



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report
Qmentum Global™ Program
Trillium Health Partners

Report Issued: 02/08/2023

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 11/06/2023 to 16/06/2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Confidentiality

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Executive Summary

About the Organization

Trillium Health Partners (THP) has consistently improved quality, access and sustainability of care. Improvement has been possible through: the wisdom of people across sites; sharing collective resources; partnering beyond hospital walls; using standardization and new ideas to improve quality and patient safety; and, generating efficiencies to reinvest into patient care. THP is proud of the progress it has made for the people it serves and the community as a whole but acknowledges that pressures will continue to come from rapid urban growth and changing population needs. The government continues to make critical investments in health and social services, including emergency, hospital, and post-acute services; transit; infrastructure and more. However, these investments have not kept pace with the growth and changes in this community and THP is under-resourced for the size and needs of the community. In fact, it is believed that no hospital in Ontario will experience more demand for acute services in the next 20 years than THP. These challenges contribute to a constant adjusting of services to meet the most urgent and emergent patient needs safely and effectively. It often means receiving hospital care in unconventional settings or waiting too long in the community for necessary treatments or procedures. For everyone involved, including patients, families and health care providers, this can be stressful and overwhelming. Despite these challenges, there are no limits to the strength and determination of the people who live and work in this community and those who help deliver care.

Today, over half of resources used at THP are dedicated to caring for seniors, the majority of whom live with two or more chronic diseases. Many seniors in the community need long-term care (LTC) or other community supports that are difficult to access due to a lack of available resources or extensive wait lists. This lack of access can lead to health deterioration and lengthier hospitalizations that could be prevented with earlier and appropriate intervention. In fact, THP uses well over 100 hospital beds every day to care for people who are ready to be discharged from hospital but require an alternate level of care (ALC). Approximately 80 percent of these individuals are seniors. These patients are often also waiting for transfer to another facility, such as an LTC home.

The community that THP serves is one of the most diverse in the world, with over 18,000 newcomers from outside of Canada arriving each year. More than 50 percent of residents within the community were born outside of Canada and more than 130 languages are spoken. This rich diversity brings a range of customs, values and beliefs that are inherent to a person's way of life. It also shapes their unique needs and preferences for health care. THP is uniquely positioned to learn how best to care for a diverse population and to share this knowledge on how to improve the delivery and quality of care beyond the community.

Over half of the residents in the community are living with at least one chronic condition. The most common include diabetes, cardiovascular disease, respiratory disease and cancer. The growing complexity of health needs contributes to an increased demand for acute services, including medical, surgical and outpatient services, as well as community care. Strong partnerships are essential to help create integrated home and community care with greater involvement of primary care. THP understands that it will be essential that the development of future acute care capacity reflects its place in the full continuum of care, inside and outside the hospital. THP is at an exciting juncture with its Outpatient Care Transformation, which envisions moving from a current state where outpatient services have evolved without a specific strategy to a desired state whereby there are THP branded outpatient offerings. The transformation is expected to reduce inefficiencies and address the current variability in processes, access to resources, and experience for patients. It will hinge on steps such as optimizing space and redevelopment opportunities, use of technology/informatics, and partnerships. This holds potential to be a

very innovative model of care. The leaders and staff who currently provide care and services will be an invaluable resource given their experience of the current state and insights into opportunities.

By 2029, THP will have nearly 2,000 hospital beds across all sites. This growth will be achieved through the master plan redevelopment at Mississauga Hospital (MH) and Queensway Health Centre (QHC); maximizing capacity at Credit Valley Hospital (CVH); and new long-term care and transitional care beds through community developments, such as health hubs, which will include acquiring new land and building new partnerships to improve access to care. THP will also apply for the next phase of the master plan redevelopment with a focus at CVH.

THP strategy will first and foremost be enabled by the outstanding and committed people who deliver, and support care each day, from those working today to the learners that will make up the next generation of health care professionals. THP will continue to build and strengthen an environment for people to realize their personal potential while contributing to the mission of a new kind of health care for a healthier community. This requires a healthy, safe and respectful environment that is predictable for practice and work. It also involves cultivating opportunities for personal growth to learn, teach, discover and lead in ways that enrich the professional experience and positively impact patients, families, the community and each other. It requires everyone at THP, including patients and families, to be engaged in shaping what happens. The people who work, learn and volunteer at THP are vibrant, skilled and focused on delivering safe, high-quality care. Continued investment in the workplace will be critical to enabling the path forward, including continuing to foster an environment of respect; ensuring people are engaged meaningfully at all levels; working together in teams; and supporting a skilled, adaptable and agile workforce.

A focus on innovation encourages thinking differently to unlock solutions for the most persistent challenges. Innovation supports ideas that are born out of the hearts and minds of those closest to the issues: patients, families, and the people who support care delivery. THP will foster these solutions at the point of care through core innovations to improve the way people work today. These ideas will also be supported at the system level through transformational change for greater impact.

The annual planning cycle begins in the fall of each year. The planning cycle provides an opportunity to 1) review progress on the strategic plan, 2) consider community needs, 3) review performance and patient survey results, 4) consider provincial priorities, 5) link planning to the clinical services plan, and 6) engage team members and patients/caregivers. The annual plan functions as the operating plan and is developed to support the achievement of the strategic plan, goals and objectives, and to guide day-to-day operations. This planning identifies the resources, systems, and infrastructure needed to deliver services and achieve the strategic plan, goals and objectives. Huddle (Quality/Performance) boards are prevalent throughout the organization.

Discussion with a diverse group of community partners shows THP to be an excellent partner that is focused on improving health care services both within the organization and in the community, with strong partnerships and liaisons at all levels of the organization. The partners provided several examples where THP took the leadership role for programs that impacted several organizations, and the partners felt included in the discussion and decisions. The partners report that open and transparent communication is a strength, and that the hospital has a good reputation in the community. They feel leadership's door is always open and the leaders are interested in collaboratively finding solutions to issues. The community

partners suggested that by building together on their great collaboration relationship that transitions in care could be further developed and advanced.

There are significant capital investments that have been completed, are planned and are underway. As with other healthcare facilities, it is evident that there is significant ongoing capital investment required in order to upgrade the buildings/facilities to ensure business continuity, and to meet evolving care delivery standards. Similarly, it is essential to continue planning for ongoing medical equipment investments. The organization will need to continue to consider the increasing standards associated with care delivery and service provision so as to mitigate risk and to ensure safe and quality care for patients and residents.

The organization has been active and successful in ongoing retention and recruitment of physicians, clinicians/healthcare professionals, and support staff. Staff and credentialed staff appear engaged, knowledgeable, and compassionate in the delivery of care and services. Formal change management processes/strategies are in place and well developed. Future challenges identified by the organization include ongoing health human resources, fiscal realities, aging infrastructure, and a changing healthcare landscape.

Surveyor Overview of Team Observations

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Key Opportunities and Areas of Excellence

The strength of this organization is its people. There is a caring, compassionate, and engaged team of staff & physicians who work collaboratively to provide care and advance the organization. Tremendous change management and project management supports are in place. These supports allow the organization to be nimble and responsive in this time of transformation. There is open and effective communication across the organization. As examples: 1) huddle boards are used effectively to facilitate communication and alignment, 2) Leaders host a 905 call each day to streamline communications, align strategy and improve flow and 3) Portable Voyce devices allow for increased patient interactions and translation services. There is a culture of innovation amongst staff, physicians and leaders. An example of this is Savi-Scout used in Diagnostic Imaging and the operating room. The implementation of a hospital information system is always a significant effort. To do this in the midst of the pandemic is a tremendous achievement. Emergency and disaster planning are well advanced There is a high level of technology uptake by the interprofessional team that then in turn use data analytics to drive improvements in care delivery and outcomes. The organization worked with the community and the region in response to the pandemic. We can see that many learnings from the COVID19 pandemic have been applied to practice.

Looking at organizational opportunities, there are significant capital investments that have been completed, are planned and are underway. As with other healthcare facilities, it is evident that there is significant ongoing capital investment that is required in order to maintain and upgrade the buildings and facilities to ensure business continuity, and to meet evolving care delivery standards. There are a number of large projects and initiatives underway which results in competing priorities. Consideration of priorities and allocation of health human resources will require ongoing review in light of the systemic staffing shortage and the pressures on staff and patients. The organization has embarked on a diversity, equity and inclusion journey as well as an anti-black racism action plan – we encourage the organization to keep driving forward to support a healthy, safe and respectful environment. Continuing with the EPIC implementation, the organization can pursue the discontinuation of any paper charting that still remains and leverage system improvements that are available. There is much uncertainty related to Ontario Health Teams and system transformation. Leaders of the organization will need to continue to monitor and embrace system transformation and continue to be innovative. The organization is struggling with limited physical space. With growing demands, the organization will need to continue to seek out creative solutions to space challenges. Linked to space challenges, are the number of patients who are in hallways and unconventional spaces. Looking at how the patient experience can be improved in these settings should be pursued. For example, the use of stretchers versus beds could be investigated to improve the patient experience. The healthcare workplace has seen an increase in workplace violence. Trillium Health Partners will need to continue to look at ways to ensure a safe work environment for staff and patients.

Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

Trillium Health Partners's accreditation decision is:

Accredited with Exemplary Standing

The organization has exceeded the fundamental requirements of the accreditation program.

Locations Assessed in Accreditation Cycle

This organization has 31 locations.

The following table provides a summary of locations¹ assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Autism Intervention Services-Location 1	<input type="checkbox"/>
Autism Intervention Services-Location 2	<input type="checkbox"/>
Autism Intervention Services-Location 3	<input type="checkbox"/>
Autism Intervention Services-Location 4	<input type="checkbox"/>
Credit Valley Hospital	<input checked="" type="checkbox"/>
Inactive - Peel Behavioural Services-Location 2	<input type="checkbox"/>
Inactive - West Toronto Satellite Out Patient Clinic	<input type="checkbox"/>
Inactive -Mental Health Program-Out Patient	<input type="checkbox"/>
Inactive -Peel Behavioural Services-Location 5	<input type="checkbox"/>
Inactive- Infant & Child Development Services Peel and Service Resolution Peel	<input type="checkbox"/>

Site	On-Site
Inactive- Peel Behavioural Services-Location 1	<input type="checkbox"/>
Inactive- West Toronto Site	<input type="checkbox"/>
Inactive-Peel Behavioural Services-Location 3	<input type="checkbox"/>
Inactive-Peel Behavioural Services-Location 4	<input type="checkbox"/>
Inactive-Radiologic Clinic Outpatient and Ultrasound Clinic	<input type="checkbox"/>
Infant & Child Development Services Peel and Service Resolution Peel	<input type="checkbox"/>
Mental Health Outpatient Site (PCL)	<input type="checkbox"/>
Mississauga Hospital	<input checked="" type="checkbox"/>
Mississauga Site- Inactive	<input type="checkbox"/>
Peel Behavioural Services	<input type="checkbox"/>
Peel Behavioural Services-Location 1	<input type="checkbox"/>
Peel Behavioural Services-Location 2	<input type="checkbox"/>
Peel Behavioural Services-Location 3	<input type="checkbox"/>
Peel Behavioural Services-Location 4	<input type="checkbox"/>
Peel Behavioural Services-Location 5	<input type="checkbox"/>
Peel Behavioural Services-Location 6	<input type="checkbox"/>
Queensway Health Centre	<input checked="" type="checkbox"/>
Radiologic Clinic Outpatient and Ultrasound Clinic	<input type="checkbox"/>
Renal Care Centre at Watline Centre	<input type="checkbox"/>

Site	On-Site
Watline Renal Care Centre	<input checked="" type="checkbox"/>
West Toronto Satellite Out Patient Clinic	<input type="checkbox"/>

¹Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Ambulatory Care Services	Ambulatory Care Services	5 / 5	100.0%
	Cancer Care	5 / 5	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Client Identification	Ambulatory Care Services	1 / 1	100.0%
	Cancer Care	1 / 1	100.0%
	Critical Care Services	1 / 1	100.0%
	Diagnostic Imaging Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Mental Health Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%
	Point-of-Care Testing	1 / 1	100.0%
	Rehabilitation Services	1 / 1	100.0%
	Transfusion Services	1 / 1	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Diagnostic Imaging Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Cancer Care	4 / 4	100.0%
	Critical Care Services	4 / 4	100.0%
	Inpatient Services	4 / 4	100.0%
	Mental Health Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
	Rehabilitation Services	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Cancer Care	3 / 3	100.0%
	Critical Care Services	3 / 3	100.0%
	Inpatient Services	3 / 3	100.0%
	Mental Health Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%
	Rehabilitation Services	3 / 3	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Venous Thromboembolism (VTE) Prophylaxis	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Pressure Ulcer Prevention	Cancer Care	5 / 5	100.0%
	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Patient Safety Incident Management	Diagnostic Imaging Services	7 / 7	100.0%
	Leadership	7 / 7	100.0%
Patient Safety Incident Disclosure	Diagnostic Imaging Services	6 / 6	100.0%
	Leadership	6 / 6	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
Accountability for Quality of Care	Governance	6 / 6	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Client Flow	Leadership	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Narcotics Safety	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%

Assessment Results by Standard

Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 100.0% Met Criteria

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

Assessment Results

THP has been very purposeful in taking a proactive approach to Emergency and Disaster Management (EDM). This serves them well in being responsive versus reactive to situations or crises when they arise. It also serves by having leaders and staff who feel confident and equipped with knowledge and skills. Leaders state that the success of the approach hinges on the way THP has inextricably linked or integrated quality, risk and patient safety.

The team describing EDM was highly energetic and keen to share points of pride. They elaborated on structures such as the Emergency Management Committee which is mandated to oversee an annual plan for EDM initiatives, review and approval of pertinent policies, procedures, support for orientation/education, tracking, monitoring and improving Incident Management, evaluating the organizational response to incidents, and liaising with the community.

They provided insight into elements of the Emergency Management Plan 2023 which is a comprehensive guiding document detailing expectations related to Mitigation and Prevention (through a Hazard Identification and Risk Assessments - HIRA); Preparedness (with plans such as business continuity, policies, resources, training and equipment); Response (with directives related to structures, roles, responsibilities, coordination), Recovery (with means of restoring such things as services, family reunification, and financial accounting).

They also spoke of how all members of the committee and/or those with accountability for specific EDM functions reach out to other leaders/staff within the organization, and of how both EDM preparedness and response are the products of very collaborative efforts.

There was a description of the effectiveness of the Crisis Communication Plan and the multi-pronged approach taken both internally, with external partners, and with the community at large. Communication tactics that are customized to the nature of the emergency include such things as telephone communication, memos to targeted audiences, intranet, social media, signage, tray liners, hot-lines, and leader talking points.

The approaches to education and skills development were described as robust including support for online learning, drills (tabletop and location based), simulated codes, and Code of the Month communiques.

The leadership on-call system to ensure optimal on-site response to emergencies on a 24/7 basis is a particular point of pride and held out as a leading practice. It entails assignment of leaders to each site who remain on site for overnight coverage, have all EDM tools/protocols available to them on an app, and have received a direct handover report from preceding leaders. This system ensures immediate response, when necessary, the ability to quickly escalate and respond as appropriate while instilling confidence in the staff of leadership presence and support.

While there are clearly many things that underpin the THP approach to EDM, they are well captured by a team member who spoke of the 3 C's - Coordinate, Collaborate, and Communicate.

As the THP's approach to EDM continues to evolve and be evaluated, the team is encouraged to continue to share their experience in such things as presentations and publications, as others can undoubtedly benefit.

Table 3: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Governance

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Governance

Trillium Health Partners (THP) is supported by a Board of Directors (Board) that is dedicated and committed to the provision of care to the community it serves. This accountability includes adopting and delivering on the organization's mission, vision and values, as well as the development and fulfillment of its strategic plan. The Board ensures the organization meets the health care needs of its patients and families, effectively using the resources that are available to provide services to the community and in collaboration with regional partners. There is a strong corporate business model with well-developed collaborative partnerships. Services are readily accessible to those who need them in the context of the hospital's mission.

The Board has an understanding of its roles and responsibilities, and those of senior management. New Board members are oriented to their role as they join the organization. Formal mentorship is in place for new Board members to support sound onboarding. Skills are considered when new Board members are sought. The members indicated that there are processes in place to evaluate the governance structure and function. The Board is considering equity, diversity and inclusion and is supporting antiracism efforts across the organization. A process is in place to monitor the performance of the Chief Executive Officer and the Chief of Staff. The organization's bylaws are reviewed on a regular basis.

The organization encourages input from patients/families, other organizations, and the broader community on the delivery of services and the operationalization of the strategic plan. Communication channels and linkages are built with the community, Foundation, volunteers and other stakeholders. The Board has recently added a voting patient representative to one of its committees. There may be additional opportunities for the Board to further advance its patient centered care approach by embracing additional venues to hear and to include the lived experience and expertise of the patient lens in the co-design, co-delivery, and co-evaluation of patient engagement and in service design.

Feedback from community partners consistently described THP and the Board as collaborative, and as building positive relationships. The Board demonstrates accountability for safety and quality of care and is committed to quality improvement. A risk management approach to mitigate and manage risk is in place. The Board is aware of the organization's risk assessment program and provides appropriate oversight. The Board has approved the ethics framework, demonstrates an understanding of ethical decision making, and has used the ethical framework in its deliberations.

THP is proud of its patient focus, and the Board is supportive of and committed to meeting the needs of the patients and their families.

Table 4: Unmet Criteria for Governance

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

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

Assessment Results

THP's Infection Prevention and Control team is remarkable, guiding a massive organization through a pandemic while keeping a light on other infectious threats to patients and staff. Their team consists of all the appropriate leaders and frontline managers, including an infectious disease specialist, who identifies risks and guides the organization to solutions. The team has access to a microbiology lab, which has proven to be highly effective identifying emerging organisms. Recently, two cases of oral candidiasis were discovered in patients in the ICU, with the help of the microbiology lab, and screening and education was provided to staff, patients and families. Thankfully the outbreak was contained, but learnings were shared with the Ontario Ministry of Health to guide other hospitals on future outbreaks. This is one example where this team has guided management and care outside the walls of the organization. During the pandemic a Hub was formed which provided expert resources to 90 community organizations to guide COVID-19 management. The team has formulated an extensive document, outlining the management of multiple aspects of the COVID-19 pandemic. This document is still in draft format but will most likely be used on a provincial scale to guide actions during future pandemics.

All necessary policies were provided and were appropriate. The orientation program is robust and well received. The team works collaboratively with regional partners to standardize care and draw on the collective knowledge of the team.

IPAC presence is felt across the organization as witnessed by initiatives in place for visual cues to identify contact precautions and equipment or room clean/dirty status. Teams felt well supported by the IPAC professionals to be able to keep patients and staff safe. There is auditing of hand hygiene and space carried out by dedicated surveillance assistants to provide feedback for teams.

The team is heavily involved in construction projects, and this includes air quality testing with excavation occurring near the entrance of the hospital. They have been involved in the design of the new hospital, promoting 80 percent single rooms. They have investigated possible contamination of food trays for inpatients and determined whether different processes had to occur. There is a robust plan for hand hygiene, and they meet the ROP, with education, audits, displaying results and improvements. Outbreaks are identified and tracked, with a robust communication plan to family, visitors, staff and the community. Patients are appropriately screened when entering the department, promoted by using the EPIC software. The same software program assists with appropriate PPE usage.

Patients and families have been involved in change management within the team. Visitor input was used when deciding to more widely communicate outbreaks within the hospital so the public could gauge their own risk tolerance while visiting loved ones. Patients and families were also recently surveyed about mask usage and results guided current practice.

One recommendation would be to update the policies and procedures for Sharps Injury and Prevention. An additional suggestion is to remove all hoppers from THP.

Table 5: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 99.5% Met Criteria

0.5% of criteria were unmet. For further details please review the following table.

Assessment Results

THP has a very strong, high-functioning Board of Directors (Board) that is dedicated to improving health care services for the population served. The Board and senior leadership work well together with their community partners to achieve positive results related to health care and health outcomes of their communities. They are forward thinkers and strive to continually bring clinical services closer to home. THP's senior leadership team is knowledgeable, innovative, and fully engaged. It is viewed as being responsive to the needs of the organization and community. One of its strengths is leadership related to management of financial, capital, and human resources. Excellent processes are in place to ensure appropriate current and future planning. THP is in a good position to meet ongoing challenges.

THP is committed to providing the best possible workplace environment. A cohesive team is evident. Staff and credentialed staff are actively engaged in providing care and in the success of the organization. Staff are respectful and genuine. Overall, the staff/credentialed staff at THP appear to be compassionate, professional, and committed to providing patient and family focused care. Staff across the organization are proud of their program/unit. Since early 2020, THP has stepped up by serving as the anchor of the pandemic response in the region. They have demonstrated remarkable resilience and commitment under, oftentimes, punishing conditions. Working side-by-side with government and system partners, the hospital faced extraordinary pressure from COVID-19 to provide high quality people-centred care to their own patients, while offering their support to long-term care homes, assessment centres and a successful vaccination effort.

The organizational leaders play an important role in ensuring the community is aware of THP's services, and its role in the community and as an employer. The communication team advocates and encourages support for the organization by elevating the profile of and bringing recognition to THP. This engagement is demonstrated through the organization's communications, media relations, and public relations efforts as they ensure that the right message gets to the right people at the right time and in the right way. They focus on internal and external communications using varied modalities to communicate effectively and ensure THP communications take a person-centered approach when connecting with staff, professional staff, volunteers, learners, patients and families to create a new kind of health care for a healthier community.

This team was put to the test throughout the pandemic to support clear timely communication internally and externally following guiding principles of timeliness, accuracy and reliability, accessibility, and open, honest communication. The organization's privacy and confidentiality policies and procedures cover the collection, use, and disclosure of patient and staff information, as well as staff use of personal information technology, internet, and social media. Policies and procedures cover both normal operations and emergencies. These policies comply with relevant laws and regulations. There has been attention to cyber security and the team use phishing security tests to help educate staff on how to protect themselves and data against attacks.

The team is proud of the implementation of EPIC across the organization as a single source of truth for health information. They look forward to the implementation of My Chart to provide a platform where patients can access and manage their personal health information. My Chart is a secure, online patient portal that makes it easy for patients to access their health information from anywhere, at any time. There are plans to pilot this program in Oncology and the Renal Program before introducing it more broadly across the organization.

Peoples Services at THP is a team that appears resolved to transcend any notion of being a support service within an organization by being, and being seen to be, an active, progressive partner to every unit and department in the organization. Moreover, while there is a clear focus on Health Human Resources within THP, the overarching objective appears to be ensuring a robust, healthy engaged workforce to ensure delivery on the mandate of exemplary quality patient care. The team of approximately 130 staff direct attention to people safety and support, talent and organizational development, and workforce planning.

Part of THP's goal of ensuring an environment of belonging includes the current organizational priority being given to equity and anti-racism. There is investment of resources (time, energy and funding) to support the infrastructure, education, communication, and over-all change management that are essential to moving an organization from "intentionality" to actions with measurable impact.

Ensuring stability and sustainability of the workforce has been a focus over recent years, largely influenced by the staff turnover experienced during the pandemic. This has resulted in an analysis of trends and pressures, and goals that are set out in the 2023/2024 HR Services Workplan and Structure, as well as the 2023/24 Recruitment and Retention Plans, each including specific activities and timelines. While leaders with accountability for activities embedded in these plans speak enthusiastically about their specific responsibilities and initiatives, what is very impressive is the resounding message that success with these initiatives will be dependent on the collaboration within People Services and with other leaders and staff within the organization. The implementation of a Human Resource Information System in late 2024 will greatly facilitate the availability of information to support workforce planning and scheduling issues.

The focus on People Safety, with efforts to ensure a safe work environment and optimal Occupational Health and Safety practices, entails collaboration with those focusing on risk, quality and safety organizationally and directly with patient care. The work undertaken with Workplace Violence Prevention is an example of how patients/ families and staff alike benefit from development, implementation and evaluation of policies, processes and practices to prevent or mitigate risks or manage occurrences.

There are a wide range of policies, tools and approaches to how THP supports leaders, staff, and credentialed staff with orientation and ongoing education, as well as personal, leadership, and career development, with a strength-based culture being fostered.

Patient partners (approximately 60 currently) are a valued people resource within THP, and processes are in place to ensure sound consistent practices with recruitment, interviewing, onboarding, as well as alignment of patient partner interest to organizational needs/opportunities. Similarly, the organization has 625 volunteers, and has supported the creation of a Volunteer Advisory Council and implemented an engagement survey to gain insights into enhancing their contribution and satisfaction as an invaluable resource.

Systems for financial planning and controls are in place. The budgeting process is integrated into the planning process, as well as into clinical service planning. The strategic plan guides the decision making around spending and resource allocation. There is appropriate oversight and planning in place to allow for both capital and operational budgets. A multiyear capital plan is maintained. Variance reporting (business performance review) is in place to review performance against the operating budget. The Board provides appropriate oversight of resource management and ensures the viability of the organization.

The staff of the finance, procurement and other related departments are well qualified to manage the finances of this organization and are not only committed to financial sustainability, but also to ensuring health services are available to meet the needs of the population served by THP both today and into the future. These staff have implemented processes to ensure accountability for the resources they receive, as well as to ensure compliance with applicable legislation.

External audits are conducted, and appropriate financial controls appear to be in place including applicable segregation of duties.

The group uses utilization data to identify opportunities for improvement and to monitor performance. Relationships with departmental leaders are built. As such, a collaborative approach exists between finance and clinical and support services. It appears that the Fiscal Advisory Committee is used and makes recommendations to the Board with respect to the operation, use and staffing of THP. Input is gathered from the staff members regarding purchases and when making resource allocation decisions. Staff advised that infection prevention and control and occupational health are routinely involved in making resource allocation decisions.

The team identified many successes since the last survey including: 1) investment policy and strategy, 2) planning for new capital build, and 3) ongoing financial education for leaders and physicians. Opportunities include: 1) equipment management system/services, 2) health human resources pressures, and 3) business systems transformation project. The overall healthcare facility planning includes accessibility compliance, space planning, capital projects, implementation of new technologies (equipment) and integration with technologies.

Trillium Health Partners was created through the voluntary merger of the Credit Valley Hospital and Trillium Health Centre. “The new organization was founded on a simple idea – together we could achieve what alone would not be possible.”

In building the 2019-2029 strategic plan, THP asked over 180,000 people to provide feedback on their future, including: roughly 16,000 members of the community through Tele-Town Hall; over 6,000 patients, family members and people who support care at THP through surveys, street teams, focus groups and interviews; more than 250 students through engagements in local schools; and, 33 touchpoints with the Board and leaders through committee meetings, key events and the Leadership Development Institute.

Trillium Health Partners (THP) leaders communicate and model the values of the organization. During the year leading up to the pandemic, THP had both corporate and program-level Patient & Family Advisory Councils (PFAC). Most of these have either been intentionally disbanded or paused since 2020. As THP navigates through pandemic restoration and recovery, focused with efforts on sustaining standard practices to inform clinical excellence (coupled with the Accreditation Survey) a strategy is required to engage patients, families, and caregivers to support the delivery of high quality and excellent care for every person. THP now has a diverse group of 50+ Patient & Family Partners (PFPs) with varying interests, knowledge and lived experiences. Moving forward, THP sees an opportunity to strategically partner with this greater PFP membership as a singular focal body for engagement purposes; a tactic not leveraged prior to the pandemic.

THP has created The Institute for Better Health (one of the top 40 research centres in Canada). The Institute for Better Health is supporting work to change the system to solve the most complex human/health care problems. THP is looking to advance the health of the community. To support this THP is implementing: a consistent quality approach; new capacity to improve access to care; embedded collaborative practices; partnerships for a complete and inclusive system of care; and investments and advocacy to shape the future.

To measure results, THP has a Performance Plan which includes long term strategic outcomes, big dot indicators, and program/departmental indicators. There is a daily 905 call with leaders to align activities and the team around actions to ensure quality care is delivery across the organization.

Each year, the Board approves THP's annual operating plan, which includes the goals and objectives, and the plan for services and operating and capital budgets, to advance the strategic plan. The pandemic has had an asymmetrical impact on the hospital and community: more people have contracted COVID-19 as a result of the social and economic challenges they face; patients are waiting longer for care and presenting with a higher level of acuity. As a result, the health care workers have experienced heightened stress and fatigue. The greater need of the community prior to COVID-19 presents additional challenges both for the organization's recovery, and delivering on the ambitious strategy into the future, further highlighting the need to invest in community partnerships, build an anti-racist and inclusive workplace, increase capacity through Trillium HealthWorks, and provide the highest level of care to patients.

As THP plans for the future, they acknowledge that there is a need to continue to manage COVID-19, including COVID-19 surges, as a new reality that will continue to impact staff, capacity, and the community. THP is approaching 2023/24 as a year of recovery and "restoration for our people, our services, and our strategic priorities." THP recognizes that recovery from COVID-19 will continue to be a multi-year path.

The annual planning cycle begins in the summer. The planning cycle provides an opportunity to 1) review progress on the strategic plan, 2) consider community needs, 3) review performance and patient survey results, 4) consider provincial priorities, and 5) engage team members and patients/caregivers. An annual plan (operational plan) is developed to support the achievement of the strategic plan, which includes goals and objectives, and helps guide day-to-day operations.

THP plans for program and service development are well thought out, and the organization is involving appropriate parties to ensure they achieve their vision. Community input and needs are identified through a number of venues. The organization engages in formal evaluation of many of its programs and services. Communication between levels of the organization is open and transparent. There are opportunities and methods for staff, physicians, service providers, and the community to provide input into service planning. Some strategies have been developed to engage hard to reach populations. The organization has identified that additional initiatives could be pursued to reach all hard-to-reach populations. THP is actively involved and participates in ongoing community initiatives to support and promote health and prevent disease and is actively involved with its Ontario Health Team partners.

The organization's response to COVID-19 was tremendous and was a great success both locally and regionally. THP is very engaged in health system transformation and health system capacity planning.

Leadership aligns their activities to the strategic priorities of the organization. Policies and procedures are in place. The organization's teams have worked hard to review their policies and help them remain current, but it has been a challenge during the pandemic. The organization is currently working on a plan to ensure that they reach 100 percent and move forward in a way that will stay at that level. At present, staff have indicated that approximately 80 percent of policies have been reviewed and are up to date. Leadership demonstrates accountability for safety and quality of care, as well as a commitment to quality improvement.

THP is justifiably recognized as a regional, provincial and global resource for its tools and approach to principle-based decision making. THP has been deliberate in ensuring that structures and processes are in place to support principle-based decision making in all aspects of the organization's care and services, and in alignment with the THP Mission, Vision, Values and Strategic Plan. Most importantly, the organization has taken the approach of proactively building capacity for all staff to support principle-based decision making, while still having access to ethicists when deemed necessary. THP is an organization that has very successfully embedded ethical principles into all aspects of clinical and organizational decision making. The IDEA Ethical Decision-Making Framework, which has been customized to THP by adding Accountability for Reasonableness expectations into the framework, serves as a tool to guide patients, families and staff in care and operational decisions, and is readily accessible on the intra/internet.

The principles and processes are shared with the Board, leaders and staff through a robust education program, and education is supported on an ongoing basis with regularly scheduled ethics forums, Ethics Tip of the Month, video capture and sharing of Grand Rounds, incidental teaching during quality huddles or patient rounds, and through access to resources such as the academically trained ethicists and 7 day/week consultation service. Beyond THP, a Regional Ethics Program affords opportunities for THP to contribute to the exchange of knowledge and leading practices, and to support standardization of delivery of ethics services across the region, as appropriate. The THP website is an excellent resource to patients, families and the broader community to gain an understanding of what is available at THP, instruction as to how patients/families can make use of resources, as well as external links that may address specific questions.

Ethics tools and principles have informed policies that influence decision making at every level of the organization (Board, Human Resources, Interprofessional Practice, Patient Care). Research at THP has an equally robust support system for principle-based decision making with clear processes, educational support with such things as mandatory research training, and research ethics consultation services. Patient perspective informs policies, tools and processes either by patients/families being part of task teams or by patient partners being invited to review and provide comment.

Leaders and direct care/service providers alike offered concrete examples of how decision making has been enabled by the framework and resources. Based upon monitoring and reporting of consultations, the ethics leaders/resources describe priority needs as supporting allocation of resources (particularly during the pandemic) and with top themes of substitute decision making, capacity, and consent. They also have identified emerging issues relating to health equity and addressing workplace violence.

THP recognizes their capacity challenge and is committed to ensuring that patients receive the right care, in the right place, at the right time, in their current space while awaiting a much-anticipated new build.

There is a philosophy within the organization that patient flow is everyone's responsibility. There are decision tools and algorithms in place that serve as practice directives to ensure patients are placed in the appropriate spaces, as well as investments made in bed allocators, flow coordinators, and discharge planners. Teams use conventional and non-conventional spaces to maximize all bed spaces available and beds are considered as corporate rather than program specific resources. To enable this practice safely, the in-patient teams have identified primary and secondary patient populations and provided teams with the necessary supports for staff and professional staff to support the safe delivery of care.

Improvements to managing patients outside the walls of THP are in place or underway. There is a rehabilitation site set to open that will free up 70 in-patient beds at CVH. LTC beds are set to open at multiple sites to help address the need for patients in acute beds waiting for LTC beds. There is an urgent care facility in the planning phase that will potentially help divert some of the lower acuity patients or patients without family physicians away from the ED. In addition to these resources, the team has implemented partnerships with CANES Community Care to deliver a new community-based program to support patients transitioning from hospital to home sooner. Community Paramedicine, in place for the last year, provides coordinated care in partnership with local primary care providers and other health partners to support people in their place of residence.

Communication is key to understanding the organization's ever present capacity challenges. Reports are released daily to ensure communication of operating conditions related to flow, to allow teams to have the necessary information on hospital occupancy levels and units experiencing stress due to staffing shortages. Standard work is associated with levels of bed and staffing concerns to provide a tool to manage capacity. The team works collaboratively across THP to implement strategies to improve flow daily during bed meetings and touchpoints.

Focused work has gone into admission avoidance, and capacity management processes and practices, however, there needs to be further attention given to understanding where gains can be made on reduction in length of stay. By expanding the idea that patients receive the right care, in the right place, at the right time, to include for the right length of time, patient flow and efficient use of beds and resources can be realized. By understanding and identifying conservable bed days, barriers can be removed that prevent delayed discharges and improve flow throughout THP.

The three sites at THP are of varying ages and each poses unique challenges with respect to infrastructure. Although some sites are older, they are well maintained and welcoming for patients, family, visitors, and staff. The physical environment is well maintained and clean, and signage has been improved since the last survey.

Staff in patient care areas report that housekeeping is very responsive to their needs, and that the cleaning of patient care areas is thorough and complete. There is collaboration between the physical environment team and emergency preparedness to ensure the organization can respond quickly to infrastructure challenges and the facilities team can support unplanned surges in urgent patient care.

The facilities team has been instrumental in the establishment of unconventional patient care spaces during the pandemic and the ongoing over capacity challenges THP has faced. There is UPS for all critical equipment and spaces such as the OR, ICU and cath lab, and there is redundancy in hydro, boilers, HVAC and power generators.

Security systems are in place and the team has placed high emphasis on staff safety. Staff in the patient care areas said without hesitation that they feel safe in the workplace. Equipment maintenance is up to date with good oversight on preventive maintenance through the biomedical department. THP has a comprehensive redevelopment plan that includes both current and future needs. The team includes a human-centred designer who brings an 'experience-based design' lens to space planning and redevelopment.

THP has an Environmental Sustainability Committee where the team can identify, prioritize and recommend strategies to respond to climate change by decreasing the organization's carbon footprint, waste, and pollution, with the goal to create a sustainable health system. Several strategies have been implemented, with a focus on the operating rooms where there is significant opportunity as the OR is a high contributor to the overall THP carbon burden.

Space and storage are challenges at all sites, with a significant amount of equipment stored in hallways and corridors. The Mississauga Mental Health Unit is encouraged to place emphasis on being a trauma informed safe environment for patients, specifically related to ligature risk.

Table 6: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.3.7	The organization develops, implements, regularly reviews, and updates as needed policies, procedures, and plans for all its primary functions, operations, and systems.	NORMAL

Service Excellence

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Across Trillium Health Partners (THP), the team works collaboratively to ensure they are meeting the full range of needs of patients and their community. They have formed many partnerships to help patients navigate services across the continuum of care and continue to seek out additional ways to fill identified service gaps. They have a keen understanding of their community and have identified who their customers are to help inform clinical decision making and program design.

The team leadership with the support of the organizational leaders have also partnered and established linkages with regional and provincial entities to meet the needs of their population and the range of services required.

The team leadership ensures that designations, credentials, competency assessments, and training are monitored and maintained to ensure safe and effective delivery of services. Professional requirements are kept up to date in accordance with jurisdictional and organizational policies. There is a focus on providing educational support to a growing number of novice staff as well as providing ongoing direction for all staff. Educators have stepped outside of the traditional daytime roles to provide their expertise on evenings and weekends. THP is continuously looking for funding opportunities to provide extended orientation and support for staff to improve retention.

THP has placed a high priority on an extensive orientation process to ensure that staff feel confident and competent to provide safe care in a challenging environment. Staff on orientation are provided with opportunities to extend orientation as needed with frequent check-ins to understand the needs of the individual. Corporate orientation is designed to cover the organization's mission, vision, and values; performance expectations; organizational policies and procedures, including about confidentiality; work-life balance initiatives; and the organization's approach to integrated quality management such as quality improvement, risk management, use management, and efficient use of resources.

There have been intentional investments made in people with a lens to ensure staff have the skills, competencies and support to deliver safe care exemplifying the organization's commitment to their people. The team has created opportunities for staff aligned with their professional development goals and designed to reach the full potential of the individual.

THP takes many opportunities to celebrate staff and their contributions to quality care. A few highlighted by the team were rounding, personalized thank you cards, certificates, awards, galas and team spotlights.

Table 7: Unmet Criteria for Service Excellence

There are no unmet criteria for this section.

Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

Ambulatory Care Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

In conducting the Ambulatory Care Episode of Care, tracers were conducted at each THP site and specifically included Heart Function (Mississauga Hospital & Credit Valley Hospital), Mental Health Outpatient (2085 Hurontario), Renal Care (Watline), Neurorehabilitation & Medical Clinics (Queensway Hospital).

As with every THP clinic, each of these outpatient clinics is aligned to one of THP's Clinical Programs. The program operational and medical directors, who have a line report to a Senior Vice President, have oversight accountability for the planning and management of services along the continuum of inpatient and outpatient for the population(s) served by each program. The infrastructure supporting outpatient service planning consists of clinic level subcommittees, reporting to a program council, reporting to Patient Service Committee (includes all programs), reporting to the THP Priority and Planning Committee. Through this committee structure each clinic is connected to corporate priorities and decision making and can identify issues, plan services, advocate for resources, etc.

The configuration of each clinic team is geared to the population need, and typically is very multi-professional. Additionally teams have access to other professionals and additional expert resources (i.e. Clinical Ethicist) as needed. The teams are energetic and highly invested in the care they provide to patients and families. They do express challenge with increasing volumes with limited if any increase in resources. They focus on quality and patient safety as exemplified by utilizing referral criteria, care pathways and treatment protocols as developed by the programs. Teams give attention to support with information transfer at points of transition from inpatient to outpatient settings, with discharge from clinics to primary or community based care, as well as from pediatric to adult clinics.

Given that clinics are distributed at 3 hospital sites as well as in remote locations, there are predictable and understandable differences in the nature and design of space at each. The physical space for the Heart Function Clinic (Mississauga) as example is very tight, to the point where ECG is conducted in the hallway with a makeshift privacy curtain, whereas the Heart Function Clinic (Credit Valley) and the Neurorehabilitation and Medicine Clinics (Queensway) have newer, more generous spaces to accommodate assessments, diagnostics and/or interventions/treatments. There is variability as to what space may be available to support growing patient volumes (Renal Care), or for staff to have a dedicated space (needed in Mississauga) or to support training/ re-education on Activities of Daily Living (needed in Hurontario). Despite space variations, and until they can be addressed, every team described being resolved in making the best of what is available and to successfully prioritizing and safely meeting the patient care needs.

Leaders and staff describe the many ways they are supported in being part of engaged, cohesive, high-performing teams. Supports include strengths based assessments of leaders, orientation/education for staff to acquire and sustain highly specialized knowledge and skills, financial support for conference attendance, corporate recognition events, peer to peer support, support for engagement at regional/provincial networks, etc. Staff in all settings articulated excellent job satisfaction and credited this to their cohesive team work as well as support and recognition from their leadership team.

THP's significant investment in Information technology (IT) supports care, services, communication and decision making at many levels within the outpatient setting. As examples, the majority of settings have computers in clinic rooms to support real time access and sharing of information as well as documentation during the encounter with the patients/families. Voyce enables staff to reliably communicate with the multicultural community they serve. Ready access to devices enables workflows for staff and leaders (remote documentation, iLearning, internal/external networking, etc.) The implementation of EPIC supports standardization of documentation and is being leveraged to streamline care planning, and to support greater availability and transparency of data for clinic, program and corporate level reporting on priority metrics. Outpatient clinics are investigating options for software (Practice Perfect) that will eliminate need for manual capture of data. Staff identify opportunities within EPIC to streamline processes in the outpatient settings (i.e. accelerate the registration processes; "tap and go" with identification badges to quickly sign back into the system.

Teams are highly supportive of the THP Strategic Plan and the potential to link program and clinic based metrics to the THP Performance Compass. Wait times appears to be a high priority metric in every setting, and there are a number of quality improvement initiatives, being done in most instances with direct patient partner engagement, to positively impact performance. As example, the Neurorehabilitation Clinic is trialling a process of streaming their referred patients to either rehab in the clinic or the home, with all care provided by the same team of experts. Other quality initiatives focus on patient care/experience such as in the Heart Function Clinic, where the team has launched an education initiative whereby the pharmacist and dietician provide education to patients and families via zoom with the opportunity for individualized follow-up. This effort has been met with much enthusiasm and appreciation from patients and families. In the Renal Unit a recent quality improvement project, initiated by the patient and family advisory committee, purchased pedal bikes for the patients to use during their dialysis treatment. Patients are averaging 2 hours a week on the pedal bikes since implementation. In the Medicine Clinics, proactive steps using the EPIC system have been taken to mitigate risks with Venafer infusions.

In discussion with patients attending clinics, comments were consistently complimentary of the skill of staff helping them to feel heard, to be part of the care planning, and to feel safe and informed.

Of note, THP is at an exciting juncture with its Outpatient Care Transformation, which envisions moving from a current state where outpatient services have evolved without a specific strategy to a desired state whereby there are THP branded outpatient offerings. The transformation is expected to reduce inefficiencies and address the current variability in processes, access to resources, and experience for patients. It will hinge on steps such as optimizing space and redevelopment opportunities, use of technology/informatics, partnerships. This holds potential to be a very innovative model of care, and the leaders and staff, currently supporting outpatient care and services will be an invaluable resource given their experience of the current state and insights into opportunities.

Table 8: Unmet Criteria for Ambulatory Care Services

There are no unmet criteria for this section.

Cancer Care

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The review of THP's Cancer Care Program included both CVH and Queensway sites; Oncology OA and OA Palliative as well as Oncology outpatient clinics.

Across all areas, staff demonstrated a fulsome awareness and understanding of all relevant ROPs; medication reconciliation, hand hygiene, pressure injury prevention, falls risk prevention, VTE prevention, 2 patient identifiers, transfer of accountability, infusion pump safety. These is clear evidence that these ROPs are well embedded in the practice of front line staff.

As well, team members demonstrated the use of the RL6 safety reporting and learning system for reporting safety incidents. The organization is commended on its work in bringing ethics to the front line and supporting team members through the availability of a Clinical Ethicist. Staff are comfortable and confident in the implementation of the IDEA framework to support them working through ethical dilemmas they encounter in their practice.

Staff demonstrate competency in determining a patient's ability to consent and a willingness and comfort level when considering disclosure of a patient safety incident.

The Cancer Program has undergone significant change since the time of last survey including multiple moves between sites in managing their pandemic response as well as the impacts of a new HIS. Staff are involved in many Quality Improvement (QI) initiatives. The refreshment of the program moving out of the pandemic has been coined, Building Back Better and is a far-reaching approach engaging patients, families, front line staff and physicians in resetting the Cancer Program. Corporate QI information as well as department/program specific information are shared on the Quality Boards and shared at daily huddle.

Staff report being well-informed by their immediate leadership team and supported when bringing forward concerns/ideas. The daily huddle hosted across both sites is well received and serves as a springboard for the day for both information sharing and a morale boost.

Physicians report appreciation for the opportunity to be engaged early as design leads in the EPIC project to ensure their inputs were realized in the build. Physicians have been involved in various QI projects including communications and greater structure in addressing infusion reactions, leading to both M&M and interdisciplinary rounds to promote learning. The group is currently looking to launch a project related to the introduction of cooling caps to reduce chemotherapy induced alopecia.

The greatest impact of EPIC within the program is the move to one single chart for the patients. Across multiple sites, multiple encounters, multiple providers – all are now working from the same source of truth encompassing the patient's full healthcare experience.

The team's access to real time data supports many efforts; including the reboot of the Your Symptoms Matter (YSM) platform that dropped off through the pandemic.

Across the program, the commitment and passion of the team is evident, and is validated by patients and families. Through the upheaval the program endured throughout the pandemic, the team is indeed

building back better, hand-in-hand with patients and families and are well positioned to continue in the provision of high quality cancer care to this community and beyond.

As the program continues to evolve, leadership is encouraged to continue their pursuit of high quality training and education for their staff, as well as internal and external partnerships that promote learning and cross training, ie mock code simulations. These efforts towards collaboration and sharing can only result in better care for patients and improved experience for patients and families.

On the inpatient side, the work towards a sustainable workforce is remarkable. Prioritizing orientation, retention and ensuring dedicated professional practice to drive education and elevate practice is commendable work.

Outpatient staff is recognized for their program-specific efforts towards equity and inclusion with their monthly heritage celebrations, actively working towards an authentically inclusive and welcoming workplace.

Table 9: Unmet Criteria for Cancer Care

There are no unmet criteria for this section.

Critical Care Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The Mississauga Med/Surg Intensive Care Unit is an intensivist-lead, closed level 3 unit, with 37 beds and a multidisciplinary team of professionals providing care. They provide support across the organization through their physician lead Critical Care Response Team offering intensive care skills to patients with, or at risk of, critical illness receiving care in locations outside of the ICU. This team also provides support and guidance post call to ensure the patient continues to receive that appropriate care.

The ICU is well supported by enthusiastic leaders who are involved with strategic development of the program and the day-to-day running of the department. The team collects information on the population it serves to guide decision making to meet the needs of the patients they care for.

The ICU team works closely with other organizations in the region through Critical Care Services of Ontario to ensure best practice through knowledge transference, educational opportunities and data analytics to support performance management and standardization of care. The team has plans to implement the Family Satisfaction in Intensive Care Unit Initiative from Critical Care Services Ontario. This electronic tool provides local ICUs with a mechanism to receive continuous feedback on family satisfaction while also facilitating the analysis of provincial and regional metrics to support system-level patient and family experience improvement across Ontario. The team is encouraged to follow through with this initiative seeking ways to gain response by utilizing strategies learned at peer organizations which include adding QR codes to discharge papers that have links to the survey and or utilizing volunteers or externs to help patients complete surveys.

The team places a high priority on ensuring their team has the education and skills training they need to be successful. There is a comprehensive education program that ensures staff competency in the many areas of critical care nursing. The team draws upon external and internal resources to help train their staff to full potential to meet the needs of their patients. Additionally, they are creative in supporting team wellness through the creation of a wellness room where staff can relax and re-energize during long, stressful shifts.

Cardiac Surgery ICU

Cardiac Services is a comprehensive service located in one location, with operating rooms, critical care areas, cardiology and coronary care inpatient units clustered together to facilitate better communication and better patient flow. The Cardiac Surgery ICU is a 12-bed unit supporting cardiac surgery regionally with approximately 1400 surgeries yearly. It is a very streamlined service boasting seamless transitions from preop to outpatient care for cardiac patients achieved through the PPATH program. Putting Patients at the Heart or the PPATH Program, is a collaborative initiative between THP and Saint Elizabeth that helps cardiac patients and their families to transition from hospital to home creating a supportive connection with patients once discharged from the hospital in a bundled care approach. The bundled care model aims to coordinate services around the needs of the patient as they move through the health care system and eventually back to their homes. Saint Elizabeth Health care provides a full range of integrated care services in the home and community. Hospital and home teams jointly develop the post-discharge care plan to ensure patients heal and recover well after cardiac surgery, avoiding trips to the ED or potential readmission to hospital.

Staffing is a challenge for the CSIU. The team has a high staff vacancy rate and has plans for recruitment and retention to close this gap. The team is encouraged to look at creative ways to ensure staffing needs are met. Consider cross training opportunities across the critical care platform within the organization. Is there opportunity to create composite lines or float lines that cross critical care units to flex staff where needed to meet demands?

The Credit Valley adult ICU comprised of a very close net, multi-disciplinary team who are very invested in creating an excellent department. There were many examples of the team incorporating the patient's voice in changing processes to make improvements, such as allowing family presence during rounds. The bed side team is top-notch and could recite all evidence to pass all ROPs, and standards specific to ICU care, such as preventing central line infections. Patients may be involved in research studies. There is access to palliative services, which was an asset during the Covid pandemic. The group provides an outreach team which will go to the wards to treat patients and try to avoid an ICU admission. Discharged patients will also be followed by this group. All standards related to Organ Donation are met. A suggestion is to post patient's Rights and Responsibilities and how to make complaints in visible areas.

The NICU at the Mississauga site has a very impressive team who has continued to focus on process improvement throughout the pandemic. They have achieved a 2C rating for care provision and work hard to adhere to all standards of care. Even though these small babies may have different needs compared to the rest of the hospital's population, the team has found ways to incorporate and meet all the ROPs. The unit's policies and procedures meet all the standards. The patients in this unit may be involved in research studies, and the ethical team has a strong presence in this area. I can pass on one item of feedback from a patient's Mother. She asked that they be given a more accurate discharge date if possible. The family felt each day they were told "one more day" and a week later found it very hard to plan for discharge.

Table 10: Unmet Criteria for Critical Care Services

There are no unmet criteria for this section.

Diagnostic Imaging Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The Diagnostic Imaging staff are highly energetic and engaged in their work and committed to quality. There is strong technical knowledge and staff are proud of the services that are provided. Diagnostic Imaging received the Quality Award here at Trillium in recognition for the quality improvement project “Savi Scout” which replaces guide wires. Several quality initiatives were described including 24/7 CT coverage, expanded education rounds that are open to all staff, MRI breast biopsy, and improvements in IR pathway. Opportunities identified include adding PET scanner services to THP and utilization of imaging services (how imaging is adapting to the reality of how imaging is part of care delivery, practice changes and managing patient expectations).

Diagnostic services at all sites is overseen in a programmatic model, with leaders appointed to manage the different sites. Plans are underway to make a transition to having modality based managers who will have responsibilities at multiple sites (depending on the modality) as this will support continued efforts with standardization. Staff within sites are supported with training when appropriate in being able to cover more than one modalities, and staff can be assigned shifts in more than one site, all of which serves to optimize skill and limited resources. Staff described feeling very supported by their managers and education supports, such as financial reimbursement from THP for ongoing modality training and credentialing.

Processes to discuss such items as future planning, service delivery, quality improvement projects and issues affecting the department are in place. Staff advise that there is a process to identify the resources needed to deliver efficient and timely diagnostic services. Radiologists are scheduled appropriately to meet service demands. Staff report that time frames for interpreting diagnostic imaging results are appropriate. These timelines are monitored. The team informs the referring medical professionals immediately of any urgent findings.

Standard operating procedures and protocols serves as guidelines for consistency with conducting diagnostic imaging procedures, and similarly policies and procedures enable standardized practices. Quality review processes further serve to ensure correct application of protocols and adoption of policy expectations. All guiding tools are readily accessible on desktops, intranet etc. Quality management extends to oversight of equipment with predictable preventative maintenance checks, as well as with clear processes to respond to breakdowns and downtime. While quality/safety huddles are very familiar to the interprofessional team, there is enthusiasm for how the quality board is evolving (THP Compass) and how it will continue to influence a strong quality improvement mindset.

Human resource planning occurs and ensures appropriate staffing of the department. Staff are patient focused and these sentiments are echoed by the physicians and other stakeholders. In general, staff are employed “multisite” and have “cross modality” training. Policies and procedures are in place. Access to all Diagnostic Services is very good. Wait times are monitored. There appears to be a good understanding regarding the use of patient identifiers. There is a general feeling of responsiveness and teamwork within Diagnostic Imaging. Hand hygiene practices and equipment cleaning appears appropriate. Staff shared that processes to gather feedback from patients and from physicians continued through the pandemic. Patient Advisors are involved ad hoc in projects and initiatives.

Equipment appears to be in good repair and under appropriate maintenance schedules. Appropriate equipment is on emergency power to ensure the organization is able to ensure continuity of care during outages. Contingency plans for downtimes have been considered. Processes are in place for procurement and monitoring of supplies.

A Radiation Safety Officer and safety program are in place. Evidence of safety, and education related to safety were seen. Incident reporting and follow up processes are in place. A formalized, consistent process for the team to conduct and report on repeat/reject analysis monthly is developed and in place. Evidence was found that the team tracks indicators for such items as: wait times and average response times for elective, urgent and non-emergent requests for diagnostic imaging services.

While the sites can be somewhat dated, the space is bright, clean, generally uncluttered and definitely conveys a sense of calm and control to those working in and coming to the department. With the planned redevelopment of the site, ideally space will become available to better support storage. Storage challenge may also be alleviated with the ongoing transition from use of paper (standardized templates which get scanned into the system) to an electronic capture.

The staff speak with palpable pride about the sense of team (the department was characterized as home and colleagues described as family by three different members of staff). There is obvious collegiality amongst all professionals with appreciation of the support from the managers/leads (particularly during Covid and periods of staff shortages) and with THP's current approach to anti-racism. Overall, congratulations on a great survey, an amazing staff and thank you for a welcoming and wonderful experience.

Table 11: Unmet Criteria for Diagnostic Imaging Services

There are no unmet criteria for this section.

Emergency Department

Standard Rating: 99.1% Met Criteria

0.9% of criteria were unmet. For further details please review the following table.

Assessment Results

The ED currently assesses approximately 300 patients per day per site, which translates to 214,779 visits annually across the two sites. There is an average of 99 no bed admits awaiting placement that creates additional challenges for the teams. The unit is divided into separate patient care areas that align with the acuity of the patients arriving for care in the ED and helps to improve patient flow. The team continues to actively work at optimizing their current workspace while planning for future needs to meet the ever-increasing demands placed on the ED.

The ED team demonstrates a commitment to providing a high level of evidence based, quality care and are led by engaged leaders that support and encourage staff to rise to their full potential. There is access to consultant support that can be accessed in a timely manner to avoid bottlenecks in flow and provide patients with the care they need. Diagnostic Imaging and Laboratory support is available 24/7 with reports available for decision making quickly. Teams report delays in accessing DI due to staffing challenges and availability. Continue to look at these processes to ensure there are no missed opportunities to access care in a timely manner to avoid discharge delays.

Specific metrics and targets regarding wait times, length of stay (LOS) in the emergency department, ambulance off load times, number of patients seen and those who left without being seen, are tracked and shared with staff to review for opportunities to improve processes. Daily huddles are held in the individual departments with a standard script to check-in, share information and understand any issues. The team sets objectives and goals for the department at the Clinical Program Committee. The Clinical Program Committee is interdisciplinary and includes two patient partners to ensure the voice of the patient is included in decision making for the department. The team has a work plan that aligns with the organization's strategic directions and priorities with specific measurable targets and actions. Solicitation of patient feedback is a work in progress. The team is transitioning to a new patient feedback mechanism that will give the team more real time information to help drive process improvement at the unit level. The team is encouraged explore this new process and utilize it to its full potential.

The Emergency Department has developed strong relationships with community partners to allow for resource-sharing to offer safe and effective services for each patient and family. There is a strong interdisciplinary team available in the ED to support safe discharge and prevention of admissions. There has been a concerted effort to provide service in the ED and community for admission avoidance. The team is encouraged to continue this work as they continue to experience increased volumes and acuity due to the projected growth within the surrounding community.

There has been significant attention and investment put into ensuring staff have the necessary knowledge and skills to work effectively within the department. Newer staff report feeling well prepared to provide safe care in the department. The team is commended for ensuring staff have after hour and weekend educational support to provide staff with at the elbow skills training and a resource to draw upon. The theme of ensuring staff is confident, competent and prepared to work in the ED is carried over to the physician group that have developed comprehensive orientation and mentoring practices to support their newer colleagues.

There is evidence of a documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, training, evaluation of competence and a process to report problems

There is evidence of a documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, training, evaluation of competence and a process to report problems with infusion pump use is implemented. This is in alignment with the organization’s strategy for infusion pump safety.

ED nursing staff use clinical judgement and continuous assessment with every patient within the ED. During triage the nurse assigns a CTAS level to aide in prioritization and appropriate care delivery based on acuity. The triage nurse also looks to identify risk indicators for suicide. As soon as potential risk for suicide is identified, ED nursing staff follow policy and procedures to ensure the patient is safe.

Other policies and procedures in place to support patient safety include policies for falls prevention, medication reconciliation, patient care transitions and two patient identifiers. Documentation tools and communication strategies are used to standardize information transfer at care transitions. The team uses an SBAR format to ensure they include all pertinent information required and support bedside TOA within the department.

Patients felt supported during their stay and felt that they were kept informed and involved with the care they received. The ED is very crowded. Space is a challenge to provide that high level of privacy during the registration and initial triage and care delivery in some cases that respects client privacy. Review the area/process to understand if there are ways to improve privacy. Consider if there is a way to identify patients when it is their turn to be seen other than calling out names in the open waiting area. There is currently work underway to provide patients with video boards that help patients understand what to expect while waiting and how long a potential wait is. Consider making this information available on external website so that patients can have access to this information prior to coming to the ED.

Protocols and procedures for reducing unnecessary variation in service delivery are in place across the two sites. This is done through consistent, co-ordinated education, shared policies and procedures, collaboration between physicians and nursing, including staff that work in both sites.

Patient safety incidents are reported according to the organization’s policy and documented in the risk management system. Incidents are reviewed with actions implemented as needed. Support is available for staff following critical or stressful incidents, including Quality Reviews and debriefings as required.

Table 12: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.7.3	Client privacy is respected during registration.	NORMAL

Inpatient Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The review of THP's Inpatient Services included 4C Medicine, 2C CARU and 3C Seniors Care Unit at the MH site as well as 2B Medicine and 2A Paediatrics at CVH.

Across all units, staff demonstrated a fulsome awareness and understanding of all relevant ROPs; medication reconciliation, hand hygiene, pressure injury prevention, falls risk prevention, VTE prevention, 2 patient identifiers, transfer of accountability, infusion pump safety. These is clear evidence that these ROPs are well embedded in the practice of front line staff.

As well, team members demonstrated the use of the RL6 safety reporting and learning system for reporting safety incidents. The organization is commended on its work in bringing ethics to the front line and supporting team members through the availability of a Clinical Ethicist. Staff are comfortable and confident in the implementation of the IDEA framework to support them working through ethical dilemmas they encounter in their practice.

Staff demonstrate competency in determining a patient's ability to consent and a willingness and comfort level when considering disclosure of a patient safety incident.

Staff across the organization unequivocally state that they feel safe at work, something THP should be both very proud of and committed to sustaining.

Quality Improvement (QI) initiatives, both large and small, are evident on the patient care units. Corporate QI information as well as department/program specific information are shared on the Quality Boards and shared at huddles. Staff report not only being involved in various QI opportunities but often times, they are the source for QI ideas that will benefit patients and staff.

Huddles are held consistently and serve to provide a robust forum for information sharing that is much appreciated by staff.

Engagement of patients and families in a proactive approach varies across the patient care units. It seems that most did have a patient advisor included on councils or working groups prior to the pandemic, but are in various stages of patient advisor engagement at this time. In response to the organization's indication of a refreshed approach to patient advisor engagement versus the historical PFAC model, they are further encouraged to pursue the voice of the patient and family relentlessly as they grow out of the pandemic. An inclusive path that welcomes the voice of the patient and family in a consistent, proactive way will further serve to strengthen THP's efforts towards a new kind of health care for a healthier community.

The Medicine Program is finding significant early success with their Physician Co-location project, spread from CVH to the MH site is highly anticipated. Similarly, the pilot Medicine Navigator project to find efficiencies with the discharge process is demonstrating potential to improve discharge times and improve the patient experience. The level of physician engagement in these projects is to be applauded.

The Seniors Care Team is doing a tremendous job raising the bar on providing care to the frail elderly.

The design of the unit promotes patient safety while the concentration of resources onto one unit allows for more consistent interdisciplinary care and smoother, more efficient transitions – also supported by the THP@home program. Efforts on the part of the dietician team in working with nutrition services on the addition of “finger foods” to the patient menu represents a wonderfully innovative and very patient focussed initiative for aging patients, patients experiencing stroke effects and/or cognitive deficits.

The Paediatrics Unit is warm and welcoming to both patients and families. Work to divert NG re-insertion for THP’s littlest patients from the ED back to the inpatient unit has been well received and is a shining example of simple QI with significant people-centred impacts. The use of the treatment room for procedures preserves the patient rooms as a safe space for wee patients admitted to an unfamiliar and often times disquieting environment.

Across the patient care units are thoughtful and compassionate staff providing safe, high quality care to THP’s inpatients. Staff and physicians’ enthusiasm and passion, as well as pride for their work was resounding across the organization.

Table 13: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Medication Management

Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the following table.

Assessment Results

Reviewing THP's Pharmacy Services included all 3 sites; Mississauga Hospital (MH), Credit Valley Hospital (CVH) and Queensway Health Centre (QHC).

Across all areas, all relevant ROPs are firmly embedded in practice; antimicrobial stewardship, do not use abbreviations, high alert medications, concentrated electrolytes, narcotics safety, heparin safety, VTE prevention.

Pharmacy team members demonstrated the use of the RL6 safety reporting and learning system for reporting safety incidents. Staff are comfortable and confident in the implementation of the IDEA framework to support them working through ethical dilemmas and accessing the Clinical Ethicist.

The pharmacy team fulfills their responsibility in managing the drug library for the infusion pumps, working closely with professional practice.

THP's Medication Reconciliation (Med Rec) program is pharmacy driven, and specifically, pharmacy technician driven. With the implementation of EPIC, the organization has continued to maintain and improve their rates for collecting the Best Possible Medication History (BPMH) converting to Med Recs at admission and discharge.

Pharmacy played a significant role in the EPIC project and build. The move to one chart across the continuum for the patient has brought efficiencies to pharmacy's work-a-day. One specific example of this is the Antimicrobial Stewardship Program and the ability to mine data to drive initiatives is made easier in the new HIS. The team is encouraged to continue to optimize the EPIC application.

The drug distribution system across the organization is varied, relying on a 24hour cartfill and Pyxis automated dispensing units (ADUs) on the patient care units. There is limited automation within the department currently with plans to add more technology in the coming months, contributing to improved efficiencies and patient safety. The ADUs are profiled to patients but are generally only used for first doses, narcotics and controlled medications. Consideration may be given to further leveraging the ADUs to a. reduce the workload associated with filling carts and b. further close the loop on med safety.

Likewise, the organization is cautioned of the risk associated with how easy it is to leave a medication cart unlocked, risk magnified when those carts are in public hallways. The organization is encouraged to prioritize their plan to roll out ADUs across the organization to reduce the risk and workload associated with a piecemeal approach to drug distribution. This issue is amplified by bed flow issues that see patients move multiple times between units that have or do not have ADUs.

The organization is also encouraged to pursue the proposal set forward to move to 24/7 pharmacy operation. Pharmacy presence around the clock is fundamental to quality and patient safety in a hospital environment.

The organization's commitment to Cancer Care is quite evident and through current building project plans will fulfill the expectations set out by NAPRA. The Pharmacy team is commended on their efforts working towards NAPRA compliance with the current infrastructure.

The pharmacy team has many and varied Quality Improvement (QI) projects underway and has much to be proud of. Not the least of which was the outstanding work with Peel Public Health in propping up clinics, holding regional drug supply, establishing various partnerships to lead the charge against COVID-19.

Very recently, the organization is to be commended in elevating their pharmacists in working to an expanded scope, resulting in many efficiencies for both pharmacy and physicians, resulting in improved care for patients.

THP pharmacy has a robust pharmacy residency program and many of the QI Initiatives are led or developed by the pharmacy residents. Continuing to drive education and research is a key priority for leadership, elevating the rigor around research efforts.

Similarly, leadership has a focussed effort on developing a sustainable workforce for both pharmacists but moreso technicians over the coming years.

The THP pharmacy team is an energetic and enthusiastic group with an exciting, evolving vision of hospital pharmacy.

Table 14: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
5.2.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies where possible.	HIGH
7.1.1	The pharmacist reviews each medication order prior to the first dose being administered.	HIGH
7.2.3	There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	HIGH

Mental Health Services

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the following table.

Assessment Results

The THP Mental Health Program supports the provision of a broad spectrum of inpatient and outpatient services at the Credit Valley and Mississauga Hospitals, as well as outpatient services at the Queensway Health and 2085 Hurontario. The Program leaders provide oversight for all locations with designated leaders and staff working in each hospital with some shared positions (i.e. educator) supporting more than one site. The staff in each setting is a passionate, multi-disciplinary team with a strong commitment to patients and their safety, quality of care and experience. Patient assessments and care planning, using a strengths based and recovery oriented approach, are enabled by clear referral criteria and pathways. The team values the access they have to corporate resources that will support care and care planning (i.e. Clinical Ethicists), and work to support patients and families in having access beyond the reaches of the program (i.e. continuing care, housing and affordable counselling).

Program level service planning occurs with input from site specific planning committees and with engagement of the current Mental Health Patient and Family Advisory Council. Patient Partners have contributed to such things as education materials, policies, implementation of bed side handover, decisions regarding space, recreational programs. The methods of gaining patient partner perspectives at the unit, site and program level will continue to evolve with the corporate approach to patient engagement.

Clinical staff speak with great pride about the sense of collegiality and teamwork, as well as about the demonstration of courage and resilience throughout the pandemic which pushed limits of traditional care/skill sets in the MH settings. They describe feeling safe in their work settings as a result of specialized skills training, surveillance systems, presence of security as needed and brisk emergency response. They also describe support with education, ready access to and support from managers and educators, and corporate staff wellness initiatives. They value the longstanding organizational support for ongoing education (including funding support) as well as professional and leadership development. There is description of how the MH staff/teams work with other programs to support the MH needs of patients in emergency/medical/surgical/critical care settings. This support may entail involvement in assessment and care planning, and/or in response to Code Whites, which speaks well to the value of the MH team as a specialized resource to the whole of THP.

The program is focusing on access and patient safety as performance priorities, and the team understands their contribution to the strategic plan and priorities. The program is taking leadership and accountability for MH patient flow between the MH units, in conjunction with corporate patient flow structures. Quality/Safety huddles are described as being long standing information sharing forums (including staff and patients). The recently introduced THP Performance Compass and development of a MH Dashboard is going to enable program/unit leaders in sharing objective metrics/trends on key indicators, and further engaging staff in quality improvement. There is obvious attention and support being given to mining data with EPIC to create program and unit specific dashboards. This is being done in conjunction with Decision Support and Business Intelligence partners, and the dashboards are anticipated to inform decision making and quality/safety improvements in a more efficient and timely fashion.

Staff at the Mississauga site look forward to the construction of the new hospital which will be state of art and designed with input from MH patient partners and staff. This project is anticipated to address current

environment limitations (recreational/gym space; MH safety features; storage space, medication storage/safety systems, etc.). Staff at the Credit Valley site are equally enthused about unit upgrades and renovation to the Mental Health Intensive Care space to better reflect the commitment to a safe, trauma informed and recovery oriented environment. Pending the start and completion of these projects, consideration should be given to ensuring that predictable environmental risks (hardware/handrails, etc.) are addressed.

The team is very mindful of their unique role in actively addressing the stigma associated with MH and Addictions between patients, between patients and providers, within families, as well as within the organization and health system at large. With the increasing prevalence and presentation of MH issues, and of the spotlight that has been put on Mental Health and Addictions as an outcome of the pandemic, they are positioned to be an excellent voice and resource in supporting THP with its focus on equity.

Patients encountered during the tracer were highly complimentary of the care received during hospitalization, of feeling heard and supported by team members, and of the consideration given to their transition planning as well as success upon discharge or transfer to one of the MH program community partners. The teams were very receptive to feedback from the patients.

Table 15: Unmet Criteria for Mental Health Services

Criteria Number	Criteria Text	Criteria Type
1.1.4	The physical environment is safe, comfortable, and promotes client recovery.	NORMAL

Obstetrics Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The Obstetrical department continues to thrive and evolve as they emerge from the pandemic. There is a clear focus on investing in staff to support recruitment and retention by ensuring staff have the necessary competency and confidence to provide safe patient care. There is a thoughtful approach to orientation and ongoing educational offerings that meet practice recommendations outlined by SOGC and the Provincial Council for Maternal and Child Health. There is strong leadership in place to support advancing practice across the maternal child program.

Educators attached to the programs are responsible for coordinating/leading educational offerings as well as compliance with mandatory education. They work collaboratively across the sites as well as with educators across the GTA to enable standardized care across the region. The team is commended for their dedication to advancing a culture of patient safety on the unit by bringing back the MOREOB program. The team recognized that it has been several years since it was first offered, and current staff will benefit from this comprehensive performance improvement program that is designed to create a culture of patient safety in obstetrical units by developing the knowledge, skills, attitudes, behaviours, and practices that make safety a priority. The team runs simulations and mocks focussed on obstetrical emergencies to imbed evidence-based practice on the unit. Consider capital planning requests to add birthing simulators as a teaching modality to create realistic training scenarios.

Physicians are engaged across sites to provide rounds as a platform for education and review. Staff feel that this education is a true value add and would like to see these rounds videotaped to be able to reach staff that may be unable to attend due to shift work or other obligations. Physicians report a collegial relationship with each other and with the staff to support standardized, evidence-based care. They use SOGC guidelines to guide practice and are currently working collaboratively with the team to translate evidence around inductions into practice.

The team understands the importance of communication at transitions in care. They consistently use whiteboards in patient rooms as a tool to communicate with patient and family as well as within and between teams. The implementation of whiteboards across the organization was supported with input from patients and family to ensure the appropriate information is captured. Other standardized tools are used when transferring patients between teams and TOA is also captured within EPIC to standardize information between and within teams. Bedside TOA is an expectation and is embedded in practice on the units. The team would benefit from continued engagement of patient partners in program design, monitoring and evaluation that could happen if patient partners were imbedded in the Clinical Program Council responsible for setting the direction and managing the operations and performance of the clinical program.

The team has a dashboard with metrics to help guide/inform quality improvement and practice on the units. Information is shared at daily huddles in a standardized fashion to engage staff and create problem solvers/opportunities for improvement. There is also the BORN database that needs to be optimized within the programs. This web interface provides clinical dashboards that display outcomes for key performance indicators from maternal-newborn care settings. The team would be able to use this data to facilitate and improve care for mothers and babies by linking information and providers to address care gaps. The key performance indicators identified in BORN contribute to monitoring and evaluating quality care and allow organizations to benchmark against peer organizations.

The team consistently demonstrates a commitment to improving clinical outcomes by providing tools to support staff. The team is looking to develop an addition in EPIC to support MEWS which is a maternal early warning system (MEWS) that facilitates timely recognition, diagnosis, and treatment for pregnant women developing critical illness. Essential components of MEWS include criteria that prompts reporting to a clinician and an effective escalation process that prompts bedside evaluation by a clinician. The team uses the maternal fetal triage index (MFTI) when a woman presents to the unit for care in order to classify a woman's acuity and prioritizes the women's urgency for provider evaluation based on acuity.

Patient safety incidents are reported according to the organization's policy in the Safety Reporting System. The team reviews incidents to look for opportunities to improve outcomes by tracking and trending risk incidents. The team follows ORNAC standards to deliver safe effective care to patients requiring caesarean sections. The surgical safety checklist is a part of standard practice.

The team is commended for achieving and maintaining their Baby-friendly designation, leading practice promoting, protecting and supporting breastfeeding. This demonstrates a commitment to ongoing quality through adherence to requirements of the 10 steps as outlined by the World Health Organization to provide their patients with the knowledge and support to successfully breastfeed.

Table 16: Unmet Criteria for Obstetrics Services

There are no unmet criteria for this section.

Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The operating room team at the Mississauga site consists of engaged individuals who perform complex surgeries in a compact space. There is a lot of work done looking at wait lists and flow and the ability to ramp up care, and to address the backlogs created by COVID. There is a mechanism to address urgent surgeries and if the status of a patient changes. If care is not able to be provided at the Mississauga site the director is involved in moving that patient elsewhere. Patients undergo a standardized and documented pre-operative assessment either in the pre-op clinic or in the day surgery area. Laboratory and diagnostics are available or ordered at this time, as well as assessments for risks of VTE, ulcers and falls. Medication reconciliation is completed by a pharmacist, or nurse at this time. Consents for surgery are obtained before the patient enters the operating room and side of surgery is confirmed with patient.

An appropriate surgical safety check list occurs in the OR and compliance is monitored. There is appropriate equipment and training about its use. There are two suctions in the rooms and there is a process in place to verify sterilization of instruments. Counts are documented and there is a well known process on how to handle incorrect counts. Specimens are labelled and a process is used to have specimens delivered to pathology. Lasers are used in the department and there is education provided and competency maintained for a subset of staff. Broken equipment is removed and labelled for repair. Warmers and fluid warmers are available, and equipment available for proper positioning. Patients are monitored on their way to recovery and TOA occurs. Two person identifiers are used when medications are given. When patients are transferred to the recovery room, they are monitored and appropriate transfer of care occurs. Patients who are transferred to an inpatient bed have a phone call transfer of care, and this is documented in the patient's chart. When patients are discharged home, they received standardized information about instructions for care, follow ups and a reconciled medication list. All the standards related to physical environment were met as well as the ROPs.

The endoscopy suite is a very high performing area that has very high volumes and meets the vast majority of standards. The best thing about the very impressive team is its ability to recognize mistakes, investigate the problem, and put in systematic and standardized processes that improve patient care at both sites. They have worked hard to provide enough equipment to meet demands and provide a robust service in a small space. The only standard that was not met was the sink in the endoscopy cleaning room did not work at the Mississauga site.

The Cardiac Cath Lab is very impressive and works to provide a very important service to the community.

The engaged team is always looking at ways to improve and increase its availability to patients. Very complex work is done in this department, and they manage high volumes. All the standards are met in this area. It will be interesting to follow this group of "can-do" people as they plan to expand in the future and provide more services to the community.

The Credit Valley site was also toured. The layout of the restricted operating room was very functional and staffed with very knowledgeable individuals. All ROPs were met and demonstrated. As the OR at the Mississauga site, processes and the physical environment met all standards. A suggestion is to have Patient's Rights and Responsibilities, and how to make a complaint, posted more visibly for patients and families. I suggest completing a patient survey to see how they feel about sitting in the waiting room next to other patient's family members only wearing gowns. Possibly consider rearranging the day surgery area to provide more privacy.

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

Table 17: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Rehabilitation Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 18: Unmet Criteria for Rehabilitation Services

There are no unmet criteria for this section.

Reprocessing of Reusable Medical Devices

Standard Rating: 99.2% Met Criteria

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

Assessment Results

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

At the Mississauga site some flexible scopes are sterilized in this area, documented and tracked. Ultrasound probes are also cleaned this is area, and the process meets the standards. Appropriate indicators are used in the sterilization process and all necessary data is collected, stored and trays tracked.

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

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

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

Table 19: Unmet Criteria for Reprocessing of Reusable Medical Devices

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

Transfusion Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

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

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

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

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

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

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

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

Table 20: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.

Point-of-Care Testing

Standard Rating: 100.0% Met Criteria

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

Assessment Results

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

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

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

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

There are no unmet criteria for this section.

Quality Improvement Overview

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

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

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

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

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

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

There are three Foundations of Clinical Excellence:

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

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

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

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

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

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

Successes reported by the team include:

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

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

Opportunities shared by the team include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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