



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ Program

Tillsonburg District Memorial Hospital

Report Issued: 28/02/2023

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 23/01/2023 to 27/01/2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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Executive Summary

About the Organization

In 2014/2015 the Tillsonburg District Memorial Hospital (TDMH) and the Alexandra Hospital, Ingersoll (AHI) began to meet and work more closely together. Currently, the two organizations remain separate corporations; however, they have one Joint Board and one senior leadership team. Each hospital has seven elected Joint Board members, who come together to plan and monitor care across the two organizations. There is a shared vision, mission, and strategic plan, however the operating and capital plans are different and adapted to meet the needs of each organization. One senior leadership and management team has responsibility for the day-to-day operations of the organizations. The Joint Board is very engaged and committed to ensuring the community receives safe, quality care.

TDMH has 45 inpatient beds providing acute, complex continuing care as well as a number of ambulatory care clinics. The surgical program has recently begun doing same- day joint replacements in collaboration with a large acute care hospital in the region. TDMH's emergency department provides 24/7 emergency care.

A number of the administrative, diagnostic and support services are shared across the two organizations with staff integrated across the sites. These services include human resources, IPAC, finance, health records, DI, lab, patient registration and communication. Clinical programs are not integrated at this time. In addition, several of the programs and plans are shared across the two organizations including the communication plan, the emergency management plan, and the risk management program.

The joint strategic plan was refreshed in 2020 and four key priorities were identified for work over the next three years. These priorities include further the establishment of an integrated care system through the work with the local Ontario Health Team; advance the service delivery model; support the organizations' people; and pursue fulsome organizational integration.

As with many hospitals across the country, TDMH has experienced a significant turnover in leadership as well as direct care staff. Currently over half of the leaders have been in their role for less than one year and the organization is also experiencing staffing challenges despite robust efforts to recruit and retain staff.

TDMH has developed strong partnerships with local and regional health care providers. The partners interviewed described their relationship with TDMH as very open and collaborative. Patients and family members interviewed acknowledge their appreciation for care close to home.

TDMH was last surveyed in 2017 and received exemplary standing. A great deal of work was done to prepare for the current survey; staff, physicians and patients were informed of the survey and were very welcoming.

Surveyor Overview of Team Observations

The Tillsonburg District Memorial Hospital (TDMH) has a long history in its community and enjoys the full support of its community and the patients it serves. TDMH has been on a path for the past nine years to look at opportunities to work together with the Alexandra Hospital, Ingersoll. Much work has been done on this to date with a Joint Board and shared leadership. Work is to continue with the goal of fulsome organizational integration.

The staff, physicians and volunteers associated with TDMH are very committed and have worked tirelessly to support their community throughout the pandemic. Some activities needed to pause because of the pandemic and there was a significant turnover of staff and leaders over the past two years. This has left TDMH with the ongoing need to recruit and retain staff and physicians and a need to support the novice staff and leaders.

There is a culture of quality and patient safety; however, work is needed to implement a fully integrated quality management system consistently across the organization. As well, front-line managers need to be engaged in identifying the risks and mitigating strategies relevant to their areas as part of the overall integrated risk management system.

The Joint Board and leadership of Tillsonburg District Memorial Hospital have been on a journey of integration for a number of years. It is the Joint Board's intent to continue to move towards fulsome organizational integration and to explore this further through the building of the next strategic plan which is to begin this year. Given the significant turnover of leadership in the past two years, a number of programs have not progressed. Corporate memory at the leadership table is limited and many of the managers are also new to TDMH. This said, there is great energy, interest and vision of what the leaders would like to pursue in the near future. TDMH is encouraged to prioritize the initiatives to ensure that leaders and staff are not overburdened.

The staff and physicians were engaged and demonstrated a strong culture of caring for their patients. Recruitment and retention are a major focus for TDMH, as is mentoring the novice workforce. TDMH enjoys the strong support of its partners as well as its community.

Tillsonburg District Memorial Hospital has embarked on an ambitious journey to embed person-centred care (PCC) as a cultural norm across all areas of care and throughout all levels of delivery and planning. They are well-served in this endeavor by a passionate and committed senior leadership team who truly live the values of PCC.

At the direct care level, patients felt involved in their care and were able to partner around decisions to the extent they wished. The use of whiteboards in patient rooms is a good enabler for patients to be active and engaged in their care, moving toward discharge. The addition of All About Me, a posted one-page patient-completed description of themselves helps staff see them as complete individuals, not simply a diagnosis or disease.

Educational resources that empower patients and families to co-manage their health issues are available through material printed on-demand by staff either through Cerner (in the Emergency Department) or the document management system Paradigm.

Signage and wayfinding within TDMH have both recently been revisited. There are ongoing efforts to simplify and rationalize the signage and information posted across the organization. Some areas visited (Emergency in particular) have walls with an overabundance of posted material. It can be difficult for patients and families to understand what they need to know in the spaces they occupy. Signage for staff and patients/families might also be better differentiated. Patient advisors were part of the signage tour and are excited to support further efforts.

There is organizational training around the principles of PCC. Providers and leaders described many aspects of their work and how they performed it that clearly illustrated PCC principles -- partnering with patients and families, acknowledging their individual needs and preferences, and sharing information proactively. There is an opportunity to reconsider and refresh the organizational awareness of PCC as a foundational element of care with long-serving staff, leaders, and governance.

Efforts to advance PCC are supported by a small group of unique volunteers, patient and family advisors (PFAs). These volunteers step forward to share their lived experiences of care to better inform policy creation and review, to partner in quality improvement and safety work, and offer guidance on issues such as space-design. Of note, they sit on several Joint Board subcommittees, an ethics advisory committee, a pharmacy and therapeutics committee, and the TDMH ED/Critical Care Committee among many others.

There is hope to insert PFAs into more opportunities moving forward. This will rely significantly on capacity. Currently, there are six PFAs with more joining shortly. TDMH is encouraged to accelerate recruitment where possible. Partnering with allied organizations or sharing these unique human resources amongst Ontario Health Team counterparts might offer interesting connections. PFAs also comprise a core Patient and Family Centred Care Committee (PFCCC) which meets bi-monthly. This committee receives invitations for placement on other committees and working groups, requests for their insights and to review materials, and it offers suggestions on opportunities for improvement.

TDMH is encouraged to support this unique committee to more clearly advance their role, and their work plan, and create possible metrics or a scorecard of impact and efficacy. Encourage PFAs to take an active role in co-chairing committees where possible.

Staff are prepared on how to engage with patient and family advisors prior to partnering in safety or quality work. They receive a solid orientation to best practices for working collaboratively with these unique volunteers which set them up for success. Staff spoke of trying hard to avoid acronyms and "medicalese" when working with patient advisors.

While PFAs are present on many high-level committees they described a preference for being invited into work earlier in the process. They also expressed an interest in taking more active roles in setting agendas, co-designing work plans, setting targets, and measuring success. Much of the relationship built with PFAs around their critical role in TDMH was altered both before and during COVID. There is an opportunity to rebuild that relationship by inviting them to work at the outset. The current leadership is wholeheartedly committed to this work and TDMH is moving forward with clear intentions. Patient advisors spoke of being excited and encouraged by the fresh commitment of leadership to support their participation.

Some PFAs spoke of receiving education to build their engagement skills. The Ethics Advisory committee must be commended for fully integrating and supporting their PFAs to understand the work at hand.

Partnering with PFAs on sensitive and complex issues such as ethics and MAID is a sign that TDMH values patient and family insight where it is needed most.

Patient feedback is solicited by phone and email, as well as through the use of a patient survey. TDMH acknowledges they have work to do to improve uptake on the survey completion. They described a plan to engage the PFCC committee in the co-design of a new general survey as well as program and service-specific surveys to generate even better feedback.

Communications leadership offered a great example of managing a client concern brought forward, doing a fulsome exploration of the issues at play, involving the client in every stage of the process, and following up to ensure their complete satisfaction with the outcome. It evolved into an invitation to join the hospital as a PFA which speaks to a successful approach to building trust, resolving issues, and including patients and families in quality and safety.

Intentional rounding, done at the leadership level, is a great example of TDMH actively engaging with patients and families around their experience of care. Spreading that practice to managers and other levels of staff would provide real-time feedback to inform immediate action and improve the patient's experience of care. Consider including PFAs in future efforts to solicit feedback in practices such as this one. Real-time interviews or the use of volunteers and PFAs with electronic devices might elicit more actionable feedback.

There are many examples of work TDMH has done to extend its care beyond its walls. Active agreements with community services, the LEGO project, Home at Last, simplified police-to-hospital transitions, diversion of potential ED admissions to allied agencies, and supporting local EMS with skills to provide more care at home are tangible efforts to ensure people receive the right care at the right time and place. It aligns well with their priority of care closer to home.

Overall, person-centred care (PCC) is present at TDMH and is demonstrating impact in quality, safety, and improved patient experience. TDMH is encouraged to increase capacity with PFAs, reinforce support around their authentic engagement and consider a process to measure the spread and adoption of PCC across the breadth of the organization.

Key Opportunities and Areas of Excellence

The Tillsonburg District Memorial Hospital (TDMH) staff, physicians and leadership have shown significant resilience throughout the past two plus years of the COVID-19 pandemic. Work continued regardless of staffing challenges and supply shortage and the community and teams were kept safe. TDMH has enjoyed a number of partnerships with local and regional organizations. The relationship with a large tertiary hospital has afforded the organization a state-of-the-art information system and a number of local hospitals have helped to support resource issues, especially with emergency department physicians.

TDMH is seen as a very collaborative partner, willing to try new things to improve a situation. There is a can-do attitude across the organization and a philosophy of “if patients/community need it, we will get it”. Community partners voiced their full support for a new master plan and clinical services plan with the goal of bringing additional services close to home.

The Joint Board and TDMH foundation are very committed to having the hospital achieve its goals. There is a pervasive focus on safety, collaboration and collegiality amongst the Joint Board and leadership. Leadership is visible, accessible and receptive. The organization is in the early stages of planning for good access and flow and is encouraged to continue on this path.

Senior leadership and the Joint Board are also passionate about creating a truly person-centred experience at Tillsonburg District Memorial Hospital. Embedding person-centred care (PCC) as a cultural norm will require additional resources to spread best practices from areas of excellence to those hungry to do/learn/grow more in that journey. Much of this is contingent on growing, rebuilding, and re-engaging the complement of patient and family advisors (PFAs). The current roster of PFAs is small but mighty. They are ready to do more and are encouraged to be active in defining their roles, assuming co-ownership of committees and working groups, and finding ways to measure and celebrate their impact on safety, quality, and patient experience.

There has been a significant turnover of staff and leadership in the past few years and TDMH has focused on attracting and retaining staff. This work will need to continue, and new staff and managers will require support to grow within their roles. There is a strong culture of wanting to provide quality services and quality improvement initiatives are present in some areas. However, work is needed to implement a full quality improvement program across the organization and to educate and engage all staff, physicians, and patient and family advisors. There is a need to close the loop on a number of required organizational practices by evaluating the effectiveness of the current programs that are in place, including regular auditing and analyzing the results. As well, attention needs to be paid to the completion of the implementation of the information management system in order to have a fully integrated electronic medical record.

TDMH is encouraged, in tandem with its partners, to continue on the path of master service and clinical services planning to support the growth of its community. In this process, TDMH is encouraged to move forward with fulsome organization integration with Alexandra Hospital, Ingersoll to best support the needs of both communities.

Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

Tillsonburg District Memorial Hospital's accreditation decision is:

Accredited with Commendation

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

Locations Assessed in Accreditation Cycle

This organization has 2 locations.

The following table provides a summary of locations¹ assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
AHI	<input type="checkbox"/>
Tillsonburg District Memorial Hospital	<input checked="" type="checkbox"/>

¹Location sampling was applied to multi-site single-service and multi-location multi-service organizations.