



St. Thomas-Elgin General Hospital

Accredited with Exemplary Standing

June 2019 to 2023

St. Thomas-Elgin General Hospital has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until June 2023 provided program requirements continue to be met.

St. Thomas-Elgin General 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 **St. Thomas-Elgin General Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

St. Thomas-Elgin General Hospital (2019)

St. Thomas Elgin General Hospital (STEGH) is a 157-bed facility serving the City of St. Thomas and all seven municipalities in Elgin County. STEGH is a fully accredited hospital offering a full range of services, including: outpatient care (surgery and ambulatory clinics), diagnostic imaging, inpatient acute care (medicine, surgery, maternal child), emergency services, post-acute care (rehabilitation and continuing care), as well as regional satellite services (chemotherapy and stroke unit). More than 850 professionals and over 200 credentialed physicians, dentists and midwives provide care and ensure the highest quality and safety to each patient. STEGH is also supported by 160 volunteers.

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

June 16, 2019 to June 20, 2019

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

- **17 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.

St. Thomas Elgin General Hospital (STEGH) is commended on participating in the Qmentum accreditation program and demonstrating its dedication to ongoing quality improvement. The hospital is congratulated for its work in preparing for the on-site survey, although it routinely focuses on improving quality and safety regardless of the timing of its on-site survey.

STEGH is a medium-sized full-service community hospital serving the city of St. Thomas and surrounding municipalities in Elgin County. It has 157 beds and approximately 850 staff, 200 credentialed staff, and 160 volunteers. There are also students from a number of disciplines, including medical learners.

STEGH understands the role it plays in the health care system, with its focus on providing inpatient and outpatient care close to home. Partnerships are in place to meet the needs of patients and families who require specialized services. The emergency department (ED) has a good reputation for very good wait times in the communities and beyond.

The board of directors is a group of committed members who wish to advance services at the hospital. The board understands its role as a governing body is aware that oversight for patient safety, risk management, and quality improvement are fundamental roles of governance. Board members are dedicated to ensuring that the hospital provides the best possible care to community members. Care close to home is the mandate. A comprehensive set of board policies guides the operation of the board. There are good processes for operational and capital planning.

The board recently reviewed its mission, vision and values in preparation for the new four-year strategic plan, IMAGINE 2023: Creating a Healthier Tomorrow. There was widespread staff and community consultation during the strategic planning process. The plan incorporates STEGH's guiding principles, which are to collaborate and engage, innovate and learn, network and partner, and strengthen and sustain. The organization's strategic and operational priorities will be supported by key performance indicators that will be used throughout the organization to ensure the expectations of the plan are met.

The depth and breadth of information received by the governing body, at the board and the sub-committee levels, is impressive. It allows for strong governance oversight as well as ongoing and regular scans as to the continued applicability of strategies being pursued by the organization.

STEGH has strong, qualified, and visionary leadership, starting with the CEO, and has and continues to have a significant role in moving the organization in a new direction. Senior Leaders are enthusiastic and well equipped with leadership skills to guide organization in a common direction. One of the main leadership achievements is the sustaining LEAN processes as a way to engage those at the front line in important decisions at the unit and service delivery areas.

Implementing LEAN in 2010 created a common language and process for improvement. Value stream mapping, Kaizen events and 5S brought teams together to create efficient, safe care processes. LEAN education is well-entrenched in the organization.

The leadership focus on integrated quality management is visible in the organization. The robust quality improvement plan is link to the strategic plan that guides the entire organization in the change process. Leaders stay well aware of issues via many methods, including the Canadian Patient Safety Culture Survey Tool and the reflective listening that occurs at daily and weekly huddle boards.

The organization has proactive and engaged teams with strong and present leadership. Patient care is an interprofessional team responsibility and staff and physicians place the needs of patients and families at the centre of what they do. They are values-driven and collaborate with community partners and other stakeholders to ensure care is provided as close to home as possible.

The commitment to ongoing education is commendable. There is a strong focus on developing leaders throughout the organization and at every level.

In early 2018, STEGH celebrated the grand opening of the North Tower, which houses a new ED, surgical suite, sterile processing department, and a mental health unit. The areas in the Tower are beautiful facilities with modern infrastructure, wide hallways and doorways, wheelchair-accessible bathrooms, and adequate space for patient care and staff administration. Quiet areas and lounges can be found throughout the areas for use by patients, families, and staff.

Partnering with patients is a strategic priority for STEGH. The strategic plan envisions the implementation of “experience-based co-design” methods to bring staff and patients together to co-design services and processes. The organization’s efforts to engage the community by way of patient partners is noteworthy. The number of patient partners and the roles they play continue to grow.

The Patient Experience Council is made up of eight patient partners. It is headed by the new patient experience specialist. The council has had a significant influence in the delivery of patient- and family-centred care at the hospital. The council is committed to making a difference to the community by providing important feedback and input into hospital processes and care delivery opportunities. Members report that their influence at the hospital is real—they are not treated simply as a “token voice” of patients and families but are having a meaningful influence that is making a difference.

Council members provided many examples of the work in which they have been engaged.

Community partners speak very positively about their relationships with the organization. It is apparent that the hospital continues to have a very good reputation as a place to receive good patient care.

Community partners feel the organization is open, collaborative, and seeks to reach mutually beneficial solutions that benefit the broader community. They report that the organization has a good understanding of the needs of the community and speak highly of programs that the hospital and community agencies have developed. Community partners appreciate being involved in the board's new strategic planning process and the fact that the hospital values their opinions.

Patient satisfaction with the care providers and the care processes is high across all areas of the organization. Patients and families who were interviewed feel that the organization provides them with all of necessary resources to make them feel "I am getting the best care" or "I am comfortable leaving my family member in their good hands."

A close alignment with the Local Health Integration Network (LHIN) ensures that the organization's programs and plans reflect the demographic make-up of the population served. They work in partnership to improve integrated health care in the region.

The organization's commitment to a healthy work culture is commended. It is evident that people are engaged in their work and with the organization. People work together collaboratively.

There is a significant focus on staff safety including workplace violence prevention, lost time injury, and joint Health and Safety Committee work. Workplace wellness, employee recognition, and work-life balance are also priorities.









The organization is commended for the quality of its communication tools. An example is the iConnect with AIDET (acknowledge, introduce, duration, explanation and thank you) framework that helps with communication with patients and providers.

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.

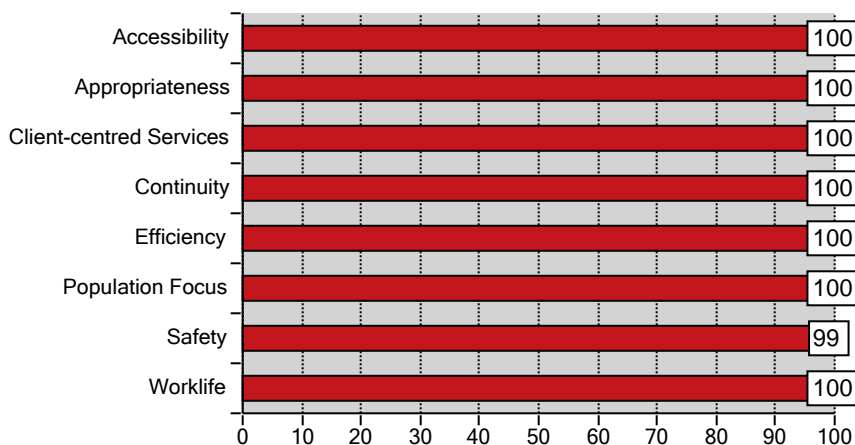
The quality dimensions are:

	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

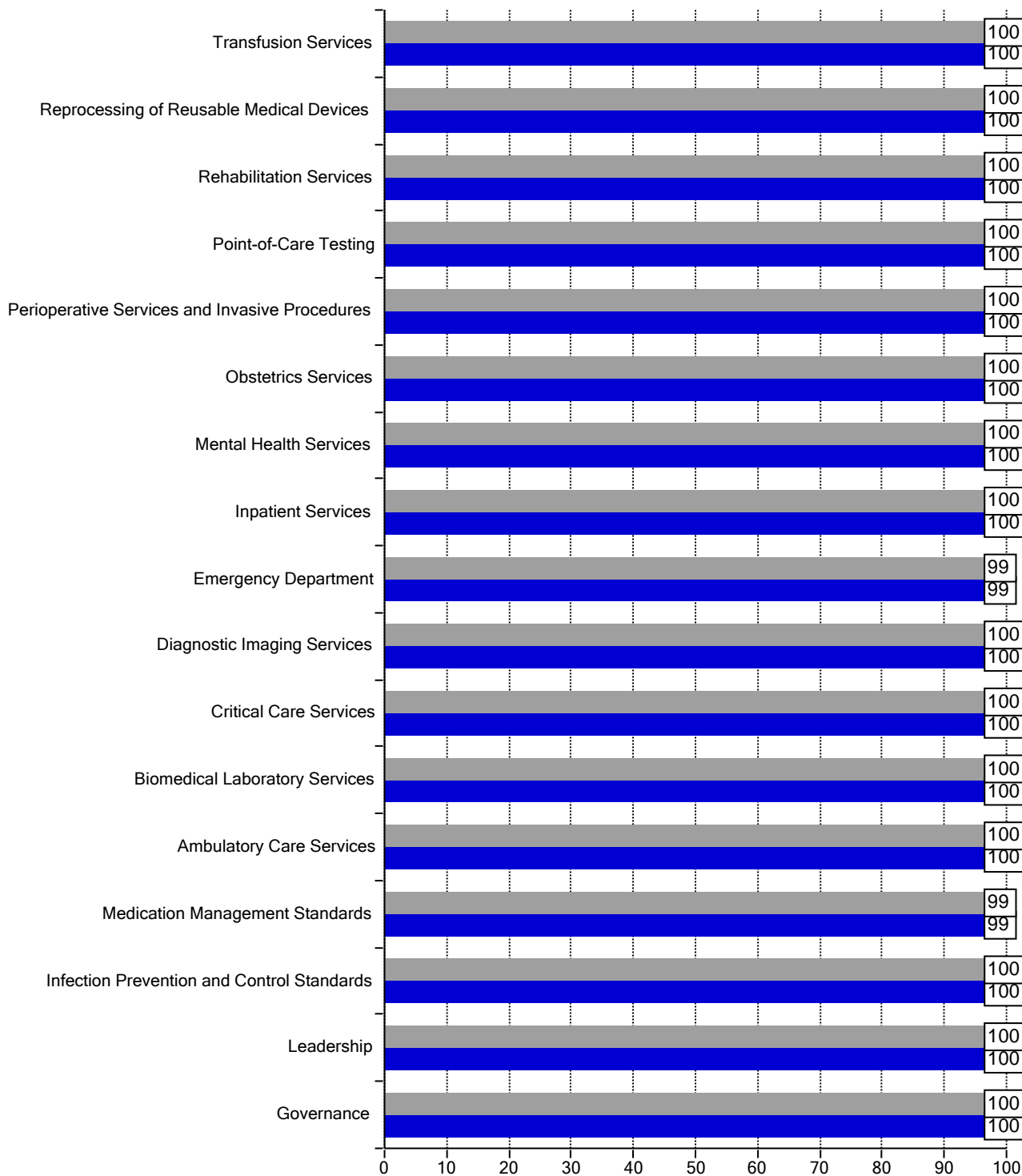
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

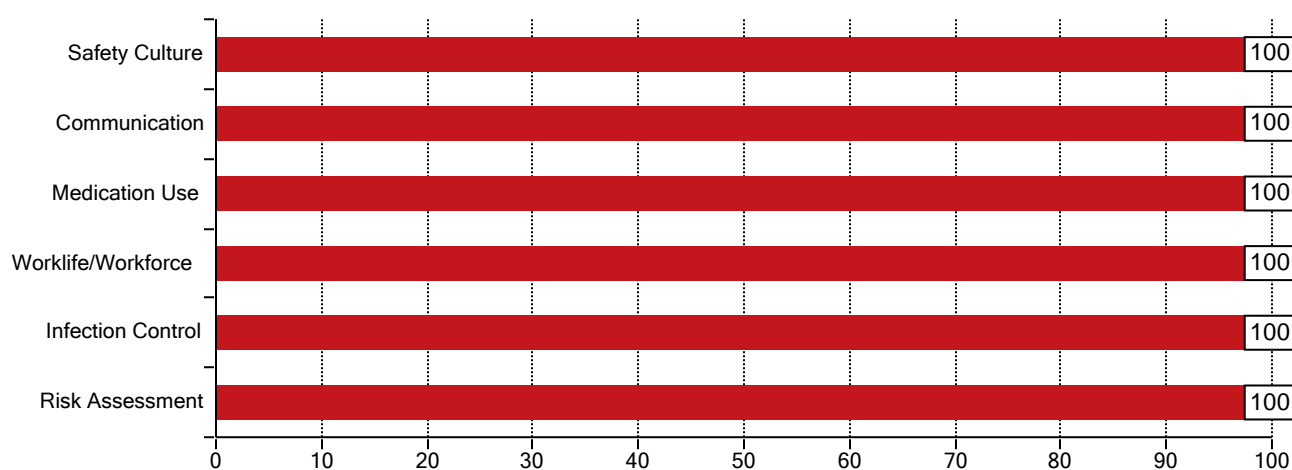
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



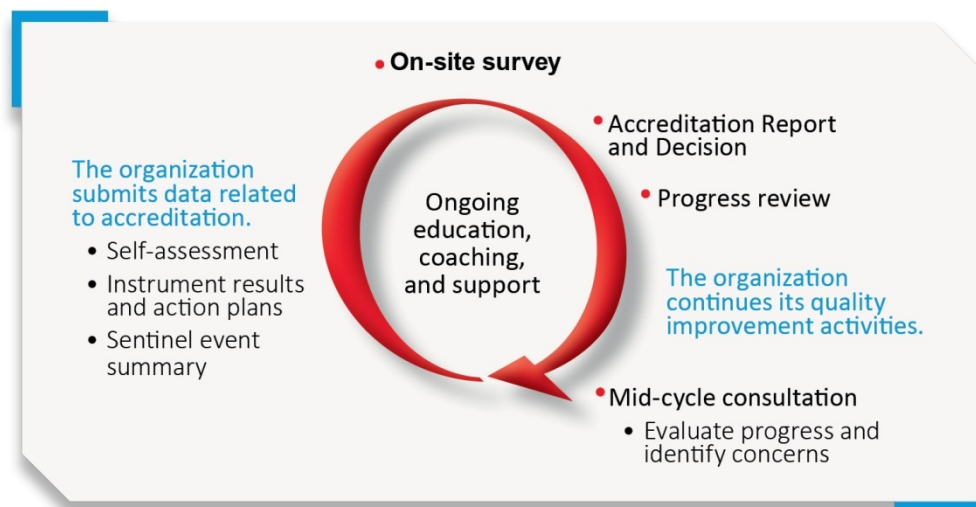
The quality improvement journey

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 **St. Thomas-Elgin General 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 St Thomas Elgin General 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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