ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Haldimand War Memorial Hospital/Edgewater Gardens

Report Issued: 16/04/2025

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from March 23, 2025 to March 27, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to 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.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an actioning planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

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surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

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Executive Summary

About the Organization

Organization Summary

Providing care since 1920, Haldimand War Memorial Hospital (HWMH) is a 39-bed hospital providing primary and secondary care to Haldimand County. The healthcare provided includes an Emergency Department, Ambulatory Care, Physiotherapy, a surgical program, Diagnostic, Medical, and Complex Care services. In addition to these services, specialists are brought onsite to provide clinics in cardiac, geriatric, neurology, paediatric, pain management, psychiatry, rheumatology, smoking cessation and urology. Edgewater Gardens is a Long Term Care Home adjacent to the hospital which has 64 beds. At HWMH and EG we are committed to continuously improving the quality and safety of the care we deliver to our patients and residents while ensuring a safe and supportive environment for our team to thrive in.

Survey Team Summary

The Haldimand War Memorial Hospital and Edgewater Gardens are the hub of health care services and long-term care services for their community and surrounding areas. They were Accredited last in 2021 and continue to demonstrate strong value in the importance of the process. Their objectives included receiving feedback on the progress of their quality improvement framework, development and implementation of their new Strategic Plan and the alignment of the mission, vision and values for the future direction of the organization.

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Surveyor Overview of Team Observations

The Haldeman War Memorial Hospital and Edgewater Gardens (HWMH and EG) have a highly skilled Board of Directors that is dedicated to the oversight and accountability of the organization. They are commended for their development of a new strategic plan that has a focused enabling plan to see their Mission and Vision fulfilled. The strategic plan links the HWMH and EG while capturing the unique identity of both sites. There are good practices for evaluating the Board as a whole, and they are encouraged to re-integrate the process for Director evaluation/feedback. The Board is encouraged to formalize a framework for systemic racism, including for Indigenous populations, and regularly monitor progress on related initiatives.

Leadership at HWMH and EG is a highly collaborative and dedicated team with diverse individual portfolios. They are well respected by front-line team members and community partners. The organization is supportive of work-life balance and is encouraged to continue to monitor this.

Leadership has done an excellent job cascading the strategic plan priorities into an enabling plan at a department level. They are encouraged to continue to share regularly with front-line staff so there is an understanding of staff's contributions. Leadership is commended for recognizing the importance of investing in new positions across the organization to support operations in Finance, Human Resources, and Quality. Document management systems and updating policies and procedures are a priority for the organization and require ongoing attention. Leadership has clearly identified the ongoing challenges with ageing infrastructure and space challenges. They are commended for their ongoing advocacy for expansion of the Edgewater Gardens.

HWMH and EG are seen by community and partners as a well-respected, collaborative partner across local and system partners. The organization is recognized for their caring, compassionate and inclusive approach when working with community and partners. HWMH and EG are seen as leaders in the broader system of community services and even with the constraints of funding they are recognized for being innovative. Continued efforts with community partners are encouraged.

Staff and credentialed staff are very passionate about their roles and proud of the work they do in providing high quality patient care and services. The volunteers provide extraordinary services to support patient and resident care.

The implementation of a new Learning Management System has resulted in increased training and skills competencies. Staff feel supported and are eager to be involved in making changes early in the decision-making process. The organization has put an emphasis on wellness and work-life balance. The commitment the organization made to investing in security guard positions has made team members feel valued and safe.

The organization uses regional data to conduct needs assessments for service planning and design. This has resulted in the planned expansion of the EG facility which would double capacity and address access wait times for individuals waiting for long-term care.

Patient safety is seen as a priority across the organization with many initiatives in place such as emergency & disaster exercises, falls prevention programming, and education on safety for staff and patients/residents. The organization is committed to the implementation of an electronic medical record within the next few years, which will be an asset for delivery of care and services.

A Patient and Family Advisory Team is in place and the members appreciate the ability for them to be involved in multiple areas. The organization is encouraged to seek opportunities to expand involvement and representation in co-designing policy development and evaluation. Patients, residents and families appreciate feeling heard and seeing the impact of feedback. Patient/resident satisfaction is seen as an important measure of quality of care and services delivered at HWMH and EG and has been used to direct improvements. The patients/residents and families have expressed that they appreciate the high-quality care that they receive.

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Key Opportunities and Areas of Excellence

Key Opportunities

- Unpredictable staffing changes over the past few years, impacting ability to advance priority projects
- Planning for an Electronic Medical Record solution
- Policies and procedures require updates and storage in one information system
- Need to develop framework, action plan and monitoring to address Indigenous specific anti- racism and systemic anti-racism

Areas of Excellence

- Cascading of strategic plan priorities into an enabling plan with department goals and objectives that are shared and monitored
- Diverse skills within Board and Leadership
- Talent management and development

People-Centred Care

The Patient and Family Advisory Team (PFAT) has the incredible involvement of two patient family advisors. Members appreciate the support received and to be involved in multiple areas of the organization. Examples include the POCT/Transfusion Committee, Emergency Disaster Preparedness Policy Review, and Wayfinding Improvements. Specific feedback was that members “appreciate feeling heard and seeing the impact of feedback.”

While the existing advisors are very dedicated to the mission and their roles, the organization is encouraged to expand representation through multiple methods. These may include:

- Identifying a diverse group of representatives to involve that enables better work distribution
- Creating options for PFAC member involvement with varying levels of experience and time commitment (e.g. specific project/committee/policy)
- Engaging younger members of the community, individuals from different backgrounds/ skillsets, various service user types (outpatients vs. inpatients, PHC vs. OR clients).

While there is a wide range of current projects, the organization may wish to co-design enablers to support PFAC member onboarding. Examples may include a glossary of terms for acronyms specific to each project/committee and gathering feedback of former members to optimize onboarding of new members.

The organization provides a spiritual care room. At present there is limited evidence of engagement with patients, families, and the community to identify culturally safe and appropriate care practices. The organization is encouraged to conduct initial and ongoing cultural competence training and cultural safety training to ensure staff are adequately trained to implement these practices.

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Quality Improvement Overview

HWMH and EG have a well-developed quality improvement program that continues to implement best practices and quality improvement strategies across the organization. The organization has focused resources to support quality improvement activities, including the monitoring and analysis of incident management data. here is a good incident reporting culture and the organization is encouraged to ensure they keep team members aware of the outcomes of those incidents.

There is evidence that the Board is well informed of quality improvement initiatives and the important oversight role they have. The organization has implemented quality boards and the staff huddle process. They are encouraged to monitor, evaluate and revise these to ensure compliance, which will normalize quality improvement with staff.

The establishment of an Antimicrobial Stewardship Program since the last Accreditation has demonstrated some excellent results. The adoption of an electronic medical record (EMR) in the near future will be a tremendous asset for quality improvement activities and clinical practice. It will be important that the organization promotes the implementation as a clinical quality improvement tool. The organization is encouraged to establish baseline data to assist with target setting and monitoring before the EMR implementation.

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Accreditation Decision

Haldimand War Memorial Hospital/Edgewater Gardens's accreditation decision is:

Accredited with Exemplary Standing

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

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Edgewater Gardens
- HALDIMAND WAR MEMORIAL HOSPITAL

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

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Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Client Identification	Diagnostic Imaging Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
	Point-of-Care Testing	1 / 1	100.0%
	Transfusion Services	1 / 1	100.0%
Information Transfer at Care Transitions	Diagnostic Imaging Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%

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Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	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%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	4 / 4	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%

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Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Client Flow	Leadership	5 / 5	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%
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%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Accountability for Quality of Care	Governance	5 / 5	100.0%
Medication Reconciliation at Care Transitions – LongTerm Care Services	Long-Term Care Services	4 / 4	100.0%
Fall Prevention and Injury Reduction – Long-Term Care Services	Long-Term Care Services	6 / 6	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%

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Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation 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 areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 94.2% Met Criteria

5.8% of criteria were unmet. For further details please review the table below.

Assessment Results

The organization is commended for their focus on reviewing and revising their Emergency and Disaster Management Plan. There is a highly engaged committee that includes a member from the Patient and Family Advisory Team. They have a regular review every month of a code and conduct a mock exercise. The results have been used to make improvements and are shared throughout the organization.

The organization is encouraged to continue their efforts for a system exercise to understand their role. They have recognized the need for a formal emergency/disaster risk assessment to inform their planning and are exploring a tool/process for this.

They have an updated business continuity plan to accompany their emergency planning. Leadership engagement with a province wide emergency management network for sharing and support is an asset for HWMH.

Table 2: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
1.3.2	The organization identifies its role and participates in jurisdictional emergency and disaster planning activities and exercises	NORMAL

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Criteria Number	Criteria Text	Criteria Type
2.1.1	The organization engages with stakeholders and uses an all-hazards approach to conduct a comprehensive emergency and disaster risk assessment, to identify, analyze, and prioritize its emergency and disaster risks.	HIGH
3.1.2	The organization integrates its emergency and disaster plan with community emergency and disaster plans, to ensure a coordinated response to and recovery from an event.	NORMAL
3.4.5	The organization regularly tests its emergency notification system to ensure it is reliable and effective.	HIGH
1.3.8	The organization provides patients and clients with information that enables them to be prepared to take care of their health needs in emergencies and disasters.	NORMAL

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Governance

Standard Rating: 88.0% Met Criteria

12.0% of criteria were unmet. For further details please review the table below.

Assessment Results

The Board is comprised of members with diverse skills. A skills matrix is used in the recruitment and selection of new members. There are open calls for members. Board members receive a thorough orientation and sit on Board committees.

The organization is encouraged to recruit a Chief of Medical Staff. Credentialing and the renewal of privileges of provider staff is overseen by the Board.

The Board is commended for developing a comprehensive strategic plan with the guidance of an external consultant and the senior leadership team and utilizing best practices. Complementing the strategic plan is an enabling plan to drive operations and allow the Board to monitor progress. A recent Board retreat involved education and a deeper dive into governance practices. A plan exists to formalize directions identified.

During the development of the strategic plan, the Board reached into the community to help their framing of the organization's mission and values.

Board members described a supportive environment for raising issues and concerns. Board performance is regularly evaluated at the end of all meetings. The Board is also commended for its use of OHA governance evaluation tools.

Advocacy to government is measured, overseen and managed by the Board. Most advocacy has been delegated to the CEO by the Board. The Foundation chairperson sits on the Board and members agreed there is a productive and supportive relationship.

There is an ethics framework developed by the Board with help from external expertise and the senior leadership. In addition, the Board uses an informal decision-making process and is encouraged to adopt a more formal approach to making decisions using the ethical framework.

The Board has undertaken a significant review and re-write of Board by-laws, policies and procedures. The Board is aware of its fiduciary responsibilities and reviews the performance of organizational operations. It advised it has also begun shifting its oversight to adopt increased forecasting in addition to pro forma reporting.

Board members advised they felt they are very much "in the know" regarding all aspects of operations. Patient care updates and mitigation plans are regularly shared with the Board. Patient stories are standing items on each Board agenda. The Board is commended for its efforts to recognize good performance and is encouraged to consider adopting a formal recognition program, particularly for quality improvement initiatives. Community members are active on many Board committees.

The Board has made progress on raising and amplifying issues related to diversity, inclusivity and equity. Formalized frameworks for addressing systemic racism and Indigenous specific racism are not in place. The Board is encouraged to review accreditation expectations regarding these areas and develop frameworks and action plans. Engagement of Indigenous Peoples and other representatives from historically marginalized populations impacted by systemic racism is encouraged throughout these processes.

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Table 3: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
3.5.10	The governing body ensures that the organization promotes environmental stewardship in its operations.	HIGH
4.2.3	The governing body chair regularly reviews the contributions of its individual members to provide feedback to them based on the results.	HIGH
5.1.1	The governing body uses a recognized framework for acknowledging systemic racism.	HIGH
5.1.2	The governing body implements an action plan, in partnership with community partners, to address systemic racism in the organization.	HIGH
5.1.5	The governing body monitors its action plan for addressing systemic racism.	HIGH
6.1.1	The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.	HIGH
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	HIGH
6.1.5	The governing body monitors its action plan for addressing Indigenous-specific systemic racism.	HIGH

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Criteria Number	Criteria Text	Criteria Type
5.1.4	The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the communities receiving services from the organization.	HIGH
6.1.4	The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the Indigenous peoples and communities receiving services from the organization.	HIGH

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Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Both HWMH and EG have dedicated staff accountable for IPAC. At HWMH there is additional support through the IPAC Hub resource. Both facilities have evidence of effective partnerships and collaboration networks regionally. There is also evidence of effective surveillance and appropriate actions being taken at both sites.

AT HWMH there is effective tracing across the continuum of services, such as PHC clinic, ED, IP and LTC transfers, to mitigate risk and monitor infections.

Debriefs occur to translate learning into education with patients and staff. Both sites have IPAC involvement in procurement, renovations, service design and unit level training as appropriate.

At HWMH efforts are underway to transition from a paper-based policy and procedure manual to an online platform (24/7 LMS. IPAC training and annual recertification occurs in 24/7 LMS at HWMH and via Surge at EG. IPAC policies and procedures are maintained in Surge.

At present the sites remain very independent in IPAC activities given regulatory variations. It may be worthwhile to see where specific activities and efforts could be better together.

Environmental services (EVS policies and procedures are accessible in the 24/7 LMS with eLearning modules. This is complemented with regular on-the-job training by experienced staff. In addition to the required training, the EVS staff training has included a leadership course. Relevant standards are being demonstrated.

Food services are contracted through Aramark, and training is up to date through Aramark as well as HWMH and EG. Applicable standards for food safety are followed to prevent food-borne illnesses. New meal tray carts promote food safety resulting from improved temperature regulation and enhanced patient/resident experience. The team regularly evaluates the program through qualitative and quantitative assessment with patients and residents.

Two suggestions were identified. First, there is an opportunity to add hand sanitizer stations at all entrances to food services, given the multiple entrance and exit points. Second, the electrical panel above the food preparation area and sink needs to be addressed for workforce safety.

Effective outbreak management practices are developed with input from internal and external expertise such as Public Health Ontario, and regional experts.

Table 4: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

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Leadership

Standard Rating: 98.4% Met Criteria

1.6% of criteria were unmet. For further details please review the table below.

Assessment Results

HWMH and EG are commended for the exceptional leadership and delivery of acute care and long-term care services to their community. The organization has invested in leadership roles to support key operations including Human Resources, Finance, Quality & Risk.

Being good stewards of public funding, they have expanded accountability for the budget planning across the departmental leadership. This includes the development of a variance management tool to assist departments to better understand and manage their finance and statistical information. The organization is encouraged to continue efforts on revising the capital planning process to ensure proactive multi-year planning.

The organization has an ethical framework in place for operational use and it has been incorporated into Board and unit level decision making. The organization is encouraged to continue to evaluate and educate the importance of using the ethical framework at all levels of decision making.

HWMH and EG have developed partnerships, such as with the OPP for the Mobile Crisis Program, and collaboration at the local and regional level, especially with their OHT and Ontario Health.

The organization is recognized for their approach to developing their new strategic plan. It has a focused enabling plan, with targets and a plan to monitor. The planning process was interactive and collaborative with multiple points of stakeholder engagement.

The leadership has been planning for a potential expansion of Edgewater Gardens to manage the long wait lists for LTC in the community. They are encouraged to maintain this focus and advocacy.

HWMH and EG are encouraged to ensure patients and family members are more fully integrated into co-design efforts when planning and designing initiatives and services.

The organization has a high-level communication plan and has used a variety of tools for communicating, with social media being highlighted as highly successful. A review of communication strategies and opportunities for improvement is encouraged.

It is evident that there is a strong commitment to investing in the people at HWMH and EG. There are opportunities for learning and training made available and staff feel supported in their learning. Staff safety is a focus and is supported across the organization through additional WVP and GPA training and newly implemented 24/7 security.

Both sites are very clean with efforts to improve signage across both facilities. Older areas of both facilities are creating potential safety concerns. For example, HWMH has limited storage space resulting in some equipment storage in hallways/doorways. At EG there is evidence of porous surfaces which are not optimal for maintaining IPAC practices.

Procurement practices consider sustainability, climate impact and patient and workforce safety. Examples include reprocessing ventilator filters, and reprocessing equipment versus disposable products.

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Table 5: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.1.6	The organization ensures that staff understand and respond to the cultural needs of the community, to provide culturally safe services.	NORMAL
4.1.15	The organization engages with clients, families, and the community to identify culturally safe and appropriate care practices and ensures staff are adequately trained to implement these practices.	NORMAL
2.7.6	The organization provides leaders and staff with education and training to build organizational capacity to support environmental stewardship initiatives, and adapt to and mitigate climate change.	NORMAL

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Medication Management

Standard Rating: 99.4% Met Criteria

0.6% of criteria were unmet. For further details please review the table below.

Assessment Results

The HWMH pharmacy department is staffed with pharmacy technicians and a contracted pharmacist from a local retail pharmacy. There is access to an on-call pharmacist 24/7 if needed.

The pharmacy area is small, however well-organized with many safe medication storage processes in place. Currently, medication orders are verified Monday to Friday during the day only. The team is encouraged to continue to monitor for any significant impacts of non-verified medication orders before the first dose.

The organization has established an antimicrobial stewardship program and has a dedicated interdisciplinary committee. There is an annual action plan with goals and objectives that the committee is monitoring. Since the program has been in place there has been improved use of antibiotics and best practices to reduce infections related to catheter use.

Most of the medication management processes are paper-based and team members are looking forward to automating many of these processes to enhance quality and safety of medication management.

Edgewater Gardens

At EG, pharmacy services are contracted, and performance is good. While not a requirement, EG has been advocating for and improving antimicrobial stewardship over the past three years.

Interdisciplinary quarterly medication committee reviews are used to address polypharmacy. Validation of medications occurs during business hours Monday to Friday. Ongoing monitoring of this practice is warranted to ensure risks are acceptable.

Point Click is used for medication management and medication reconciliation. An important next step is getting the medication request automatically submitted to the pharmacy. At present, this occurs using fax and the desire, moving forward, is to use scanner functionality.

The medication storage area currently does not meet requirements for controlled substances being stored in a locked cabinet. Two narcotic storage containers were locked. However, the narcotic stored in the refrigerator (Ativan container was unlocked. Additional training and monitoring to ensure improvement is encouraged.

There is also an opportunity to reinforce identification of high alert medications. Two insulin pens were missing high alert stickers.

Aside from these two areas, there is good evidence of effective standards implementation.

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Table 6: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
5.1.6	Medication storage areas meet legislated requirements and regulations for controlled substances.	HIGH

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Service Excellence

Standard Rating: 100.0% Met Criteria

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

Assessment Results

There is a high degree of attention across both EG and HWMH to excellence in service delivery. Both sites have considerable evidence of effective clinical leadership across programs with breadth and depth of experience.

Consistent examples of people pulling together, and individual as well as collective solution orientation are evident across the organization.

Some leaders have advanced skills and competencies through specific education programs and leadership courses. There may be an opportunity for leadership team development and training to continue building and optimizing team functioning.

All senior leaders and directors wear multiple hats, so managing expectations and multiple priorities is essential, as is backup support through the well-trained and resilient management team.

Clinical competency development is evident through effective onboarding, leveraging training, and certification programs for staff members.

There is an increasing use of data and evidence to drive decision making and program improvements across both HWMH and EG. One area of opportunity is to showcase successes and areas where things didn't go well. This will celebrate and embrace the learning system mindset and further advance a safe culture. The organization is also encouraged to promote successes externally using qualitative and quantitative data that is meaningful to the audience, such as, highlighting the impact of new staffing models that were implemented with additional funding, or promoting the effect of shared accountability for nursing and physician learners.

Table 7: Unmet Criteria for Service Excellence

There are no unmet criteria for this section.

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Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Diagnostic Imaging Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The DI department offers a variety of services to meet the needs of the community and to support acute care services. They are commended for their effective planning for the replacement of their CT this year, including their down-time process with a variety of internal and external stakeholders.

The patient flow in the department is good, including the proximity to the Emergency department. The team and leadership are encouraged to continue with their efforts reviewing and updating policies and procedures, including expanding their safety manual.

There is evidence of dedicated professional staff (technicians and radiologists) who strive to ensure quality and safety in all aspects of their work. There is an identified safety officer. There is support available for continuous education to ensure skills and knowledge are up to date. The team has departmental goals and objectives. They are encouraged to share and monitor regularly at QI/huddle board.

Table 8: Unmet Criteria for Diagnostic Imaging Services

There are no unmet criteria for this section.

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Emergency Department

Standard Rating: 99.1% Met Criteria

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

Assessment Results

The HWMH emergency department has a committed Interdisciplinary care team with a model of care that includes Nurse Practitioners, Emergency Physicians, Registered Nurses and Registered Practical Nurses that have experience and skills in emergency care. The ED leadership is passionate and committed to ensuring high quality and safe emergency services to the community. Education and training pertinent to emergency care for adults and paediatrics is available to all team members. They have used the Ontario Health ED Nursing Education, Retention, and Workforce training program.

The leadership team has developed goals and objectives and is encouraged to regularly share progress with team members and seek input where needed.

The organization has recently implemented security services, and this has been a significant support to the emergency department. With the increase in mental health ED visits, the team and organization are urged to consider safe rooms for clients.

The ED team is commended for their recent participation in the Trillium Gift of Life organ donation program. There have been early successes that the team is clearly proud of. The leadership team is encouraged to continue efforts with their EMS partners for timely interfacility transfer processes.

Table 9: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.4.8	Seclusion rooms and/or private and secure areas are available for clients.	HIGH

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Inpatient Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

All priority processes are met. There is emerging progress on the unit level falls reduction initiative, and good evidence of post fall debriefs to prevent recurrence and improve longer term strategies. This has resulted in improved patient, team member and family member communication through multiple methods.

Team members are supportive of one another and responsive to patient requests. When dealing with a confused patient trying to exit a bed and yelling, a nurse (not the primary nurse, came into the room, introduced themselves and made an immediate personal connection while redirecting the patient to a safer activity. \"Hi xx, I am xx. Remember me? I used to work with your son in the fire department.\" Similar examples of people-centred care were noted in professional and allied staff assisting patients with medication, ambulation, and discharge planning. This is also reflected in the employee engagement survey positive results on work-team and people-centred care. While the survey response could be higher, there is a good foundation to build upon.

There is notable benefit from a clinical scholar to support just in time learning and education on best practices and emerging clinical content. Leadership adopted effective talent development to build capabilities through recruitment and retention of nursing students as clinical externs. Several clinical externs have become permanent staff. The unit is encouraged to leverage students to help advance quality initiatives that have been identified. This builds important QI capabilities in the next generation of the healthcare workforce and improves patient safety and overall quality.

HWMH is encouraged to review current practices, policies and procedures to streamline and optimize workflow in advance of EMR implementation.

Table 10: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

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Long-Term Care Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

EG has a good balance of experienced staff with newer members integrated into the team. Staff reported feeling well supported by the team, including leadership. Students from nearby colleges and universities are in learning roles with several examples of staff who moved from placement roles into permanent positions following graduation.

EG leadership is encouraged to seek further input from staff on well-being and engagement. This would help to understand and co-design actions on the July 2024 employee engagement survey response by 30 staff, and address the 19 per cent who reported negative well-being and engagement ratings.

The staffing complement and model increased with Ministry funding. This funding resulted in dedicated IPAC staff, recreational and behavioural staff, as well as a contracted part-time nurse practitioner role. This has resulted in staff and residents highlighting notable improvements in resident care experience and quality.

Committees (IPAC, Med Rec are interdisciplinary and include input from residents and families. This appears to be ad hoc in some areas such as falls. The organization is encouraged to formalize committee function and terms, frequency of meetings, and membership, inclusive of resident, family member, community placement student, and volunteer representation. Furthermore, sharing the results of input received fosters transparency, trust and EG's commitment to continuous improvement.

The team is encouraged to carefully review the data used to influence the Registered Assessment Instrument measures reported publicly on the Canadian Institute for Health Information, Your Health System website. At present, four specific areas show a need for improvement.They are restraint use, worsened pressure ulcer, experiencing pain, and pain worsening. Yet in discussions with staff, explanations indicate a focus on resident and family preference.

Resident feedback was positive. \"They know what I like and have lots of activities that my friends and I enjoy.\" \"The people who do my hair make me feel special.\" \"The food is good and so are the activities. They take good care of me.\"

Table 11: Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

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Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

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

Assessment Results

There is evidence of effective teamwork and a robust safety culture. The environment is safe and inclusive, with shared accountability for workforce and patient safety.

Excellent policy/practice demonstration of standards and ROPs (Med Rec, Falls, TOA.

The team is to be commended for their people-centred care orientation. This orientation spans from the staff phone calls with clients in preparation for their procedures, through to PACU and the operative suite and then discharge/transfer. Communication methods and processes were always respectful, caring and calm with clients and other colleagues. This was reflected in client and family feedback. \"The care here (HWMH is exemplar.\" \"This is by far the best experience compared to my last procedure (at a different facility.\" \"I felt well prepared and knew what to expect. The staff were very competent, everyone introduced themselves to me, explained everything, and made sure I knew what to do and not do when I went home.\"

There is a very strong learning and teaching culture, regularly bringing in residents who value the team-based experiential learning environment. There is an opportunity to begin mentorship and succession planning for staff and physician resources, leveraging the existing skills of very experienced staff.

The team is encouraged to implement peri-operative relevant quality improvement over the next year with input from patients, families and the interdisciplinary team, to build unit-level capabilities for improvement and evaluation.

Table 12: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

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Point-of-Care Testing

Standard Rating: 100.0% Met Criteria

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

Assessment Results

There is good documentation on results of POCT (blood glucose and urinalysis, and blood transfusion, in all settings where they are used (ED, IP, Peri-op, LTC. One recommendation is to document and verbally reinforce the use of isopropyl alcohol wipes in all blood glucose monitoring kits across the organization.

Training is managed through 24/7 LMS and includes eLearning and testing followed by demonstration with designated experienced staff.

Currently, documentation of POCT is manual. With EMR implementation, the goal is to have more automation with integration of results in charts.

There is an interdisciplinary POCT/Transfusion Committee that meets regularly and includes patient and family representation.

Table 13: Unmet Criteria for Point-of-Care Testing

There are no unmet criteria for this section.

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Reprocessing of Reusable Medical Devices

Standard Rating: 100.0% Met Criteria

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

Assessment Results

All medical device reprocessing is for HWMH and is onsite.

Performance measurement plans have recently been implemented (2024-25 with positive feedback from staff. While the team is small (two medical reprocessing technicians there is commitment to continuous learning and development, such as mentoring, vendor training sessions, recertification, and expanding team learning through tabletop Code Blue, gentle persuasive approach training, and CPR training.

The team recently conducted an internal audit, and an action plan has been developed. Next steps are to build out a quality improvement plan leveraging this foundational work and promoting it on the newly implemented quality board. While there is good evidence of service agreements with periodic reporting received from vendors, there is limited evidence of evaluation except during agreement renewal. This is an emerging area of focus moving into 2025.

The team works effectively to support the organization (ED, Peri-op and IP. There is good communication between units and teams to confirm resourcing requirements for surgeries and workload to plan for staffing.

Policies and procedures are currently maintained in two systems, with a plan to transition all content into the new 24/7 learning management system (LMS).

While onboarding has been effective due to the expertise of existing staff, the organization is encouraged to formalize onboarding. To leverage existing relationships in the region, the team may want to review and repurpose elements of onboarding programs in other facilities with a similar care model and equipment.

Table 14: Unmet Criteria for Reprocessing of Reusable Medical Devices

There are no unmet criteria for this section.

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Transfusion Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

There is an interdisciplinary POCT/Transfusion Committee that meets regularly and includes patient and family representation.

Staff competency is maintained through training using 24/7 LMS, which includes eLearning and online testing followed by demonstration with designated experienced staff.

Policies and procedures are well documented in 24/7 LMS. There is excellent evidence of compliance with all standards.

Table 15: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.

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