ACCREDITATION CANADA

Driving Quality Health Services

Executive Summary

Northern Health Authority

Prince George, BC

On-site survey dates: June 1, 2014 - June 6, 2014

Report issued: June 27, 2014

ACCREDITATION CANADA
AGRÉMENT CANADA

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

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About the Executive Summary

Northern Health Authority (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 June 2014.

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

Northern Health Authority (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

Northern Health Authority's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: June 1, 2014 to June 6, 2014**

- **Locations**

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

1	Acropolis Manor
2	Bulkley Lodge
3	Bulkley Valley District Hospital
4	Comm. Response Unit and ACT Team - Prince George
5	Dawson Creek and District Hospital
6	Fort Nelson General Hospital
7	Fort Nelson Mental Health and Addictions
8	Fort St. John Health Unit
9	Fort St. John Hospital
10	Fort St. John Mental Health and Addictions
11	Highland Community Centre - Prince George
12	Kitimat General Hospital & Health Centre
13	Lakes District Hospital and Health Centre
14	Mills Memorial Hospital
15	Northern Haida Gwaii Hospital and Health Clinic - Masset
16	Northern Health Authority Corporate Office
17	Northern Interior Health Unit - Prince George
18	Parkside Care Facility
19	Prince Rupert Regional Hospital
20	Queen Charlotte Islands General Hospital
21	Rotary Manor
22	St. John Hospital
23	Stuart Lake Hospital
24	University Hospital of Northern British Columbia
25	Wrinch Memorial Hospital

- **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
  3   Medication Management Standards
  4   Infection Prevention and Control

  Population-specific Standards

  5   Maternal/Child Populations
  6   Public Health Services

  Service Excellence Standards

  7   Operating Rooms
  8   Surgical Care Services
  9   Critical Care
  10   Emergency Department
  11   Home Care Services
  12   Long-Term Care Services
  13   Medicine Services
  14   Substance Abuse and Problem Gambling Services
  15   Ambulatory Systemic Cancer Therapy Services
  16   Obstetrics Services
  17   Mental Health Services
  18   Reprocessing and Sterilization of Reusable Medical Devices

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)	107	2	0	109
Accessibility (Providing timely and equitable services)	95	4	2	101
Safety (Keeping people safe)	462	75	13	550
Worklife (Supporting wellness in the work environment)	159	13	2	174
Client-centred Services (Putting clients and families first)	182	21	0	203
Continuity of Services (Experiencing coordinated and seamless services)	71	1	0	72
Effectiveness (Doing the right thing to achieve the best possible results)	616	99	11	726
Efficiency (Making the best use of resources)	60	13	0	73
Total	1752	228	28	2008

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	42 (95.5%)	2 (4.5%)	0	32 (97.0%)	1 (3.0%)	1	74 (96.1%)	3 (3.9%)	1
Leadership	43 (93.5%)	3 (6.5%)	0	81 (95.3%)	4 (4.7%)	0	124 (94.7%)	7 (5.3%)	0
Infection Prevention and Control	39 (78.0%)	11 (22.0%)	3	42 (97.7%)	1 (2.3%)	1	81 (87.1%)	12 (12.9%)	4
Medication Management Standards	64 (87.7%)	9 (12.3%)	5	60 (95.2%)	3 (4.8%)	1	124 (91.2%)	12 (8.8%)	6
Public Health Services	47 (100.0%)	0 (0.0%)	0	67 (98.5%)	1 (1.5%)	0	114 (99.1%)	1 (0.9%)	0
Maternal/Child Populations	3 (100.0%)	0 (0.0%)	0	29 (100.0%)	0 (0.0%)	0	32 (100.0%)	0 (0.0%)	0
Ambulatory Systemic Cancer Therapy Services	43 (97.7%)	1 (2.3%)	2	90 (93.8%)	6 (6.3%)	2	133 (95.0%)	7 (5.0%)	4
Critical Care	26 (89.7%)	3 (10.3%)	1	62 (66.7%)	31 (33.3%)	0	88 (72.1%)	34 (27.9%)	1
Emergency Department	29 (96.7%)	1 (3.3%)	1	78 (82.1%)	17 (17.9%)	0	107 (85.6%)	18 (14.4%)	1

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Home Care Services	39 (100.0%)	0 (0.0%)	1	49 (96.1%)	2 (3.9%)	1	88 (97.8%)	2 (2.2%)	2
Long-Term Care Services	20 (83.3%)	4 (16.7%)	0	62 (86.1%)	10 (13.9%)	0	82 (85.4%)	14 (14.6%)	0
Medicine Services	24 (88.9%)	3 (11.1%)	0	59 (85.5%)	10 (14.5%)	0	83 (86.5%)	13 (13.5%)	0
Mental Health Services	31 (96.9%)	1 (3.1%)	0	64 (72.7%)	24 (27.3%)	0	95 (79.2%)	25 (20.8%)	0
Obstetrics Services	60 (98.4%)	1 (1.6%)	2	73 (97.3%)	2 (2.7%)	0	133 (97.8%)	3 (2.2%)	2
Operating Rooms	63 (91.3%)	6 (8.7%)	0	20 (66.7%)	10 (33.3%)	0	83 (83.8%)	16 (16.2%)	0
Reprocessing and Sterilization of Reusable Medical Devices	37 (97.4%)	1 (2.6%)	2	52 (91.2%)	5 (8.8%)	2	89 (93.7%)	6 (6.3%)	4
Substance Abuse and Problem Gambling Services	27 (100.0%)	0 (0.0%)	0	63 (90.0%)	7 (10.0%)	1	90 (92.8%)	7 (7.2%)	1
Surgical Care Services	29 (96.7%)	1 (3.3%)	0	59 (90.8%)	6 (9.2%)	0	88 (92.6%)	7 (7.4%)	0
Total	666 (93.4%)	47 (6.6%)	17	1042 (88.2%)	140 (11.8%)	9	1708 (90.1%)	187 (9.9%)	26

* Does not includes ROP (Required Organizational Practices)

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 Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Critical Care)	Unmet	0 of 2	0 of 0
Client And Family Role In Safety (Home Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Unmet	1 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Unmet	0 of 2	0 of 0
Client And Family Role In Safety (Mental Health 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 (Obstetrics Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Surgical Care Services)	Unmet	1 of 2	0 of 0
Dangerous Abbreviations (Medication Management Standards)	Unmet	3 of 4	2 of 3
Information Transfer (Ambulatory Systemic Cancer Therapy 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 (Home Care Services)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	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 (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Information Transfer (Surgical Care 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			
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Ambulatory Systemic Cancer Therapy Services)	Unmet	4 of 7	0 of 0
Medication reconciliation at care transitions (Critical Care)	Unmet	4 of 5	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Unmet	3 of 5	0 of 0
Medication reconciliation at care transitions (Home Care Services)	Unmet	3 of 4	0 of 1
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Medicine Services)	Unmet	0 of 5	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Unmet	1 of 5	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Unmet	2 of 5	0 of 0
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling Services)	Unmet	1 of 3	0 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Surgical Care Services)	Met	5 of 5	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Operating Rooms)	Met	3 of 3	2 of 2
Two Client Identifiers (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Critical Care)	Unmet	0 of 1	0 of 0
Two Client Identifiers (Emergency Department)	Unmet	0 of 1	0 of 0
Two Client Identifiers (Home Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	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 (Substance Abuse and Problem Gambling Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Surgical Care Services)	Unmet	0 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Unmet	0 of 4	0 of 1
Concentrated Electrolytes (Medication Management Standards)	Unmet	2 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Critical Care)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Emergency Department)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Operating Rooms)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Surgical Care Services)	Unmet	0 of 1	0 of 0
Narcotics Safety (Medication Management Standards)	Unmet	2 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Unmet	2 of 2	1 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
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 Compliance (Infection Prevention and Control)	Unmet	0 of 1	0 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Unmet	1 of 1	2 of 3
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Reprocessing (Infection Prevention and Control)	Unmet	0 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Ambulatory Systemic Cancer Therapy Services)	Unmet	3 of 3	0 of 2
Falls Prevention Strategy (Home Care Services)	Unmet	3 of 3	0 of 2
Falls Prevention Strategy (Long-Term Care Services)	Unmet	3 of 3	0 of 2
Falls Prevention Strategy (Medicine Services)	Unmet	0 of 3	0 of 2
Falls Prevention Strategy (Mental Health Services)	Unmet	2 of 3	0 of 2
Falls Prevention Strategy (Obstetrics Services)	Unmet	0 of 3	0 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Surgical Care Services)	Unmet	2 of 3	0 of 2
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care)	Unmet	1 of 3	1 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Unmet	2 of 3	1 of 2
Pressure Ulcer Prevention (Medicine Services)	Unmet	0 of 3	0 of 2
Pressure Ulcer Prevention (Surgical Care Services)	Unmet	0 of 3	1 of 2
Suicide Prevention (Mental Health Services)	Unmet	3 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Medicine Services)	Unmet	0 of 3	0 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.

Northern Health (NH) is commended for participating in the accreditation process and demonstrating its dedication to ongoing quality improvement.

The Board of Directors of NH is very strong. While appointed provincially, the composition and skill sets are very reflective of the needs of the organization and the community served. The greatest strength of the Board is in its commitment both to strategic planning and ensuring that the population health needs of the people served drive service development. Supporting the Board are three sub-committees including: Priorities, Planning and Performance; Audit and Finance; and, Governance and Management Relations. These sub-committees undertake the majority of the work for the Board and are driven by a very clear annual workplan. The workplan ensures that the organization remains focused and able to meet its mandate. Very strong stewardship in the areas of fiscal management and quality, combined with a broad commitment to innovation as exhibited in areas such as the Tripartite Agreement and the primary care homes initiative, have positioned the organization to continue to meet and exceed patient expectations into the future.

The leadership across NH is extremely dedicated and passionate about their work. Well-respected internally and externally, the team has positioned NH as an organization of choice for patients and staff alike. Upcoming senior leadership changes, through retirement and relocation, will provide the team with the opportunity to evaluate the current structure to see if modifications would be helpful in advancing the strategic plan. The organization may consider introducing a level of program management, particularly in areas such as medicine that transcend all aspects of the operation, which may assist with the coordination and standardization of care. Significant bed pressures exist at the University Hospital of Northern BC (UHNBC) in Prince George; the pressures may be alleviated somewhat if an authority-wide clinical model was in place.

The leadership team is commended for having a very strong vision. For example, upcoming adjustments to the education portfolio will strengthen this area significantly which is important as education is instrumental in staff recruitment and retention. Leadership development programs are also noted with approval and seem to be readily available to staff aiming on advancing their careers.

The dedication and commitment of the entire NH healthcare team is impressive. There is terrific community engagement and support right across the authority, which is a testament to this dedication and commitment. There is a corporate commitment to continually improving worklife through a strong commitment to staff safety. Process improvement is also a key focus, with staff enthusiastically engaged in projects.

Bed pressures, particularly at UHNBC, are putting significant strain on the healthcare team. Notwithstanding this, the team tackles the issue every day in a positive, open and supportive manner. However, it is imperative that the structural drives of this issue be addressed as continuing to work at the current pace will cause burnout and the departure of staff. Critically assessing the drivers of the problem, and putting in place solutions that will help will be key. These solutions may be challenging to implement but will be necessary.

The organization is committed to introducing new ways to deliver care. As the environment continues to change, this will become more and more important. The introduction of primary care homes is one such example of the changes afoot. These changes are necessary for the organization to continue to grow. Ongoing integration with the community sector, something that is happening extremely well across the authority, will need to continue. The continued use of telemedicine, particularly in the rural sites, will ensure that communities have access to care that they might not otherwise. Retention and recruitment efforts will continue to need to be addressed, with a focus on building on what is working well now being key.

Nowhere is the importance of successful recruitment more evident than at the Fort St. John Hospital. While there is a new hospital in the community, there is still a shortage of physicians. Recruitment and retention of registered nurses and the availability of interprofessional expertise in the clinical areas such as pharmacy and respiratory therapy, remain a challenge. Efforts are underway to address this; however, it will continue to be a concern, particularly as the cost of living continues to rise in the area.

While there are pockets of client satisfaction information collected and, in some communities word of mouth plays a major role in the feedback loop, it is felt that a formal patient engagement strategy would provide NH with key information from its clients. Right across the country there is an increased emphasis on directly involving clients and families in the day-to-day planning activities of healthcare organizations. Involving patients and family members on committees in the organization should be considered if it is not already occurring. Patient satisfaction data should be collected in a planned and strategic manner, aimed at influencing the direction of the organization and ensuring, regardless of the changes that occur ahead, that it is always driven by the needs of those it is here to serve.

Community partners express considerable satisfaction and pride about what they have been able to achieve together with NH. There is agreement that leadership of NH is "on the right track," although there is concern about sustainability; with small numbers of physicians, many communities are teetering on the brink. On the other hand, 35% of the graduates of the University of Northern British Columbia are practicing in rural sites compared to 5% of family medicine graduates from other locations in BC. There is also particular concern about mental health and access to services across the region. The number of adolescent mental health beds is very low. First Nations people living in urban settings are most vulnerable. There is worry about dropouts; while the First Nations' graduation rate has increased in the last seven years from 38% to 56%, the non-aboriginal graduation rate is a 2%. The organization is commended for creating the position of Vice President, Aboriginal Health.

The frontline passion and commitment to care is apparent. The organization is definitely on the right track in the areas of quality, safety, access, retention and recruitment. The fiscal situation in the organization is sound and the capital and operational planning systems in place will help the organization buffer the reduced revenue stream it will experience over the next few year. The organization's reputation in the community and with external stakeholders, such as the Ministry of Health is extremely positive, in no small part to the exceptional leadership noted above.