



ACCREDITATION CANADA



Driving Quality Health Services

Executive Summary

Services de santé de Chapleau Health Services

Chapleau, ON

On-site survey dates: November 24, 2013 - November 27, 2013

Report issued: December 11, 2013



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

About the Executive Summary

Services de santé de Chapleau Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in November 2013.

This Executive Summary is an overview of the on-site survey results. More information is available in the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties. Any alteration of this Executive Summary compromises the integrity of the accreditation process and is strictly prohibited.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate this Executive Summary to staff, board members, clients, the community, and other stakeholders.

Table of Contents

1.0 Executive Summary	1
1.1 Accreditation Decision	1
1.2 About the On-site Survey	2
1.3 Overview by Quality Dimensions	3
1.4 Overview by Standards	4
1.5 Overview by Required Organizational Practices	6
1.6 Summary of Surveyor Team Observations	10

Section 1 Executive Summary

Services de santé de Chapleau Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization’s leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Services de santé de Chapleau Health Services’s accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: November 24, 2013 to November 27, 2013**

- **Location**

The following location was assessed during the on-site survey.

1 Chapleau General Hospital
&''''''6][bi Wc`c`FYg]XYbW`

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards









- 1 Customized Leadership
- 2 Governance

Service Excellence Standards

- 3 Managing Medications
- 4 Reprocessing and Sterilization of Reusable Medical Devices
- 5 Emergency Department
- 6 Infection Prevention and Control
- 7 Biomedical Laboratory Services
- 8 Diagnostic Imaging Services
- 9 Laboratory and Blood Services
- 10 Long-Term Care Services
- 11 Medicine Services
- 12 Blood Bank and Transfusion Services

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	28	0	0	28
 Accessibility (Providing timely and equitable services)	59	1	0	60
 Safety (Keeping people safe)	329	2	22	353
 Worklife (Supporting wellness in the work environment)	77	0	0	77
 Client-centred Services (Putting clients and families first)	73	0	9	82
 Continuity of Services (Experiencing coordinated and seamless services)	25	0	0	25
 Effectiveness (Doing the right thing to achieve the best possible results)	530	4	18	552
 Efficiency (Making the best use of resources)	45	0	2	47
Total	1166	7	51	1224

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	43 (97.7%)	1 (2.3%)	0	34 (100.0%)	0 (0.0%)	0	77 (98.7%)	1 (1.3%)	0
Customized Leadership	42 (100.0%)	0 (0.0%)	1	13 (100.0%)	0 (0.0%)	0	55 (100.0%)	0 (0.0%)	1
Diagnostic Imaging Services	59 (98.3%)	1 (1.7%)	7	59 (100.0%)	0 (0.0%)	2	118 (99.2%)	1 (0.8%)	9
Infection Prevention and Control	38 (100.0%)	0 (0.0%)	5	39 (100.0%)	0 (0.0%)	1	77 (100.0%)	0 (0.0%)	6
Biomedical Laboratory Services **	16 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	52 (100.0%)	0 (0.0%)	0
Blood Bank and Transfusion Services **	42 (100.0%)	0 (0.0%)	0	17 (100.0%)	0 (0.0%)	0	59 (100.0%)	0 (0.0%)	0
Emergency Department	30 (100.0%)	0 (0.0%)	1	81 (100.0%)	0 (0.0%)	14	111 (100.0%)	0 (0.0%)	15
Laboratory and Blood Services **	79 (100.0%)	0 (0.0%)	2	95 (100.0%)	0 (0.0%)	0	174 (100.0%)	0 (0.0%)	2
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	1	95 (100.0%)	0 (0.0%)	1
Managing Medications	67 (97.1%)	2 (2.9%)	7	47 (95.9%)	2 (4.1%)	3	114 (96.6%)	4 (3.4%)	10

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Medicine Services	26 (100.0%)	0 (0.0%)	1	67 (98.5%)	1 (1.5%)	1	93 (98.9%)	1 (1.1%)	2
Reprocessing and Sterilization of Reusable Medical Devices	37 (100.0%)	0 (0.0%)	3	57 (100.0%)	0 (0.0%)	2	94 (100.0%)	0 (0.0%)	5
Total	503 (99.2%)	4 (0.8%)	27	616 (99.5%)	3 (0.5%)	24	1119 (99.4%)	7 (0.6%)	51

* Does not includes ROP (Required Organizational Practices)

** Some criteria within this standards set were pre-rated based on the organization's accreditation through the Ontario Laboratory Accreditation Quality Management Program-Laboratory Services (QMP-LS).

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Customized Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Customized Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Customized Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Customized Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Diagnostic Imaging Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Managing Medications)	Met	4 of 4	3 of 3
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Customized Leadership)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Medicine Services)	Met	4 of 4	1 of 1
Two Client Identifiers (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Emergency Department)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Managing Medications)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Managing Medications)	Met	1 of 1	0 of 0
Heparin Safety (Managing Medications)	Met	4 of 4	0 of 0
Infusion Pumps Training (Emergency Department)	Met	1 of 1	0 of 0
Infusion Pumps Training (Long-Term Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Managing Medications)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0
Medication Concentrations (Managing Medications)	Met	1 of 1	0 of 0
Narcotics Safety (Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Customized Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Customized Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Customized Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Customized Leadership)	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The Services de sante de Chapleau Health Services is commended on preparing for and participating in the Qmentum survey program. This organization was well-prepared for its accreditation survey. The recommendations made following the previous survey have been integrated into the quality improvement program of the organization. Goals and objectives have been set to ensure that all required changes to arrive at compliance have been made. Although this is a small organization with a total of approximately 100 employees, it is a complex organization that offers acute care services, long-term care, independent living services, adult mental health services, a nursing station and a medical clinic. Continuing to provide safe and quality services in the context of insufficient funding and staffing shortages is an ongoing challenge for this organization.

The board of The Services de santé de Chapleau Health Services (SSCHS) is committed to ensuring that services and programs that are offered to the communities of Chapleau, Foleyet, Ramsey, Sultan, Pinet Lake as well as the First Nations communities of Chapleau Cree, Brunswick House and Chapleau Ojibway, are accessible and are of quality. In order to conduct their governance duties effectively, the board members are currently obtaining the necessary skills and education so that they will be able to provide quality leadership and governance to the organization. These skills will be required as the organization searches for ways to cut expenses while respecting its mission.

The community works in close collaboration with the organization. The organization is an important source of employment to the community. The emergency department is an important asset when companies are considering moving to this remote community. There is active participation of volunteers and of the auxiliary in several activities. The financial contribution of the foundation provides essential assistance so that necessary items can be purchased. Community partners appreciate working with this organization. They describe the climate as warm, friendly and receptive to their needs. The arrival of three new physicians to the area is considered the most significant improvement to health care that has happened to the community in recent years.

There is a strong, competent leadership team in place. Since there are vacancies on the team, each member is responsible for many areas. There is great collaboration between the team members and with the new medical staff. Strategic directions for 2013-2016 have recently been identified following a comprehensive environmental review. Remaining to be completed is the development of goals and objectives that will demonstrate how the leadership team plans to implement the strategic directions. Continuing to develop partnerships with other organizations will be essential.

Recruiting and retaining qualified and skilled staff members to this northern community is a major challenge. Recruitment strategies have been identified and include offering flexible schedules, extensive education opportunities and a work environment that stresses healthy living. It will be important for the organization to continue to search for solutions since the levels of staffing both at the managerial level and the front line are at a minimal level at this time and further reductions could prevent the organization from providing services at the current level of quality and safety.

Care and services are provided by a team of competent staff members that work in a cohesive manner to ensure that clients receive quality and safe care. Patient safety is at the core of all services and care delivered by all staff members of the organization from entry to the time of discharge. A thorough risk assessment is done to ensure that patients are provided the care that their condition requires. Measures are in place to ensure a clean and safe environment along with having equipment and supplies available in areas at all times.

Staff dedication and a caring approach are clearly evident in the level of client, resident and family satisfaction. The timely and appropriate response to client, resident, and family requests is appreciated.