

Queensway's operating program was evaluated, which comprises of orthopaedics and cataract surgery. There is a very nice area for patients to come into for assessment and preparation for surgery. The majority of the orthopaedic patients attend a pre-operative clinic. There is excellent use of a block room to optimize OR flow. The team is very engaged, and look for ways to improve continuously. They have taken on individual projects, such as extending the surgical safety checklist to the block room, which is above and beyond the actual standard. All ROPs are met and demonstrated. All processes and policies also meet the standards. The same suggestions as stated with the other two sites apply, such as posting Rights and Responsibilities and ask patients if they mind sitting with other patient's family members in a gown. Consider scanning in any paper documents used for TOA into EPIC for documentation. There was a discussion with a patient who was scheduled for a hip replacement at the Queensway site two years ago. In the pre-operative clinic she was told, due to a cardiac condition, she would have to have her surgery at the Mississauga site. After this time she was lost to follow up and after two years asked her family doctor to re-refer her back to the surgeon. She now has received her surgery and was happy with the outcome, but the wait was frustrating for her and her pain required her to start taking narcotics. With the pandemic, this is not an uncommon story in Ontario, everyone is trying to do better.

Table 17: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Rehabilitation Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The Rehabilitation Units at THP site are high functioning teams that support quality patient care delivery through comprehensive interdisciplinary collaboration. Staff are engaged, passionate, compassionate, and knowledgeable in care delivery. Outcomes are tracked and monitored through the quality compass hub and are discussed daily at their safety huddle. The huddle boards are utilized to identify quality improvement opportunities and action plans to address issues are developed and implemented. The staff were extremely positive about their work environment and spoke of being a 'family'.

All new team members receive a comprehensive orientation. Ongoing competencies, including infusion pump training, is monitored and completed using the i-learn system. The staff receive training on violence prevention, gentle persuasive approach, and dementia care education. Regular performance reviews are completed and learning/performance goals developed. The staff feel supported in their professional development opportunities.

The team uses the Functional Independent Measurement tool (FIM) at Mississauga and Credit Valley sites to identify expected length of stay and plan care delivery and discharge planning around this. Patients not meeting the expected date of discharge are identified and barriers to discharge are identified. Ninety eight percent of the staff are now FIM certified, ensuring that this assessment is completed in a timely manner.

The rehab teams at all three sites have excellent engagement with patients and families with respect to care planning and service design. The leadership team included a patient and family advisor (previous patient family member) on the interview panel when the current manager was hired.

Family is involved as partners in care and there is interdisciplinary team support for families during hospitalization and in preparation for discharge. There are good supports available to the families and team members with respect to end-of-life care.

The team has worked to improve patient and family communication as a quality improvement priority. A welcome phone call is made to family within 4 hours of admission to the units. The family also receives a welcome package. This is followed up by a call from the physician within 48 hours of admission, calls throughout the rehab stay by Allied Health team members, and a call 72 hours prior to expected discharge. This quality improvement project has resulted in high rates of patient and family satisfaction, fewer complaints related to communication, and has won two quality awards for Sustained Improvement in Patient Experience During Critical Transitions in Post Acute Care. The leadership team has regular town halls for patients and families where opportunities for improved patient and family experience are identified. White boards for every patient are updated each shift, with goals and expected discharge date identified.

Quality boards and huddles are present at all sites and include performance indicators such as FIM compliance, fall, pressure injury prevalence, as well as daily system pressures such as patient capacity and flow. The Credit Valley site should be commended for the work on pressure injury prevention, with a pressure injury incidence of 17% in September of 2022 to 1.8 % in May of 2023.

The team has implemented many challenging behaviour strategies and is supported by a delirium team.

All patients have a pain assessment on intake, prior to admission to Mississauga and Credit Valley rehab, to identify pain related barriers to rehabilitation. The acute pain team supports the surgical patients and there is a Rehab Hospitalist who participates in daily rounds on the surgical units. There are two chronic Pain physicians who support the rehab patients utilizing many pain management modalities, including blocks and referral to other allied health staff such as psychology.

Implementation of Epic has allowed the team to standardize assessment, documentation and ensure a complete record is maintained for all patients, while providing opportunity to regularly audit compliance with KPIs and ROPs such as pressure injury prevalence, medication reconciliation, and patient falls.

The team is aware of the ethics framework and an ethicist regularly attends their team rounds. Clinical leaders is strong, with the clinical leader, manager, director, physician leader, professional practice leaders, and clinical educator actively engaged in quality improvement and patient safety.

Opportunities for improvement include space, equipment, and medication management.

Space is a challenge at all sites, with a very small gym at the Mississauga site and storage for equipment challenges at all sites. There is a significant amount of equipment being stored in hallways. There are medication carts at all sites that are not located in locked medication rooms and although there is Pyxis at the Credit Valley and Queensway sites, there are still three other non-automated carts on the unit, secured in hallways. Patient names are on these locked drawers and there is a risk of leaving the medication drawers open and unlocked.

Table 18: Unmet Criteria for Rehabilitation Services

There are no unmet criteria for this section.

Reprocessing of Reusable Medical Devices

Standard Rating: 99.2% Met Criteria

0.8% of criteria were unmet. For further details please review the following table.

Assessment Results

When dealing with medical devices Trillium has a robust team that standardizes care throughout all three sites. Volumes of procedures, age of equipment and repairs are tracked and this information is used at a senior level to guide capital purchases. A lot of work has been done on tracking preventative maintenance, and the team has found this to be of large benefit to the organization. There are written agreements with vendors and policies on loaned equipment. There is a dress code and teachings on hand hygiene. There are policies and processes, which could be recited, on equipment possibly contaminated with Creutzfeldt-Jakob disease. There are over 30 technicians at the Mississauga site alone and they are hired after completing the appropriate certificate. New hires undergo general hospital orientation and then start a 6 week training module in MDR, which includes audits. Safety training specific to equipment and geared to safety is a large component of the education. The team is recognized at various senior levels and may receive thank you cards at huddles. There are systematic opportunities in place, such as a two week rotation designing operating room trays, to promote vocational growth for employees. All manufacture policies are maintained and available to staff on paper and at computer work stations. There has not been an immediate us of steam sterilization in 3-4 years.

At the Mississauga site some flexible scopes are sterilized in this area, documented and tracked.

Ultrasound probes are also cleaned this is area, and the process meets the standards. Appropriate indicators are used in the sterilization process and all necessary data is collected, stored and trays tracked.

The space has appropriate had washing stations and single use towels. The area is restricted, separates dirty from clean, and environmental conditions are monitored and documented. There is currently a process improvement project in place to better organize the storage of sterilized equipment.

The Credit Valley site was also visited and welcomed by very knowledgeable staff. The same policies and procedures from the Mississauga site are incorporated at Credit Valley. This site passed all the standards. The only improvement to be suggested is to consider changing the floor since it is cracked and missing pieces.

Queensway has a dedicated team who have taken on the very complex project of orthopedic surgery. They have completed this challenge and exceeded expectations. All processes and policies meet standards. The team is to be commended on their ability to change to benefit the community.

Table 19: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
1.3.6	The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	HIGH

Transfusion Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The Transfusion Medicine service at THP is a very busy service, providing approximately 14,000 units of packed red blood cells, 3000 units of platelets, 2400 units of plasma and multiple other blood products per year across the three sites.

The population of patients served by the transfusion team is culturally diverse, with many new Canadians receiving care at THP. This patient population frequently have antibodies which has led to the establishment of a rare blood group program.

THP participates in a redistribution program which ensures blood products are issued to other areas prior to expiration, reducing the incidence of waste.

An interdisciplinary transfusion committee supports transfusion practices with the three THP sites, including the development and review of policies and procedures, review of patient safety incidents, as well as education and training for staff.

Patient consent is obtained for transfusion of blood and blood products and the policies and procedures are followed for the administration of the products. Nursing staff were knowledgeable and well educated on the procedure for administering blood and blood and blood products within patient care areas.

The team has recently developed a standardized mass transfusion protocol and 'code transfusion'. The protocol is initiated for patients experiencing a life threatening hemorrhage that requires rapid administration of blood and/or blood products. Team members acknowledged the significant improvement that has been seen since the implementation of code transfusion, supported by feedback from the interdisciplinary team.

The transfusion medicine team is a passionate, committed, cohesive team who show great pride in the services they provide to patients, keeping the patient at the center of all the work they do to support quality care.

Table 20: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.

Point-of-Care Testing

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Point of care testing was assessed during Accreditation Canada's lab survey in October 2022 with all standards met. All three THP sites use the same policies, procedures and SOPs to support point of care testing.

The lab a has oversight for point of care testing across the organizations, including education and training and maintenance of competency, in partnership with professional practice and clinical nurse educators within the patient care areas.

The point of care interdisciplinary team meets annually to identify opportunities for improvement, evaluate key performance indicators, and track compliance with POC testing compliance with standards. THP should be commended on the significant improvement in standards compliance from over past three years.

Table 21: Unmet Criteria for Point-of-Care Testing

There are no unmet criteria for this section.

Quality Improvement Overview

Staff are very engaged in the Accreditation process and are focused around providing care to patients and their families. The organization has developed a culture with a focus on quality and safety (No needless death, no harm, no helplessness, no waiting, no waste). There is an integrated quality management approach which includes: 1) quality and quality improvement, 2) foundations, 3) patient safety, and 4) risk management. The THP Quality Model supports the strategic plan and is a tool to guide the initiatives that the organization undertakes to improve quality, access and sustainability. There is a commitment to deliver high quality care and exceptional experiences. There are four key areas of focus:

- Continual adoption of leading practices through standardization and clinical service planning
- Enhanced communication through tools such as AIDET, diversity training and engagement
- A modern HIS with new tools that enable quality
- Innovation and research focused on improvement, including development of a THP Performance Index

By utilizing the THP Quality Model to support initiatives, the organization seeks to achieve their Goals of Quality:

- Improved safety
- Improved clinical outcomes
- Improved patient satisfaction and provider engagement
- Culture of quality and safety and sustained improvement

To better support and empower THP teams to deliver high quality care and exceptional experiences, THP has introduced a multi-year initiative called Foundations of Clinical Excellence. The organization is committed to working with leaders and teams to:

- Define clinical excellence aligned to the strategic plan (Quality, Access & Sustainability).
- Create the conditions, tools and practices that enable people to achieve consistent clinical excellence across the clinical platform.
- Continuously learn and adapt definition, capacity and conditions to achieve clinical excellence.

There are three Foundations of Clinical Excellence:

- People Foundations
 - o Stabilize and build the workforce
 - o Create a positive work environment that fosters wellness and joy
 - o Support the orientation, learning and professional development of staff and leaders
 - o Incorporate health professional learners in the clinical environment
 - Practice and Quality Foundations
 - o An environment that supports the delivery of high quality, safe patient care that is also aligned to Accreditation standards
 - o Essential practice support for clinical teams
 - o Tools and conditions to enable continuous quality improvement practices and capacity
 - o Standardized policies and procedures
 - Services and Systems Foundations
 - o Processes for risk, patient safety and infection control
 - o Effective management of capacity, physical and financial resources
 - o Optimize the use of operational tools and data systems

In the current year (first year), THP will focus on practices, tools and standards that require a refresh. THP plans to build on best practices that are working well and identify opportunities for improvement. By doing so, they will take a thoughtful approach to change management and minimize impact to teams. There are three priorities this year:

1. Prepare for Accreditation onsite survey
 2. Continue efforts to stabilize staff and leaders
 3. Refresh, improve and standardize 11 key enabling practices of clinical excellence
- o People Centered Care Strategy
 - o Transfer of Accountability/Transfer of Information
 - o In-Room Patient Whiteboards
 - o Inter-Professional Rounding
 - o Unit/Team Huddles
 - o Huddle Boards
 - o Senior Leader Rounding
 - o Daily Situational Awareness Touchpoint
 - o Clinical Program Committees
 - o Practice Councils
 - o THP Performance Plan

The Quality Team has an active role in the monitoring of key quality indicators at a corporate (including publically reported indicators), program and local level with regular analyses of trends and themes arising from dashboards, but also including quality issues arising from formal Quality of Care Reviews (QCRs). There is not a separate patient safety plan. The patient safety plan is incorporated in the quality plan. The Quality Team provides leadership and oversight over the Incident Management and Quality of Care Review policies and processes to ensure ongoing learning and improvement arising from harm or potential harm events.

The organization is able to track, monitor, and investigate rates and trends of sentinel events, near misses, and adverse events. It appears that most staff feel that a “just – no blame” culture exists across the organization. The Hospital has developed Quality and Safety Plans for Programs and Services. These set the direction for achieving continuous improvement. The quality improvement structure supports the organizational priorities and is linked to the strategic priorities of the organization. A formalized process for the governing body to receive regular, written reports from the Quality Team on the quality, risk and safety of services has been established. Huddle (Quality/Performance) boards are prevalent throughout the organization.

The organization has a risk framework in place and utilizes HIROC risk assessments. The risk management approach and contingency plans appear to be understood and disseminated throughout the organization. Processes are in place for patients and their families to provide feedback to the organization. There is a documented and coordinated process to disclose patient safety incidents to clients and families. A documented and coordinated medication reconciliation process is used to communicate complete and accurate information about medications across care transitions.

Successes reported by the team include:

- QuEST, the first program of its kind in Canada is a joint partnership between the University of Toronto and Trillium Health Partners focused on advancing Quality Improvement and Patient Safety (QIPS) through didactic and immersive learning opportunities for medical students and faculty.

- Code Transfusion
- Equity lens on how organization reviews incidences
- Medication reconciliation at discharge
- In-room patient whiteboards
- Senior leader quality and safety rounding
- Cross pollination of quality and operations
- Transparency of data across the organization

Opportunities shared by the team include:

- Time to inpatient bed
- Continue to strengthen literacy around data
- Use newly available data effectively to drive improvements
- Ensure Patient Engagement is meaningful
- Continue to improve education and communication
- Continuation of work related to hospital acquired pressure ulcers
- Workplace violence – response to existing and escalating conditions

Compassion, Excellence and Courage are values which foster the culture at Trillium Health Partners. (THP) THP has three main sites: Credit Valley Hospital, Mississauga Hospital, and Queensway Health Centre which offer a full range of acute care as well as community based specialized programs. The Patient Relations team at THP have been supporting partnering with patients for many years starting in 2013 and with covid they're seeing many ways to engage pausing or ending. There was some patient engagement during the pandemic to help with family presence and a few PFACs stayed going. During the recovery phase of the pandemic an opportunity to create a strategy to engage Patients, Families and Caregivers to support the delivery of high quality and excellent care for every person was advanced. THP has a diverse group of over 50 Patient and Family Partners (PFP) who bring a variety of interests, knowledge and lived experience expertise. THP has created a new framework and a refreshed approach to patient and family engagement with hopes of expanding the pool to 100 PFP.

The new framework follows a People Centred Care (PCC) philosophy which focuses more on the person than the disease and being true partners with THP. Patient Relations have played a key role in this development along with their passionate pool of patients and families. With this new approach of Engagement, THP is aiming to deliver exceptional patient experiences. Practicing PCC is the essence of what they do at THP and is written directly in the THP Strategic Plan.

The governing board at THP was an engaged and enthusiastic group who could speak to the importance of hearing from patients and families. They felt the stories told at board meetings helped them to understand what patients and families are experiencing at THP hospitals. They have a PFP who is part of the Quality working group of the board and as well may hear a patient story from the community. They were aware and supported the new PCC approach at THP. THP governing body is encouraged to see if there is a way to make room at the board table for a PFP who would bring that lived experience voice to the board table to really ground your work and share what is currently happening at THP.

The leadership team is a very dynamic and invested group of people who see the value of meaningful engagement of patients, families and PFP's. They support the new approach to patient engagement saying it will be a key enabler to hearing from multiple PFP perspectives. There is a new role in Patient Relations"; a PCC Coordinator, who is responsible for the work related to the PCC approach and supports learning and education for both staff and PFP.

Research and innovation are key enablers to THP and established The Institute for Better Health in 2014. This new way of thinking helps to support patients and families through their care journeys. There is work being done with support of patients and families to help get data from patients discharged from THP.

This work focuses on three simple questions from scanning a bar codes. In the past few months there has been an overwhelming response from patients and families. Good feedback is shared with staff at THP from those utilizing services at THP and good information is being collected and shared with staff. PFP play a key role in this work. THP see the value of collecting good data and information to inform how they will work going forward.

Meeting with the MRP for education at THP, showcased some great work happening on supports for patients and families at the unit base level. An example is a booklet for mental health patients going home on passes, built with family members of loved ones, who understood the challenges both patients and families face when trialing home transitions. In the seniors care unit a whole online program was built to help support families of loved ones who are caregiving at home. Sharing their lived experiences helped to ensure that the right supports were there to support new families transitioning to home for the first time. Cancer care is one of the units that has a longstanding PFAC who supports the work happening at the unit level. Healing Heart Volunteers is a group of patient and families who are former patients who have experienced cardiac surgery and come back to the Cardiac ICU to supports others on their journeys with heart issues.

Speaking with PFP at THP. They come with a diverse background and experiences as both patients and families who support a loved one through illness. Some are long standing PFP, and some are new.

They are excited for this new refresh approach to engagement. Truly a light for this organization. It was evident when speaking with leaders and managers on care units who have opportunities to partner, they enjoy the times they can partner with PFP. The PFP feel the same but would love the opportunity to learn more from one another. THP could consider creating an online forum for their PFP to meet and share some of the work they are doing. PFP who are still on PFAC for specific areas of care, were excited to learn what they were doing. Again, here is a great opportunity to have shared learning from PFAC with one another, to help where there maybe stuck points or share some great ideas that could help in other areas of care at THP. PFP are experienced and some are ready for a more leadership role and shared with me a desire to do more and perhaps with this new refresh there could be innovative ways to explore how PFP can be doing more in the organization to support the work. Some examples could be part of orientation for staff, hiring of new staff, or supporting the work of the PCC coordinator. The organization is also encouraged to explore how to bring in even more of a diverse voice to the PFP pool, you have many different ethnicities who come for care and it is important to ensure their cultural needs to feel safe are heard too. Consider looking at ways to engage with the community or see who is in your waiting areas, these are the voices you don't often get at tables to share.

Visiting with the great teams in medicine, CARU, Seniors Care Unit, Cancer and Rehab at Moan at THP this week. Each place blew me away with their passionate directors, managers, and staff, who care with their whole heart. They love what they do and are excited to come and help patients and families on their health journey at THP. The teams actively use white boards for communication in patient rooms, that were created in partnership with PFP, that support staff who do shift change at the bedside and are used as a tool for patients and family. In speaking with patients and families, they felt safe, and well cared for.

Not a worry came from any patient or family spoken to. They knew understood what meds they took and felt the staff listened to them. They have open visiting hours and if a family wants to stay overnight it will be supported. THP would be encouraged to ensure that even with the smallest of improvements, to make sure to ask the voice of patients and families. THP is also encouraged to do more education for staff on patient partnerships, and engagement.

THP has brought EPIC, a virtual health record system and will be implementing pilots for My Chart. These are two tools to support the patient journey. Ensure that there will be regular audit and feedback to understand the uptake and value patients find. VOYCE was implemented after the comments from clients, families, and staff that their old ways of communication, especially those who speak different languages were not happy with the quality of service. VOYCE is a great tool to ensure that voice of patients and families can be heard in the language of their choice, with ability to connect to over 200 different languages and connects it with their EPIC system.

THP is commended for their continued focus on seeing how to incorporate the lived experience voices of their patients and families. With a new plan and committed leaders, staff and patients and families, you will succeed in being “Better Together”.