



## Georgian Bay General Hospital

### Accredited with Exemplary Standing

**Georgian Bay General Hospital** has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement.

**Georgian Bay General Hospital** 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 **Georgian Bay General Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

#### **Georgian Bay General Hospital (2023)**

Georgian Bay General Hospital (GBGH) is a 113-bed community hospital, serving the communities of Midland, Penetanguishene, and Christian Island, as well as Tiny, Tay, Georgian Bay and Springwater Townships. The population base of this area is 55,000 and swells to more than 200,000 for six months of the year. In addition to a large seasonal population, throughout the year GBGH also serves a significant Francophone and Indigenous community, which is an important role to the hospital. In 2017, GBGH received its Partial French Language Services Designation, confirming the hospital's commitment to providing designated services in French for francophone patients.

#### **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](http://www.isqua.org), a tangible demonstration that our programs meet international standards.

Find out more about what we do at [www.accreditation.ca](http://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

November 19, 2023 to November 23, 2023

### Locations surveyed

- **1 location** was 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 with Exemplary Standing** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

### Standards used in the assessment

- **15 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.

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L'hôpital général de la Baie Georgienne GEORGIAN BAY GENERAL HOSPITAL (GBGH) is commended on its commitment to quality improvement and patient safety through its active participation in the accreditation program.

GBGH is a 113-bed community hospital, serving the communities of Midland, Penetanguishene, and Christian Island, as well as Tiny, Tay, Georgian Bay and Springwater Townships. The population base of this area is 55,000 and swells to more than 200,000 for six months of the year. In addition to a large seasonal population, throughout the year GBGH also serves a significant Francophone and Indigenous community, which is an important role for the organization. In 2017, GBGH received its Partial French Language Services Designation, confirming its commitment to providing designated services in French for francophone patients.

The Board of Directors (board) understands its role as a governing body and is aware that oversight for patient safety, risk management and quality improvement is a fundamental focus of governance. In 2023 the board embarked on an internal and external engagement process as the organization developed a seven year (2023-2030) strategic plan emphasizing a commitment to We Make Excellent Care Personal. The strategic plan is comprised of four key pillars that are spread throughout the organization and departmental goals are well aligned with these initiatives. Family-centered care is a noticeable thread throughout the plan.

There is tremendous dedication from the leadership team at GBGH that is highly engaged in supporting the provision of excellent care to patients and families. Teams expressed the value and importance of collaborative work and appreciate the open-door policy that allows them to bring any matter to the attention of the leadership team, always.

From a community perspective, the community partners focus group unanimously expressed having a very good relationship with GBGH. They emphasized GBGH is a valued and collaborative partner. They described communication as being open and respectful. Innovative leaders, a can-do attitude, the promotion of Indigenous cultural sensitivity with the support of a patient navigator, doors are open, a what do you need attitude, a good group of doctors, patient focused, and exceptionally compassionate, were words that resonated during the exchange.

GBGH is commended for its overall focus on Integrated Quality Management. The quality improvement team is comprised of dedicated and committed clinicians, leaders, and physicians who are passionate about creating an environment that is safe and that follows quality and safety standards of excellence.

Quality & Patient Safety Plans are aligned with GBGH's Strategic Plan and embedded within the organization's mission, vision, and values. Quality and patient engagement are notable drivers in the organisation as described in the mission statement We Make Excellent Care Personal, and a patient representative will soon become a member of the organization's Quality and Safety Committee.









Patient and family-centered care is strongly anchored in the new 2023-2030 strategic plan and continues to grow since its creation in 2017-2018. One Patient and Family Advisor (PFA) is a member of the Quality Committee of the board, and another PFA will soon be appointed to the organization's Quality and Safety Committee. Patient advisors already sit on GBGH's Operations Committee, and their input has led to organizational enhancements such as patient room re-design, entertainment upgrades, and space reallocation. In addition, patient advisors were invited to participate in the selection of the newly appointed chief nursing officer (CNE) and their input is being increasingly sought on a variety of committees and focus groups. The organisation is encouraged to continue its journey to embed the voice of the patient at every level of care and services.

## 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.

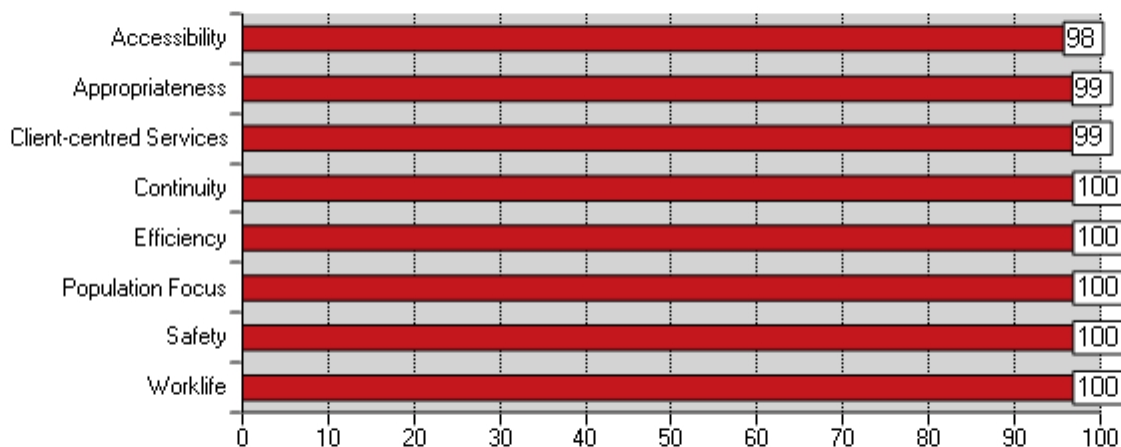
The quality dimensions are:

	<b>Accessibility:</b>	Give me timely and equitable services
	<b>Appropriateness:</b>	Do the right thing to achieve the best results
	<b>Client-centred Services:</b>	Partner with me and my family in our care
	<b>Continuity:</b>	Coordinate my care across the continuum
	<b>Efficiency:</b>	Make the best use of resources
	<b>Population Focus:</b>	Work with my community to anticipate and meet our needs
	<b>Safety:</b>	Keep me safe
	<b>Worklife:</b>	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

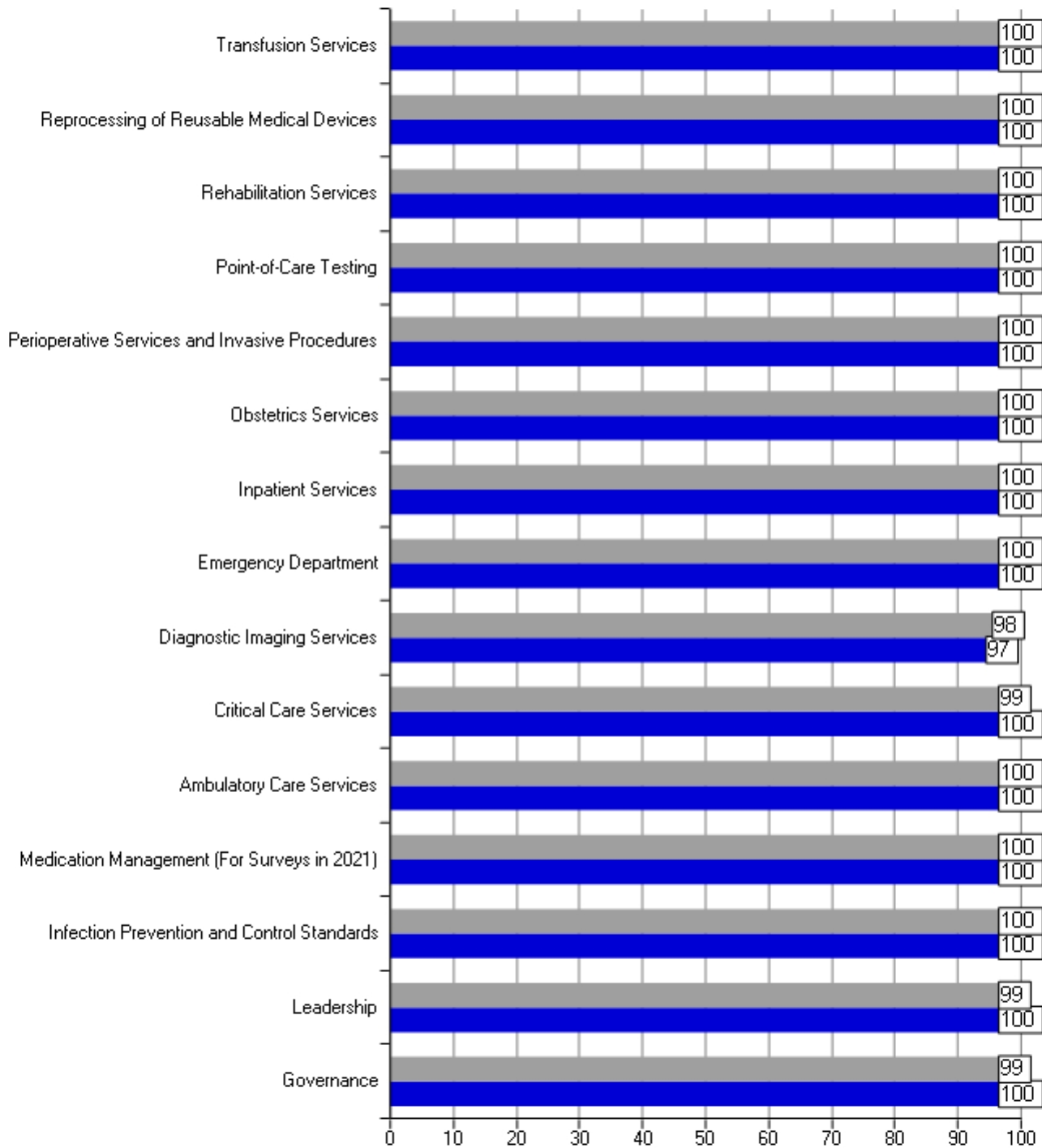
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

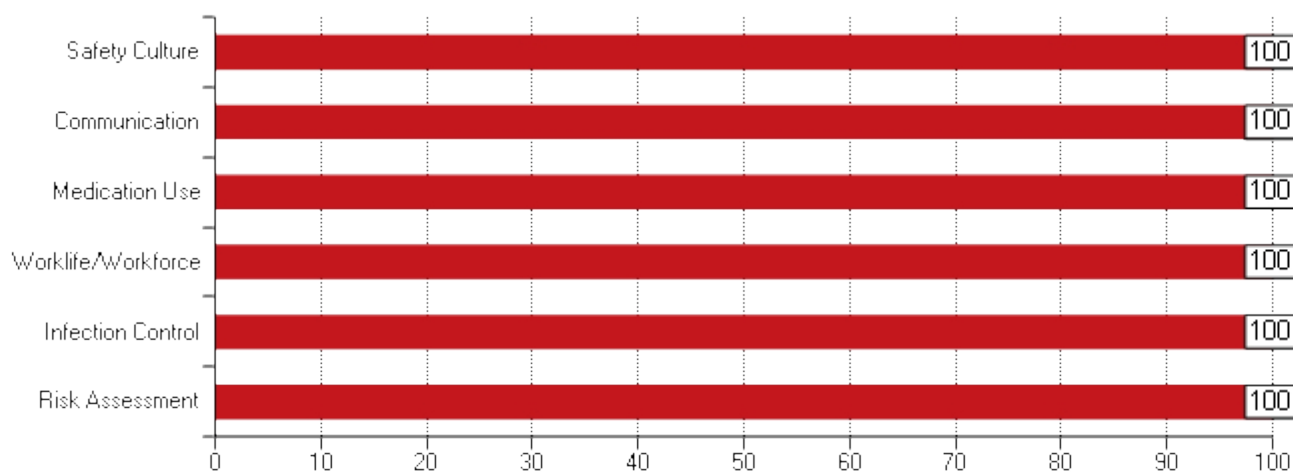
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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





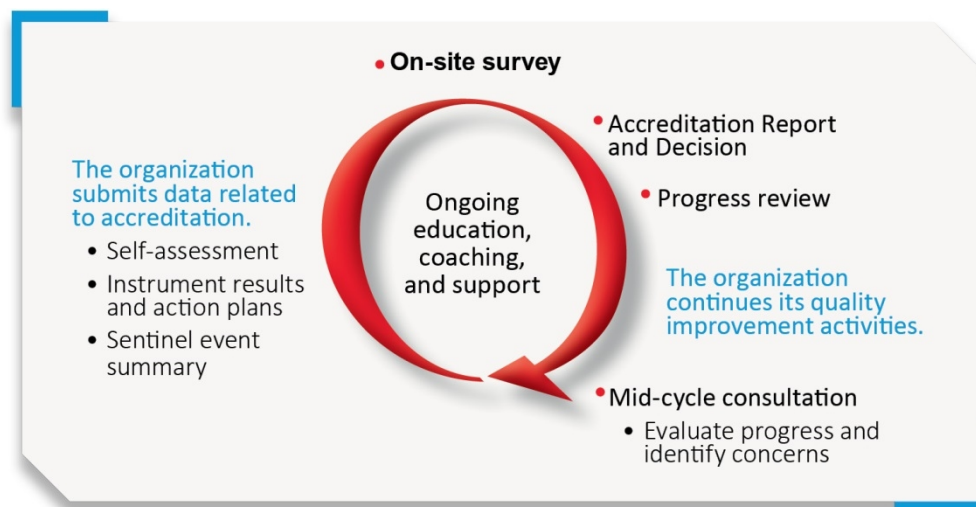
## The quality improvement journey

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 **Georgian Bay General Hospital** 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 Georgian Bay General 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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#### Risk Assessment

- Falls Prevention Strategy

## Required Organizational Practices

- Pressure Ulcer Prevention
  - Suicide Prevention
  - Venous Thromboembolism Prophylaxis
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