ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Western Regional Health Authority

Corner Brook, NL

On-site survey dates: November 17, 2013 - November 22, 2013

Report issued: December 13, 2013

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

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About the Accreditation Report

Western Regional Health Authority (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. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce 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.

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

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

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A Message from Accreditation Canada's President and CEO

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Wendy Nicklin
President and Chief Executive Officer

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Section 1 Executive Summary

Western Regional Health Authority (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

Western Regional Health Authority's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: November 17, 2013 to November 22, 2013**

- **Locations**

  The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

  1 Bay St. George Long Term Care Centre
  2 Blomidon Place - Noton Building
  3 Bonne Bay Health Centre
  4 Calder Health Centre
  5 Corner Brook Long Term Care Home
  6 Deer Lake Office
  7 Dr. Charles L. Legrow Health Centre
  8 Hammond Building
  9 Humberwood
  10 MP Place
  11 O'Connell Drive Office
  12 Protective Community Residences
  13 Rufus Guinchard Health Centre
  14 Sir Thomas Roddick Hospital
  15 Western Memorial Regional Hospital

- **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 Leadership
  2 Governance

  Population-specific Standards

  3 Maternal/Child Populations
  4 Public Health Services

  Service Excellence Standards

  5 Managing Medications
  6 Operating Rooms
  7 Reprocessing and Sterilization of Reusable Medical Devices

8 Surgical Care Services
9 Critical Care
10 Emergency Department
11 Point-of-Care Testing
12 Infection Prevention and Control
13 Biomedical Laboratory Services
14 Community Health Services
15 Diagnostic Imaging Services
16 Laboratory and Blood Services
17 Long-Term Care Services
18 Medicine Services
19 Substance Abuse and Problem Gambling Services
20 Mental Health Services
21 Blood Bank and Transfusion Services
22 Obstetrics Services
23 Emergency Medical Services

- **Instruments**

  The organization administer:

  1 Governance Functioning Tool
  2 Patient Safety Culture Tool
  3 Worklife Pulse Tool
  4 Client Experience Tool

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)	114	3	0	117
 Accessibility (Providing timely and equitable services)	115	1	0	116
 Safety (Keeping people safe)	694	19	10	723
 Worklife (Supporting wellness in the work environment)	180	2	0	182
 Client-centred Services (Putting clients and families first)	193	2	4	199
 Continuity of Services (Experiencing coordinated and seamless services)	70	0	0	70
 Effectiveness (Doing the right thing to achieve the best possible results)	1017	23	8	1048
 Efficiency (Making the best use of resources)	93	1	0	94
Total	**2476**	**51**	**22**	**2549**

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	44 (100.0%)	0 (0.0%)	0	33 (97.1%)	1 (2.9%)	0	77 (98.7%)	1 (1.3%)	0
Leadership	46 (100.0%)	0 (0.0%)	0	78 (91.8%)	7 (8.2%)	0	124 (94.7%)	7 (5.3%)	0
Public Health Services	47 (100.0%)	0 (0.0%)	0	67 (98.5%)	1 (1.5%)	0	114 (99.1%)	1 (0.9%)	0
Maternal/Child Populations	3 (100.0%)	0 (0.0%)	0	28 (96.6%)	1 (3.4%)	0	31 (96.9%)	1 (3.1%)	0
Diagnostic Imaging Services	67 (100.0%)	0 (0.0%)	0	57 (95.0%)	3 (5.0%)	1	124 (97.6%)	3 (2.4%)	1
Obstetrics Services	63 (100.0%)	0 (0.0%)	0	75 (100.0%)	0 (0.0%)	0	138 (100.0%)	0 (0.0%)	0
Infection Prevention and Control	47 (92.2%)	4 (7.8%)	2	43 (100.0%)	0 (0.0%)	1	90 (95.7%)	4 (4.3%)	3
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 **	85 (100.0%)	0 (0.0%)	6	37 (100.0%)	0 (0.0%)	4	122 (100.0%)	0 (0.0%)	10
Community Health Services	13 (100.0%)	0 (0.0%)	0	55 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Critical Care	29 (100.0%)	0 (0.0%)	1	89 (95.7%)	4 (4.3%)	0	118 (96.7%)	4 (3.3%)	1
Emergency Department	31 (100.0%)	0 (0.0%)	0	94 (98.9%)	1 (1.1%)	0	125 (99.2%)	1 (0.8%)	0
Emergency Medical Services	38 (97.4%)	1 (2.6%)	0	126 (100.0%)	0 (0.0%)	0	164 (99.4%)	1 (0.6%)	0
Laboratory and Blood Services **	81 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0	176 (100.0%)	0 (0.0%)	0
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	72 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0
Managing Medications	74 (98.7%)	1 (1.3%)	1	51 (98.1%)	1 (1.9%)	0	125 (98.4%)	2 (1.6%)	1
Medicine Services	27 (100.0%)	0 (0.0%)	0	67 (97.1%)	2 (2.9%)	0	94 (97.9%)	2 (2.1%)	0
Mental Health Services	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0	102 (100.0%)	0 (0.0%)	0
Operating Rooms	66 (95.7%)	3 (4.3%)	0	26 (86.7%)	4 (13.3%)	0	92 (92.9%)	7 (7.1%)	0
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	48 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Reprocessing and Sterilization of Reusable Medical Devices	38 (97.4%)	1 (2.6%)	1	56 (96.6%)	2 (3.4%)	1	94 (96.9%)	3 (3.1%)	2
Substance Abuse and Problem Gambling Services	25 (100.0%)	0 (0.0%)	2	71 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	2
Surgical Care Services	29 (100.0%)	0 (0.0%)	1	61 (93.8%)	4 (6.2%)	0	90 (95.7%)	4 (4.3%)	1
Total	**962 (99.0%)**	10 (1.0%)	14	1436 (97.9%)	31 (2.1%)	7	2398 (98.3%)	41 (1.7%)	21

* 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 (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Critical Care)	Met	2 of 2	0 of 0
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
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Obstetrics 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			
Client And Family Role In Safety (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Surgical Care Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Managing Medications)	Met	4 of 4	3 of 3
Information Transfer (Critical Care)	Met	2 of 2	0 of 0
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Obstetrics Services)	Met	2 of 2	0 of 0
Information Transfer (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Information Transfer (Surgical Care Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Leadership)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Critical Care)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Emergency Department)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
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 Admission (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Substance Abuse and Problem Gambling Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Surgical Care Services)	Unmet	3 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Critical Care)	Unmet	0 of 4	0 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)	Unmet	1 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Substance Abuse and Problem Gambling Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation at Transfer or Discharge (Surgical Care Services)	Unmet	1 of 4	0 of 1
Surgical Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Surgical Checklist (Operating Rooms)	Met	3 of 3	2 of 2
Two Client Identifiers (Critical Care)	Met	1 of 1	0 of 0
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
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Obstetrics Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Operating Rooms)	Met	1 of 1	0 of 0
Two Client Identifiers (Point-of-Care Testing)	Met	1 of 1	0 of 0
Two Client Identifiers (Substance Abuse and Problem Gambling 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: Communication			
Two Client Identifiers (Surgical Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Managing Medications)	Unmet	3 of 4	0 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 (Critical Care)	Met	1 of 1	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)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Mental Health Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Operating Rooms)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Surgical Care Services)	Met	1 of 1	0 of 0
Medication Concentrations (Managing Medications)	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			
Narcotics Safety (Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Unmet	3 of 3	0 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Obstetrics Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Surgical Care Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Critical Care)	Met	3 of 3	2 of 2
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
Pressure Ulcer Prevention (Surgical Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Medicine Services)	Unmet	3 of 3	1 of 2
Venous Thromboembolism Prophylaxis (Surgical Care Services)	Unmet	2 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 organization, Western Regional Health Authority (Western Health) is commended on preparing for and participating in the Qmentum survey program. Western Health is governed by a strong board and led by a competent and dedicated leadership team. The organization is one of four regional health authorities (RHAs) in Newfoundland with legislative responsibility for the delivery and administration of health and community services in the Western Health region. The organization provides for the delivery of care and services to 77,983 residents, with a staff complement of 3,200 and 1,300 volunteers. The strategic direction is focused on three priorities namely: chronic disease prevention and management of diabetes; patient safety in infection prevention and control, and health promotion. There is a population focus and philosophy that it is evident across the organization, which is laudable and enables the organization to move upstream and engage all internal and external partners. This includes its seven Community Advisory Committees that also make plans for their area. Inter-sectoral partnerships are established and they are truly using the analogy that it takes a 'community to raise a child' which is evident in the action plan around healthy eating and physical activity and sexual health to name a few areas.

The knowledge about accreditation is commendable at every level and with the majority of the regional team. The progress since the previous survey in 2010 is substantial. Some of the noted areas of improvements since the 2010 survey are: the Inventory management system(LOGI-D); better safety and reporting and understanding across the organization; innovative approaches to services with information technology (IT) and service delivery models of care including the "Ottawa Model"; and, medication management. The Western Health region amalgamated in 2005 and it is evident that since then the organization has achieved further integration and coordination and enhanced team building across the region, despite the geographical challenges which is validated by staff. Many staff members commented during the survey on the support and guidance they are given from the corporate level, which assists in service delivery. Consistently positive comments were received from residents, families, patients and community partners. Western Health is a strong contributor and partner working in collaboration with the three other regions in Newfoundland and with the Department of Health and Community Services.

The robust approach to education via e-learning is commendable and appreciated by staff. Evidence of best practice is starting to emerge across the organization relative to transfer of knowledge using Accreditation Canada's required organization practices and the Safer Health Care Now initiatives. The approach to searching for best practice prior to planning is alive and well in the organization, and Western Health will continue to foster success along the quality improvement journey. The organization is encouraged to have a visible presence of patients and families when making improvements to truly understand what is happening at the point of care delivery. Furthermore, regional targets need to be established based on evidence-based practice and organizational baselines and need to cascade to the point of care to enhance shared management and accountability across the organization. Western Health has matured with regionalization and is encouraged to evaluate organization structure to look at opportunities for further integration and coordination to decrease variation and increase safety.

Full scope of practice is being used in some areas of the region and leadership is encouraged to look at other opportunities to optimize full scope of practice in all environments. Western Health is encouraged to evaluate service delivery plan and to align workforce and population needs with the needs of the organization and flow of clients/patients.

Western Health needs to ensure it moves forward with priority projects and processes that enhance patient and client care. This can be achieved by value stream mapping of the current and future state to ensure processes and practices are enhancing patient and staff safety. While the new building may be on the horizon, Western Health continue not to use this as an impediment to transforming what needs to occur including cross-contamination issues that were present in 2010 survey and are still present in the operating rooms, sterilization and processing department (SPD), and gastroenterology (GI) suites.

Section 2 Detailed Required Organizational Practices Results

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Medication Reconciliation At Admission The team reconciles the client's medications upon admission to the organization, with the involvement of the client, family or caregiver.	· Surgical Care Services 7.13
Medication Reconciliation at Transfer or Discharge The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	· Medicine Services 11.3 · Surgical Care Services 11.4 · Critical Care 12.5
Patient Safety Goal Area: Medication Use	
Infusion Pumps Training Staff and service providers receive ongoing, effective training on infusion pumps.	· Operating Rooms 2.3 · Medicine Services 4.4
Antimicrobial Stewardship The organization has a program for antimicrobial stewardship to optimize antimicrobial use. Note: Beginning in January 2013, this ROP will only apply to organizations that provide inpatient acute care services. For organizations that provide inpatient cancer, inpatient rehab, and complex continuing care services, evaluation of this ROP will begin in January 2014.	· Managing Medications 1.3
Patient Safety Goal Area: Worklife/Workforce	
Preventive Maintenance Program The organization's leaders implement an effective preventive maintenance program for medical devices, medical equipment, and medical technology.	· Leadership 9.7

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Risk Assessment	
Venous Thromboembolism Prophylaxis The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.	· Medicine Services 7.4 · Surgical Care Services 7.7

Section 3 Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

3.1 Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

3.1.1 Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
4.6	The organization's strategic plan includes goals and objectives that have measurable outcomes that are consistent with the mission and values.	
Standards Set: Public Health Services		
8.6	The organization's goals and objectives for its services are measurable and specific.	

Surveyor comments on the priority process(es)

Western Health has a strong ethical framework and has strengthened its approach to ethical decision making since the previous survey. The level of community engagement in planning is evident from the perspective of all seven Community Health Advisory Committees in terms of developing an action plan based on their specific area and this is commendable. Furthermore, the level of population health and primary health care and promotion and prevention planning is laudable. The time and effort that is taken by all leaders and staff members in the areas of public health, population health including primary care is exceptional. The focus and partnerships with schools and public health nurses in making a plan with the schools and enacting that work by policy is 'upstream' and making a difference to the people being serve. The safe bar programs are innovative and target some high-risk populations and it is suggested the marketing strategy and the commitment and dedication in this area call for replication.

Leadership needs to set metrics at the regional level and then have them 'cascade' in the organization to the point of care. In most instances a baseline is established, but targets are not set consistently for outcome indicators at point of care, and doing so would facilitate a course correction, as well as celebrating success at both organization and operational levels. During the on-site survey teams noted they have many competing priorities, and with the upcoming potential of a new building this will need to be addressed. It is important to continue to realign resources to priority areas to facilitate effective change management and work-life balance.

Services for high-risk populations, including teenage mothers and sexually transmitted diseases, need to be addressed further in upcoming plans to ensure a proactive approach to having services available in the

community to meet these needs. The point of care team has some great innovative strategies based on best practice that will continue to move the organization forward, and a sexual health clinic in the communities is just one example.

There is an excellent video on determinants of health, which really puts the emphasis on everyone working together for a better community in terms of let's talk about health without talking about healthcare at all. This video really demonstrates the organization's emphasis on 'upstream inter-sectoral planning' which is outstanding.

3.1.2 Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
7.8 The governing body has a succession plan for the CEO.	

Surveyor comments on the priority process(es)

The Western Health board is commended on a strong focus on planning, monitoring and evaluation of results. The combined skill mix of the board members and their collaboration as a true region-wide board contributes to the best process for decision making. The board is open, transparent and engages with the chief executive officer (CEO) and senior management and with all levels of staff. There is also positive engagement with the communities, patients and families. The board has commended the CEO, senior team and great staff at all levels that work together for continuous improvement focused on patient care.

A formal, comprehensive succession plan for new trustees and for the CEO could be established to ensure a strong succession plan is in place. Ongoing evaluation and documentation of measurement of actual results against baseline targets will improve functionality of the balanced scorecard.

3.1.3 Priority Process: Resource Management

Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
8.3 The organization's leaders provide leaders throughout the organization with opportunities for education on how to manage and monitor their budgets.	

Surveyor comments on the priority process(es)

The resource management team is dedicated and honest and working diligently within their planning parameters. Team members will need to remain flexible and proactive with the policy direction from government to meet the financial needs of the organization.

The team has developed an excellent decision tree to guide decision making with constant observation which is seen as a valuable tool by the users. The team has reduced heating costs with engineer assessments and implemented recommendations to this end. The team is moving towards using the Cognos software reporting system to help leverage the information to assist further with key metric development and analysis.

The turnaround times in terms of accounts payable has improved due to looking at flow in the department and also hiring designations in the department to help complement the team in looking at better processes and technology to work smarter. Encouragement is offered to continue to work on process mapping and flow in and across areas to integrate better region-wide outcomes.

Regional targets need to be set in the department to align with opportunities for improvement for organization success in 'bending' the cost curve. Targets are required for overtime, sick time and staff optimization. Once targets are sent, analysis of where targets are met will assist with the visual management of where to drill down and where to celebrate success at all levels in the organization. Out of scope managers expressed a need for training and communication about operating and capital budget processes and planning parameters for them to become aware and helpful in resource management.

3.1.4 Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
10.4	The organization's leaders establish a talent management plan that includes strategies for developing leadership capacity and capabilities within the organization.	
10.12	The organization's leaders conduct exit interviews and use this information to improve performance, staffing, and retention.	

Surveyor comments on the priority process(es)

Western Health's e-learning and follow-up that happens by the clinical educators and the human resources (HR) team is stellar. The list of e-learning is comprehensive and meets the needs of the organization. The organization requires some of the e-learning completed as a condition of hire.

The employee assistance program (EAP) is accessible and seen as helpful by users. The mobile flu clinic is innovative and appreciated by the staff. To date, the region is at 40 percent of staff being immunized and the campaign has just begun, so this is excellent. The marketing strategy and posters featuring staff members is reaching the target audiences' attention. The organization has a regional employee wellness advisory committee that is addressing now and into the immediate future an action plan to address the issues raised in the Worklife Pulse Tool.

Recognition programs have improved significantly since the previous survey with the organization's Western Outstanding Work (WOW) award for which staff members are nominated. This creative HR team has also developed a place on its intranet site where it can post fun things such as recipes, pictures and so on for staff. There is recognition for years of service that is in its second year of existence, which is appreciated by staff. The surveyor team observed many staff displaying their years' of service pins, indicative of being proud to work here. There is a wellness activity fund which staff members can apply for to do a wellness activity, and they can also receive funds for an activity such as setting up a yoga class. The team has developed a recognition toolkit for managers and again, great progress is noted since the previous survey in terms of recognition.

Western Health only had nine vacancies at time of survey, which speaks to the success in recruitment and retention strategies. That said, it will be important for the team to ensure it revisits the HR plan and look further to the next 10 to 15 years as the workforce mirrors the population demographic and it will need to plan to address this upcoming need. It will be important to align the HR plan with the service delivery plan for the future, including the potential build of the new hospital. Succession planning needs to be developed in alignment with the Leads framework that the organization is embarking on for the region.

There has been marked improvement in performance reviews across the organization, and it would be even better if performance evaluations were aligned with performance metrics for all out of scope staff. There was no evidence of exit interviews being conducted. It is suggested this be looked at as an opportunity for the organization to work on in readiness for the next survey. It would also help the organization understand

why people are leaving jobs, and could assist with meeting the future job demands given the organization's aging work force.

The staff safety alert system is excellent and encouragement is offered to continue with the planned spread across the region. Gentle persuasive approach training and violence prevention strategies are taking place region wide, including working alone call-in policies and procedures. It is suggested an HR electronic information system would enable this team's functioning and would help reduce re-work for this dedicated and committed team.

There has been an increased expansion of telehealth across the region since the previous survey and this is meeting the needs of many clients, including diabetes clients and wound care needs. There is however, still much opportunity to increase telehealth and telemedicine in Western Health, especially for rehabilitation and population health given the geographical challenges in the region. The "Ottawa Model of Care" is being rolled out across the region and attention needs to continue to be paid to managing the transition and not just the change itself to ensure the change is embraced and fully implemented.

3.1.5 Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This smaller-size team performs a broad role and has been working hard during the past three years. It is evident there is a focused commitment to integrated quality management across all parts of the region and at all levels. Much work has been done to support risk management strategies such as the focused falls prevention strategy.

The board, CEO, senior management and all staff levels are committed to providing safe, quality services. There is clear implementation and spread of an electronic incident reporting system, with a defined escalation process for adverse/sentinel events.

The team is encouraged to continue the spread of quality improvement initiatives across all parts of the region. Encouragement is also offered to continue to engage in process improvement strategies such as Lean methodology to support further optimization and process improvement. Further education and training on the Leads framework will support senior management training and leadership training.

3.1.6 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Western Health ethics committee is a well-established, multidisciplinary team with approximately 11 members representing each of the organizational branches plus pastoral care and the community. In December 2012, the committee completed an exhaustive and detailed revision of Western Health's ethics framework, which has since been incorporated into programs and services across the region to guide ethics education, policy development, ethics consultation services and research review. The framework includes two major landmarks in the development of health care ethics in Newfoundland and Labrador: the Provincial Health Ethics Network Newfoundland and Labrador (PHENNL) and the Provincial Health Research Ethics Authority (HREA).

The PHENNL has a signed a memorandum of understanding with the chief executive officers (CEOs) of the four regional health authorities in the province to provide their respective ethics committees with provincial oversight on ethics education activities and advice on ethics policy development. The PHENNL also oversees the ethics consultation service, receives reports and highlights of activities from Western Health and offers direction on other aspects of ethics to support the enhancement of a culture of ethics. By using its ethics consultation service, and working in collaboration with the PHENNL, the committee facilitates consultations and/or case reviews on clinical, administrative and/or public health ethics issues.

The Health Research Ethics Authority Act, proclaimed on July 1, 2011, requires that all health research conducted in the province be reviewed and approved by a provincial research ethics review board. As a consequence of this, on October 19, 2011, the Western Health research ethics board (REB) discontinued providing ethics reviews for new research activities. All new research conducted by Western Health now requires review and approval by the Provincial Health Research Ethics Authority (HREA). Principal investigators then have to submit their HREA-approved research to the Western Health research resource review committee to determine if the proposed study can be accommodated and/or of benefit to Western Health. Of note is that the former Western Health REB continues to be the board of record for studies previously approved by this board and the previous research ethics process and therefore, members continue to monitor those studies.

It was noted that not all staff members have access to corporate e-mail or computers. In certain areas, kiosks were located to facilitate intranet access. Since the ethics committee is developing key e-learning opportunities regarding the ethical framework, the team is encouraged to work closely with information technology (IT) and communications to ensure equitable access to e-learning opportunities for all staff. The team also needs to work with IT to develop a monitoring process to ensure that all staff members have availed themselves of important ethics educational sessions.

The last significant environmental scan for ethics issues pertinent to the corporate strategic plan was done in 2010. With significant changes in the monitoring and delivery of ethical programs from a provincial perspective using PHENNL and HREA, the ethics committee may wish to consider revisiting this process to enable timely input to senior management as it finalizes the new strategic plan.

3.1.7 Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
11.1	The organization's leaders select and implement information management systems that meet the organization's current needs, and anticipate future needs.	
11.4	The organization's leaders manage access to and support and facilitate the flow of clinical and administrative information throughout the organization, to the governing body, across sites or regional boundaries, and to external partners and the community.	

Surveyor comments on the priority process(es)

The innovation on this team is exceptional in that its members have been the bones and the visionaries that have supported the infrastructure to enable: clinical online documentation (COD); e-learning; Cognos; physician portal; staff safety alert system; constant observation decision tree, and many other programs that have supported clinical and business intelligence in the organization. The team is committed to information security and confidentiality and has policies in place to enable this, including auditing and follow-up when required. Encouragement is offered the organization to have a shared management approach to privacy and confidentiality issues. It is everyone's job to ensure the training and level of rigour continues to increase capacity and compliance at all levels of the organization.

Staff members stated that it is hard to reach IT and have solutions implemented and realize this is because IT resources are extremely busy and IT staff members are being pulled in all directions in the organization. It is suggested that an information technology/information management (IT/IM) plan that is approved by leadership would assist them to focus on the needs of the organization.

Western Health needs to address the issue of incomplete records across the organization, as having many incomplete patient records is a risk to the organization in terms of flow of information for providers and patients for optimal outcomes. There is an incomplete records policy and letters are sent out to physicians. However, the consequences of having incomplete records are not followed up. Follow up must be done to mitigate risk of incomplete medical information and to mitigate risk for the organization, and this is the outstanding criterion for standard 11.4.

As already noted, the organization needs to develop and implement a comprehensive IT/IM plan that is aligned with strategic directions and operational realities. Although there are work lists and time lines, the plan needs to articulate the forecast for integration of infrastructure for clinical and business integration intelligence and decision making for the future to enable better communication of priorities across the organization.

The publications and philosophy of communication to all stakeholders is outstanding. The 'healthy aging calendar' speaks to this by involving one of the organization's increasing population, with pictures on how to engage in healthy aging, and sharing and showcasing this across the region is laudable. The Western Health

publication is bi-monthly and aligns well with strategic direction and gets the messages out to stakeholders. The team has a balanced relationship with the media and also provides media training to staff. The intranet and internet are comprehensive and up to date. The team is encouraged to put pictures of board members and the executive team on a webpage to raise the organization's profile. During the survey, the surveyor team heard members of community say this would be helpful to have as it helps them know where and to whom to contact. Community partners are engaged and aware of what is going on in the region and in fact, are partners in making things happen in the region. Social media is being used for example, Twitter, to send out information about flu clinics. The organization has some great u-tube videos including: "Let's talk about health without talking about healthcare at all."

Western Health is also encouraged to continue to increase e-mail access to all providers at every level of the organization to help engage all staff. Kiosks are used and more of them will be helpful to this end. Western Health has a good relationship with the province and is recognized as being leaders in development of many of the software solutions that are starting to be rolled out provincially. Staff members stated that it is hard to search for policy via the intranet and they would like to see stronger key words for search engines to enable way finding, and help in not having to print policy when they retrieve it.

3.1.8 Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The regional model for managing the physical sites of Western Health has evolved effectively since the previous accreditation survey. There is a balance between local and regional supports for the sites, to ensure efficiency, responsiveness and competency in maintaining all of Western Health's 32 locations.

Bio-Medical services are effectively organized to dispatch services to other sites or move equipment to the Western Memorial Regional Hospital (WMRH) site when required for repair or preventive maintenance (PM). Some staff members do feel that turnaround could be faster when equipment is moved to the WMRH site for repair, but this may also be attributed to a lack of clarity on a turnaround standard time, as noted by staff.

Priorities for minor and major renovations are balanced. Local sites have the latitude to move forward on smaller projects, with larger dollar value capital projects being prioritized, using the capital planning process. Critical projects are always addressed. Note is made of the recent life safety (sprinkler) upgrades to the WMRH site to address orders from the Fire Marshall. Patient care risks are always the first priority for all projects. The team is encouraged to examine opportunities for multi-year capital planning to have a longer term view in managing complex projects with available resources.

Western Health needs to also balance the need for near term facility improvements for the WMRH site while it plans for the new acute care hospital which is at least five years into the future. Ongoing improvements to ensure a safe and appropriate environment will have to continue to occur irrespective of this larger project at the WMRH site.

Emergency medical services (EMS) meets all standards for service, and is commended for the roll-out of the Ambulance Dispatch and Management System (ADAMS) for transport requests, dispatching and monitoring of vehicles across the region. This electronic tool has facilitated much better use of this vital resource. Congratulations are extended to the team for having this tool adopted by the entire province of Newfoundland.

All sites that were visited during the survey were clean and well-maintained. It is quite impressive how modern and well-equipped many of the smaller sites are in Western Health, such as in Burgeo and Port aux Basques. The larger sites, such as in Stephenville and Corner Brook, need to consider better signage and facility maps to help patients with way finding, as these are acute care centres.

3.1.9 Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This team has driven the significant improvement in standardization and consistency of emergency preparedness processes and polices across the Western Health region. Fundamental to this approach is the emergency operations centre (EOC) response system which creates a command structure for the region. The EOC response system is activated at a command centre at the Western Memorial Regional Hospital site, which uses an incident management framework. Even more impressive is the fact that this integrated approach to managing resources and capacity across the system is regularly used as result of the 'enterprise view' of the leadership across the region, providing flexibility and adaptability to manage the needs of the community at any given time.

The team conducts regular reviews of universal codes and conducts mock exercisers with partners such as fire and emergency Services. Each review provides improvement opportunities which are used to revise emergency preparedness documentation, knowledge and training.

Front-line staff members receive mandatory training in all universal codes via e-learning modules, which are also documented on performance appraisals.

There is effective integration with the Department of Health and Community Services, medical officer of health (MOH), Communicable Diseases Centre (CDC) and Public Health to manage outbreaks and mitigate risk to service continuity. Commendation is given to Western Health for using the principles of population health to educate the public on the role it can play in preventing and managing infections. It is unclear however, if the teams across the Western Health region have regular visibility as to infection rates. Publishing rates to the public would also improve knowledge, transparency and assist in the management of outbreak situations.

3.1.10 Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
13.4 The organization evaluates the effectiveness and impact of the client flow strategy.	

Surveyor comments on the priority process(es)

In place for several years, the clinical effectiveness team has recently begun to see significant successes. The successes have been supported by a new nursing model (the Ottawa Model) resulting in increased accountability and responsibility to patient care. This has led to improved discharge planning, a decrease in average length of stay (ALOS) and improvements when compared to the Canadian Institute for Health Information (CIHI) expected length of stay (ELOS) data.

A major outcome from the clinical effectiveness team is the use of bullet rounds. These rounds are rapid rounds, which occur daily on the inpatient units. They are attended to by registered nursing (RN), occupational therapy (OT), physiotherapy (PT), and social work (SW). These rounds are often led by the unit manager. Currently, physicians are not attending bullet rounds and their presence may produce additional benefits. In addition, the bullet rounds are an excellent way to build stronger teams and when coupled with robust care pathways, the rounds are able to engage all members of the health care team, family members and patients in care delivery.

Currently, there is not a formal evaluation process to determine the effectiveness of current flow strategies. However, the team is seeing real results at the patient care level with improved ALOS and enhanced discharge planning. This has resulted in increased bed availability and improvement in patient bed days. There has been increased use of process mapping to identify gaps and bottlenecks. Also, increased two-way communication with the community liaison program has assisted in limiting the admissions to emergency departments and a decrease in the ALOS for alternate level of care (ALC) patients. There has been a shift from paper to electronic long-term care (LTC) referrals using the computer. This has decreased the time it takes for an LTC referral, therefore leading to shortened transfer times. Finally, there has been the adoption of unit-specific social workers that are knowledgeable about specific care pathways of those units.

The emergency (ER) department in Corner Brook has developed and implemented a fast track clinic, which operates from 1,000 hours to 2,200 hours every day. During the day hours, the clinic is run by a nurse practitioner (NP) and in the evening by a family practitioner (FP). At all times, it is supported by full scope licensed practical nurses (LPNs). This has resulted in fewer Canadian triage acuity scale (CTAS) level 4 and 5 patients presenting to the ED, allowing for decreased wait-times for CTAS level 1, 2, 3 patients. The implementation of the clinical decision unit has allowed for greater observation and treatment for patients that could potentially be discharged. This has further decreased the number of inpatient admissions.

The organization has undertaken a number of push and pull strategies to lower the ALC days and improve patient discharges to home, personal care homes, and LTC. The addition of restorative care beds will further assist in this area. Additional activities undertaken by the organization to improve patient flow include a first

available bed policy for LTC beds, mixed gender inpatient rooms, bullet rounds and the identification of a most responsible physician (MRP) for every patient admitted to hospital. The organization still has significant challenges with high ALC days and on average has approximately 15 percent of ALC patients in acute care beds.

Wait-times are tracked. The development of a central wait-list strategy is underway; however, wait-lists are still physician dependant and the wait-list strategy needs additional development to be fully centralized.

3.1.11 Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems

Unmet Criteria		High Priority Criteria
Standards Set: Diagnostic Imaging Services		
8.8	The team follows the organization's policies and procedures and manufacturer's instructions to select appropriate cleaning, disinfecting, and reprocessing methods.	
Standards Set: Leadership		
9.7	The organization's leaders implement an effective preventive maintenance program for medical devices, medical equipment, and medical technology.	ROP
9.7.3	The organization's leaders have a process to evaluate the effectiveness of the preventive maintenance program.	**MINOR**
Standards Set: Reprocessing and Sterilization of Reusable Medical Devices		
1.7	Where reprocessing and sterilization services are contracted to external providers, the organization establishes and maintains a contract with each provider that requires consistent levels of quality and adherence to accepted standards of practice.	
8.7	The team verifies that detergents, solutions, and disinfectants are compatible with the devices being reprocessed, the equipment used for washing or sterilization, and the decontamination or sterilization processes used.	
11.3	The team is able to track all sterilized items in storage or transported to client care areas, units, or other organizations.	!

Surveyor comments on the priority process(es)

There are significant issues of potential cross-contamination especially with the cleaning of gastroenterology (GI) scopes. This is in part related to physical plant issues but regardless, there is need for the issue to be addressed. The storage of clean diagnostic devices are separated from dirty devices however, the potential for contamination while being transported to the storage areas does exist. The move to the new facility should not deter the organization from seeking ways to minimize and mitigate cross-contamination issues. This is a potential patient safety issue and has been identified in past surveys as an area of concern. The surveyor team is recommending the organization develop a written plan within three months and complete the necessary changes within 12 months.

An instrument tracking system is currently being purchased. The company has been identified and the initial public offering (IPO) is to be issued shortly. This will provide the organization capability to track individual instruments back to the patient and better manage recalls and infectious disease issues. The organization uses the request for proposal (RFP) process to purchase equipment except when a sole source provider has been identified.

Currently, the organization lacks an effective method to evaluate the effectiveness of the preventive maintenance (PM) program. There are logs kept and regular maintenance is carried out.

The sterile processing department (SPD) is currently looking at expanded investment in the Logi-D inventory management system. This system will be transferable to the new facility once it is completed. The Logi-D system will provide the organization with capability to realize a financial opportunity and potentially, to use the savings from improved inventory management to improve clinical care.

The organization continues to use an open cart system to move sterile and dirty instruments to and from the operating theatres (ORs). Given the concerns raised earlier, a closed cart system would provide additional assurances and potentially limit cross- contamination. Concerns raised about changing the cart system revolve around financial and cleaning issues. At the Stephenville site the SPD and ORs are at opposite ends of the hospital and the hospital is a one floor facility. This results in the case carts (clean and dirty) being transported along the main corridor to and from the OR. This has the potential to expose patients, families, visitors, and staff members to dirty materials and infectious diseases.

The organization does not reuse single use devices.

3.2 Priority Process Results for Population-specific Standards

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served, through leadership, partnership, innovation, and action.

3.2.1 Standards Set: Maternal/Child Populations

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	
6.1 The organization maintains a clinical information system and longitudinal client records.	

Surveyor comments on the priority process(es)

Priority Process: Population Health and Wellness

The integrated population health team for maternal newborn has built a client-centred program, based on demographics, outcome measures, and client feedback. Structured programs such as Before Birth and Beyond: Information, Education and Support (BABIES) program, breast feeding follow-up, and adolescent development services are well organized and multi-disciplinary. Intake into the programs occurs from a variety of locations with a strong emphasis on educating primary care and specialist along with the general public on offered services. Western Health's website has on-line resources to support intake processes. In addition, the entire organization plays an effective role in directing maternal newborn clients into the appropriate channelled service.

All team members are aware of their performance metrics in the dimensions of access and wait times. Client satisfaction surveys are also sent as follow up for feedback. The team has effective protocols to ensure a safe work environment, as they are visiting clients in remote locations. All home visits have a sign-in sign-out protocol, with staff cell numbers being provided in the case of emergencies. Clients are also screened through a safety check questionnaire. Safety information is passed across the provider team when required.

Team members have a robust orientation process and access to continuing education support when needed (examples include: breast feeding course, e-learning module, staff meetings/in-service).

The team will need to integrate the electronic patient record over time with the main hospital health information system. The community based system, CRMS, does not have an interface with Meditech, which makes it challenging to transmit client information from the community to the hospital or from the hospital to the community.

The maternal newborn population based health team has made significant gains since the last survey in the integrating of service across the region, and more importantly across the continuum of care, with a strong focus on public and community health. The passion of being client-centred was apparent in interviews with staff and most appreciated by the clients.

3.2.2 Standards Set: Public Health Services

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Population Health and Wellness

During the previous accreditation process, Western Heath expressed concern regarding the government's plan to transfer some Western Health child and youth services to a new provincial government department. The transfer of services did indeed proceed, but memoranda of agreement between the parties were developed which enables a successful and positive working relationship and the ongoing coordination and enhancement of services between the parties.

Health Promotion was identified as a specific goal in the current strategic plan and significant, positive achievements have been completed in this area. Utilizing telephone surveys and focus groups, and working closely with community advisory committees, Western Health performed a detailed environmental scan and community needs assessment to determine regional population health and wellness priorities on a go forward basis. This information will be used when developing their next strategic plan as well as to focus the work of the community advisory committees. This process clearly indicates a strong community focus and a willingness of Western Health to work with, and on behalf of, their stakeholders to deliver focused public health initiatives for their communities, and they are to be commended on this initiative.

A variety of performance measures and scorecards are used to measure compliance with various initiatives, but the team has not yet identified specific targets and goals for most of the criteria measured. The team is encouraged to revisit their reporting processes and to develop a balanced scorecard with clearly identified and strategically weighted targets and thresholds to which they can measure their successes against.

The team is exploring and utilizing innovative interactive social media campaigns to educate the general population regarding issues such as sexual heath and sexually transmitted diseases. Measuring the success rates and outcomes of these initiatives will enable the tailoring of further interactive campaigns towards specific populations to continue to promote these innovative education solutions.

3.3 Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Point-of-care Testing Services

- Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Clinical Leadership

- Providing leadership and overall goals and direction to the team of people providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services

Episode of Care

- Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Organ and Tissue Donation

- Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs

Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Surgical Procedures

- Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

Diagnostic Services: Imaging

- Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions

Diagnostic Services: Laboratory

- Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions

Blood Services

- Handling blood and blood components safely, including donor selection, blood collection, and transfusions

3.3.1 Standards Set: Biomedical Laboratory Services

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Diagnostic Services: Laboratory
The team has spent significant time developing a comprehensive inventory database for all of the organization's 32 sites with a software tool that enables tracking preventive maintenance (PM) and routine and urgent equipment servicing requests across the Western Health region. The tool is supported with an online requisition form, which will in the near future, enable the person requesting to see the status of their request. Commendation is given for this comprehensive approach to maintaining their medical equipment in good repair. The benefit of these tools needs to be balanced with managing expectations of the user as to reasonable turnaround time, especially for the remote sites. There is always support to the smaller sites from the Western Memorial Regional Hospital site or from leadership for any needs that cannot be met, or for any assistance that is required.

3.3.2 Standards Set: Blood Bank and Transfusion Services

Unmet Criteria	High Priority Criteria
Priority Process: Blood Services	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Blood Services
Effective measures are in place to ensure the right blood products are provided to the right patient. Examples of this include using bar code matching of blood product and patient wrist bands. As all blood products are provided from the Canadian Blood Services, there is no collection or modification of blood products by Western Health region. Strong quality control measures exist around blood products at all sites. Effective storage of products was evident in a secure area, with refrigerators being monitored and alarmed. The organization, by way of its regional structure, is also able to leverage the optimization of blood products by cycling older inventory from the smaller sites into the larger ones, so that blood products do not expire. The team is commended for finding a practical manner that ensures donated blood is not wasted. There is always support to the smaller sites from the Western Memorial Regional Hospital site or from leadership for any needs that cannot be met, or for any assistance that is required.

3.3.3 Standards Set: Community Health Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Community Health Services program falls under the umbrella of Population Health Branch Community Support services. The structure of the program includes: a vice-president, population health; a regional director of community support; and a community health manager. Program responsibilities include: discharge planning, palliative end of life care, chronic disease prevention and management. The team membership is comprised of: a community health nurse, liaison nurse, home nursing coordinator and psycho social and bereavement coordinator at the regional level, and a licensed practical nurse.

The team has commenced a regional process to strengthen its planning from a program perspective, although it has historically drawn on the use of community needs assessments, focus group input, service evaluation and other sources of data. All staff members met during the survey spoke to their ability to influence and shape role descriptions, scopes of practice and work assignments. It is apparent that there is a collegial sense of team and that members draw on the skills and knowledge of one another to create the most responsive and appropriate plan of support for the people serviced. There is appreciation for the regional support demonstrated to population health overall and community health services explicitly. This is viewed as important as there has been considerable growth in community health service needs and volumes with the integrated region-wide delivery of services to western Newfoundland communities evolves and strengthens.

Collaboration and partnerships with communities, other support organizations and other regional services are a noted strength and staff members identified that it is through these relationships that effective innovations can be achieved. The partnership with the ministry was also identified as a key strength.

The program is encouraged to execute its work on program evaluation and planning so that a clear purpose can be defined from which to derive scope of services, what is included and not included so that targets and priorities are clearly defined. The team and leaders understand this very well and are excited about the possibilities of client-centred care, which is a philosophy and commitment expressed as their fundamental values.

Priority Process: Competency

The team is interdisciplinary in terms of its day-to-day engagement with social workers, primary care physicians, families and occupational therapy and residential services and social assistance workers. This works well from the team's perspective and was validated by client/family interviews, chart reviews and validations conducted by the surveyor team in Corner Brook, Stephenville, Burgeo, Port aux Basques, Deer Lake, Port Saunders and Norris Point.

The work space in both the health centres and in client homes is dependant on location, need and the specific service provided. Given the growth in community health services, space requirements will be important to monitor over time. Currently, the Deer Lake location is at maximum capacity, space-wise.

Competencies are clear and it is understood that there are some common shared competencies across roles and this is viewed as a key strength. Performance feedback and an evaluation process are in place, although at times it may be a little late in being formally done on paper. All staff members agreed that they know how they are performing, that education and e-learning has helped, and that dialogues with their manager are helpful.

The team is encouraged to explore the cost-benefits of having physiotherapy resources in the community health team, as it undertakes program planning.

Priority Process: Episode of Care

At this time there is a process for assessing referrals as they come in and to assign to staff members where individual client service plans are established, carried out and evaluated. Clients indicated the process works well for them and it has improved service access and care closer to home, which they much appreciate.

All staff members agreed that it is timely to embark on the review of the whole program, and to better define the overall program description/service components to ensure that clients and communities know what is available and also, to ensure referral sources are better informed as well.

During the survey, tracers were carried out on four clients, two in health centre and two at home. Observations of services delivered show that they are evidence-based, that clients are engaged in their care, and that families are feeling comfortable to ask questions to better manage their health.

Complaints are addressed by the manager, although these are generally felt to be few. Clients and families expressed being satisfied overall and measures attest to this level of satisfaction. Encouragement is offered to strengthen the case management model for community health services as part of the program review and to more clearly define service criteria. This would enable clear accountabilities for all staff and the program team as a whole, and would strengthen capacity of the community health services to broker and advocate for those complex clients that experience communication gaps when they are involved with multiple regional programs and services. One such example was discussed with the Deer Lake team.

Priority Process: Decision Support

Wound care is one example of using evidence-based guidelines in practice and it was observed directly through the tracer. Some staff members have become wound care experts and share their knowledge with others, or are available to staff members for informal consultation from time to time. This validates the community health services' team as a true learning team.

The team is encouraged to draw upon research findings as a component of program review and when establishing service criteria. Baselines and targets can then be set out and staff education and competency development and maintenance can be better aligned. There is also encouragement to establish a more robust central intake process aligned with defined criteria for services. This will be useful to clients, referral sources and new staff members that are taking on program roles. This will also strengthen capability to standardize what makes sense which in turn, will improve reliability of service access, service delivery and safety for the people served.

Priority Process: Impact on Outcomes

There are good processes for collecting input and feedback from clients and partners. There have been many accomplishments in the community health services related to partnerships, relationships, client and family-centred care, access improvement strategies and practical knowledge related to integrated service delivery. Many of these deserve to be shared with others internally and externally. The team is encouraged to explore ways to do that so that learning is shared and others benefit.

The team agrees that program review, current process mapping and examining the gaps will help them to better evaluate service delivery from both process and client outcome perspectives. An example was shared by the team where it has seen success in doing this with referrals earlier in the first trimester of pregnancy for the program called: Before Birth and Beyond: Information, Education, and Support (BABIES). By sharing data with referral sources earlier, more referrals were generated. This kind of approach to program action plans, with clear targets and measures and target dates will help to sustain program quality improvement and evaluation momentum.

Overall, the community health services are doing a wonderful job in meeting the needs of people and there is support and staff readiness to engage in strengthening outcome measures and celebrating the milestones along the journey.

3.3.4 Standards Set: Critical Care

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
10.2	The interdisciplinary team conducts daily rounds.		
10.3	The interdisciplinary team establishes and assesses daily goals for each client.		
Priority Process: Episode of Care			
3.2	If the team offers outreach services in the form of a rapid response or medical emergency team, it defines the role of this team and communicates it to other teams in the organization.		
6.3	When offering outreach services, such as a rapid response or medical emergency team, the team provides other organizational teams with the standardized criteria it uses to determine whether critical care services will be provided.		
12.5	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	12.5.1	There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	12.5.2	Depending on the model, the prescriber uses the Best Possible Medication History (BPMH) and the active medication orders to generate transfer or discharge medication orders (proactive), OR, the team makes a timely comparison of the BPMH, the active medication orders, and the transfer or discharge medication orders (retroactive).	**MAJOR**
	12.5.3	The team documents that the BPMH, the active medication orders, and the transfer or discharge medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**

12.5.4	Depending on the transition point, an up-to-date medication list is retained in the client record (internal transfer), OR, the team generates a Best Possible Medication Discharge Plan (BPMDP) that is communicated to the client, community-based physician or service provider, and community pharmacy, as appropriate (discharge).	**MAJOR**
12.5.5	The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Western Health region has two hospitals with critical care beds. The intensive care unit (ICU) at Western Memorial Regional Hospital (WMRH) has a site director, nurse manager and physician chief that together, provide administrative leadership. The director reports to the vice president of patient care services. The ICU at WMRH is funded and staffed for eight beds but at times, including the week of the on-site survey, the ICU has 11 patients in the unit. Daily plans are created to determine which patient is the first to move if beds are needed to accommodate new critically ill patients. Frequently however, patients are remaining in the ICU when they have an order to transfer to an inpatient unit due to bed access issues on the inpatient areas. A concern was expressed that this may not be the best solution for preparing patients for discharge and is expensive care. On average there are one or two ventilated patients in the ICU at WMRH site, but at times it can have up to six ventilated patients. The unit is small and the halls are cluttered and filled with excess equipment etc.

There is a three-bed ICU located at Sir Thomas Roddick Hospital (STRH) in Stephenville. This ICU is managed by an ICU/surgicalmanager that reports to the director of care and to the vice president of patient care services. The ICU at the STRH site does not provide care for ventilated patients and patients that require ventilation are transferred out to a higher level of care.

Both of these ICUs and hospitals are designated stroke centres and have on-site computed tomography (CT) scanning available. These two ICU sites in the region function independently but share some resources from time to time. Both directors report up to the same vice president of patient care services. There is an opportunity to develop further partnerships and to work on standardization of processes between the sites. There is a regional steering committee made up of the vice president of patient care services, medical chiefs, nursing, directors, managers and staff across the acute services. The committee develops departmental work plans, balanced score cards and monitors the data.

Site-specific point of care teams have been extensively involved in identifying the new model of ICU care, which includes some advance practices that have recently been implemented resulting in some shifting of roles and responsibilities. Nurse staffing is stable at both sites, and is related to the forward thinking of the leaders with the provision of the critical care training programs in the region.

Staff members and leadership working in the ICU at WMRH and STRH sites are a dedicated compassionate group of interdisciplinary staff and are commended for the care they are providing.

Priority Process: Competency

Staff members require specialized training to work in the ICUs at WMRH site and STRH site. Training programs are frequently provided locally with a combined ED/ICU training program. Staff members indicate that the staffing levels seem to be adequate although there are times when additional staffing is required due to the workload and if this occurs, staff members are called in to work. At times however, it is a challenge to locate someone to work on short notice. When the ICU is quiet, staff members float-out to the inpatient areas.

Staff members indicate they have access to online education and electronic learning modules. Access to other courses is dependant on their ability to be replaced from their assigned shifts.

Staff members that work in the STRH ICU are recognized by way of a "kudos board" where accomplishments are posted. Also, thank you cards are sent out and staff members are presented with pins for their long service contributions.

The ICU at the WMRH site has an interdisciplinary team includes physiotherapy, occupational therapists and respiratory therapist, dieticians and so on. Daily rounds are not occurring and it was identified by the team that daily interdisciplinary rounds are best practice and should be occurring. It was noted that there is a lack of clinical pharmacy presence in the ICU which is a concern to all. Pharmacy support is provided remotely, and there is no real-time in-person discussion with the other team members at the point of care.

The makes and models of infusion pumps are standardized and infusion pump training is ongoing and is documented. Staff members indicate that performance appraisals are occurring.

The point of care team at STRH site has implemented the "Ottawa Model of Care", which provides more clarity related to nursing roles and ensures accountability. Core clinical competencies have been developed for nursing staff members and current competencies are monitored.

Priority Process: Episode of Care

Admission and discharge criteria have been developed in both ICUs. At the WMRH site the ICU is an open unit but only internists, intensivists or surgeons can admit to the unit. At the STRH site, only internal medicine admits to the ICU.

Patients requiring a higher level of care are transferred from STRH to WMRH site. This requires STRH to repatriate their patients as soon as possible so that WMRH can accommodate the more critical cases. The two sites appear to be supportive of one another and refer to situations where they have worked well together, making the system work to accommodate their patients within Western Health region. Daily planning occurs around the first available bed for new critical care admissions.

Equipment is well maintained with regular preventive maintenance reviews completed at both sites. The cardiac monitors at WMRH are nearing end-of-life cycle and there is concern that parts will not be available for servicing in the near future, and early consideration needs to be given to cardiac monitor replacement in the capital planning acquisition process.

Ceiling lifts are only available in three rooms at WMRH site however, there are eight high-low pressure beds and the ICU has received approval to purchase four additional high-low pressure beds this year.

Families are informed in both of the ICUs around what to anticipate during transitions and comment cards are provided to patients and families upon transfer out of ICU. Comments are used to inform providers about the patient experience and around opportunities to improve.

Medication reconciliation is completed on admission to the ICU but not upon transfer to the inpatient area. A nurse-to-nurse verbal report is provided on transfer to an inpatient area. Inpatient staff members indicated that the reports received from the ICU are thorough.

Outreach services in the form of rapid response teams have not been implemented in the ICUs. The STRH hospital site has implemented a process that identifies a clinical nurse expert on each of the inpatient units that will act as a resource nurse for more junior or inexperienced staff members if a patient deteriorates and additional support or direction is required.

Priority Process: Decision Support

At the WMRH site, there is online nurse documentation. A manual charting process remains in place at the STRH site. Physician documentation remains a manual process at both sites.

Orientation tools have been developed and staff indicate the orientation which nurses receive is good. New nurses are required and supported to complete an 11-week combined ICU/ED training program for nurses working at WMRH site, and an approximate 8-week orientation for nurses working at STRH site. Less time is allocated at STRH due to the fact the site does not ventilate patients in their ICU.

Data and information are available for both of the ICUs and incorporated into the balanced score card. Indicators are tracked which include ventilator days, length of stay, transfers and so on.

There is a centralized monitor for ICU patients at both sites and at WMRH site, there is capacity to monitor up to 20 telemetry patients. The ICU at STRH site has four telemetry units and has identified the need to purchase eight or ten new telemetry units in the near future.

There is a region-wide process underway to select standardized clinical order sets. Although there appears to be significant physician involvement in this process, there is some concern related to the appropriateness of these order sets for the different sites and the availability of resources required to implement them in the future.

Priority Process: Impact on Outcomes

Performance indicators have been developed and data are available. However, there is an opportunity to provide more information to the team relative to patient outcomes. High-risk activities are identified and staff members are required to double check drug dosages prior to administration. The clinical safety reporting system (CSRS) is in place and nurses are reporting events and near misses. Staff members indicated this system has increased the timeliness of managerial feedback following an incident.

Priority Process: Organ and Tissue Donation

Staff members have received some education related to organ donation and resources are available in manuals on site for them to access. Staff members are aware of who to call when they require advice from someone with more expertise in organ donation. Currently, there is no retrospective review of missed opportunities, but this has been identified as a requirement at the site level going forward. Eastern Health provides support to Western Health sites relative to the organ donation process, education and resources.

3.3.5 Standards Set: Diagnostic Imaging Services

Unmet Criteria		High Priority Criteria
Priority Process: Diagnostic Services: Imaging		
11.12	The team uses diagnostic reference levels to optimize radiation protection of adult and pediatric clients.	
17.4	The team reviews its diagnostic reference levels at least annually as part of its quality improvement program.	
Surveyor comments on the priority process(es)		
Priority Process: Diagnostic Services: Imaging		

A regional focus is clearly evident with the administrative, clinical and quality support to community/rural sites. There is evidence of ongoing focus on wait-times in specific areas. E-learning and other online opportunities such as lunch and learn, radiologists' discussions and vendor e-courses support ongoing education. In terms of trends in changing technologies all of this is important to continue.

A strong focus on patient care, safety and optimization across all sites was noted during the survey. Examples include: reporting software to reduce report wait-times; patient arm bands in areas such as computed tomography (CT) and interventional procedures.

There is evidence of strong client satisfaction results from ordering clinicians and from patients, which supports a good planning process. The team functions as a true integrated service with strong support from the radiologists.

Encouragement is offered to continue to further strengthen and spread the established quality assurance program. The team will benefit from planned engagement with the medical physicist to support optimization of radiation dose levels and other key indicators.

3.3.6 Standards Set: Emergency Department

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
14.2 The team reviews its guidelines to make sure they are up-to-date and reflect current research and best practice information.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Organ and Tissue Donation	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The emergency department (ED) at the Western Memorial Regional Hospital (WMRH) has a site director, nurse manager and a clinical chief who together, provide administrative leadership to the unit. The ED was renovated approximately seven years ago and has recently undergone a significant redesign following a detailed analysis of their work flow which utilized Lean methodology. The project was led by a physician and administrative leads with significant input from the front-line nurses and physicians. A fast track (FT) area has been created to see Canadian triage acuity scale (CTAS) level 4 and 5 patients, and it is staffed by a nurse practitioner (NP). An eight-bed clinical decision unit (CDU) has been initiated which includes two beds that are allocated for rural patients that require interim care and patients who may be transferred in from the rural sites for diagnostics and require a prolonged observation and in some cases, reassessment prior to definitive care. The CDU is protocol-driven with physician oversight provided by the ED physician group.

The redesign changes had been implemented in the last two weeks before the on-site survey and early results are encouraging. The team is already seeing improvement in the time to physician and length of stay metrics. The team is encouraged to monitor its performance and to sustain the improvements. Data related to their performance are available in the system and leaders are encouraged to share the results with staff. As part of

the evaluation process the team is encouraged to evaluate the current signage in the ED to ensure patients can easily identify where they need to present and when. These team members are commended for their courage to undergo this significant change and for their desire to improve the quality of care for patients in their community. There is a sense of excitement and accomplishments in the ED, which will continue to foster as improvements are realized stemming from their hard work.

Physicians have double coverage in the department from 1230 to 2130 hours but there is concern that the increased volumes from their absorption of the family practice unit may require additional nursing staff. The site is encouraged to monitor the volumes and staffing levels if volumes increase going forward.

The point of care team is involved in determining the new model of care. Some initiatives have been standardized but there is more opportunity to work with the other communities to standardize process, tools and guidelines across the region.

The ED congestion at WMRH site has been an issue. Again, the newly created CDU and the FT area may address some of the congestion and the team recognizes it will need to rework over-capacity plans going forward. In the short term, informal plans are in place during the period following the redesign but longer term decongestion strategies will need to be developed.

The ED team at Sir Thomas Roddick (STRH) is planning to move ahead with a redesign of the physical space. The redesign will include: triage; fast track and nurse practitioner work space. Currently, patients register prior to triage. There is awareness of the need to change the flow and the site is currently in the discussion and planning phase of the redesign. Signage in this area could be improved to support this new process. Team members are looking forward to the opportunity to work together to redesign the existing space. One quickly appreciates the strong leadership, physician support and committed staff in this department, which will position them well as they move forward with their redesign in the future. Documentation is completed on a one page ED record which includes triage, nurse and physician documentation. The site is encouraged to develop an ED documentation tool with accompanying guidelines that will accurately capture the patient status and care provided. Access to inpatient beds can be an issue at STRH but more recently, the hospital occupancy has been running at 85 percent and bed access has not been as much of an issue. Recent initiatives related to daily inpatient rounds are attributing to the lower occupancy and improved patient flow. The team is realizing the benefits of their hard work.

A multidisciplinary working group at STRH which is physician led has been formed and meets on a monthly basis to review capital equipment needs, develop and review medical directives, and discuss care plans for patients that have frequent visits to the ED.

The Calder Health Centre in Burgeo has three inpatient beds and a 24/7 ED which is staffed by registered nurses (RNs). Physicians have offices at the site and provide 24/7 on-call services. Staff members speak highly about the benefits of regionalization and the opportunities and resources that are now available. There is a director of rural health services on site that reports to the vice president of rural services for Western Health region.

Strong leadership appears to be in place in all of the health centres that were visited. The Rufus Guinchard Health Centre in Port Saunders, the Dr. Charles L. Legrow Health Centre, and the Bonne Bay Health Centre in Norris Point provide similar services which may also include an on-site nurse practitioner, physiotherapist, social worker and occupational therapist.

There are five satellite clinics that are managed by nurse practitioners in places like Parsons Pond, Woody Point, Cow Head, Rocky Harbour and Ramea.

Staff members speak positively about the benefits of regionalization in terms of education access, problem solving, and having the ability to represent the realities in their service areas and their strengths and limitations. They noted they appreciate being heard and respected as competent colleagues.

Priority Process: Competency

Emergency nurse training is provided at the regional level and is given in-house. A 12-week combined ED and ICU program has been developed where nurses are cross-trained for the two departments. Nurse recruitment and retention was not identified as an issue and when the current teaching program completes, these nurses will assume float or over-hire positions.

The local Western Regional School of Nursing undergraduate program has positively affected the organization's ability to recruit nurses. At this point in time all physician positions are filled. Physicians have experienced success in recruiting their own into the department.

Nursing staffing levels are of a concern more recently following the ED redesign at the WMRH site. The site is encouraged to continue to monitor staffing levels. The consultants that completed the ED operational review have been invited back to reassesses the volumes and staffing levels. The team also expressed a concern that there was no unit clerk coverage on the night shift. All of the 911 calls in the local community are routed by the ED which impacts the staff workload of the unit clerk during the day and the nursing staff members on the night shift.

In the main ED at STRH site there are two nurses 24/7. The nurses expressed concern related to the level of staffing. Staff members are called in as required for workload on a regular basis.

Staffing levels at the health centres was not identified as an issue. Recruitment and retention of RNs is not an issue at the sites. However, it is a challenge in some surrounding communities to recruit NPs.

Online learning modules have been developed at all sites for nursing staff. Staff members indicate they have good access to education. Thirteen staff members from the WMRH site recently attended a provincial pediatric conference in St. John's. Staff members from WMRH hosted the Provincial Emergency Nurses Conference which was held locally this year and focused on disaster preparedness namely: How Prepared are You?

Sexual assault nurse examiners (SANE) have been trained regionally, with 11 of them working at WMRH and six of them are working at STRH site.

Staff members indicated that performance appraisals are completed at all facilities. Core competencies have been defined at all sites and learning plans are developed with staff members during their performance reviews to address their educational requirements.

Priority Process: Episode of Care

Admission discharge criteria have been developed for the recently opened CDU and fast track area at the WMRH site. CTAS level 4 and 5 patients are seen in fast track area and the CTAS 1, 2 and 3 patients are assessed in the regular ED area. Previously, there was a registration first model in place at WMRH and part of the redesign included the implementation of the triage first model.

The CDU is located in the department and ED nursing staff members rotate in all of the areas of the ED. Nursing staff members are assigned to triage during the day and staff members rotate in triage on weekends.

All staff members are trained to work in triage. There is a CTAS reassessment policy in place and patients are reassessed by the triage nurse as time permits. Flow issues have been identified related to the timely access to the patient chart in the fast track area. Solutions to this are currently being explored. Stretchers in the main ED and in fast track will be protected and admitted patients are cared for in designated ED stretcher bays.

The nurse practitioner at STRH site mostly examines the CTAS 4 and 5 patients. Between 65 and 70 percent of the ED patient volume at STRH consists of CTAS 4 and 5 patients, which seems quite high. The site is encouraged to audit the application of the CTAS classification to ensure that levels are applied accurately. In the new nursing model of care that will be implemented in the near future, nurses will be assigned and accountable for specific patients at STRH and communication boards will be posted to improve communications. Staff members working in the ED at STRH have after hours' access to the mental health liaison nurse that works in the ED at the WMRH site.

Report at change of shift is provided via telephone. It was noted during the on-site survey that documentation related to ED turnover was missing in a few charts at both WMRH and STRH sites. The STRH site is in the process of developing a patient transfer/turnover tool, hoping to improve this process.

Medication reconciliation has been implemented at both WMRH and STRH sites on admission. Information is transferred amongst providers at transition points via a telephone report.

Some initiatives are standardized region-wide and are coordinated at the regional level, such as for veno thrombo embolism and stroke guidelines. A standardized discharge form has been developed and is implemented which includes prescriptions and patient- specific discharge instructions.

In the smaller health centres, medication reconciliation is completed on admission, transfer and discharge. Equipment appears to be up to date and maintained in good working order at all sites. At times, transportation is an issue at the smaller sites due to the weather and other conditions. Nursing staff members are supported by the EMS crews when emergency patients are brought in by ambulance.

Priority Process: Decision Support

Nursing staff members indicate the orientation for new hires is good. Physicians indicate that the physician orientation could be enhanced. At STRH site, new physicians buddy with more senior physicians for one week before being assigned to their first night shift where they work solo.

There is an opportunity to standardize documentation tools. Staff members were under the impression that the ED documentation tool had been standardized across the region but it has not. The ED clinical leads, educators and physician leads work collaboratively to determine evidence-based guideline at the larger sites. There is an ED point of care committee at STRH and WMRH sites that reviews processes and guidelines. A multidisciplinary group is currently reviewing a number of clinical order sets that have recently been purchased from an external vendor.

Wait-time data are currently available in the system using Cognos software and real time reports can be generated related to time to physician and ED length of stay. An access and flow dashboard has been developed internally. Information is forwarded to directors related to the current occupancy and the number of patients awaiting admission, which assists directors with the overall management of access and flow across the region.

Electronic white boards or trackers have been installed in many EDs across the country where similar patient volumes to WMRH and STRH sites are experienced. The tracker facilitates flow, and improves efficiencies and safety in the EDs. The region is encouraged to explore the advantages of this technology in the future.

The electronic Pyxis system has been implemented in the EDs at both WMRH and STRH sites and staff members speak positively about this. An electronic supply inventory tracking system called: "Log-ID" has been implemented in the supply room.

Priority Process: Impact on Outcomes

Performance metrics have been identified by the ED teams in both the larger and smaller rural sites which make up the balanced
score card which is reported to senior management. This includes indicators pertaining to the time to physician, stroke care, door to needle times and the number of patients that leave without being seen. Identification arm bands are applied to all ED patients and staff members are familiar with the need to use two unique identifiers.

Staff members report incidents using the provincial clinical safety reporting system (CSRS). Staff members and physicians were able to provide examples of when system changes were made as a result of an incident.

While the percent of patients that leave without being seen at STRH site is low, staff members will telephone those patients to follow up and make sure the patient is doing okay, and to look for opportunities to improve their service. The STRH site is commended for this practice.

Priority Process: Organ and Tissue Donation

Region-wide policies and procedures are in place related to organ donation. Sites are supported by the retrieval program at Eastern Health. Staff members are aware of who to call if they require advice or direction from someone with more expertise in organ donation.

3.3.7 Standards Set: Emergency Medical Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
20.2	The team regularly reviews the selected evidence-based protocols and guidelines to make sure they are up to date and reflect current research and best practice information.	!
Priority Process: Impact on Outcomes		
The organization has met all criteria for this priority process.		
Priority Process: Infection Prevention and Control		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The regional director of paramedics and medical transport manages contracts, private operators and is also the director of operations for Western Heath. A combination of advance care paramedics (ACPs) and primary care paramedics (PCPs) work in private and hospital-based services. There are currently three classifications of attendants that provide road ambulance services; the ACPs, PCPs and emergency medical responders(EMRs).

The province is looking at a restructure of services following the Newfoundland and Labrador Ambulance Program Review, which was recently released by Fitch and Associates. Emergency 911 services is varied and can be provided locally or is re-routed provincially via St. John's and back to a local crew in the area. Dispatch concerns were identified during the survey, and were addressed in the recommendations of the recent Ambulance Program Review and the development of a centralized dispatch system.

Medical oversight is provided by a provincial medical oversight program. Regional medical directors are in place and address the local concerns. An operational plan was developed locally and it is aligned with the

strategic plan for the ambulance service and Western Health region. Strong leadership and innovative thinking are evident in this department.

Priority Process: Competency

Core competencies are developed for paramedics that self-manage and assume responsibility for ensuring compliance. Competencies are monitored and managed provincially. Paramedics have standardized protocols that have been developed and approved provincially. Paramedics carry personal electronic devices or manuals that provide quick reference for up-to-date guidelines and protocols that are accessible in real time in the field.

Paramedics have received orientation to the emergency department (ED) at Western Memorial Regional Hospital (WMRH) site and work to their full scope of practice. Roles and responsibilities have been further defined collaboratively to provide clarity for all. A job description has been developed which outlines roles and responsibility for paramedics in the ED.

Documentation and care provided by paramedics in the field undergoes peer review.

In Port Saunders, the Rufus Guinchard Health Centre ED has PCPs and EMS employees that perform a number of different roles such as driver, snow remover, floor sweeper and garbage emptier. Paramedics also assist in ED with trauma and resuscitations under the direction of the physician and the RNs.

Priority Process: Episode of Care

Ambulances are well maintained and the equipment is up to date. Power lift stretchers and stair chairs have been purchased to minimize injury. To address safety issues infra-red technology has been installed on the ambulances to detect live animals or pedestrians on the roads. Paramedics are now required to wear body amour to increase safety and to enhance posture and risk of injury when in the field.

Deployment plans are well established for the local areas. Back-up plans are in place for cross coverage as required which is coordinated via the medical communication centre at the WMRH site.

Ambulance wait-times and delays are generally not an issue, as attempts are made to ensure EMS patients are handed over to the ED staff members as quickly as possible. In the smaller EDs such as in Burgeo, staff members commended the EMS personnel for their contribution as members of the team as they always stay to assist the team, which is much appreciated.

At the WMRH site two beds have been designated within the newly developed clinical decision unit (CDU) to provide observation for patients that arrive by ambulance and are waiting for diagnostics or follow up.

Transports are arranged by an ambulance dispatch and management system (ADAMS). Staff members across the region access this system and speak positively about it. This system was developed in-house by local technicians. They have won a provincial award for innovation in treatment and technology. The team is commended for its initiative and forward thinking. In fact, the province has indicated an interest in using this as the provincial standard. An electronic vehicle locator has been installed at the local communication centre.

Transfer information is provided to the sites prior to arrival in the form of a verbal report, and a person to person report is provided on site and the documentation record is left on site following the hand over.

The team is currently looking at further integration of service opportunities in the community and is considering the initiation of intravenous (IV) in the long-term care (LTC) facilities. The team has worked with LTC facilities to provide more information and a better understanding around when to call an ambulance versus a taxi.

Paramedics have provided community service for example, teaching life guards life support techniques and assisting with community fund raising projects such as outreach for Autism and working with the local ski patrol.

Priority Process: Decision Support

Documentation is standardized for paramedics. Staff members receive orientation and are provided with a mentor for an extended period. Evidence-based protocols are developed and maintained provincially by the provincial medical oversight program.

Cardiac monitoring technology is provided in transport and paramedics are now able to complete 12-lead electrocardiograms (ECGs) prior to arrival at the ED. With early ECG completion and reporting, patients are met immediately upon arrival and door to needle time is expedited following a quick ED physician assessment.

Priority Process: Impact on Outcomes

Performance indicators are tracked and reported for the time from call to dispatch, time of call, and hand over time, and so on. Regular audits are completed related to care and documentation. Staff members participate in regular safety briefings. Events are recorded, reported and followed up.

Priority Process: Infection Prevention and Control

Single use devices are utilized. Staff members identify potentially infectious patients early and communicate information to the nursing staff.

Ambulances are cleaned following their use and undergo a deep cleaning once per week. Supplies are properly packaged and stored in locked containers.

3.3.8 Standards Set: Infection Prevention and Control

Unmet Criteria		High Priority Criteria
Priority Process: Infection Prevention and Control		
7.3	Information provided to clients and families is documented in the client record.	!
8.2	The organization stores and handles linen, supplies, devices, and equipment in a manner than protects them from contamination.	!
12.14	The organization maintains a dedicated bank of neurosurgical and ortho-spine devices.	!
13.4	All endoscope reprocessing areas are equipped with separate clean and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	!
Surveyor comments on the priority process(es)		
Priority Process: Infection Prevention and Control		

The infection prevention and control (IPAC) team continues to push for better flu vaccination rates for staff. An average rate of 55 percent is reported across the corporate enterprise, with significant variation across sites, at some locations the rate is as high as 95 percent. The Western Memorial Regional Hospital (WMRH) site is encouraged to learn from the higher performing sites.

There is a strong campaign for effective hand hygiene, with promotional events such as "wash in wash out" and "It's ok to ask". Moments 1 and 4 of hand hygiene are measured by regular audits. It was noted by staff members that physician compliance could improve.

Daily surveillance is done to enable the identification of potential infectious patients. The IPAC team is always available to provide timely advice to staff members and leadership, and the clinical teams have a strong knowledge base to make independent decisions to isolate and protect patients where necessary.

The IPAC team does a great job in educating families on appropriate measures to prevent the spread of infections. The team also educates the public using a variety of methods, including a hand-hygiene day for the public.

The IPAC team has a strong relationship with building services and housekeeping. The IPAC is involved in all renovations, during the planning and implementation phases. The IPAC also works with housekeeping staff and leadership to ensure best practices and ongoing assessment of cleaning techniques. The use of Glow Germ is effective in monitoring the cleaning of high-touch points for the purposes of audits and education of housekeeping staff. There is evidence of comprehensive orientation and continuing education of housekeeping staff. A check sheet also exists for every room that is cleaned, which is also logged by the department.

Ongoing development of a comprehensive mobile equipment cleaning policy is being developed and the leadership team is encouraged to complete this policy documentation.

The team has good processes in the sterile processing department (SPD) at both acute care hospital sites. The Sir Thomas Roddick Hospital has some challenges with the distance between the OR and SPD and the fact that clean and soiled instruments are transported along a public corridor.

There are significant issues of potential cross-contamination with the cleaning of GI scopes at the Western Memorial Hospital site. This is in part related to physical plant issues however, the issue does need to be addressed. The storage of clean scopes is separated from dirty scopes, but there is potential for cross-contamination while being transported to storage areas. The move to a new facility should not deter from seeking ways to minimize and mitigate cross-contamination issues. This is a potential patient safety issue and has been identified in past surveys as an area of concern. The surveyor team therefore, is recommending the organization develop a written plan within three months and complete the necessary changes within 12 months.

There is always support to the smaller sites from the WMRH site or from leadership for any needs that cannot be met, or for any assistance that is required.

3.3.9 Standards Set: Laboratory and Blood Services

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Diagnostic Services: Laboratory

As an area that must respond to the needs of clinical services, the laboratory is commended for the incredible work done to be responsive to departments and patients. Strong relationships exist with clinical department leaders, as evidenced by the most recent change to the emergency department fast track area at the Western Memorial Regional Hospital site. This change required workload and work flow adjustments by the laboratory to support patient flow. A potential area for improvement would be to involve the laboratory earlier in the planning of these changes to ensure adequate input and consultation.

The laboratory is heavily involved in the review of order sets which are in process of rolling out across the organization which will improve standardization of care, and assist the laboratory in improving region-wide utilization of laboratory tests.

Beyond the core laboratories at the hospital sites, the smaller sites such as at Burgeo and Port Saunders are well supported, with test samples being referred out and results available in a timely manner. The smaller sites also have access to contemporary analyzers to perform local testing.

The staff members at all sites have access to ongoing education using e-learning modules. The Paradigm system also enables regional access to all standard operating procedures and key information required by medical laboratory technicians and medical laboratory assistants.

Robust preventive maintenance and maintenance is available from vendor contracts for all analyzers and core equipment. As the laboratory has recently undergone an Ontario Laboratory Accreditation (OLA) review, a high degree of conformance to best practice was clearly visible across all sites surveyed. It was also clear that investments have been made to ensure the best tools are available for staff members to perform their work.

There is always support to the smaller sites from the Western Memorial Regional Hospital site or from leadership for any needs that cannot be met, or for any assistance that is required.

3.3.10 Standards Set: Long-Term Care Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The long-term care (LTC) multidisciplinary team demonstrates high levels of enthusiasm, commitment and engagement in providing quality resident care. It is evident that the team communicates efficiently and effectively both internally and externally while maintaining and respecting residents' privacy and confidentiality.

Physician involvement at the Bay St. George LTC facility both with the multidisciplinary team as well as with resident care is commendable. The continuous commitment to quality care and safety is evidenced in the ongoing review of the resident medication list, which is aimed at the reduction of polypharmacy as appropriate and in accordance with residents' health needs and condition. Organizational commitment to quality care is further enhanced by the implementation of the process: "about me". The process encourages the sharing of residents' unique identifiers and information to be shared with the team to improve communication, while ensuring privacy and confidentiality.

Additional evidence to the team's commitment to innovation, as well as to the enhancement of resident care and experience is the 'New Directions' approach, led by the leadership team. This approach solicits and encourages individuals to be creative and innovative in the provision of care, as well identifying leading practices that would be appropriate to implement across the organization. As part of the ongoing commitment to quality care and resident satisfaction and within the context of quality improvement the team is encouraged to continue these efforts in soliciting resident and family input to the care and experience of residents in the LTC program. This includes ongoing involvement and partnership with residents

and their families or significant others via formal and informal forums such as family councils or other avenues.

Implementation of consistent practices is also encouraged to ensure seamless care and continuous quality improvement in the aim of improving resident quality outcomes. One example is the 'Falling Star' program currently being piloted at the Corner Brook LTC site as part of the falls prevention program. It is also encouraged to continue and explore the maximization of the scope of practice of the entire multidisciplinary team to ensure that residents benefit from the wide range of skills and abilities available from the individual team members.

Priority Process: Competency

Please refer to comments made in the clinical leadership report section.

Priority Process: Episode of Care

Please refer to comments made in the clinical leadership report section.

Priority Process: Decision Support

Please refer to comments made in the clinical leadership section of the report.

Priority Process: Impact on Outcomes

Please refer to comments made in the clinical leadership report section.

3.3.11 Standards Set: Managing Medications

Unmet Criteria			High Priority Criteria
Priority Process: Medication Management			
1.3	The organization has a program for antimicrobial stewardship to optimize antimicrobial use. Note: Beginning in January 2013, this ROP will only apply to organizations that provide inpatient acute care services. For organizations that provide inpatient cancer, inpatient rehab, and complex continuing care services, evaluation of this ROP will begin in January 2014.		ROP
	1.3.4	The program includes interventions to optimize antimicrobial use that may include audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	**MAJOR**
	1.3.5	The organization establishes mechanisms to evaluate the program on an ongoing basis, and shares results with stakeholders in the organization.	**MINOR**
6.5	The organization separates or isolates look-alike, sound-alike medications; different concentrations of the same medication; high-risk/high-alert medications; and discontinued, expired, damaged, and contaminated medications pending removal.		!
9.3	When prescribing medications, staff and service providers have access to the client's ongoing medication profile, including essential client information.		

Surveyor comments on the priority process(es)

Priority Process: Medication Management

The organization has made significant advancements in managing medications processes since its previous survey. Of note is the development of the antimicrobial stewardship program (ASP). The ASP is led by a pharmacist and supported by: pharmacy department colleagues; infectious disease physicians; quality and patient safety staff members; infection prevention and control expertise; microbiology; information technology (IT) specialists, leadership team representatives and nursing colleagues across the region. The previously existing antibiotic utilization committee was disbanded in 2010 due to pharmacy resource limitations and growth in pharmacy workload. The new working group was established in August 2012, and has been launched with an initial region-wide acute care focus, as well as some initial work focused on home intravenous (IV) administration in the Corner Brook area. This approach is viewed as a solid foundation for a robust and all-inclusive ASP across appropriate services and sectors. Structurally, the working group is aligned with the pharmacy and therapeutics committee for the region.

Lines of accountability for implementation of the ASP are clear, with the regional pharmacy director serving as the official link to the regional medical advisory committee (MAC), which is responsible for implementation oversight and decision making. The goal of the program to optimize antimicrobial use is supported by audit protocols and feedback loops, targeted formulary inclusions, and ongoing policy development and refinement. There is recognition of the imperative need for broad physician education and engagement, as the ASP encompasses use of new order forms and clinical care guidelines for antimicrobial selection, dose optimization and timely conversion from parenteral to oral routes. The initial focus has been on vancomycin use and dosing, methicillin resistant staphylococcus aureus (MRSA) and pneumonia. The plan to introduce the ASP more broadly via medical grand rounds is supported with encouragement offered to action as soon as possible. This is important so as not to lose momentum and ability to analyze data as it is collected to shape focused improvements over time. The team and the organization can be proud of this work as an advancement and investment in strengthening safe quality care for patients and residents.

Staff members at all sites validated the benefits of a region-wide approach to medication management. Some of the identified benefits include: access to broader expertise in pharmacological standards and practices; improved availability of pharmaceuticals at the points of care for patients; attention to local context and realities in the implementation of standardized medication management processes and protocols. Plus, there is a demonstrated growing understanding and respect for the array of service needs and differences that contribute to strengthening the capacity and capability of Western Health region. Surveyors validated the ability for staff members at various sites and services to express open and transparent experiences and ideas in respectful ways in regional dialogues. The appreciation of the inter-dependencies between sites, teams and interdisciplinary roles in achieving safe medication management practices was validated as a strength and worthy of acknowledgement and celebration. One helpful process is the inclusion of site-based representation in region-wide medication management process improvement teams, laminated cards showing dangerous abbreviations and the on-site visits by the pharmacy director to obtain feedback to guide improvements.

The organization is commended for making safe medication management a strategic priority in their plan for 2014-2017. This is timely. A number of opportunities exist in that strategic work to critically assess the 1:1 ratio of pharmacy technicians to pharmacists, as the "tech check tech" is not in place because technician time is currently allocated to porter prescriptions, and pharmacists are tied to manual tasks in the department for a significant portion of their shifts.

Encouragement is also offered to assess the cost benefits of implementing Pyxis in key inpatient clinical areas and assess the utility of moving to automated EXP for long-term beds to reduce manual processes in the department and to free pharmacists' for value added ways to make clinical pharmacy contributions at the point of care as active and visible members of interdisciplinary teams. Further, encouragement is offered to reassess the adequacy of the physical counter space in the chemotherapy preparation area and to ensure that pharmacists are engaged in proactive ways in the implementation process for purchased standard order sets so that they are refined for adoption, that evidence is validated, and that they are practical and easy to use. The team and the organization are aware of all these detailed needs, and are encouraged to further advocate provincially via the business planning process. Western Health needs to acquire sufficient pharmacy staff mix and automation capacity to align the right competencies and skills to the right process, as provincial directives and a greater emphasis on a province-wide systems approach to provision of care is put into action. Volume statistics are tracked and available to build the business case. Of note is the 50 percent increase in chemotherapy preparations at the Western Memorial Regional Hospital site, and a 94 percent increase at the Sir Thomas Roddick Hospital site. This is because the Cancer Care program has been appropriately decentralized from Eastern Health wherever possible to bring services to the citizens of western Newfoundland closer to home. For all of this, attention to information technology (IT) will be required.

The surveyor team noted that the Corner Brook emergency department crash cart (heparin vials) and stock supplies of same medications in different strengths at the Port aux Basques and Stephenville sites were side by side within a single container/drawer. There needs to be separation to reduce risk of wrong dose. The Port aux Basques site lacked labels on baskets/containers as well.

3.3.12 Standards Set: Medicine Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
2.1	The team works together to develop goals and objectives.		
2.2	The team's goals and objectives for its medicine services are measurable and specific.		
Priority Process: Competency			
4.4	Staff and service providers receive ongoing, effective training on infusion pumps.		ROP
	4.4.1	There is documented evidence of ongoing, effective training on infusion pumps.	**MAJOR**
Priority Process: Episode of Care			
7.4	The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.		ROP
	7.4.3	The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.	**MINOR**
11.3	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	11.3.1	There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	11.3.2	Depending on the model, the prescriber uses the Best Possible Medication History (BPMH) and the active medication orders to generate transfer or discharge medication orders (proactive), OR, the team makes a timely comparison of the BPMH, the active medication orders, and the transfer or discharge medication orders (retroactive).	**MAJOR**
	11.3.4	Depending on the transition point, an up-to-date medication list is retained in the client record (internal transfer), OR, the team generates a Best Possible Medication Discharge Plan (BPMDP) that is communicated to the client, community-based physician or service provider, and community pharmacy, as appropriate (discharge).	**MAJOR**

11.3.5	The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The team has yet to develop formal goals with measurable objectives. Also, please refer to the comments made in the episode of care report section.

Priority Process: Competency

The staff members at the Port-aux-Basques acute care facility received initial education on the Baxter infusion pumps in 2009. Following this initial education, additional education on the drug libraries was to occur. This occurred via the e-learning program. The staff members have not received any further re-education or recertification on the pumps.

Priority Process: Episode of Care

The team has adopted the use of bullet rounds, which involve nursing, occupational therapy (OT) and physiotherapy (PT) and social work (SW). This is described in more detail in the report section on system-wide, patient flow priority processes. The bullet rounds have resulted in a more proactive approach for problem solving and the delivery of care to the patients. The team is encouraged to include physicians in the bullet rounds.

The adoption of the "Ottawa Model of Care" has facilitated improvements in patient care and improved understanding of patient needs. The team is encouraged to incorporate patient care plans into the bullet rounds and once implemented, into the clinical online decision making (COD) system. The bullet rounds have resulted in a significant decrease in the average length of stay (ALOS). The medical unit at Port Aux Basques has not adopted bullet rounds to date. However, it does have multidisciplinary rounds every Thursday which includes nursing, PT, OT, SW, and the physicians.

Venous thrombo embolism (VTE) prophylaxis is utilized at the time of admission. Explicit criteria as to which patients receive VTE prophylaxis is included in the standard pre-printed order set. The order set was rolled out across the organization in November 2013 and staff members are currently becoming more comfortable with the form.

The clinical online decision making (COD) system has been implemented at the Corner Brook site. Currently, physicians do not have access to the COD system. The organization is encouraged to incorporate the physicians into the COD system. There is minimal use of care pathways at the Stephenville site. A stroke

pathway has been instituted however, the organization needs to review its most common case mix groups (CMGs) and begin to develop care pathways in these areas.

Hand-hygiene data are tracked. The rates are variable and appear to improve when there is high intensity focus placed on hand hygiene. The organization is encouraged to continue its work in this area.

There is a significant risk issue with medication management at the Stephenville site. Ward stock medications are kept in cupboards and there are no labels on the shelves. The narcotics are appropriately locked in a cabinet, but multiple different drugs are kept together and same medications in multiple doses are kept together as well. This is unsafe practice and it may lead to an adverse event. The unit manager has been made aware of the situation and is strongly encouraged to engage the hospital and regional pharmacist to assist in the appropriate storage, labelling and identification of medications on the unit. In addition, it was observed that the roaming medication cart on the surgical unit was broken and could not be properly locked. This may present a risk to patients on the unit.

Medication management is challenging in many areas of the organization. Early work has been undertaken and progress is being seen. The organization is encouraged to continue its focus on this area in the future. The organization is encouraged also to consistency undertake medication reconciliation at the points of transition.

A do not resuscitate (DNR) process is in place. It is highly variable and is primarily dependant on the physician. There is a lack of consistency in the definitions where they exist and also for the criteria used. The organization would benefit from a more formal policy, procedure and process.

The polices are listed online for staff members and they are encouraged to use the online resources rather than print the polices. As noted elsewhere in the report, there are many challenges for the clinical care team to find policies online. The search engine is not very sensitive to key words, which results in finding the desired policy challenging. Once found, the polices are often printed, which presents the possibility of staff members later using an outdated policy.

There is ongoing teaching of medical students, residents, nursing students and nurse practitioners.

The isolation room at Port-Aux-Basques is not a true negative pressure room. It also lacks a true anteroom and it does not have negative or positive pressure capabilities.

Priority Process: Decision Support

Please refer to comments made in the episode of care report section.

Priority Process: Impact on Outcomes

Please refer to comments made in the episode of care report section.

3.3.13 Standards Set: Mental Health Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The team demonstrates strong commitment to quality patient care, quality outcomes, patient safety and communication throughout the continuum of care and the circle of care to ensure seamless transfer of information while maintaining patient privacy and confidentiality.

During the on-site survey it was evident the team is aware and involved in patient advocacy and legislation regarding patient care and is committed to provide patents and clients with competent care in both inpatient services and beyond the hospital boundaries via the community-based services. The team is engaged and committed to continuing education and continually seeks opportunities for quality improvement, risk reduction and the provision of ethical and appropriate care.

The organization is encouraged to continue to support staff members in their efforts to align program-specific goals with organizational strategic goals and directions by providing continued reinforcement and education of these goals using various communication means and reminders. Patient education is evident in the team's practice and efforts however, repeated confirmation with client and patient acknowledgement is also encouraged, as different patients and clients may have varied levels of comprehension and retention throughout their stay. Plus, they may benefit from ongoing reminders regarding roles, responsibilities, services, rights and responsibilities. Although staff members are highly committed to patient education and empowerment, some patients' ability to retain information can be affected by the state of their health condition and diagnosis. Self-care and medication management and knowledge are an important aspect of a successful transition and recovery. Therefore, encouragement is offered to continue and revisit and

re-evaluate patients' understanding and knowledge of their treatments and education as appropriate to their disease process, mental health and medication regime for optimal outcomes, satisfaction and empowerment.

It is suggested that for lower functioning patients and those patients in their sub-acute phase of illness and treatment, it may prove beneficial to incorporate recreational activities such as having the availability of a recreational therapist on the inpatient unit. The therapist could help to maximize self-worth and recovery, as was expressed during the patient interview and also by observation. It is important to highlight the commendable work that is done by the organization with regards to population health, mental health prevention and health promotion. One example is the 'community road shows' that assist the organization in maintaining ongoing relationships with the various communities, ensuring appropriate community empowerment, participation and partnership in the delivery of services, as well as determining and assessing needs. The implementation and availability of liaison nurses ensures continuity of care and communication, as well as a seamless transition during the various stages of an individuals' illness.

Priority Process: Competency

Please refer to comments made in the clinical leadership report section.

Priority Process: Episode of Care

Please refer to comments made in the clinical leadership report section.

Priority Process: Decision Support

Please refer to comments made in the clinical leadership report section.

Priority Process: Impact on Outcomes

Please refer to comments made in the clinical leadership report section.

3.3.14 Standards Set: Obstetrics Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The obstetrics program has a robust and practical quality improvement (QI) plan with actions and targets and measures of progress specific to improvements in care at the patient care level. Of significant note is the 20-hour breastfeeding course completed by all registered nurses (RNs) as a core competency for practice in maternal newborn services. This educational content is supported by a region-wide breastfeeding program called: "Making a Difference".

Significant progress and commitment has been demonstrated towards meeting the requirements to become a 'baby friendly hospital' and the managing obstetrical risk efficiently (MORE ob) program) and audit measures. Tools have been developed, tested and refined to improve communication of patient information to community partners such as public health nurses, child, youth and family services, the provincial perinatal program and community health services overall.

Relationships are firmly established with the Janeway tertiary services and colleagues in St John's and are viewed as value-added. One example of the noted strengths of these relationships working effectively is enhanced access and use of the at-risk newborns education program. This is provided by RNs that are cross-trained to practice in labour and delivery, nursery and ante/post natal inpatient care services. There is evidence of active participation in the Janeway neonatal rounds two hours per month; whereby, staff members benefit from learning about the progress of neonates referred or at-risk mothers referred that present at less than 35 weeks gestation.

Priority Process: Competency

The addition of the clinical nurse educator to the service has been value-added in terms of competency development and maintenance, orientation and support for implementation of the Western Health Model of Nursing Clinical Practice. As nurses are cross-trained to work in labour and delivery, post natal care and the nursery, the need to evaluate and make ongoing refinements to implementation of the model over time is recognized by the team.

Relationships and co-operation between interdisciplinary team members is validated by staff members as being good and the patients and families validated their experience similarly. There is an effective employee assistance program (EAP) and debriefing resources are available to staff members when needed, and they are aware of and know how to access EAP. There is appreciation for the manager being available to staff and providing team performance data for their awareness and use. The unit clerk is well integrated into the team. Observations were made during the survey of respectful interactions with physicians and nursing staff.

Performance appraisals were validated as up-to-date and staff members appreciate having the accountability to bring their continuing education information to the performance review dialogue and to shape their performance development plans. The service annually reviews the program and makes its improvement plan based on trends, needs and progress on program-specific improvement plans set out in the previous year.

The team is encouraged to continue its focus on program evaluation and to set targets against which they can quarterly measure team performance and outcomes. An approach of: "focus and finish" is encouraged in two or three areas. Intended efforts to decrease induction rates are supported. Completion of staff training in use of the Baxter Colleague CXE infusion pumps for the remaining 10 percent of RNs is encouraged. This is also encouraged for the Baxter patient-controlled analgesia (PCA) pump (epidural) recertification, as set out in the written QI plan. Setting explicit target dates may help to sustain momentum for this great work.

Rural and community health teams validated the competency of the obstetrics team and feel comfortable calling on them for consultation. This represents an integrated population health way of working.

Priority Process: Episode of Care

The obstetrics service has adopted standardized protocols for fetal health assessments and documentation during stages of labour. Health record reviews validated complete and appropriately date-sequenced entries, inclusive of patient education. Consent processes and sharing of information protocols meet legislated requirements and confidentiality standards.

Mothers and families validated the compassionate care they are afforded and appreciate the information communicated which helps them to make informed choices.

The scope of service provision is clear in this program and activities such as neonatal mock codes provide a level of confidence in the team to manage unexpected events that arise from time to time.

Priority Process: Decision Support

The documentation system is currently paper based. Staff members are familiar with how to access and use e-learning modules and intranet. The MORE ob program serves as one source of evidence-based practice guidelines and is supplemented by physician introduction and dialogue on emerging practices. Antibiotic prophylaxis is administered by the anesthetist within the 60 minute guideline window for cesarean sections (C-sections).

Staff members indicate that they have a voice in implementation strategies and can address most issues to improve ease of use of new protocols. There is a good process for tracking information on women that will have planned C-sections and copies of expected dates are filed on the unit and reviewed regularly. Greater success has been realized in terms of assessing and communication of information pertaining to available nursing resources when late bookings are being considered, which ensures that staff and patient safety comes first always. This is commendable, and also protects availability of resources for emergent needs.

A research project entitled: "Exploring the Reasons why C-Section is a Risk Factor for Type 1 Diabetes Mellitus in Newfoundland and Labrador" was approved by the Western Health Region Research Resource Review Committee in April 2013. The goal of the research study is to explore the association between c-section and the development of Type 1 diabetes. This research aligns well with the population health demographics of Western Health region and the obstetric services overall. The research methodology encompasses chart audits on all relevant health records between 1992 and 2013. The project is not yet completed but will provide another source of information to assess and set targets on appropriate use of c-sections.

Priority Process: Impact on Outcomes

The noted strength of the obstetrics program is its commitment to family-centred care, and this was validated in the values that staff members spoke to and which patients and family members confirmed. This is further strengthened by the unit milieu itself and the birthing room environment. Compassionate and respectful care is provided to newborns and families where death is imminent and that was observed during the course of the survey. Although obstetrics is a joyful practice most of the time, it takes special people to balance the needs of the healthy mother and baby with the needs of those that are less fortunate. Kudos to this special team of talented staff!

The team is now able to benchmark performance by way of the MORE ob audits and using that data as a collective team is very much encouraged. Patients and family satisfaction rates are high and the practice of using focus group methods periodically to evaluate staffs' and patients' perspectives on key aspects of change has been tested and works well, and again, is encouraged.

Falls and falls-related injury prevention measures are applied in assessment processes. There is an ongoing need to review and assess the adequacy of the measures required to effectively evaluate the strategy itself. At this time, the manager uses incident rates to make this determination. This may well be addressed in collaboration with other regional counterparts.

Greater involvement of patients and families in service planning, design, evaluation and quality improvement initiatives could be strengthened, as the composite of experiences, expectations and perspectives of the system, the team and the customers is now considered best practice.

3.3.15 Standards Set: Point-of-Care Testing

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Point-of-care Testing Services

Please refer to comments about point-of-care testing that can be found in the laboratory services' report sections.

3.3.16 Standards Set: Substance Abuse and Problem Gambling Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The substance abuse and problem gambling team demonstrates commendable levels of commitment, professionalism and respect in their approach to client care, managing difficult situations and meeting client needs and expectations. It clearly evident that staff members delivers care in a non-judgemental manner despite the many stereotypes and stigmas that are associated with substance abuse and gambling.

The multidisciplinary environment provides a comprehensive approach to client care. The team communicates well across the continuum of care, and maintains client privacy and confidentiality appropriately. Commitment to safety is evidenced in the various staff orientation and education specific to the program, which are available to ensure that treatment activities are not compromised throughout the various stages of client recovery and stay.

Priority Process: Competency

Please refer to comments made in the clinical leadership report section.

Priority Process: Episode of Care

Please refer to comments made in the clinical leadership report section.

Priority Process: Decision Support

Please refer to comments in the clinical leadership section of the report.

Priority Process: Impact on Outcomes

Please refer to comments made in the clinical leadership report section.

3.3.17 Priority Process: Surgical Procedures

Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

Unmet Criteria		High Priority Criteria
Standards Set: Operating Rooms		
1.3	The team uses evidence-based client care maps or pathways to guide them through steps in the procedure, promote efficient care and achieve optimal client outcomes.	
2.3	The team's orientation includes training on all infusion pumps.	ROP
2.3.1	There documented evidence of ongoing, effective training on infusion pumps.	**MAJOR**
10.5	The team lists all equipment, supplies, and instruments used during the procedure, including pre- and post-operative counts, and serial numbers.	!
11.1	The operating room team uses standardized criteria to determine when to transfer the client to the post-anesthesia care unit (PACU).	
12.6	The organization transports contaminated items separate from clean or sterilized items, away from client service and high-traffic areas.	!
12.11	The team is able to track all reprocessed or sterilized items so they can be recalled in the event of a breakdown or failure in the sterilization system.	!
14.4	The team sets performance goals and objectives and measures their achievement.	
14.5	The team benchmarks or compares its results with other similar interventions, programs, or organizations.	
Standards Set: Surgical Care Services		
5.3	Team leaders regularly evaluate the effectiveness of staffing and use the information to make improvements.	
7.1	The team uses a procedure-specific care map to guide the client through preparation for and recovery from the procedure.	
7.7	The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.	ROP

	7.7.2	The team identifies clients at risk for venous thromboembolism (VTE), [(deep vein thrombosis (DVT) and pulmonary embolism (PE)] and provides appropriate evidence-based, VTE prophylaxis.	**MAJOR**
7.13	The team reconciles the client's medications upon admission to the organization, with the involvement of the client, family or caregiver.		ROP
	7.13.2	The team generates a Best Possible Medication History (BPMH) for the client upon admission.	**MAJOR**
11.4	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	11.4.1	There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	11.4.2	Depending on the model, the prescriber uses the Best Possible Medication History (BPMH) and the active medication orders to generate transfer or discharge medication orders (proactive), OR, the team makes a timely comparison of the BPMH, the active medication orders, and the transfer or discharge medication orders (retroactive).	**MAJOR**
	11.4.3	The team documents that the BPMH, the active medication orders, and the transfer or discharge medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**
	11.4.5	The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**
14.5	The team shares benchmark and best practice information with its partners and other organizations.		
16.5	The team shares evaluation results with staff, clients, and families.		

Surveyor comments on the priority process(es)

There is only limited use of care pathways in the operating rooms (ORs) at both sites. There is a care map for malignant hyperthermia. The OR has a malignant hyperthermia cart and in fact, the Corner Brook site had used the cart approximately for one month prior to the survey. There is a good care pathway at the Western Memorial Regional Hospital (WMRH) site and each person has a colour-coded card delineating their role. After the case is completed, a debriefing is held and opportunities for improvement are identified. The organization has been using the surgical checklist. It was recently revised and adopted in March 2013. An audit tool has been developed and examples were provided during the survey. It was noted on a few of the audits that the surgeon was not present during the briefing phase. It was noted on the audit tool that the surgeon had seen the patient in the pre-operative area. Although this allows for the introduction or re-introduction of the surgeon to the patient, it does not permit a discussion with the surgical team around

potential critical or unexpected events. There is also lost opportunity to review any critical steps in the surgical procedure being performed.

Overall, the surgical checklist was performed well during the on-site survey. Each member of the team understood their respective roles and responsibilities and carried them out in an efficient and effective manner.

The OR at the Corner Brook site experienced a flood in August 2013, resulting in the closure of one OR and the partial closure of a corridor. The closures have been in place since August and remained closed at time of survey. The closures have resulted in an opportunity to update the OR and purchase new equipment. On the downside, there are issues with potential cross-contamination between clean and dirty case carts. At this time, clean and dirty carts are using the same corridor and the same entry and exit doors. There are separate elevators for clean and dirty materials however, these same elevators are used for transferring patients to intensive care unit (ICU). At the Stephenville site, the clean and dirty carts are transported along the main corridor of the hospital to reach the OR. Once the case carts arrive in the OR, there are separate paths for the clean and dirty case carts.

The OR is using a modified cart system. It is using an open cart with a drape over the cart. Given the concerns discussed above, there exists further opportunities for cross-contamination of clean and dirty materials. The organization is currently reviewing a type of closed case cart to help mitigate this exposure.

There currently is not an end-to-end tracking system of individual instruments. The organization is looking at a new tracking system. The new system will allow tracking of individual instruments, down to the individual patient.

The organization is not consistently using standardized discharge criteria for the recovery room. There are frequent and ongoing assessments by the nursing staff members however, the discharge is often left to the discretion of the recovery room nurse and anesthesiologist.

There is limited use of flash sterilization, with the last case occurring in April, 2013 at the Corner Brook site, and many years ago at the Stephenville site. In each case, an entry was made into the log book, including the patient name, reason for the flash sterilization, and how the flash sterilization occurred.

Performance reviews are completed every two years.

Venous thrombo embolism (VTE) prophylaxis is utilized at the time of admission. Explicit criteria for who should receive VTE prophylaxis is included in the standard pre-printed order set. The order set was rolled out to the organization in November, 2013 and the staff are currently becoming more comfortable with the form. Overall, VTE prophylaxis is being used however, the effectiveness of the program is unknown. It remains uncertain whether there are missed cases, or if too many patients are being treated with VTE prophylaxis.

The OR is collecting data around start times and turnaround times however, little use of the data was observed during the survey. There are daily huddles between the OR manager, recovery room nurse, peri-operative leader and material manager to review cases for the next 48 hours, and to ensure all necessary equipment, medical work up and medications are available.

Inventory is managed electronically using the Logi-D system at the Corner Brook site. This is an effective system and has resulted in greater efficiencies and cost savings due to improved inventory management. The Stephenville site is waiting to have the Logi-D system implemented. The organization is encouraged to roll-out this system across the region where inventory is kept, including the clinical care areas.

The ORs and recovery room are involved in the care of children as young as one year of age at the Corner Brook site and children aged six years and older at the Stephenville site. At the Stephenville site, there is not a separate pediatric cart in the recovery room or in the OR. The volume of children undergoing surgical procedures is low at the Stephenville site but from a patient safety perspective, a pediatric cart should be established.

The surgical care area at Corner Brook has been utilizing bullet rounds on a daily basis. This is a good way to integrate discharge planning into the daily activities of the care providers and build teams. The use of bullet rounds, which are described in greater detail in the Patient Flow report section, has led to decreasing the average length of stay (ALOS) and more closely approximating the Canadian Institute for Health Information (CIHI) expected length of stay (ELOS) for the case mix groups (CMGs) which are currently being followed. The organization is encouraged to continue and spread this excellent practice across the organization.

The staff members at the Port-aux-Basques acute care facility received initial education on the Baxter IV infusion pumps in 2009. Following this initial education, additional education on the drug libraries was to occur. This occurred via the e-learning program. The staff members have not had any further re-education or recertification on the pumps.

Section 4 Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

4.1 Governance Functioning Tool

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: April 18, 2012 to June 30, 2012**
- **Number of responses: 8**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	0	100	92
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	0	100	95
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	0	100	96
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	0	100	93
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decision-making.	0	0	100	92

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	93
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	98
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	95
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	94
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	93
11 Individual members are actively involved in policy-making and strategic planning.	0	0	100	90
12 The composition of our governing body contributes to high governance and leadership performance.	0	0	100	92
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	0	100	95
14 Our ongoing education and professional development is encouraged.	0	0	100	86
15 Working relationships among individual members and committees are positive.	0	0	100	96
16 We have a process to set bylaws and corporate policies.	0	0	100	95
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	96
18 We formally evaluate our own performance on a regular basis.	0	0	100	76
19 We benchmark our performance against other similar organizations and/or national standards.	0	13	88	68
20 Contributions of individual members are reviewed regularly.	0	0	100	66

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21 As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	77
22 There is a process for improving individual effectiveness when nonperformance is an issue.	0	33	67	59
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	82
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	0	0	100	84
25 As individual members, we receive adequate feedback about our contribution to the governing body.	0	38	63	68
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	94
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	86
28 As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
29 As a governing body, we hear stories about clients that experienced harm during care.	0	0	100	83
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	91
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	0	100	91
32 We have explicit criteria to recruit and select new members.	50	50	0	83
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	100	0	88

		% Disagree	% Neutral	% Agree	%Agree * Canadian Average
		Organization	Organization	Organization	
34	The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	93
35	Clear written policies define term lengths and limits for individual members, as well as compensation.	0	29	71	92
36	We review our own structure, including size and sub-committee structure.	0	0	100	87
37	We have a process to elect or appoint our chair.	0	20	80	92

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2012 and agreed with the instrument items.

4.2 Patient Safety Culture Tool

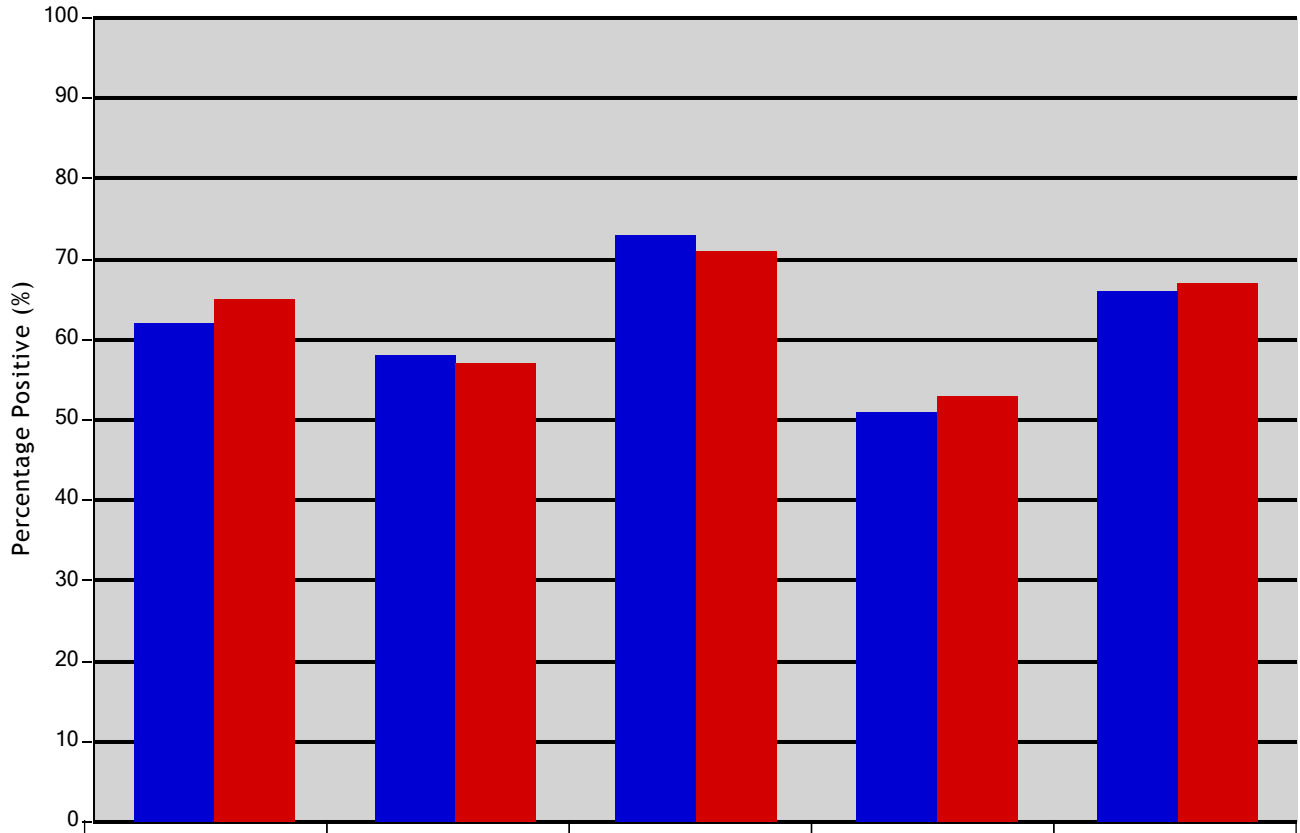
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: March 19, 2012 to July 3, 2012**
- **Minimum responses rate (based on the number of eligible employees): 326**
- **Number of responses: 384**

Patient Safety Culture: Results by Patient Safety Culture Dimension



	Senior leadership support for safety (valuing safety)	Supervisory leadership support for safety	Patient safety learning culture	Communication barriers/talking about errors	Overall perception of patient safety
	62%	58%	73%	51%	66%
	65%	57%	71%	53%	67%

Legend

Western Regional Health Authority

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2012 and agreed with the instrument items.

4.3 Worklife Pulse Tool

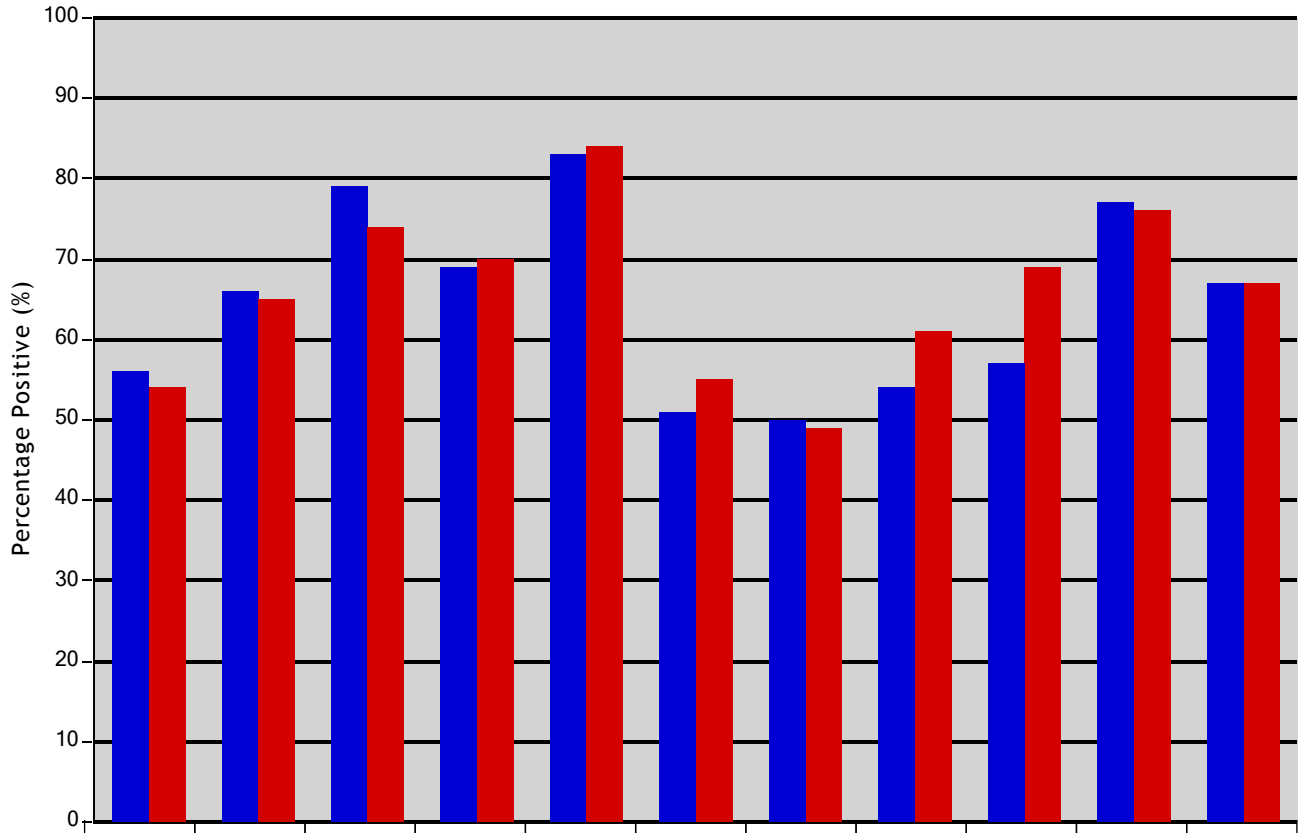
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: March 19, 2012 to July 3, 2012**
- **Minimum responses rate (based on the number of eligible employees): 301**
- **Number of responses: 532**

Worklife Pulse Tool: Results of Work Environment



	Organizational communication	Work area communication	Supervision	Job control	Role clarity	Decision making involvement	Job demand	Trust	Learning environment	Safe environment	Worklife balance
	56%	66%	79%	69%	83%	51%	50%	54%	57%	77%	67%
	54%	65%	74%	70%	84%	55%	49%	61%	69%	76%	67%

Legend

Western Regional Health Authority

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2012 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences,including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery

Sharing information, communication, and education,including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues

Coordinating and integrating services across boundaries,including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition

Enhancing quality of life in the care environment and in activities of daily living,including providing physical comfort, pain management, and emotional and spiritual support and counselling

The organization then had the chance to address opportunities for improvement, and to discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

Section 5 Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

Western Health acknowledges the strengths of the surveyors in facilitating the discussions with staff, clients, patients and residents that supported a successful on site visit. Especially appreciated were the efforts to encourage staff to share organizational practices that may be leading practices in meeting the standards. Some of the many examples highlighted by the surveyors include: healthy aging calendars; residents' art on Western Health cards; health promotion with community advisory committees; use of walkabouts, rounds, huddles and boards to support quality and safety at the unit and program level; information technology solutions including our e-learning system, clinical online documentation project, performance measurement and dashboard reporting, inventory management, preventative maintenance tracking and reporting. We are considering the opportunities to enhance sharing of our successful strategies at the same time that we are planning to address our opportunities for improvement.

Appendix A Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

Appendix B Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served
Principle-based Care and Decision Making	Identifying and decision making regarding ethical dilemmas and problems.
Resource Management	Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served, through leadership, partnership, innovation, and action.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and overall goals and direction to the team of people providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge