging and providing many activities and educational opportunities to support staff and improve worklife quality. These include wellness days and information on hiking and the benefits of herbal use and chiropractic. Lunch and learn sessions address topics such as living well and shift work, dealing with difficult personalities, and seasonal stress. Staff can access a website for mental health called Feeling Better Now. The employee activity team arranges social events such as golf games and trips to the city to see musicals, plays, or sporting events. Long-term staff are recognized at a special event and receive a gift. Volunteers are recognized during National Volunteer Week with a social tea at which the leadership team serves them. There are team building and social events for the management team. Several managers were wearing a sweater with the SMH logo and staff appeared appreciative and proud to wear it. Specific events for physicians are also arranged and there is an annual recognition award called the Dr. Alexander McIntyre Award of Excellence.









The hospital is commended for the services it provides to the community. It is evident from speaking to staff and physicians that they enjoy working at SMH.

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.

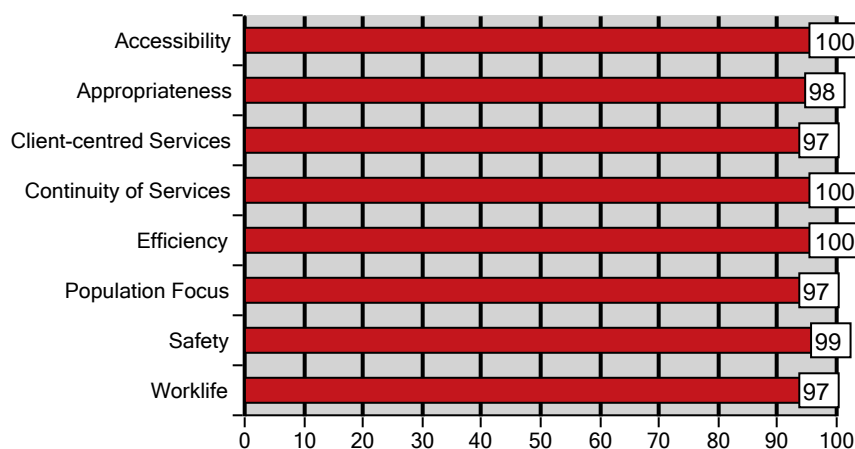
The quality dimensions are:

	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

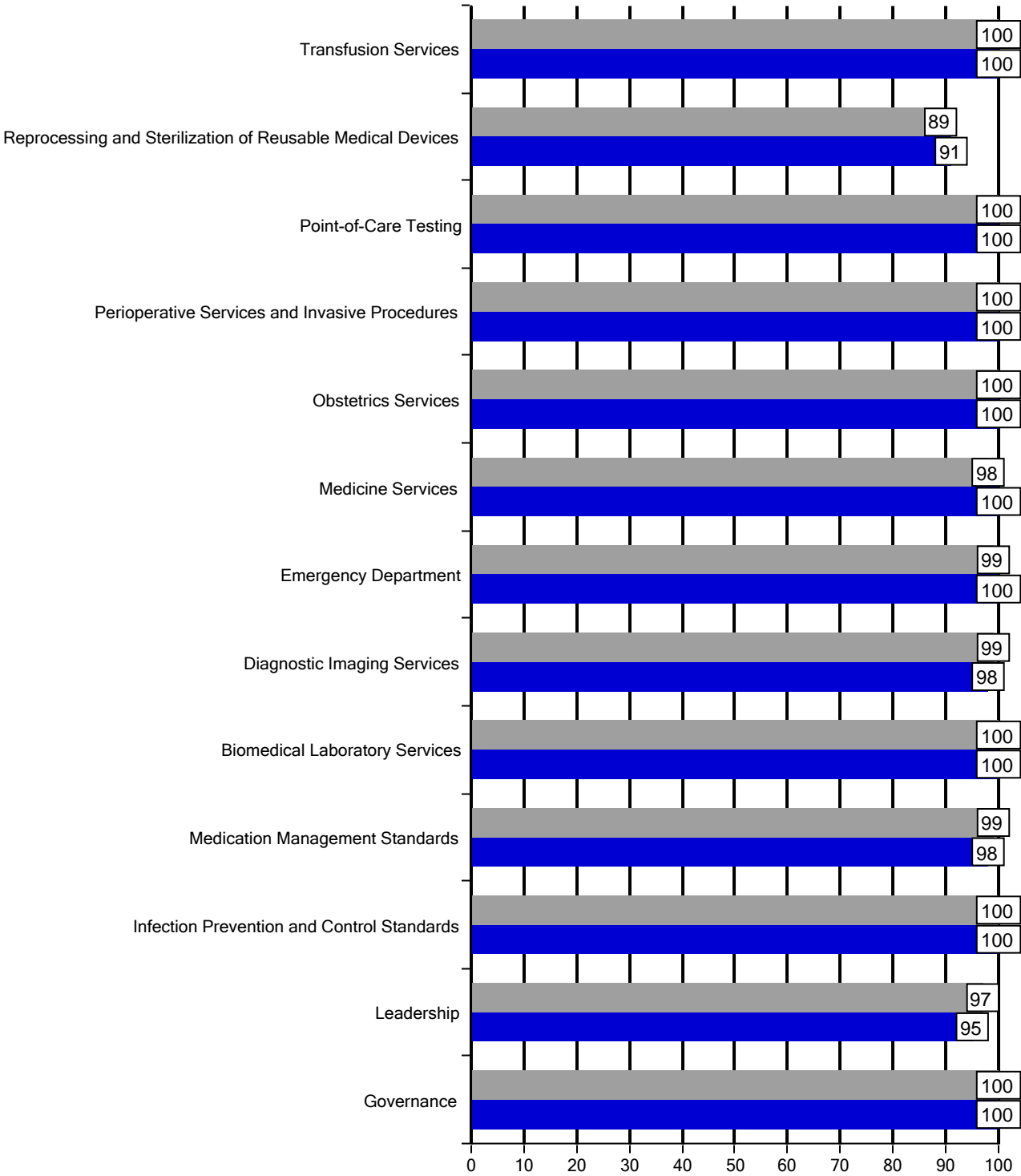
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

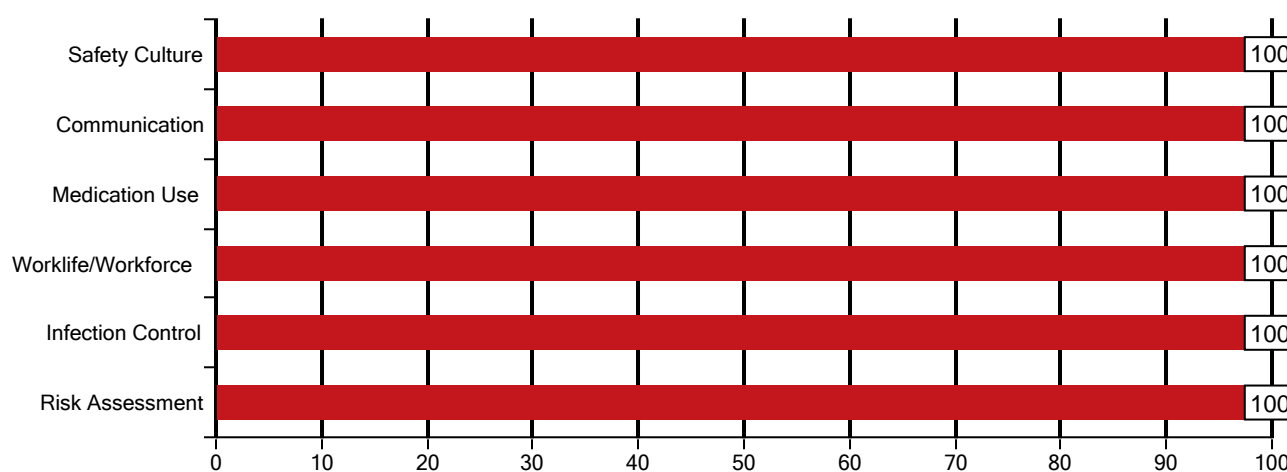
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



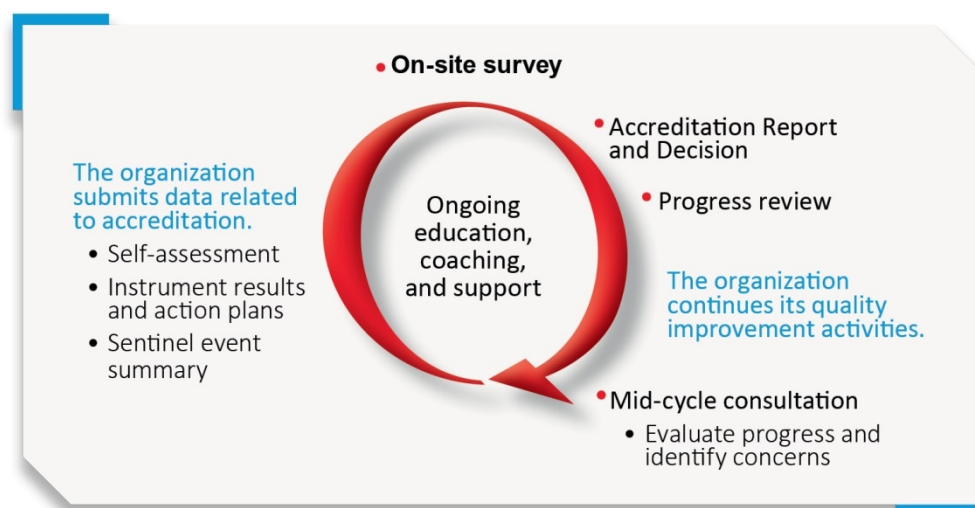
The quality improvement journey

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

Appendix A: Locations surveyed

- 1 Stevenson Memorial Hospital

Appendix B

Required Organizational Practices

Safety Culture

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

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

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

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

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

Required Organizational Practices

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