



ACCREDITATION CANADA



Driving Quality Health Services

Focused Visit Report

Prepared for:
St. Joseph's General Hospital

Comox, BC

Focused Visit Date(s):
April 17, 2011 - April 20, 2011

May 5, 2011



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Focused Visit Report

About this Report

This report documents the results of a focused visit held at St. Joseph's General Hospital. It is based on information obtained from the organization. Accreditation Canada relies on the accuracy of this information to conduct the focused visit and to prepare the report.

Any alteration of this report compromises the integrity of the accreditation process and is strictly prohibited.

Accreditation Canada expects that the contents of this report will further support the organization as it continues to improve the quality of care and services it provides to its clients and community.

Confidentiality

This Report is confidential and is provided by Accreditation Canada to St. Joseph's General Hospital only. Accreditation Canada does not release the Report to any other parties.

In the interests of transparency, Accreditation Canada encourages the dissemination of the information in this Report to staff, board members, clients, the community, and other stakeholders.

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Focused Visit Report

Putting the Focused Visit in Context

On October 25, 2010, following an extensive accreditation process that included an on-site survey, the organization was awarded an accreditation decision of Non-accreditation.

As outlined in a letter from Accreditation Canada that was sent on October 25, 2010, the organization was required to follow up on specific recommendations from the on-site survey and to undergo a focused visit, where surveyor(s) re-assessed the organization's compliance with those recommendations.

Accreditation Decision

St. Joseph's General Hospital

Accreditation Decision

Accreditation with Condition (Report)

Effective Date: May 5, 2011

NOTE: Based on the results of your focused visit, this decision may differ from the one issued following your first on-site survey.

Focused Visit Report

Focused Visit Results Overview

This table shows the Required Organizational Practices and the criteria that were identified during your on-site survey as areas needing improvement, as well as the results of the re-assessment that was conducted during the focused visit.

Criteria	Rating
Required Organizational Practices	
Effective Organization 6.1	Met
Effective Organization 6.4	Met
Effective Organization 6.9	Met
Effective Organization 10.5	Met
Effective Organization 12.6	Met
Infection Prevention and Control 6.5	Met
Infection Prevention and Control 12.22	Met
Ambulatory Care Services 17.2	Met
Ambulatory Care Services 17.4	Met
Cancer Care and Oncology Services 15.2	Met
Critical Care 12.5	Met
Critical Care 12.6	Met
Critical Care 16.3	Met
Emergency Department 11.8	Met
Long Term Care Services 16.2	Met
Long Term Care Services 16.5	Met
Managing Medications 10.2	Met
Medicine Services 15.2	Met
Medicine Services 15.4	Met
Mental Health Services 9.7	Met
Mental Health Services 15.3	Met
Mental Health Services 15.5	Met
Obstetrics/Perinatal Care Services 16.2	Met
Obstetrics/Perinatal Care Services 16.4	Met
Surgical Care Services 11.5	Met

Surgical Care Services 15.2	Met
Surgical Care Services 15.4	Met
Effective Organization	
Effective Organization 6.3	Met
Effective Organization 7.1	Met
Effective Organization 10.6	Met
Infection Prevention and Control	
Infection Prevention and Control 8.1	Met
Critical Care	
Critical Care 3.9	Met
Critical Care 9.4	Met
Critical Care 9.7	Met
Critical Care 16.2	Met
Mental Health Services	
Mental Health Services 5.5	Met
Mental Health Services 15.1	Met
Mental Health Services 15.4	Met
Mental Health Services 15.7	Met

*Surveyor's overall comments and comments on each condition are provided in the next sections of the Report.

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Summary of Surveyor Findings

Areas where significant improvement has been demonstrated:

The organization has dedicated resources to address the issues identified in the Accreditation survey. There is evidence of staff commitment to the process. All issues have been addressed, Policies and procedures are in place. Staff have been trained. Forms are being utilized and patients report have an emphasis on safety.

Medication reconciliation is well underway. A Falls Prevention strategy is apparent in all areas. Safety information has been prepared and is shared with patients and families. A well defined Ethics process is assisting in decision making. The Board has initiated a Quality Assurance committee and dashboard reports on quality initiatives and risk issues are being reviewed. Key safety initiatives have been identified for each area of the organization. There is a new Quality Improvement Council which steers progress on items such as QI initiatives. Measurement of indicators and reporting is available on the intranet for staff information. Patient Safety Leadership rounds have been well received. Online incident reporting with feedback to reporter regarding actions taken is in place. Nine provincial safety initiatives have been embedded in the Medical committees mandate resulting in physician champions for key quality initiatives. Dangerous abbreviations have been removed from standardized forms and pharmacy labels. Medication orders are refused by pharmacy if they contain dangerous abbreviations. An effective preventive maintenance program is in place. All issues identified in the Accreditation survey report have been addressed.

Areas where improvement is still required:

The process of revising forms, for example: the falls strategy assessment forms, and intervention forms, need to have a document control process in order to prevent the use of a variety of iterations of the form at any one time.

Improved compliance with the process of transfer of information to inpatient units within the hospital from ICU is required.

Discussions regarding a closed unit for ICU are encouraged to support streamlined and consistent decision making.

Introduction of process reviews for patient management in Emergency particularly with examination of alternate management of Ophthalmology clinics, OR utilization for cataract surgery and examination of increased use of service aides to assist staff in Emergency with cleaning and equipment handling.

Review of the provision of a centralized equipment distribution centre to alleviate the "housing and hoarding" of equipment resulting which can create concerns regarding fire and safety with over crowding of equipment storage.

Examination of central supply and distribution systems to increase deliveries to units from two to three deliveries per week. Review of supply utilization to reduce number and variety of supplies on units that are not being utilized.

Detailed Results of the Focused Visit

This section shows the standards set and criterion number, and the rating and comments for all criteria that were assessed on-site during the focused visit.

Required Organizational Practices

Effective Organization 6.1

The organization adopts client safety as a written, strategic priority or goal.

Surveyor rating: Met

Effective Organization 6.1.1

Client safety appears as a written, strategic goal as part of, for example, the strategic plan, the annual report, or list of organizational goals.

Surveyor rating: Met

Surveyor comments:

The Strategic Plan identifies Patient Safety as one of its 5 goals and states:
" Safety is a key theme in St Joseph's goals and objectives. In order to provide quality services safely, St Joseph's will enable and encourage a culture of quality and safety, and maintain a safe and efficient building.

Effective Organization 6.1.2

Resources are allocated to support the organization's implementation of the client safety strategic priority or goal.

Surveyor rating: Met

Surveyor comments:

A position responsible for Quality Improvement, Research and Safety has been instituted and the individual in this position reports directly to the CEO. Staff training has been instituted (Quality Process - Oct 2010) and it is evident that resources have been devoted to the development of communication material. A Quality Council is in place. A Quality Framework identifies measurement indicators which populate a dashboard reported to the board and accessible by staff on the Intranet. PDSA planning and progress forms are in place as well as a communication plan to inform staff of QI issues and results.

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Effective Organization 6.4

The organization establishes a reporting system for sentinel events, adverse events, and near misses, including appropriate follow-up. The reporting system is in compliance with any applicable legislation, and within any protection afforded by legislation.

Surveyor rating: Met

Effective Organization 6.4.1

There is a reporting policy and process to report sentinel events, adverse events, and near misses.

Surveyor rating: Met

Surveyor comments:

An electronic reporting system is in place and operational. Staff have been trained to use the system and revisions to the program have been implemented to insure that feedback to the individual reporting the incident are advised of the results of the analysis. The policy which relates to adverse events communication is: Policy 8.1.8P/ April 2007 revised April 2011: Communication of Adverse Events.

A checklist is available to guide staff in the process of disclosure discussions. Policy 8.1.4P: Reporting of Adverse Events , Incidents and Near Misses (April 87 revised April 2011) and Policy 8.1.6P: Sentinel Event REview Process/(Oct 97 revised March 2011) provide guidance regarding reporting.

Staff training and guidelines include: A Quick Guide to Adverse Events and Near Misses (document 4/4/11), Workshop on Disclosure - Nov 2010, Annotated Bibliography of Disclosing Unanticipated Outcomes and Mediation Errors, 2008.

An example of action taken would be the Discharge Care plan which originated from a complaint.

Effective Organization 6.4.2

Improvements are made following investigation and follow-up.

Surveyor rating: Met

Surveyor comments:

There is evidence that analysis of the incident reported takes place which results in action being taken to address causative factors. Also The reports on action taken are used to avoid subsequent incidents.

Effective Organization 6.9

The organization's leaders provide the governing body with quarterly reports on client safety, and include recommendations arising out of adverse incident investigation and follow-up, and improvements made.

Surveyor rating: Met

Effective Organization 6.9.1

Quarterly client safety reports have been provided to the governing body.

Surveyor rating: Met

Surveyor comments:

Quarterly client safety reports are provided through the Dashboard of Corporate Performance Indicators. Indicators being tracked include % of ER visits who left without being seen, average hours in ER from Decision to Admit to In patient bed, wait time for specific surgeries, Infection rates. The indicators also included: patient falls, adverse events, hand hygiene audits and new nosocomial infections.

Minutes of the Quality Assurance Committee of the Board were reviewed. Agenda items include Infection Control, Risk Management, Incidents, Complaints, Human Resources Services and Medical report. Critical incidents including the CT Scan review were also noted. Progress reports on work being completed in preparation for the Accreditation visit were also in evidence.

Minutes of the Governance Committee of the Board also reflected the discussion of progress being made towards the Accreditation visit.

Effective Organization 6.9.2

The reports outline specific organizational activities and accomplishments in support of client safety goals and objectives.

Surveyor rating: Met

Surveyor comments:

Each department has identified patient safety initiatives for which they will accept responsibility. Progress reports are provided to the leadership team and Board of Directors. Reports are also available on the Intranet for staff access.

Effective Organization 6.9.3

There is evidence of the governing body's involvement in supporting the activities and accomplishments, and acting on the recommendations in the quarterly reports.

Surveyor rating: Met

Surveyor comments:

Minutes of the Board of Directors meetings demonstrate the reporting of issues and the actions taken to address the same.

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Effective Organization 10.5

The organization's leaders implement an effective preventive maintenance program for medical devices, equipment, and technology.

Surveyor rating: Met

Effective Organization 10.5.1

There is a preventive maintenance (PM) program in place for all medical devices, equipment, and technology.

Surveyor rating: Met

Surveyor comments:

An electronic work order report is in place. The Policy referenced is Preventative Maintenance: 6.2.1P. An online maintenance request is accessible by staff. Staff have been trained to access and utilize the system. Reports on progress of a identifiable item can be accessed through the system.

Effective Organization 10.5.2

There are documented PM reports.

Surveyor rating: Met

Surveyor comments:

The Sentinel system can generate a work order report identifying specific equipment that is being serviced and attributing "problem codes" to the items. This reporting then generates a listing of items in need of ongoing repair for budget and purchasing discussions.

Effective Organization 10.5.3

The organization's leaders have a process to evaluate the effectiveness of the organization's PM program.

Surveyor rating: Met

Surveyor comments:

Standards of Practice for Medical Device Inspections and Preventive Maintenance in BC Hospitals provides the guidance for practice (Dec 2005) As well, the Canadian Medical and Biological Engineering Society Standards of Practice (Sept 2007) are used to guide practice.

Effective Organization 10.5.4

There is documented follow-up related to investigating incidents and problems involving medical devices, equipment, and technology.

Surveyor rating: Met

Surveyor comments:

Follow up of equipment repair requests is available on line.

Effective Organization 12.6

The organization clearly defines the roles, responsibilities, and accountabilities of leaders, staff, service providers, and volunteers for client care and safety.

Surveyor rating: Met

Effective Organization 12.6.1

Senior leaders, staff, service providers, and volunteers can articulate how they contribute to client safety.

Surveyor rating: Met

Surveyor comments:

Position descriptions clearly outline the responsibilities of staff in support of patient safety and risk identification: To quote: " All staff have a responsibility to remain aware of and report any risks or safety concerns promptly and to follow any policies and procedures instituted to mitigate these risks. All staff have a part to play in preventing adverse events and in promoting safety for patient and staff....."

Performance Review forms identify Teamwork and Patient Safety as a criteria for review. The Employee Pledge form which is signed by each employee, includes a responsibility for Patient Safety

The volunteer position duties states: " Always be aware of patient or resident safety, and report any concerns to supervising staff. " The Volunteer Handbook stresses the need for hand washing.

Effective Organization 12.6.2

Attention to client safety is demonstrated by defining roles and responsibilities for client safety in position profiles, performance appraisals, handbooks, orientation material, and by addressing client safety on regular basis in newsletters and client safety committee minutes.

Surveyor rating: Met

Surveyor comments:

Terms of Reference for the Safety Leadership Team identifies the composition, duties and function of the team including monitoring of Hospital accident performance and making recommendations to improve work practices within the organization.

Effective Organization 12.6.3

The organization has policies and procedures that outline behaviours to promote client safety.

Surveyor rating: Met

Surveyor comments:

The Safe Patient Handling Begins with Me campaign is evident throughout the hospital and provides visual and well as written guidance as to safe management of daily patient activities.

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Effective Organization 12.6.4

The organization provides training and education to make staff, service providers, and volunteers aware of client safety issues and concerns, and assist them to make informed decisions about client safety.

Surveyor rating: Met

Surveyor comments:

Safe Start Training workshop commenced on October 26-28 in which trainers were trained so that ongoing staff education could be facilitated. A Quality and Patient Safety Orientation was provided to staff outlining the incident reporting and review process

Infection Prevention and Control 6.5

The organization evaluates compliance with accepted hand hygiene practices.

Surveyor rating: Met

Infection Prevention and Control 6.5.1

The organization audits its compliance with hand hygiene practices.

Surveyor rating: Met

Surveyor comments:

The infection control nurse completes standardized audits of hand hygiene throughout the organization on a regular basis. Policy 15.1.12P: HAND Hygiene. outlines the standard process re hand hygiene against which the audit is measured.

Infection Prevention and Control 6.5.2

The organization shares results from the audits with staff, service providers, and volunteers.

Surveyor rating: Met

Surveyor comments:

Monthly results comparing units and services throughout the hospital are placed on the intranet and distributed to units for discussion. Many of these reports were posted. Quarterly reports indicate number of audit observations, and percentage of compliance with policy and procedure.

Infection Prevention and Control 6.5.3

The organization uses the results of the audits to make improvements to its hand hygiene practices.

Surveyor rating: Met

Surveyor comments:

Sharing of audits has resulted in improvements in procedure compliance. Focus of efforts at present is directed at the Emergency Department.

Infection Prevention and Control 12.22

The organization monitors processes for reprocessing equipment, and makes improvements as appropriate.

Surveyor rating: Met

Infection Prevention and Control 12.22.1

There is evidence that reprocessing processes and systems are effective.

Surveyor rating: Met

Surveyor comments:

Policy 10.3.32P: Dress Code: Sterile Processing Department outlines requirements in this department.

Policy 10.3.33: Education, Training and Competency: Reprocessing Department identifies competency requirements.

An audit process is in place for reprocessing critical and semi critical medical devices.

Infection Prevention and Control 12.22.2

Action has been taken to examine and improve reprocessing processes where indicated.

Surveyor rating: Met

Surveyor comments:

Structural renovations have been completed to separate clean and dirty reprocessing stations.

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Ambulatory Care Services 17.2

The team implements and evaluates a fall prevention strategy to minimize the impact of client falls.

Surveyor rating: Met

Ambulatory Care Services 17.2.1

The team has implemented a falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each patient is assessed for fall using the Scott initiative screening tool to establish individual patient falls risk.

Ambulatory Care Services 17.2.2

The strategy identifies the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Patients are identified as moderate or High risk according to the assessment scale and applicable interventions are implemented.

Ambulatory Care Services 17.2.3

The strategy addresses the specific needs of the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.6P: Screening and Prevention Falls and Falls Related Injuries in Acute Care provides the guidance to staff regarding screening process.

Ambulatory Care Services 17.2.4

The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.

Surveyor rating: Met

Surveyor comments:

A falls prevention checklist is used to document interventions that are used to address falls risk and identify each risk category.

Ambulatory Care Services 17.2.5

The team uses the evaluation information to make improvements to its falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

It is suggested that the documentation of interventions be consistently applied. It is evident from the chart audit, that a variety of methods to document compliance with the checklist are evident. In fact at this point, there are a number of iterations of the Falls Prevention Checklist evident on nursing units. A document control process needs to be implemented so that drafts of documents removed from nursing areas and only one form used at any one time.

Ambulatory Care Services 17.4

The team informs and educates its clients and families in writing and verbally about the client and family's role in promoting safety.

Surveyor rating: Met

Ambulatory Care Services 17.4.1

Written and verbal information is provided to clients and families about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Patient Safety pamphlet has been developed and is widely used within the organization. The pamphlet addresses Preventing Falls, Medication Safety, General Safety and advice as to being involved in care.

Ambulatory Care Services 17.4.2

Staff uses written and verbal approaches to inform and educate clients about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

A laminated poster format regarding Five Simple Steps to a Safe Hospital Stay has been posted on each unit to supplement the pamphlet.

Ambulatory Care Services 17.4.3

Clients indicate that they have received written and verbal communication about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Discussions with Patients and families indicates that the discussion regarding safety measures has been completed.

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Cancer Care and Oncology Services 15.2

The team implements and evaluates a fall prevention strategy to minimize the impact of client falls.

Surveyor rating: Met

Cancer Care and Oncology Services 15.2.1

The team has implemented a falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each patient is assessed for fall using the Scott initiative screening tool to establish individual patient falls risk.

Cancer Care and Oncology Services 15.2.2

The strategy identifies the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Patients are identified as moderate or High risk according to the assessment scale and applicable interventions are implemented.

Cancer Care and Oncology Services 15.2.3

The strategy addresses the specific needs of the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.6P: Screening and Prevention Falls and Falls RElated Injuries in Acute Care provides the guidance to staff re screening process.

Cancer Care and Oncology Services 15.2.4

The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.

Surveyor rating: Met

Surveyor comments:

A falls prevention checklist is used to document interventions that are used to address falls risk and identify each risk category.

Cancer Care and Oncology Services 15.2.5

The team uses the evaluation information to make improvements to its falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

It is suggested that the documentation of interventions be consistently applied. It is evident from the chart audit, that a variety of methods to document compliance with the checklist are evident. In fact at this point, there are a number of iterations of the Falls Prevention Checklist evident on nursing units. A document control process needs to be implemented so that drafts of documents removed from nursing areas and only one form used at any one time.

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Critical Care 12.5

The team reconciles medications with the client at referral or transfer, and communicates information about the client's medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.

Surveyor rating: Met

Critical Care 12.5.1

There is a demonstrated, formal process to reconcile client medications at referral or transfer.

Surveyor rating: Met

Surveyor comments:

Policy 8.1.42P: Medication Reconciliation on Internal/External Transfer: Acute Care is in place.

Critical Care 12.5.2

The process includes generating a comprehensive list of all medications the client has been taking prior to referral or transfer.

Surveyor rating: Met

Surveyor comments:

A Physician Order Form: Medication Reconciliation on Transfer is in place

Critical Care 12.5.3

The process includes a timely comparison of the prior-to-referral or prior-to-transfer medication list with the list of new medications ordered at referral or transfer.

Surveyor rating: Met

Surveyor comments:

The process entails reconciliation of medication from the patients pre admission list and current medications by circling "continue, discontinue or change: next to each medication listed on the form.

Critical Care 12.5.4

The process requires documentation that the two lists have been compared; differences have been identified, discussed, and resolved; and appropriate modifications to the new medications have been made.

Surveyor rating: Met

Surveyor comments:

Any discrepancies are identified when the transfer orders are transcribed. The nurse and clinical pharmacist together with the prescriber must reconcile or correct the discrepancies and document this action on the Doctor's Orders.

Critical Care 12.5.5

The process makes it clear that medication reconciliation is a shared responsibility involving the client, nursing staff, medical staff and pharmacists, as appropriate.

Surveyor rating: Met

Surveyor comments:

The procedure states that when a discrepancy is identified, the nurse or pharmacist together with the prescriber must reconcile or correct the discrepancy and document this action on the Doctor's order sheet.

The ICU has a medication reconciliation process in a flow chart format to identify roles within the process.

Critical Care 12.5.6

The organization has a documented plan to implement throughout the organization, and before the next accreditation survey, a medication reconciliation process at referral and transfer.

Surveyor rating: Met

Surveyor comments:

Audits are being completed to determine compliance with the Med Rec transfer status. Improvements in compliance are noted.

A Medication Reconciliation Implementation Plan is in place outlining timelines for expansion of med rec including Emergency Dept.: March- June, 2011; Cancer: May 2011; Preadmission Clinic: Sept 2011; Mat/Child: March 2012.

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Critical Care 12.6

The team transfers information effectively among service providers at transition points.

Surveyor rating: Met

Critical Care 12.6.1

The team uses mechanisms for timely transfer of information at transition points (e.g. transfer forms, checklists) that result in proper information transfer.

Surveyor rating: Met

Surveyor comments:

The Critical Care Team uses a Transfer Information - Acute Care form which provides information to referring hospital and external institutions regarding the status of patients. The information includes medications, invasive lines, systems status, psychological summary and current health status including surgery and treatments.

There is also an Interagency Transfer Form for Ambulance transfers which provides basic patient information for the transport team.

Critical Care 12.6.2

Staff is aware of the organizational mechanisms used to transfer information.

Surveyor rating: Met

Surveyor comments:

Transfer Information - Acute Care forms are in place

Critical Care 12.6.3

There is documented evidence that timely transfer of information occurs.

Surveyor rating: Met

Surveyor comments:

In reviewing charts it is evident that there is inconsistency in completion of this transfer information. Two of the charts reviewed for transfers from ICU to the med surg unit did not have transfer information. It is suggested that compliance with process be reviewed and reinforced.

Critical Care 16.3

The team informs and educates clients and families in writing and verbally about the client and family's role in promoting safety.

Surveyor rating: Met

Critical Care 16.3.1

Written and verbal information is provided to clients and families about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Patient Safety pamphlet has been developed and is widely used within the organization. The pamphlet addresses Preventing Falls, Medication Safety, General Safety and advice as to being involved in care.

Critical Care 16.3.2

Staff uses written and verbal approaches to inform and educate clients about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

A laminated poster format regarding Five Simple Steps to a Safe Hospital Stay has been posted on each unit to supplement the pamphlet.

Critical Care 16.3.3

Clients indicate that they have received written and verbal communication about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Discussions with Patients and families indicates that the discussion regarding safety measures has been completed.

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Emergency Department 11.8

The team transfers information effectively among service providers at transition points.

Surveyor rating: Met

Emergency Department 11.8.1

The team uses mechanisms for timely transfer of information at transition points (e.g. transfer forms, checklists) that result in proper information transfer.

Surveyor rating: Met

Surveyor comments:

The team uses the Transfer Information - Acute Care form to share information to units on transfer from ER. The form is faxed to the unit and a follow up phone call advises receiving staff of its presence. There is also a Resident ED transfer form for Residential Care Facilities and an interagency transfer form

Emergency Department 11.8.2

Staff is aware of the organizational mechanisms used to transfer information.

Surveyor rating: Met

Surveyor comments:

Memos to staff were distributed January, 2011

Emergency Department 11.8.3

There is documented evidence that timely transfer of information occurs.

Surveyor rating: Met

Surveyor comments:

There is evidence of the presence of the appropriate forms on the patient care record.

Long Term Care Services 16.2

The team implements and evaluates a fall prevention strategy to minimize the impact of client falls.

Surveyor rating: Met

Long Term Care Services 16.2.1

The team has implemented a falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each patient is assessed for fall using the Scott initiative screening tool to establish individual patient falls risk. Policy 9.2.8P: Screening and Prevention: Falls and Falls Related Injuries in Residential Care is in place.

Long Term Care Services 16.2.2

The strategy identifies the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Patients are identified as moderate or High risk according to the assessment scale and applicable interventions are implemented.

Long Term Care Services 16.2.3

The strategy addresses the specific needs of the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.8P provides the guidance to staff re screening process. An admission Checklist for the Views at St Joseph's identifies the Team Leader responsibilities including filling out the appropriate ADL, Chart admission notes, Care plan location

Long Term Care Services 16.2.4

The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes and degree of injury.

Surveyor rating: Met

Surveyor comments:

A falls prevention checklist is used to document interventions that are used to address falls risk and identify each risk category. The Goldcare system electronically documents the falls risk and transposes it into a health care record display.

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Long Term Care Services 16.2.5

The team uses the evaluation information to make improvements to its falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each resident is treated as being at risk for falling. All staff observe Universal Fall Precautions for every resident. The Scott fall risk screening tool is used by the team leader and individual care plans are developed based on recommendations from the Scott tool. Residents are assessed every three months or as needed.

Falls for Eagle View are monitored on a monthly basis and results are shared with staff.

Long Term Care Services 16.5

The team implements verification processes and other checking systems for high-risk activities.

Surveyor rating: Met

Long Term Care Services 16.5.1

The team identifies high-risk activities.

Surveyor rating: Met

Surveyor comments:

High risk activities identified include communication of medication orders to LPN staff. A new Doctor/Nurse communication strategy was developed using the SBAR process.

Long Term Care Services 16.5.2

The team develops and implements verification processes for high-risk activities.

Surveyor rating: Met

Surveyor comments:

A process for discontinuing medication orders was developed. A new MAR checking process was implemented. Education sessions for RN and LPN staff re communicating with physicians, was instituted.

Long Term Care Services 16.5.3

The team evaluates the verification processes and uses information to make improvements.

Surveyor rating: Met

Surveyor comments:

First quarter stats from the RL solutions indicate that medication errors have been reduced.

Given the large number of patients the unit may benefit from identifying lead physicians for geriatric care rather than the cadre of General practitioners. In addition the designation of bath teams and a wound care nurse may result in efficiencies in process.

Managing Medications 10.2

The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.

Surveyor rating: Met

Managing Medications 10.2.1

The list is inclusive of the abbreviations, symbols, and dose designations, as identified of the Institute of Safe Medication Practices (ISMP) Canada's "Do Not Use List", available at <http://www.ismp-canada.org/dangerousabbreviations.htm>.

Surveyor rating: Met

Surveyor comments:

Policy 8.1.26P: Dangerous Abbreviations, Symbols, and Dose Designations is in place which outlines abbreviations, symbols etc which are error prone.

Managing Medications 10.2.2

The organization implements the Do Not Use List and applies this to all medication-related documentation when hand written or entered as free text into a computer.

Surveyor rating: Met

Surveyor comments:

A Do Not Use List has been laminated and are attached to ID badges. Laminated posters are on nursing units.

Managing Medications 10.2.3

The organization's preprinted forms, related to medication-use, do not include any abbreviations, symbols, and dose designations identified on the Do Not Use List.

Surveyor rating: Met

Surveyor comments:

An audit of preprinted forms has resulted in all forms being revised to be consistent with Do Not Use guidelines.

Managing Medications 10.2.4

The dangerous abbreviations, symbols, and dose designations are not used on any pharmacy-generated labels and forms.

Surveyor rating: Met

Surveyor comments:

Abbreviations on the Do Not Use List are not used on pharmacy labels.

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Managing Medications 10.2.5

The organization educates staff about the list at orientation and when changes are made to the list.

Surveyor rating: Met

Surveyor comments:

Orientation of staff includes information regarding <DO NOT USE LIST> Posters are evident on nursing units

Managing Medications 10.2.6

The organization updates the list and implements necessary changes to the organization's processes.

Surveyor rating: Met

Surveyor comments:

Updates of lists are evident

Managing Medications 10.2.7

The organization audits compliance with the Do Not Use List and implements process changes based on identified issues.

Surveyor rating: Met

Surveyor comments:

Audit results are shared and the Medical Director issues memos to all medical staff to inform them of the same. The Doctor's order sheet has examples of prohibited abbreviations. A process is in place whereby if any physician order contains a dangerous abbreviation, the order will be rejected by the Pharmacy dept. and the order is not filled. The physician is notified by pharmacy and the medication must be reordered.

Pharmacy and Therapeutics meeting minutes reflect the discussion and resolution action to support compliance of policy by physicians.

Medicine Services 15.2

The team implements and evaluates a falls prevention strategy to minimize the impact of client falls.

Surveyor rating: Met

Medicine Services 15.2.1

The team has implemented a falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each patient is assessed for fall using the Scott initiative screening tool to establish individual patient falls risk.

Medicine Services 15.2.2

The strategy identifies the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Patients are identified as moderate or High risk according to the assessment scale and applicable interventions are implemented.

Medicine Services 15.2.3

The strategy addresses the specific needs of the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.6P: Screening and Prevention Falls and Falls RElated Injuries in Acute Care provides the guidance to staff regarding screening process.

Medicine Services 15.2.4

The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.

Surveyor rating: Met

Surveyor comments:

A falls prevention checklist is used to document interventions that are used to address falls risk and identify each risk category.

Focused Visit Report

Medicine Services 15.2.5

The team uses the evaluation information to make improvements to its falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

It is suggested that the documentation of interventions be consistently applied. It is evident from the chart audit, that a variety of methods to document compliance with the checklist are evident. In fact at this point, there are a number of iterations of the Falls Prevention Checklist evident on nursing units. A document control process needs to be implemented so that drafts of documents removed from nursing areas and only one form used at any one time.

Medicine Services 15.4

The team informs and educates its clients and families in writing and verbally about the client and family's role in promoting safety.

Surveyor rating: Met

Medicine Services 15.4.1

Written and verbal information is provided to clients and families about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Patient Safety pamphlet has been developed and is widely used within the organization. The pamphlet addresses Preventing Falls, Medication Safety, General Safety and advice as to being involved in care.

Medicine Services 15.4.2

Staff uses written and verbal approaches to inform and educate clients about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

A laminated poster format regarding Five Simple Steps to a Safe Hospital Stay has been posted on each unit to supplement the pamphlet.

Medicine Services 15.4.3

Clients indicate that they have received written and verbal communication about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Discussions with Patients and families indicates that the discussion regarding safety measures has been completed.

Mental Health Services 9.7

The team uses at least two client identifiers before providing any services or procedures.

Surveyor rating: Met

Mental Health Services 9.7.1

The team uses at least two client identifiers before providing any service or procedure.

Surveyor rating: Met

Surveyor comments:

Policy 8.1.44PR: Positive Patient Identification at Point of Care Using Two Patient Identifiers is in place. The policy stipulates using Patient Last name, first name, middle name, Medical record number and Date of Birth. Patient photos are used for those patients who are not able to communicate.

Focused Visit Report

Mental Health Services 15.3

The team implements and evaluates a falls prevention strategy to minimize the impact of client falls.

Surveyor rating: Met

Mental Health Services 15.3.1

The team has implemented a falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each patient is assessed for fall using the Scott initiative screening tool to establish individual patient falls risk.

Mental Health Services 15.3.2

The strategy identifies the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Patients are identified as moderate or High risk according to the assessment scale and applicable interventions are implemented.

Mental Health Services 15.3.3

The strategy addresses the specific needs of the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.6P: Screening and Prevention Falls and Falls RElated Injuries in Acute Care provides the guidance to staff regarding screening process.

Mental Health Services 15.3.4

The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.

Surveyor rating: Met

Surveyor comments:

A falls prevention checklist is used to document interventions that are used to address falls risk and identify each risk category.

Mental Health Services 15.3.5

The team uses the evaluation information to make improvements to its falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Close observation requirements in Mental Health Services provides the opportunity to review status of patients and implement appropriate falls reduction measures.

The team is encouraged to insure that all nursing admission forms are completed with risk identified as some charts were incomplete

Mental Health Services 15.5

The team informs and educates its clients and families in writing and verbally about the client and family's role in promoting safety.

Surveyor rating: Met

Mental Health Services 15.5.1

Written and verbal information is provided to clients and families about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

An Inpatient Psychiatry patient information pamphlet has been developed and is distributed at patient orientation to the unit.

Mental Health Services 15.5.2

Staff uses written and verbal approaches to inform and educate clients about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Verbal and written communication stress safety, fire alarms, smoking and refers to the Patient Safety pamphlet available in other acute care units.

Mental Health Services 15.5.3

Clients indicate that they have received written and verbal communication about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Information is included in the patient record.

Focused Visit Report

Obstetrics/Perinatal Care Services 16.2

The team implements and evaluates a fall prevention strategy to minimize the impact of client falls.

Surveyor rating: Met

Obstetrics/Perinatal Care Services 16.2.1

The team has implemented a falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each patient is assessed for fall using the Scott initiative screening tool to establish individual patient falls risk

Obstetrics/Perinatal Care Services 16.2.2

The strategy identifies the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Patients are identified as moderate or High risk according to the assessment scale and applicable interventions are implemented.

Obstetrics/Perinatal Care Services 16.2.3

The strategy addresses the specific needs of the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.6P: Screening and Prevention Falls and Falls RElated Injuries in Acute Care provides the guidance to staff regarding screening process.

Obstetrics/Perinatal Care Services 16.2.4

The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.

Surveyor rating: Met

Surveyor comments:

A falls prevention checklist is used to document interventions that are used to address falls risk and identify each risk category.

Obstetrics/Perinatal Care Services 16.2.5

The team uses the evaluation information to make improvements to its falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

The patient is assessed to determine changes as applicable.

Obstetrics/Perinatal Care Services 16.4

The team informs and educates its clients and families in writing and verbally about the client and family's role in promoting safety.

Surveyor rating: Met

Obstetrics/Perinatal Care Services 16.4.1

Written and verbal information is provided to clients and families about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Patient Safety pamphlet has been developed and is widely used within the organization. The pamphlet addresses Preventing Falls, Medication Safety, General Safety and advice as to being involved in care.

Obstetrics/Perinatal Care Services 16.4.2

Staff uses written and verbal approaches to inform and educate clients about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

A laminated poster format regarding Five Simple Steps to a Safe Hospital Stay has been posted on each unit to supplement the pamphlet.

Obstetrics/Perinatal Care Services 16.4.3

Clients indicate that they have received written and verbal communication about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Discussions with Patients and families indicates that the discussion regarding safety measures has been completed.

Focused Visit Report

Surgical Care Services 11.5

The team transfers information effectively among service providers at transition points.

Surveyor rating: Met

Surgical Care Services 11.5.1

The team uses mechanisms for timely transfer of information at transition points (e.g. transfer forms, checklists) that result in proper information transfer.

Surveyor rating: Met

Surveyor comments:

The surgical team uses a perioperative patient hand off tool to identify information to be shared on transfer.

Surgical Care Services 11.5.2

Staff is aware of the organizational mechanisms used to transfer information.

Surveyor rating: Met

Surveyor comments:

Staff have received training re use of forms

Surgical Care Services 11.5.3

There is documented evidence that timely transfer of information occurs.

Surveyor rating: Met

Surveyor comments:

Patient records reflect the presence of Hand Off information.

Surgical Care Services 15.2

The team implements and evaluates a fall prevention strategy to minimize the impact of client falls.

Surveyor rating: Met

Surgical Care Services 15.2.1

The team has implemented a falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

Each patient is assessed for fall using the Scott initiative screening tool to establish individual patient falls risk.

Surgical Care Services 15.2.2

The strategy identifies the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Patients are identified as moderate or High risk according to the assessment scale and applicable interventions are implemented.

Surgical Care Services 15.2.3

The strategy addresses the specific needs of the populations at risk for falls.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.6P: Screening and Prevention Falls and Falls RElated Injuries in Acute Care provides the guidance to staff re screening process.

Surgical Care Services 15.2.4

The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.

Surveyor rating: Met

Surveyor comments:

A falls prevention checklist is used to document interventions that are used to address falls risk and identify each risk category.

Surgical Care Services 15.2.5

The team uses the evaluation information to make improvements to its falls prevention strategy.

Surveyor rating: Met

Surveyor comments:

The service is cautioned to insure that the latest version of the draft process form is being utilized.

Focused Visit Report

Surgical Care Services 15.4

The team informs and educates its clients and families in writing and verbally about the client and family's role in promoting safety.

Surveyor rating: Met

Surgical Care Services 15.4.1

Written and verbal information is provided to clients and families about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Patient Safety pamphlet has been developed and is widely used within the organization. The pamphlet addresses Preventing Falls, Medication Safety, General Safety and advice as to being involved in care.

Surgical Care Services 15.4.2

Staff uses written and verbal approaches to inform and educate clients about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

A laminated poster format regarding Five Simple Steps to a Safe Hospital Stay has been posted on each unit to supplement the pamphlet.

Surgical Care Services 15.4.3

Clients indicate that they have received written and verbal communication about their role in promoting safety.

Surveyor rating: Met

Surveyor comments:

Discussions with Patients and families indicates that the discussion regarding safety measures has been completed.

Effective Organization

Effective Organization 6.3

The organization's leaders assign responsibility for implementing and monitoring the client safety plan, and leading client safety improvement activities.

Surveyor rating: Met

Surveyor comments:

Departmental action plans specifying the standard to be addressed, action to be taken, accountability and measure of success as well as timeline have been developed for each functional area reviewed.

A Communication Plan has been developed for the Patient Safety and Quality Improvement Operational Plan identifying the target group, the message, timeline and accountability as well as method of communication in support of effective communication of the Plan's intent.

The Patient Safety and Quality Improvement Operational Plan (2010 - 2011) identifies the process, accountability, reporting goals and critical success factors as well as a work plan regarding IQ initiatives. Terms of Reference of the Quality Improvement Council and minutes of the Quality Improvement working group were evident.

Effective Organization 7.1

The organization identifies quality improvement as a strategic goal.

Surveyor rating: Met

Surveyor comments:

The Goal identified in the Strategic plan is " Quality Patient Care"

Specifically, the goal states: St Joseph's is committed to providing optimal care to support the health and wellness of our population by attaining and maintaining applicable accreditation standards and quality dimensions. In this respect, the goal of quality improvement is achieved through the compliance of the accreditation standards.

Safety Rounds by the leadership team has resulted in staff providing observations of safety risks and possible solutions. Examples include:

1. The need to review utilization of the Emergency Department for ambulatory Clinics such as Ophthalmology clinics.
2. Utilization review of supplies and storage of equipment to identify a more efficient distribution and supply inventory system.
3. Process review in departments such as Emergency, to review appropriate assignment of duties and utilization of assigned aides to assist in cleaning, and staff support.

Focused Visit Report

Effective Organization 10.6

The organization's leaders follow policies and procedures to manage incidents involving medical devices, equipment, and technology, including adverse events and cases involving misuse.

Surveyor rating: Met

Surveyor comments:

There is evidence that reports are produced to investigate equipment failure or if there is an inability to determine causative factors, all of which result in recommended actions to be taken. Management review of the incident is documented and actions taken are stipulated. Risk assessment is assigned and priority of action required is evident.

Infection Prevention and Control

Infection Prevention and Control 8.1

Staff and service providers store, prepare and handle food appropriately.

Surveyor rating: Met

Surveyor comments:

Policy 10.12.1P: Dress Code and Personal Hygiene for Nutritional Staff outlines the requirement for beard guards and use of gloves when handling food. Food safety audits are completed and results are shared with staff.

Critical Care

Critical Care 3.9

The interdisciplinary team communicates regularly to coordinate services, roles, and responsibilities.

Surveyor rating: Met

Surveyor comments:

ICU interventional meetings are held to discuss issues and identify resolution actions
A workshop entitled: Resolving Conflict with your Peers was insituted to enhance communication between professions.

Critical Care 9.4

The team follows a process which meets legal requirements to address decisions about providing, forgoing, or withdrawing life-sustaining treatment.

Surveyor rating: Met

Surveyor comments:

Policy 9.12.4P: Degrees of Intervention outline the process to be followed for patients who do not have Advanced Directives.

The Degrees of Intervention outline Supportive care, therapeutic, transfer considerations, for Degrees 1 - 5 for Long Term Care and Acute patients.

A review of the Ethics Committee minutes reveals that discussions regarding Advanced Directives and as a result of issues regarding inconsistent adherence to end of life resuscitation protocols, a checklist identifying individuals to be included in the discussion has been developed.

Consultation by experts in the area of DNR have contributed to the revision of policy and practice. A flow chart for determining the most appropriate decision maker from Providence Health Care informs the process being used in the organisation. A Pre Intubation decision making tool has been developed in draft (March 2011).

The staff is encouraged to pursue discussions regarding a closed ICU to support more consistent decision making processes.

Critical Care 9.7

When clients are incapable of giving informed consent, the team refers to the client's advance directives if available or obtains consent using a substitute decision maker.

Surveyor rating: Met

Surveyor comments:

Policy 8.1.43P: Advanced Directives is in place. A seminar on Advance Directives, Temporary Substitute Decision making and informed consent was held January 13, 2011.

The new electronic chart will have a place to identify if the patient has an Advance Directive.

Policy 8.1.9P: Health Care Consent for Adults over 19 yrs of age provides for consent consistent with legislation and professional practice.

A Health Care Consent form from VIHA is being used in the hospital.

Critical Care 16.2

Staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.

Surveyor rating: Met

Surveyor comments:

The team engages in Safety Huddles to identify safety issues in the department and implement actions for resolution.

Focused Visit Report

Mental Health Services

Mental Health Services 5.5

The team is aware of the process to initiate the work refusal policy.

Surveyor rating: Met

Surveyor comments:

A draft Worker's Refusal of Unsafe Work Investigation and Resolution Protocol is in place. Most issues are resolved at the unit level. A protocol investigation and resolution flow sheet is in place.

Mental Health Services 15.1

The team is trained to identify, reduce, and manage risks to client and staff safety.

Surveyor rating: Met

Surveyor comments:

Policy 9.2.7P: Safety: Levels of Observation provide guidance to staff regarding four levels of observation from General observations to Constant observation.

A Violence prevention workshop was held for staff on the first and last Tuesdays of the month. A Violence Prevention Curriculum from VIHA, for Mental Health and Addictions Services was implemented in 2010.

Mental Health Services 15.4

Staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.

Surveyor rating: Met

Surveyor comments:

There is evidence of Psychiatry Inpatient Safety rounds. Results include placement of objects to insure full view of patients.

Mental Health Services 15.7

The team identifies, reports, records, and monitors in a timely way sentinel events, near misses, and adverse events.

Surveyor rating: Met

Surveyor comments:

Sentinel events, incidents and near misses are recorded and reviewed by staff.

Follow Up

There is no follow-up related to the focused visit.

Follow Up

