



Grey Bruce Health Services

Accredited with Exemplary Standing

Grey Bruce Health Services has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement.

Grey Bruce Health Services 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 **Grey Bruce Health Services** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Grey Bruce Health Services (2023)

Grey Bruce Health Services is a family of six community hospitals serving the residents of Northern Grey and Bruce counties.

The largest of our sites, the Owen Sound hospital offers a full range specialty services including complex surgeries, total joint replacements, cancer surgeries, MRI and CT scans, and many more.

Our rural hospitals in Lion's Head, Markdale, Meaford, Southampton and Wiarton offer a wide range of primary and ambulatory care services and 24/7 emergency departments.

Our Mission is to build healthy communities one patient at a time by being a leading regional network providing exceptional healthcare for our patients.

Accreditation Canada

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

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

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

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

Demonstrating a commitment to quality and safety

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

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

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

On-site survey dates

April 23, 2023 to April 28, 2023

Locations surveyed

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

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

Standards used in the assessment

- 16 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.

Grey Bruce Health Services (GBHS) serves the needs of over 165,000 residents in the Grey Bruce region of Ontario, in addition to thousands of seasonal residents and over two million short-stay visitors. A large percentage of the population served is over the age of 65 and 50% live in a rural setting. GBHS operates six hospitals and a regional withdrawal management and addictions services centre. The largest of the hospitals is in Owen Sound and serves as a regional centre providing a full range of specialty services, including complex surgeries, total joint replacements, cancer surgeries, MRI and CT diagnostic services. The other five hospitals are in smaller rural areas which include Lion's Head, Markdale, Meaford, Southampton and Wiarton. The rural hospitals offer a wide range of primary and ambulatory care services, and all have 24/7 emergency departments, lab and x-ray.

Given the number of different sites and the geography across which services are provided, a key focus of GBHS is to ensure that the right care is provided at the right site and much work has been done to coordinate services across the sites.

Grey Bruce is home to two First Nations communities- Saugeen First Nation and Chippewas of Nawash Unceded First Nation. GBHS is committed to providing health equity to all members of their communities and works with Indigenous neighbours and community partners to ensure culturally appropriate services and structures are in place.

The Board of Directors (board) consists of twelve elected and five ex-officio members. The roles, responsibilities and functioning of the board are well articulated in the by-laws which are reviewed regularly, and board policies which are reviewed on an annual basis. The board is highly committed to their governance role. Members are knowledgeable and very engaged in ensuring the delivery of safe, high quality patient care. The board was involved at a strategy and oversight level in the recent work to develop the 2023 -2025 Strategic Plan. Members interviewed indicated their excitement with the opportunities for growth and service expansion to be explored as part of the new Strategic Plan.

Grey Bruce Health Services leadership is integrated across all sites as one leadership team. Directors have responsibility for the various organization-wide programs and the five smaller sites also have a

dedicated site manager. The leadership team works to ensure that they are visible at all sites and regular virtual town hall meetings are held by the President & CEO. The team is commended for the tremendous work done throughout the pandemic to support their communities, as well as the staff/physicians.

Much work has been done on clinical service planning with a goal of growing the overall programs provided by GBHS as well as identifying clinical services that can be a focus at each of the smaller hospital sites such as cataract surgery, ambulatory surgery and endoscopy. Following the clinical service planning, GBHS completed a Strategic Plan for 2023-2025. This plan has four key pillars; the delivery of excellent patient-centred care, recognition that the organization is a great place to work, turning ideas into solutions through innovation and system leadership, and building intentional partnerships to be a trusted partner within the regional network.

Goals and objectives aimed at meeting the overall strategic directions have been developed and accountability for the implementation of these has been assigned to members of the leadership team. Although the senior leadership team has developed detailed action plans which align with the strategic directions, this process has not yet cascaded down to the unit or program level. GBHS is encouraged to have programs and units also develop goals and objectives in keeping with the strategic plan to ensure alignment of actions across the whole organization.

Grey Bruce Health Services has a number of strong partnerships with various local and regional service providers. Hospital partners who share the same information system as GBHS spoke highly of the leadership that the organization has demonstrated throughout this partnership. Other partners including the local police services, emergency management services (EMS), and family services agencies raised their appreciation for the support and responsiveness that GBHS has shown in ensuring that the communities' needs are being met as best possible. GBHS is viewed by partners as being very supportive, collaborative, innovative, open and a true partner.

GBHS has developed a six-point strategy to support staff and physician engagement. These six include recruitment and retention, education, health and wellness, reward and recognition, communication and a focus on inclusion, equity, diversity, and accessibility. As with most hospitals across the country, Grey Bruce Health Services has experienced a significant challenge related to health human resource (HHR) recruitment and retention. This said, GBHS has been quite successful in their dedicated strategies and hired approximately 300 staff over the past three years of the pandemic. A particular focus for GBHS has been to grow your own and numerous partnerships have been developed with colleges and universities to provide student experiences and potential recruitment. As well, the organization has invested in education of their existing staff with significant resource allocation being made to this work.

A wellness program is available to all staff and physicians offering Wellfit classes, mindfulness training and boot camps. Reward and recognition of staff is provided through formal recognition events as well as more informal methods including the treat trolley, which is taken out regularly, often by the senior leadership team.

Staff in general seem to be energized and interested in the potential future that is being presented as

the strategic plan is implemented. Physicians in the rural sites comment on the collegial relationships across the sites and there is strong teamwork evident across the hospital sites. The organization is commended for implementing “your voice” to provide a forum for staff and physicians to exchange ideas and develop initiatives focused on building community and an enhanced workplace experience. GBHS has also recognized the importance changes to support inclusion, diversity, equity and accessibility (IDEA) can have, and one of the initiatives completed is the introduction of gender inclusive washrooms.

Grey Bruce Health Services has a long-standing commitment to quality improvement and patient safety. Accountability for quality and safety is embedded at all levels of GBHS. Each program has a quality and safety council which reports to the hospital wide corporate quality committee. Scorecards which include quality indicators as well as performance metrics are kept up to date by each program and this information is presented to the corporate quality committee twice per year. Staff and physicians across GBHS are knowledgeable about several key quality improvement tools including Lean and six sigma. However, it is unclear as to the degree of understanding on what true quality initiatives are and how to implement and monitor such initiatives. GBHS is encouraged to provide education surrounding quality initiatives and determine if there is an interest from frontline staff/physicians to become quality champions and support the ongoing learning of their peers within the department. GBHS is also encouraged to standardize the look and use of the huddle boards across the organization.

Grey Bruce Health Services continues to experience challenges with time to inpatient bed for admitted patients increasing at the Owen Sound site. The organization is very focused on patient flow and has implemented several flow strategies including the upcoming establishment of a dedicated ALC unit. The Corporate Gridlock and Overcapacity Protocol is well established and used. However, physician leaders are only engaged in bed flow discussions when there are not enough discharges to enable admitted patients to flow from the emergency department. GBHS would benefit from ensuring the physician leaders are proactively engaged in patient flow strategies and the established protocol in advance of daily bed challenges. GBHS is commended for creating an electronic bed board that shows capacity at all their sites as well as the surrounding hospitals.

The organization has excelled in several areas of clinical services including mental health and stroke care. Given the need for mental health services, and in particular paediatric mental health services, GBHS has invested heavily in providing the needed services. A new Wellness & Treatment Centre is currently being built that will provide 45 inpatient beds, as well as outpatient services. Two paediatric mental health beds are in operation and GBHS has also partnered with a local police detachment to provide a mobile crisis response team in the community.

GBHS has recently received full stroke accreditation and is a vital part of the regional stroke program providing emergency care as well as rehabilitation.

Clients spoken to are pleased with their care and expressed their appreciation for the ability to receive extensive care close to home. Staff have a respectful relationship with patients and patients are actively engaged in their care. Grey Bruce Health Services has included patient advisors in the planning and design of new services and just prior to the pandemic, created a Patient and Family

Advisory committee which provided input on various projects and policies occurring across the organization. GBHS is currently planning to continue the corporate wide committee and looking to embed patient advisors into all the various programs. GBHS is encouraged to ensure that patient advisors are included in the planning of structures and processes such as the setting of program goals and objectives, commenting on staff education, roles and responsibilities, and being engaged in the interview process for new staff. Patient advisors interviewed during the survey indicated they felt listened to and heard. They were able to identify changes that had occurred based on their input.









GBHS is commended for the work that has been, and continues to be done, with the Indigenous groups in the area. The pilot of “talking circles” provided an excellent forum in which to learn and identify ways to potentially increase the comfort of Indigenous patients receiving care at the organization. The Indigenous health planning committee meets bi-monthly and has identified four key areas of work education, policies and practices, client experience and accountability.

Overview: Quality dimensions results

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

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

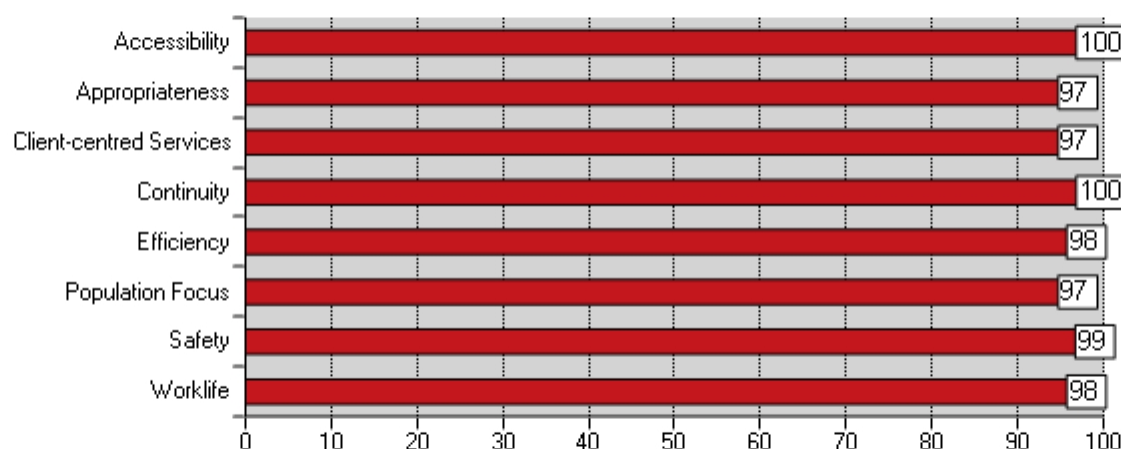
The quality dimensions are:

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

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

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

Quality Dimensions: Percentage of criteria met



Overview: Standards results

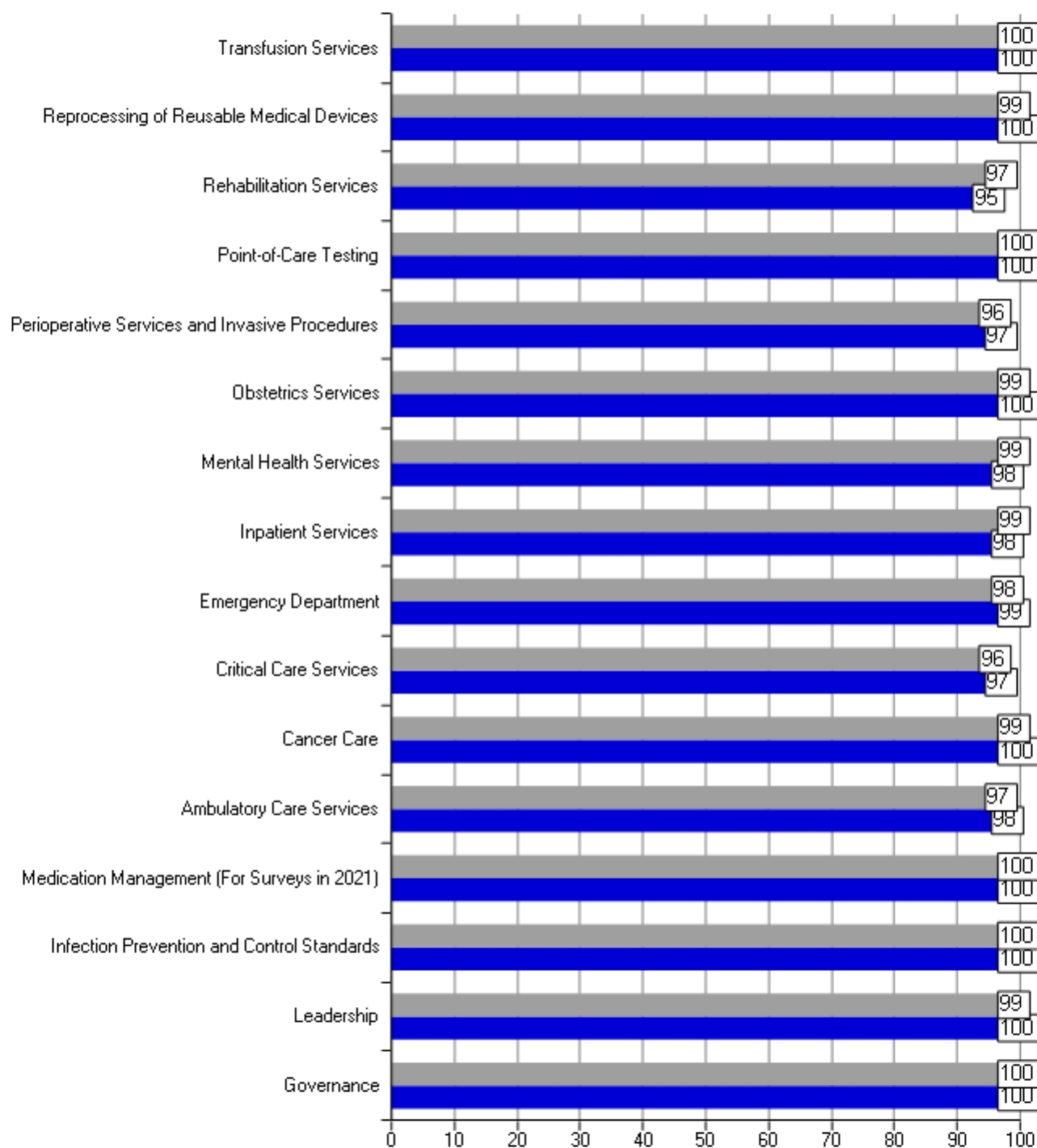
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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

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

Standards: Percentage of criteria met

High priority criteria met Total criteria met



Overview: Required Organizational Practices results

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

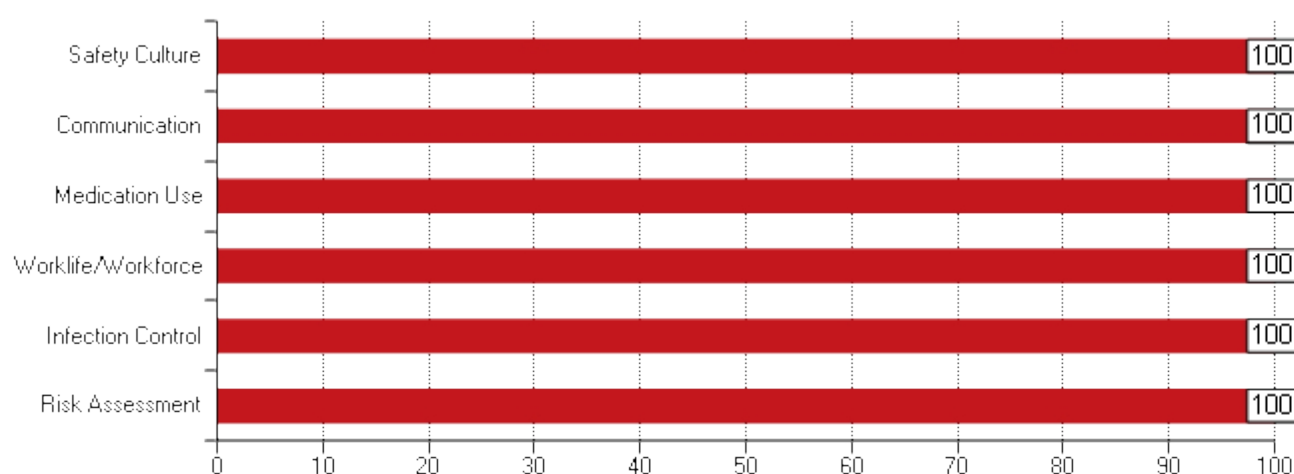
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

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

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

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

ROP Goal Areas: Percentage of tests for compliance met



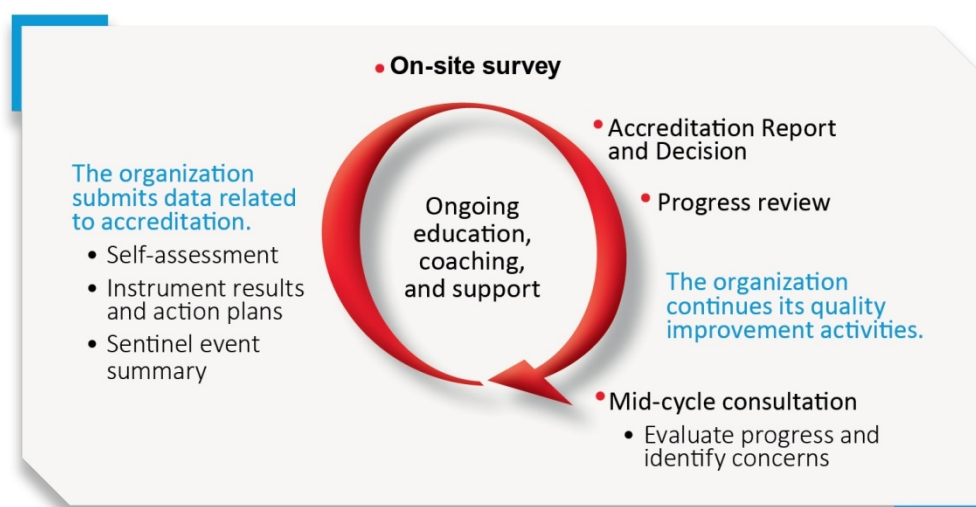
The quality improvement journey

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

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

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

Qmentum: A four-year cycle of quality improvement



As **Grey Bruce Health Services** 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 Lion's Head Hospital
- 2 Markdale Hospital
- 3 Meaford Hospital
- 4 Owen Sound Hospital
- 5 Southampton Hospital
- 6 Wiarton Hospital

Appendix B

Required Organizational Practices

Safety Culture

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

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

Medication Use

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

Worklife/Workforce

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

Infection Control

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

Risk Assessment

- Falls Prevention Strategy

Required Organizational Practices

- Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
-