ACCREDITATION CANADA

Driving Quality Health Services

Executive Summary

Middlesex Hospital Alliance

Strathroy, ON

On-site survey dates: October 6, 2013 - October 11, 2013

Report issued: December 12, 2013

ACCREDITATION CANADA
AGRÉMENT CANADA

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

Accredited by ISQua

About the Executive Summary

Middlesex Hospital Alliance (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 October 2013.

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

Confidentiality

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

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

Table of Contents

Section 1 Executive Summary

Middlesex Hospital Alliance (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

Middlesex Hospital Alliance's accreditation decision is:

Accredited with Exemplary Standing

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

1.2 About the On-site Survey

- **On-site survey dates: October 6, 2013 to October 11, 2013**

- **Locations**

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

  1 Four Counties Health Services
  2 Strathroy Middlesex 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

  Service Excellence Standards

  3 Managing Medications
  4 Operating Rooms
  5 Reprocessing and Sterilization of Reusable Medical Devices
  6 Surgical Care Services
  7 Emergency Department
  8 Infection Prevention and Control
  9 Ambulatory Care Services
  10 Biomedical Laboratory Services
  11 Diagnostic Imaging Services
  12 Laboratory and Blood Services
  13 Medicine Services
  14 Blood Bank and Transfusion Services
  15 Obstetrics Services

1.3 Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	43	4	0	47
 Accessibility (Providing timely and equitable services)	73	7	1	81
 Safety (Keeping people safe)	485	4	25	514
 Worklife (Supporting wellness in the work environment)	116	4	0	120
 Client-centred Services (Putting clients and families first)	97	0	9	106
 Continuity of Services (Experiencing coordinated and seamless services)	36	2	0	38
 Effectiveness (Doing the right thing to achieve the best possible results)	700	11	9	720
 Efficiency (Making the best use of resources)	64	1	1	66
Total	**1614**	**33**	**45**	**1692**

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	41 (93.2%)	3 (6.8%)	0	33 (97.1%)	1 (2.9%)	0	74 (94.9%)	4 (5.1%)	0
Leadership	46 (100.0%)	0 (0.0%)	0	82 (96.5%)	3 (3.5%)	0	128 (97.7%)	3 (2.3%)	0
Diagnostic Imaging Services	65 (100.0%)	0 (0.0%)	2	60 (98.4%)	1 (1.6%)	0	125 (99.2%)	1 (0.8%)	2
Obstetrics Services	59 (96.7%)	2 (3.3%)	2	73 (97.3%)	2 (2.7%)	0	132 (97.1%)	4 (2.9%)	2
Infection Prevention and Control	52 (100.0%)	0 (0.0%)	1	44 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	1
Ambulatory Care Services	35 (100.0%)	0 (0.0%)	3	73 (100.0%)	0 (0.0%)	2	108 (100.0%)	0 (0.0%)	5
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 **	41 (100.0%)	0 (0.0%)	9	18 (100.0%)	0 (0.0%)	3	59 (100.0%)	0 (0.0%)	12
Emergency Department	29 (96.7%)	1 (3.3%)	1	81 (96.4%)	3 (3.6%)	11	110 (96.5%)	4 (3.5%)	12
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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Managing Medications	71 (100.0%)	0 (0.0%)	5	52 (100.0%)	0 (0.0%)	0	123 (100.0%)	0 (0.0%)	5
Medicine Services	26 (96.3%)	1 (3.7%)	0	59 (85.5%)	10 (14.5%)	0	85 (88.5%)	11 (11.5%)	0
Operating Rooms	66 (100.0%)	0 (0.0%)	3	29 (96.7%)	1 (3.3%)	0	95 (99.0%)	1 (1.0%)	3
Reprocessing and Sterilization of Reusable Medical Devices	36 (97.3%)	1 (2.7%)	3	57 (96.6%)	2 (3.4%)	0	93 (96.9%)	3 (3.1%)	3
Surgical Care Services	29 (96.7%)	1 (3.3%)	0	64 (98.5%)	1 (1.5%)	0	93 (97.9%)	2 (2.1%)	0
Total	**693 (98.7%)**	9 (1.3%)	29	856 (97.3%)	24 (2.7%)	16	1549 (97.9%)	33 (2.1%)	45

* 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 (Ambulatory Care Services)	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 (Medicine Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Obstetrics 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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Ambulatory Care Services)	Met	2 of 2	0 of 0
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Obstetrics 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 (Ambulatory Care Services)	Met	5 of 5	2 of 2
Medication Reconciliation At Admission (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Medicine 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 (Surgical Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Ambulatory Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (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 Transfer or Discharge (Medicine 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 (Surgical Care Services)	Met	4 of 4	1 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 (Ambulatory Care Services)	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 (Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine 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 (Surgical Care Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Managing Medications)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Managing Medications)	Met	1 of 1	0 of 0
Heparin Safety (Managing Medications)	Met	4 of 4	0 of 0
Infusion Pumps Training (Ambulatory Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Emergency Department)	Met	1 of 1	0 of 0
Infusion Pumps Training (Managing Medications)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Operating Rooms)	Met	1 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
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 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
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Ambulatory Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine 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 (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Surgical Care 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: Risk Assessment			
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Surgical Care Services)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

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

The organization, Middlesex Hospital Alliance (MHA) is commended on preparing for and participating in the Qmentum program. The MHA is an alliance of the Strathroy Middlesex General Hospital (SMGH) and the Four Counties Health Services (FCHS). There are 54 acute care beds at the SMGH site and 12 acute care beds at the FCHS site. Each of these sites has an emergency department. The hospitals offer a full range of community-based services including surgery, general medicine, laboratory medicine, and diagnostic imaging, and obstetrics at SMGH site. There is a four-bed level 2 intensive care unit at the SMGH site. There are more than 800 hundred employees, physicians and volunteers. The MHA is a member of the South West Local Health Integration Network. The hospitals are located in southern Ontario, approximately 40 kilometres west of London, Ontario in Strathroy and Newberry respectively. The catchment area is estimated to be approximately 80,000 people. Major tertiary care hospitals are located nearby in London, Ontario.

The organization has a strong and effective leadership team and an excellent, committed board of directors. The board consists of 11 independent directors and is advised by the senior management team. The board is structured as a Management Team Model, with a supporting committee structure. Committees include a finance committee, a planning committee and a quality committee of the board. The board chair is elected from amongst the membership. Term limits are three years and individual members may serve up to three terms. The board advertises for new members and will also recruit by direct relationship. The board undergoes a selection process for new members and selects, based on interviews and a skills matrix. Currently, the board is tilted toward individuals with an accounting/financial background and human resources background. There is no succession plan in place given the recent hiring of a new chief executive officer (CEO). Also, as a result, there is no formal talent management plan. The board evaluates its function as a whole on a yearly basis. The board members do not self-evaluate, nor is there a means of individual member evaluation. The board supports and encourages the robust continuous quality improvement agenda that is an integral part of the organization. The strategic plan was completed in 2010 and refreshed in 2012. The strategic plan will be revisited in 2014 and will include a review of the mission, vision and values.

The board and leadership team have fostered many relationships and the Middlesex Hospital Alliance (MHA) is well-respected in the community. The organization is considered to be a partner that listens and is always willing to dialogue when issues need to be resolved. Thirteen community partners attended the meeting representing a broad range of organizations. This included the Community Care Access Centre (CCAC), Emergency Medical Services (EMS), the volunteers, the Foundation, a pastor, other hospitals in the Local Health Integrated Network (LHIN) and the CEO of the LHIN. Two major issues surfaced: the off-load time for EMS and issues relative to mental health.

The CEO was recently appointed and has been in the position approximately three months at the time of this report. The medical advisory committees (MAC) of SMGH and FCHS sites were recently amalgamated. The chief of staff practices at the SMGH site and the vice chief of staff practices at the FCHS site. This is effectively providing a balance from a medical point of view in the MHA. The medical staff members are engaged and supportive of the strategic direction of the alliance. The senior executive team includes a chief operating officer/chief nursing executive and a chief financial officer, both with extensive experience. There are two managers recently appointed as a result of retirements.

The Middlesex Health Alliance (MHA) has adopted continuous quality improvement (QI) as a strategic priority. The quality committee of the board meets bi-monthly, and receives quarterly reports from management on the quality improvement plan and patient safety. The Excellent Care for All Quality Improvement Plan includes a

commitment to: foster a continuous QI culture; commit to a quality patient care experience; be accountable and responsive to the public; identify quality as a goal for all health care professionals; provide executive team accountability, and to value transparency.

All elements of the 2011/2012 quality improvement plan (QIP) were met. The 2012/2013 plan builds on the successes of the first QIP and incorporates new dimensions of: safety; effectiveness; accessibility and patient-centred care. The 2013/2014 plan is underway.

The patient safety quarterly reports are based on Accreditation Canada's required organizational practice that the leadership of the organization provide the governing body with quarterly reports on patient safety and include recommendations arising out of adverse event investigations and follow-up and demonstrate improvements that are made. As a result, the MHA has adopted and trained staff members on the use of the occurrence reporting system. This is a web-based system designed to be able to quickly respond to incidents, identify problem areas and be user-friendly and to turn patient complaints and compliments into useful 'actionable' improvements. The top five incidents reported in groups and conveyed to the board were: falls; medication and fluid errors; laboratory test and diagnostic test errors and infection control and security. Action plans have been developed in each of these incident categories including a comprehensive falls assessment program, imminent adoption of the Healthcare UnderGoing Optimization (HUGO) and updating of blood accessioning skills. Risks can be mitigated by detailed pre-planning.

The MHA has achieved a number of successes and accomplishments since the previous accreditation survey cycle was completed in 2010. Lean methodology has been adopted as the principle means of organizational change and is well-embedded across the organization. Twenty-three staff members have achieved Greenbelt certification and participated in or led Lean projects that have been submitted. Seventy-four staff members have completed the Yellow belt certification workshop and many have participated in Lean projects. Several Lean projects and other projects have been successfully completed. There has been an orthopedic focus on the hip and knee care pathway. Improvements have led to an average length of stay of 2.6 days (versus 3.2) and a celebration of the first 1000 joint replacements by MHA. Note is made of the Lean cataract project. Also noted is the shoulder surgery program, and establishment of micro vascular surgery. Bullet rounds have been introduced to improve communication. Also, improvement huddles have been introduced. Development of the "Green Zone" in the emergency department (ED) has led to decreased wait-times for Canadian Triage Acuity Scale (CTAS) level 4 and 5 patients. There is a new facilities management department. There is participation in Healthcare UnderGoing Optimization (HUGO), which is a regional initiative that is to be implemented in MHA in February 2014. The Gant chart for the project is currently meeting expected time lines, super users and champions have been identified and education plans are in process. This will result in computerized physician order entry (CPOE) and has many decision support features that will result in safer patient care. Again, note is made of the merged medical staff complement under one MAC effective January 1, 2013.

Other significant achievements include an exemplary level of staff education and an environmental services team that has the confidence of the entire organization. The MHA has extremely strong support from the information technology (IT) department, which has facilitated the introduction of the Ontario Laboratory Information System (OLIS), support for quality and safety initiatives and improved laboratory turn-round times. The organization has an excellent process for developing a business case for new initiatives and proceeds only if the case meets the strategic priorities and the revenues and expenses are within budget parameters. Currently, a business case is in development for a breast program.

The diabetes education program is a leader in the field. This program is the MHA's contribution to regional health and wellness. The program provides diabetes education to the community and outreach programs to the family health teams and the sizable (20 percent) First Nations population in the region. The program also provides education to health care professionals, medical students, mental health workers and nurses. Every year, 3000 patients are enrolled in the program and more than 1000 visits are done. The service is provided in

several languages including English, Portuguese, Dutch, Caribbean dialects and First Nations languages. One of the goals of the program is to break down barriers to diabetes education in a rural population. The barriers include lower socio-economic status, lower literacy levels, transportation problems and a surfeit of unhealthy behaviours including increased smoking, poor nutritional choices and obesity. The program participants presented the diabetes education program at a meeting of the International Society for Quality in Healthcare (ISQUA) in Dublin, Ireland in 2010. The director and coordinator of the program received have the: Outstanding Health Professional Award from the Canadian Diabetes Association for the work and the outstanding work of the team.

The MHA faces a number of risks and challenges. There exist a number of clinical risks. The obstetrics program is a small-volume program that has seen a significant erosion of clientele in the past decade. There are currently approximately 125 deliveries per year versus a peak of more than 300 ten years ago. The estimated number of potential cases in the catchment area is close to 500 deliveries. The reasons for the decline are well-known. The service is provided by an obstetrical family health team of four family physicians that triage referrals. All high-risk patients are referred to London because the region does not have a fellowship obstetrician. To further complicate the situation, there is currently only one surgeon that will provide Cesarean section back-up. Consequently, there are many cases that are sent to London electively at the time of delivery. There is also no option for midwifery at this time. These factors have led to an erosion of confidence in the program.

Accountability for hand hygiene is vested at the senior management level. The organization needs to consider implementing diffuse accountability for the program since it must be carried out by all staff members and visitors and affects all patients. Compliance is good, based on audits, but could be further improved by wider accountability.

Although there is an excellent falls assessment program in place and it is used in all areas of the MHA, the number of falls in the organization remains quite high, with several recent statistical blips. It would be of value to undertake a re-evaluation of the program and reporting practices and to review and confirm best practices to assure the teams that the program is as effective as it can be. Use of HUGO will be a quantum leap forward, particularly in the area of medication safety, but also in the realm of communication between team members. Implementation of sophisticated information technology (IT) programs in health care is often fraught with hazard and the organization is at increased risk during the implementation phase. Heightened awareness of the hazards and increased vigilance will be of paramount importance as the program is rolled out. Generally speaking, the medical record as it exists at this time is a risk for the organization. The record is partially paper-based and partially electronic. The progress notes are not interdisciplinary. As HUGO and other steps are taken towards the development of an integrated electronic record, there will be added risks of errors in documentation.

At this time, the budget is balanced and the audit for 2012/13 was clean. However, health care in general faces risks of financial problems due to the aging of the population and the increased acuity of the patients. The MHA is further at risk because of the duplication of some organizational level services between the two sites. Steps have been taken to decrease this problem by amalgamating the board and the MAC. Other steps are possible, and are well known to the leadership of the organization and are encouraged.

Another major risk area is the age of the facilities. At the time of the on-site survey, the facilities are approximately 50 years old. There has been some retrofitting and the emergency department (ED) and ambulatory care area at the SMGH site have been rebuilt. An asbestos abatement retrofit is currently under way in patient care areas. The abatement was done according to best practices and there are no apparent consequences to date, but it is possible that the recent increase in falls may in some way be related. From a maintenance perspective, a sizable annual budget is needed. The most precarious potential risk is the heating, ventilation and air conditioning (HVAC) system for the operating room. If it were to fail, it would cost the organization in excess of $500K, a cost that would be difficult to bear. It is possible that two wet packs that were discovered in the operating room may be related to the marginal condition of the HVAC system. At the time, the humidity was found to be high and the normal sterilizing/reprocessing may have failed as a result. The events were analyzed and no cause was found.

There are two current trends in health care that are important to the MHA. Patient and family-centred care and patient empowerment are increasingly important. This is often a hard concept to understand, but one that must be embraced. Patient-centred care is a series of approaches that improve the patient experience. It involves listening, not directing, respecting the patient's view point. It is a series of what may seem to be small gestures. These may include but are by no means limited to adjusting visiting hours. One patient story that was heard during the on-site survey involved a patient whose son and husband worked until after the end of visiting hours. They felt guilty because they found a way into the hospital to visit their loved one that was not normally used. Relaxing the rules is a simple measure to be more patient centred. Another example is including the family in critical care discussions. The team gains a better appreciation for the very sick patient, their hopes, dreams and aspirations. Good health care is never compromised by such a gesture.
A second trend in health care that is extremely important to the MHA is chronic disease management (CDM). There are a number of family health teams in the region and the diabetes education program provides a focus for CDM. The MHA can draw on this expertise to leverage its advantage.

The MHA is highly commended for the quality improvement program. Many of the successes have been outlined in this report. What captures immediate attention is the enthusiasm for quality that is present at all levels of the organization. The board oversight and direction sets the tone. Quality and patient safety is embraced by senior management via the strategic plan. Quality and patient safety is a focus of all directors and managers. The use of Lean methodology and the understanding of the Lean process and what it can accomplish is present across the organization. Also impressive is the front-line involvement using the improvement opportunity cards that are present in all patient and service areas. By way of this mechanism, all staff members and volunteers are able to participate in quality and safety plans. Equally important at the front-line of MHA are the quality and safety huddles and the bullet rounds. All staff members are aware of and involved in quality improvement and patient safety.