



Middlesex Hospital Alliance

Accredited with Exemplary Standing

October, 2017 to 2021

Middlesex Hospital Alliance has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until October 2021 provided program requirements continue to be met.

Middlesex Hospital Alliance is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Middlesex Hospital Alliance** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Middlesex Hospital Alliance (2017)

The Middlesex Hospital Alliance is comprised of two partner sites. Strathroy Middlesex General Hospital (SMGH) serves a population of approximately 35,000 residents. SMGH is a full service family-centred community hospital providing a comprehensive range of diagnostic and ambulatory services, as well as both primary and secondary care.

Four Counties Health Services (FCHS) is a primary care facility serving approximately 23,000 residents. FCHS provides emergency care, diagnostic services, and rehabilitation.

Within our Middlesex Hospital Alliance family, 139 physicians and specialists, 505 employees and 157 volunteers (providing over 17,542 hours) care for the patients in our communities.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

October 1, 2017 to October 6, 2017

Locations surveyed

- **2** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited with Exemplary Standing** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **14 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Middlesex Hospital Alliance (MHA) is located in southern Ontario and includes the Strathroy Middlesex Hospital (SMH) in Strathroy and the Four Counties Health Services (FCHS) site in Newbury. The catchments area for SMH is included in the South West Local Health Integration Network (LHIN); however, almost half of the patients using FCHS live in the Erie St. Clair LHIN. This has increased the complexity of the organization's partnerships and service provision. The Alliance has a shared board, leadership team and corporate services. SMH has 54 acute care inpatient beds with 22,386 annual ER visits and 26,171 ambulatory visits. FCHS has 12 inpatient beds with 10,039 ER visits and 13,066 ambulatory visits in the past year.

The organization is very committed to quality and safety from the Board level to front line staff. Monthly quality and safety reports are provided at each Board meeting as well as a patient story. The leadership team has established a framework for quality, safety and risk management. One highlight is that staff teams use quality boards and weekly quality huddles as tools to guide their improvement efforts. Daily bed huddles have facilitated patient flow.

Since the last survey, the Board and new leadership team have been very engaged in updating and developing an integrated vision, mission, values and strategic plan. More recently, an extensive clinical services planning process has been completed with significant input from physicians, staff, patients, families, community members and partner organizations. Four Advisory Panels delved into the community needs, demographics, utilization and ideas for service enhancements to develop short range plans and a long range vision for each of Ambulatory & Emergency services, Obstetrics, Surgery and Medicine. Implementation of some short term strategies has begun such as growth and development of the obstetrical program in Strathroy. The Health Village concept is being gradually implemented in Four Counties to serve the rural population with a range of programs, clinics and partnerships..

Partnerships at the clinical, leadership and board levels have been fostered and contribute significantly to the achievements of the organization. Community partners reported their appreciation of the organization's collaborative approach and willingness to innovate. The

Foundations and Auxiliaries at both hospitals have made significant financial contributions and have built community commitment.

Staff and physicians are dedicated and consider themselves as a “family”. There is a culture of doing whatever is necessary to serve patients and the community. Staff satisfaction rates are very high and turnover rates are low. Staff who were interviewed appreciated the level of support and educational opportunities they receive from their managers. The CEO and senior executive team are very well known to staff and physicians.

The aging infrastructure is a major challenge since both hospitals are over 50 years old. Renovations and upgrades have been helpful in maintaining and enhancing the environments for current functions. Operating and capital funding is a significant limitation to growth. Relationships with external partners, referral centres and the LHINS are complex but many cooperative initiatives are underway.

A patient and family centred care culture is evident throughout MHA. This will be a good foundation for building more formal structures to enhance patient and family involvement and partnerships at all levels, starting with the upcoming establishment of a Patient and Family Council.

In its quest for continuous improvement, the organization enthusiastically and effectively prepared for the accreditation survey. Many initiatives are underway to move the organization forward along its quality and safety journey.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

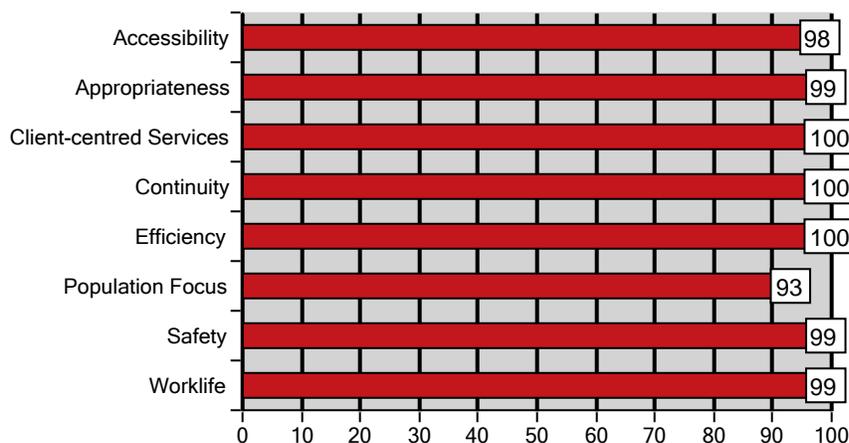
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

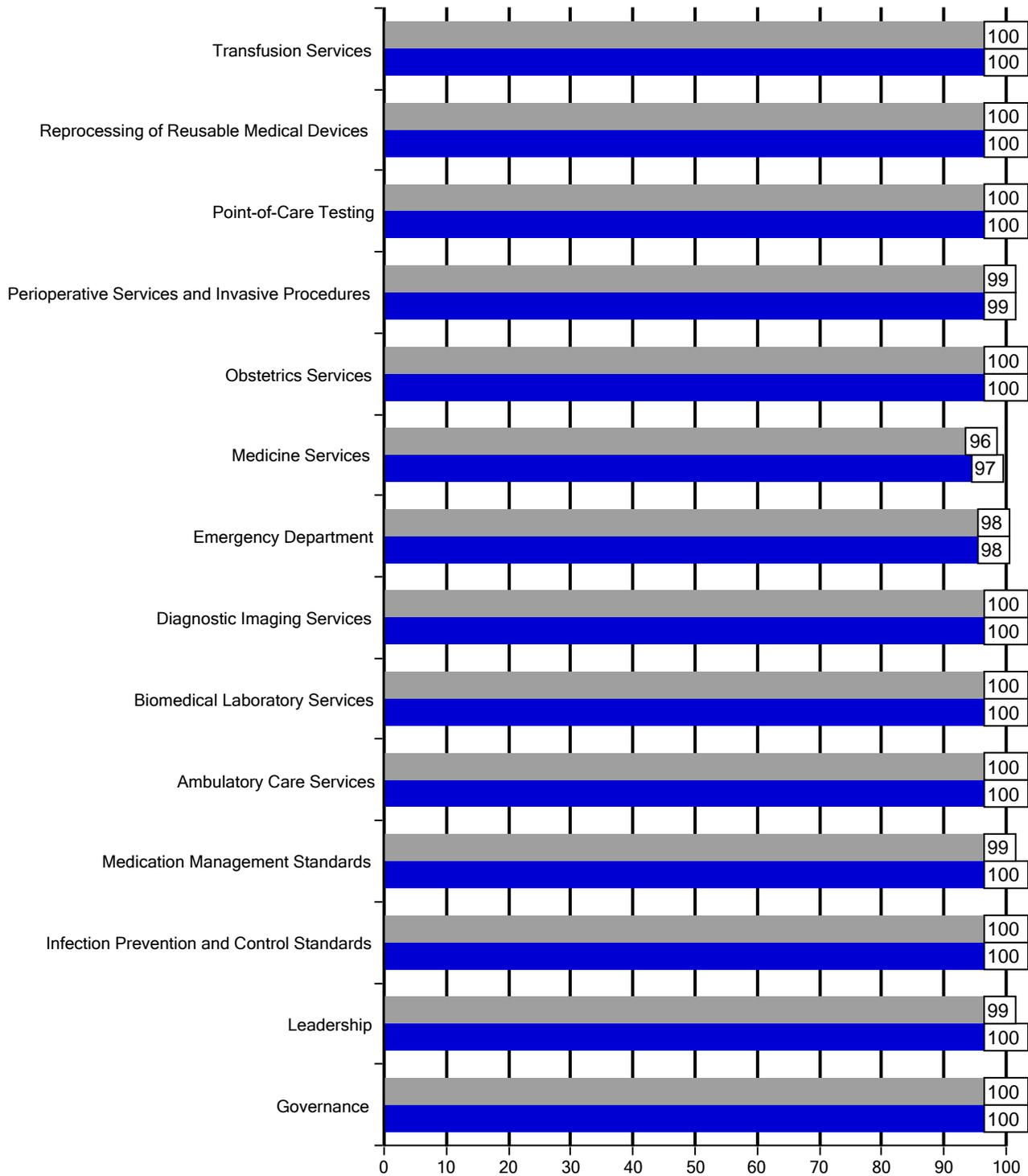
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

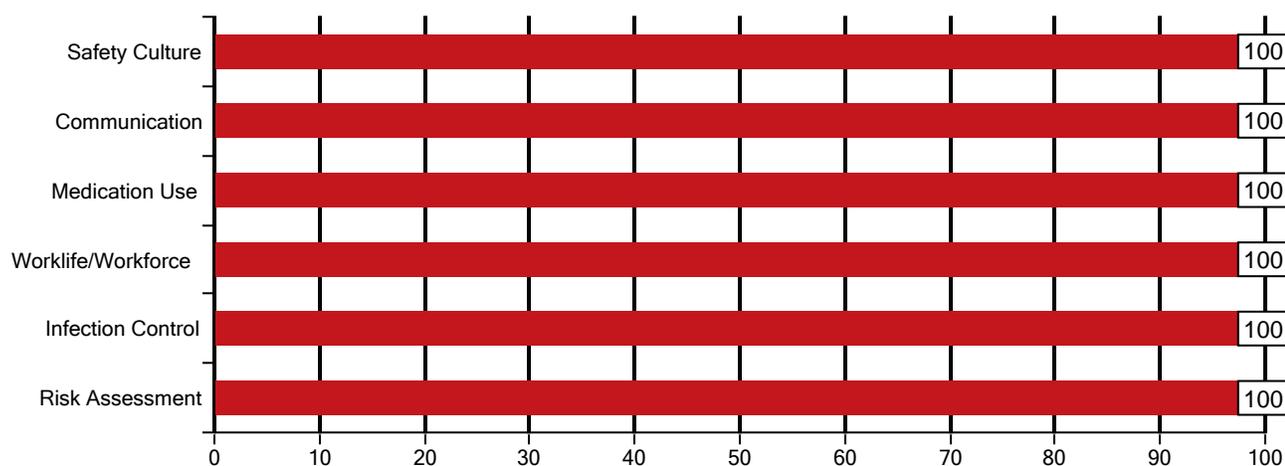
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



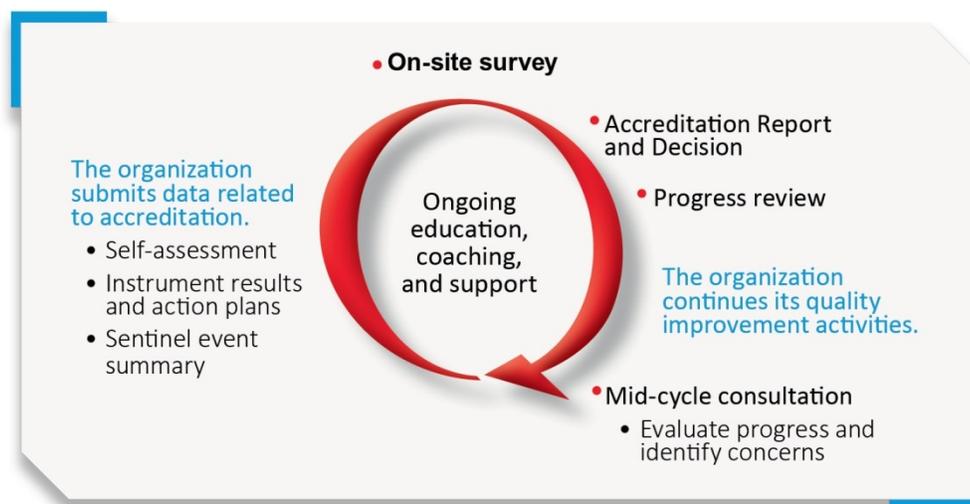
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Middlesex Hospital Alliance** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Four Counties Health Services
- 2 Strathroy Middlesex Hospital

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - Safe Surgery Checklist
 - The “Do Not Use” list of abbreviations
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Medication Use

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

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

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

- Falls Prevention Strategy

Required Organizational Practices

- Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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