



Accreditation 2023 – FINAL Update

January 17, 2024
Board of Directors



ACCREDITATION
CANADA



Overview

- November 5 – 9, 2023
- Voluntarily chose to have a Patient Surveyor to assess all of our ‘partnering with patients’ standards – *through the eyes of a patient*



4

Days



4

Surveyors



11

Episodes of Care



8

Tabletops



3,000+

Documents Uploaded



R.O.P

READY. EVERYDAY.

Surgical Safety Checklist

- Surgery occurs around the world, and is often the only option available to alleviate disabilities and reduce the risk of death from common conditions.
- Surgical safety is so important, the WHO initiated global standards in the "Safe Surgery Saves Lives" campaign.
- Just 30 seconds of focused team communication, at 3 separate points along the patient's surgical journey is all it takes!

- Before the induction of anesthesia.
- Before surgical incision.
- Before leaving the OR.



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R.O.P

READY. EVERYDAY.

Emergency Preparedness

Knowing what to do in an emergency helps keep all individuals at CMH safe. Here are some things that you can do to be prepared:

- Complete your annual e-learning training for emergency preparedness.
- Participate in emergency code **mock drills** where possible.
- Review the Emergency Preparedness SharePoint page and review policies on an **annual basis**.
- Participate in emergency code **debriefs**.



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R.O.P

READY. EVERYDAY.

Two Client Identifiers

- Confirm that the right patient receives the right care by checking **two CMH-approved patient identifiers** on a patient armband, identification card and/or through verbal communication which includes:

Client's Full Name	Government-issued Photo Identification
Date of Birth	Student ID
Personal Identification Number	Health Card Number
- It is the responsibility of the **Most Responsible Nurse** to ensure that the patient has the appropriate armband on and remove/replace it if it is illegible.
- The client's room, bed number, home address are not person-specific and should not be used as identifiers.

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Getting Prepared!



R.O.P

READY. EVERYDAY.

Hand Hygiene Compliance

- Direct observation is used to assess compliance with the 4 Moments of Hand Hygiene.
- Feedback is offered to staff at the end of the observation.
- Information collected through observations is used to inform actions for improvement.
- Hand hygiene compliance results are shared on the IPAC site of CMHnet, as well as with programs.



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R.O.P

READY. EVERYDAY.

Infection Rates

- Infection Prevention and Control at CMH tracks **healthcare-associated infection rates every day** and supports front line health care providers by meeting with unit leaders to **review patients' infectious disease status**.
- When **healthcare-associated transmission** is identified by IPAC, multidisciplinary unit staff are notified and collaboration is used to **prevent further transmission as quickly as possible**.
- Healthcare-associated infection rates are posted on the CMH website and communicated to staff each month.



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Decision Level...

Decision level	Instrument threshold	Area in	ROP tests for compliance
Accredited	Not met		Two or more major tests unmet at on-site survey
Accredited with Commendation			One major test unmet at on-site survey
Accredited with Exemplary Standing*	Met		All tests met at on-site survey ✓

*Cannot be achieved if an organization is under direct supervision at the time of the on-site survey.



Total Criteria: 1700

Total Unmet: 4

Total Met: 99.7%

Organization – Strengths

- The organization is using the strategic plan to align all the work that is being done including operational, clinical and service planning.
- There is a collaborative working relationship between CMH and community partners.
- The organization should be commended for their forward thinking and innovative ideas.
 - E.g., The Liver Health Clinic, a regional program that serves wide range of patients. The Artificial Intelligence program within the Diagnostic Imaging Department where x-rays are scanned and a report is provided to the Radiologist flagging whether there are any early warning signs of osteoporosis.
- The organization's clinical leadership including physician leadership is strong and evident across the organization.

Organization – Strengths (continued)

- The organization has invested tremendous efforts into creating a values-based culture rooted in engagement and what matters to people.
- The organization has a well-developed and communicated ethics framework – YODA.
- There is an excellent team that comes together twice daily to ensure there is continuous flow in an attempt to reduce pressure in the Emergency Room.
- CMH's medication management compliance is consistently evident across the organization.

Organization – Opportunities

- The organization is encouraged to involve patients and family members in other areas of the organization to broaden the scope and impact these team members can have on quality and patient safety.
- The organization is encouraged to be more vocal about all the great work they are doing.
- Consideration should be given to succession planning, ensuring critical roles and functions have a redundancy plan in place.
- The organization is encouraged to support further training on incident management for the leadership team.

Organization – Opportunities (continued)

- The organization is encouraged to standardize the involvement of roles and departments in change management or projects opportunities to continue to integrate infection prevention and control as fundamental to safety and quality improvement.
- Furthering automation is another key suggestion and standardizing corporate data being shared across the board specifically around infection prevention and patient safety metrics.

Board – Strengths

- CMH has engaged in ensuring that they secure a skills-based board of directors and new board members are selected based on the skills needed to fulfill the board mandate.
- The hospital has developed an orientation process for new board members and each new board member is assigned a mentor to support them in their role.
- The senior leadership team and the board are highly engaged and committed and take ownership of the quality and safety of patients, families and staff.
- The governing body is active and up to date with policies and procedures.

Board – Strengths (continued)

- The governing body is invested in the quality and safety metrics of the organization.
- The board has a culture of being respectful, diplomatic and collaborative. This allows board members to feel more comfortable asking more challenging questions.
- The board is familiar with the organization's ethics framework – YODA. Many discussions have occurred where the framework is considered (MAID, resource allocation, discipline).
- A board member sits on PFAC. A PFAC member sits on the Quality Committee and Digital Sub-Committee.

Board – Opportunities

- The organization is encouraged to consider a PFAC member on the Board for the unique skill set and perspectives that can be shared.

Four (4) Standards that were Unmet

Emergency Preparedness:

1. The organization engages with stakeholders to establish, regularly review, and update as needed a business continuity plan to ensure the continuation of essential care services during and following an emergency or disaster.
2. The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.

Pharmacy

1. Established dosing limits are reviewed every six months and changes are made as required.
2. A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.

Next Steps

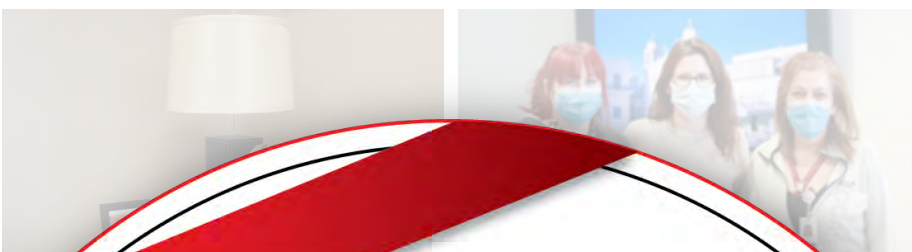
CMH has until early May 2024 to submit evidence for the three (3) high priority standards

CMH will receive an updated certificate and options for outdoor banners

Review Accreditation standards and ROPs at regular intervals

Ensure all ROP tests of compliance are built into/incorporated into the new HIS allowing for easier reporting, trending, & PDSA improvements

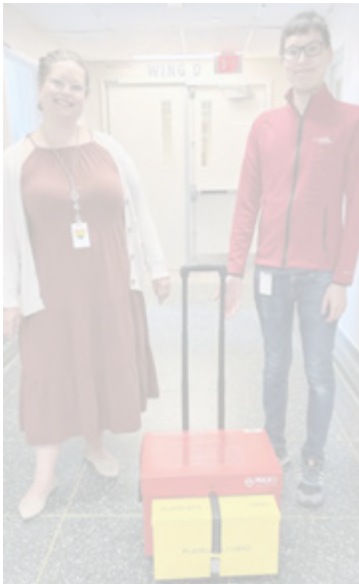




**ACCREDITED WITH
EXEMPLARY STANDING**



**ACCREDITATION
AGRÉMENT
CANADA**





December 7, 2023

Patrick Gaskin
President and Chief Executive Officer
Cambridge Memorial Hospital
700 Coronation Boulevard
Cambridge, Ontario N1R 3G2

Subject: Award - Your November 2023 Qmentum Global On-Site Survey

Dear Patrick Gaskin:

Accreditation Canada is grateful for your continued partnership in our journey together. This letter is to address the review of the results related to your on-site survey from November 5, 2023 to November 9, 2023.

The Accreditation Decision Committee is pleased to inform you that Cambridge Memorial Hospital is **Accredited with Exemplary Standing** under the Qmentum Global accreditation program. This is a milestone to be celebrated, and we congratulate you and your team for your commitment to providing safe, high-quality health services.

There are, however, required follow-ups that must be met within the specified timeline to maintain your status. The list below provides details on the unmet criterion that requires further evidence from your organization. Please submit the requested evidence of compliance to the Accreditation Decision Committee mailbox, at AccreditationDecisionCommittee@accreditation.ca, by **May 7, 2023**.

Criteria Requiring Follow-up:

- Emergency and Disaster Management (3.1.4), (3.1.23)
- Medication Management (6.1.1)

Once you have submitted the evidence, we may request more information from your organization to complete the review. You will receive a decision letter within thirty (30) business days from the evidence submission due date.

We at Accreditation Canada are pleased to work with you on your quality improvement efforts and look forward to continuing to provide you with guidance and support.

If you have any questions or would like to discuss your next steps, feel free to contact Ismael Aquino, Client Engagement Coordinator, at 1-343-809-7407, or by email at Ismael.Aquino@accreditation.ca.

Sincerely,

A handwritten signature in black ink, appearing to read "Langlois". The signature is stylized with a large initial "L" and a cursive "anglois".

Julie Langlois, RN, PhD
Chair, Accreditation Decision Committee

c.c.: Liane Barefoot, Director, Patient Experience, Risk, Quality, Privacy & IPAC