



Northern Health Authority

Accredited

June 2018 to 2022

Northern Health Authority has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until June 2022 provided program requirements continue to be met.

Northern Health Authority 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 **Northern Health Authority** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Northern Health Authority (2018)

Northern Health serves a population 290,000 in northern British Columbia. Northern Health's model of primary and community health care is centred on the person and their family and involves inter-professional teams who work in collaboration with primary care providers (i.e, physicians and nurse practitioners) to offer a broad range of services.

The organization is divided into three Health Service Delivery Areas: the Northeast, the Northern Interior, and the Northwest. Northern Health's vision statement is "Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for northerners".

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

June 3, 2018 to June 8, 2018

Locations surveyed

- **22** 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

- **14 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.

Northern Health is undergoing a sequential site visit survey.

This Survey focuses on Acute Care Services, Long Term Care, and Mental Health inpatient services. Community Services, including Public Health, Primary Care, Home Care and Community Mental Health will be surveyed in 2020.

Northern Health is one of five geographic health authorities in the province. It provides a full range of health care services to approximately 280,000 residents of Northern British Columbia. 17% of the population is Indigenous. Serving a catchment area of 592,116 square kilometers (roughly "the size of France"), it is the largest geographic health region in the province covering over 2/3 of British Columbia, and largely comprised of rural and remote communities. In addition, there are 54 First Nations communities and 9 Tribal Councils.

Northern Health is organized into three Health Service Delivery Areas (HSDAs): The Northeast, the Northwest, and the Northern Interior. Each HSDA is led by a Chief Operating Officer (COO), who has overall responsibility for the operations of the HSDA. Reporting to each COO are Health Service Administrators who handle the day-to day provision of services.

Many Regional services, including finance, human resources, information management, and information technology are based in Prince George. Northern Health is an active partner in the province's BC Clinical and Support Services (BCCSS) Society.

Nearly all northern BC physicians are appointed to the Northern Health's Medical Staff. Over the past few years Northern Health has been working to advance co-leadership between physician and administrative leaders recognizing that shared responsibilities exist. The Medical Affairs Department has created documents outlining what the core and shared responsibilities for both physician and administrative leaders.

Northern Health has entered into a Partnership Accord with the First Nations Health Authority and the First Nations Health Council. A Northern First Nations Health and Wellness Plan, developed by the partners, is guiding the work underway across the North. Leadership of this work is led by a Vice President, Aboriginal Health.

Northern Health receives strategic directions from identified government priorities set forth in "Setting Priorities for the B.C. Health System" and the Minister of Health's Mandate Letter.

The Board of Directors have committed members that wish to advance services in the region. There is a strong relationship between the Board and the CEO. The CEO and management group report regularly to the Board. The Board understands its role as a governing body and, is aware that oversight for patient safety, risk management, and quality improvement are fundamental roles of the governance. The Board is proud of its efforts and that of the organization in driving quality for all decisions it takes.

The organization has proactive and engaged teams with strong and present leadership. Commitment to ongoing education is commendable. There is a strong focus on developing leaders throughout the organization and at every level. The organization has rolled out the LINX system for Leadership coaching, mentoring and development.

Northern Health has a vision for an "Idealized Northern Health System of Services". The plan, which is starting to gain traction, establishes the integration of primary care and community services. The vision has the person and family at the centre, situated in a primary care home. Interprofessional teams (still in their infancy) will then "wrap around" the primary care home for those clients with complex needs to deliver the appropriate team services that are available for those who need them most. Ambitious performance metrics and targets are itemized in the operational plan. The successful implementation of this work will be instrumental in relieving bed pressures, and bottlenecks in flow.

Availability and sustainability of qualified human resources will be critical to the achievement of all Northern Health's priorities. Health Human Resource planning is underway to ensure recruitment/retention of the workforce (including the physician complement). The emphasis on "grow your own" strategies with UHNBC and northern colleges have proven successful in recruitment of needed rural positions.

Four participants took part in the community partner focus group meeting, representing the three community agencies and provider groups. The community partners, without exception, spoke positively about their relationship with the organization. The community partners feel that the organization is open, collaborative and seeks to reach mutually beneficial solutions that benefit the broader community. However, all 3 agencies are hoping that their experiences with emergency room services will improve with further education on cultural safety and humility as well as values training.

It is acknowledged that there has been a tremendous amount of work done around medication reconciliation since the last Accreditation Canada Survey. There is a medication reconciliation policy and process that has been developed. However, it is not consistently followed in all services or programs. Northern Health is encouraged to continue the efforts in 1:1 physician engagement, along with a deliberate, systematic process to roll out medication reconciliation, in a manner that will achieve measurable, sustainable results.

Continue to strengthen the partnerships with Indigenous people, communities, and the First Nations Health Authority to further develop and support culturally safe services.









The survey team wishes to acknowledge the tremendous work undertaken by Northern Health during last year's wildfires around Cariboo and Chilcotin regions. Between July 8 and August 23, Northern Health accepted over 250 patients, assisted living and long-term care evacuees, in various Prince George and Quesnel facilities for 47 days. To meet the needs of the evacuees, Northern Health set up a primary care clinic and nursing triage unit at the local college. But it didn't end there..there were various reports how staff volunteered their time and resources to help the displaced clients (taking residents to the circus, renting a bus and taking the residents for a drive, supplying craft supplies). Strong leadership, teamwork and the dedication to patient care of the NH staff and the physicians were they key enabling drivers for the a timely and compassionate response to this disaster.

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.

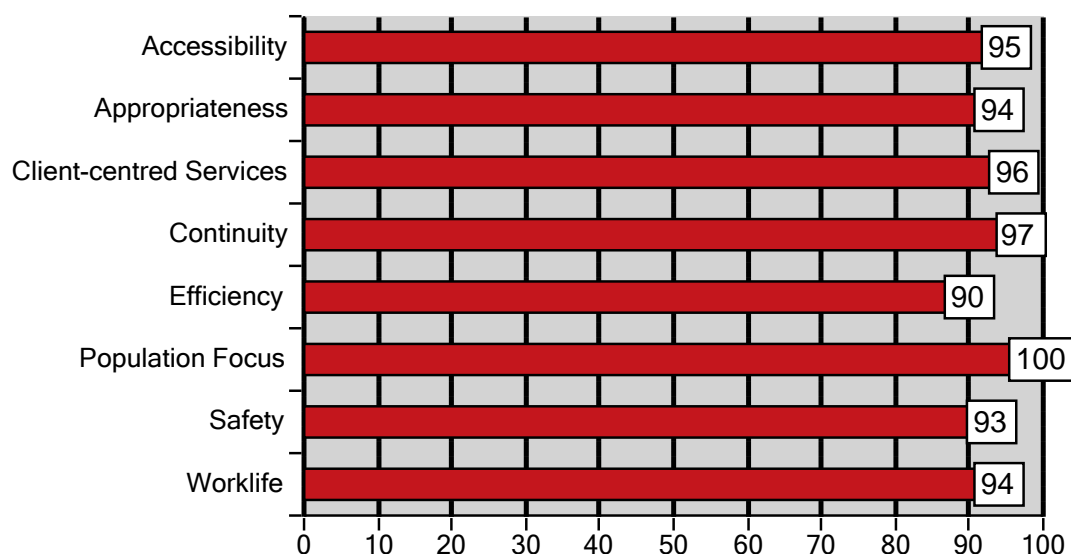
The quality dimensions are:

	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

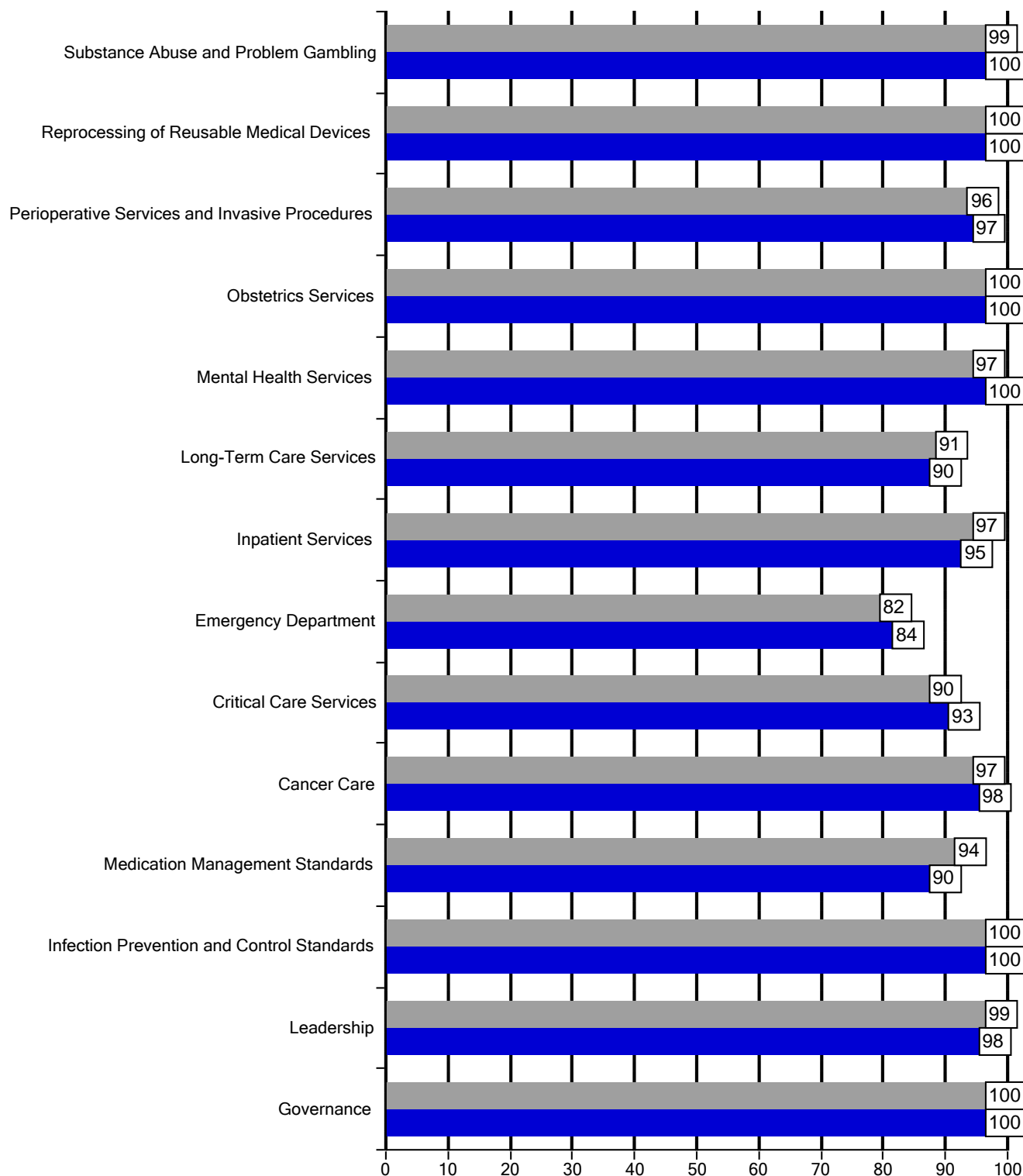
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

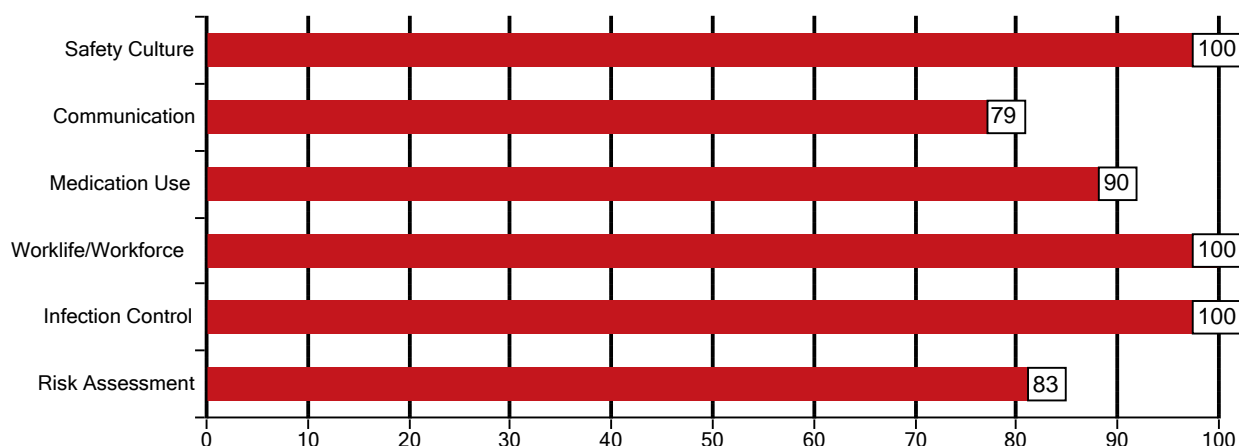
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



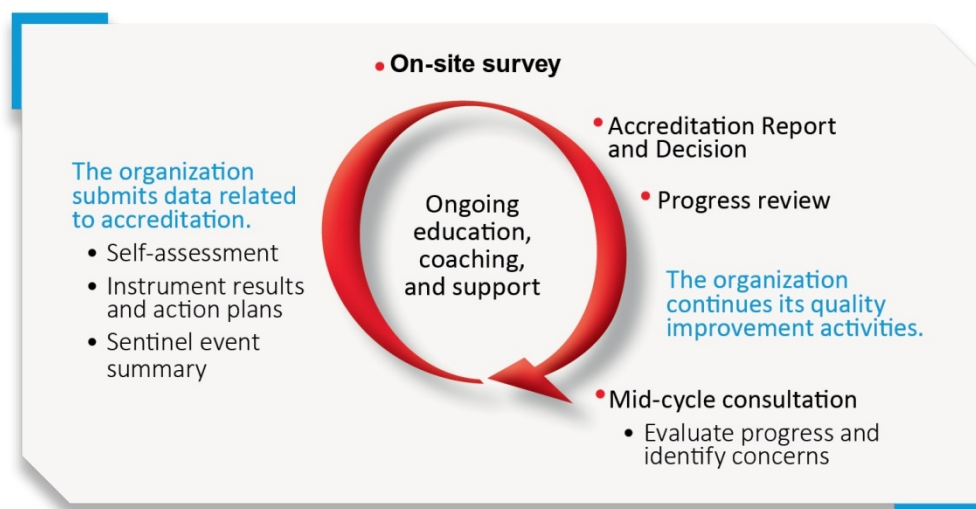
The quality improvement journey

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 **Northern Health Authority** 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 Bulkley Valley District Hospital
- 2 Chetwynd General Hospital and Health Centre
- 3 Dawson Creek and District Hospital
- 4 Dunrovin Park Lodge
- 5 Fort St. John Hospital
- 6 G.R. Baker Memorial Hospital
- 7 Gateway Res. Care & Lodge - Prince George
- 8 Jubilee Lodge
- 9 Kitimat General Hospital & Health Centre
- 10 Mackenzie and District Hospital and Health Centre
- 11 McBride and District Hospital and Health Centre
- 12 Mills Memorial Hospital
- 13 Nechako Centre - Prince George
- 14 Northern Health Authority Corporate Office
- 15 Peace Villa Residential Care
- 16 Prince Rupert Regional Hospital
- 17 Quesnel Mental Health/QUESST Unit
- 18 St. John Hospital
- 19 Stuart Nechako Manor
- 20 Terraceview Lodge
- 21 University Hospital of Northern British Columbia
- 22 Wrinch Memorial Hospital

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - Safe Surgery Checklist
 - The “Do Not Use” list of abbreviations
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Medication Use

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
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Worklife/Workforce

- Client Flow
 - Patient safety plan
 - Patient safety: education and training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
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Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
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Required Organizational Practices

Risk Assessment

- Falls Prevention Strategy
 - Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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