

# **Debriefing Presentation**Prairie Mountain Health

Survey Start Date to Survey End Date

06/12/2016 - 06/17/2016



## **Surveyor Team**

- Gregory Cummings (Team Leader)
- Nancy Guebert (Team Leader)
- Alice Kennedy
- Brent Friesen
- David Butcher
- Eileen Goudy
- Michele Babich

- Patti A. Cochrane
- Rajendar Kumar
- Sherri Huckstep
- Sherryl Hoskins
- Susan Gillam
- Tracy N. MacDonald
- Vincent Tam
- Ward Eggli
- Michelle de Moor

## **Overview of Survey Process**

# of Priority Processes: 22

#### # of Locations:

- 29 Communities
- 45 sites

## **Overall Observations**

## Strengths:

- Regionalization
- Staff and community engagement
- Clean and well maintained facilities
- Capital redevelopment
- Investing in staff education
- Interdisciplinary teams
- Work place wellness plan

## **Overall Observations**

- Sustainable work force
- Quality management framework and structure
- Programs goals and objectives
- Client and family-centred care
- Change management framework
- Physician leadership structure
- ROPs
- Balance between urban and rural
- Listening to staff

# **Overview by Quality Dimension**

Quality Dimension	Met	Unmet	N/A	Total
Accessibility	128	10	0	138
Appropriateness	960	149	13	1122
Client-centred Services	530	30	5	565
Continuity of Services	123	2	0	125
Efficiency	52	6	0	58
Population Focus	100	9	0	109
Safety	572	92	13	677
Worklife	163	16	0	179

# **Overview by Standard Section**

Standard Section	Met	Unmet	N/A	Total
Ambulatory Systemic Cancer Therapy Services	161	2	0	163
Community-Based Mental Health Services and Supports	134	7	0	141
Critical Care	163	8	1	172
Emergency Department	146	37	1	184
Emergency Medical Services	155	12	1	168
Governance	85	2	0	87
Home Care Services	101	28	3	132
Hospice, Palliative, End-of-Life Services	147	12	0	159
Infection Prevention and Control Standards	68	5	2	75
Leadership	142	13	0	155
Long-Term Care Services	155	5	1	161

# **Overview by Standard Section**

Standard Section	Met	Unmet	N/A	Total
Medication Management Standards	92	40	16	148
Medicine Services	115	14	0	129
Mental Health Services	147	0	1	148
Obstetrics Services	143	23	1	167
Perioperative Services and Invasive Procedures	192	41	0	233
Population Health and Wellness	33	6	0	39
Primary Care Services	131	17	1	149
Public Health Services	101	15	0	116
Rehabilitation Services	130	1	0	131
Reprocessing and Sterilization of Reusable Medical Devices	91	22	3	116

## Governance

## • Strengths:

- Engaged
- Representative Board
- Committee structure focused on priorities -new strategic plan

- Education such as governing for quality
- Add metrics into the strategic plan
- Bring the patient voice

## **Planning and Service Design**

## Strengths:

- Evidence of successful transformational leadership –
- 3 into 1 with +++ feedback
- Current strategic plan
- Well connected leadership team
- Good communication vehicles
- Consensus on the newly adopted value of "equity"
- Alignment with provincial priorities

- Might need to identify a "burning platform" to mobilize into action
- Targets must be clear and measurable
- Build on client and family centred care initiatives

## **Resource Management**

- Strengths:
  - Manager education
  - CAPP/ PEACE process
- Opportunities for Improvement:
  - Finalize the Risk Management Plan
  - Sustain the successes

## **Human Capital**

## Strengths:

- Committed Team
- Workplace Wellness
- Investment in Staff Education opportunities

## Opportunities for Improvement:

- Workforce plan; physicians, nursing, allied health
- Recruitment and Retention: Exit Interview
- Formal Physician Leadership Structure
- Change management framework

## **Integrated Quality Management**

## • Strengths:

- Well resourced and talented QI division
- Uptake and spread on Lean six sigma tool training
- Robust data base
- Raising awareness of organizational risk

- Publish targets and progress widely so people see their part in achieving success
- Don't choose too many priorities
- Focus and finish!
- Connect more with the point of care
- Capitalize on improvement ideas from point of care staff

## **Principle-based Care and Decision Making**

## • Strengths:

- Engaged and enthusiastic committee
- Focus on educating and supporting problem solving at point of care
- Excellent educational materials
- Aligned with the strategic plan
- "Integrity"

## Opportunities:

Implement ethical review of new policies and procedures as planned

## **Communication**

## • Strengths:

- Communication plan
- Internal and external newsletters
- Presence in community

- Do more with diversity of clients served
- Visual management –
- Expand from "with input from" clients to "in partnership with" clients

## **Physical Environment**

## • Strengths:

- Clean and welcoming facilities
- Solid infrastructure to support patient care

- Key performance indicators
- Stay on the course on your capital projects
- Involve patients and families

## **Emergency Preparedness**

## • Strengths:

- Outstanding Disaster and Emergency Preparedness Plan
- EMS engagement in the community

- Test the plan with Public Health and External Agencies (Dauphin)
- Sustainability



## **Patient Flow**

## Strengths:

- Partnering with outlying communities and use of transitional beds
- Home Care Rapid Response Team
- Medical Surgical units run at about 85%

- Some rural sites run at 50% occupancy
- Lack of ability to place clients with behavioural issues
- Opportunity to use indicators and measures
- Ambulatory care sensitive conditions

## Medical Devices: Reprocessing and Sterilization of Reusable Medical Devices

## Strengths:

- Standardization of policies and procedures regionally
- Requirement for all technicians to complete MDRD course

- Trend safety incident data
- Ongoing review of Reprocessing Hubs

## **Ambulatory Systemic Cancer Therapy Services**

## Strengths:

- Leaders and team members committed to a quality Community Cancer Program
- Strong commitment to education and training
- Strong partnership with Cancer Care Manitoba

- Evaluate Falls Prevention Program
- Safe handling of hazardous and cytotoxic medications.

## **Community-Based Mental Health Services & Supports**

## • Strengths:

- Suicide assessment guidelines
- Outreach in MHSTEP, CMW, Community Treatment Team

- Medication Reconciliation
- Panic buttons
- Paper files

## **Critical Care Services**

## • Strengths:

- Teamwork and interdisciplinary team
- Pursuit of quality improvement (mobilization and now delirium/pain)
- Physician model and availability to rural sites

- Dictated notes take 3 weeks to be transcribed
- o Partnership with Organ & Tissue Central Program.
- Pressure Ulcer (prevalence auditing)

## **Emergency Department**

## • Strengths:

- Commitment to improve wait times, waiting room monitoring and prenotification
- Dedication to the provision of exceptional care/emerging QI
- Site redevelopment opportunities

- Regional processes to support the ROPs for falls, med rec and suicide prevention
- Regional education specific to emergency care
- Availability and use of data to enable evaluation and drive QI



## **Emergency Medical Services**

## • Strengths:

- Passionate Staff
- Medical direction truly committed to staff
- Dedicated teams in EMS, Dispatch, GIS, and IT.
- Very strong 911 dispatch coordination, support and team.

- Care Transition review (clinical handover).
- Develop a tool and communication plan
- Develop a strategy for profiling EMS
- Evaluation of Hand Hygiene practice (audit).
- Emergency preparedness practice MTCC activation of back up center.



#### **Home Care Services**

## • Strengths:

- Time from referral to service is very short
- There has been a significant effort to seek input from clients
- Staff have established respectful and trusting relationship with clients

## Opportunities for improvement:

- Efficient communication between client care team members
- Engaging with clients/families and staff as partners in improvement efforts
- Using data to focus in on what to improve and celebrate when progress is achieved

## Hospice, Palliative, End-of-Life Services

## • Strengths:

- Access to services; long term care
- Collaboration with partners (internal and external)
- Patient and family centered approach

- Ensure consistency
- Standardize information transfer tools
- Identify program objectives and indicators

## **Infection Prevention and Control**

## • Strengths:

- Surveillance protocol (new process)
- Environmental Services policies and compliance
- Releasing Time to Care

- Hand Hygiene: audits/staff awareness
- Location of alcohol-based hand rubs
- Physical environment spray wands; clean/dirty storage

## **Long Term Care**

## Strengths:

- Committed leadership team
- Support for education and training
- Engagement of clients and families

- Access for population with challenging behaviors
- Standardize policies and procedures
- Indicators to identify areas for improvement and sharing with frontline



## **Medication Management**

## • Strengths:

- Regionalization
- Implementation of one common Pharmacy Information System
- Antimicrobial Stewardship Program and supporting initiatives

- High Alert Medication Policy Implementation
- Improvements to the drug distribution system
- Improvements to sterile compounding practices and areas that are noncompliant with USP and soon to be NAPRA standards

#### **Medicine Services**

## • Strengths:

- Continuity of acute and community care by family physicians
- Strong unit level leadership
- Broad range of services

## Opportunities for improvement:

- Sustainability of physician workforce
- Evaluation of patient safety and quality strategies

## **Mental Health Services**

## • Strengths:

- Fully staffed interdisciplinary team
- Suicide Assessment Guide
- Medication Management Reconciliation

- Panic Alarms & buttons
- Ethical Risk- Flag for Violence/Aggression
- Evaluation of Transition Care Process
- Suicide assessment not completed in Emergency and Long Term Care

## **Obstetrics Services**

## • Strengths:

- Collaborative relationships across sites & services
- Progress on standardized regional Policies & Procedures
- Client Experience Scores 97% to 100%

- Clients & Family Engagement
- Establishing Service Goals & Objectives
- Performance Indicators
- Formal physician leadership



## **Perioperative Services and Invasive Procedures**

## Strengths:

- Visual Communication in Surgical Waiting Room in Brandon
- Fast Track for Cancer patients
- Standard perioperative education for all nurses in the Region

- Endoscopy wait times
- Staffing and recruitment
- Lack of regional surgical service plan
- Safe Surgical Checklist

## **Population Health and Wellness**

## • Strengths:

- Dissemination and Use of the Community Needs Assessment
- Focus on Inequities and Priority Populations
- Community Engagement, Mobilization & Capacity Building
- Community Asset Approach

- Development of specific goals and objectives for action plans
- Development of Benchmarks
- Work with leadership and service areas to incorporate an equity assessment within service planning and evaluation

## **Primary Care Services**

## • Strengths:

- Innovative initiatives to integrate care delivery
- High degree of engagement with communities
- Strong interdisciplinary teams
- Comprehensive primary care approach

- Sustainability of initiatives
- Access within committed timeframes
- Alignment of regions PHC teams with family medicine

## **Public Health Services**

## • Strengths:

- Core Programs
- Specialized Services
- Client and Family Focus
- Capacity Building and Partnerships

- Measurable Goals and Objectives in Action Plan
- Strategic plan for Information System to Support Public Health
- Standardization of services and policies
- Access to Specialized Services

## **Rehabilitation Services**

## Strengths:

- Accessibility to services
- Collaborative team approach
- Competent and engaged team
- Strong partnership with external organizations

- Recruitment of vacant positions
- Measurement data on initiatives
- Technology to enhance access

## **Next Steps**

- Accreditation report
- Accreditation decision
- Submission of supplementary evidence

## Please note:

- This presentation is intended to present preliminary findings only.
- Accreditation Canada reserves the right to alter or revise any of this material based on our further review.
- Accreditation Canada recommends that the information contained within this "debriefing" be reserved for internal use only.



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