



## Cambridge Memorial Hospital

### Accredited with Exemplary Standing

November 2019 to 2023

**Cambridge Memorial Hospital** has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until November 2023 provided program requirements continue to be met.

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

#### **Cambridge Memorial Hospital (2019)**

Cambridge Memorial Hospital (CMH) is a full service, acute care hospital providing exceptional health care to the communities of Cambridge, North Dumfries and the Region of Waterloo. Its mission is to be a progressive acute care hospital and teaching facility, committed to quality and integrated patient centered care.

CMH employs 1100 staff, 280 professional staff and 400 volunteers. It is undergoing a complete cultural and capital transformation, with the addition of new 240,000 square feet patient care tower and a complete renovation of its current tower. Through this renewal, CMH remains steadfast in its commitment to patient safety and continuous quality improvement.

#### **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

November 3, 2019 to November 7, 2019

### 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 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

- **17 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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Cambridge Memorial Hospital (CMH) is commended for its commitment to and participation in the Qmentum accreditation process. The organization is led by an enthusiastic CEO and chief of staff, and a dedicated leadership team, some of whom are new to their roles. Ontario is undergoing significant change in health care delivery and transformation with the development of the Ontario Health Teams. CMH is one of 31 signatories to a community-based team. The team has embraced the potential for shifting directions and feels the right people are now on the leadership team to support ongoing change and improvement.

CMH is an acute care hospital and teaching facility that serves the 150,000 people in the Cambridge and North Dumfries region. There are 1,178 staff, 510 volunteers, 264 physicians, and 20 midwives. Challenging population issues include a large elderly population over 65, high use of opioids, a large mental health population, and overdose-related emergency department visits. Heart disease, lung cancer, and intentional harm are the leading causes of death for the population.

There is a strong committed board with members who provide oversight to the organization. There is a good skill mix and members have a solid understanding of the organization and the challenges it faces. The commitment to building a governance structure that demonstrates the board's support to deliver quality care to all patients is evident. The board may want to consider adding a patient advisory member to the board.

The CEO began the presentation with a patient story highlighting the compassionate care provided by the engaged staff.

A new strategic plan, Ensuring Continued Success, was approved by the board for 2019–2021. A deliberate decision was made to have the plan cover a two-year span, given the upcoming changes in the delivery of health care in the province. The plan focuses on three strategic pillars: patients, joy at work, and leading boldly. The development of the plan was co-chaired by the chair of the Patient and Family Advisory Council (PFAC) and the manager of communications. The collaboration with all staff was a positive experience.

A new position of senior director of strategy, performance and CIO has been in place for four months. Along with the office of transformation and decision support, data have been repackaged for easier understanding at all levels. A new corporate dashboard has been developed and shared broadly. There is a good understanding of the plan throughout the organization. Goals and objectives are cascaded to the programs and unit levels. Huddle boards highlight the goals and how the unit contributes to the improvement.

The organization's values have not been updated since 2012. The leadership team indicates that this is not the time to change the values, mission, and vision given the potential for significant change with the Ontario Health Team partnership.

The leadership team spoke of its commitment to the values of caring, respect, innovation, collaboration, and accountability. All staff sign a commitment to the values and values-based conversations are used to set individual goals. The leadership team has decided not to have the values posted and expect that staff will reflect them in all aspects of their work.

The physical plant is very old and it is challenging to provide care in the cramped and outdated areas. A new building was to be opened three years ago but this was delayed due to outstanding deficits. The anticipated move-in date is January 2020. The delay caused significant issues in the capital redevelopment of the soon-to-be vacated areas. Repeated delays in the move date have impacted training and recruitment of staff and physicians. The new building will provide 33 percent more patient care capacity which will help address over-capacity. A tour of the new building showcased all of the community efforts to bring this project forward. The new space will clearly facilitate advanced care for the community.

In 2014 a PFAC was formed. Patient experience is embedded in many aspects of the care and leadership of the organization. Leadership indicates that the PFAC has shifted from a transactional approach to being more strategic. The PFAC chair co-chaired the recent strategic planning process. PFAC members have been involved in the changing model of care in obstetrics, have sat on hiring panels, and sit on the Ethics Committee.

A success since the last on-site survey is the development of the clinical services plan. CMH has developed a clinical services strategy that outlines its unique role in focusing on clinical strengths and meeting community needs to respond to the changing health care landscape. CMH petals of care are identified as specialized medical, focused mental health, specialized surgery, and woman and child. Detailed clinical planning began in 2017 and became part of an integrated redesign of programs to align with the capital redevelopment project. The delay in the move led to additional planning. Patient feedback, quality improvement tools, and performance dashboards are some of the tools used to monitor progress and prepare for the move.

There has been significant improvement in medication reconciliation throughout the organization. CMH partnered with community pharmacists to ensure the best possible medication history is in place to support medication reconciliation at discharge.

There are many attempts to engage staff and an employee engagement strategy has been developed. A corporate staff committee contributed to the development of the plan. Quality improvement courses have been extensively offered throughout the organization and there has been uptake from the front-line staff, the board, and PFAC. Other successful initiatives include the emergency department wait time clock and partnering with the community program Breastfeeding Buddies to support new mothers.

Challenges include how to manage the delay in moving to the new building and continue with future redevelopment that has also been delayed. Resources for capital equipment are stretched and funding from the foundation is on hold for a few years. Surge capacity causes continued pressure on the organization. New physician recruitment has been delayed as there was a direct link to increased volumes that came from the move into the new building. The chief of staff is working closely with colleagues to manage expectations and provide support in the uncertainty about the move. Despite the delay, there is still considerable excitement about the upcoming move.

CMH has a dedicated team of nurses, physicians, volunteers, and other staff who provide compassionate care to all patients and families.

There was broad representation from the community in the community partner group. Partners describe having good relationships with the leadership team. The CEO and chief of staff are noted to be collaborative, innovative, and open to new ideas. They often put themselves and the organization forward to help a community partner. Partners spoke of the organizational commitment to learning and sharing. There are numerous examples of how different partners have worked together to recruit physicians to the region. CMH is encouraged to recruit physicians who will make a commitment to teaching to support academics through McMaster University. CMH was one of the first hospitals to embrace technology and use Health Report Manager. The partners agree that CMH is not afraid to take a risk, such as accepting arthroplasty patients from another region. There has also been collaboration on a quality improvement plan for mental health and addictions, congestive heart failure patients, and discharge planning.

There were discussions with the police about their relationship with the emergency department. The organization has a new manager and they are beginning to look at ways to improve communication among officers, patients, and the staff. Wait times for police in emergency are a challenge and it is suggested that the organization consider strategies to address this issue. The Bridges program, where a social worker is brought in to support patients with no fixed address, is one of many examples where CMH provides assistance.

Partners appreciate the visibility of the CMH board members. The board members are actively engaged in the community and are serious about patient experience. The partners hear about changes at CMH in a timely and direct manner, often through a phone call from the CEO or the chief of staff.

## 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.

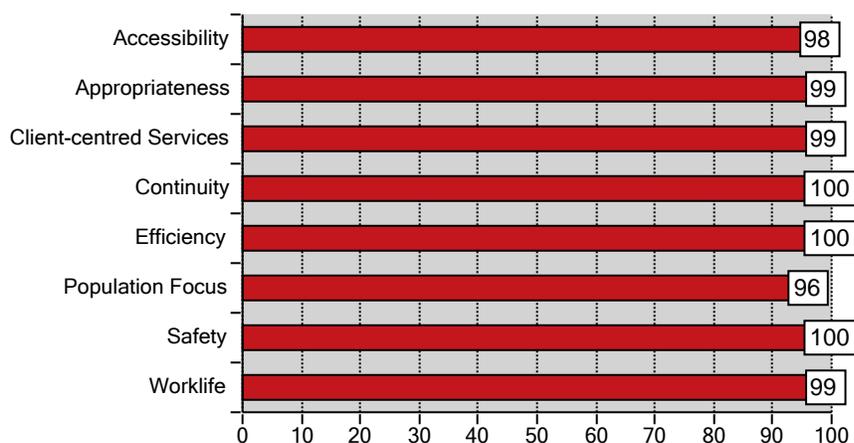
The quality dimensions are:

	<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

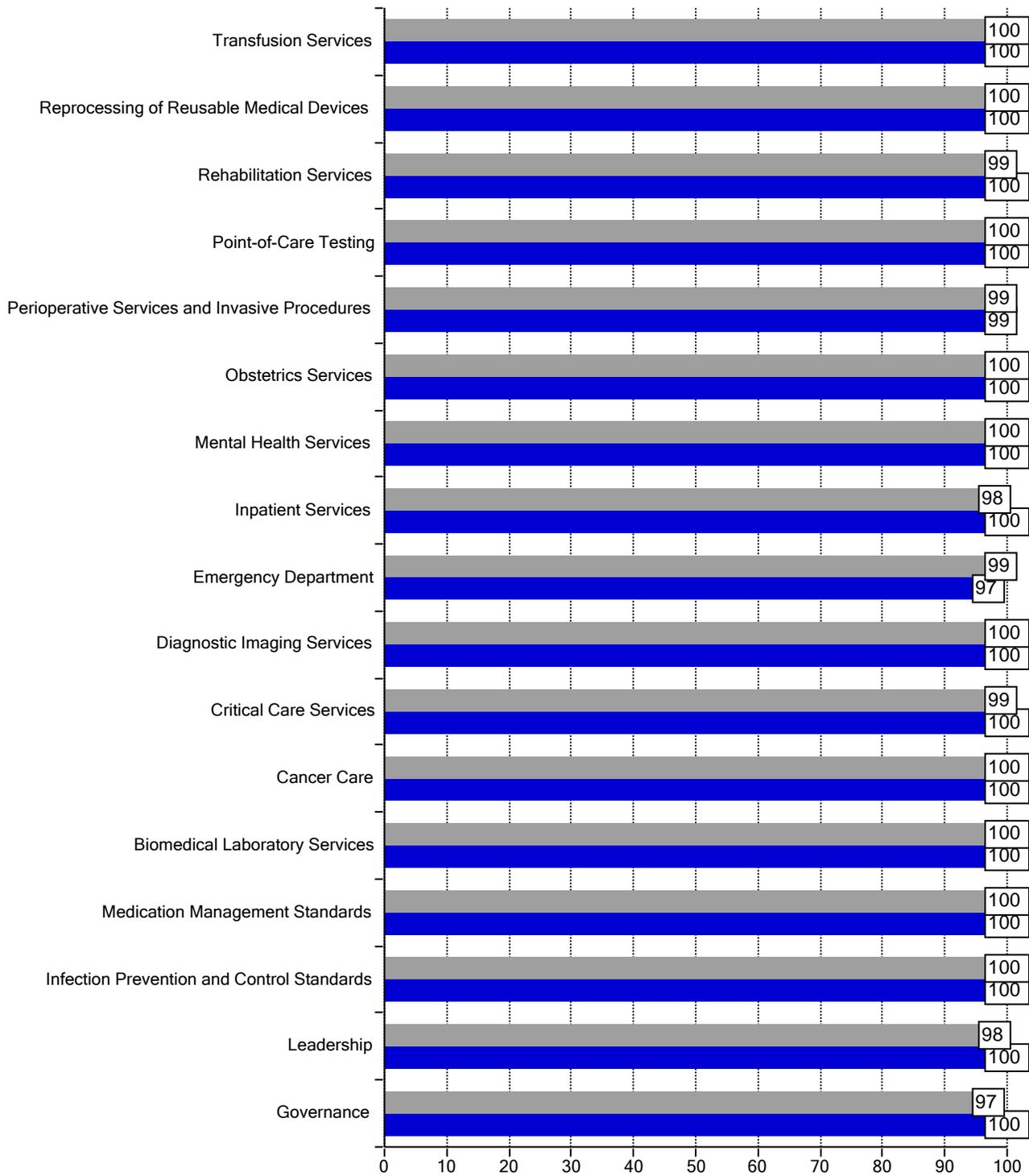
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

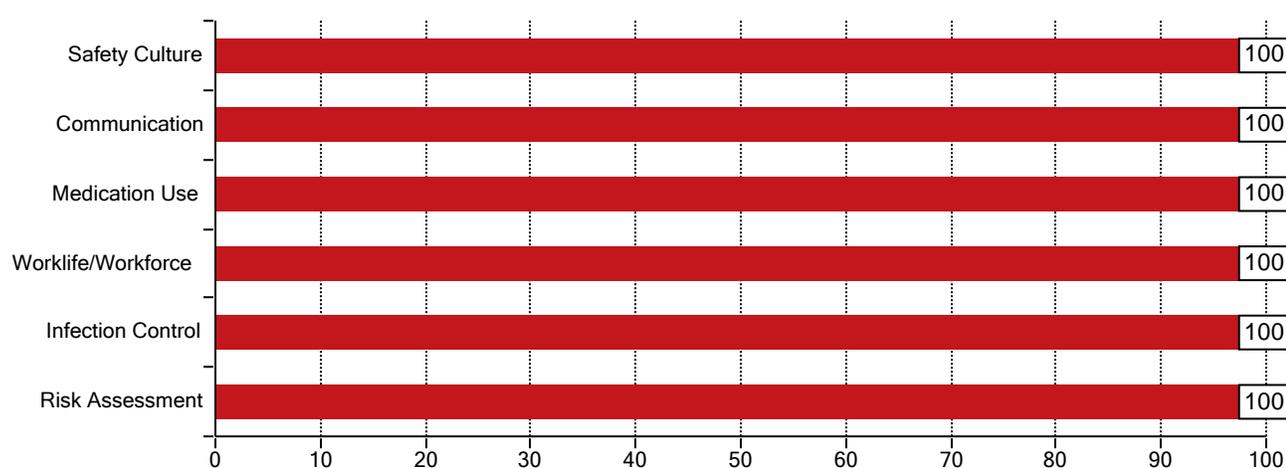
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



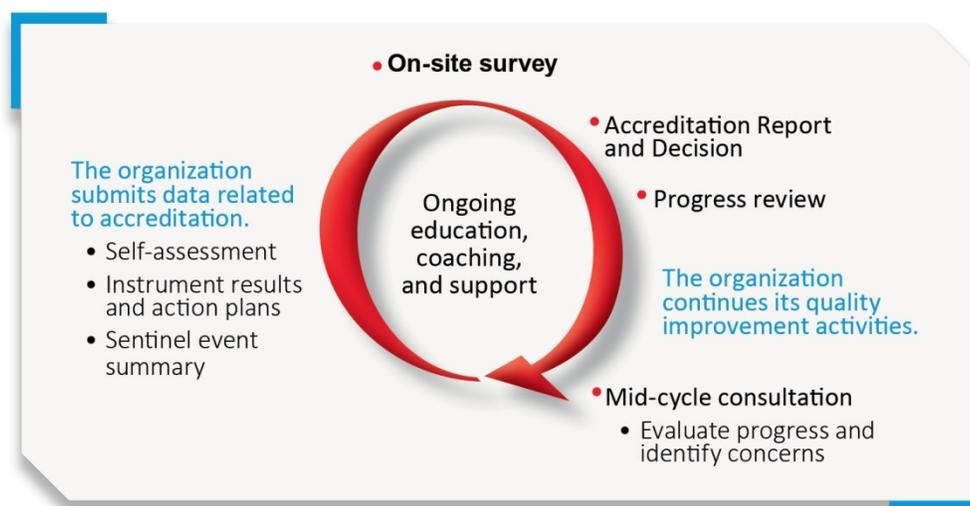
## The quality improvement journey

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 **Cambridge 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 Cambridge 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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