



Norfolk General Hospital

Accredited with Exemplary Standing

March, 2016 to 2020

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

Norfolk 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 **Norfolk General 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

March 20, 2016 to March 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

- **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 organization's commitment to quality improvement and patient safety is noteworthy. The board, leaders, staff and physicians used the standards developed by Accreditation Canada to address quality improvement and patient safety. Using the current standards and the recommendations, suggestions and encouragements noted in the 2012 report, the organization has implemented many activities. These are designed to ensure that users of the hospital's services are receiving quality services in a safe environment. Also, the organization has been committed to implementing the 2016 accreditation standards.

The board of directors is to be commended for their governance oversight of the operation of the hospital and its related programs. They bring a diversity of professional backgrounds to the board table including a nurse, lawyer, retired oil company executive, teacher and brain injury specialist. The board has a significant focus on their duties including overseeing patient safety, financial integrity, quality improvement, and the relationship with their one employee, the CEO. There have been many accomplishments since the last survey.

The strategic plan has been implemented during the past three years. Measurable objectives have been set and many of the actions were implemented. The plan is enthusiastic, positive and focuses on elements that improve health care delivery. This starts with creating the mission, vision and values which drive the focus of the organization towards achieving its mission of "relieving illness and suffering, and to help people live healthier lives". The board and senior leadership is to be commended for this effort as they embark on developing and revising the plan in the next year. There is a well-functioning Ethics Committee with representation from the Patient and Family Advisory Council. A new ethics framework was developed and implemented in February 2016. The board is encouraged to pursue its intent of using this framework as another lens with which to guide difficult decision-making at the board table.

The board approves privileges on the recommendation received from the chief of staff. The board is encouraged to review best practice in this area to ensure that its role in granting and renewing privileges is maximized from a governance perspective.

Quarterly reports from the Finance Committee guide the board in performing its fiduciary function. The Quality Committee provides quarterly reports to the board on quality and patient safety matters. The information sets a strong governance direction to the organization to ensure enhanced quality and patient safety.

Strong and proactive relationships exist between the hospital and community partners. Community partners are a definite strength as the organization interfaces with others to ensure continuity of care and seamless integration of service for patients. Strong and positive relationships exist between the hospital and Public Health, Community Addiction & Mental Health Services (CAMHS), schools, Emergency Medical Services (EMS), Community Care Access Center (CCAC), Victims Services and others. This goes a long way in ensuring clients are well served. It was a pleasure to see the commitment and enthusiasm from the community partners who represented the client groups who use the services of the hospital.

Community partners identified several strengths in their relationship with the hospital. These included transparency and honesty, educational funding, professionalism through all departments, hospital leaders and staff are eager to work with community partners regardless of the service. Some suggested areas of improvement were getting mental health patients to the right place at the right time, child friendly waiting room in the emergency department and improved efficient in discharging patients.

There is a strong foundation that supports the hospital's implementation of their strategic directions. A collaborative working relationship exists between both boards as they work on joint initiatives. The current capital campaign for some redevelopment of the hospital is noted as a very positive initiative. The leadership of the organization is very dedicated and is very skilled at what they do. This applies to senior leaders, middle and front line managers.

The preoccupation with improving care and services throughout the hospital by the senior team and other leaders is having quite a positive impact. Their belief in staff as the providers of care and services bodes well in enhancing a culture of continuous improvement in all areas.

Senior leadership is committed to ensuring effective communication. The "Tuesday Report" is a good example of the efforts made to strengthen internal communications. A communication plan has been developed which strengthens the commitment to strategic communications.

The leadership is enthusiastic in their efforts to integrating patients and families in various aspects of hospital services. The Human Resources team is passionate about innovation. Staff spoke very highly regarding Norfolk General Hospital as a positive place to work.

Leadership development is an important organizational priority. Significant effort has placed on this. The talent management policy emphasized this element in a significant way and there are several initiatives in place for leadership development. This includes collaboration with an external consultant which provides ongoing coaching and leadership training. The organization is encouraged to further develop the talent management policy so that there is a plan for measurable goals and objectives.

The organization identified the need to complete performance appraisals every two years. There are pockets of non-compliance. Leaders are encouraged to ensure that performance evaluations are complete in compliance with this policy.

The organization has developed innovative learning opportunities such a skills fair. Staff appreciate the opportunities they are provided to pursue continuing education.

The organization is privileged to have such enthusiastic staff who are committed to providing high quality and excellent care. Staff are proud to work for the Norfolk General Hospital. There is strong focus on interdisciplinary teams in the delivery of care. Dedicated and knowledgeable staff are

committed to a client centered approach. The staff have demonstrated their capability to deliver quality of care and services through the hospital.

A couple of challenges were noted within the organization. The organization is encouraged to continue to reinforce its hand-hygiene compliance as there was evidence of low adherence to the policy. It is also strongly suggested that there be a review of the auditing process to ensure consistency in the application of the tool, the recording and reporting, and the follow-up protocol when low compliance is noted. The organization has implemented a redesign of some patient areas. They have implemented lean strategies to reduce clutter. However, parts of the hospital are quite old and there are barriers to privacy and confidentiality for patients and families.

There are strong relationships with service providers to assist in transiting care. The staff are committed to quality initiatives and have embraced best practice in the implementation of medication reconciliation and other new initiatives. The organization demonstrated its commitment to quality in conducting a prospective analysis which resulted in the implementation of the AccuDose medication dispensing system. This is viewed very positively by staff. Safety huddles, leadership rounding and purposeful rounding are other examples that support patient safety.

The volunteer program is quite worthy of note. There are over four hundred active volunteers who provide direct or indirect services that have a positive impact on the clients of the hospital. They are proud to enhance the patient and family experience.

The organization solicits feedback from clients and families on a regular basis. The feedback is used to drive quality initiatives.

All patients expressed significant appreciation for the care they received at the hospital. In addition to the actual conversations between the clients and the surveyors, in many areas of the hospital, letters, e-mails, and cards are posted through the various units where patients have expressed appreciation for the care received.

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.

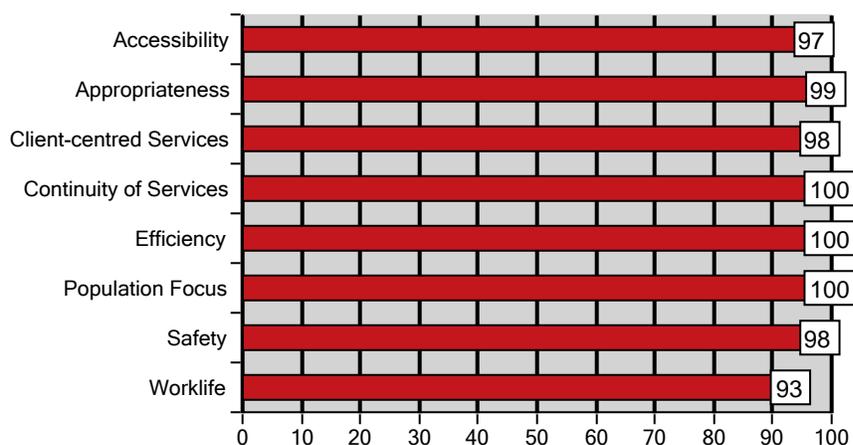
The quality dimensions are:

	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

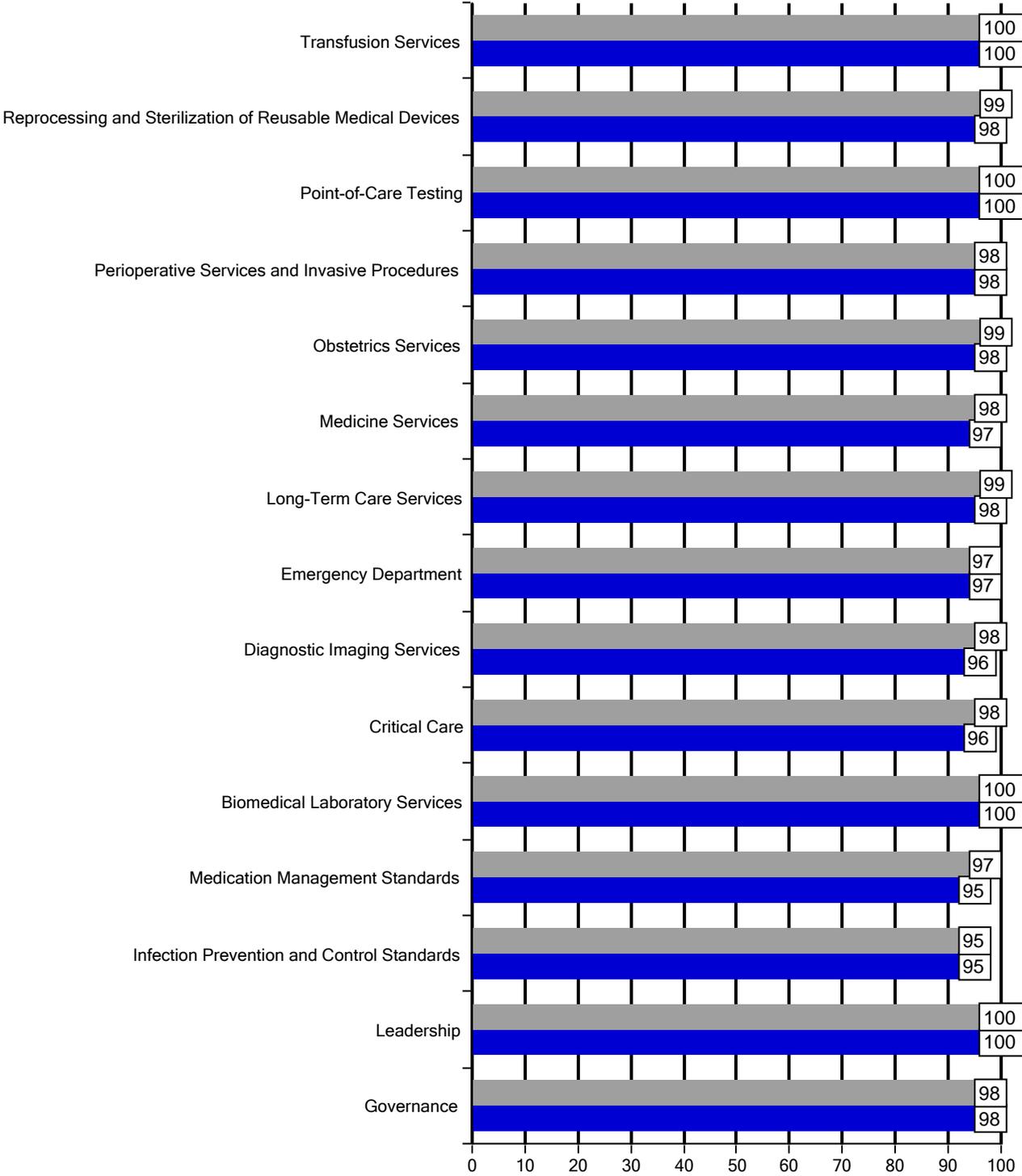
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

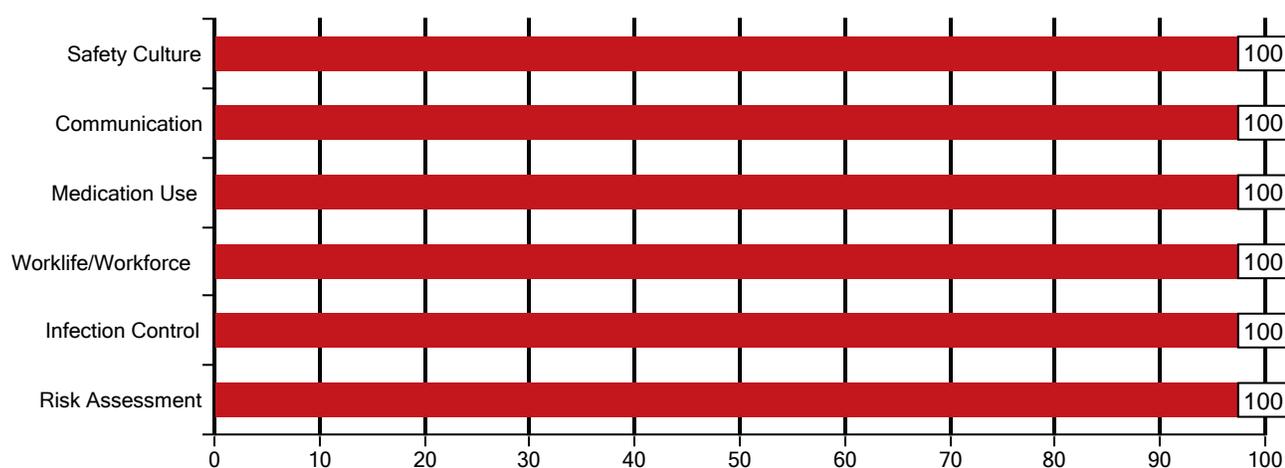
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



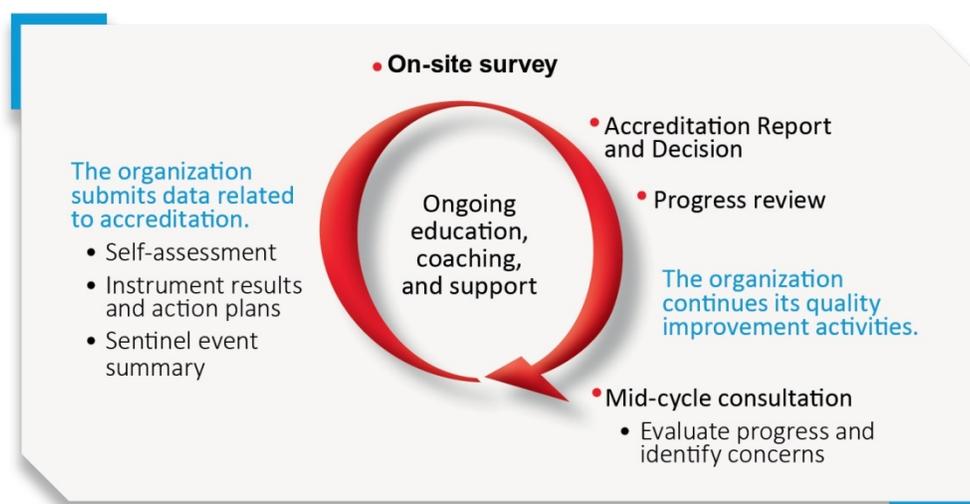
The quality improvement journey

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 **Norfolk 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 Norfolk General 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
 - Pneumococcal vaccine
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Required Organizational Practices

Risk Assessment

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