



ACCREDITATION CANADA



Driving Quality Health Services

Executive Summary

Trillium Health Partners

Mississauga, ON

On-site survey dates: November 24, 2013 - November 29, 2013

Report issued: December 13, 2013



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*Driving Quality Health Services
Force motrice de la qualité des services de santé*

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About the Executive Summary

Trillium Health Partners (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in November 2013.

This Executive Summary is an overview of the on-site survey results. More information is available in the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties. Any alteration of this Executive Summary compromises the integrity of the accreditation process and is strictly prohibited.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate this Executive Summary to staff, board members, clients, the community, and other stakeholders.

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Section 1 Executive Summary

Trillium Health Partners (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Trillium Health Partners's accreditation decision is:

Accredited with Commendation (Report)

The organization has surpassed the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: November 24, 2013 to November 29, 2013**

- **Locations**

The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

- 1 Credit Valley Hospital
- 2 Infant & Child Development Services Peel and Service Resolution Peel
- 3 Mental Health Outpatient Site (2085 Hurontario street)
- 4 Mississauga Hospital
- 5 Peel Behavioural Services
- 6 Queensway Health Centre
- 7 Radiologic Clinic Outpatient and Ultrasound Clinic
- 8 Watline Renal Care Centre
- 9 West Toronto Satellite Out Patient Clinic

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

- 1 Leadership
- 2 Governance









Service Excellence Standards

- 3 Managing Medications
- 4 Cancer Care and Oncology Services
- 5 Operating Rooms
- 6 Surgical Care Services
- 7 Critical Care
- 8 Emergency Department
- 9 Infection Prevention and Control
- 10 Ambulatory Care Services
- 11 Biomedical Laboratory Services
- 12 Diagnostic Imaging Services
- 13 Laboratory and Blood Services
- 14 Medicine Services

- 15 Rehabilitation Services
- 16 Mental Health Services
- 17 Blood Bank and Transfusion Services
- 18 Ambulatory Systemic Cancer Therapy Services
- 19 Obstetrics Services

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	70	0	0	70
 Accessibility (Providing timely and equitable services)	115	0	0	115
 Safety (Keeping people safe)	580	13	12	605
 Worklife (Supporting wellness in the work environment)	171	0	0	171
 Client-centred Services (Putting clients and families first)	203	1	1	205
 Continuity of Services (Experiencing coordinated and seamless services)	71	3	0	74
 Effectiveness (Doing the right thing to achieve the best possible results)	850	10	7	867
 Efficiency (Making the best use of resources)	77	2	2	81
Total	2137	29	22	2188

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	44 (100.0%)	0 (0.0%)	0	33 (97.1%)	1 (2.9%)	0	77 (98.7%)	1 (1.3%)	0
Leadership	45 (97.8%)	1 (2.2%)	0	84 (98.8%)	1 (1.2%)	0	129 (98.5%)	2 (1.5%)	0
Ambulatory Systemic Cancer Therapy Services	46 (100.0%)	0 (0.0%)	0	98 (100.0%)	0 (0.0%)	0	144 (100.0%)	0 (0.0%)	0
Diagnostic Imaging Services	65 (97.0%)	2 (3.0%)	0	59 (98.3%)	1 (1.7%)	1	124 (97.6%)	3 (2.4%)	1
Obstetrics Services	59 (100.0%)	0 (0.0%)	4	74 (100.0%)	0 (0.0%)	1	133 (100.0%)	0 (0.0%)	5
Infection Prevention and Control	50 (94.3%)	3 (5.7%)	0	42 (95.5%)	2 (4.5%)	0	92 (94.8%)	5 (5.2%)	0
Ambulatory Care Services	34 (100.0%)	0 (0.0%)	4	71 (98.6%)	1 (1.4%)	3	105 (99.1%)	1 (0.9%)	7
Biomedical Laboratory Services **	16 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	52 (100.0%)	0 (0.0%)	0
Blood Bank and Transfusion Services **	42 (100.0%)	0 (0.0%)	0	17 (100.0%)	0 (0.0%)	0	59 (100.0%)	0 (0.0%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Cancer Care and Oncology Services	29 (100.0%)	0 (0.0%)	0	73 (100.0%)	0 (0.0%)	1	102 (100.0%)	0 (0.0%)	1
Critical Care	30 (100.0%)	0 (0.0%)	0	91 (98.9%)	1 (1.1%)	1	121 (99.2%)	1 (0.8%)	1
Emergency Department	31 (100.0%)	0 (0.0%)	0	84 (92.3%)	7 (7.7%)	4	115 (94.3%)	7 (5.7%)	4
Laboratory and Blood Services **	81 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0	176 (100.0%)	0 (0.0%)	0
Managing Medications	74 (100.0%)	0 (0.0%)	2	51 (98.1%)	1 (1.9%)	0	125 (99.2%)	1 (0.8%)	2
Medicine Services	27 (100.0%)	0 (0.0%)	0	68 (98.6%)	1 (1.4%)	0	95 (99.0%)	1 (1.0%)	0
Mental Health Services	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0	102 (100.0%)	0 (0.0%)	0
Operating Rooms	67 (97.1%)	2 (2.9%)	0	30 (100.0%)	0 (0.0%)	0	97 (98.0%)	2 (2.0%)	0
Rehabilitation Services	27 (100.0%)	0 (0.0%)	0	67 (98.5%)	1 (1.5%)	0	94 (98.9%)	1 (1.1%)	0
Surgical Care Services	30 (100.0%)	0 (0.0%)	0	65 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0
Total	828 (99.0%)	8 (1.0%)	10	1209 (98.6%)	17 (1.4%)	11	2037 (98.8%)	25 (1.2%)	21

* Does not include ROP (Required Organizational Practices)

** Some criteria within this standards set were pre-rated based on the organization's accreditation through the Ontario Laboratory Accreditation Quality Management Program-Laboratory Services (QMP-LS).

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Ambulatory Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Cancer Care and Oncology Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Critical Care)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Diagnostic Imaging Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Obstetrics Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Rehabilitation Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Surgical Care Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Managing Medications)	Met	4 of 4	3 of 3
Information Transfer (Ambulatory Care Services)	Met	2 of 2	0 of 0
Information Transfer (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Information Transfer (Cancer Care and Oncology Services)	Met	2 of 2	0 of 0
Information Transfer (Critical Care)	Met	2 of 2	0 of 0
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Obstetrics Services)	Met	2 of 2	0 of 0
Information Transfer (Rehabilitation Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Surgical Care Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Leadership)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Ambulatory Care Services)	Unmet	0 of 5	0 of 2
Medication Reconciliation At Admission (Ambulatory Systemic Cancer Therapy Services)	Unmet	0 of 5	0 of 2
Medication Reconciliation At Admission (Cancer Care and Oncology Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Critical Care)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Surgical Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Ambulatory Care Services)	Unmet	0 of 4	0 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation at Transfer or Discharge (Ambulatory Systemic Cancer Therapy Services)	Unmet	0 of 5	0 of 0
Medication Reconciliation at Transfer or Discharge (Cancer Care and Oncology Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Critical Care)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Surgical Care Services)	Met	4 of 4	1 of 1
Surgical Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Surgical Checklist (Operating Rooms)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Ambulatory Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Cancer Care and Oncology Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Critical Care)	Met	1 of 1	0 of 0
Two Client Identifiers (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Emergency Department)	Met	1 of 1	0 of 0
Two Client Identifiers (Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Obstetrics Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Operating Rooms)	Met	1 of 1	0 of 0
Two Client Identifiers (Rehabilitation Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Surgical Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Managing Medications)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Managing Medications)	Met	1 of 1	0 of 0
Heparin Safety (Managing Medications)	Met	4 of 4	0 of 0
Infusion Pumps Training (Ambulatory Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Cancer Care and Oncology Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Critical Care)	Met	1 of 1	0 of 0
Infusion Pumps Training (Emergency Department)	Met	1 of 1	0 of 0
Infusion Pumps Training (Managing Medications)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Operating Rooms)	Met	1 of 1	0 of 0
Infusion Pumps Training (Rehabilitation Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Surgical Care Services)	Met	1 of 1	0 of 0
Medication Concentrations (Managing Medications)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Narcotics Safety (Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Ambulatory Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Ambulatory Systemic Cancer Therapy Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Cancer Care and Oncology Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Obstetrics Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Rehabilitation Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Surgical Care Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Cancer Care and Oncology Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Surgical Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Cancer Care and Oncology Services)	Met	2 of 2	2 of 2
Venous Thromboembolism Prophylaxis (Critical Care)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Surgical Care Services)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

Trillium Health Partners is a new organization that was formed in 2011 through an amalgamation of the Mississauga Hospital, The Queensway Health Centre and the Credit Valley Hospital. The merger was based on a mutual decision of the respective boards of directors and is a merger of equals. Fiscal 2013 was the first full year of operations for the merged organization. The combined healthcare organization has 1,268 inpatient beds, 8,171 staff, 1,891 volunteers and 1,094 professional staff. The organization services over 1.5 million patient visits each year including: 61,000 inpatient admissions, 650,000 outpatient visits and 252,000 emergency department visits. The annual operating budget is 944 million dollars. Trillium Health Partners serves a diverse community of over 1.5 million people in one of the fastest growing urban communities in Canada. It is estimated that people speaking 50 different languages are served by the hospital.

The board of directors consists of 12 members and a chair. The board is best described as a policy and governance model with a committee structure that includes: a finance and audit committee, a quality committee of the board, a human resources committee, and a governance committee. The original board of the merged organization was comprised of 6 directors from the Trillium Board (Mississauga and Queensway) and 6 directors from the Credit Valley Board. The chair and vice-chair were appointed from the original members. Board members were appointed to staggered terms to initiate the process of board renewal. The board develops a matrix of skills and abilities that are needed to provide a broad range of input and expertise. The full complement of 13 directors was achieved in the first intake of new directors. All directors are asked to become members of one or more of the standing committees. The board has a rigorous process of education for new directors. The board reviews its functioning annually and evaluates the chair. An evaluation of individual members is undertaken annually that includes a self-evaluation and an interview by the chair of the board.

Fifteen community partners attended the community partners focus group. Trillium Health Partners is well regarded as a collaborative participant. The community partners recognize that in any forum, because of its vast size, Trillium Health Partners could dominate the agenda. However, they are recognized by their partners as being a respectful, collaborative participant. The organization is regarded as being visionary, and communicative. Partners that operate under contract find that Trillium Health Partners is diligent with respect to their deliverables on a contractual basis. The Community Care Access Centre is embedded in the organization. A process has been developed to review all patients who are difficult to discharge. The process has resulted in a decrease of the number of alternate level of care patients to 8-9%, which is much better than comparable organizations.

The leadership has been developed since the merger of the organization. At the present time, a number of positions are acting or interim. Many medical department heads are recent appointees and some division chief positions are interim appointees. The leadership team and the board developed and introduced a new 5 year strategic plan with a mission to offer "a new kind of health care for a healthier community". 2012/2013 was the first full year of the merged organization. Much work is underway to develop a "one hospital culture" for Trillium Health Partners. The leadership of the organization has committed to quality and patient safety, access and sustainability as strategic priorities for the organization. Research, innovation and education are a new priority for the Trillium Health Partners. The organization is in its third year since developing the Mississauga Academy of Medicine. Third year clinical clerks are assigned to services throughout the organization. Although some research has been done in the Trillium hospitals for many years, the program is now more focused. The goal is to deliver front line innovation and focus on changes to the system that will improve patient care.

Trillium Health Partners has developed an ethics framework known as the IDEA: Ethical Decision-Making Framework. The framework is based on 4 steps:

- 1) Identify the facts
- 2) Determine the relevant ethical principles
- 3) Explore the options
- 4) Act

The framework is used for both organizational decision-making and in clinical situations. Trillium has access to 3 ethicists who provide education and guidance.

At the time of the survey, Trillium Healthcare Partners was faced with a significant ethical dilemma. It was recently discovered that there were a number of possible interpretation errors in computed tomography (CT) scans over a period of time. The organization elected to notify all patients who were potentially affected. An external expert was engaged to review the CT scans and to provide a report to the organization. Steps were taken immediately to put in place measures that will reduce the likelihood of recurrence. Trillium Health Partners has committed to be transparent throughout the process.

Trillium Health Partners is in a strong financial position. The organization was in a surplus position in fiscal 2013 and has working capital of \$70 million. The Quick Ratio is 1.16. Despite the challenges imposed by the funding formulas, senior management presented a balanced budget for fiscal 2014 to the board. Trillium Health Partners received a clean audit for fiscal 2013. In 2013, the newly merged Trillium Health Partners foundation raised over \$29 million from fundraising activities.

Trillium Health Partners has over 2,000 volunteers who play an important role in the delivery of care to patients. They are present in all areas of the hospital, the clinics and the emergency departments. A key role for the volunteers is to ensure that patients get to the right location. They also help families and friends locate patient locations.

The staff at all sites are committed and engaged. Enthusiasm is a hallmark of all the care teams that were encountered during the accreditation survey. The workforce is diverse, reflecting the community of Mississauga. At the care team level, managers have empowered their employees which contributes to the engagement of the staff. Likewise, the engagement of physicians is an important driver of the success of the organization. Complementing the empowerment and engagement of the staff are recognition programs and events. At each quality huddle, a member of the staff is recognized for their contribution to the well-being of the patients. The organization has developed a formal health and safety wellness program and absenteeism due to illness is relatively low compared to other healthcare organizations. Staff orientation is harmonized at all sites due to the efforts of the directors, managers and educators. The organization has used the "new grads program" of the Ministry of Health and Long-term Care as a recruitment strategy. A talent management program is in place for senior management personnel and the program will be extended to director level over the next year.

The commitment to quality is evident throughout Trillium Health Partners. The board has an effective quality committee which receives reports from clinical services. The board is accountable for quality and safety. Senior management has dedicated substantial resources to quality and patient safety. Quality improvement is most apparent at the point of care and front line programs play a key role in driving quality and patient safety. The quality improvement framework puts patients and families at the centre. The framework is based on staff, community partners, excellent results based on key outcome measures, effective planning and efficient processes. The most visible manifestation of quality at the front line are the quality and patient safety boards. The boards are posted in public areas, emphasizing transparency and accountability of staff. The boards are also used as a tool for patient education and for front-line staff recognition. Each board contains the "big dot reports" and a focus for the team. The focus for the team displays performance on a selected hospital-wide metric, a program-wide metric and a unit-specific metric. Each day, a quality huddle is held on the unit. All staff are encouraged to attend. The huddle is used to communicate to staff, review the performance against the selected metrics and to recognize an employee of the day. The huddles are well received by all staff in the organization at all sites.

Trillium Health Partners offers a full range of medical services. Cardiac services and neurological services have been rationalized to the Mississauga site. Cancer care and the chronic kidney disease program including haemodialysis, peritoneal dialysis, is centred at the Credit Valley site. The STEMI program is located at the Mississauga site and emergency medical services (EMS) bypass is in place. The Trillium program has exceptional door to balloon times and very good results. Likewise, the stroke program is centred at the Mississauga site and EMS bypass is in place. The results of the program will be tested against national standards when the program undergoes the stroke distinction program of Accreditation Canada in 2014. The organization intends to take the opportunity to rationalize other services. The advantages of rationalization in healthcare include focusing of expertise, effective use of best practices and cost savings. There is a large complement of beds in the organization for rehabilitation and complex continuing care. These services are distributed at all sites under one director. The service offers excellent care for all patients. The team has developed an early discharge group known as the joint discharge operation. This group meets on a daily basis and identifies patients who may be difficult to discharge at or near the time of admission. The team identifies and mitigates barriers to discharge. As a result, the number of alternate level of care patients is 8-9%, which is much better than comparable organizations. A very broad range of services are offered in ambulatory care clinics including medical clinics, surgical clinics, oncology clinics, paediatric clinics, mental health clinics, etc. There are an excess of 653,000 clinic visits at the three sites.

Client satisfaction is relatively high as measured by the Picker Survey. Approximately 75% of all patients report that they would recommend the organization to others. During the accreditation survey, most patients interviewed by team members were either satisfied or highly satisfied with the care received. Negative comments related to parking as an access issue, poor coordination of clinics in complex patients visiting many clinics, length of stay in emergency department both for admitted and ambulatory patients, fasting patients for elective procedures delayed by more urgent cases and navigation problems. The surveyors collectively interviewed about 80 patients.

Trillium Health Partners is facing 6 significant risk issues.

- 1) Trillium Health Partners has updated significant areas of their facilities and projects are ongoing. The operating rooms at the Mississauga site are small and outdated. Patient flow is impacted and there are significant issues related to sterility that may pose a risk to patients. The emergency department was built in the 1960s and patient care areas are small, impacting on patient flow. Privacy is an issue in all three emergency departments. Given that volumes are projected to grow by an average of 5% per year, this issue will continue to worsen.
- 2) At both the Mississauga site and Credit Valley site, admitted patients have significant wait times before transfer to a nursing unit. Research has demonstrated that delay before transfer has a significant impact on morbidity and mortality. The Canadian Association of Emergency Physicians has recommended that all patients be transferred within 8 hours. The aggregate time for the two sites is 23.8 hours from time of admission (29.8 from time of triage). Although this has improved over the past year, it continues to pose a risk for patients.
- 3) Merger of policies, procedures, goals and objectives is proceeding at differing levels across the programs, although all directors indicated that they are in support of completing the process as rapidly as feasible. A significant issue that may ultimately impede progress is the presence of a nursing union at the Queensway and Mississauga sites and non-union nursing at the Credit Valley site. In order to facilitate the merger, this issue should be addressed.
- 4) Charting and information technology are different at Mississauga/Queensway and Credit Valley sites. This is a risk for patients who access services at both sites. It is also a risk for staff who move between sites. Migration to a common platform and uniformity of charting is recommended.
- 5) Standardization of equipment is underway. In the interim, the use of some equipment is potentially hazardous, particularly as staff move between sites. The best example is the IV infusion pumps. The Colleague Guardian is used at the Mississauga and Queensway sites and the Hospira Pump is used at Credit Valley. The

pumps are set up differently and operate differently. Most staff are trained on one or the other infusion device. The risk occurs when staff move between sites.

6) Sterile reprocessing is the highest risk faced by Trillium Health Partners. The organization has entered into a long-term contract with SteriPro to reprocess sterile equipment used throughout the organization. The decision was taken because the existing reprocessing system at the time of merger did not meet standards in many locations at the various sites. Many of the internal deficiencies are detailed elsewhere in the accreditation report. Many pieces of equipment and surgical instruments are sent to an off-site reprocessing facility. There are two significant issues with this practice. Equipment for transfer to the external facility is stored in plastic bags. The standard requires that surgical instruments be soaked within 1 hour to prevent build up of dried material. The second issue is the number of defective trays being discovered, particularly by the surgical team. They have been presented with trays that have split wrappings, trays with broken or missing instruments and trays with instruments that have hardened detritus from prior cases. Defective trays are found on a daily basis and often 6-8 deficient packs are found each day.

The organization has taken a number of measures to mitigate the risk to patients. They have appointed a senior associate vice-president to oversee the issues related to sterile reprocessing and provided significant resources to manage the risk. The vice president reports to senior management on a weekly basis and the reports are forwarded to the board. All packs in the surgical suites are inspected and opened before patients are admitted to the operating room. This has reduced efficiency in all operating rooms. Furthermore, when a deficient pack is discovered, a significant delay in the start of surgery occurs before the instruments are replaced. The organization is working with infection prevention and control (IPC) to insure that there are no consequences to patients. To date, there is no evidence that patients have been harmed as a result of the reprocessing issue. The organization is encouraged to insure that the operational deficiencies related to sterile reprocessing in relation to the contract are corrected to the satisfaction of the IPC Department, the users and ultimately the patients.