ACCREDITATION AGRÉMENT CANADA
Qmentum

Accreditation Report

Grand River Hospital

Kitchener, ON

Sequential (2 of 2)

On-site survey dates: October 24, 2021 - October 28, 2021

Report issued: January 5, 2022

About the Accreditation Report

Grand River Hospital (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2021. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

A Message from Accreditation Canada

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

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

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Grand River Hospital (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Grand River Hospital's accreditation decision is:

Accredited with Exemplary Standing

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

About the On-site Survey

- **On-site survey dates: October 24, 2021 to October 28, 2021**

This on-site survey is part of a series of sequential surveys for this organization. Collectively, these are used to assess the full scope of the organization's services and programs.

- **Locations**

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

1. Freeport Campus
2. K-W Campus

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1. Infection Prevention and Control Standards
2. Medication Management Standards

Service Excellence Standards

3. Ambulatory Care Services - Service Excellence Standards
4. Biomedical Laboratory Services - Service Excellence Standards
5. Cancer Care - Service Excellence Standards
6. Critical Care Services - Service Excellence Standards
7. Diagnostic Imaging Services - Service Excellence Standards
8. Emergency Department - Service Excellence Standards
9. Inpatient Services - Service Excellence Standards
10. Mental Health Services - Service Excellence Standards
11. Obstetrics Services - Service Excellence Standards
12. Organ and Tissue Donation Standards for Deceased Donors - Service Excellence Standards
13. Perioperative Services and Invasive Procedures - Service Excellence Standards
14. Point-of-Care Testing - Service Excellence Standards
15. Rehabilitation Services - Service Excellence Standards
16. Reprocessing of Reusable Medical Devices - Service Excellence Standards
17. Transfusion Services - Service Excellence Standards

- **Instrument**

The organization administered:

Indicators

1. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	31	3	0	34
 Accessibility (Give me timely and equitable services)	103	3	1	107
 Safety (Keep me safe)	714	4	19	737
 Worklife (Take care of those who take care of me)	104	1	2	107
 Client-centred Services (Partner with me and my family in our care)	423	6	2	431
 Continuity (Coordinate my care across the continuum)	88	0	2	90
 Appropriateness (Do the right thing to achieve the best results)	1008	28	2	1038
 Efficiency (Make the best use of resources)	56	1	0	57
Total	**2527**	**46**	**28**	**2601**

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	0	28 (90.3%)	3 (9.7%)	0	68 (95.8%)	3 (4.2%)	0
Medication Management Standards	76 (98.7%)	1 (1.3%)	1	63 (98.4%)	1 (1.6%)	0	139 (98.6%)	2 (1.4%)	1
Ambulatory Care Services	44 (97.8%)	1 (2.2%)	2	72 (92.3%)	6 (7.7%)	0	116 (94.3%)	7 (5.7%)	2
Biomedical Laboratory Services **	72 (100.0%)	0 (0.0%)	0	105 (100.0%)	0 (0.0%)	0	177 (100.0%)	0 (0.0%)	0
Cancer Care	101 (100.0%)	0 (0.0%)	0	127 (100.0%)	0 (0.0%)	1	228 (100.0%)	0 (0.0%)	1
Critical Care Services	60 (100.0%)	0 (0.0%)	0	103 (99.0%)	1 (1.0%)	1	163 (99.4%)	1 (0.6%)	1
Diagnostic Imaging Services	66 (100.0%)	0 (0.0%)	2	64 (100.0%)	0 (0.0%)	5	130 (100.0%)	0 (0.0%)	7
Emergency Department	70 (97.2%)	2 (2.8%)	0	103 (96.3%)	4 (3.7%)	0	173 (96.6%)	6 (3.4%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Inpatient Services	60 (100.0%)	0 (0.0%)	0	83 (98.8%)	1 (1.2%)	1	143 (99.3%)	1 (0.7%)	1
Mental Health Services	48 (96.0%)	2 (4.0%)	0	85 (92.4%)	7 (7.6%)	0	133 (93.7%)	9 (6.3%)	0
Obstetrics Services	71 (100.0%)	0 (0.0%)	2	88 (100.0%)	0 (0.0%)	0	159 (100.0%)	0 (0.0%)	2
Organ and Tissue Donation Standards for Deceased Donors	54 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0	150 (100.0%)	0 (0.0%)	0
Perioperative Services and Invasive Procedures	112 (99.1%)	1 (0.9%)	2	103 (94.5%)	6 (5.5%)	0	215 (96.8%)	7 (3.2%)	2
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	48 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Rehabilitation Services	44 (97.8%)	1 (2.2%)	0	74 (92.5%)	6 (7.5%)	0	118 (94.4%)	7 (5.6%)	0
Reprocessing of Reusable Medical Devices	82 (98.8%)	1 (1.2%)	5	38 (95.0%)	2 (5.0%)	0	120 (97.6%)	3 (2.4%)	5
Transfusion Services **	71 (100.0%)	0 (0.0%)	5	68 (100.0%)	0 (0.0%)	1	139 (100.0%)	0 (0.0%)	6
Total	**1109 (99.2%)**	9 (0.8%)	19	1348 (97.3%)	37 (2.7%)	9	2457 (98.2%)	46 (1.8%)	28

* Does not includes ROP (Required Organizational Practices)
** Some criteria within the standard sets were pre-rated based on your organization's accreditation through the Quality Management Program – Laboratory Services (QMP-LS) program managed by Accreditation Canada Diagnostics

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Client Identification (Cancer Care)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Transfusion Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Cancer Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Cancer Care)	Met	9 of 9	0 of 0
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The "Do Not Use" list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Cancer Care)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Cancer Care)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Cancer Care)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Cancer Care)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

The Grand River Hospital benefits from very engaged and committed staff and physicians. Their resilience is evident despite the challenges of the COVID-19 pandemic, and they are eager to participate in new initiatives. There has been some loss of staff; however, the hospital as implemented a number of innovative solutions to their identified staffing challenges. Staff that were interviewed feel valued and supported, despite the significant issues throughout this pandemic. There is a strong on-boarding process, and it is implemented consistently across the organization.

At the direct care level, there is good engagement of clients and families in planning individual care needs. There are thoughtful transition plans as clients are discharged, and follow-up plans are put into place prior to the transition. A number of outpatient programs support timely discharge and enable increased capacity within the inpatient areas. Client flow is a key priority for the organization, and all programs play a role in ensuring that clients are moving through the system, and receiving the care they require. The organization has developed strong partnerships with local community agencies and regional hospitals, serving to support clients from many areas.

The organization enjoys strong client satisfaction. Clients interviewed commented that they are kept well informed, and they felt heard and engaged in their care. During the pandemic, communication with families continued through various virtual methods.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
See comments from the first portion of the sequential survey.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
See comments from the first portion of the sequential survey.

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

Unmet Criteria		High Priority Criteria
Standards Set: Ambulatory Care Services		
3.11	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Emergency Department		
3.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.	
4.3	A comprehensive orientation is provided to new team members and client and family representatives.	
4.15	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
18.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Mental Health Services		
2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
Standards Set: Perioperative Services and Invasive Procedures		
6.3	A comprehensive orientation is provided to new team members and client and family representatives.	
6.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	

25.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Rehabilitation Services		
3.3	A comprehensive orientation is provided to new team members and client and family representatives.	
3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!

Surveyor comments on the priority process(es)

There continues to be client and family advisory groups in the areas of cancer care, mental health, and renal care. Little progress has been made in other areas of the hospital since the first portion of this sequential survey. However, the hospital has recently hired a leader with the responsibility of furthering client and family engagement across the hospital. The organization is encouraged to continue on this journey, such that the voice of the client and family can be incorporated into the planning and implementation of the work of all programs and services.

Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Client flow remains an issue for the organization. Issues regarding flow are handled in a systemic manner, using resources from the entire region. Process improvement are evident, with enthusiastic staff in the role of director of patient flow and the manager of patient access and flow. Regional access to all beds and departments is a pressing requirement, with site representation from all relevant areas of the region and hospital at the morning bed meeting. Technological solutions for flow are seen on the client flow dashboard. There is real-time availability of the flow dashboard accessible on staff phones. Growing the bed allocation command centre with large-screen visible dashboards, has helped create a focus for identification of bottlenecks and improvement of bed flow.

There is significant demand for mental health beds from the emergency room, outpatients, and other sites. Insufficient youth and adolescent mental health supports often strain capacity. The well-managed morning bed-flow meeting is a testament to how a bed-flow meeting should be run. It is lean and efficient. Client-flow staff feel the leadership is 150 percent in support of their work.

The express discharge lounge functions to support flow, and help get clients that are ready for discharge out of their bed by 10 in the morning. This continues to show much promise, and plans to extend beyond Monday and Tuesday will further help with emptying the beds to facilitate emergency room transfers. There are existing established protocols to identify and manage overcrowding and surge in the emergency room. There are manager-level staff available 24 hours per day, seven days per week, supporting and directing flow. Staff feel that in-person or video bed meetings will better help the communication required to deal with flow challenges, so as to help foster the one-to-one discussions often necessary to resolve bottlenecks. Staffing remains a constant issue and one of the reasons for bed flow-challenges.

Grand River Hospital has an overcapacity policy, which clearly identifies roles and responsibilities for client flow. Detailed protocols and responsibilities are present in Lotus Link, and all policies and procedures to help ensure physician availability are easily available. On-call schedules are available through PetalMD. The trend of data shows significant variations, and although there was an improvement, many of the positive changes have regressed slightly during the pandemic.

Overseeing all of the issues related to safe client flow is the Patients Flow and System Utilization Advisory Committee. There is overall significant optimism and improvement within the flow management group at Grand River Hospital, as they work to optimize client flow throughout the organization.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria		High Priority Criteria
Standards Set: Reprocessing of Reusable Medical Devices		
7.9	Policies and SOPs are regularly updated, and signed off according to organizational requirements, as appropriate.	!
7.10	Compliance with policies, SOPs and manufacturers' instructions are regularly evaluated and changes made as needed.	
11.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	

Surveyor comments on the priority process(es)

The team leading the medical devices and reprocessing department is an exemplar of a behind-the-scenes resource, that does an outstanding job of focusing on quality, safety, and efficiency, and contributing to organizational performance. The enthusiasm, energy, and pride that all individuals demonstrate and express about their work and contribution to client care is compelling. There is an obvious close partnership with the operating room, with the medical devices and reprocessing department manager being included as part of the preoperative leadership team meetings and activities. Support is also given to all clinical areas that rely on the medical devices and reprocessing department.

Although the central medical devices and reprocessing department has a relatively small footprint, there is very efficient use of space, and processes have been developed to accelerate throughput and increase efficiency. Downtime as a result of the pandemic was used to make improvements to processes that ensure availability of instruments or assess need for tray replacement. The team has daily touch-base huddles, and they collectively engage in quality improvement initiatives, which contributes to quality improvement and efficiency. Attention should continue to be given to satellite locations providing medical devices and reprocessing functions, such as for endoscopy, and ensuring standards are met in every instance.

Staff working in the department describe the support offered with extensive orientation to the area, staggered integration into all areas of responsibility within the department, and support with ongoing education. Completion of a course in medical device reprocessing is a requirement for working in the medical devices and reprocessing department. There is attention to supporting staff with tools that guide work. Within the past 18 months, a member of staff created MDRDNet, an in-house build using an excel based program that displays a listing of instruments, as well as a visual guide for the creation of trays. This replaces a paper-based approach to pick lists, and is an innovation that may well be of interest to other medical devices and reprocessing departments.

Policies or standard operating procedures exist, and while the team may have internal department access to current evidence-based directives, there is need to ensure that the corporate policy resource, LotusLink, which may be relied upon by staff and other clinical users, is current and accurate. The team is very committed to safety and risk-management, and will be an excellent resource as this issue is addressed.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Point-of-care Testing Services

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Medication Management

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

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

Infection Prevention and Control

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

Diagnostic Services: Imaging

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

Diagnostic Services: Laboratory

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

Transfusion Services

- Transfusion Services

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.5	Resources and infrastructure needed to clean and reprocess reusable devices are accessible in the service area, as required.	
Priority Process: Competency		
	The organization has met all criteria for this priority process.	
Priority Process: Episode of Care		
	The organization has met all criteria for this priority process.	
Priority Process: Decision Support		
	The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes		
15.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The locations included in the ambulatory care services Episode of Care were linked primarily to surgery (including pre-surgical care, endoscopy, minor outpatient surgery, and the medical day unit), renal (including the renal clinic, right-start unit, home hemodialysis, and peritoneal dialysis), and internal medicine (including the general internal medicine rapid-assessment clinic, internal medicine clinic, stroke prevention clinic, adult diabetes education clinic, neurology clinic, and migraine clinic). The outpatient rehabilitation clinics have been captured with the rehabilitation Episode of Care.

Each clinic has a designated team, which includes leaders, educators, resource staff, and depending on the nature of the clinic, a range of healthcare professionals who function as a collaborative, interprofessional team. Representatives are drawn from areas such as medical specialties, nursing, pharmacy, social work, and clinical nutrition. Teams describe their ability to have access to information that supports understanding of their performance, and of working with administration to influence planning and decision-making. They also describe very effective relationships with both internal partners, such as other clinics or clinical programs, and specialists, and external partners such as regional tertiary-care hospitals and community-based services.

Each clinic is aligned to a clinical program, which has medical and operational leaders who work with their counterparts to make decisions at an organizational level regarding clinical programming, clinical priorities, resource allocation, and quality initiatives. The organizational Ethics Decision-Making Framework for Priority Setting is a tool that informs deliberations as needed. Formal committees such as the Clinical Services Leadership Team, and the Senior Quality Team, are configured to ensure all programs influence the design, consistency, and performance of the ambulatory components of all clinical programs. During the COVID-19 pandemic, an ad hoc ambulatory services committee was assembled to address issues such as management of virtual care or the family presence policy, to ensure consistency in all ambulatory settings.

Some clinics are aligned to regional programs, such as the renal and stroke programs, which offer the additional benefit of connection to the infrastructures and resources at the regional, provincial, and national level, that supports the design, implementation, and monitoring of care and services.

Teams speak about the new strategic plan, and how tactics such as performance reports, quality boards, and huddles are being developed, trialed, and ultimately cascaded to all areas.

Many of the clinics are challenged by space constraints, resulting in such issues as clients waiting for procedures on stretchers along corridors, rather than in curtained bays, or storage of equipment in high-traffic and patient-care corridors. While the redevelopment plan is anticipated to address this issue in the longer term, ideally steps can be taken in the short term to support client and environmental safety.

The teams describe using client input to identify and influence improvements, and in several instances describe partnering with clients in co-designing materials and in the development of patient education and information materials. The commitment to increasing the engagement of clients and families as integral members of change and decision-making teams is notable and encouraged.

Priority Process: Competency

Staff describe a variety of ways in which they are enabled to work competently and to the full scope of practice including medical directives.

or clinic specific knowledge and skills. Such education is supported by the presence of educators, as well by online training with capture of completion of education.

The pandemic has interrupted some of the funding and time support for conference attendance and ongoing professional development, to enable new knowledge and best practices. There is a goal of resuming these supports in the near future.

Interprofessional education occurs via inservices, although this can be challenging depending on the particular clinic setting and hours of operation.

While staff have access to specialized resources, such as the ethicist, palliative care, conservative care in the renal program, and spiritual care, they also describe feeling confident with care and decision-making processes, given access to tools and education.

There is obvious respect and collegiality among team members. Staff described enjoying their work and workplace, and feeling supported by managers.

Priority Process: Episode of Care

In every clinic setting, it was evident that the team partners with the clients and families, as well as professional colleagues to plan care, and to make the experience as effective and satisfying as possible. For example, ensuring that different providers came to the client in a set clinic location versus the client going to different settings to see the various care and service providers. The general internal medicine rapid assessment clinic (GIMRAC) is an excellent example of collaboration among professionals and programs, and with community and regional partners. These collaborations work to reduce hospital lengths of stay, to avoid emergency visits and admissions, to meet a community need with clients unattached to primary care, and importantly to optimize client wellbeing.

There is a strong emphasis on client education, and development of brochures and education materials, often with input from clients and families. Given that the pandemic has resulted in changes such as not having brochures publicly available in corridors and clinics, staff have responded by being proactive with offering materials and encouraging discussions about conditions and care.

There is sensitivity to client choice and support for decision-making regarding all treatment options. Teams appeared to appreciate the value of working with clients and families in planning, implementing, and evaluating their individual care. Satisfaction surveys have been customized to gain an understanding of satisfaction with services, communication, and transitions. The input is used by the teams to design improvements. While some clinics may be a bit more ahead, such as the renal patient and family advisory council, they all describe how they are now working on increasing the engagement of clients and families in the structures that plan, implement, and evaluate care at the program or service level and in co-design of improvements.

The positive atmosphere in the range of clinic settings sets the tone for client encounters, and clients commented positively about feeling prepared and supported in their expectation of the clinic visits.

Priority Process: Decision Support

The implementation of Cerner has allowed for standardization of assessments, order sets, and documentation in the majority of areas. Those areas still dealing with hybrid systems, such as the renal program with paper charting, NephroCare, and Cerner, are preparing for navigation to fully electronic documentation.

Although policies and procedures are available and easily accessible to staff using LotusLink, many are outdated, and thus do not provide staff with current best evidence for practice. Staff do have additional on-line and paper-based resources to guide practice.

The use of technology to support virtual care was optimized as a result of the pandemic. There is a resolve to continue this option as appropriate for client care, safety, and satisfaction, and for efficient use of staffing resources.

Technology supports care in a variety of ambulatory settings including renal and diabetes education, and there are programs that support the integrity of the equipment and education to ensure safe use by clients and staff.

Priority Process: Impact on Outcomes

The program leaders have ready access to performance metrics, and this is expected to soon be translated to the clinic and service levels.

All teams describe the goal of becoming more transparent with staff, clients, and families in terms of providing information about quality goals and performance. Program and quality leaders are in the process of rolling out performance report cards, that align the corporate strategy to clinic-, program-, and service-level goals, and enabling tools such as huddle boards and processes such as quality huddles. This initiative has full corporate support.

There is strong evidence of physician leadership and engagement in the operations of clinics and programs.

Staff were observed to be very professional, respectful, and caring in their interactions with clients in the clinic settings. Clients uniformly described feeling heard and supported in the planning of their direct care.

Standards Set: Biomedical Laboratory Services - Direct Service Provision

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

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

Falls risk management is an organizational initiative. Patients wear purple bands to identify those at high risk for falls.

Priority Process: Diagnostic Services: Laboratory

The laboratory is currently accredited by Accreditation Canada, and therefore, a limited number of standards were evaluated during the on-site survey.

The integrated laboratory at Grand River Hospital and St. Mary's General Hospitals provides bacteriology, biochemistry, cytology, hematology, histology and pathology, immunoassays, immunology, virology, and point-of-care testing for the benefit of the clients and population.

The team collects data to support continuous monitoring and evaluation of client care activities. The laboratory is dedicated to providing quality and timely services to all their customers.

Performance metrics are shared on the unit huddle board for awareness, and to look for opportunities for improvement. Specifically, metrics are collected to monitor emergency department response time from collection to reporting, in an effort to deliver timely service to support client flow.

Recruitment is challenging at Grand River Hospital for medical laboratory technician staff. Opportunities to use medical laboratory assistants within the department to support the program have been identified, allowing medical laboratory assistants to work to full scope. New hires typically are recruited through learning placements. They are trained comprehensively on all policies and procedures in the department that apply to their job description and assigned tasks. Additional training includes specific training with the quality management system, assigned work processes and procedures, the laboratory information system, health and safety, ethics, and confidentiality. The effectiveness of the training program is reviewed and adjusted to ensure competencies cover technical and practical skills, as well as general knowledge. A yearly review assessment of assigned duties is carried out as part of continual quality improvement, and can include corrective or preventative action. The laboratory also provides active support for job-specific education and training.

Standards Set: Cancer Care - Direct Service Provision

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The cancer program at the Grand River Hospital opened its doors nearly twenty years ago, and has continually grown in complexity during the past two decades. The program serves the surrounding region with a population of approximately 700,000, and offers a comprehensive range of inpatient and ambulatory oncology services.

The inpatient oncology unit is a 20-bed acute care unit, providing disease-modifying treatment and symptom management. Approximately 60 percent of the clients are admitted to the inpatient unit for hematology and 40 percent for medical oncology. In partnership with a regional tertiary hospital, the unit currently receives stem-cell transplant clients on the first day post-surgery. The goal of the program is to have stem-cell transplant surgery occurring at Grand River Hospital, and provide the full care close to home for a growing number of clients requiring stem-cell transplants.

The ambulatory care clinics include radiation therapy, hematology, oncology, pain and symptom management, medical oncology clinics, and systemic therapy. As well, there is a PACES clinic (Patients Accessing cancer Care who are Experiencing Symptoms), which serves as an emergency department avoidance strategy, with timely access to assessment and supportive care, as well as direct admission to the inpatient service if this level of care is required.

The different areas of the cancer program work closely together, and coordinate care for clients who may be transitioning from one area of care to another. The leadership across the program meet regularly. There is some cross-training of staff across the various areas of this program.

The majority of the ambulatory care clinics are in a newer building adjacent to the hospital, and have wide corridors with ample, bright space for client and staff interactions. However, the inpatient oncology unit within the hospital is crowded, with limited space for staff and physician interaction and documentation. There are private, semi-private, and ward client rooms, with little extra space in any of these for additional equipment or supplies. The corridors are cluttered with equipment, and medication rooms are open to the corridor and also house supply carts and various other equipment. The unit is encouraged to try to declutter the corridors, attempt to find additional storage elsewhere, and make the medication preparation area less exposed to activity and noise.

The cancer program aligns its priorities with the hospital's strategic plan, as well as those of the provincial cancer agency. Attention is paid to wait times across the program, and growth of services is often in response to increasing wait times, or the inability to prioritize access to care for the most urgent clients within available resources. Partnerships exist with the local and regional community, as well as with a number of hospitals within the region.

Priority Process: Competency

In all areas of the cancer program, the staff and physicians work as a strong, collaborative team. The interdisciplinary team within the inpatient unit is very comprehensive, including many different disciplines. The team meets daily for client care rounds, and the care plan is updated with input from the various team members. Although the client is not a part of these rounds, and the physical set up of the unit does not allow for rounding at the bedside, the physician and perhaps one or two other team members will visit with the client and discuss proposed changes or additions to their plan of care, following the interdisciplinary discussions. The teams within the ambulatory clinics are somewhat smaller in number than the inpatient unit; however, there again appears to be very good interaction and collaboration among members. Physician leaders play a strong role in the clinics, and appear to be very engaged with the team.

Each of the areas of the cancer program have set relevant educational requirements for staff, including systemic and radiation therapy advanced training for the systemic therapy clinic and the radiation therapy clinic respectively. The inpatient unit is supported by aa staff of all registered nurses, and all are expected to have taken the systemic cancer therapy course. Infusion pumps are standardized across the cancer program, and staff receive the require education and ongoing recertification. There is a designated lead to the radiation therapy clinics, as well as a radiation safety officer.

A strong patient and family advisory council is in place for the cancer program. This council has been in place for a number of years, and has been integrated into many program-wide planning initiatives. The advisors interviewed indicated they felt valued, and that their input mattered. It was suggested that there is an opportunity to expand the diversity of the membership of the advisory council, and also to attempt to have the advisors provide their input at the beginning phases of any planning versus being asked to validate a plan that has been fully developed.

Priority Process: Episode of Care

Access to services within the cancer program is continuously monitored, as are the needs of clients, in order to ensure services reaches those in most need. The inpatient unit sets an estimate date of discharge for each client on admission, and this is reviewed daily at the interdisciplinary rounds. Information gathered on admission is comprehensive and standardized. A holistic approach is taken with each client, ensuring more than physical needs are considered. The plan of care is developed with input from the client and family, and reviewed at daily rounds. Within the inpatient unit, a change of shift hand-off report is provided at the bedside, and white boards are kept up-to-date, including allowing some the clients to track their own progress with daily blood results. The dedicated pharmacy team supports medication reconciliation during the week, with nurses completing this function on the weekends. This process is consistently well done.

The hematology and medical oncology ambulatory clinics are well coordinated to support regular client visits to monitor health status. Ongoing virtual support is offered between visits by a team of nurses who are available to respond to calls from clients with questions or concerns. The organization is encouraged to continue to move forward and implement a new system to ensure that clients who are calling with concerns receive a timely response.

Like all other cancer program ambulatory clinics, the systemic therapy clinic is seeing significant growth in volumes. The space occupied by the systemic therapy clinic is limited and despite some changes to increase capacity, the treatment chairs are close together and maintaining physical distancing is an issue. The clinic is encouraged to continue to explore the implementation of plexiglass dividers between client treatment chairs in order to address this issue. Great care is taken to ensure safe delivery of chemotherapy in the clinic. Clients interviewed commented on the attention to detail by the staff, not only in the provision of care, but also to the small details such as warm blankets to increase their comfort throughout the treatment.

Care within the radiation therapy clinics is reliant upon very careful development of the radiation plan and daily monitoring of the radiation equipment, to ensure clients receive appropriate care. Those engaged in this program are very dedicated to ensuring that these necessary items are in place prior to beginning any client's treatment. The physical space is also designed to ensure that no one enters a treatment room by accident while a client is receiving treatment.

Best practice guidelines and evidence-based research findings are used to guide practice across the cancer program. The cancer program is commended for their continuous efforts to concentrate on meeting client and family needs, often going beyond expectations to do what is best for the client.

Priority Process: Decision Support

Standardized tools are used to gather client data, and most documentation is now done through the new information system. The organization is commended for the effort and energy that was spent in the past two years to implement this comprehensive system. This said, the transition is not entirely complete for the cancer program, as physician's orders are still documented in the previous system, and require transcription into the new system. There is a plan to have the cancer program move forward to complete the transition to the new information system, and the organization is encouraged to complete this as quickly as possible to reduce the risk of errors when transcribing.

The organization has a comprehensive set of policies and procedures to support clinical care and administrative activities. However, many of the policies viewed appear to not have been reviewed or revised for a number of years. It is suggested that this be reviewed, and a plan developed and implemented to ensure all policies are reviewed and updated regularly.

Priority Process: Impact on Outcomes

Clinical practice within the cancer program is guided by best practice guidelines and evidence-based research findings. The program follows the latest research, and has been the first to implement new approaches to care, including brachytherapy for clients with prostate cancer.

There are a number of quality improvement activities underway across the cancer program. Quality boards exist in each of the areas of the programs, which include actions to support the recently revised hospital strategic plan. There is little data associated with these at this point, likely due to the newest of the strategic directions. In addition, the result of regular audits such as hand-hygiene audits are posted on the huddle boards. The program is encouraged to continue their work on collecting and monitoring data in keeping with attaining the goals and objectives they have set that align with the corporate strategic directions.

Priority Process: Medication Management

Systemic therapy guidelines for the safe handling and administration of chemotherapy are in place, and adhered to. All incidents involving systemic cancer therapy medications are documented and reviewed to ensure changes are made to prevent further incidents.

Verbal or telephone orders are not accepted, and all systemic cancer therapy prescriptions are verified prior to preparation.

Organizational guidelines for spills of cytotoxic medications are followed.

Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.9 A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Organ and Tissue Donation	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The adult intensive care program and the neonatal intensive care units were surveyed. The adult intensive care unit is comprised of an 18-bed, Level 3 unit, known as ICU-A, and a nine-bed, Level 2 step-down unit, designated ICU-B. These units are on different floors, and are quite separate. ICU-A has a dedicated intensivist for daytime hours. ICU-B has an intensivist that covers this unit during the day, and covers all intake to the intensive care unit, including those from the emergency department, hospital wards, and the critical care response team.

The team collects information on the population it serves, and reviews this during the intensive care unit's monthly quality council meeting. This team is supported by a patient and family advisory committee member. The intensive care unit program is well supported, with enthusiastic leaders who are well involved with strategic development of the program, and the day-to-day running of the department. Staffing is the most pressing challenge facing the department, and this was raised by all staff who were surveyed. Recovery from wave three of the COVID-19 pandemic has been slow in the Wellington region. Staff have barely had the chance to recover.

Flow of clients out of the intensive care unit to hospital ward beds is a challenge for the program, and delays in transfer are common. The patient flow team would be well-advised to review this, and continue to find ways to support the intensive care unit. The intensive care unit is a large, multidisciplinary unit, supported by allied health. The critical care response team role is staffed by a nurse around the clock, providing hospital ward support to extend the intensive care unit outwards. All clients seen are reviewed by the intensive care specialist. Clients who are transitioned out of the intensive care unit are supported by the critical care response team nurse and intensivist, until stability is secured.

Quality indicators measured include central line infection rates, ventilator-associated pneumonia, ventilator days, and occupancy. With implementation of the Cerner health information system, client data access is easier to review, but is time-consuming, and takes staff away from the bedside. Leadership supported the critical care team by bringing in the Heroes Helping Heroes program, in respect of the incredible work the clinical staff did throughout the pandemic. This was appreciated by the staff.

Intensive care unit B is small with narrow hallways. Movement of beds in and out of the rooms is a challenge. Clutter due to equipment is an ongoing challenge.

The neonatal intensive care unit is a 22-bed unit, with an average occupancy of 85 percent. They are classified as a Level 2B by the Provincial Council for Maternal and Child Health, based on the services they provide. They have petitioned to receive a 2C designation, based on the acuity and activity they are currently experiencing. Ongoing staffing vacancy was highlighted as a challenge by both leadership and frontline staff. Careful attention is paid to the skill mix when planning for staffing, and opportunities to support frontline staff with unique positions such as a milk technician, or a clinical assist are under investigation.

Priority Process: Competency

Intensive care unit staff are well supported by a clinical educator. Between 150 and 300 hours are dedicated to each new nurse while they are onboarded into the program. The nurse will be paired with one mentor, and complete the majority of their training with this person. Assigning new staff to more than one mentor may allow new staff to understand the different ways in which to develop applied nursing skills. The on-boarding process is modified for nurses with previous experience.

The intensive care unit is a high-acuity group of clients with a variety of diagnoses. A strong allied health support program is available to the intensive care unit with dedicated nutritionists, physiotherapists, and respiratory therapists to support the units.

Recent challenges with access to electroencephalograms may lead to delays in diagnosis and transfer.

Grand River Hospital's intensive care unit is a coveted residency location for an intensive care elective. This is a testament to the high-quality staff and clinical experience available here.

There has been significant attention given to improving the orientation and onboarding of new hires based off staff feedback, and the desire to retain staff. The team is supported by a clinical nurse specialist, a clinical practice lead, and a specific neonatal intensive care unit educator. All are very passionate about embedding fundamental skills and practices into the daily practice of the team. There is mandatory training supported for the staff such as the neonatal resuscitation program, breast-feeding certificates, and neonatal specialty programs offered through local colleges.

Cerner launched in 2019, and the team will be going through an upgrade. During recent quality reviews, a common theme has emerged with inconsistent or lack of documentation. The team identified that documentation is not regularly, or randomly audited. Most audits occur if a risk event has been identified, or if a case is being put forward for a quality review. There is an opportunity to randomly select charts on a predetermined schedule for review, to identify any gaps in documentation.

Priority Process: Episode of Care

Client and family support is integral to care in the Grand River Hospital's intensive care unit. Family access to the bedside of intensive care unit patients has been recently restored, after a lengthy suspension due to COVID-19. Even during the worst of the pandemic, video conferencing was available. The staff is highly supportive of clients and their families. Last year, during the pandemic, the intensive care unit team demonstrated their true and comprehensive understanding of client-centred care by facilitating a ventilated client's attendance at his daughter's wedding ceremony on the hospital property.

After-hour transfers out of the intensive care unit are common, and may represent an opportunity to further address bed flow issues to better support intensive care unit discharge. The physicians meet regularly with families in person or by phone. End-of-life conversations are documented, and client and family wishes are respected.

Braeden scales are used to assess risk of pressure ulcers, and the team is supported by a wound care nurse.

The clutter and lack of storage in intensive care unit B has led to a potentially dangerous lack of space. All options should be considered for improvement of this situation.

The team has developed clinical practice guidelines for standards of care in the children's program. The standards of care are outlined for communication and transfer of information, vital signs assessment, physical assessment of body systems, monitoring of fluid balance, pain and sedation assessments, and assessment of procedures and client response. Documentation practices are well-defined, but again, there are no regular audits performed to monitor for completeness, or to provide feedback to the end users.

Transfer of information and bedside safety checks are an expectation; staff and clients report that transfer of information does occur at the bedside, incorporating the client or their support person. White boards are present at each bedside as a communication tool. The whiteboards observed were complete and comprehensive, but some clients report that there is inconsistency in completing the board.

Family presence is encouraged on the unit, and facilities are available to allow caregivers to stay overnight to provide care. A client shared that after transfer to Grand River Hospital from a tertiary care centre, she felt overwhelmed by the demand to be at the bedside constantly. At the tertiary care center, she was able to rotate with a second person, and would have liked to see the ability to rotate with a second visitor, as her husband was not always able to be present to support her and their newborn. There is an opportunity to review existing essential visitor guidelines, to see if the policy is in alignment with current practice.

All relevant Required Operational Practices are met. Compliance is monitored, and opportunities to improve metrics are discussed.

Priority Process: Decision Support

The adult intensive care units use the Cerner health information system, which has been in use for just under two years. All orders and documentation are done through this system. Medical staff suggest that more training may help them to optimize its use.

The neonatal intensive care unit collects and uses Better Outcomes Registry and Network data to drive improvements. The Cerner application used in the neonatal intensive care unit supports the flow of client information into the required fields that must be completed in the Better Outcomes Registry and Network. This improves the automated flow of information to reduce manual entry of data. Information is shared at huddles, in weekly newsletters, and quality council meetings to look for opportunities to improve.

Priority Process: Impact on Outcomes

Quality improvements initiatives are supported in the adult intensive care unit. This in turn is supported by the quality improvement team. Clients at risk for falls are given a purple arm band, and a sign is posted on their room door. Quality improvement boards are reviewed with staff at twice-weekly client safety huddles. Intensive care unit residents bring new teaching and learning opportunities.

The neonatal intensive care unit has a newly established quality counsel, focused on developing a biannual quality plan that can identify and monitor indicators with an intent to improve metrics. They also develop, implement, and monitor standards of practice to demonstrate improvement in client care delivery. An opportunity for improvement that is already underway, is to ensure that the voice of the client is heard by the quality council, by embedding a client partner as part of the membership, not just ad hoc. There is also a process in place to review challenging cases, code pinks, and transfers out of the organization, with an intent to look for opportunities for improvement.

Guidelines are regularly reviewed to ensure the organization is following current best practices, which includes collaboration with SickKids in Toronto, McMaster University Hospital, and ensuring alignment with the Canadian Paediatric Society.

The pediatrician group is engaged and involved in program design. Currently they are looking at a rapid assessment clinic for pediatric clients that are seen in the emergency department and need follow-up in a timely manner. This planned assessment with a pediatrician will help to avoid repeat emergency department visits or unnecessary admission.

Priority Process: Organ and Tissue Donation

Organ and Tissue donation is fully supported by the Trillium Gift of Life Network, and a coordinator is shared between Grand River Hospital and St. Mary's Health Centre.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

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

The organization has met all criteria for this priority process.

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

The medical imaging department at Grand River has joint leadership with St. Mary's General Hospital to align practice and improve access to care. They offer seven modalities: computed tomography, general radiography, interventional radiology, including radiofrequency ablation and trans-arterial chemoembolization, magnetic resonance imaging, mammography, nuclear medicine in partnership with St. Mary's General Hospital, and ultrasound.

Each modality has specific staff assigned to each area of service with team leads that help audit, monitor, and guide practice. There is a group of 16 radiologists, with a medical director responsible for directing and coordinating activities of the program. The team's medical director and physicians are imaging specialists credentialed by the appropriate professional college or association. He is involved in quality initiatives, policy review, a quality assurance program for the department, and collaboration with frontline staff and leadership.

The team collects information from the referring medical professionals, to understand referring physician satisfaction and develop response plans. An example of feedback that was received concerned reports not being available in a reasonable time for emergency department physicians. This led to delays in diagnosis or intervention, creating increased wait times in the emergency department. Strategies to address this focused on education regarding the need to increase communication between the teams to express the urgency of test, and for all emergency magnetic resonance imaging, they were already all marked urgent, so therefore the technologists need to call the radiologist to read and report on results.

The team collects client satisfaction scores, and recognizes that there are opportunities to improve response rates in the current environment. Pre-pandemic, the targets were to achieve 100 responses per modality monthly. Quick Response (QR) codes were developed to allow clients to scan and respond in real time; however, the team struggles to get client responses. Client input through surveys can help improve care and safety. It tells the clients that they are valued and their opinions are respected, but they must be easily completed, and applicable to the services delivered to monitor key metrics. In addition to client satisfaction surveys that capture the voice of the customer, the team is looking to recruit a client advisor specific to diagnostic imaging. The primary role for the advisor would be to help develop educational material, and provide insight for client surveys.

The team has many opportunities to improve and monitor practice, offered by the organization and their respective colleges. Peer-reviewed audits are in place for radiologists as well as technologists, with unbiased feedback to provide opportunity to validate and improve practice. There are many processes in place to support safety within the department, including a Medical Radiation Safety course that is mandatory for staff to complete. The team follows provincial and federal regulations to register, install, and calibrate diagnostic imaging equipment. Regular maintenance is performed with compliance reports shared with the team.

It is evident by the quality initiatives that the team is working on, that they are focused on delivering world-class care. During the pandemic, waitlists grew for computed tomography. The backlog grew to 2500 P4 clients waiting for tests. The team was able to clear this backlog in 90 days by identifying and correcting inefficiencies in the system, and adding additional shifts to the department. Wait lists for magnetic resonance imaging was also addressed at a regional level, by redirecting P4 waitlist clients to Cambridge Memorial Hospital. This practice of regional partners working together is exemplary. Many of the service modalities continue to see increased demands for service with increased complexity of the presenting clients. Interventional radiology and mammography are two modalities that are looking to leverage new technology to advance care closer to home. The magnetic resonance imaging project is an example of new technology that will advance client care by the ability to provide faster magnetic resonance scans and improve client comfort, all while delivering a higher resolution to improve image quality. There are plans to refurbish the old magnetic resonance imaging scanner to be able to provide additional scans to improve access and flow for magnetic resonance imaging referrals.

Policies and procedures are in place, and evidenced in the department to comply with the use of at least two person-specific identifiers to confirm that clients receive the service or procedure intended for them. Audits are also in place with a goal of five observations per week in each modality. Compliance is monitored, and education provided if needed. As well, there is evidence of knowledge and application of universal fall precautions, applicable to the setting to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.

The team is able to provide clients and their families with information on diagnostic imaging examinations through Pocket Health, a secure cloud platform that enables clients to share imaging with providers without the need for burning compact discs. Client enroll for an access fee of five dollars, which allows for permanent access to all previous imaging, as well as any new imaging within the following 14 days. The team provides the clients with post-procedure instructions, so they know what to do in the event that complications arise. The team informs the referring medical professionals immediately following unusual, unexpected, or urgent findings. The expectation is that this information transfer is completed physician-to-physician, and a backup plan is in place if clients require immediate care when a referring physician cannot be reached.

The diagnostic imaging department at the Freeport campus was also assessed using the same criteria, and found to be compliant in all aspects of care. Leadership oversight crosses over to this site. As well, a site-specific team lead is available to ensure accountability and consistency of practice and standards of care. They are part of the Ontario Breast Screening Program.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
4.1 Required training and education are defined for all team members with input from clients and families.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
18.13 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Priority Process: Organ and Tissue Donation	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Wait times and Canadian Triage and Acuity Scale scores are calculated. Times for clients who left without being seen or left against medical advice are also collected. These are clearly posted in the emergency department. Length of stay associated with Canadian Triage and Acuity Scale scoring is clearly posted. Time-to-physician initial assessment is also posted. There has been a loss of earlier gains in this indicator. There is still a general improvement from 2019. Broad sharing of wait times on this hospital website has been suspended. This was based on the concern raised by staff that incorrect data was being presented. The problem is being remedied.

The Cerner health information system allows for real-time review of emergency department length-of-stay data. The patient flow team uses this to identify and fix bottlenecks. The emergency department leader ship team meets monthly, and the emergency department quality council meets quarterly to support quality initiatives. The Bloom project is one such initiative, which helps support clients in the community in avoiding admission using community resources. Quarterly meetings with St. Mary's General Hospital continue to take place, to review common issues.

There is a strong interdisciplinary team available to the emergency department, including geriatric nurses, social workers, physiotherapy, and the home and community services. Safe discharge and prevention of admissions are major themes managed by the emergency department. Internal medicine admissions are often avoided by referral to the general internal medicine rapid-assessment clinic.

Inclusion of a client or family member on the emergency department leadership team will give a strong voice to the client in this program. The team is attempting to move in this direction.

Priority Process: Competency

New staff orientation is done comprehensively, and depending on prior experience, staff progress through increasing levels of responsibility. All aspects of emergency department care are emphasized, especially pediatric care.

Staff receive training on new equipment immediately. Advanced cardiac life support certification is required for staff within six months of starting. Intravenous pumps require recertification within two years, and nurses are notified by email when it is time for them to do this.

There is a crisis nurse around the clock, as well as a respiratory therapist, security, and an after-hours administrator on site.

There is a peer-recognition program, and staff promotes the work of their colleagues.

Priority Process: Episode of Care

The emergency department staff demonstrate a high level of quality care and interdisciplinary interaction. There is solid access to consultant support. Diagnostic imaging and laboratory support is available around the clock. Greater speed in reporting of diagnostic imaging results will aid the emergency department staff in completing urgent transfers. Creation of the best possible medical history reconciliation is aided by access to pharmacy technicians through the day. Client safety is emphasized with policies for fall prevention, medication reconciliation, client transitions, and two client identifiers. Suicide monitoring is in place from triage onwards, and is regularly reinforced.

Emergency medical services are supported, but flow issues often lead to a delay in offload. Continued improvement of client flow will be required to optimize this. Clients felt supported throughout their stay. They felt safe, and were kept up-to-date through their time in the emergency department. Early difficulties with self-registration may need to be addressed, as some clients found this difficult to use.

Priority Process: Decision Support

Evidence-based protocols are used to select various imaging modalities for all patients. With the Cerner health information system, an accurate, up-to-date, and complete record is maintained for each client. Policies regarding the health record are followed. Decision support on quality improvement processes is aided by regular attendance of the quality improvement team member assigned to the emergency department. The quality team is supported by decision support and the Tableau dashboard, whereby information can be seen and reviewed in a regular basis.

Priority Process: Impact on Outcomes

Evidence-informed guidelines are developed locally by the emergency department staff, and are reviewed with the quality counsel of the emergency department. These are embedded in the Cerner hospital information system to facilitate best practice implementation. Staff were observed checking two client identifiers, performing hand hygiene, and implementing the falls pathway of the hospital. Benchmarking data is available on a regional and peer hospital level, and is used as a basis for comparison and quality improvement initiatives.

Better communication with the family practices in the area might be undertaken to further explain the recent surge in emergency department visits.

Priority Process: Organ and Tissue Donation

Organ donation issues are supported by the Trillium Gift of Life Network.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Infection Prevention and Control		
5.2	Team members, clients and families, and volunteers are engaged when developing the multi-faceted approach for IPC.	
9.5	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.	
14.3	Input is gathered from team members, volunteers, and clients and families on components of the IPC program.	
Surveyor comments on the priority process(es)		
Priority Process: Infection Prevention and Control		

Infection prevention and control processes and procedures are in place, and being followed. There is an opportunity to further engage clients and families in compliance monitoring of the processes, as well as the development of various components of the program.

Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
16.12 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The medicine program at Grand River Hospital is a large, robust, and widespread program made up of care over three units. The fifth floor has a clinical teaching unit of 31 beds, 11 beds in an acute geriatric care unit, and nice additional beds. The fifth floor also has a 28-bed stroke unit, with four telemetry beds. The eighth floor has a 42-bed internal medicine unit. The clinical teaching unit is run by a group of eight internal medicine specialists, who provide academic education for residents and medical students. The remainder of the beds are taken care of by a group of 15 hospitalists, who run a comprehensive program and provide on-call support. There is a chief hospitalist and a chief of medicine, both who sit equally on the medical advisory committee. There is a patient and family advisor on the quality council for the medicine leadership team. The stroke program uses the Hamilton Health Sciences patient and family advisory committee, which is well-established.

The leadership structure is comprised of the monthly medicine leadership committee, and the monthly quality council. These are well supported by physicians and staff. The scorecard is in line with strategic directions from senior leadership, and is reviewed monthly.

Priority Process: Competency

Alternate-level-of-care meetings are held twice a week with the staff at the Freeport campus. This maintains ties, and helps move clients quickly. There is a regional patient transition steering committee attended by the director of medicine, and this helps maintain the regional contacts and partners necessary for navigation of the healthcare system in the Wellington region.

Performance reviews are done frequently for new staff, on days 30, 60, and 90. Once the staff becomes established, performance reviews are done every two years. Journal club is being reconstituted after the pandemic for attendance by the medical staff. These are often presented by residents and students. The hospitalist and general internist will share in the presentation of medical grand rounds.

Priority Process: Episode of Care

The hospitalist program draws from a pool of approximately 12 hospitalist plus 8 general internists who provide coverage throughout the medicine program. The hospitalist group also covers clients at St. Mary's General Hospital. A client information book has been developed, and is an outstanding tool to provide information for the clients during their stay in medicine. Pamphlets on falls are available. Pressure ulcer information is also available, and managed by the wound care specialist. The current medical guide for admissions is only for the clients on the eighth floor, and creating a specific guide to the fifth floor will aid in improving client satisfaction. Follow up post-discharge could either be done by the general internal medicine rapid assessment clinic, or through the client's family doctor. Discharge after a stroke could be in the secondary prevention stroke clinic. Clients in the acute care for the elderly unit will get a phone call from the geriatric emergency nurse.

The stroke unit is where caring, dedicated staff support the acute needs of the stoke client. It is part of a robust program providing access to hyperacute care. It is the regional program for stroke management. Over the past two years, there have been improvements in door-to-needle time for thrombolysis, for the hyperacute management of stroke. The code stroke program went through a lean event, whereby unnecessary steps were removed. It is currently a very smoothly operating program. This was done in consultation with all relevant partners. Close connection with the stroke centre at Hamilton Health Sciences is essential for the safe ongoing care of stroke clients. Improving the transition time when endovascular intervention is needed will certainly contribute to better outcomes.

Priority Process: Decision Support

Grand River Hospital is currently transitioning to the Tableau system to help create a new and innovative real-time dashboard. Distribution of this to all levels of staff will help support quality improvement initiatives at both the senior and grassroots level. Privacy is well taught and practiced throughout the program. Nursing staff must review the learning module regularly. Medical staff must complete a learning module annually, with reappointment to the medical staff.

Priority Process: Impact on Outcomes

A strong and diverse allied health team supports the provision of care throughout the medicine program. The team consists of occupational and physical therapists, pharmacists, social workers, respiratory therapists, speech language pathologists, spiritual care providers, and home care coordinators or discharge planners. There is also a hospital elder life program, which may help the clients remain clear of delirium during their stay.

The medical management model, either with a general internist or with a hospitalist, has led to significant improvement in client care and staff morale. Consideration of changing the hospitalist program to a geographic model similar to that of the clinical teaching unit will further these positive benefits.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Medication Management		
4.4	The effectiveness of training activities for medication management is regularly evaluated and improvements are made as needed.	
12.1	Access to medication storage areas is limited to authorized team members.	!
Surveyor comments on the priority process(es)		
Priority Process: Medication Management		

The majority of the medication management standards have been met. There is an opportunity to ensure that training programs for medication management are evaluated, and changes are made based on the results. There is also opportunity to review access to medication rooms across the organization.

Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.6	A universally-accessible environment is created with input from clients and families.	
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
Priority Process: Competency		
3.1	Required training and education are defined for all team members with input from clients and families.	!
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
14.4	Safety improvement strategies are evaluated with input from clients and families.	!
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The mental health program at Grand River Hospital is a very comprehensive and dynamic program, which includes adult, child, and youth inpatient beds, an emergency assessment unit in the hospital, a number of different outpatient clinics, which support care for both children and adults, as well as the specialized of different outpatient clinics, which support care for both children and adults, as well as the specialized mental health program at the Freeport site. Leaders from across the program hold monthly planning meetings, with the goal of supporting a strong continuum of care and enhanced client flow. The program is commended for their strong focus on ensuring the client is receiving the right care at the right place.

The 52 adult inpatient beds and 13 child and youth beds are considered regional beds. The child and youth program is the only such program in the area, and hence receives referrals from many different communities. Discussions are held daily with partner hospitals, to prioritize access to the adult inpatient beds. Staff from the transitional programs establish contact with clients while in hospital, and support re-integration into the community or their previous settings. Support from other outpatient programs also enable timely discharge, by providing a follow-up plan for the client. There is work underway to review the establishment of a shared-care model with primary care, and the organization is encouraged to continue with this work.

The inpatient units are located on the ground floor of the Hospital, with secure access to lovely garden areas for both units. The physical space of the adult component is small, given the amount of service being delivered, and in need of refurbishing. The child and youth inpatient beds have greater space, and services are well laid-out to support additional activities for the clients. The organization is commended for creating partnerships with the local school board, which supports the presence of two teachers who provide in-class learning and support for virtual learning for children and youth admitted to the unit.

There are a large range of outpatient services, including an adult withdrawal-management program with both acute observation and residential support, a children's rapid response team, transitional support services for children, preschool diagnostic and treatment services, a psychiatric short-term follow-up clinic, an adult day hospital and community day services, an adult rapid response team, a community outreach treatment team, adult and senior transition teams, and an assertive community treatment team.

The adult inpatient unit, as well as the emergency assessment unit and short-stay assessment unit, are located in very small spaces for the number of services being provided in each of these areas. Hallways are cluttered with equipment and items that require storage. The staff and physician documentation areas in these units are very congested, with little space to maintain physical distancing or pass one another in the area. As well, the adult inpatient mental health unit is in need of refurbishing, as paint is peeling and the walls are cracked near the floor. The organization is encouraged to review these crowded conditions, and seek to implement a short-term solution prior to the planned major redevelopment.

The mental health program has engaged a group of family members to provide input in a number of areas; however, the voice of the client has not been at these tables. The organization recognizes the value of the voice of both the client and family members, and is looking to expand their approach. It is recommended that they work with the newly hired hospital resource to develop a consist approach to engaging clients and family members.

Priority Process: Competency

Throughout the program, interdisciplinary teams work closely to support client care. Teams consistently spoke of the collaboration and respect they felt from their colleagues.

Specialty courses in mental health are not required for nursing staff, although some staff have obtained additional certification in psychiatric nursing. The program does attempt to hire staff with previous experience in mental health; however, with the recent staff shortage, many new staff do not have a great deal of past experience. The program is encouraged to reinstate mental health education days, and if possible, expand the number of days provided annually.

There is a strong orientation program, and very comprehensive code white training, which is offered at orientation, and regularly thereafter. Staff interviewed felt that the code white training provided excellent knowledge and skills to support their safety. In addition to this training, staff have access to alarms or panic buttons, which alert security.

Priority Process: Episode of Care

Access to care is a key focus across the program. There have been great efforts taken to not only support the needs of the local community but also to provide access to clients in need across the region. The comprehensive and diverse components of the program support strong continuity of care for mental health clients. As well, care is taken to ensure a warm handoff, by providing follow-up appointments and necessary information to the receiving provider or program.

The program holds a recovery-based philosophy in delivering care. The plan of care is built based on the strengths of the client, and goals are set accordingly. Clients interviewed commented that they felt respected and engaged in their care.

Comprehensive assessment tools are used to gather the necessary data to support client care. A number of key assessments, such as risk of suicide is conducted on every shift or visit, or more frequently if the client's status is changing.

Safety of clients and staff is a key area of attention for this program. The environment of care delivery areas has been modified to support client safety, and staff are provided with training and alarm buttons to support their own safety.

To support clients during the pandemic, virtual visits were initiated in a number of outpatient clinics. Clients have found this to be advantageous, and attendance has improved.

Priority Process: Decision Support

Documentation across the program is electronic, and client information is readily shared with those within the circle of care. This has proven to be very beneficial for the mental health program, given the many different teams that become engaged in the client's care.

Consistent data collection is facilitated with standardized assessment forms within the electronic system. Staff interviewed indicated they appreciated the comprehensiveness of the new system once they became familiar with it.

Care is taken to maintain privacy of client information, and clients have access to their charts upon request.

The program is encouraged to expand the data collection and analysis that is now possible through the new system.

Priority Process: Impact on Outcomes

The mental health program has a number of standardized procedures and protocols used to guide practice. The majority of these are electronic, and can be easily accessed on the computer. The Patient Health Questionnaire-2 depression tool was generalized and integrated into the hospitals admission process.

Patient safety incidents are documented, and major incidents are disclosed as per the hospital policy.

A major quality initiative that is underway across the mental health program is related to client flow. There has been an emphasis on monitoring wait times and lengths of stay in many of the inpatient and outpatient components of this program. The organization is commended for this work, as it is facilitating access and right care in the right place.

Quality huddle boards found in the majority of the inpatient and outpatient areas, that report the latest hand-hygiene rates and fall prevalence. Quality guidelines brought forward by the clinical team are reviewed by the mental health quality council, which includes family members from the Families for Awareness, Change and Education (FACE) group which supports the mental health program. Program leadership is looking to expand the gathering of input to also include the voice of the client.

Standards Set: Obstetrics Services - Direct Service Provision

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The obstetrical department continues to thrive and evolve, despite the ongoing staffing challenges faced by many of the departments, and documented across the healthcare industry. Department leadership monitors staffing levels and skill levels regularly, to look for opportunities to extend current staff roles and recruit new staff through hiring of consolidation students. The addition of a registered practical nurse dedicated to the scrub role for cesarean sections will help free up registered nurse resources to focus on other areas in the department. The department has a large footprint, where care is delivered to a multicultural group of clients in an labor, delivery, recovery, and postpartum model servicing the Waterloo Region and surrounding area. It was noted that the unit is on track to complete 4300 deliveries this year, which is on par with previous years.

The multidisciplinary team delivering newborns is comprised of obstetricians, midwives, nursing, and family practitioners. Information is collected about the community they serve, resulting in a new, innovative approach to interpreter services, which will provide virtual interpretation in real time using an iPad. Collaboration is evident as demonstrated through a group of obstetricians that have formed an induction task force. Their goal is to monitor induction of labour activity, with an intent to standardize induction protocols based on best practices, to increase client safety, and to coach and mentor their colleagues. Client feedback is elicited through a survey targeting mothers who were induced, to understand their perceptions and drive improvement.

Children's Program

The pediatric program is comprised of both in-patient and outpatient areas. The out-patient clinic includes a satellite site for pediatric oncology, the Pediatric Oncology Group of Ontario (POGO), a juvenile diabetes program, a cystic fibrosis clinic, an allergy clinic, and an annual, seasonal respiratory syncytial virus clinic. Each clinic has a multidisciplinary team working with the clients to provide coordinated, wrap-around care. The team provides transitional support to the adult teams when children are moved into the adult realm, using warm handovers with client involvement. Opportunities identified by the team are to expand outpatient services to include a pediatric rapid-assessment clinic for emergency department and hospital admission avoidance, as well as a formal eating disorder clinic. The program has started to see an increase in eating disorders due to the pandemic, as well as a rise in undiagnosed advanced cancers, and these two clinics would support client care for the community and their partners.

Of note, the care model has shifted during the pandemic from all in-person visits, to a model that includes virtual physician and team visits. The team felt that based on client acuity or presentation, they were able to have a 60 percent virtual appointment rate, that both clients and the team are finding works well to meet everyone’s needs.

The inpatient pediatric unit is a 12-bed closed unit, with three overflow beds. The unit admits clients with a broad range of conditions, of ages up to 18 years. The unit typically has a 60-65 percent occupancy rate, with fluctuating seasonal activity that has additional resources attached to meet care demands. The overall approach to client care is family-centred, with the family playing an important role in client care. The unit has been designed with family in mind, by providing a family lounge, spacious rooms for family to remain at the bedside, and a kitchen for nutritional support. There is a collaborative team model with wrap-around care for children provided by a multidisciplinary team. The unit itself is spacious, and incorporates two negative-pressure rooms for safe care delivery. It does however feel cluttered, and needs a refresh, as has not been painted in recent history. Consider reviewing equipment and furniture needed for care delivery, and what can be stored elsewhere.

Engagement of clinical and physician leadership is high. The team shows obvious pride in their many accomplishments. Pediatrician succession planning has been ongoing for several years, with pediatricians using the residency program to recruit candidates. The team is highly regarded among the university students, as Grand River Hospital provides a great place to learn and grow.

Priority Process: Competency

The children’s and childbirth team recognize the importance of education and training, to support the safest and highest quality care for their clients. A thoughtful approach to mandatory training is in place that meets practice recommendations outlined by Society of Obstetricians and Gynaecologists of Canada, Healthcare Insurance Reciprocal of Canada, and MORE-OB. Education practice leads are responsible for coordinating and leading educational offerings as well as compliance with mandatory education. An opportunity to continue to advance a culture of client safety on the unit is to bring MORE-OB back to the obstetrical program. The team identified that it has been several years since it was first offered, and current staff could benefit from this comprehensive performance improvement program which creates a culture of client safety on the obstetrical units. Additionally, a return to running simulations and mock drills focused on obstetrical emergencies will imbed evidence-based practice on the unit. Consider adding birthing simulators as a teaching modality to create realistic training scenarios.

The team consistently uses a bedside reporting tool in the form of a whiteboard to communicate with the patient, family as well as within and between teams. The team has identified a pool of 20-25 patients willing to provide input to care delivery on obstetrics. These individuals were recruited using the unit comment cards. An additional opportunity is to use this pool to identify client advisors to have membership on the quality council as active members, and not just ad hoc.

Children's Program

Staff complete the Alaris pump training in Edge when initially hired, as well as every two years. Medication profiles are in the pump library to practice safe intravenous medication administration. To improve intravenous pump safety, staff can access the Alaris pump checklist, user manuals, and tip sheets attached to the policies and procedures for intravenous administration on LotusLink. There is a continuous quality improvement pump committee that reviews smart pump data for individual programs, and they investigate SafetyNet reports related to the Alaris pumps and intravenous medication administration. Opportunities are highlighted in the quality council meetings, shared at huddles, and in weekly newsletters with staff.

Throughout the children’s program, it was recognized that continuous education is supported and promoted to enhance safe patient care delivery, and improve patient outcomes and satisfaction. An opportunity was highlighted to return to offering mock codes to allow staff to practice and receive feedback during simulation scenarios directed at high-risk situations.

There is a process for staff recognition across the children's program. Staff weekly newsletter includes a section to share client feedback. Leadership has engaged in many activities to celebrate staff, such as “Frozen Fridays,” providing ice cream to staff. Staff report that they feel well-supported and informed by their leadership team. This includes the turbulent times during the pandemic. Staff performance appraisals are completed regularly in most areas across the program. There are peer reviews in place; however, staff feel that this does not provide value, as they are able to choose their own peer reviewers, and therefore feel that the feedback is not open and honest. An opportunity would be to implement a 360 anonymous performance review inclusive of colleagues, supervisors, as well as a self-assessment component. The feedback solicits feedback regarding an employee’s behaviour from a variety of viewpoints to provide constructive criticism and opportunities for improvement

Priority Process: Episode of Care

There is an expectation that the bedside safety check is a component of the transfer of information across Grand River Hospital. It is performed together by both members during any transfer of client care. Staff were able to articulate the components of the safety check. Clients verified that they had been part of a bedside safety check during their stay. Badge cards help staff remember the steps in the bedside safety check.

A falls risk assessment tool was adopted from Mount Sinai, that helps in the prevention of falls and falls-related injuries by identifying those at risk, and helping staff implement strategies to reduce risk. This tool is specific to the childbirth program, and is applicable to the setting. Documentation tools support a post-fall risk assessment, should a fall occur.

There are two operating rooms on the unit, where staff are trained to provide care in following Operating Room Nurses Association of Canada standards. Current training is peer-to-peer. An opportunity to improve practice would be to offer a recognized cesarian section course developed by a recognized institution or college, to provide the necessary clinical foundation for safe surgical practices. If unable to find a suitable program, consider partnering with clinical educator leads from the Grand River Hospital surgical program to develop an in-house certification program for cesarian section training.

The team has identified that the implementation of a maternal early warning system would benefit the team to identify and respond to client needs. The maternal early warning system has been advocated with the aim to reduce maternal morbidity and mortality, and improve clinical outcomes. The maternal early warning system tracks physiological parameters and evolving morbidity, and once the predetermined threshold has been reached, it triggers evaluation by a healthcare professional. A pediatric early warning system is already in use on the pediatric unit with proven results, and it is felt that this can be built or supported in the current Cerner platform.

Children's Program

Client safety is a top priority in the children’s program. The pediatric program uses the Humpty Dumpty Falls Scale to screen pediatric clients for fall risk. Humpty Dumpty signage and purple wrist bands are part of the fall prevention strategies used. Audits are carried out by the leadership team and evaluated through the SafetyNet reports of clients that have fallen through post-fall follow-up. Documentation in Cerner prompts staff to complete post-fall assessments. Parents are also asked to sign an age-based safety pledge upon admission to help clarify expectations. A caregiver is asked to be present to support child care throughout their entire stay.

Full integration of Cerner specific to pediatrics has enabled increased safety with the use of standardized care sets, clinical alert notifications, and ability to scan all medications and breast milk containers. Documentation also includes pediatric early warning system, that documents clinical manifestations that identify deterioration in pediatric clients to enable the early recognition and mitigation of deterioration in hospitalized pediatric clients. The tool is started in the emergency department, so that the team is all assessing and understanding pediatric presentations based on set criteria, to produce a score that prompts staff to escalate care as needed.

Documentation also includes pediatric early warning system, that documents clinical manifestations that identify deterioration in pediatric clients to enable the early recognition and mitigation of deterioration in hospitalized pediatric clients. The tool is started in the emergency department, so that the team is all assessing and understanding pediatric presentations based on set criteria, to produce a score that prompts staff to escalate care as needed.

Throughout both the inpatient and outpatient pediatric unit, there is a focus on wrap-around care using a multidisciplinary team approach to meet client needs and where applicable, ensure that appropriate and timely follow-up is coordinated. The team is passionate about the care they deliver, and were able to easily articulate many advances in care delivery and process improvement within the program. An important part of care delivery is education and follow-up using the clients' preferred modality (in person, email, by phone, or virtual) to ensure that the client needs are met.

Priority Process: Decision Support

The Better Outcomes Registry and Network database is a web interface that provides clinical dashboards that display outcomes for key performance indicators from the maternal and newborn care settings. Grand River Hospital is able to use this data to facilitate and improve care for mothers and babies by linking information and providers to address care gaps. The key performance indicators identified in the Better Outcomes Registry and Network contribute to monitoring and evaluating quality care, and ensuring maternal and newborn care in Ontario is safe, effective, timely, efficient, equitable, and people-centred. Information is shared with the teams for review to initiate performance improvement.

With the recent Cerner implementation, it is recommended to set up a schedule to regularly audit and review documentation, to ensure accuracy and completeness of charts. Information should be shared with the individual practitioners for improvement, and inclusion of all appropriate documentation as outlined in the documentation policy.

Children's Program

The pediatric program support learners as a clinical teaching unit. Pediatric and family practice residents round with an on-call pediatrician model every day, involving the client and family in the process. The team can also be joined by a pharmacist or dietitian, when they are involved in the care plan. Clients and family are encouraged to be involved in the rounds, to ask questions and participate in making decisions about care.

The recent roll-out of a new business intelligence and reporting tool aids the team in making data-informed decisions for their team. Scorecards are generated and shared with staff that measure and monitor high-risk metrics that impact the quality of client care and satisfaction within the program. The team shares the metrics at huddles to link improvement processes with the data collected. Comments cards for clients also provide necessary feedback prior to discharge, to help the departments understand client needs.

Priority Process: Impact on Outcomes

Recently, clinical guidelines were developed to support safe client care that is evidence based for clients and their families in the childbirth setting. These guidelines help to guide practice by setting expectations of care for assessments and delivery of care that needs to be followed for each newborn, as well as setting the standard of care in labour and birth. Clients are encouraged to communicating their birth plans with the team. The team will likewise endeavor to respect the planning within the confines of safety and best practice. The team was able to give specific examples of successful care plans developed for complex clients.

Client safety incidents are reported according to the organization's policy in the Safety Reporting System. There is a perinatal Quality of Care Information Protection Act committee that reviews cases put forward from critical events, to clarify the facts and understand care opportunities to improve outcomes. The team is multidisciplinary, and results for process improvements are shared following reviews in order to drive improved outcomes with patient care. An opportunity for improvement would be to involve a client partner to sit on the perinatal Quality of Care Information Protection Act committee, to provide the client perspective, or to invite the client or family from the specific event to participate in the review.

The pandemic has created many challenges for healthcare facilities. It is necessary to review and update policies and guidelines for visitation based on current practices and community prevalence of COVID-19 infection. Multiple clients shared their concern with the current visitation policy. Partners felt excluded from initial care in the triage setting due to current protocols. New mothers expressed their anxiety with not being able to have their partners present during this emotional time. It was expressed that regional partners have more flexible partner presence guidelines. If the current guidelines are relevant for the care delivery at Grand River Hospital, then it is encouraged that staff share the "why" behind the current guidelines with clients for better understanding.

Children's Program

Pediatric inpatient and outpatient units have quality boards where quality indicators are shared. Measurements include both organizational and program specific that help drive improved outcomes and identify potential areas of opportunity. Measurements include hand-hygiene rates, falls, readmission rates, client experience comments and outcomes, venous thromboembolism prophylaxis, medication scanning compliance, and best possible medication history completion rates.

Formal monthly Quality of Care Information Protection Act committee meetings are held. The multidisciplinary team reviews charts based on set criteria, or at a clinician's request, to evaluate quality of care with a focus on opportunities to improve outcomes. A quality council was also recently developed in April, 2021, comprised of staff, administration, and ad hoc client partners. This venue allows discussion of scorecard metrics, client engagement and feedback, policy review, and other unit-level discussions. An opportunity for improvement would be to add client partners as acting members of both Quality of Care Information Protection Act meetings and the quality council, as client engagement can inform client and provider education and policies, as well as enhance service delivery and governance to improve best health outcomes.

Standards Set: Organ and Tissue Donation Standards for Deceased Donors - Direct Service Provision

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Issues of organ and tissue donation are handled through the Trillium Gift of Life Network. Their coordinator is active in the intensive care unit, and has an on-site office.

Priority Process: Competency

Issues of organ and tissue donation are handled through the Trillium Gift of Life Network. Their coordinator is active in the intensive care unit, and has an office on-site.

Priority Process: Episode of Care

Issues of organ and tissue donation are handled through the Trillium Gift of Life Network. Their coordinator is active in the intensive care unit, and has an office on-site.

Priority Process: Decision Support

Issues of organ and tissue donation are handled through the Trillium Gift of Life Network. Their coordinator is active in the intensive care unit, and has an office on-site.

Priority Process: Impact on Outcomes

The Trillium Gift of Life Network coordinator recognizes the need for ongoing education of the critical care clinical team. The goal to achieve this would be greater visibility in the intensive care unit.

Priority Process: Organ and Tissue Donation

Staff are trained in support of organ and tissue donation, using protocols developed and supported by a Trillium Gift of Life Network coordinator. The coordinator has an office in the intensive care unit. The coordinator is fully supported by the team from the Trillium Gift of Life Network. Standard operating procedures are developed by the Trillium Gift of Life Network, and followed by the coordinator and by the clinical staff.

Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
25.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
25.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
25.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
25.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Priority Process: Medication Management		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)
Priority Process: Clinical Leadership

The surgery program is well supported by invested leaders, and a comprehensive interprofessional team. It provides a range of surgical services in increasing numbers to adults and children.

A number of forums exist to ensure that the perspectives of team members contribute to service planning and performance oversight. These include meetings of the program medical and operational directors with managers, a preoperative meeting of the program leaders with service chiefs to ensure physician engagement, daily huddles in the operating room, and staff meetings, among others. The program leaders present regularly to the program clinical leaders committee, with details of a high-level program overview, internal and external collaborative activities, quality and client safety successes and challenges, quality improvement indicators, targets, performance with trends, and asking, “what keeps you up at night.” These presentations enable exchange of ideas between programs. As yet, engagement of clients and families in operational structures is limited.

There is an obvious enthusiasm for supporting the corporate strategy and aligning program initiatives to that end. The leadership is in the early stage of using Tableau, a business intelligence tool, to create reports that will be able to be used at the program, unit, and clinic levels to inform and engage staff more consistently and directly with performance improvement.

Staff cope remarkably well with space constraints in perioperative areas such as the presurgical area, post-anesthesia recovery unit, and inpatient units. The limited footprint in these areas result in challenges with surface and area cleaning, isolation practices, storage, clutter in small client areas such as the preoperative bays and four bed rooms, and create an optic of a suboptimal work environment and client care area. Two of the areas are further compromised by plastic boarding installed to support a pandemic response. While redevelopment is a future solution, in the interim, there can be value in objectively reviewing the areas and inviting staff and clients to identify options to optimize space and improve appearance.

Priority Process: Competency

Staff describe a collaborative, healthy, and supportive work environment, attributable in part to leadership presence and their support of improvement processes and response to staff concerns.

They described a range of ways that professional and career development is supported. Orientation is comprehensive, and geared to the complexity of the area and nature of required skills and competencies. Although the pandemic limited some approaches to ongoing education, such as conferences, it did result in the introduction of novel approaches to gaining or maintaining skills with simulated learning, with laboratory and high-fidelity simulation. It also resulted in staff being seconded to different roles that expand skills, and support career and succession planning.

The team also supports clinical placement and rotation of learners from professional and unregulated programs. This requires the team to be effective models and educators, and also enables them to contribute to the recruitment of skilled staff.

The pandemic has resulted in staffing challenges, with some staff scaling back or ramping up activity, and some being affected by COVID-19-related fatigue. In addition to the work of aligning human resources and operational planning, a variety of approaches have been taken at the corporate, program, and unit levels to support and retain staff. These include the Calm app, Wanna Chat, Everyday Hero, Star Board, Facebook groups for yoga, and leadership rounds and presence.

Priority Process: Episode of Care

Client care within the surgery program is planned and delivered in a thoughtful and integrated fashion with attention given to ensuring smooth and effective transitions across all phases and areas from pre-admission to discharge. Clients describe feeling that they are active partners in the planning of their care, and detail the steps taken to ensure their understanding about procedures and after care.

This care planning is enabled by the comprehensive make-up of the team, which includes as necessary surgeons, anesthesiologists, hospitalists, nurses including clinical nurse specialists, registered nurses, registered practical nurses, navigators, clinical assistants (unregulated patient care staff), technicians, allied health professionals, and community-based care team members, among others.

Attention is given to improvement initiatives that influence not only the client experience, but hospital performance measures such as client flow, surgical volumes, and length of stay. The same-day hip and knee initiative, which entails same-day discharge of a day surgery orthopedic client with follow-up calls by a nurse specialist and access to use a SeamlessMD app if concerns arise, has resulted in reduced length of stay, avoidance of visits to the emergency department or clinic, and improved client satisfaction. Introduction of a model whereby clients getting a knee replacement get an anesthetic block established in a room adjacent to the operating room rather than in the operating room, has resulted in optimization of operating room time and increased surgical volumes. Planning for the translation of these models to other procedures is underway.

Priority Process: Decision Support

Tableau, a business intelligence tool, is in the early stage of implementation with directors at the program level, and is to be introduced to managers at the unit or service level. It enables leaders to mine data with the goal of generating program or unit-based performance report cards on activity or quality metrics, and supports planning, decision-making, and quality improvement.

A methodical, criteria-based approach is taken when there is a need to scale down or resume surgical activity, for pandemic or staffing-related reasons.

Cerner has enabled a move from a paper-based or hybrid documentation to electronic documentation, and supports standardization of assessments, order sets, and documentation specific to each clinical area. It also enables safety processes such as medication reconciliation.

Transfer of accountability tools are used at every transition point to support communication of standardized assessments, as well as client-specific details. Written documentation is complemented by phone or in-person at hand over as well.

Technology is increasingly supporting on-going education with online learning, virtual reality education, and high-fidelity simulation.

Priority Process: Impact on Outcomes

Throughout the entire client journey, it is evident that the staff place importance on ensuring safe delivery of care. There is enthusiasm for supporting initiatives that improve client flow, client safety, and client experience. Clients expressed appreciation for how they are involved in understanding how their hospitalization will unfold, and being part of decision-making. One client described the experience as “5 Star.”

The work environments were observed to be ones where staff work together in an open, collegial, and respectful fashion.

Leadership is encouraged in its intent to increase the transparency of quality and performance metrics that are both relevant to staff and clients at a unit or program level, and are also linked to the corporate strategy. This should lead to more consistent and direct engagement of all in generating opportunities for improvement.

To date, client engagement is largely done by the team taking input from satisfactions surveys, client relations feedback, and incident discussions, and using those to design changes. Examples were offered where clients have been involved in reviewing materials designed by the team, such as the update of the surgery patient booklet, and providing further input to improve the ultimate product. The organization is encouraged in its declared intention to engage clients and families more at the outset of improvement initiatives, and as members of program-level committees and councils.

Priority Process: Medication Management

There is evidence of a focus on safety and security in all aspects of medication management in the perioperative setting. Omnicell units and anesthesia lock-boxes contribute to safe storage, removal, disposal, and accounting of medications. Pharmacy staff are an integral part of the surgery program team.

Standards Set: Point-of-Care Testing - Direct Service Provision

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

The organization has met all criteria for this priority process.

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

The laboratory maintains a process for controlling acquisition, implementation, and continued use of all point-of-care devices or procedures in use within the organization.

Point-of-care testing is conducted hospital-wide for glucose monitoring, and Hemoglobin A1c in the diabetes patient education program. It was noted that the pediatric outpatient clinic was able to provide curb-side testing to diabetic pediatric patients during the COVID-19 pandemic, to decease the need for people to enter the building. There are plans to expand point-of-care testing in the operating room and intensive care unit, to provide timely access to testing and results. This demonstrates evidence of the team listening to their customers, and implementing process improvements to improve client outcomes.

The responsibility for management of the process for point-of-care testing is overseen by the senior medical leadership team. Frontline staff have standard operating procedures and training available on their learning platform, and there is a requirement to certify and re-certify annually. Staff must demonstrate competence as part of their recertification process, and this is documented and monitored. Compliance issues are tracked and managed at the unit level by educators that provide hands-on training to staff when needed.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
15.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The rehabilitation services Episode of Care included the inpatient rehabilitation unit, which supports stroke and general rehabilitation; complex continuing care including behavioural analysis, geriatric assessment, and complex medical, and a range of ambulatory rehabilitation clinics that support inpatients and community-based clients. As well, the transition care unit, created in response to the pandemic and in support of the community, was included.

During the pandemic, there was a move away from a regional centralized intake to the rehabilitation services with local health integration network community care access, to a direct referral process from only the acute sites of Grand River Hospital and St Mary's General Hospital. At the time, this was done to only the acute sites of Grand River Hospital and St Mary's General Hospital. At the time, this was done to minimize movement between geographical areas. There is plan underway to revert back to the centralized model, and teams are working together to determine what improvements can be made to enhance client flow and access.

Service planning and delivery is enabled by a comprehensive interprofessional team that includes disciplines such as medicine, nursing, physiotherapy, occupational therapy, social work, clinical nutrition, pharmacy, respiratory therapy, recreational therapy, speech therapy, and spiritual care. As needed, other programs or specialists may be engaged to support clients with co-morbidities or special care needs, such as dialysis, wound care, or a vascular nurse. There is a value on partnering with program counterparts to enable client flow, and other centres in primarily London and Hamilton to repatriate clients, and with the community to enable secure sustained discharges to the community. Clearly the goal is to engage any and all supports to achieve the plan of care for all clients, and particularly those who are more vulnerable or with a higher need for assisted living.

The leaders of the units and program participate in a range of forums, whereby they align activities to the strategic plan, share information about goals and performance, and support sharing of leading practices and successes. The commitment to quality and making improvement is palpable.

Priority Process: Competency

Staff are supported in gaining knowledge and sustaining skills in a number of ways. Due to the pandemic, the orientation is primarily online learning, with in-hospital components as needed. There is a period of support with mentorship to familiarize to setting and unique practices. There is specialized education available to develop such skills as for communicating with client who are aphasic, and the gentle persuasion approach to de-escalate aggressive behaviours.

As needed, staff have routine access to experts such as wound therapists, vascular access specialists, and palliative care specialists, who contribute to quality of care through involvement with clients on an as needed basis, as well as providing staff education that increases the overall capacity within the program to sustain care at a high level.

Staffing issues present a challenge. It is not uncommon to recruit and train new staff who then depart for other areas of Grand River Hospital, and the pandemic has compounded this challenge. Managers are content in their role to support the development of nurses from a first job to working in acute care within the hospital.

A novel approach is being taken to address staffing challenges in regards to recruiting and retaining staff, which is being designed and will be evaluated with broad stakeholder engagement. This approach is the trail of a clinical assistant role, which is an unregulated personal care and support provider role.

The teams have been responsive to client care and quality issues, that carry risk of greater prevalence with the client populations. They have been very proactive with making improvements to fall prevention, skin integrity, and code white protocols, and then evaluating the impact of change.

Attention has been given to ensuring effective transfer of accountability on a shift-to-shift basis, between units, between hospitals, and to the community. Cerner has enabled elements of these improvements.

Teams function in a collaborative, professional, and open way, as evidenced at interprofessional rounds and observation in a variety of settings. Physicians are very engaged to actively participate in or lead the rounds. Staff described feeling supported and valued in the work environment.

Priority Process: Episode of Care

Pride is clearly evident throughout the inpatient units and ambulatory clinics at the Freeport campus of Grand River Hospital. The staff are committed to working with clients to optimize well-being and meet their goals. Clear criteria inform who should be admitted to the beds or clinics, and what the markers are for duration of stay or intervention.

The clients are very connected to the team members, and describe feeling like they work as a team. Family conferences are held regularly, either in person or virtually. Care planning occurs at the bedside with the clients, and is also enabled by regular interprofessional care rounds in each area. Discharge goals are also made transparent on the white board in each client room, and are referenced by the client. The "All About Me" posters provide details that have been shared by the clients and families with the staff, and tell a bit more about the person who is the client. This supports communication, relationship building, and safety.

Clients and families have access to a range of education materials, including welcome packages, and topic-specific brochures such as those for falls prevention.

Laboratory services are available Monday through Saturday during most business hours. Diagnostic imaging is available two days per week, and ultrasound is available daily during business hours at the bedside.

The programs are actively recruiting client and family advisors to become engaged in understanding the services and programs, and becoming partners in co-design of improvements such as updating the brochures, and other quality initiatives.

Priority Process: Decision Support

Staff comment positively about how Cerner has enabled standardized charting and predictable capture of assessments, interventions, and plans. It also enables completion of high-priority or risk assessments, which on the inpatient units are completed with greater frequency, such as falls-risk assessment, and skin integrity assessment. Special screens have been established on Cerner for the rehabilitation population that are served in the complex continuing care program.

Portable computers, which are taken to the client rooms, enables engagement of clients in assessment and planning, and supports safety with integrity of processes such as medication administration.

Technology supports direct client care by way of virtual clinic visits and client education such as in the area of orthopedic rehabilitation.

Privacy training is done annually for all staff, is also part of the onboarding process.

Use of Tableau as a decision support tool is evolving, and will soon allow for a more unit-, program-, and population-specific dashboard to support oversight of metrics and management of performance of individuals, units, and clinics.

Priority Process: Impact on Outcomes

Staff gain immense professional satisfaction in contributing to and observing the overall improvement in each inpatient's and ambulatory client's functional status.

The rehabilitation service teams rose to the challenges presented by the COVID-19 pandemic. Through innovation and dedication, the transitional care unit was rapidly opened, and continues to play an essential role in alleviating the demand for beds in three acute care hospitals in the area. Out of the 90 beds created, 60 remain open and actively take alternate level of care clients pending final placement.

Use of virtual technology to support ambulatory visits for ongoing assessment, client education, and therapy supported many clients receiving and continuing care that they would otherwise have missed, and for many clients enabled the transition of care to the home setting more safely and effectively. Through evaluation, it is been proven to be satisfying for clients, and an efficient use of resources for the hospital. It is anticipated that the use of technology for this purpose will continue, and ideally expand.

The leaders are vocal quality and safety champions, and there has been long-standing use of quality boards and huddles in the rehabilitation program. The team pursues many quality improvement initiatives, and use input gathered from surveys and incidental feedback from clients and families. There are plans underway to recruit and engage clients in more formal advisor or partner roles, with quality and performance oversight.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Transfusion Services	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

Universal falls prevention is a required practice at the organization. Universal fall prevention strategies are employed across the organization, with the floors clear of clutter, cords neatly coiled, bed brakes applied, and adequate lighting. Clients at risk for falls are identified, and flagged using purple arm bands.

Priority Process: Transfusion Services

The laboratory is currently accredited by Accreditation Canada, and therefore a limited number of standards were evaluated during the on-site survey. Their last survey had four minor criteria that were identified as needing attention, and they have already been addressed by the team. Transfusion medicine services support the conservation of blood products following recommendations from the Society for the Advancement of Patient Blood Management, following the Choosing Wisely national guidelines.

The physician order entry system defaults to one unit when multiple units of blood products is ordered, and recommendations are imbedded in power plans to help guide evidence-based practice. The team identified that a medical lead specialist for transfusion services would help engage physicians to further drive delivery of best practices across the region.

Transfusion Services has standard operating procedures that guide practice.

There is a transfusion committee that meets quarterly, that supports transfusion practices and activities within the organization. They review audits and adverse events, as well as review policies and procedures.

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

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

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

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge