



Brant Community Healthcare System

Accredited

November 2019 to 2023

Brant Community Healthcare System has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until November 2023 provided program requirements continue to be met.

Brant Community Healthcare System 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 **Brant Community Healthcare System** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Brant Community Healthcare System (2019)

The Brant Community Healthcare System (BCHS) serves 136,000 residents of Brantford, Brant County, and surrounding communities. Services are provided across two sites, the Willett in Paris and the Brantford General Hospital in Brantford.

The Brant Community Healthcare System provides outpatient and acute inpatient services. Over 1,400 staff, 300 physicians and 500 volunteers provide care and service across our two sites.

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

November 17, 2019 to November 21, 2019

Locations surveyed

- **2** 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** 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.

Brant Community Healthcare System (BCHS) recently transitioned from having a supervisor acting as a board to a newly appointed board. Over the last year the board has moved through its orientation and into being a functioning board with delegated board responsibilities from the supervisor. The supervisor role is anticipated to end in January 2020 with full responsibilities and accountability for governance transferred to the BCHS board.

In 2019, decision-making authority was delegated to the board from the supervisor. The board consists of experienced and dedicated members, with representation from ethnic and Indigenous groups, who are knowledgeable about the community. It is a skills-based board with appropriate gender and ethnic representation. Adequate board processes are in place to meet good governance practices. The board is encouraged to formally document these practices. The board is enthusiastic and committed to moving the organization forward to enhance service quality and community, staff, and physician engagement.

The organization has implemented an ethics framework that is based on the IDEA framework, and uses it for clinical and non-clinical decision making. Principle-based decision making is supported by the Niagara Regional Ethics Network. BCHS has developed in-house capacity by training ethics coordinators and through online training modules for staff. Board members, physicians, and staff know how to access consultation services and use the ethics framework. BCHS is encouraged to continue to raise awareness of and provide training on how to access and use the ethics framework.

BCHS recently initiated a robust strategic planning process to build on the strategic map initiated by the government supervisor. A diverse 33-member steering committee oversaw the process as delegated and monitored by the board. The formal strategic plan is anticipated to be approved by the board in early 2020. The organization is using the strategic map and draft strategic plan to guide its operating, resource allocation, and quality initiatives. Strategic goals have been cascaded through the organization and are being addressed at relevant levels, with a particular focus on quality, patient safety, and utilization initiatives.

BCHS has developed a fundamental human resources plan that identifies eight goals. The workplace success plan has the support of the board and senior leadership and is being implemented organization-wide. The organization is encouraged to continue to automate its e-learning systems, performance reviews, and tracking of employee performance and professional development.

The resources team has implemented several significant changes to enhance the service it provides to the organization. It has enhanced relevant reporting and engaged various levels of management in their accountabilities for managing operating and capital budgets. The board has responded with better quality and more frequent reporting to fulfill its fiduciary duties. BCCHS is encouraged to be diligent about addressing its working capital and capital reserve deficits internally with continued system efficiencies, and to advocate with government for the appropriate funding for the service volume it is providing to the community.

BCCHS has initiated a functional quality management program using the accreditation standards as the framework. Plans are being developed to introduce the Institute for Healthcare Improvement framework in early 2020.

The board is fully engaged in its accountability for monitoring quality improvement and risk management activities. It receives regular reports and ensures that quality improvement and risk management are key strategic directions.

The Quality and Risk Management Committee is fully engaged, with strong representation from physicians and hospital staff. The co-leadership model of physician and management leads for clinical programs reinforces engagement at the clinical level.

BCCHS departments and units make effective use of quality boards and huddles. The organization is encouraged to continue to develop the program through continued training on the use of quality and risk management methods, tools, and techniques.

The organization has set a priority goal of empowering and supporting its staff. Using physician and staff input from the transformation survey, rounding, and town halls, the organization has implemented initiatives to be more supportive of staff in their work life, and adjusted the models of care to be more supportive of staff in their working environments. Dedicated staffing positions and resources have been created to support physicians and staff and to enhance the working environment and worklife balance. The organization is encouraged to continue to develop and implement of these types of initiatives and to evaluate and monitor the effectiveness of this support.

BCCHS is being significantly impacted by steadily increasing patient volumes and acuity. Managing these challenges within the existing aged infrastructure presents numerous challenges. Working with community partners, BCCHS has dedicated resources to improve flow at every step of the patient journey through the organization. Admission avoidance in conjunction with partners and community resources helps identify frequent emergency department (ED) users to develop care plans to prevent crisis. For those in the ED, community support is maximized to assist with outpatient management.

Despite these challenges, the interdisciplinary teams live the mission of putting patients first. Patients

and families recognize the exemplary care provided and speak highly of the BCHS physicians and staff. The teams embrace the vision of high-quality and safe patient- and family-centred care.

Care plans and associated goals for patients are established by the teams in consultation with patients and families. Falls prevention and pressure ulcer risk programs have been implemented but the effectiveness of these programs is not regularly evaluated. The organization is encouraged to undertake regular evaluation of these programs and share the findings with the other clinical programs.

The SBAR (situation, background, assessment, recommendation) communication strategy is used for nursing shift handover, with more shift-to-shift transitions happening at the bedside. Patients and families report being well informed about the various aspects of their care. In particular, team rounding is identified by patients and staff as a valuable part of positive patient experience.

Information provided to patients at admission includes the scope of the services, the effectiveness and outcomes of the services, and other services available to address their specific needs. Also, various patient educational materials such as pamphlets are provided and these are easy to understand.

Patients and family members note that messaging from staff conveys respect for the needs of the patient, and reflects a patient-centred approach. They trust their service providers, have a good rapport with them, and feel able to ask questions and make decisions about their own care. They feel engaged in their care. They also indicate that they are informed about how to make a complaint or express a concern if necessary. Complaints and compliments are tracked and reported to the board. Informed consent is obtained from patients. Patients are satisfied with the cleanliness of the surroundings and note that staff consistently wash their hands.

The Patient and Family Advisory Committee has been reactivated since the appointment of the CEO in December 2018, and it has been fully engaged with planning and patient experience activities. Specialty areas such as the ED, critical care, mental health, and infection prevention and control have benefited from the role of the patient advisor while other areas need to engage this valuable resource. The CEO and leadership team appreciate the value that patient and family experience brings to their planning and decision-making process.









Community partners, families, and patients note a renewed engagement with partners and external community stakeholders in planning, integrating, and delivering services. Patients and families participated in the transformation survey, town halls, and engagement sessions to provide input into the organization's strategic and program planning process. The patient relations office and communications group work to enhance connections with patients and families and their continued engagement at the service delivery level.

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.

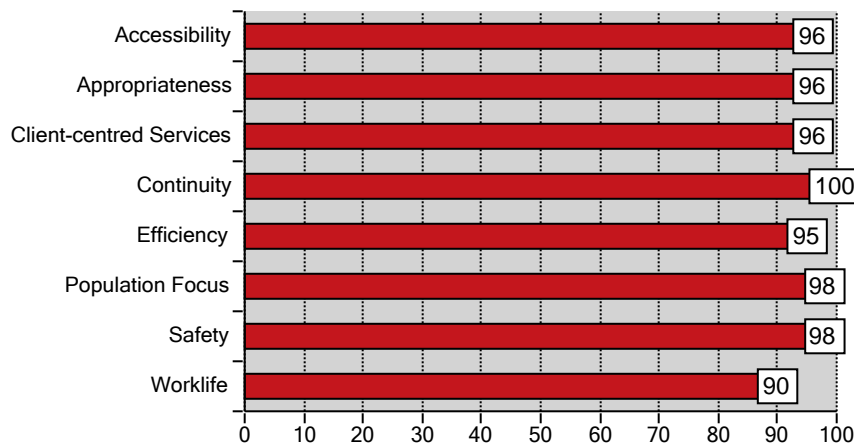
The quality dimensions are:

-  **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

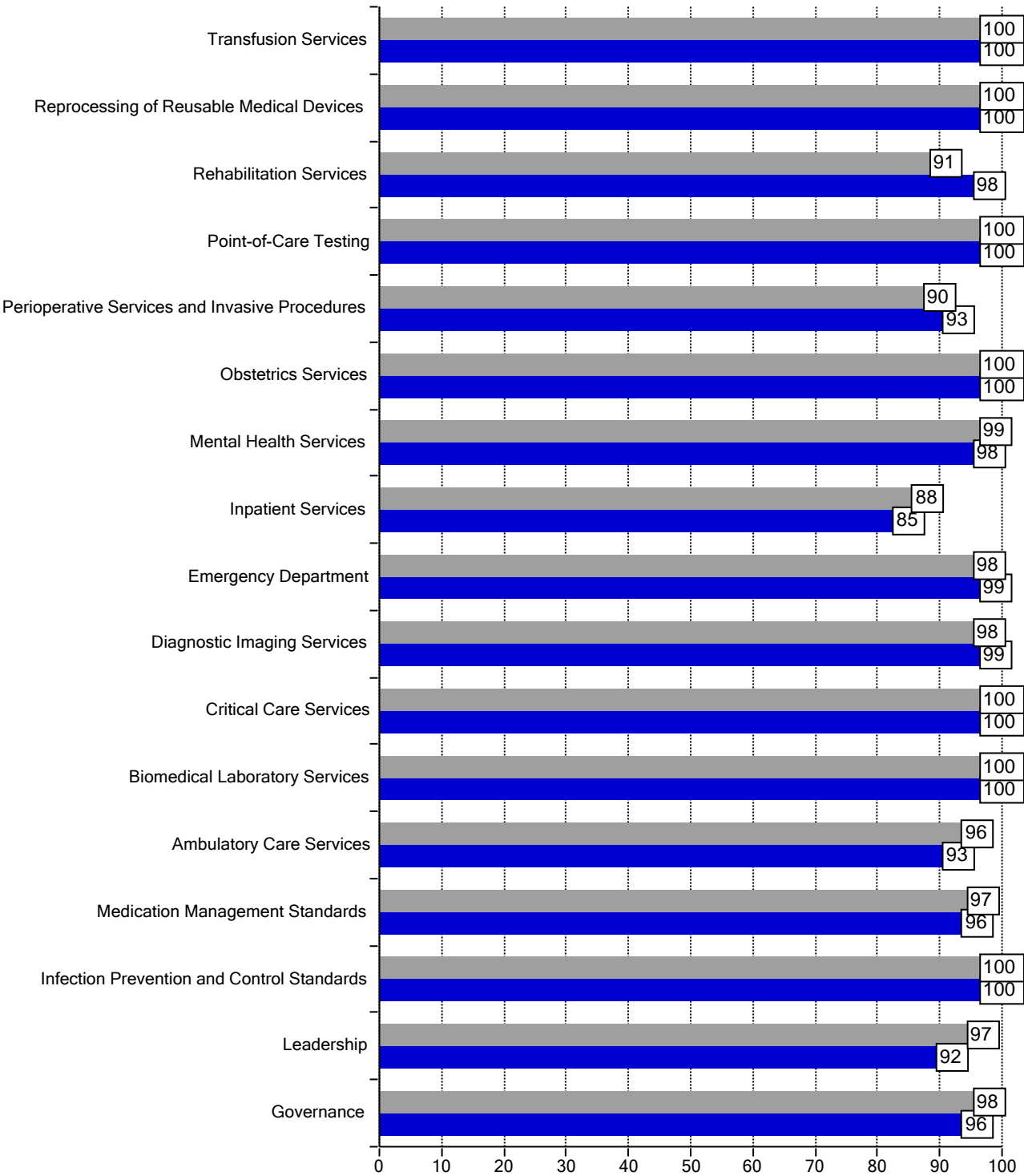
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

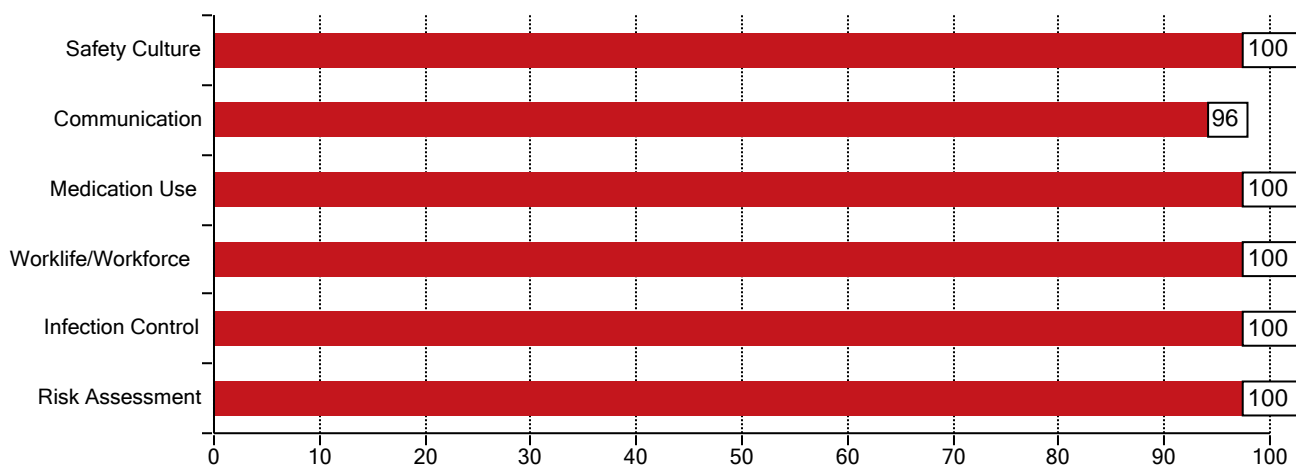
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



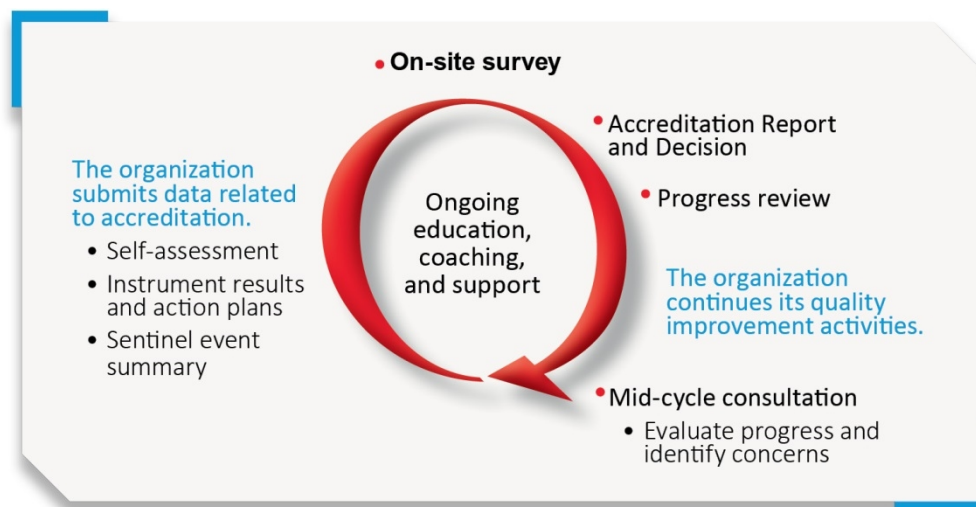
The quality improvement journey

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 **Brant Community Healthcare System** 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 The Brantford General Hospital
- 2 The Willett 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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