Accreditation Report

Qmentum Global™ Program

HPOHT Accreditation Collaborative

Report Issued: 17/05/2024

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 21/04/2024 to 26/04/2024.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Confidentiality

Executive Summary

About the Organization

The Huron Perth & Area OHT (HPA-OHT) was established in December 2019 as one of the first OHTs in Ontario. We serve a population of 142,507 citizens. HPA-OHT has representation from the healthcare sectors (Hospital, Primary Care, Community Support Services, Home Care, Long-term Care, Mental Health and Addictions, Midwifery, Intellectual & Developmental services, Public Health, and Respiratory care). The HPA-OHT Accreditation Collaborative formed in February 2022 with 10 organizations, including Alzheimer Society Huron Perth, Clinton Family Health Team, Community Living North Perth, Huron Health System, Huron Perth Healthcare Alliance, Knollcrest Lodge, Listowel-Wingham & Area Family Health Team, ONE CARE Home & Community Support Services, West Perth Village and the HPA-OHT. The collaborative provides programs and services in hospital, primary care, homecare, community support services, intellectual & developmental disabilities, and long-term care.

The Huron Perth and Area Ontario Health Team (HPA- OHT) was approved as one of the first OHTs in the province. Over 60 health and social service-providing agencies were signatories to the application. An HPA-OHT Secretariat has been in place since approval consisting of a director, project coordinator, communications and engagement specialist, an integration system planner and an administrative assistant. Within the HPOHT accountability framework, there is an Implementation Committee, Planning & Priority Setting Committee, Board to Board Committee and various working groups and advisory councils. These include a Patient Family and Caregiver Advisory Council, a governance structure, and an active Physician Advisory Council.

In 2019, six members of the HPA-OHT voluntarily joined Huron Perth Healthcare Alliance (HPHA) in a sub region prototype accreditation process. For this 2024 survey, 10 HPA-OHT members agreed to participate in a Collaborative Accreditation survey with one award being received based on the evaluation of all partners' compliance with standards. When speaking with the Accreditation Collaborative (Collaborative) members, they stated that working together towards Accreditation "was a logical, natural progression for how we have historically worked together." The HPA-OHT is to be commended for advancing a new, integrated, regional survey model in a province absent Regional Health Authorities.

The Collaborative is a cross-sector representation from hospital, long term care, community support services, home care, primary care, and intellectual and developmental disabilities. Specifically, they include the Alzheimer Society Huron Perth, Clinton Family Health Team, Community Living North Perth, Huron Health System, Huron Perth Healthcare Alliance, Knollcrest Lodge, Listowel-Wingham and Area Family Health Team, ONE CARE Home and Community Support Services, and West Perth Village.

Even prior to establishing the HPA-OHT, many organizations in the region had been building relationships for a very long time. Joining the HPA-OHT, and now forming an Accreditation Collaborative, was described as a natural progression to deal with challenges collectively.

Surveyor Overview of Team Observations

The Collaborative has an Accreditation Steering Committee that meets monthly to review core standards, policies, documents and action plans. In addition, there are sub-committees to review three of the core standards: Governance, Infection Prevention & Control, and Medication Management. The collaborative approach is demonstrated through common shared policies related to leadership (succession planning); governance (Code of Conduct, board effectiveness policy, board nomination process); infection prevention and control (eight standard HPA-OHT policies); medication management (medication sample management, medication recording, approved standard acronyms); service excellence (workplace violence and harassment policy); and emergency and disaster management (safety incident management policy, HPA-OHT member communication strategy): ethics policy, risk management policy, health and safety policy, and EID-AR plan.

The Collaborative governance sub-committee (Committee) was created with representation from each Board of Directors and corresponding leadership. They have a mandate which outlines their scope and roles within that scope. In particular, the Committee was tasked with reviewing the governance standards, working together to create/adopt/harmonize policies and documents, and report on the progress to the Accreditation Steering Committee. From the governance perspective, the board effectiveness policy, board nomination process, code of conduct policy and executive leader succession planning policy were examples of work accomplished by the Committee.

The three instruments (Patient Safety Culture Survey, Worklife Pulse, and Governance) used to survey board members, staff and providers of the organization were completed with organizational results but also collaborative results. Action plans were created to address the survey results with collaborative actions and organizational actions identified.

HPA-OHT has created Strategic Plan 2023-2026 as well as their own individual strategic plans. HPA-OHT worked to develop collective commitments in 2019 to positively impact the communities they serve. These include embrace change to enrich citizens' lives and prioritize community health outcomes; create trust-based relationships and commit to collective improvement; deliver evidence-based, fiscally responsible, and sustainable care; eliminate gaps and duplication to provide optimal care; and partner together for effective decision-making.

To ensure the commitments come to life, the HPA-OHT has created a strategic plan with strategic directions that include Optimizing Access and Integrating Care; Reimaging Community-Based Care; Revitalizing the HPA-OHT Workforce; and Advancing the HPA-OHT Model. Inherent in this plan is a recognition that the healthcare landscape is changing and as such, the HPA-OHT membership is very mindful of the role it plays at the system level.

The HPA-OHT has a Communications Advisory Council that provides strategic support and expertise across a range of initiatives within the HPA-OHT. Key initiatives include advising on the strategic direction and ensuring alignment of communication-related activities with the HPA-OHT's overarching goals: supporting HPA-OHT initiatives; offering communication guidance and expertise to enhance the effectiveness of various HPA-OHT projects, ensuring they effectively reach and resonate with target audiences; community and stakeholder engagement, facilitating and improving engagement processes with the community, patients, and caregivers to support initiatives requiring public collaboration and feedback; health equity and cultural reconciliation, guiding projects to incorporate a health equity perspective and respect for Indigenous health insights, ensuring alignment with the HPA-OHT's commitment to inclusivity and reconciliation; innovation and relationships enhancement, assisting in developing and supporting innovative projects and relationships within the healthcare system to address systemic issues and improve service delivery.

The accreditation process is a mechanism for organizations to assess how they are doing in relation to nationally and internationally developed best practices. All staff, physicians, learners, volunteers, patients, and families that the survey team interacted with, were welcoming of the accreditation process and proud

to share the important work underway in the organization. The survey team was impressed with the level of care provided throughout. All team members were found to be energetically engaged in the accreditation process, clearly committed to the quality journey, and very proud of their programs and services. All areas were focused on quality improvement, with commitments to ongoing quality improvement activities noted across the organization. Staff were very engaged, not only in care delivery in their immediate area, but also in the HPA-OHT as a whole.

We wish the HPA-OHT every success in advancing the HPA-OHT model, creating a strong, integrated, and responsive healthcare system where healthcare is more accessible, equitable, and efficient. We hope there will be a day when patients can receive all their care, including primary care, hospital services, mental health and addiction services, long-term care, and home and community care from one team.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- OHT Collaborative Board dedication and commitment
- Dedication to collaboration and partnerships - unified purpose
- Community Support Services Network
- People Centred Care
- Compassionate care
- Knowledgeable skilled competent staff
- Vision towards integrated care

Key Opportunities:

- Varying ages of infrastructures
- Implement robust infrastructure and equipment renewal plan
- Expansion of harmonization of policies and protocols
- Digital Strategy
- Hybrid Charting
- Disparate information systems across the sectors and system
- System Transformation -Leveraging integration across the system
- Care coordination and navigation
- Continue to support new staff (leaders, managers, front-line)
- Equity, Diversity and Inclusion (EDI) and Anti Racism
- Leadership turnover and new graduates/Internationally trained healthcare professional
- Environmental Stewardship policy and metrics

Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

HPOHT Accreditation Collaborative's accreditation decision is:

Accredited with Exemplary Standing

The organization has exceeded the fundamental requirements of the accreditation program.

Locations Assessed in Accreditation Cycle

This organization has 19 locations.

The following table provides a summary of locations[1] assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Alzheimer Society of Huron Perth - Stratford Site	☑
Alzheimer Society of Huron Perth - Clinton Site	☑
Clinton Family Health Team	☑
Community Living North Perth	☑
HHS	☑
HPHA	☑
HPOHT	☑
Huron Health System - Alexandra Marine & General Hospital Site	☑
Huron Health System - South Huron Hospital Association Site	☑
Huron Perth Healthcare Alliance - Clinton Public Hospital Site	☑

Site	On-Site
Huron Perth Healthcare Alliance - Seaforth Community Hospital Site	☑
Huron Perth Healthcare Alliance - St. Marys Memorial Hospital Site	☑
Huron Perth Healthcare Alliance -Stratford General Hospital Site	☑
Knollcrest Lodge	☑
Listowel-Wingham and Area Family Health Team - North Huron	☑
Listowel-Wingham and Area Family Health Team - North Perth	☑
ONE CARE - Clinton Office	☑
ONE CARE - Stratford Office	☑
West Perth Village	☑

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Ambulatory Care Services	Ambulatory Care Services	5 / 5	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Client Identification	Ambulatory Care Services	1 / 1	100.0%
	Critical Care Services	1 / 1	100.0%
	Diagnostic Imaging Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Home Support Services	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Mental Health Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%
	Point-of-Care Testing	1 / 1	100.0%
	Rehabilitation Services	1 / 1	100.0%
	Transfusion Services	1 / 1	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Diagnostic Imaging Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Home Support Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Intellectual and Developmental Disabilities Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Critical Care Services	4 / 4	100.0%
	Inpatient Services	4 / 4	100.0%
	Mental Health Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
	Rehabilitation Services	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Critical Care Services	3 / 3	100.0%
	Inpatient Services	3 / 3	100.0%
	Mental Health Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%
	Rehabilitation Services	3 / 3	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Pressure Ulcer Prevention	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Patient Safety Incident Management	Diagnostic Imaging Services	7 / 7	100.0%
	Leadership	7 / 7	100.0%
Patient Safety Incident Disclosure	Diagnostic Imaging Services	6 / 6	100.0%
	Leadership	6 / 6	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Home Safety Risk Assessment	Home Support Services	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Client Flow	Leadership	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Accountability for Quality of Care	Governance	5 / 5	100.0%

Assessment Results by Standard

Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 96.5% Met Criteria

3.5% of criteria were unmet. For further details please review the following table.

Assessment Results

Members of the HPA-OHT Collaborative spoke of the work they have been doing together around emergency and disaster management. Each organization has their own plan to direct and support disaster management. Some plans are more comprehensive than others. Most do identify the roles and responsibilities of the staff, incident management, and other critical components of a disaster and emergency plan. Of the ten Emergency Plans included for review, Business Continuity Plans were included in the Alexandra Marine General Hospital, South Huron Hospital, Alzheimer Huron Perth, Community Living North Perth, ONE CARE and West Perth Village. The others are encouraged to review and update their plans to include a section on business continuity. Given that some of the content would be similar members may want to collaborate to enhance their plans. A competency framework used to guide the deployment of staff during an emergency or disaster was not noted in most plans. In time it might be possible to have an overarching plan for the HPA-OHT.

Staff at the different sites were supported by an Accreditation Roadshow presented by staff from HPHA who outlined the role of disaster management and accreditation.

All sites have schedules for regular mock codes beyond fire drills. Long-term care sites must abide by legislation that provides clear direction and expectations for testing and practice of their codes. Team members shared an example of a recent code or exercise they have completed. Codes of the month and the use of e-learning were examples of how staff are kept up to date. Agency staff, who are used in LTCs, must meet the same requirements as the regular staff.

The team spoke of building relationships and the understanding they now have of each other's sites and services. This information helps them better understand how they can help each other in an emergency by knowing the strengths of a site and how they could provide support. The organizations may want to consider having members from Family Health Teams sit on respective hospital emergency preparedness committees to ensure a joint communication and safety strategy for all.

Communicating to patients was addressed and how sites in the community have a different approach than those in an LTC facility or hospital. Ensuring that staff are safe in a patient's home is imperative and there is a code that is used to identify when a staff member requires assistance.

Organizations participate in tabletop exercises and will conduct one on extreme heat soon. There are times when agencies want to participate in tabletops but are discouraged. Perhaps with the support of the OHT, the tabletops may be opened to more organizations.

Given that the organizations are working closer together there may be an opportunity to harmonize the Emergency and Disaster Management plans. It will be important that business continuity is built into the plans.

Table 3: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
3.1.4	The organization engages with stakeholders to establish, regularly review, and update as needed a business continuity plan to ensure the continuation of essential care services during and following an emergency or disaster.	HIGH
3.1.5	The organization plans for how it will access resources in an emergency or disaster for business continuity, response, and recovery.	HIGH
3.6.1	The organization establishes or adopts a competency-based framework to guide the development and deployment of emergency and disaster management training for all staff.	NORMAL

Governance

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the following table.

Assessment Results

The Accreditation Collaborative (Collaborative) is a cross-sector representation from hospital, long-term care, community support services, home care, primary care, and intellectual and developmental disabilities. All ten member organizations of the Collaborative of the Huron Perth & Area OHT (HPA-OHT) were represented at the governance meeting. Discussions around the members acting as trustees and fiduciaries of the HPA-OHT were the focus of the session, with underlying queries as to how they governed within their own individual organizations. Validation of criteria was done at individual sites.

The governance structure of the HPA-OHT consists of an overall Implementation Committee, Board to Board Committee, Planning and Priorities Committee, the Secretariat, and advisory councils (Communications, EDI Racism, PCC, Physician), and working groups (IPAC, MH & Addictions, Heart Failure, Digital, Decision Support) . An Accreditation Steering Committee was implemented due to the formation of the Collaborative and created subcommittees (Governance, IPAC and Medication Management).

The Collaborative governance sub-committee (Committee) was created with representation from each Board of Directors and corresponding leadership. They have a mandate about roles outlining their scope and roles within that scope. In particular, the Committee is tasked with reviewing the governance standards, working together to create/adopt/harmonize policies and documents, and reporting on their progress to the Accreditation Steering Committee. From the governance perspective, the board effectiveness policy, board nomination process, Code of Conduct policy and executive leader succession planning policy were examples of work accomplished by the Committee.

The Collaborative has adopted Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework (framework). The framework explicitly highlights the need to identify and address the impacts of anti-Indigenous and anti-Black racism. The framework is result of engagement with several health system stakeholders and community organizations across the province. An EID-AR plan has been created by the Collaborative and the adoption of an Inclusive Language Guide to address the areas of action identified in the framework.

HPA-OHT worked to develop collective commitments to positively impact the communities they serve. These include embrace change to enrich citizens' lives and prioritize community health outcomes; create trust-based relationships and commit to collective improvement; deliver evidence-based, fiscally responsible, and sustainable care; eliminate gaps and duplication to provide optimal care; and partner together for effective decision-making.

To ensure the Commitments come to life, the HPA-OHT has created a Strategic Plan 2023- 2026. The Strategic Direction include Optimizing Access and Integrating Care; Reimaging Community-Based Care; Revitalizing the HPA-OHT Workforce; and Advancing the HPA-OHT Model. Inherent in this plan is recognition that the healthcare landscape is changing and as such, the Committee is very mindful of the role it plays at the system level.

Extensive inclusion of board members, collaborating partners, patients, families, caregivers, community involvement, and other key stakeholders led to the plan as currently presented and it has served very well to focus the HPA-OHT. By incorporating diverse perspectives and insights, the plan reflects the entire

community's needs and aspirations with the vision of "a sustainable people-driven system that strives to provide a positive experience for all."

From a resource oversight perspective, at the individual member board level, there are strong processes that set clear expectations around performance. There are good processes for operational and capital planning. There are processes in place to evaluate the governance structure and function. In particular, each organization has completed the board member self-evaluation.

Also, at the individual Collaborative member level, the boards recruit, oversee the performance, and support the ongoing development of the chief executive officer. There are established mechanisms for the board to receive updates from the CEO.

Where applicable, medical issues come to the individual Collaborative boards through the Medical Advisory Committees with the board understanding its roles and responsibilities regarding medical staff credentialing.

Environmental sustainability efforts are underway in most of the member organizations. Several greening projects were noted within individual member organizations. The HPHA is to be commended for its work in this area by committing to formalize an Environmental Stewardship Plan towards developing a strategy for social accountability. Their plan is to spread this more widely and take a leadership role locally, regionally, and provincially.

The HPA-OHT is engaged with and is well supported by its community partners who see it as a valued and engaged partner in their collaborative efforts to lead system transformation within the communities they serve. Feedback from community partners consistently described the organization and governing body as collaborative and as building positive relationships.

There is an opportunity for the governance subcommittee and the HPA-OHT, as a whole, to share information about the organization's services, its quality of care; and indicators of current performance including progress toward organizational and health system goals and objectives, opportunities for improvement, and plans or initiatives to improve performance and quality, and the results of these initiatives. This could be in an annual public report that is, at a minimum, published on the HPA-OHT website.

Governing an organization during a period of instability (post COVID) is a challenge and the HPA-OHT is to be commended for its efforts to provide a positive experience for all. It should be proud of the leadership role it has played in bringing system integration to where it is today, and equally proud of the steps it is now taking toward ensuring the organization continues to meet the health care needs of the populations it serves.

Table 4: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
1.2.5	The governing body works with the organization to regularly share information about the organization's services, quality of care, and performance with all stakeholders including clients, families, the community, and the workforce.	NORMAL

Infection Prevention and Control

Standard Rating: 94.9% Met Criteria

5.1% of criteria were unmet. For further details please review the following table.

Assessment Results

The HPA-OHT is to be commended for the efforts and collaboration achieved to improve the overall standards related to Infection Prevention and Control (IPAC). Eight policies were standardized across the region and adopted. These policies represented the outcome of the work of the IPAC working group which was established in 2020 consisting of representatives from all sectors. In addition to policies developed, another benefit of this approach was to standardize masking policies, not only across the hospitals but also across the primary care teams. Individual IPAC site assessments created opportunities for all organizations to learn from each other and effectively raise the bar of quality as it pertains to IPAC. Included in this collaborative effort was the sharing of educational material and resources.

The IPAC teams are competent, committed, and passionate about the efforts underway to support their respective organizations as it relates to infection prevention and control. Hand hygiene audits are consistently performed, and the teams are commended for the creative ways adopted, including the use of volunteers, to achieve the outcomes achieved. At the time of the survey, it was noted through the compliance data reports that hand hygiene audits are not routinely done in the Emergency Department except in Stratford.

The team is to be commended for its exceptional collaboration as it pertains to infection prevention and control.

Table 5: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.6.5	Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly evaluated, with input from clients and families, and improvements are made as needed.	NORMAL
2.6.6	When cleaning services are contracted to external providers, a contract is established and maintained with each provider that requires consistent levels of quality and adherence to accepted standards of practice.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.2.4	Policies and procedures address how to manage emerging, rare, or problematic organisms, including antibiotic-resistant organisms.	HIGH
3.2.7	Policies and procedures are regularly reviewed and improvements are made as needed following each outbreak.	NORMAL

Medication Management

Standard Rating: 96.7% Met Criteria

3.3% of criteria were unmet. For further details please review the following table.

Assessment Results

Throughout the survey process, a comprehensive evaluation of medication management was conducted across various sites. However, it is crucial to highlight that the assessment of medication management at Stratford General Hospital falls under the purview of HPA-OHT management.

The medication management program at Stratford General Hospital distinguishes itself through its holistic engagement of frontline staff, leadership, and administration. Grounded in a commitment to standard work, best practices, and evidence-based approaches, each team member operates within their full scope of practice, fostering a culture of collaboration and excellence. Moreover, team members exhibit enthusiasm and work collaboratively as part of an integrated interdisciplinary team, embracing continuous education and training opportunities to enhance their skills.

The pharmacy and therapeutic committees are central to ensuring medication safety and quality, which are vital in overseeing medication-related processes. Demonstrating robust leadership, these committees uphold patient safety by regularly reviewing and updating formulary policies, procedures, and standards in line with evidence-based best practices. Their dedication is evident in their meticulous attention to detail during meetings, where crucial protocols are developed, approved, and refined as necessary.

The introduction of the automated medication dispensing system underscores a commitment to streamlining medication management processes. Aligned with accreditation standards and best practices, this system facilitates the secure dispensing of narcotics and medications. Additionally, the well-maintained and organized medication rooms, equipped with card swipe access, create a safe and efficient medication management environment.

The outpatient medication administration record is meticulously maintained, adhering to appropriate medication administration protocols. Patients' medications are securely stored in a designated room during program participation and returned to them upon departure. Notably, no medications are stored on-site at any of the locations.

Stratford General Hospital is significantly redeveloping its pharmacy, relocating it from the fourth to the fifth floor in the coming months to align with Ontario Pharmacy Association (OPA) and NAPRA standards. The current temporary space, housed in a former birthing suite, lacks visibility, adequate ventilation, and lighting. Despite these challenges, the pharmacy team has maximized use of the space to ensure safe standards and practices. The team is actively engaged in planning every aspect of the transition, and the forthcoming state-of-the-art pharmacy will address identified opportunities for improvement, particularly in sterile compounding and ventilation hood safety.

Concerns persist regarding storing anesthetic gases and volatile liquid anesthetic agents in shatterproof bottles, indicating inadequate ventilation, and the absence of a negative pressure room for chemotherapy medication storage raises additional safety concerns. Anticipated renovations, slated for completion in fall 2024, aim to address these deficiencies, ensuring compliance with standards and enhancing workflow efficiency. Continued planning and redesigning of the pharmacy department post-renovation are recommended to meet future demands effectively.

In addition to the ongoing improvements, the organization is strongly encouraged to implement a Computerized Physician Order Entry (CPOE) system. This system is paramount to enhance medication safety and reduce errors. The CPOE system can also help enforce standardized medication nomenclature, mitigating the risks associated with abbreviations and acronyms.

Despite implementing the Do Not Use Abbreviations initiative as part of the organization's required organizational practices (ROPs), incidents involving the inappropriate use of abbreviations have persisted across multiple sites and programs. While the ROPs outline clear guidelines and expectations regarding avoiding abbreviations prone to misinterpretation, adherence to these guidelines remains variable among healthcare providers. HPA-OHT is strongly encouraged to audit medication orders more frequently and provide targeted follow-up to individuals, providing them with the resources and education necessary to prioritize patient safety in medication management practices.

Table 6: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
5.2.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies where possible.	HIGH
5.2.4	Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.	HIGH
7.2.1	Medication preparation areas are clean and organized.	HIGH
7.2.2	Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	HIGH
7.2.3	There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	HIGH
9.3.1	Medications are delivered securely from the pharmacy to client service areas.	HIGH

Service Excellence

Standard Rating: 96.2% Met Criteria

3.8% of criteria were unmet. For further details please review the following table.

Assessment Results

There were many examples of evidence of families, patient partners and staff being included in co-design of services and space.

Many of the organizations have been working diligently to complete performance reviews. However, some organizations have not implemented a process to ensure that all staff have a review.

Team members were able to give examples of how they used data to plan their services. It was evident that organizations partnered with other services to meet the needs of the community and their clients. For example, the Alzheimer Society has identified the importance of staying ahead of evidence, being innovative and bold in identifying new programs and options to support individuals to minimize the impact of dementia and Alzheimer's.

Patient experience and satisfaction surveys are completed. Family health teams compared their results across the region. These results are shared with physicians and staff to share success and identify opportunities for improvement. There was an opportunity for patients and families to provide feedback through client relations.

Education opportunities were extensive with many sites having access to e-learning modules. Examples of education modules were ethics framework, safe equipment use, working respectfully with patients and families, and occupational health and safety information. Staff education was noted as available, and staff spoke positively about the opportunities they had for professional development. Nurse Scholars is a program in place to support new clinical graduates. It has been well received, and staff hope it will continue.

Leaders spoke of their positive working relationships with the physicians.

At some locations staff could identify qualitative improvement projects. However, these were not visibly displayed throughout the organization. There may be an opportunity to work with patient partners to display the information in a manner that is understood by all.

Table 7: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.1.1	The team leadership engages with clients and families to define the required training and education for all team members.	HIGH

Criteria Number	Criteria Text	Criteria Type
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH

Leadership

Standard Rating: 92.9% Met Criteria

7.1% of criteria were unmet. For further details please review the following table.

Assessment Results

Human Capital

Not all organizations in the HPA-OHT Collaborative have a Human Resources plan. Some plans are more comprehensive than others given the size and scope of their organization. However, Knollcrest Lodge and Listowel-Wingham Family Health team do not have any guidance documents on HR in their organizations. As these plans are developed and others updated, organizations are encouraged to include equity, diversity, inclusion, and anti-racism content into their respective plans. HPHA has recently established a volunteer Indigenous Peoples Advocate to support patients and staff.

Many staff spoke positively about the organizations as good places to work. They felt part of the community. Various mechanisms are in place to recognize staff such as Good Catch awards, annual long service awards, holiday gatherings, summer BBQs, kindness cart, worklife balance and wellness programs.

There is a push to complete performance reviews and provide feedback to staff with growth opportunities identified. There is an opportunity to enhance the performance reviews of leaders by giving their direct reports the option to provide feedback. Educational opportunities are present at all organizations.

Staff are recognized individually; however all organizations could benefit from using their huddle boards to publicly display staff recognition.

There is no doubt that as an organization, HPHA believes in their people and is investing in their career development and professional education as well as ongoing educational opportunities to support the quality and safety agenda. HPHA can be proud of the investment and commitment to develop leaders through the implementation of evidence-based leadership practices. HPHA and HHS have been significantly impacted by the staffing shortages which have plagued the healthcare system. The rural setting of the HPHA and HHS hospitals and their proximity to larger hospitals in nearby centers has meant that they have been and will continue to be vulnerable to employee turnover. Consequently, both hospital systems continue to focus extensively on recruitment and retention initiatives throughout their HR Strategic Plan.

The organization has a workplace violence prevention (WPVP) policy in place and has taken active steps towards improving safety in the workplace for patients and families over the past year. Regular mock Code White exercises, HR participation at unit quality huddles, and workplace violence prevention at Onboarding are a few examples of how WPVP is implemented. HPA-OHT is encouraged to continue its efforts in sharing with the frontline staff results of workplace violence prevention incidents that are reported and seek their input regarding opportunities for improvement.

HHS has recently revamped their Human Resources as the two organizations have come together. A new director is in place and the team has grown to better support the needs of the two hospitals. Recruitment and retention have been areas of focus and the staff spoke positively about the processes they have put in place to gain traction. Initiatives to retain staff are top of mind. The relationships with the many labour unions have improved significantly as they work together to address issues. Of note is the reduction in union grievances.

Many of the HR systems are paper based. As more organizations within the Collaborative move to electronic HR systems and files, they are encouraged to work other to implement a system across the Collaborative. There are many new leaders in the organization. Senior leaders are encouraged to continue to support them in their journey in the HPA-OHT.

Resource Management

Resource Management discussions took place at the HPHA and HHS. The comments reflect both organizations and they will be referred to as the "organizations".

The organizations have several systems and controls in place to support resource management processes. There are well-established budgeting and decision-making processes for the development of operating and capital needs. Both organizations undertake a principle-based approach when determining operating and capital budget requirements and at the same time ensuring financial accountability. The annual operating cycle includes identifying the needs of the business including service pressures and quality gaps, and priorities of government. The Audit and Finance Committee of the boards approves the consolidated set of financial policies and processes used for annual and ongoing resource planning.

The organizations are committed to operational efficiency, transparency and accountability. Evidence-based decisions to enhance financial health, and to conduct business under the principles of fiscal prudence, and with integrity and good judgment when allocating resources, is noted with approval.

Full engagement, from front line through the Board of Directors, occurs when undergoing operating and capital planning cycles. Regular reports are provided to all areas of the organization to monitor and track performance on an ongoing basis.

The ability to generate information necessary for senior leaders and managers to manage and lead their respective portfolios is noted with approval. As part of new leader orientation, new managers and directors meet with their financial analysts of who provide orientation about the key policies and procedures and an in-depth walk through of their department budgets and any business risks, challenges and opportunities that may exist as they assume leadership. This allows for better program engagement in the financial process and supports the fiscal education of the frontline managers.

The organizations face significant financial deficits primarily as a result of the Bill 124 wage adjustments and the uncertainty with respect to the amount of funding they will receive from the provincial government. In addition, from a health human resources perspective, high turnover and vacancy rates have led to increased recruitment, orientation and overtime costs, and other cost pressures such as increased volumes, acuity of patients, and inflationary pressures are outpacing increases in funding from Ministry of Health/Ontario Health and have put both organizations in financial shortfalls. From the discussions, the organizations are very much focused on ensuring that they address the current financial situation and financial sustainability.

Environmental sustainability efforts are underway in both organizations with several Greening" projects noted. The HPHA is to be commended for its work in this area through committing to formalize an Environmental Stewardship Plan towards developing a strategy for social accountability. Their plan is to spread this more widely and take a leadership role locally, regionally, and provincially.

The true reflection of the organization' commitment to their mission is that the entire resources focus, regardless of the area, was on putting the patient first. Throughout all resource discussions, the organizations ensure extensive patient and family engagement. This input helps ensure that the focus on the needs of the patient remains front and centre and will likely drive new models of service delivery moving forward. This is commendable.

Planning and Service Design

All ten member organizations of the Collaborative of the Huron Perth & Area OHT (HPA-OHT) were represented at the planning and service design meeting. Discussions around how leaders inform decision making occurs within the individual organizations and collectively at the HPA-OHT level. In

addition, time was spent on the means that the Collaborative uses to understand the evolving demands on the community and new system trends, and what analyses have been completed to generate a comprehensive view of the context in which HPA-OHT operates.

The HPA- OHT was approved as one of the first OHTs in the province. Over 60 health and social service providing agencies were signatories to the application. An HPA-OHT Secretariat has been in place since approval consisting of a director, project coordinator, communications and engagement specialist, an integration system planner and an administrative assistant. Within the HPA-OHT accountability framework, there is an Implementation Committee, Planning & Priority Setting Committee, Board to Board Committee and various working groups and advisory councils.

Planning and Service Design is done at every one of these structures, including the Accreditation Steering Committee, formed by the decision to embark on a joint, collaborative process for accreditation.

HPA-OHT worked to develop collective commitments to positively impact the communities they serve. These include embrace change to enrich citizens' lives and prioritize community health outcomes; create trust-based relationships and commit to collective improvement; deliver evidence-based, fiscally responsible, and sustainable care; eliminate gaps and duplication to provide optimal care; and partner together for effective decision-making.

To ensure the commitments come to life, the HPA-OHT has created a Strategic Plan 2023- 2026. The strategic directions include Optimizing Access and Integrating Care; Reimaging Community-Based Care; Revitalizing the HPA-OHT Workforce; and Advancing the HPA-OHT Model. Inherent in this plan is a recognition that the healthcare landscape is changing and as such, the committee is very mindful of the role it plays at the system level.

The development of the OHT’s strategic plan involved extensive stakeholder engagement and analyses to identify health trends in the community. Research was conducted to understand public perception, population health and demographic data, employee engagement, and patient experience, ensuring that the organization’s direction and transition align with stakeholder insights and perspectives.

HPA-OHT is guided by its vision of “A sustainable people-driven system to provide a positive experience for all.” Many of the strategic objectives outlined in the 2023-2026 strategic plan clearly indicate their commitment to work with patients, families and community to deliver care, pursue partnerships, and integration opportunities to advance equitable and inclusive care for the community, empower and enable people and patients, and develop innovative strategies to deliver integrated care.

Areas for improvement for the HPA-OHT as it relates to planning and service design, include creating a master plan that outlines the long-term needs of the communities served and other stakeholders based on projected changes in the population and demographics, and a long-term plan for how it will continue to meet changing needs. The Accreditation Collaborative was able to verbalize what they hope the vision of the OHT will be over time, however, a formal plan was not noted. The team was encouraged to develop a formal plan outlining what buildings, staff, technology, and services will be required to meet client and community needs in the long-term and how this will be accomplished.

In addition, HPA-OHT leaders are encouraged to regularly discuss organizational performance with stakeholders to ensure the organization is on track towards achieving its strategic goals and objectives. While this was observed at the individual member organization level, it was not seen at the HPA-OHT level. When the leadership was asked about how the OHT performance was shared with stakeholders and staff, it was identified as an opportunity for improvement.

Increased use of digital tools for enhanced access is one of the HPA-OHT strategic directions. Currently, most of the Collaborative have health information systems that do not interface with each other. It goes without saying, that to truly integrate a patient’s experience, a regional system is necessary to provide a single source of patients’ health information and clinical tools that will coordinate and deliver safer care throughout the region.

The ongoing evolution of patients as true partners is an initiative that plays a significant role at the HPA-OHT level and as well in the individual organizations. The people centered care approach is reflected in the mission, vision and values and the strategic directions and objectives. In addition, HPA-OHT has developed a patient and family engagement framework to support engagement between staff and patients/families.

The extensive list of invitees at the community partners focus group is evidence of the HPA-OHT's community collaboration. Community partners were very complimentary of the level of input they are asked for with respect to community planning and processes to enhance the patient experience.

Principle Based Decision Making

The OHT Consensus Decision Making Framework was adopted in 2019. This framework supported the development of a Collaborative Ethics Policy. The organizations comprising the Huron Perth Area OHT have worked to harmonize the ethics policy resulting in the principles, scope and policy statements being similar across the Collaborative. Each organization has further developed the policy to reflect the uniqueness of their organization. There are eight different ethical frameworks in use. Some organizations use the IDEA model and others the SBAR. Members of the organizations represented felt that staff had a good understanding of ethics and ethical decision making. A robust discussion of ethical issues and challenges experienced by the different sites took place. HHS, HPHA and ONE CARE all have ethics committees that meet regularly. They provide education and case reviews. Access to an ethicist is available at HHS and HPHA should staff, or the organization have the need. Inservice, lunch and learns and formal ethics education sessions regularly take place. All staff receive ethics education at onboarding. Sites that do not have an ethics committee, such as some of the primary care clinics. are invited to participate.

Conflict of interest policies and guidelines have been reviewed and updated at many of the organizations. These reviews prompted discussions with staff about the importance of boundary setting given the rural and small-town settings and the chance that they may personally know the patient.

No formal research is taking place currently but there is a clear process for approval of research projects. The Alzheimer Society staff spoke of their role in soliciting potential candidates for research.

There was a good discussion about the trends in ethics many organizations are facing such as MAiD and the mental health patient, disruptive angry patients and families, resident and substitute decision makers, and homelessness in discharge planning.

Ethics communication to staff comes in many formats. Printed copies of the framework and policy may be posted at workstations, discussed at meetings, and sent through email.

The group spoke positively about the work of the OHT and how they have continued to stay the course given the impact of COVID and recovery.

Client Flow

While there is no overall Client/Patient Flow Strategy, the member organizations within the Collaborative recognize the need to work together to manage client flow. Currently, some of the acute care organizations are working to develop strategies, plans and protocols to address client flow issues within their respective sites. The members may want to consider engaging at a broader level to address acute care patient flow issues across the Collaborative. Initiatives such as Heart Failure Care, Let's Go Home (LEGHO) and the Dementia Resource Advocacy Mentorship projects are excellent examples of the collaborative work of the teams. Patients that come to the primary care clinics who do not have a family physician can be reversed-referred to a family physician is another example of addressing client needs.

At HPHA, the team considers the four-hospital network along with HHS in their daily morning bed management meetings. While there is a daily bed meeting with leadership, the team is encouraged to develop standardized surge/overcapacity protocols that are adopted across the HPHA sites.

Meetings to do this work are scheduled to begin next month. As the HPHA and partner hospitals have not experienced extreme surge with upwards of four to five patients in the ED in the morning, they are able to work within their network and have not used unconventional spaces in the organization for patient placement.

HHS has just finalized the patient flow plan for the South Huron Hospital. While the content is similar to that in the Alexandra Marine Hospital patient flow plan, it is still in draft form awaiting approval. Both plans identify procedures and protocols. Leaders indicated that while the plans are new, they are being used and the benefit of having consistent guidelines across the two sites is recognized. This is particularly helpful for the managers on call. South Huron Hospital has a hospitalist model on the inpatient unit while AMGH uses the family physician model.

Communication

The leadership and communication standards within the Ontario Health Teams exemplify a proactive approach towards fostering collaboration and innovation in healthcare delivery. By recognizing the importance of integrating care, delivery, and funding, the organization sets a solid foundation for providing better, more connected care across the province. Their commitment to embracing change and prioritizing community healthcare outcomes is evident in their clearly outlined vision and shared commitments, readily accessible on their external website.

Effective communication lies at the heart of their initiatives, with the communication team playing a crucial role in supporting and assisting health team groups in implementing communication strategies.

Recognizing the diverse nature of the healthcare system and programs, they strive to establish seamless communication systems among organizations. This involves employing various channels, such as face-to-face presentations, email, and print materials, tailored to suit the needs of different teams and programs.

The OHT has developed a collaborative process to develop, implement, and regularly review and update shared, collaborative policies and procedures. However, while various organizations have robust privacy and confidentiality policies governing the disclosure of patient and staff information and the use of personal information, technology, the Internet, and social media, the OHT needs a collective policy or procedure standardizing such processes. Standardizing such policies within OHT would ensure consistency and clarity. Additionally, the OHT lacks a designated person responsible for ensuring accountability for protecting privacy and confidentiality of information according to specific positions. While each organization prioritizes this process individually, the OHT lacks a shared process. Establishing a shared process is crucial for promoting consistency and ensuring adequate protection of privacy and confidentiality.

Integrating patient partners into steering committees ensures the patient perspective is incorporated into decision-making processes. HPA-OHT has shared many benefits from valuable insights and feedback by actively involving patients in these committees, leading to more patient-centred and effective healthcare delivery. This collaborative approach fosters trust and empowers patients to play an active role in shaping the future of healthcare services within their communities.

Emergency Preparedness

The emergency preparedness review for multiple facilities demonstrated observed commendable efforts and areas for improvement across the organization. ONE CARE stands out for its robust communication protocols, including fan-out lists and cell phones for all staff, ensuring swift escalation and response during emergencies. Their provision of comprehensive safety instructions and successful adherence to emergency preparedness criteria underscores their commitment to safety. Conversely, the Alzheimers Society - Huron Perth could enhance its emergency response by adopting universal emergency codes and refining communication and escalation protocols to address recent IT infrastructure challenges. There is an opportunity for Family Health Teams to enhance collaboration with hospitals, as seen in the recommendation for joint planning committees, while both Knollcrest Lodge and West Perth Village can

strengthen their emergency preparedness through regular policy review and enhanced engagement with stakeholders for continuity of operations. Addressing these areas will undoubtedly bolster the overall emergency preparedness and response capabilities of these organizations, ensuring the safety and well-being of their patients and staff.

Medical Devices and Equipment
HPA-OHT has a formal and open process to select and purchase safe and appropriate medical devices, equipment, technology, and supplies. There are preventative maintenance programs in place and mechanisms to evaluate the effectiveness of the program. The program is a combination of in-house support, externally contracted services, and specific equipment maintained as part of the service contract. Product evaluation and standardization committees are not consistently in place and may be a consideration moving forward to ensure that the products used across the organizations meet quality standards, are cost-effective, and align with organizational goals. This would also support environmental stewardship efforts and advancement of innovations across the partnerships.

Physical Environment
Despite the variations in age across single sites and aging infrastructure, the HPA-OHT Collaborative organizations are to be commended for all their efforts to maintain a safe and clean environment across the various locations. Investment in location specific capital upgrades is evident and contributes to the effective functioning and flow achieved. Overall, the facilities are clean and have a good segregation of clean and dirty utility rooms except for the Stratford General Hospital location. Opportunities to separate these functions are encouraged to reduce the risk of inadvertent contamination.

Several initiatives have been implemented in varying degrees to address environmental stewardship obligations. A formal policy and framework to guide management of resources and conservation efforts would support the organizations in identifying specific initiatives and targets. Examples may include efforts related to energy efficiency, renewable energy, waste reduction, water conservation, and green procurement. By pursuing these opportunities, the organizations would contribute to reducing their ecological footprint. Inclusion of a measurement mechanism to capture these improvements would also be important.

Table 8: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.1.1	The organization has a master plan that outlines the long-term needs of its community and other stakeholders based on projected changes in the population and demographics, and a long-term plan for how it will continue to meet changing needs.	NORMAL
2.4.3	The organizational leaders regularly discuss organizational performance with staff to ensure the organization is on track towards achieving its strategic goals and objectives.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.4.9	The organization engages with staff, clients, and families to develop, implement, regularly review, and update as needed an integrated quality improvement plan, to coordinate quality improvement activities throughout the organization.	HIGH
2.4.10	The organization develops, implements, regularly reviews, and updates as needed a change management program to manage and monitor the impact of changes related to quality improvement.	HIGH
2.7.2	The organization develops, implements, regularly reviews, and updates as needed policies and principles to guide its environmental stewardship.	NORMAL
2.7.3	The organization implements initiatives to support environmental stewardship.	NORMAL
2.7.4	The organization uses defined performance indicators to regularly evaluate the effectiveness of its environmental stewardship initiatives, and uses the results to make improvements.	NORMAL
2.7.5	The organization regularly evaluates the impact of climate change on the organization and on the health of the community, and uses the information to adapt to and mitigate climate change.	NORMAL
2.7.6	The organization provides leaders and staff with education and training to build organizational capacity to support environmental stewardship initiatives, and adapt to and mitigate climate change.	NORMAL
3.2.3	The organization has a balanced budget, to ensure available funds are appropriately allocated to match spending.	NORMAL
3.4.11	The organization develops, implements, regularly reviews, and updates as needed policies and procedures to manage staff performance and address issues.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.4.13	The organization provides staff with opportunities to participate in performance reviews of the organizational leaders to give the leaders a more complete assessment of their performance.	NORMAL
3.4.8	The organization has a talent management system for succession planning, human resources development planning, continuous performance feedback, and capacity building throughout the organization.	NORMAL
4.1.7	The organization requires contractors to follow relevant laws, and, regulations, and organizational policies related to health and safety.	HIGH

Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

Ambulatory Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Huron Perth Healthcare Alliance - Stratford General Hospital's medical ambulatory care clinics demonstrate a strong commitment to providing accessible and patient-centered care. Specialty clinics including internal medical, orthopedics, and respiratory clinics on the day of the assessment worked seamlessly in a shared space. There is an effective registration system with staff that are responsive to patient and family needs. Positive patient identification is consistently done. Wait times are effectively managed with same day clinic appointments to maximize access to patients requiring timely but not emergency care. Internal medicine clinic has a robust medication reconciliation process. Team members are encouraged to consistently print out a copy of reconciled medications at each visit to ensure clients and families have access to this information promptly.

Patients express gratitude for access to specialized services and the care and compassion with which these services are provided.

The clinic has implemented some fall prevention measures; however, there is a recognized need by leadership for improvement in developing and implementing universal strategies applicable across the ambulatory care setting. To address this, the hospital is encouraged to explore evidence-based strategies commonly used in ambulatory care settings and their relevant application to this setting to decrease falls risk. These enhancements will enable care providers across departments to better identify and address the needs of patients most vulnerable to falls, thereby enhancing patient safety and quality of care within the ambulatory care setting.

Health Huron System, South Huron Hospital Alliance Exeter

The small medical ambulatory care clinic located within the Health Huron System, South Huron Hospital Alliance in Exeter demonstrates positive performance in delivering specialized services. Despite its size, the clinic efficiently manages its operations, focusing on providing services in diabetes education, physiotherapy, and speech-language pathology services. The clinic's diabetes education program operates seamlessly, with no reported issues or concerns, and medical records are consistently completed. Referrals for diabetes education originate from the Huron Perth Region, serving adults with Type 1 and Type 2 diabetes. The physiotherapy services provide comprehensive care, particularly in the management of total knee, hip, and shoulder bundles, and have the required facilities. The speech-language pathology services, available three days a week, cater to the developmental needs of children up to the age of five, ensuring timely assessments and interventions. The clinic demonstrates a commitment to meeting the specialized healthcare needs of its community while maintaining high standards of care and efficiency within its limited scope of services

Table 9: Unmet Criteria for Ambulatory Care Services

There are no unmet criteria for this section.

Community Health Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The Alzheimer Society Huron Perth is a result of the recent unification and harmonization of the Huron and Perth offices in April 2022. The organization is approximately 60 per cent funded by the MOH and 40 per cent by fundraising donations. The team is comprised of 23 dedicated staff with almost 200 volunteers in their community programs and fundraising. Recruitment is underway for the few vacancies. The social recreation programs which have complemented their service offerings are not funded, with a nominal fee for clients, and the rest is supported by generous contributions through fundraising.

The leadership team described the journey through the pandemic and their ability to pivot and offer virtual programs across the communities they serve and beyond, which have been sustained. Of note, one success has been the launch of the Minds in Motion program for individuals with early to mid-stage Alzheimer's disease that includes physical activity and brain health activities and is offered virtually at no fee. Patient satisfaction survey results are reviewed following a program finishing and the outcome influences future program delivery. The team members are very patient and caregiver centred and appreciation for this was expressed by clients.

The number of course offerings for registered clients who can self-refer or be referred along with community members and public at large is extensive and includes support, education, fitness and recreation therapies.

One notable success has been the implementation of the Dementia Resource Education Advocacy Mentorship (DREAM) program in October 2023. The aim is to divert individuals who present to HPHA – Stratford General Hospital back home, and put supports in place in the home, to prevent the need for admission, potentially leading to LTC placement. To date, there have been greater than 60 diversions from hospital to home with very few readmissions. The aim would be to sustain and spread this program to the other hospitals in the Collaborative.

During the pandemic the team developed activity kits for patients in their homes, hosted virtual picnics and a holiday party online, as examples. All these innovative initiatives enabled social interaction and stimulation for clients and offered support for care partners.

The team has weekly Monday morning huddles and Monday afternoon client rounds. The record keeping and scheduling of programs is done through software called NESDA and the team is part of the Community Support Services Network (CSSN) which is comprised of one entry point for all CSS agencies in the area. An opportunity exists for this to become a more seamless integrated record for clients as the intent for one point of navigation is a good one, but the records amongst partners within the CSSN are all kept independently. Future and continued positive collaboration to benefit clients and families seamlessly through this network is encouraged.

Staff follow the HPA-OHT Collaborative IPAC guidelines, have policies and processes in place for workplace safety, and monitor quality metrics which are reported regularly to their board. There is an opportunity to improve on the emergency planning and escalation process for loss of essential services or additional emergency procedures through a collaborative response by the partners.

The team is very compassionate, caring and proud of the support they provide to patients and their care partners. The variety of programs offered is a testament to their commitment to enable individuals to live a productive and fulfilling life in their home environments. The Alzheimer's society team has solid community relationships and partnerships and a strong Board of Directors and volunteer base.

The leaders expressed a desire to continue to grow together in learning all they can to address Alzheimer's, stay current in practices, and explore innovative ways to support their clients. Like for other sector partners, health human resources and recruiting and sustaining their workforce is one of the biggest challenges faced, along with programs that require a sustainability plan due to being one-time or pilot projects.

While the organization is focused on environmental stewardship there was no evidence of monitoring results to make improvements nor formal policies to address this.

Table 10: Unmet Criteria for Community Health Services

There are no unmet criteria for this section.

Critical Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Two critical care units were visited during this survey, Stratford General Hospital (SGH) and Alexandra Marine and General Hospital (AMGH). SGH's is an eight-bed level 3 critical care unit and AMGH's is a four-bed level 2 critical care unit. Though serving different levels of acuity, both units deliver services though interdisciplinary teams of knowledgeable and skilled staff who work collaboratively and collegially. Both units benefit from clinical educators and clinical scholars that staff recognize has been of great benefit in improving staff's skills and confidence. One unit (SGH) is managed by a clinical manager with assistance from a medical director. Medical care on this unit is provided by a group of internists while at the other site (AMGH) care is provided by general practitioners. Parents and family members that were met with report feeling heard, respected and being part of their care planning. Required organizational practices for this priority process were all met with data provided on their falls rate, and evidence for pressure ulcers, venous thromboembolism (VTE) prophylaxis implementation available.

Both organizations still use hybrid charts, (part electronic and part paper) a practice which is known to present patient safety issues. The organizations report that they are in the process of acquiring a new electronic health record. A single EHR with capability for CPOE would eliminate risks associated with hybrid charting.

Both organizations provide palliative end of life care. Organ donors identified are referred to Trillium Gift of Life.

Table 11: Unmet Criteria for Critical Care Services

There are no unmet criteria for this section.

Diagnostic Imaging Services

Standard Rating: 97.9% Met Criteria

2.1% of criteria were unmet. For further details please review the following table.

Assessment Results

The Diagnostic Imaging (DI) team at HPHA is a dynamic, professional and compassionate team of cross trained individuals that support all four hospitals dependent on the modality they work in. The Stratford location supports all modalities including bone density scanning, MRI, CT, general radiology, ultrasound, mammography, image guided therapy such as biopsies and nuclear medicine. The other three locations of HPHA support ultrasound, general radiology, along with bone density scanning in Clinton.

The team has a medical director along with three other radiologists who read images for all sites. Ease of access to the physicians has occurred through open access of their schedule in Hypercare. There is a quality monitoring program in place along with policies and procedures that guide service excellence. Volumes have increased as the team is experiencing diversion for care from other communities with longer wait times. Of note, 10 per cent of MRI patients are from London and surrounding communities, therefore placing a higher demand on services and planning for the future. An environmental scan for the year 2022/23 was completed. The organizations are encouraged to review this annually to monitor trends in access to services.

The team is encouraged to establish priorities that align with the overall organization and HPA-OHT strategy. Access to services, patient safety, and addressing staff morale were shared, however no formal objectives and targets were identified except monitoring wait times for service delivery for each of the modalities, which is an important metric. The organization is encouraged to review some targets for improvement and consider them as additional priorities.

The extensive onboarding and credentialing process is tracked and monitored for frontline technologists. This is especially noted with new certification processes such as bone density scanning. The team has a quality huddle board on which they monitor their wait times to make improvements and track reported risks and near misses for opportunities to address. They are transparent in sharing these with the staff for a heightened awareness amongst the team around patient safety measures.

The leadership team identified the process to ensure that equipment, and a renewal process, are in place. All equipment at Stratford has been replaced in the past decade with the MRI being the next to be addressed. The team expressed that support from the organization and Foundations to ensure technology is state of the art over the 10-year capital equipment renewal plan has been addressed. Preventative maintenance is provided by the vendors and the modality leaders had good line of sight on this documented program. All policies and procedures are current and stored in the shared drive or in binders at the workstations.

Staff are supported in the workplace with ongoing education and training and time for professional development to ensure they meet their CME obligations. Staff expressed feeling proud with the resiliency they have as a team as they continue to rebuild their workforce coming out of the pandemic. Workplace supports are in place, and staff are proud of being there for their patients when they are needed most.

Patients interviewed expressed appreciation for the care and compassion received and the information needed for next steps. The environment and culture of the department was positive and engaging.

Signage and wayfinding are problematic from the main entry to the registration desk and the Diagnostic Imaging Department. The laminated map provided is very difficult to follow. The organization is encouraged to address wayfinding with assistance of individuals with lived experience (patient and family advisors).

The team at HPHA is encouraged to evaluate the services it offers, how they are offered and what types of services are offered, through patient and family surveys and surveying their referral sources.

The Huron Health Services Exeter diagnostic imaging department was also reviewed. This site provides general Xray (24/7), sonogram, ultrasound, bone density, ECG and Holter Monitors. The location of the department is adjacent to the ED, making it ideal for urgent needs and outpatient procedures.

Through a contracted service called MediShare, echocardiograms are completed one day per week. They supply staff and equipment while Exeter provides the space. Another arrangement is in place with the radiologists being contracted by London X-ray Association. Results are sent remotely to both the ordering MD and the inpatient units. Positive results have been established.

Thyroid biopsies are performed three to four times a month with support from the radiologist on site. The patient experiences local anesthetic.

This team has been monitoring activity, volumes and the wait list. If this rapid growth continues any further there is a commitment to provide an additional ultrasound to support patients and the community at large. There are no pediatric services at this location unless they present to the ED; if well they go home and if unwell, they are diverted.

This DI team described having minimal contact with IPAC. It would be helpful to establish a touch base twice per year and a cadence that works for all. Trophon that cleans ultrasound probes is in the same room where ultrasounds are performed and there is no oversight by MDRD.

Table 12: Unmet Criteria for Diagnostic Imaging Services

Criteria Number	Criteria Text	Criteria Type
1.1.1	The team understands the diverse needs of the populations it serves and frames its services to meet their needs.	NORMAL
3.1.1	The team ensures the physical environment has appropriate signage in place to direct patients and families to the diagnostic imaging service.	NORMAL
4.3.12	A designated and qualified individual is responsible for overseeing the effectiveness of cleaning and reprocessing.	HIGH

Emergency Department

Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the following table.

Assessment Results

Five emergency departments (EDs) were visited during the survey: two from Huron Health Services (Alexandra Marine and General Hospital, South Huron Hospital) and three from Huron Perth Healthcare Alliance (Seaforth Community Hospital, St Marys Memorial Hospital, and Stratford General Hospital).

Four EDs are smaller. ER visits range from10,000 for the smallest organization to over 66,000 for the combined HPHA EDs.

Many of the EDs are in aging infrastructures with expected renovations (Stratford General Hospital) in the coming months. Some have redesigned their patient flow (AMGH) for walk-in and ambulance drop-offs for greater efficiency. The collective orientation of new staff and ongoing education for existing staff is to be noted. Staff are very well supported by clinical educators at all sites and the recent addition of clinical scholars has been of great assistance in on-boarding not only new staff but new graduate students. Some sites have added alternate care providers to their staffing complement (nurse practitioner in AMGH) that other organizations in the accreditation alliance could take inspiration from.

Other organizations are developing and implementing more medical directives for nursing staff. One organization (Stratford General Hospital) had outdated medical directives (some greater than seven years). This organization is encouraged to review/update these medical directives at the earliest opportunity.

All visited teams were composed of knowledgeable and skilled staff and demonstrated great collaboration and camaraderie. All sites have access to laboratory and diagnostic imaging services 24/7 (either available 24/7 on site or on call after hours).

Only two of the EDs visited had seclusion rooms. The organizations is encouraged to look at designing formal seclusion rooms or at creating a space with limited equipment that would enhance safety for all. The ED spaces and/or staff are equipped with alert and Code White buttons enhancing safety.

Differences in record systems (EHRs) and a lack of policy and protocol harmonization between the organizations presents challenges in rating the organizations as an alliance against one standard.

ROPs were met in all sites.

Table 13: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.1.11	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.	HIGH
2.4.8	Seclusion rooms and/or private and secure areas are available for clients.	HIGH

Home Support Services

Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the following table.

Assessment Results

ONE CARE formed in 2011 as a result of unification of three organizations serving clients and families within the Huron and Perth communities. With a compassionate and caring leadership team, the aim of ONE CARE is to help older adults and people with health challenges to live at home within a network of support and in a caring community. During this survey visit the locations and programs across the Huron and Perth communities included the Meals on Wheels program kitchen hub, Easy Ride transportation services, Adult Day Program, Assisted Living program, Time to Talk respite care for caregivers along with the opportunity to visit with clients in homes receiving both PSW and Home Help programs. The ADP program operates across five communities in Huron county. During the survey the location of Goderich was visited with the opportunity to observe recreational therapy, meal and medication distribution.

A client-centered approach to home and community services means tailoring support to meet the unique needs and preferences of each individual. Priorities for the ONE CARE team include continuing to develop in partnership the Let's Go Home (LEGHO) program with HPHA in which a team member is connected directly to the inpatient medicine unit at the hospital. In addition, the team described responding to the emerging needs of the growing community, being innovative with care delivery, collaborating across the sectors, becoming a sustainable and resilient organization, and attracting human resources with an aim towards retention and fit with the culture as priorities. While many clients are referred through the Home and Community Care Support Services (HCCSS) care coordination process there are additional sources of referrals including self, through the Community Support Services Network (CSSN) and through other partners within the health and services community in Huron and Perth.

The leadership team partners within the HPA-OHT Collaborative and beyond with health and social sector partners as they are acutely aware of the importance of relationships to maximize supports and services for community clients who wish to maintain independence, minimize or avoid hospital visits/admissions, and have the care they need to do so. The mantra of No Door is the Wrong Door was communicated and was a shared value within the community sector.

The CSSN joins fifteen partner community agencies together through a shared entry point for services, where again the values of being people centred, equitable, and responsive are shared and coordination of services is enabled to benefit clients.

Staff encountered were professional in approach with clients, their attire was standardized for ease of identification, they followed the organizational requirements for safety in the home and were able to articulate the Keys to Safety which have been developed as a resource to aid in tips for care delivery, support, and how to be responsive as an employee. This resource aid for staff is invaluable and sharing it broadly with community partners as a leading practice is encouraged.

Two client identifiers include a picture to identify the client that is kept within the chart at the ADP program or in the home. Additional individualized personal care plans also include identification of client goals, home safety measures including a comprehensive education package for clients and care partners regarding infection control measures and practices, home environment safety, and how to access urgent services when required.

Encouraging community service involvement and engagement is important for the well-being of clients who otherwise would not be in social settings very often. The ONE CARE team makes great effort to support clients as optimally as they can to minimize social isolation and integrate them into programs.

ONE CARE recently implemented a clinical transformation project and adopted Alayacare which has enabled improved scheduling of clients and communication and decreased missed care as a result. The staff have their schedule shared with them a few days in advance and services are scheduled seven days per week.

With the changing community demographics, the ONE CARE team is encouraged, perhaps along with the OHT partners, to explore a joint interpretation service. Adopting culturally appropriate services and offerings for a growing community in partnership within the Collaborative is a focus of the team going forward. Continued options to address outreach in the rural communities through virtual care and transportation could be considered. With respect to virtual monitoring and care, Home Help and Home Support team members can assist clients in their homes in using technologies to connect with specialists and loved ones. Exploring enablers and innovation is encouraged.

Recruiting and retaining qualified team members to support rural communities can be challenging. Continuing to advocate for wage parity, offering training and professional development opportunities, along with offering flexibility in scheduling in the home support sector is encouraged.

While aware and doing their best to address environmental stewardship, and recyclable and compostable options at the kitchen hub was evident, policies, procedures, and monitoring of impacts for success are needed going forward.

Advocacy for sustaining and growing the LEGHO program to spread across all communities is encouraged. By prioritizing the specific needs of small and rural communities the ONE CARE team plays a vital role in enhancing the quality of life and wellbeing of individuals who wish to remain in their home environments and age in place.

Table 14: Unmet Criteria for Home Support Services

Criteria Number	Criteria Text	Criteria Type
1.2.7	Translation and interpretation services are available for clients and families as needed.	NORMAL

Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Four inpatient services were visited during the survey: two from Huron Health System (Alexandra Marine and General Hospital (AMGH) and South Huron Hospital (SHH)) and two from the Huron Perth Healthcare Alliance (HPHA) (St. Marys Memorial Hospital and Stratford General Hospital). Three of these inpatient services had 20 beds or fewer comprised of acute care and complex continuity care through to the one with larger medical surgical beds. All site services are delivered by knowledgeable and skilled multidisciplinary teams committed to quality, evidence-based and patient0centred care. The teams are well supported by clinical educators and clinical scholars. New staff and new grads receive a comprehensive orientation to the services and staff also benefit from ongoing professional and clinical education throughout the year. One organization (SHH) has one EHR while the three other organizations are still functioning with hybrid charts (part electronic and part paper). Hybrid charting is a known risk to patient safety especially where prescriptions are concerned. All the sites surveyed revealed ongoing use of Do Not AUse abbreviations in patient charts despite the Do Not Use list being placed on each chart. This was not an issue in the one organization that used CPOE. The organizations are acquiring an EHR system that will eliminate this risk.

One organization (SHH) has a hospitalist model which the staff greatly appreciate for their availability and constancy.

Patients and family members report feeling respected and involved in their care and validate that two person identifiers are used.

Standardized protocols for admission and discharge are implemented throughout all organizations.

Quality Improvement/Patient Safety metrics are measured and shared with the teams via QI boards including such things as infection rates, falls, and hand hygiene.

Table 15: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Intellectual and Developmental Disabilities Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Community Living North Perth provides care to individuals with a wide range of intellectual and developmental challenges and for the people they support. The organization is commended for their focus on seamless transitions, and support for individuals and their families. This support is evident as they ensure goals of care are directed by the person receiving support.

Community Living North Perth is commended for their focus on safety in homes, medication safety, and stringent infection prevention and control practices. The organization has partnered with one local pharmacist to ensure standardized blister packs and medication administration records for all the people they serve with annual medication reviews and regular reports.

The organization works in collaboration with numerous community partners including Developmental Services Ontario (DSO) to review wait lists and identify innovative strategies to move people off the wait list. One strategy the organization has undertaken has been the purchase of a home which is currently undergoing renovations to enable housing for four more individuals, one of which is very high needs. This has enabled the organization to think outside the box and take on more challenging individuals. The organization is commended for this initiative.

Community Living North Perth is commended for participating in this accreditation survey. This learning journey has been very evident. As such, the organization has identified and would benefit from the implementation of an electronic system that incorporates health data and enables electronic connections to other systems in other organizations. With this new system the organization will develop electronic scorecards that can be posted and shared across the organization.

Given the increased complexities of people the organization serves, Community Living would benefit from targeted education in areas such as Mental Health and Addictions. Other opportunities include increasing medical complexities, such as diabetes and heart disease, where the organization would benefit from planning for strategies to meet these potential future needs. This will also require a stronger connection with Home and Community Care as the people they serve continue to experience more chronic conditions.

Community Living North Perth is commended for the positive culture change that has been a direct result of strong leadership which is evident in engaged leaders.

Table 16: Unmet Criteria for Intellectual and Developmental Disabilities Services

There are no unmet criteria for this section.

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Effective leadership practices are established and demonstrated throughout the organization. West Perth Village demonstrates strong leadership and governance structures, with clear accountability and responsibility. The management teams at both sites actively engage with staff, residents, and families to ensure effective communication and decision-making processes. Staff appreciate the support that leadership demonstrates and has demonstrated particularly during COVID and in recovery. West Perth Village transitioned into their new home within the last year and has taken extra care to ensure the move has been a positive one for residents, families, staff and volunteers.

Continuous quality improvement processes are in place to monitor and improve service delivery and resident outcomes. West Perth Village has well documented and systematic quality improvement initiatives in place, evidenced by their regular monitoring of resident satisfaction, staff performance, incident management, and adherence to best practices particularly regarding falls and pressure ulcer prevention. They are encouraged to share their processes with others.

Both homes show a commitment to ongoing improvement and innovation in resident care. The West Perth Village is commended for demonstrating a commitment to zero restraint policy as they engage residents, families, and the interprofessional team to ensure resources are in place to provide a safe, high-quality environment. They have implemented daily surveillance related to IPAC, drug administration, incident management, and risk identification. The homes are encouraged to make this work more visible across the organization.

Knollcrest Lodge leadership acknowledges the need for the development of a comprehensive, systematic, and coordinated IPAC program for the home.

Hand hygiene results are collected across shifts and results are publicly posted at both sites. Training and education are provided to staff, residents and families upon admission and reinforced daily related to technique and frequency of hand hygiene practices.

Both homes have an active occupational health and safety committee that conducts environmental audits that are communicated to leadership where action plans and timelines for completion on identified items are developed. The homes are encouraged to share this more broadly with staff as their awareness of this is limited.

Medication reconciliation is a strength in the homes. Staff and physicians are vigilant when transferring a resident to acute care or receive them home post admission to ensure a thorough medication reconciliation is completed and communicated to the resident and family.

Homes have made significant effort in reducing falls and have made a commitment to continuous quality improvement by including this indicator on their respective quality improvement plans.

Residents receive safe, appropriate, and high-quality care that meets their individual needs. Both homes prioritize resident safety and care, implementing comprehensive protocols for medication management, infection control, and emergency response. Emergency codes are practiced monthly with staff. The leadership teams may wish to consider conducting tabletop code exercises with the board specifically related to Code Grey or Code Orange.

Staff demonstrate compassion and professionalism in their interactions with residents, fostering a supportive and nurturing environment. Residents and families are engaged and their input is sought, considered and acted upon where possible, to promote an engaged community. Both homes have a robust monthly activity schedule for resident engagement tailored to their physical, cognitive, and social preferences and abilities, including music therapy, bike riding, chair yoga, and meal outings to local restaurants.

In managing incidents that occur within the homes, leadership is encouraged to make training available to staff related to incident disclosure to ensure a consistent approach and to enable and support a just culture environment.

Both homes invest in their workforce by providing comprehensive training programs, opportunities for continued professional development and a supportive work environment. Knollcrest Lodge is encouraged to ensure that performance reviews are done on a scheduled cycle to ensure staff are provided with meaningful feedback for continued growth.

Staff morale appears high, contributing to a positive care experience for residents. It is recognized by the leadership team that an engaged workforce requires constant attention and monitoring as the team and home communities are close knit and any care incidents affect everyone.

Effective communication and collaboration processes are established within the organization and with external partners. Both homes promote open communication and collaboration among staff, residents, families, and external stakeholders. Regular meetings and forums facilitate information sharing and problem-solving, enhancing the overall care experience for residents.

Homes rely highly on email communication to disseminate important information related to the provision of care policies, and home and professional activities The homes are encouraged to ensure staff have the time and opportunity to properly review communication emails and space to ask clarifying questions. This will ensure and validate understanding.

Table 17: Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Mental Health Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Stratford Mental Health
The inpatient mental health service at Stratford is commendable for its unwavering commitment to staff safety. Offering annual CPI and biannual GPA training to all staff demonstrates a proactive approach to mitigating risks and ensuring the well-being of employees. The use of emergency response bands underscores the program's dedication to staff security in potentially challenging situations. Through innovative thinking, the team consistently identifies and addresses risks, fostering a culture of safety and empowerment among staff members.

The frontline team, leadership, and administration at Stratford exemplify a patient-first approach, advocating for a recovery-oriented framework that prioritizes patients' well-being and autonomy. Their engagement with this lens ensures that every decision and initiative align to empower patients on their journey toward recovery. By emphasizing patient-directed care, the program fosters a therapeutic environment that respects individual preferences and fosters a sense of agency among patients.

The mental health program at Stratford extends its support beyond its immediate scope by collaborating with other hospital programs to assist complex mental health patients with multiple comorbidities. Through the development of collaborative healthcare plans, the program ensures holistic and comprehensive care that addresses the diverse needs of patients.

Their commitment to providing robust orientation for new staff members underscores their dedication to maintaining high standards of care delivery and ensuring that all staff possess the necessary skills and abilities to provide compassionate and safe care to the patient population.

Moving forward, the organization stands to gain significant advantages by continuously involving patient and family partners in shaping program goals and quality initiatives. By fully integrating their perspectives into program operations, the organization can foster a collaborative approach to care delivery that prioritizes patient-centeredness and inclusivity. Implementing the draft least restraint policy outlined by the teams will further enhance the organization's commitment to promoting patient safety and dignity. Establishing a standardized process across the organization will ensure consistency and adherence to best practices in restraint management, ultimately improving the overall quality of care provided.

Alexandra Marine and General Hospital Mental Health
The Alexandra Marine and General Hospital mental health inpatient ward demonstrates commendable connections with the community and collaborative partnerships with various organizations, including HPHA, CMHA, addiction services, and income support services. This signifies a commitment to providing comprehensive care and support to patients. Their collaboration with the police department and community mental health services, such as intensive case managers, ensures ongoing support for patients, post-discharge, promoting continuity of care and recovery.

As the unit plans a major renovation, the program plans to involve staff and physicians in the planning process. However, the program would benefit from involving a patient partner to ensure diverse perspectives are considered throughout this phase. Incorporating patient input can better tailor facilities and services to meet the varied needs of the clientele, ultimately enhancing the quality of care provided.

The unit's strong commitment to inclusivity is evident in its culture of teamwork, where staff collaborate effectively to deliver high-quality care. Supported by a 24-hour security guard, the unit prioritizes safety, promoting a safety-first mentality among team members. This commitment is further reinforced by using Code White alert bands, ensuring a secure environment for patients and staff.

Table 18: Unmet Criteria for Mental Health Services

There are no unmet criteria for this section.

Obstetrics Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The obstetrical program at HPHA provides care that is comprehensive and aligns with best practice standards and trauma informed care. The sensory room is a positive addition which has been amazing in enhancing the patient and family experience. Patients in general express extreme satisfaction with the care they receive. Patient safety is of extreme importance to the obstetrical team as evidenced by their adherence to fetal monitoring and to best practices.

Patient safety incident reports are used as an opportunity for improvement with learnings shared across all staff in the department. The obstetrical program is commended for this approach to share learnings and reinforce good and best practices.

The program council ensures that program metrics are reviewed, opportunities for improvement are identified, and the patient and family voice is very prominent.

The team ensures smooth transitions in care and connects patients to appropriate follow up care. The program uses the Professional Practice Advisory Council to identify any new training opportunities and best practices. An opportunity for the obstetrical program will be if volumes increase as a result of the six-month temporary closure of the Listowel-Wingham obstetrical program. As a result, HPHA has been collaborating to support care needs for that area. The organization is commended for their collaboration and proactive planning to ensure patients receive safe and timely care.

The HPHA has undertaken Equity, Inclusion, Diversity, and Anti-Racism (EID-AR) as an important strategic direction and is encouraged to continue to bring this focus and training to the frontline staff.

Table 19: Unmet Criteria for Obstetrics Services

There are no unmet criteria for this section.

Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Perioperative Services and Invasive Procedures exemplify excellence by delivering comprehensive care by qualified, interdisciplinary professionals. The organization's commitment to education and skill development is evident, with numerous opportunities provided to enhance the capabilities of their teams. Strong team dynamics and collaboration permeate all sites, fostering an environment where staff feel supported, heard, and empowered to drive positive change. This emphasis on professional growth and inclusivity enriches the workforce and enhances the quality of care delivered to clients.

The use of clinical pathways and order sets underscores the commitment to standardizing practice and improving efficiency in care delivery. By actively involving clients and families as partners in their care journey, the team ensures that individuals are well-informed and actively engaged in decision-making processes. Through verbal teaching and written materials, including safety protocols and preoperative preparation information, clients and families are equipped with the knowledge and resources necessary to navigate their healthcare journey with confidence. A comprehensive preoperative package further exemplifies the organization's dedication to ensuring a smooth and informed experience for clients and their families, enhancing overall satisfaction and reducing anxiety.

The culmination of these efforts is perhaps best exemplified by the remarkable collaboration and quality innovation showcased in the Surgical Efficiency Project. This initiative not only underscored the organization's inclusive and collaborative approach to quality improvement but also served as a testament to its unwavering commitment to excellence. Through meticulous analysis and innovative solutions, the project aimed to streamline processes, enhance efficiencies, and optimize flow within the surgical setting. By leveraging the collective expertise of interdisciplinary teams, the organization successfully identified and addressed areas of waste and inefficiency, resulting in tangible improvements in patient care delivery. This transformative project not only exemplified the organization's dedication to continuous improvement but also reinforced its position as a leader in delivering high-quality, patient-centered care. Looking ahead, the organization remains steadfast in its commitment to fostering a culture of innovation and excellence, ensuring that it continues to set new benchmarks for quality and efficiency in perioperative services and beyond.

Moving forward, the organization is encouraged to focus on standardizing the transfer of accountabilities from preoperative to the operating room to ensure seamless communication of important client- specific details. Standardization promotes safety by reducing the risk of miscommunication or oversight, ensuring that critical information is accurately captured and conveyed. This enhanced communication pathway facilitates continuity of care, minimizes errors, and ultimately contributes to delivering safer and more effective perioperative services.

Table 20: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Point-of-Care Testing

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Point of Care Testing was surveyed in seven organizations overall, four hospitals and three Family Health teams. It should be noted that POC testing is not done in the Family Health Care setting. The one device (glucometer) per clinic is exclusively used in the diabetes education program for demonstration purposes only. The glucometer is maintained and calibrated by the nurse responsible for diabetes education. Patients bring their personal device to the clinic, and they are instructed in its use by the nurse educator.

In the hospital settings POC testing is limited to glucometers in EDs, critical care units and in-patient medical surgical services and is overseen by the laboratory staff. Laboratory staff are responsible for the purchasing of devices, and their maintenance and calibration. They also oversee initial training and annual recertification that is documented by the laboratory for all staff undergoing refresher training.

Table 21: Unmet Criteria for Point-of-Care Testing

There are no unmet criteria for this section.

Primary Health Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Primary Care Health Services across the HPA-OHT has very strong partnerships with local hospitals. Primary care physicians also work in local emergency departments to support care continuity. These services have worked diligently to support chronic disease management, screening (RN led PAP Clinic) and support wellness. The organizations are commended for implementing medical directives to enable timely access to care with RNs when a physician visit is not required. The nurse practitioner (NP) for congestive heart failure patients has created a CHF clinic in collaboration with internal medicine improving access and education. This CHF program would benefit from obtaining patient feedback through real time surveys to understand if patient needs are being met and where future opportunities and needs are. The community would benefit from a cardiac rehabilitation program to support individuals with CHF to achieve optimal functioning and quality of life.

The services are commended for establishing an NP clinic to support unattached patients and provide stabilization until they can be rostered by a physician. Same day access is available for patients however the Clinton FHT would benefit from enabling patients to book these same day appointments online to ensure easy access and prevent time spent trying to call in. This can then be measured to determine access and patient satisfaction.

Primary Care is challenged, with primary care physician vacancies as a result of retirements, however active recruitment is well underway. These organizations are commended for establishing Patient Family and Caregiver Advisory Councils (PFCACs) and may want to consider inviting a PFCAC from the local hospital to sit on the primary care PFCAC.

The organization is commended for using patients to perform hand hygiene audits and posting these results for staff to see. Primary Care organizations review the primary care practice report to look at ED data to understand CTAS 4 and 5s, preventative screening that occurs, the percentage of patients who have regular HgA1Cs completed. This data is instrumental in supporting current programs and identifying additional programs that will support ED avoidance.

Table 22: Unmet Criteria for Primary Health Care Services

There are no unmet criteria for this section.

Rehabilitation Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

In Rehabilitation Services, exceptional collaboration between frontline teams and leadership results in the delivery of comprehensive, client-focused rehabilitation services. This synergy fosters a strong sense of teamwork and collaboration, ensuring that families and clients are active partners in their care journey. By prioritizing personal goals and directions, they empower individuals to actively participate in their rehabilitation process. This inclusive approach not only enhances treatment outcomes but also fosters a supportive environment where everyone feels valued and respected.

The overwhelmingly positive feedback from clients and families underscores their satisfaction with the care received. Moreover, the facilities are meticulously maintained, promoting a conducive environment for healing and recovery. The thoughtful design of rehab spaces further enhances the overall experience for clients and staff alike, promoting efficiency and comfort. This commitment to maintaining high standards of cleanliness and functionality reflects their dedication to providing the best possible environment for rehabilitation.

Rehabilitation Services are encouraged to further refine their service by aligning with the organization's strategic direction and continuously soliciting input from clients and families. This collaborative approach ensures that rehabilitation services remain responsive to the evolving needs of those they serve, fostering meaningful outcomes and enhancing quality of life. By actively engaging partners in the planning and delivery process, they can ensure that services are tailored to meet individual needs and preferences, promoting a truly client-centered approach to care.

Table 23: Unmet Criteria for Rehabilitation Services

There are no unmet criteria for this section.

Reprocessing of Reusable Medical Devices

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The organizations are commended for the remarkable progress in enhancing reprocessing standards for medical devices and equipment across various sites since the last accreditation cycle in 2019.

Staff members participate in annual competency testing as part of their commitment to meeting accreditation standards. These assessments include comprehensive evaluations of their knowledge and skills, often supplemented by online learning modules to ensure continuous professional development. Manufacturers of medical devices provide specialized training sessions for MDR (Medical Device Reprocessing) staff, equipping them with the necessary expertise to handle new equipment effectively. Supervisors play a crucial role in facilitating ongoing education by informing the team about significant changes in standards and operating procedures. This comprehensive approach to training instills confidence in staff members, ensuring they feel adequately prepared to fulfill their duties with competence and professionalism.

Each organization demonstrates a proactive approach to quality improvement through collaborative efforts among its teams. Particularly notable is their focus on reprocessing critical medical devices such as bronchoscopes, colonoscopes, and gastroscopes. Through continuous evaluation and refinement of processes, the team identifies areas for improvement and implements innovative solutions. By embracing new technologies and methodologies, such as real-time reprocessing systems and enhanced inventory control measures, the team minimizes risks associated with reprocessing while maintaining high standards of quality and safety.

Efficient management of equipment flow is essential to prevent contamination and maintain a safe workplace environment. Meticulous attention is given to organizing dirty and clean equipment flow, ensuring they never contact each other. This is facilitated by a well-designed and maintained workspace, where cleanliness and organization are prioritized. Staff members adhere to appropriate uniform and personal protective equipment (PPE) protocols, further reducing the risk of contamination. The team's commitment to teamwork and collaboration is evident in their coordinated efforts to uphold safety standards and promote a positive work environment. This collective dedication contributes to a cohesive team dynamic, fostering a culture of excellence and mutual support.

While commendable efforts are acknowledged at many sites across the organizations, there's a notable suggestion for improvement at The Exeter site regarding the placement and oversight of equipment, particularly the Trophan used for cleaning vaginal probes. The organization is encouraged to relocate the equipment to a non-patient care area and collaborate with MDRD staff for oversight. By doing so, the organization can significantly enhance compliance and safety measures, fostering a safety culture and ensuring proper oversight.

The commitment to continuous improvement and adherence to accreditation standards across these sites is commendable.

Table 24: Unmet Criteria for Reprocessing of Reusable Medical Devices

There are no unmet criteria for this section.

Transfusion Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Four sites were surveyed for Transfusions services, two from HHS and two from HPHA. For the HPHA, the HPHA Lab Liaison Committee provides oversight for laboratory and transfusion services. This interprofessional committee meets quarterly and focuses on quality initiatives related to laboratory services including Point of Care Testing (POCT) and Blood Product Management. The smaller sites like Clinton Public Hospital store unmatched blood only and do not routinely offer transfusion services. For Clinton Public Hospital if a transfusion is required, this will be coordinated through Stratford General Hospital. At all sites all appropriate protocols are in place for safe blood transfusions.

Table 25: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.

Quality Improvement Overview

Integrated Quality Management

The HPA-OHT and its Collaborative Accreditation members (Collaborative) demonstrate a strong commitment to quality and safety at all levels of their organization and collectively as an OHT. Dedicated teams of professionals, broader leadership, and very committed staff and physicians are clearly focused on continually improving care and minimizing risk across their organizations. A culture of quality improvement is embedded across the organizations. All areas visited had a clear understanding and appreciation of the importance of quality improvement and had the tools to identify opportunities and advance them accordingly.

Very dynamic teams shared the organization's vision and commitment to quality, safety, and risk mitigation. As the Leadership Priority Process with the highest number of Required Organizational Practices (ROPs) significant time was spent reviewing the Patient Safety Plan, Patient Safety Incident Management System, Patient Safety Disclosure, Patient Safety Quality Reports and Medication Reconciliation as a Strategic Priority. The Collaborative members are to be commended for all of the sustained work it has done on these ROPs.

The Collaborative members have put in place the appropriate infrastructures and resources to support patient safety across their organizations. In addition to patient safety training and education, the organizations have policies and procedures in place to support a culture of quality and safety. Patient safety incident management systems are implemented to report and monitor incidents. Processes are in place to review critical incidents and adverse events, and disclosure of events to patients and families. There are well-defined disclosure processes, tools to support staff with disclosure, information on document disclosure conversations, and resources to help patients and families related to safety incidents. However, there may be an opportunity for all member organizations to assess and evaluate whether the disclosure policy is being consistently applied at all levels.

Quality and performance improvement activities are monitored at the organization’s governance and leadership levels. Performance indicators related to key strategic priorities and patient safety activities are regularly collected, monitored by leadership to ensure achievement of results, and shared. The overall structure of the quality program certainly reinforces accountability, with a Board Quality Assurance Committee providing governance oversite, and a nice roll-up of information from the Unit/Program/Corporate specific reinventing care councils. A formalized process for the governing bodies, to receive regular, written reports on quality, risk, patient stories, and safety of services have been established.

QIPS for all members of the Accreditation Collaboration were noted with approval. A goal for the future would be to create 1 QIP for the HPA-OHT.

Many Integrated quality initiatives were showcased during the on-site survey. Examples include the Outpatient Mental Health’s STEP program, the LEGHO (Let’s Go Home) program, the DREAM (Dementia Resource Education Advocacy Mentorship) program and several at the grassroot levels identified at the unit levels.

Across the HPA-OHT many sites are using quality boards to educate and refocus individuals and teams on achieving quality outcomes. In addition, many are aligning unit and program specific goals with corporate key goals and measurements with performance data/trends on metrics that align to the corporate strategy posted on quality boards and reviewed at quality huddles.

The Collaborative and each of the individual member organizations have embarked on an ambitious journey to embed people-centred care (PCC) as a cultural norm across all areas of care and throughout all levels of delivery and planning. Members have excellent engagement of patients and families in PCC and quality improvement activities across the organization. They are well- served in this endeavor by passionate and committed senior leaders who truly live the values of PCC. The staff who interacted with each of the survey team members could readily speak to what

PCC looks like and how they individually and collectively contribute to people-centered care in their roles.

The Clinton Family Health Team, Listowel-Wingham and Area Family Health Team, and Community Living North Perth organizations would benefit from engaging staff and clients in the development and regular review of the QIP and all quality metrics. This will ensure actions align with metrics and produce the desired positive outcomes.

Most of the member organizations of the Accreditation Collaborative develop, implement, regularly review, and update as needed a change management program to manage and monitor the impact of changes related to quality improvement. Knollcrest and West Perth Village are encouraged to develop, implement, and regularly review, and update a change management program to manage and monitor the impact of changes related to quality improvement.

HPA-OHT is encouraged to continue its path to continually improve the quality, safety, and learning culture, and to partner with those served in the design, delivery and evaluation of care and services. This will serve well to Improve Quality Together.

People-Centred Care

The OHT has patient and family implementation and advisory groups. For this Priority Process, all ratings at the OHT level are at the HPHA site as the reviews for this Priority Process only took place with staff from the HPHA and HHS sites. There were no OHT members present at either discussion.

There is a strong commitment across the organization to people-centred care. The patients spoken with throughout the survey spoke positively about the care provided at all sites visited. Patients felt well engaged in their care processes and were complimentary of the staff. Many resources for patients and families including handbooks were available.

Client and patient feedback is actively solicited through patient experience and patient satisfaction surveys. HPHA and HHS are introducing new patient experience surveys to better capture the patient experience. Alzheimer's Society Ontario (ASO) annual client satisfaction survey results are carefully reviewed for opportunities to improve services. Family health teams compared their results across the region. These results are shared with physicians and staff to share success and identify opportunities for improvement.

PCC principles and their importance to the Collaborative are included in staff orientation. Some sites have patient partners attend the orientation.

The HHS sites have established a Patient Experience Panel. It is led by the manager of Patient Relations who is very passionate about her role. Members are being actively recruited and onboarded through volunteer services. Terms of Reference are developed outlining roles and responsibilities. The intention is to have the panel members assigned to a specific clinical area such as Quality, IPAC or a Falls Committee. A current member is sitting on the Code Committee, which has proved to be most beneficial. The Steering Committee does not have a workplan outlining goals for the next year. They are encouraged to develop an action/work plan which could be used to monitor progress and communicate with the organization. The current patient experience survey is being revised to gather information that will help in better understanding the patient’s experience. The intent is to have this completed by the end of the year. There is no formal process for them to review policies and procedures or decision-making processes. There is no patient partner on the Board of Directors, and the leaders of the HHS are encouraged to consider expanding their membership to include a patient partner.

HPHA has an active Patient and Caregiver Partner (PCP) Program. The program has been in place for over 10 years. PCPs sit on the Board of Directors, MAC, Senior Operating Committees, and Program Councils throughout HPHA. Members are recruited and onboarded though volunteer services. The Committee is chaired by the corporate lead for patient experience and one of the PCPs.

The committee is working on alternate levels of care and the use of whiteboards. Members of the steering committee attend leadership meetings and are integrated into the operation of the organization.

Many of the other sites visited had client and advisory councils. All sights had rights and responsibilities posted or on TVs. Information on how to file a complaint or compliment was readily available. St, Marys and Stratford are removing the television from the patient room and will be moving to using tablets. Some elderly patients are concerned they may not be able to work a tablet. This may be an opportunity for the patient partners to explore.

Partners are aware of the EID-AR work within the organizations. Examples of opportunities to be involved in co-design and quality improvement initiatives were shared.

The patient partners programs throughout the Collaborative are at various stages of development and maturity. The commitment to PCC is obvious. The Collaborative members are encouraged to look at opportunities to work together on future PCC initiatives.

One of the partners shared a quote that spoke to the importance of their work. “You remind me of why we are doing this work”.