



## Campbellford Memorial Hospital

### Accredited

December, 2017 to 2021

**Campbellford Memorial Hospital** has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until December 2021 provided program requirements continue to be met.

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

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

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

### **Campbellford Memorial Hospital (2017)**

Campbellford Memorial Hospital (CMH) is a 34-bed health care facility located in Trent Hills. It serves approximately 30,000 Northumberland, Peterborough and Hastings County residents, as well as a large seasonal population of cottagers and tourists enjoying the beautiful Kawartha Lakes Region and the Trent River System.

As the only hospital located between Belleville and Peterborough, Ontario, CMH provides a comprehensive array of acute care services. The Hospital's 24-hour Emergency Department has approximately 20,000 visits each year. To ensure comprehensive, coordinated, patient and family-centred care that meets local needs, the Campbellford Memorial Hospital's community health care campus

### **Accreditation Canada**

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

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

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

Find out more about what we do at [www.accreditation.ca](http://www.accreditation.ca).

## Demonstrating a commitment to quality and safety

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

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

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

### On-site survey dates

December 4, 2017 to December 7, 2017

### Locations surveyed

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

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

### Standards used in the assessment

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

## Summary of surveyor team observations

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

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

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

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

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Campbellford Memorial Hospital (CMH) is a 34-bed health care facility in Trent Hills, Ontario. It serves approximately 30,000 Northumberland, Peterborough, and Hastings County residents, as well as a large seasonal population of cottagers and tourists who visit the Kawartha Lakes region and the Trent River system. CMH provides a comprehensive array of acute care services. The hospital's 24-hour emergency department (ED) has approximately 20,000 visits each year.

The organization is guided by a vision, mission, and values. Its mission is, "Campbellford Memorial Hospital is dedicated to relief of illness, pain and suffering, and to promotion of health for the communities we serve." Its vision is "to be a recognized leader in rural health care, creating a healthy community through service excellence, effective partnerships and the development of innovative hospital services." Its core values are compassion, learning and innovation, excellence, accountability, and respect.

The organization is in transition, having seen a significant change in senior staff members over the past year. As such, the president and CEO role is being filled on an interim basis. Additionally, many senior leadership roles are being supported through an interim agreement with a neighbouring hospital, Northumberland Hills Hospital. The role of chief financial officer has only recently been filled by an individual with an accounting designation.

Overall, staff at the hospital appear to be compassionate, professional, and committed to providing patient-focused care. All levels of staff appear to be engaged in and proud of their program and/or unit.

For a community hospital, the organization has succeeded in maintaining a wide range of services. There are plans to grow many of the programs. Many of the services are supported by one person or a small group of dedicated staff. As with other small hospitals, there is risk with such situations.

There is open and transparent communication with community partners and this facilitates the care provided to the patients. There has been considerable change in care delivery. The hospital no longer

relies on local family physicians to staff the ED and the hospital. A hospitalist model is in place for inpatients and there is heavy reliance on Health Force Ontario in the ED to maintain viability. The sustainability of medical coverage will need to be considered for both inpatient services and the emergency department. Recruiting staff for medical and leadership positions is a significant risk to the organization.

Significant capital investment is required to upgrade the building and facility to ensure business continuity. The organization reports that it is looking to update the master plan. The potential for growth is challenging due to the limited space on the adjacent property. The strategic plan ends in 2017. Refreshing the strategic plan has been delayed while integration and partnership opportunities with Northumberland Hills Hospital are investigated.

Enterprise risk management has been adopted by the board and is in the very early stages of development and implementation. There is a need for a more consistent application of processes across the organization. There is no formal systematic process throughout the organization to review data and information regularly.

The organization is very paper based. It is suggested that document management and policies and procedures be reviewed, as many documents have not been reviewed in several years. Information on the website is dated. The organization is encouraged to pursue efficiencies and plan for the transition to an electronic health record. Moving to a fully electronic health record will improve efficiencies and reduce the risks associated with a hybrid chart.

Staff do not appear to be aware of goals, objectives, and measurable outcomes in relation to the strategic plan for their respective areas. No evidence of an operational plan was provided. Operational plans detail how the organization will accomplish the goals and objectives to support the strategic priorities. This includes the actions to be undertaken in line with the strategic plan objectives, who is responsible for carrying out the actions, and expected outcomes and indicators. The organization does not appear to have a formal change management plan. This would help to align plans with the philosophy of the organization, monitor key performance indicators, and cultivate a quality and safety culture.

The organization identified concerns regarding retention of nurses and allied health staff. The ability to attract and retain health professionals is a challenge. Further review of workload measures and staffing patterns to maximize existing staff is encouraged.

Discussions with community partners and agencies indicate a collaborative and respectful working relationship at all levels of the organization. The hospital is well regarded among community partners and has a very positive reputation for meeting patient and community needs.

Patients report being very satisfied with the care they receive. Interviews with patients and/or family members highlight their gratitude and appreciation for the respect and compassion shown by all involved in service and care provision.









The organization is well supported by a committed board, engaged staff, and compassionate medical staff. The staff communicate and model the values throughout the hospital. There is a sense of community and collaboration. Patients feel well cared for by the staff and appreciate the compassion they are shown.

## Overview: Quality dimensions results

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

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

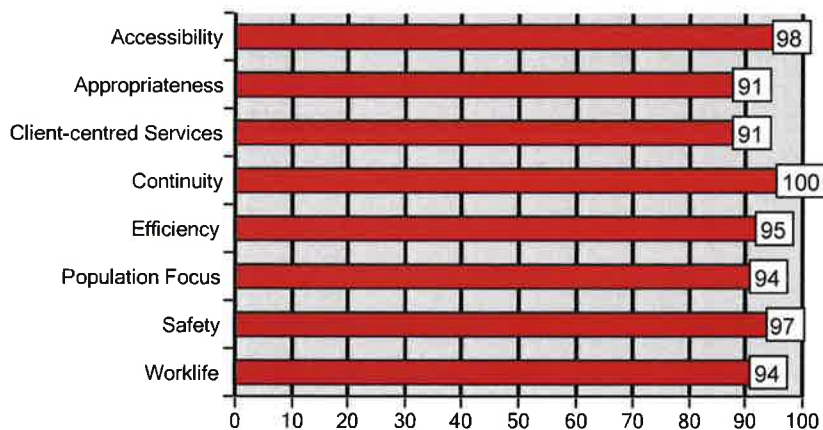
The quality dimensions are:

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

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

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

**Quality Dimensions: Percentage of criteria met**



## Overview: Standards results

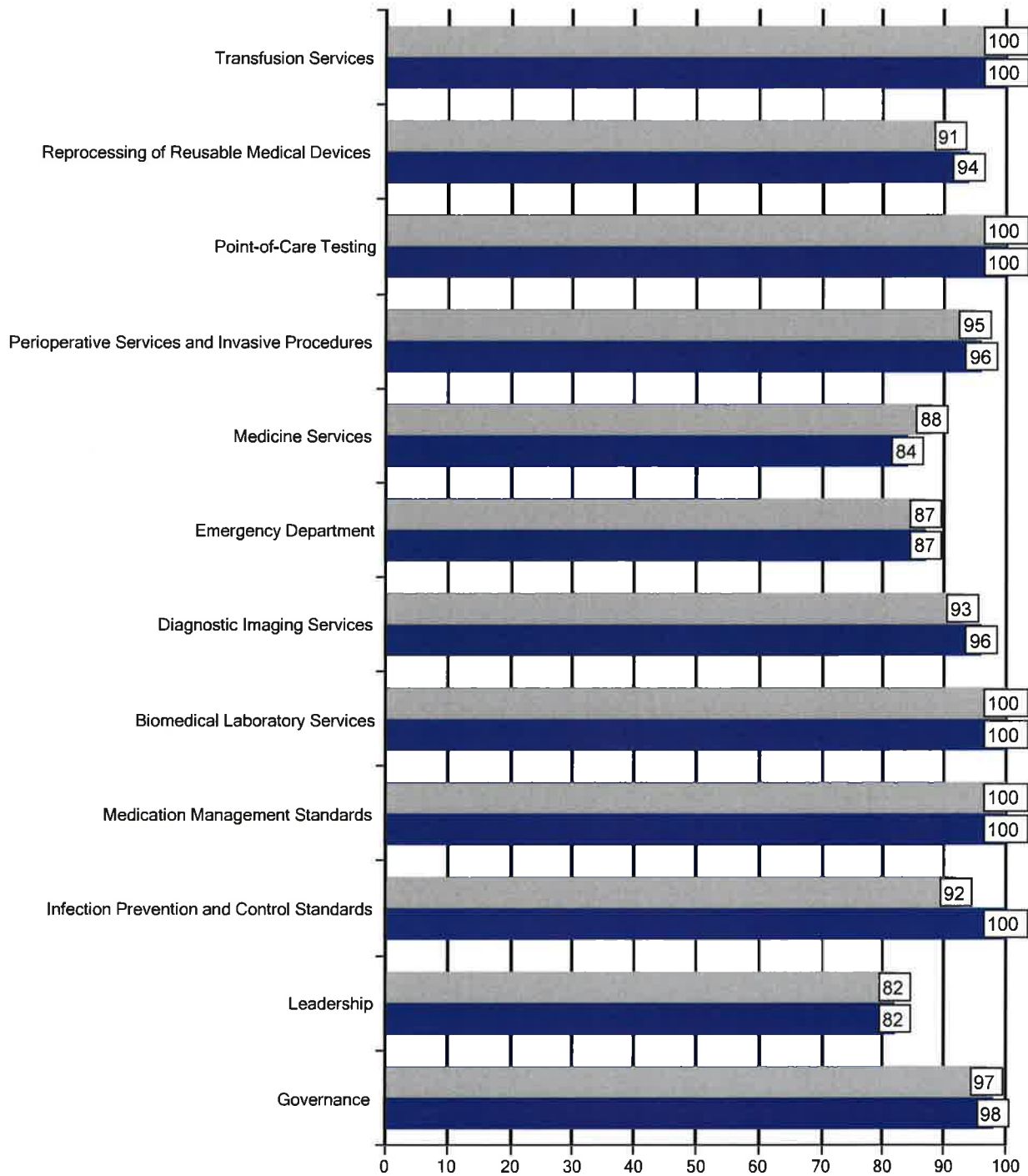
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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

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

**Standards: Percentage of criteria met**

■ High priority criteria met ■ Total criteria met





## Overview: Required Organizational Practices results

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

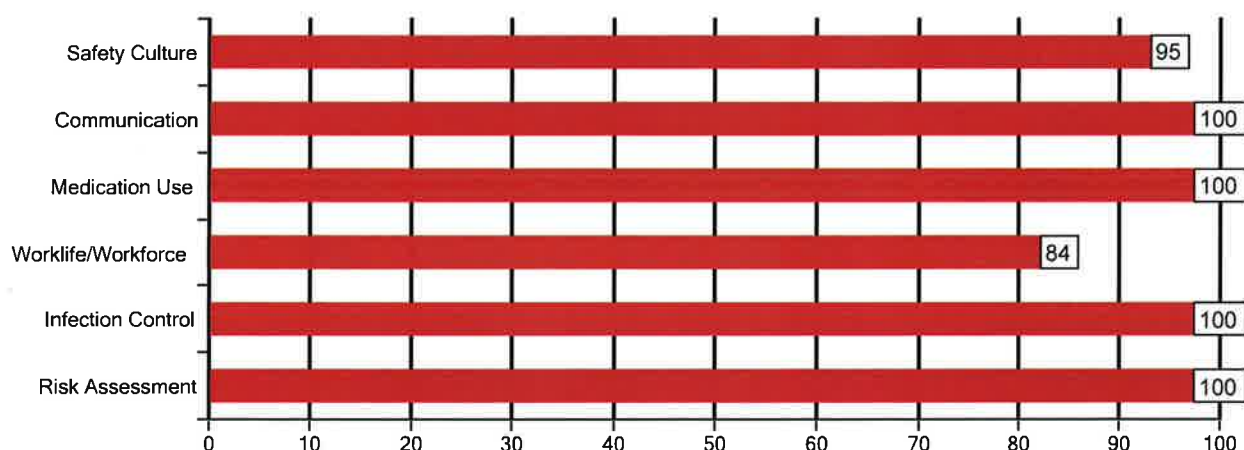
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

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

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

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

**ROP Goal Areas: Percentage of tests for compliance met**



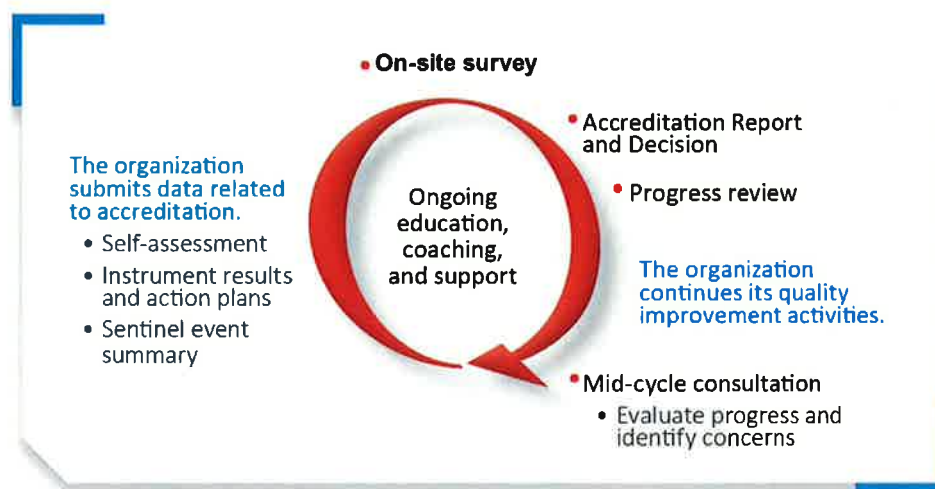
## The quality improvement journey

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

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

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

### Qmentum: A four-year cycle of quality improvement



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

## Appendix A: Locations surveyed

- 1 Campbellford Memorial Hospital

## Appendix B

### Required Organizational Practices

#### Safety Culture

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

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

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

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

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

- Falls Prevention Strategy

## Required Organizational Practices

- Pressure Ulcer Prevention
  - Suicide Prevention
  - Venous Thromboembolism Prophylaxis
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