Accreditation Report

Qmentum Global™ Program

The Alexandra Hospital, Ingersoll

Report Issued: 28/02/2023

Table of Contents

Table of Contents

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 29/01/2023 to 01/02/2023.

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

In 2014/2015 the Alexandra Hospital, Ingersoll (AHI) and Tillsonburg District Memorial Hospital (TDMH) began to meet and work more closely together. Currently, the two organizations remain separate corporations; however, they have one Joint Board and one senior leadership team. Each hospital has seven elected Joint Board members, who come together to plan and monitor care across the two organizations. There is a shared vision, mission, and strategic plan, however the operating and capital plans are different and are adapted to meet the needs of each organization. One senior leadership and management team has responsibility for the day-to-day operations of the organizations.

The AHI operates twenty-one acute medical surgical beds and five complex continuing beds, and has a full-service emergency department as well as diagnostic imaging, laboratory and pharmacy services. With a focus on chronic disease management, AHI has a robust cardiac rehabilitation program and a diabetes education program.

A number of the administrative, diagnostic and support services are shared across AHI and TDMH with staff integrated across the sites. These services include human resources, IPAC, finance, health records, DI, lab, patient registration and communication. Clinical programs are not integrated at this time. In addition, several of the programs and plans are shared across the two organizations including the communication plan, the emergency management plan, and the risk management program.

The joint strategic plan was refreshed in 2020 and four key priorities were identified for work over the next three years. These priorities include further the establishment of an integrated care system through the work with the local Ontario Health Team; advance the service delivery model; support the organizations' people; and pursue fulsome organizational integration.

The hospital's staff and physicians are very engaged and committed to providing safe, quality care to their community. AHI has developed strong partnerships with local and regional health care providers. The partners interviewed described their relationship with AHI as very open and collaborative. Patients and family members interviewed acknowledge their appreciation for care close to home.

AHI was last surveyed in 2019 and was accredited with exemplary standing. A great deal of work was done to prepare for the current survey; staff, physicians and patients were informed of the survey and were very welcoming.

Surveyor Overview of Team Observations

The Alexandra Hospital, Ingersoll (AHI) has a long history in its community as it first opened its doors in 1909 and has been in the same building since 1950. The building has been added to in 1970 and in 1990. Despite the age of some areas of the building, it looks to be in good working order and very clean. The inpatient areas are bright with wide hallways. AHI enjoys the full support of its community and the patients it serves and has been on a path for the past nine years to look at opportunities to work together with the Tillsonburg District Memorial Hospital. Much work has been done on this to date with a Joint Board and shared leadership. The Joint Board consists of seven members from each community who are recruited using an open call to the communities and selected using a skills matrix. The Joint Board is knowledgeable and engaged with a significant focus on patient safety and quality.

The majority of the shared leadership team for AHI and TDMH have been in their roles for less than one year and the corporate memory is limited. This said, there is a great deal of energy, enthusiasm, and vision amongst the leaders. It will be important for the team to prioritize the implementation of the various initiatives they would like to undertake and ensure that they, and the staff, are not overburdened with change and new processes.

Much of the current focus of the leadership team is to rebuild trust with the AHI staff, considering the impact that resulted from changes made several years ago. The leadership team has purposefully worked at being even more visible and accessible to staff and to ensure that processes are in place to gather input from staff prior to making changes that will affect them or their working conditions.

In addition to new leadership, there has been a large turnover of staff and a great deal of energy and effort is focused on recruitment and retention. Support for the large number of novice staff will continue to be a need in the year ahead. The community served by AHI is growing with new industry being added to the area. AHI has explored the potential needs these companies may have, as well as opportunities to partner with them.

There is a culture of quality and patient safety; however, work is needed to implement a fully integrated quality management system consistently across AHI. As well, front-line managers need to be engaged in identifying the risks and mitigating strategies relevant to their areas as part of the overall integrated risk management system.

AHI has embarked on an ambitious journey to embed person-centred care (PCC) as a cultural norm across all areas of care and throughout all levels of delivery and planning. They are well-served in this endeavor by a passionate and committed senior leadership team who truly live and model the values of PCC.

At the direct care level patients felt involved in their care and able to partner around decisions to the extent they wished. The use of white boards in patient rooms is a good enabler for patients to be active and engaged in their care, moving toward discharge. The addition of All About Me, a posted one-page patient-completed description of themselves helps staff see them as complete individuals, not simply a diagnosis or disease.

Educational materials that empower patients and families to co-manage their health issues are available through material printed on-demand by staff either through the clinical information system, Cerner (in the Emergency Department) or the document management system, Paradigm.

AHI makes effective use of a well-designed, comprehensive Patient and Family Services Directory provided to each patient on admission. Of note, it includes the Patient Declaration of Values and a What We Ask of You summary that sets both patient and provider up with a mutual agreement of what constitutes safe, person-centred care.

Signage and wayfinding within the hospital have both recently been revisited. There are ongoing efforts to simplify and rationalize the signage and information posted across AHI. Some areas of the inpatient unit

have walls with an overabundance of posted material. It can be difficult for patients and families to understand what they need to know in the spaces they occupy. Signage for staff and patients/families might also be better differentiated. Patient advisors were part of the recent signage tour and are excited to support further efforts.

There is organizational training around the principles of PCC. Providers and leaders described many aspects of their work and how they performed it that clearly illustrated PCC principles -- partnering with patients and families in creating care plans, acknowledging their individual needs and preferences, and sharing information proactively. There is an opportunity to renew and refresh the organizational awareness of PCC as a foundational element of care with long-serving staff, leaders, and governance.

Efforts to advance PCC are supported by a small group of unique volunteers - patient and family advisors (PFAs). These volunteers step forward to share their lived experiences of care and better inform policy creation and review, partner in quality improvement and safety work, and offer guidance on issues such as space-design. Of note, they sit on several Joint Board subcommittees, an ethics advisory committee, a pharmacy and therapeutics committee, and the AHI Emergency Services/Acute Inpatient Care Committee among many others.

The in-patient unit featured a newly redesigned patient shower space that reflected thorough engagement and true co-design with staff, facilities, and patients.

There is hope to insert PFAs into more opportunities moving forward. This will rely significantly on capacity. Currently there are six PFAs serving two hospitals with more joining shortly. AHI is encouraged to accelerate recruitment where possible. Partnering with allied organizations or sharing these unique human resources amongst Ontario Health Team counterparts might offer interesting connections.

PFAs also comprise a core Patient and Family Centred Care Committee (PFCCC) which meets bi-monthly. This committee receives invitations for placement on other committees and working groups, requests for their insights and to review materials, and to offer suggestions on opportunities for improvement. AHI is encouraged to support this unique committee to more aggressively advance their role, clearly define their work plan, create possible metrics or a scorecard of impact and efficacy, and to take an active role in co-chairing committees where possible.

Staff are prepared to work authentically with patient and family advisors prior to including them in committees or one-off engagements. They receive a solid orientation to best practices on working collaboratively with these unique volunteers which sets them up for success. Staff spoke of trying hard to avoid acronyms and medicalese when working with patients, families, and patient advisors. They spoke as well of ensuring patient and family advisors felt psychologically safe to share lived experiences.

While PFAs are present on many high-level committees they described a preference for being invited into work early in the process. With turnover in leadership and competing demands on time and resources, much of the trust built with PFAs around their critical role in the organization was altered both prior to and during COVID. There is work to do to rebuild that trust by inviting them into work at the outset. The current leadership is wholeheartedly committed to this work and AHI is moving forward with clear intention. Patient advisors spoke of being excited and encouraged by the fresh commitment of leadership to support their participation.

Some PFAs spoke of receiving education to build their engagement skills. The Ethics Advisory Committee is to be commended for fully integrating and supporting their PFAs to understand the work at hand.

Partnering with PFAs on sensitive and complex issues such as ethics and MAID is a sign that the organization values patient and family insight where it is needed most. AHI is encouraged to offer training to PFAs around quality improvement, health system planning, finances, and other topics that will empower them to be full partners in improvement.

Patient feedback is solicited by phone and email, as well as through the use of a patient survey. AHI

acknowledges they have work to do to improve uptake on survey completion. They described a plan to engage the PFCC committee in the co-design of a new general survey as well as program and service specific surveys to generate even better feedback.

Communications leadership offered a great example of managing a client concern brought forward, doing a fulsome exploration of the issues at play, involving the client in every stage of the process, and following up to ensure their complete satisfaction with the outcome. It evolved into an invitation to join the hospital as a PFA which speaks to a successful approach to building trust, resolving issues, and including patients and family in quality and safety.

Intentional rounding done at the leadership level is a great example of AHI actively engaging with patients and families around their experience of care. Spreading that practice to managers and other levels of staff would provide real-time feedback to inform immediate action and improve the patient's experience of care. Consider including PFAs in future efforts to solicit feedback in practices such as this one. Real time interviews or the use of volunteers and PFAs with electronic devices might elicit more actionable feedback.

There are many examples of work AHI has done to extend its care beyond its walls. Active agreements with community services such as Home and Community Care, the LEGO project, Home at Last, simplified police to hospital transitions, diversion of potential ED admissions to allied agencies, and supporting local EMS with skills to provide more care at home are tangible efforts to ensure people receive the right care at the right time and place. It aligns well with their priority of care closer to home. To that end, AHI has created many pathways into the community through town halls, forums, and presence at events and celebrations. AHI is known and respected in the community as being person-centred and truly responsive to the evolving needs of a unique and growingly diverse population.

Inpatient staff described a tailored approach to meeting the needs of a woman receiving palliative care during the pandemic. Her Mennonite family and community were allowed to support her simply because AHI adapted its family presence policy, recognizing the cultural differences in play.

The organization is aptly proud of providing comprehensive chronic disease management programs: cardiac rehabilitation and diabetes management. The investment in a local resource to help the community it serves better manage chronic disease speaks to an awareness of the burden of chronic disease and a commitment to bringing useful tools closer to home.

Overall, person centred care (PCC) is present at AHI and is demonstrating promising impact in quality, safety, and improving the patient experience. AHI is encouraged to increase capacity with PFAs, reinforce support around their authentic engagement, and perhaps consider a process to measure the spread and adoption of PCC across the breadth of the organization.

Key Opportunities and Areas of Excellence

The Alexandra Hospital, Ingersoll (AHI) staff, physicians and leaders have shown significant resilience throughout the past two plus years of the COVID-19 pandemic. Work continued regardless of staffing challenges and supply shortages and the community and teams were kept safe. AHI has taken on a focus of chronic disease management with a very active cardiac rehabilitation program, diabetes education as well as wound and foot care.

The hospital has enjoyed a number of partnerships with local and regional organizations. The relationship with a large tertiary hospital has afforded the organization a state-of-the-art information system and a number of local hospitals have partnered to assist with various programs and services. AHI is seen as a very collaborative partner, willing to try new things to improve a situation. There is a can-do attitude across the organization and a philosophy of “if patients/community need it, we will get it”.

Community partners voiced their full support for a new master plan and clinical services plan for AHI and TDMH with the goal of bringing additional services close to home.

The Joint Board and AH Foundation are very committed to having the hospital achieve its goals. There is a pervasive focus on safety, collaboration and collegiality amongst the Joint Board, administrative and clinical leaders. Leadership is visible, accessible, receptive and working to build the trust of staff. There is a strong commitment to gather staff and community input prior to making major changes.

Senior leadership and the Joint Board are also passionate about creating a truly person-centred experience at AHI. Embedding PCC as a cultural norm will require additional resources to spread best practices from areas of excellence to those hungry to do/learn/grow more in that journey.

Much of this is contingent on growing, rebuilding, and reengaging the complement of patient and family advisors (PFAs). The current roster of PFAs is small but mighty. They are ready to do more and are encouraged to be active in defining their roles, assuming co-ownership of committees and working groups, and finding ways to measure and celebrate their impact on safety, quality, and patient experience.

There has been a significant turnover of staff and leadership in the past few years and AHI has focused on attracting and retaining staff. This work will need to continue, and new staff and managers will require support to grow within their roles. There is a strong culture of wanting to provide quality services and quality improvement initiatives are present in some areas. However, work is needed to implement a full quality improvement program across the organization and to educate and engage all staff, physicians and patient and family advisors. One of the key actions that is planned to support quality improvement activities is unit councils. AHI is encouraged to move forward with implementing these structures. There is a need to close the loop on a number of required organizational practices by evaluating the effectiveness of the current programs that are in place, including regular auditing and analyzing of the results. As well, attention needs to be paid to complete the implementation of the information management system in order to have a fully integrated electronic medical record.

AHI is encouraged, in tandem with their partners, to continue on the path of master service and clinical services planning to support the growth of their community. In this process, AHI is encouraged to move forward with fulsome organization integration with Tillsonburg District Memorial Hospital to best support the needs of both communities.

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

The Alexandra Hospital, Ingersoll's accreditation decision is:

Accredited with Commendation

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

Locations Assessed in Accreditation Cycle

This organization has 1 location.

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
Alexandra Hospital Ingersoll	☑

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