



St. Thomas-Elgin General Hospital

Accredited with Exemplary Standing

St. Thomas-Elgin General Hospital has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement.

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 (2023)

St. Thomas Elgin General Hospital (STEGH) is a 179-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 1050 professionals and 250 credentialed physicians, dentists and midwives provide care and ensure the highest quality and safety to each patient. STEGH is also supported by 170 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 11, 2023 to June 15, 2023

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

- **15 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.

The St. Thomas Elgin General Hospital (STEGH) is commended on its commitment to quality improvement and patient safety through its active participation in the accreditation program. STEGH functions as a 179-bed facility and is a fully accredited hospital serving the City of St. Thomas and all seven municipalities within the County of Elgin. STEGH has a proud history and legacy in the community with over 68 years of service.

STEGH offers a full range of services, including outpatient care, diagnostic imaging, inpatient acute care, emergency services, post-acute care, and regional satellite services. In 2022 STEGH was awarded the Stroke Distinction recognition. It is the only hospital in Elgin County. To achieve the best health outcomes for patients, STEGH continually seeks innovative ways to deliver services, engage with patients and the community, invest in its people, and collaborate with health care partners.

The entire organization was supportive of the accreditation process and was proud to showcase its quality improvement and risk management journey. STEGH is clean, bright, and well organized. There is minimal clutter in all patient care areas. There are private spaces and areas to accommodate Indigenous practices such as drumming and smudging. There are hand hygiene stations across the organization and hand hygiene compliance is rigorously monitored. Emergency preparedness includes regular mock codes followed by tabletop debriefing that lead to improvements.

STEGH is supported by a fully committed and dynamic Board of Directors (Board) who are aware that oversight for patient safety and quality are an integral part of their roles and responsibilities. The Board is commended for appointing to the full Board the chair of the Patient Experience Council as an ex-officio member. Considering volatility and ambiguity in the healthcare system, the Board has adopted a vision for the future that is nimble and robust. 'Imagine 24' and 'Creating a Healthier Tomorrow' is the underlining philosophy that will guide the organization towards the future. The values of Compassion-Innovation-Accountability-Respect and Collaboration are at the forefront of the care provided to patients and families.

STEGH is supported by community partners that describe their relationship with the hospital as being collaborative, respectful, and inclusive. Patients and families acknowledge the excellent and passionate care they receive 24-7. Patient feedback is obtained through a variety of surveys,

compliments, complaints, and informal interactions. Patient satisfaction can also be obtained in real time with a QR scan card that is in various areas in the organization. There is also access on the website for patients to complete and provide feedback on their care. The comment surveys are reviewed by leadership and follow up occurs regularly.

From a Quality and Risk Management perspective STEGH is commended for its overall focus on Integrated Quality Management. STEGH has a very dedicated team of professionals who are committed to ensuring that safe and quality care is provided across the organization and in the community. STEGH'S quality plan is aligned with its strategic plan and monthly updates are provided to the Board of Directors on the progress of the quality and risk management plans.

The organization has initiated numerous activities to promote quality, safety, and positive patient experience around a Huddle system that is comprised of tier level 1 -unit, 2 - leadership, 3 - executive leadership, and 4 - Board of Directors, and numerous quality improvement activities derive from each tier level. The organization supports staff and leadership training in LEAN principles and this approach has resulted in many projects being successfully implemented.

At STEGH patient and family centered care is a guiding principle and the organization has a culture of caring and commitment to patients, families and to the community. From a leadership perspective, efforts are put in place to ensure that patients are safe and informed. The organization is encouraged to continue their journey to continuously seek patient and family input in the design and implementation of hospital policies, programs, and processes. The organization has embedded in its culture key principles that support a people-centred care philosophy. Throughout the survey we heard, 'patients are our partners', and 'we truly listen to their voice'. These are words that resonated from all areas of STEGH and speak to its values of Collaboration and Compassion. STEGH is fortunate to have passionate, committed, and caring staff, physicians, volunteers, and leaders and together they will continue to pursue their efforts in creating a culture of excellence.

The organization has initiated numerous activities to promote quality, safety, and positive patient experience around a Huddle system that is comprised of tier level 1 -unit, 2 - leadership, 3 - executive leadership, and 4 - Board of Directors, and numerous quality improvement activities derive from each tier level. The organization supports staff and leadership training in LEAN principles and this approach has resulted in many projects being successfully implemented.









At STEGH patient and family centered care is a guiding principle and the organization has a culture of caring and commitment to patients, families and to the community. From a leadership perspective, efforts are put in place to ensure that patients are safe and informed. The organization is encouraged to continue their journey to continuously seek patient and family input in the design and implementation of hospital policies, programs, and processes. The organization has embedded in its culture key principles that support a people-centred care philosophy. Throughout the survey we heard, 'patients are our partners', and 'we truly listen to their voice'. These are words that resonated from all areas of STEGH and speak to its values of Collaboration and Compassion. STEGH is fortunate to have passionate, committed, and caring staff, physicians, volunteers, and leaders and together they will continue to pursue their efforts in creating a culture of excellence.

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.

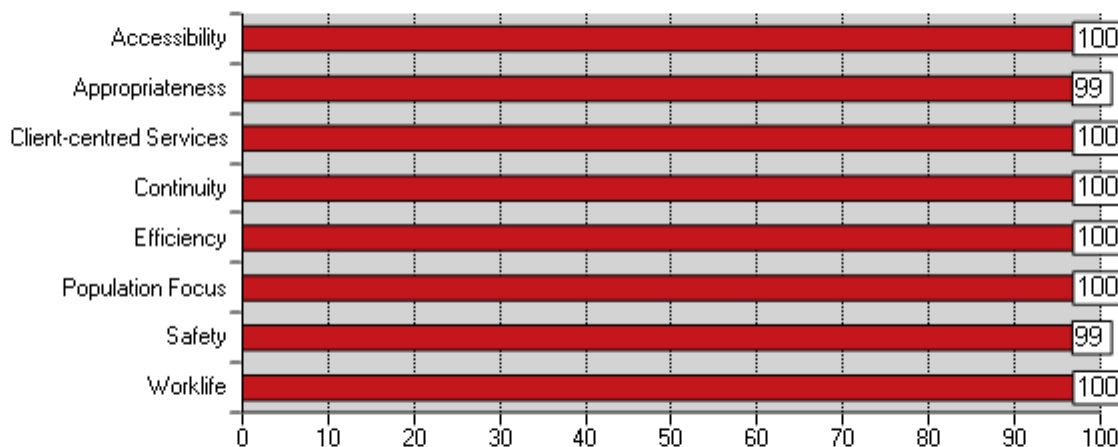
The quality dimensions are:

-  **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

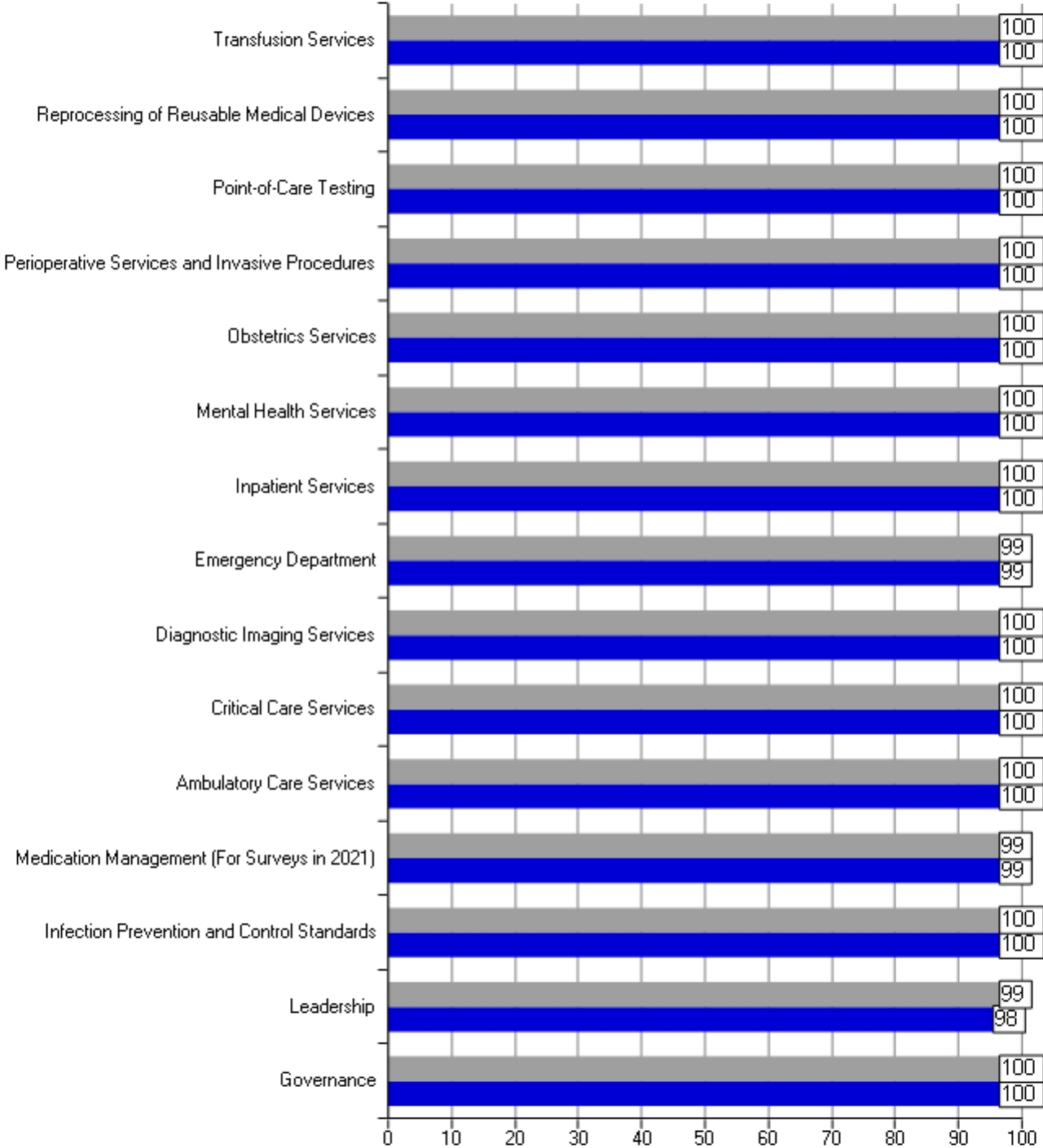
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

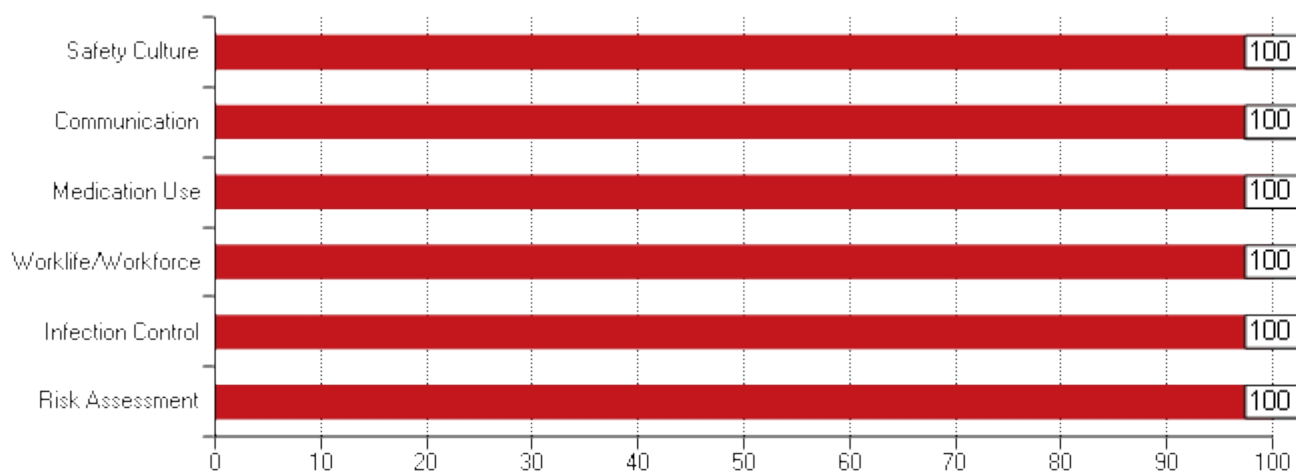
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



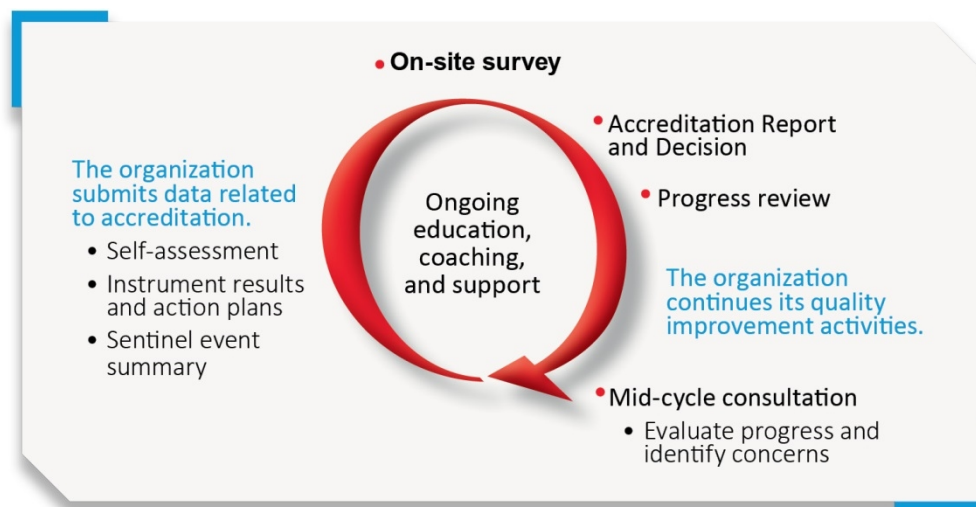
The quality improvement journey

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

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

Medication Use

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

Worklife/Workforce

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

Infection Control

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

Risk Assessment

- Falls Prevention Strategy
- Pressure Ulcer Prevention
- Suicide Prevention
- Venous Thromboembolism Prophylaxis