



Perth and Smith Falls District Hospital

Accredited with Exemplary Standing

October, 2017 to 2021

Perth and Smith Falls District Hospital has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until October 2021 provided program requirements continue to be met.

Perth and Smith Falls District 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 **Perth and Smith Falls District Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Perth and Smith Falls District Hospital (2017)

The Perth and Smiths Falls District Hospital (the “Hospital”) is a fully accredited acute care health care organization located on two state-of-the-art sites. The hospital is situated in the heart of the Rideau Canal region of Eastern Ontario and proudly provides health services to more than 44,000 people in the surrounding communities. The hospital delivers a broad range of primary and secondary services and programs such as emergency care, diagnostic imaging, obstetrics, general and specialty surgical services, dialysis as well as laboratory and infection control 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

October 16, 2017 to October 19, 2017

Locations surveyed

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

- **14 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.

Perth and Smiths Falls District Hospital is commended on its strong commitment to quality and safety, as reflected by the outstanding results from this accreditation survey. Throughout the survey, the dedication of the board, leaders and point of care staff and physicians was evident. This commitment to quality was also reflected in the positive feedback surveyors heard from patients, families and community members.

The organization is lead by a board of directors that is strongly committed to excellence and ensures the hospital maintains a positive financial position through increased efficiencies and strategic changes in program and service delivery. The board strives to achieve good governance and embarks on its own initiatives to enhance board performance. The board has lead the strategic planning process involving broad consultation with stakeholders.

The senior leaders promote and model a "can do" attitude, recognizing the contributions of all team members and nurturing a values-based culture. Many staff cited appreciation for their leaders who are visible, accessible and supportive.

The organization benefits from and contributes to a number of provincial networks. Community partners praised the organization's collaborative approach, willingness to share resources, and contributions that complement the role and services of other agencies. It was noted that the organization's leaders often play a significant role in regional planning with other members of the Local Health Integration Network. Recent changes to the stroke program reflect the organization's willingness to redefine its role and transfer some program components to a larger facility in order to achieve better patient outcomes.

Over the past three years, the organization has made patient- and family-centred care a high priority. The results are remarkable. The Patient and Family Advisory Council has become a significant and valued partner, with members embedded in many aspects of the organization's planning, evaluation and quality improvement activities. Council members participate on two board committees and the Ethics Committee. They play an important advisory role related to selected policies, facility

renovations, patient information material and other improvements to enhance the care experience of patients and families. In particular, the Council played a major role in the development of the exceptional new patient information guide. The commitment to patient- and family-centred care and the Council are highly visible, including the new logo, developed by the Council, reflecting patients and families as the “Heart of Care.”

Teamwork is very strong at Perth and Smiths Falls District Hospital. Staff help and rely upon each other to provide excellent care and services. Many staff described a sense of family and recognize the importance of the work they do in serving their local community. Staff demonstrate resilience and an ability to innovate and problem solve. They appreciate the organization’s investment in staff development and desire to provide a safe, respectful work environment. A number of initiatives have been undertaken to enhance physician engagement and stabilize physician resources.

The hospital has recently completed a renewal of the Smiths Falls site, which has significantly enhanced the care environment. The building at the Perth site is old and efforts are being made to make improvements, subject to available resources. The organization recognizes the need to update and/or replace some management information systems, with a new health information system being the highest priority.

The quality of care at Perth and Smiths Falls appears to be very good. The organization has adopted many evidence-based practices and in particular has worked hard to ensure Required Organizational Practices (ROPs) are consistently implemented. Key performance indicators are monitored and initiatives are underway to continuously improve results. The organization has developed a quality improvement plan and a patient safety plan. The patient safety plan focuses on medication reconciliation, other aspects of medication safety, hand hygiene, patient information at discharge, 30 day readmission rates, and meeting the needs of complex, frail and vulnerable patients.

A number of program enhancements have been made, with particular successes related to the Baby Friendly Initiative, Centralized Intake Assessment Centre (CIAC) for hip replacement, expanded mammography program, transfer of accountability (bedside shift change), and enhanced scope of practice for registered practical nurses (RPNs) and pharmacists. Significant improvements have been achieved related to medication safety. The organization is commended for its recent successful lab certification.

The organization has identified many opportunities for improvement. Perth and Smiths Falls District Hospital is working strategically and diligently to provide exceptional care and, in partnership with others, achieve optimal health for the people in the communities it serves.

Overview: Quality dimensions results

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

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

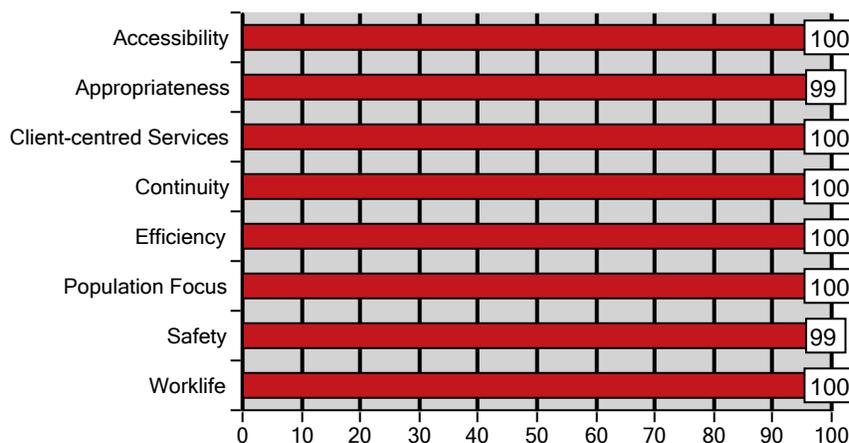
The quality dimensions are:

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

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

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

Quality Dimensions: Percentage of criteria met



Overview: Standards results

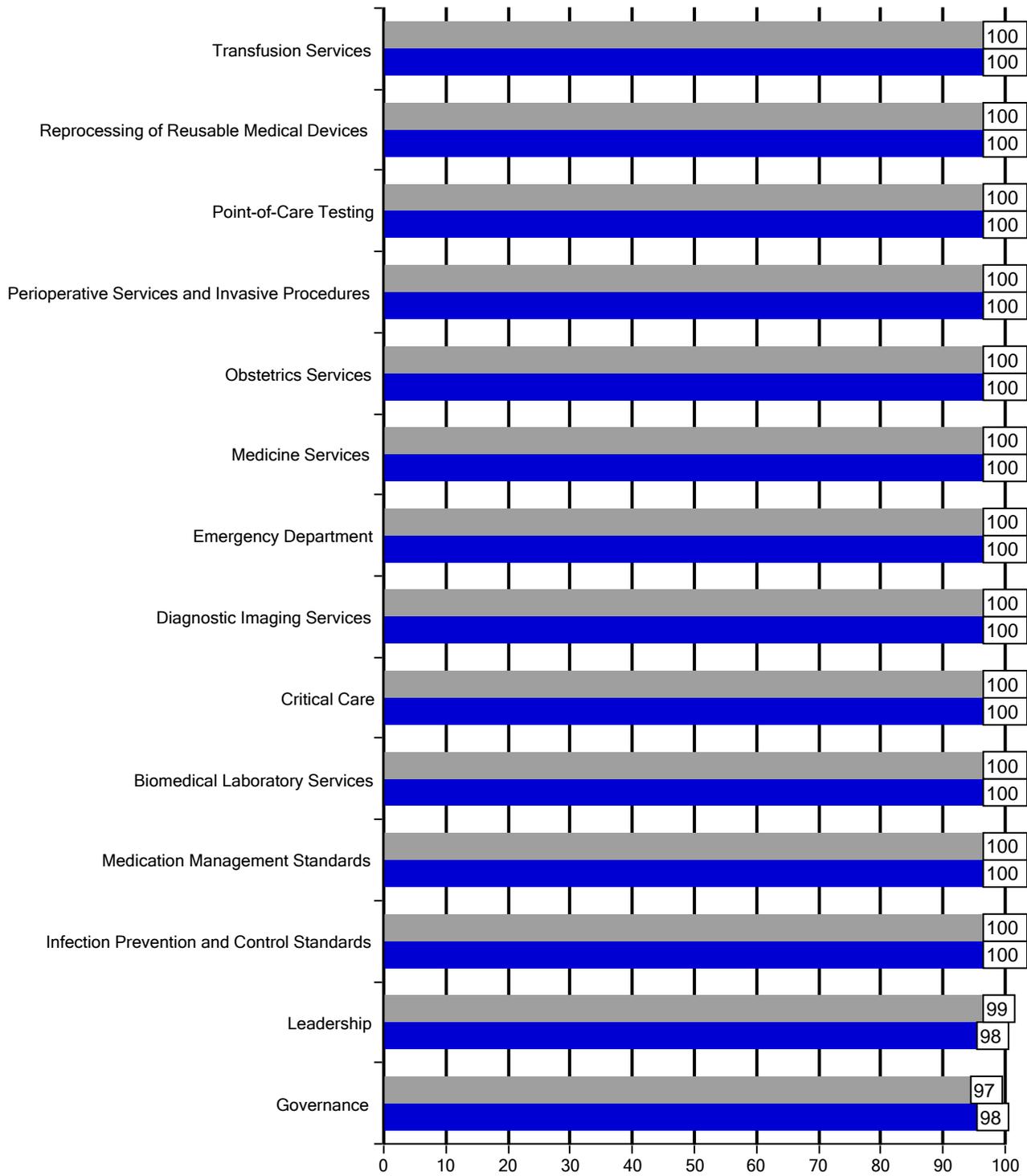
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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

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

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

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

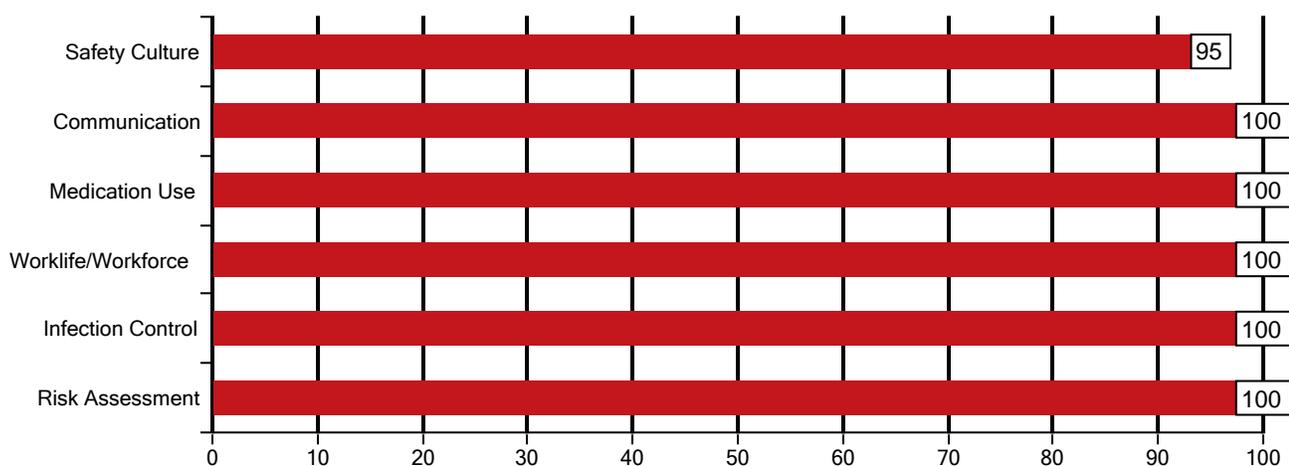
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

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

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

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

ROP Goal Areas: Percentage of tests for compliance met



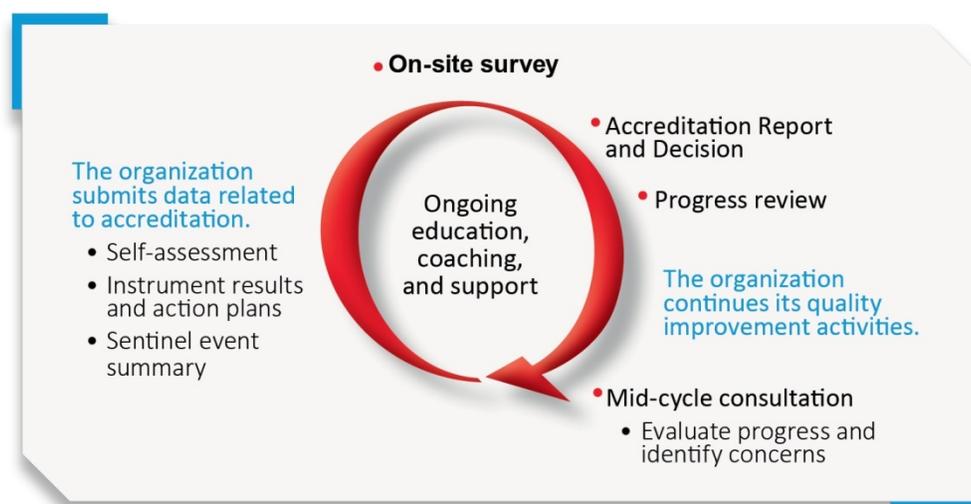
The quality improvement journey

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

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

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

Qmentum: A four-year cycle of quality improvement



As **Perth and Smith Falls District 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 Great War Memorial
- 2 Perth and Smiths Falls District Hospital

Appendix B

Required Organizational Practices

Safety Culture

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

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

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
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Worklife/Workforce

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

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
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Risk Assessment

- Falls Prevention Strategy

Required Organizational Practices

- Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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