



Kingston Health Sciences Centre

Accredited

April 2018 to 2022

Kingston Health Sciences Centre has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until April 2022 provided program requirements continue to be met.

Kingston Health Sciences Centre is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Kingston Health Sciences Centre** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Kingston Health Sciences Centre (2018)

Kingston Health Sciences Centre is SE Ontario's largest acute-care academic hospital consisting of the Hotel Dieu Hospital site, Kingston General Hospital site, Cancer Centre of Southeastern Ontario and 2 research institutes. We provide high quality, compassionate care to over 500,000 patients from across the region. Affiliated with Queen's University we are one of Canada's top research hospitals. KGH is the regional centre for cardiac, stroke, renal, trauma, neurosurgery, pediatrics, neonatal, high-risk obstetrics and cancer care. HDH provides specialized ambulatory care including pediatrics, medicine, ophthalmology, cardiology, urology, surgery, mental health, oncology and urgent care.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

April 22, 2018 to April 27, 2018

Locations surveyed

- **2** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

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

Standards used in the assessment

- **19 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Kingston Health Sciences Centre (KHSC) has a new board configuration as the result of the merger of two legacy organizations. The merger was complicated by the nature of the organizations, as one has strong religious roots and the other is more pluralistic. It is evident from discussions with the governance and leadership teams that the philosophy of both legacy organizations has been well respected. The voluntary nature of the merger is evidence of the mutual respect the legacy organizations have for each other.

Discussions with community partners show that KHSC is respected and seen as a leader in the Local Health Integration Network (LHIN). The partners are very supportive of KHSC and grateful for its ongoing support. They gave many examples where KHSC provides leadership, such as with regard to the spring surge in patients.

Leadership is engaged and working toward prioritizing the work necessary to complete the merger. It is important to recognize that the organization is in a significant transition and many processes are new, having been in place less than a year. Reporting relationships are clear and well understood and the working relationship with the board appears to be excellent.

The human resource plan has good alignment with the proposed strategic plan. The merger is a time of much uncertainty for staff and this was recognized by the leadership team early on. The human capital team developed a purposeful focus on trust and communication through the pre- and post-merger period. Change management is all about communication, and not only did the human capital team develop a communication plan but they validated it with staff. This was confirmed by discussions with staff.

KHSC provides a broad range of services. It partners with hospitals in Ottawa and Toronto to provide tertiary and quaternary level care that it is not able to provide. KHSC provides service to Kingston and also is a tertiary care resource to a large part of eastern Ontario, as far north as Hudson Bay. Patients who were interviewed had been transferred in or were being prepared for repatriation to hospitals in smaller regional centres.

Patients are uniformly happy with their care. They feel they have good nursing care and attentive medical staff. Their questions are answered and they are treated with respect. All are aware of their plan of treatment. The only consistent theme for constructive feedback is the poor quality of the food.

There is good collegiality with teams and they all seem to work well together and support each other.

There is a good organ and tissue donation program and KHSC has initiated multiple initiatives to support donor families and the acute care teams supporting transplant. A tree populated in recognition of donors is displayed near the critical care area.

There is good evidence of engagement of families in the care of the critically ill. The critical care team has initiated a quality improvement process that includes family participation in the transfer of accountability between teams at sign over. This initiative addresses continuity of information transfer and care and is clearly family centred.

KHSC is in the early stages of developing a quality end-of-life policy and procedure. The organization is encouraged to continue this process to clarify how to define capacity. There is also a need to formalize the substitute decision making process. Some steps have been taken in this regard and KHSC is encouraged to continue the process. It is clear that the team has the skill set to take this on successfully.

There is little signage on or promotion of hand hygiene. Handwashing results are not openly displayed. In the operating room, health care workers were observed coming and going without washing. The laboratory area at the Hotel Dieu Hospital (HDH) is not ergonomically set up to maintain universal precautions or appropriate hand hygiene. Blood draws without gloves is the accepted norm and handwashing does not follow best practice. KHSC is encouraged to revisit its infection prevention and control policies and develop a plan to address these issues.

There is a strong focus on patient- and family-centred care on the clinical and support teams. This was validated in discussions with the patient engagement group, where support for KHSC is palpable. Patient advisors are engaged, knowledgeable, committed, and proud of their work.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

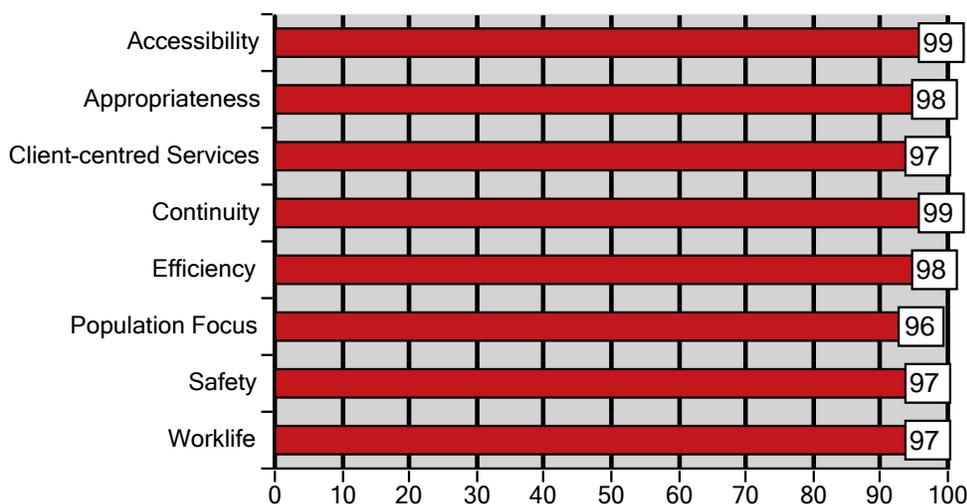
The quality dimensions are:

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

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

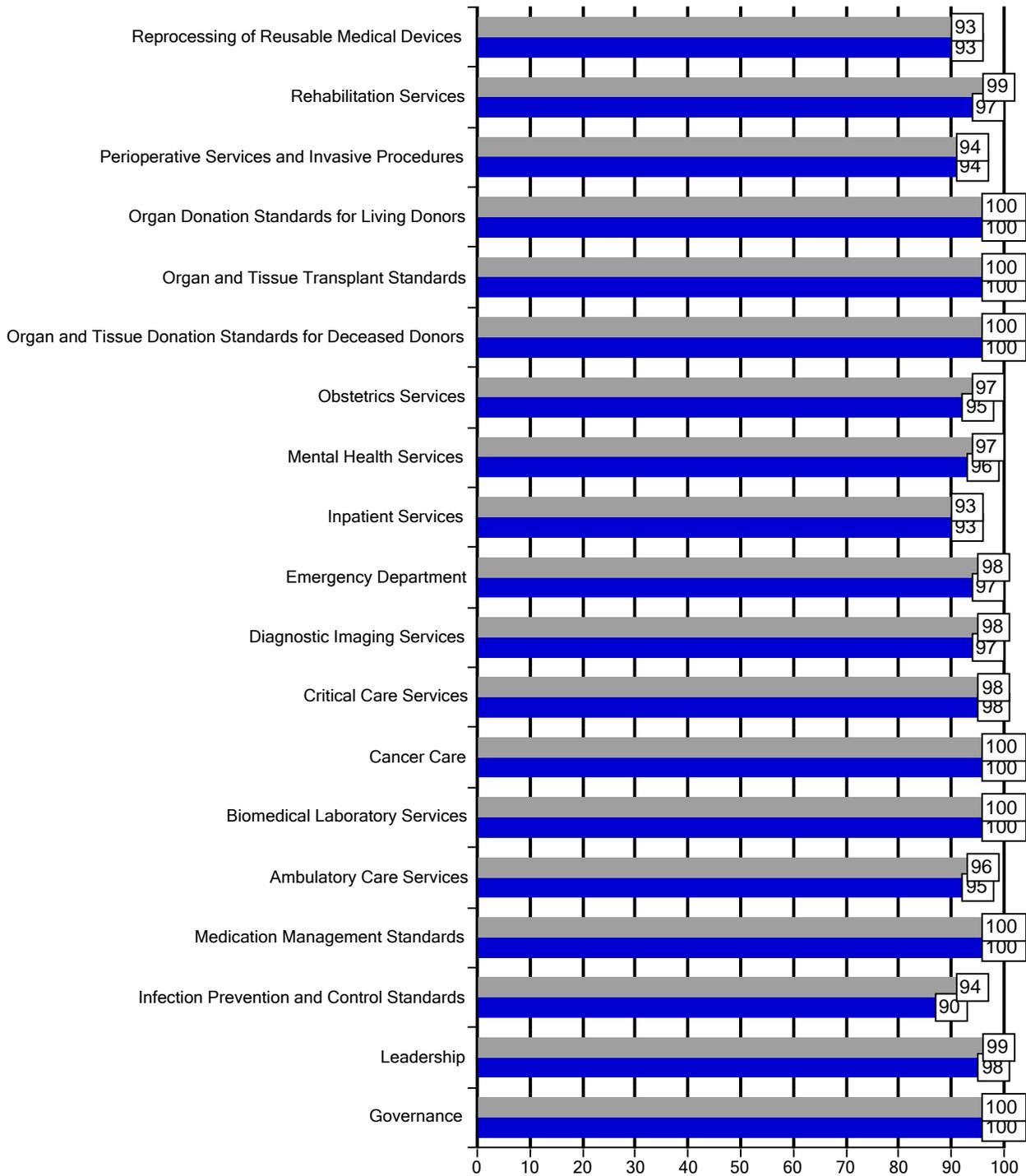
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

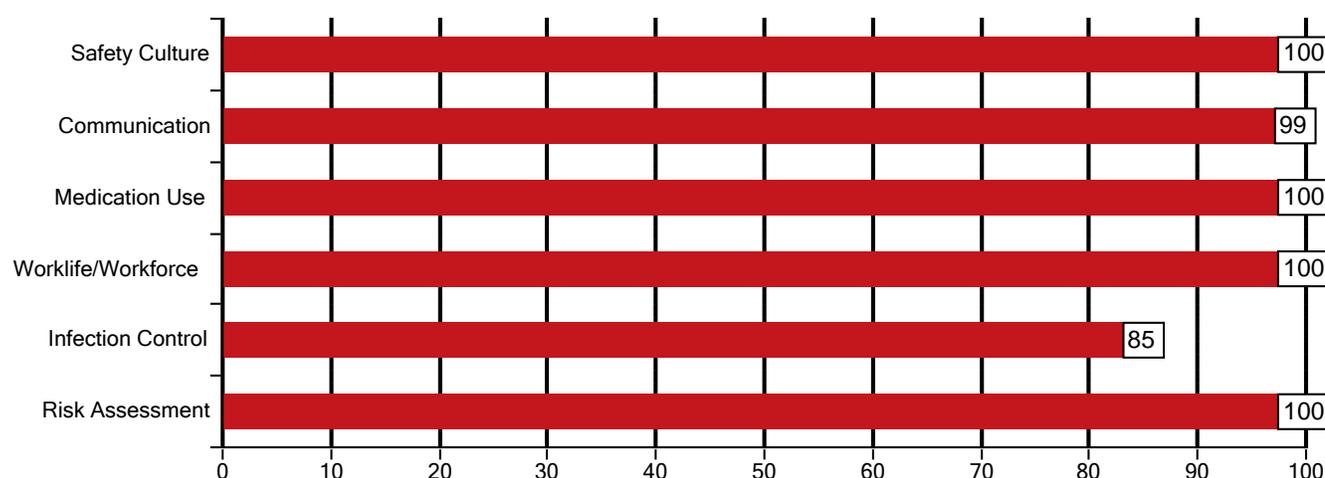
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



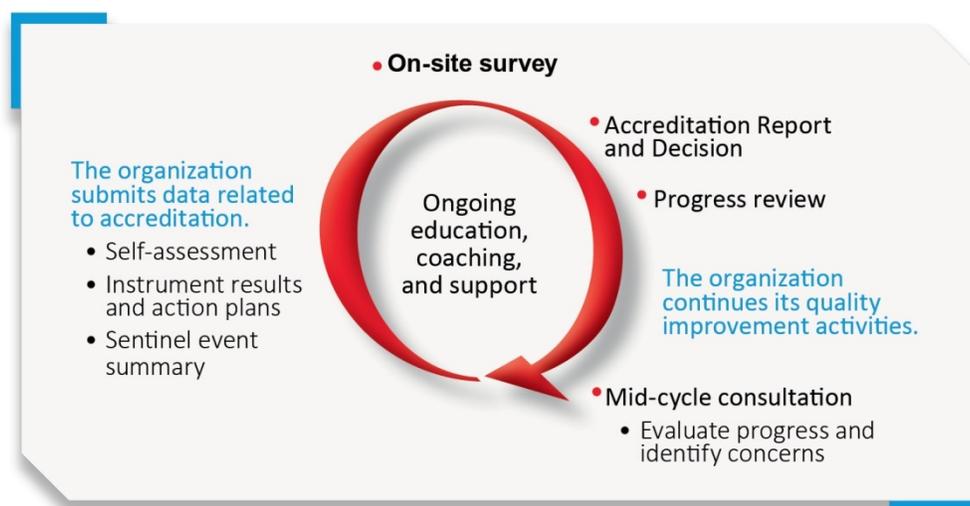
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Kingston Health Sciences Centre** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Hotel Dieu Hospital Site
- 2 Kingston General Hospital Site

Appendix B

Required Organizational Practices

Safety Culture

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

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

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

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

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

Risk Assessment

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