ACCREDITATION CANADA

Driving Quality Health Services

Executive Summary

Horizon Health Network/Réseau de santé Horizon

Miramichi, NB

On-site survey dates: September 22, 2013 - September 27, 2013

Report issued: October 18, 2013

ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

About the Executive Summary

Horizon Health Network/Réseau de santé Horizon (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in September 2013.

This Executive Summary is an overview of the on-site survey results. More information is available in the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties. Any alteration of this Executive Summary compromises the integrity of the accreditation process and is strictly prohibited.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate this Executive Summary to staff, board members, clients, the community, and other stakeholders.

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Section 1   Executive Summary

Horizon Health Network/Réseau de santé Horizon (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Horizon Health Network/Réseau de santé Horizon's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: September 22, 2013 to September 27, 2013**

- **Locations**

  The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

  1   Albert County Health & Wellness Centre
  2   Blackville Health Centre
  3   Central Miramichi Community Health Centre
  4   Charlotte County Addiction & Mental Health Services
  5   Charlotte County Hospital
  6   Dr. Everett Chalmers Regional Hospital
  7   Fundy Health Centre
  8   Grand Manan Hospital
  9   Horizon Health Network - Corporate Office
  10   Hotel-Dieu of St. Joseph, Perth-Andover
  11   Miramichi Addiction & Mental Health Services
  12   Miramichi Addiction Recovery Clinic
  13   Miramichi Regional Hospital
  14   Moncton Addiction & Mental Health Services
  15   Oromocto Public Hospital
  16   Petitcodiac Health Centre
  17   Public Health Fredericton
  18   Public Health Sussex
  19   Queens North Community Health Centre
  20   Ridgewood Veteran's Health Wing
  21   Sackville Memorial Hospital
  22   Saint John EMP, Meditrust Pharmacy Building
  23   Saint John Regional Hospital
  24   St. Joseph's Community Health Centre
  25   St. Joseph's Hospital
  26   Stan Cassidy Centre for Rehabilitation
  27   Sussex Health Centre
  28   The Moncton Hospital
  29   Tobique Valley Community Health Centre
  30   Upper River Valley Hospital
  31   Veterans Health Unit
  32   Woodstock Unit EMP

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1   Leadership
2   Governance

Population-specific Standards

3   Populations with Chronic Conditions
4   Mental Health Populations
5   Public Health Services
6   Senior Populations

Service Excellence Standards

7   Managing Medications
8   Cancer Care and Oncology Services
9   Operating Rooms
10   Reprocessing and Sterilization of Reusable Medical Devices
11   Surgical Care Services
12   Critical Care
13   Emergency Department
14   Infection Prevention and Control
15   Home Care Services
16   Ambulatory Care Services
17   Biomedical Laboratory Services
18   Community Health Services
19   Diagnostic Imaging Services
20   Hospice, Palliative, and End-of-Life Services
21   Laboratory and Blood Services
22   Long-Term Care Services
23   Medicine Services
24   Rehabilitation Services
25   Substance Abuse and Problem Gambling Services
26   Mental Health Services
27   Blood Bank and Transfusion Services
28   Telehealth Services
29   Community-Based Mental Health Services and Supports Standards
30   Ambulatory Systemic Cancer Therapy Services
31   Obstetrics Services

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Working with communities to anticipate and meet needs)	188	4	0	192
Accessibility (Providing timely and equitable services)	178	2	1	181
Safety (Keeping people safe)	751	38	11	800
Worklife (Supporting wellness in the work environment)	257	1	2	260
Client-centred Services (Putting clients and families first)	374	5	1	380
Continuity of Services (Experiencing coordinated and seamless services)	113	0	0	113
Effectiveness (Doing the right thing to achieve the best possible results)	1188	33	10	1231
Efficiency (Making the best use of resources)	108	2	2	112
Total	3157	85	27	3269

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	40 (100.0%)	0 (0.0%)	4	29 (100.0%)	0 (0.0%)	5	69 (100.0%)	0 (0.0%)	9
Leadership	45 (97.8%)	1 (2.2%)	0	84 (98.8%)	1 (1.2%)	0	129 (98.5%)	2 (1.5%)	0
Senior Populations	26 (100.0%)	0 (0.0%)	0	42 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	0
Populations with Chronic Conditions	4 (100.0%)	0 (0.0%)	0	33 (94.3%)	2 (5.7%)	0	37 (94.9%)	2 (5.1%)	0
Mental Health Populations	4 (100.0%)	0 (0.0%)	0	31 (88.6%)	4 (11.4%)	0	35 (89.7%)	4 (10.3%)	0
Public Health Services	47 (100.0%)	0 (0.0%)	0	67 (98.5%)	1 (1.5%)	0	114 (99.1%)	1 (0.9%)	0
Ambulatory Systemic Cancer Therapy Services	45 (100.0%)	0 (0.0%)	1	95 (96.9%)	3 (3.1%)	0	140 (97.9%)	3 (2.1%)	1
Diagnostic Imaging Services	67 (100.0%)	0 (0.0%)	0	60 (98.4%)	1 (1.6%)	0	127 (99.2%)	1 (0.8%)	0
Obstetrics Services	59 (100.0%)	0 (0.0%)	4	74 (98.7%)	1 (1.3%)	0	133 (99.3%)	1 (0.7%)	4

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control	47 (88.7%)	6 (11.3%)	0	41 (93.2%)	3 (6.8%)	0	88 (90.7%)	9 (9.3%)	0
Ambulatory Care Services	37 (100.0%)	0 (0.0%)	1	72 (96.0%)	3 (4.0%)	0	109 (97.3%)	3 (2.7%)	1
Biomedical Laboratory Services **	16 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	52 (100.0%)	0 (0.0%)	0
Blood Bank and Transfusion Services **	42 (100.0%)	0 (0.0%)	0	17 (100.0%)	0 (0.0%)	0	59 (100.0%)	0 (0.0%)	0
Cancer Care and Oncology Services	29 (100.0%)	0 (0.0%)	0	73 (98.6%)	1 (1.4%)	0	102 (99.0%)	1 (1.0%)	0
Community Health Services	11 (84.6%)	2 (15.4%)	0	51 (92.7%)	4 (7.3%)	0	62 (91.2%)	6 (8.8%)	0
Community-Based Mental Health Services and Supports Standards	18 (100.0%)	0 (0.0%)	0	111 (99.1%)	1 (0.9%)	0	129 (99.2%)	1 (0.8%)	0
Critical Care	29 (96.7%)	1 (3.3%)	0	86 (93.5%)	6 (6.5%)	1	115 (94.3%)	7 (5.7%)	1
Emergency Department	30 (96.8%)	1 (3.2%)	0	86 (91.5%)	8 (8.5%)	1	116 (92.8%)	9 (7.2%)	1
Home Care Services	41 (100.0%)	0 (0.0%)	0	51 (100.0%)	0 (0.0%)	1	92 (100.0%)	0 (0.0%)	1
Hospice, Palliative, and End-of-Life Services	29 (100.0%)	0 (0.0%)	0	103 (99.0%)	1 (1.0%)	1	132 (99.2%)	1 (0.8%)	1
Laboratory and Blood Services **	81 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0	176 (100.0%)	0 (0.0%)	0
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	72 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0
Managing Medications	69 (90.8%)	7 (9.2%)	0	49 (94.2%)	3 (5.8%)	0	118 (92.2%)	10 (7.8%)	0
Medicine Services	27 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	1	95 (100.0%)	0 (0.0%)	1

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Mental Health Services	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0	102 (100.0%)	0 (0.0%)	0
Operating Rooms	69 (100.0%)	0 (0.0%)	0	30 (100.0%)	0 (0.0%)	0	99 (100.0%)	0 (0.0%)	0
Rehabilitation Services	27 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0
Reprocessing and Sterilization of Reusable Medical Devices	38 (95.0%)	2 (5.0%)	0	58 (98.3%)	1 (1.7%)	0	96 (97.0%)	3 (3.0%)	0
Substance Abuse and Problem Gambling Services	24 (100.0%)	0 (0.0%)	3	69 (97.2%)	2 (2.8%)	0	93 (97.9%)	2 (2.1%)	3
Surgical Care Services	30 (100.0%)	0 (0.0%)	0	65 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0
Telehealth Services	28 (100.0%)	0 (0.0%)	2	37 (100.0%)	0 (0.0%)	0	65 (100.0%)	0 (0.0%)	2
Total	1114 (98.2%)	20 (1.8%)	15	1924 (97.7%)	46 (2.3%)	10	3038 (97.9%)	66 (2.1%)	25

* Does not includes ROP (Required Organizational Practices)
** Some criteria within this standards set were pre-rated based on the organization's accreditation through the Ontario Laboratory Accreditation Quality Management Program-Laboratory Services (QMP-LS).

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Ambulatory Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Cancer Care and Oncology Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Critical Care)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Diagnostic Imaging Services)	Unmet	0 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Home Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Hospice, Palliative, and End-of-Life Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Obstetrics Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Rehabilitation Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Surgical Care Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Managing Medications)	Unmet	2 of 4	0 of 3
Information Transfer (Ambulatory Care Services)	Met	2 of 2	0 of 0
Information Transfer (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Information Transfer (Cancer Care and Oncology Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Information Transfer (Critical Care)	Met	2 of 2	0 of 0
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Home Care Services)	Met	2 of 2	0 of 0
Information Transfer (Hospice, Palliative, and End-of-Life Services)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Obstetrics Services)	Met	2 of 2	0 of 0
Information Transfer (Rehabilitation Services)	Met	2 of 2	0 of 0
Information Transfer (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Information Transfer (Surgical Care Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Leadership)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation At Admission (Ambulatory Care Services)	Met	5 of 5	2 of 2
Medication Reconciliation At Admission (Ambulatory Systemic Cancer Therapy Services)	Unmet	5 of 5	1 of 2
Medication Reconciliation At Admission (Cancer Care and Oncology Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Community-Based Mental Health Services and Supports Standards)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Critical Care)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Home Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Hospice, Palliative, and End-of-Life Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Long-Term Care Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation At Admission (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Rehabilitation Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation At Admission (Substance Abuse and Problem Gambling Services)	Unmet	1 of 4	1 of 1
Medication Reconciliation At Admission (Surgical Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Ambulatory Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Ambulatory Systemic Cancer Therapy Services)	Unmet	0 of 5	0 of 0
Medication Reconciliation at Transfer or Discharge (Cancer Care and Oncology Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Community-Based Mental Health Services and Supports Standards)	Met	3 of 3	2 of 2
Medication Reconciliation at Transfer or Discharge (Critical Care)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Emergency Department)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Home Care Services)	Unmet	3 of 3	1 of 2
Medication Reconciliation at Transfer or Discharge (Hospice, Palliative, and End-of-Life Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation at Transfer or Discharge (Long-Term Care Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Rehabilitation Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Substance Abuse and Problem Gambling Services)	Unmet	1 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Surgical Care Services)	Met	4 of 4	1 of 1
Surgical Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Surgical Checklist (Operating Rooms)	Met	3 of 3	2 of 2
Two Client Identifiers (Ambulatory Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Cancer Care and Oncology Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Critical Care)	Met	1 of 1	0 of 0
Two Client Identifiers (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Emergency Department)	Met	1 of 1	0 of 0
Two Client Identifiers (Home Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Hospice, Palliative, and End-of-Life Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Obstetrics Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Operating Rooms)	Met	1 of 1	0 of 0
Two Client Identifiers (Rehabilitation Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Substance Abuse and Problem Gambling Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Surgical Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Managing Medications)	Unmet	1 of 4	0 of 1
Concentrated Electrolytes (Managing Medications)	Met	1 of 1	0 of 0
Heparin Safety (Managing Medications)	Met	4 of 4	0 of 0
Infusion Pumps Training (Ambulatory Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Cancer Care and Oncology Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Critical Care)	Met	1 of 1	0 of 0
Infusion Pumps Training (Emergency Department)	Met	1 of 1	0 of 0
Infusion Pumps Training (Home Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Hospice, Palliative, and End-of-Life Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Managing Medications)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Operating Rooms)	Met	1 of 1	0 of 0
Infusion Pumps Training (Rehabilitation Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Surgical Care Services)	Met	1 of 1	0 of 0
Medication Concentrations (Managing Medications)	Met	1 of 1	0 of 0
Narcotics Safety (Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Unmet	0 of 1	1 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Ambulatory Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Ambulatory Systemic Cancer Therapy Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Cancer Care and Oncology Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Home Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Hospice, Palliative, and End-of-Life Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Obstetrics Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Rehabilitation Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Surgical Care Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Cancer Care and Oncology Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care)	Unmet	3 of 3	1 of 2
Pressure Ulcer Prevention (Hospice, Palliative, and End-of-Life Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Surgical Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports Standards)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Cancer Care and Oncology Services)	Unmet	2 of 2	1 of 2
Venous Thromboembolism Prophylaxis (Critical Care)	Unmet	3 of 3	1 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Venous Thromboembolism Prophylaxis (Medicine Services)	Unmet	1 of 3	0 of 2
Venous Thromboembolism Prophylaxis (Surgical Care Services)	Unmet	2 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The organization, Horizon Health Network is commended on preparing for and participating in the Qmentum program. Like many provinces, New Brunswick is experiencing change in the way health services are organized and delivered. As one of two Health Boards in New Brunswick, Horizon Health Network experienced this change with the appointment of a new chief executive officer (CEO) and a renewed focus for the board. While the focus remains on improving safety, quality and access in the system, the board will be ensuring that efficiencies are maximized. In addition, the board also has a renewed focus on patient and community engagement and going forward this emphasis will be a significant part of its work.

The board consists of individuals that have diverse backgrounds and possess the skills to perform their accountabilities as board members. They represent the geography of the region. There are many new board members and there is a strong emphasis on the development and implementation of new and innovative approaches to ensure they fulfil their accountabilities to the approximately 500,000 people the Horizon Health Network serves. There is a deliberate attempt to ensure board members represent the entire population in their work, not just the population in the area they live. It is anticipated the board will be faced with some difficult choices as they grapple with how to deliver accessible health services in an equitable manner.

There is recognition that there is a distance to go to achieve the "oneness" for the governance, administration and operational areas. For example, location of service and access, common focus on quality and patient safety and community engagement are just a few of the areas the board and senior leadership will concentrate on as soon as possible.

The chief executive officer (CEO) has a commitment to achieving the goals and objectives which the board sets for the CEO. The CEO is aligned with the board and focused on addressing the significant issues facing the organization in their quest to offer quality health services to the population served. In addition, the CEO has a strong focus on improving the patient experience and ensuring that the leaders in the organization fulfil their accountabilities to the population that require health services.

A noteworthy strength of the organization lies in the people that work in the delivery of care to patients or in the services that support that care. There are many dedicated and caring people in the network. There is also a strong volunteer and auxiliary, foundation and student presence across the various sites.

A significant noted strength of the organization is its partnerships. These partnerships are at the governance, leadership and clinical levels in the organization and play a significant part in ensuring the health system is connected with the community, with a shared goal to enhance the provision of care. During the on-site survey there were multiple examples provided of staff members partnering with the broader community to offer programming with the seniors' population as well as youth. The program such as smoking cessation in the high school is a good example. The organization is encouraged to continue to develop partnerships with the community as there are still pockets that feel somewhat disenfranchised.

At least one site has just introduced the: "Ticket Home" program. This is aimed at carefully planning for discharge, supporting the coordination of admissions and discharge in the hospital. Patients, families and care givers work together to facilitate this program and it is already showing great promise.

There is a good culture of quality improvement across the entire organization. There is a regional quality and safety committee. This committee works with each of the networks to develop region-wide policy and processes

to address quality ideas and initiatives. There is an expectation that every department will improve the work it does and the organization provides the infrastructure and data for this. The organization also provides the recognition for this work with quality improvement awards. Quality improvement initiatives continue to increase in the organization. One of the more recent ones is that managers and directors are required to see patients daily. This extends to the executive as well.

There are many quality initiatives occurring in the region. For example, in the area of obstetrical care, continuity of care from prenatal to post-natal care is well done with strong linkages across the continuum of care. These efforts are facilitated by the electronic health record (WatchChild). There are comprehensive orientations and ongoing professional development programs in place in obstetrics that are tracked and monitored.

There is strong movement in the entire organization to continually improve in the area of patient-centred care. This includes new initiatives and a focus on further engagement of patients and families as well as the community. This will ensure they can contribute to the continual improvement of care and services. Suggestions for consideration as the organization continues its efforts to change the culture of the organization include: removing visiting hours and due diligence to ensure that all staff members wear name badges that are designed with patient input. There is also need to continue to address the area of wait times in certain services including elective imaging tests, and certain inpatient services. Patients across the region expressed great satisfaction with the care they received.

The efforts to standardize across the region in patient care protocols, policies and many other areas should continue. There is a need for due diligence to ensure there is also consistency in implementation as the rate of implementation can vary from area to area, which is contributing to frustration and confusion among providers and partners. Whenever possible, the organization needs to use electronic means to provide new materials.

The networks formed in clinical and non-clinical areas offer much promise in the standardization of best practices and policy consolidation. Once there is traction in these processes, it is suggested that more efficient mechanisms be developed. At this time, the standardization process can be cumbersome and time consuming for obtaining the necessary input and endorsements from stakeholders prior to approval by Horizon Health Network. The concern is the organization will be perceived as unresponsive or unable to retain "nimbleness" in addressing issues.

The success of community health centres (CHCs) is apparent and demonstrates the positive impact on the health of their communities. There are several examples of how these clinics are successful in the delivery of patient-centred care and this includes the shift to more home-delivered services to the increasing elderly population and the creation of an oncology support group.

There are indicators for many clinical programs which are monitored and used to make program changes. Also, there are good examples of an emphasis on patient safety as demonstrated by the pharmacy's role, as well as work to standardize and streamline efficiencies, including reducing overall drug costs. The region is commended on its success in implementing region-wide medication reconciliation on admission, transfer and discharge. Physicians and interdisciplinary team members including patients are engaged and all are seeing value with advancing medication safety with medication reconciliation. Encouragement is offered the organization to continue implementing medication reconciliation region wide.

As with all organizations there are challenges to face. There are several areas that require attention. This includes the need for a process to clearly identify the clean and dirty items on the units. Many wooden surfaces were observed across the organization and these pose an infection control risk. There is also a strong need to centralize reprocessing in all departments across the region. The use of flash sterilization of dental and other equipment needs to be minimized. It was also noted that some soiled utility rooms are cramped and have open

hoppers with no protective gear. One of the units did have a plexiglass top made to fit the top of the hopper to be used during flushing. This is an excellent idea. The plexiglass showed evidence of the 'Aerosolization' that happens with a flush. In cases where there is no cover, the organization is urged to consider implementing mechanisms to protect staff members, with facial and/or eye shields.

There are well-established processes for Emergency Preparedness, and many were observed. The organization is encouraged to review the code terminology as some do not align with national standards. For example, Code Yellow is nationally understood to mean a missing person not a trauma.

The organization has well-developed systems to support the management of financial and capital resources. All the appropriate controls are in place and they are due to be reviewed in the near future. The organization is encouraged to review its expenditures for acute care, community care and chronic disease management to assess whether the distribution is appropriate when addressing the needs of the population. Staff members are well aware of the current fiscal climate. Many staff members are engaged in cost-saving solutions in response to the current fiscal environment.

There is a substantial approach to risk management. The provincial risk management team is seen as a valuable resource for the region. The team consulted to verify the level of risk and to work with the program to develop strategies to mitigate risk for the team and/or the client. Encouragement is offered to continue this work.

Communications serve a significant function in creating the "oneness" necessary to accomplish a coordinated, effective and efficient system of clinical and support services for the target population served by the Health Network. The Skyline intranet is an excellent source of information. Users seem to like it and it is user friendly. The Telehealth infrastructure is established. There is great potential to expand the capabilities and utilization of Telehealth. It is suggested that branding efforts could be expedited, for example, name tags, letterhead, forms and other items still have former areas/names on them.

There are hard copy policy and procedural manuals and electronic policies and protocols co-existing. Consideration needs to be given to eliminating hard copy manual policies and procedures/protocols where there is an electronic version available on the Skyline intranet system. Having one version of policies and procedures will avoid confusion and potential errors. There are many teams active across the organization, attempting to develop unified policies and procedures and to standardize the various procedure protocols. Although some areas are making considerable progress in breaking down the 'silos' some areas appear to want to take an individual approach. This hampers progress in some areas. A clear direction in relation to standardization could prove beneficial.

One of Horizon Health Network's challenges is to prioritize its migration to information technology (IT) solutions in the clinical setting. This must become a priority in order to achieve more effective and efficient provision of data to inform strategy and decision-making. In addition, having a hybrid (paper and electronic) health record increases the potential for errors due to information being in two locations.

During the on-site survey many areas showed an exceptional amount of communication and collaboration both within a specific site and across sites sharing resources, workload, and supplies. This has allowed them to accomplish improved patient care despite rising patient numbers. Plus, a strong sense of teamwork was seen in most areas. Teams have embraced the idea of Horizon Health Network. There was strong evidence of participation of physicians in the accreditation process. There is strong collaboration and sharing rather than competition. Health Network meetings are happening in every clinical area. Major initiatives are undertaken across the entire region but they also allow for local initiatives. There is good collaboration amongst the two regions namely, Horizon and Vitalité.

Human resources (HR) management serves a vital support function for the organization. There is a multiplicity of HR functions that need to be addressed to maintain a caring culture which promotes well-being and safety across the organization. Joint occupational health and safety committees are in place and active across the organization. Most staff members report having had a performance appraisal completed.

Horizon Health Network is on a positive track for the development of a patient safety culture. There are several examples. There was a consistently strong message from individual staff members that they were satisfied with their job and team. They demonstrated a strong commitment to the population they serve and experienced their greatest satisfaction in knowing that they were making a difference in the health of their clients/patients. They felt supported by their management team and the organization as a whole. They are committed and engaged to embrace best practice regardless of the zone from where the best practice originated. Horizon Health Network is encouraged to continue recognizing the power it has at the front line, including supporting these staff members to participate in conferences and committee work despite the financial pressure they currently face.

Staff members, including physicians are seeking to be a part of the decision-making involving the changes being implemented across the region in order to have their input and voices heard. Doing so will serve to enhance morale amongst all staff members in light of persistent change. For example, in one part of the region there are concerns regarding "losses" in the area of staff development and recruitment and retention. In addition, some physicians have expressed concern that their voice is not always heard.

The physical environments are generally clean, orderly and therapeutic. There is ample space with modern equipment, fixtures and furnishings. Energy conservation initiatives are in place. This includes using rain water and building designs that conserve heat and lights that shut down automatically. There are also recycling projects occurring across the region. Back-up systems are adequate and tested regularly. An automated preventive maintenance system will be introduced in the organization that will support tracking and decision making. The Kiwanis Centre and the Therapeutic Park at the Stan Cassidy Centre (a first in Atlantic Canada) are outstanding new examples. One exception to this is the Dr. Everett Chalmers Hospital site which does have an upgrade planned but action has yet to be taken. There are several consequences of this, including pharmacies that do not have adequate space which potentially increase risk.

The organization is commended for its overall focus on quality, patient safety and community engagement.