

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Niagara Health (NH Infection Prevention and Control (IPAC team provides support to all five sites as well as a number of satellite sites. The team consists of a program manager, medical director, three senior infection control practitioners, who provide leadership at the larger hospital sites, and 10 infection control practitioners (ICPs. These individuals function as one team across the five sites with common standards and practices. Eleven of the infection control practitioners are certified in infection control and many also have LEAN training. The IPAC team enjoys strong leadership and is very collaborative. The team holds weekly virtual huddles to support communication, an understanding of the current state at each site and standardization of practice across all sites. The extended care unit/long-term care (LTC home has its own infection control practitioner, and it is recommended that the IPAC team include the ICP from LTC to regularly be a part of the weekly virtual huddles to support strong communication on an ongoing basis. The IPAC team works closely with the Occupational Health and Safety team and holds two virtual touchpoints to review relevant issues and a broader virtual huddle weekly.

The medical director and the program manager chair the Niagara Health Infection Control Committee (ICC. The ICC members are interdisciplinary and include a patient partner as well as external stakeholders such as Public Health. The patient partner is an active member of the ICC and reviews patient brochures and education material.

The IPC program goals are met through eight key infection control program elements: hand hygiene, surveillance, outbreak management, consultation, education and audits, quality improvement and research and antibiotic stewardship.

The IPAC team reviews policies and procedures yearly and all are aligned with best practice guidelines such as PIDAC, CDC, and WHO. NH has a new site in development to replace the current Niagara Falls, Port Colborne and Fort Erie Sites and the IPAC team has been closely involved in the design phase of this redevelopment.

Hand hygiene training and surveillance were enhanced during the pandemic and an extensive workplan was developed to increase education, training, and audits. Self-auditing modules were initiated, and hand hygiene recognition awards were restarted. Monthly hand hygiene audit reports are posted on the unit huddle boards. The overall hand hygiene rate for NH for the first six months of this year was 81 per cent.

The surveillance program monitors various hospital acquired infections such as MRSA, VRE, CDI, VAP, influenza vaccinations for patients, outbreaks and unusual trends such as tuberculosis and Creutzfeldt-Jacob Disease. The team is commended for implementing the SBAR tool as part of the surveillance program, aimed at clearly communicating the needed information regarding a potential outbreak. The tool supports consistent communication of the information that is needed to determine any next steps that may need to be taken and the team has found it very helpful, particularly for new team members. For the first six months of this year, 30 outbreaks occurred across Niagara Health due to a number of factors and the IPAC team implemented new cohorting charts, algorithms, new policies and restarted outbreak summary debriefs.

Outbreak minutes, IPAC committee meeting minutes and infection rates are circulated to leadership across the organization. A Program on a Page IPAC data report is made available monthly for sharing at huddles.

The IPAC team develops, promotes, and provides education to all staff, physicians, students and volunteers associated with the organization. Education is provided at general orientation and on a regular basis. As of October of this year, 107 education sessions have been held on a variety of subjects with over 900 participants. Staff spoken with felt they are kept very well-informed regarding infection prevention and control matters.

The IPAC program is evaluated annually and opportunities for improvement are acted upon. This year the IPAC team has also implemented a needs assessment and has requested feedback from all programs as to what their needs are and how the IPAC team can better support them.

The team has high-level goals in keeping with the organization's overall strategic goals and the team is encouraged to further refine these goals to include the specific actions to be taken and targets to be met.

The older sites within Niagara Health (Welland, Niagara Falls, Port Colborne and Fort Erie) have good access to hand hygiene products and PPE. However, at the Welland and Niagara Falls sites, the high level of occupancy, narrow hallways and lack of storage creates significant clutter and a high risk for infection in a number of the inpatient units. Also, at these facilities there are fewer private rooms and more ward rooms with shared bathrooms. The extended care unit/long-term care (LTC) home at the Welland site has wooden railings along the walls and several wooden cabinets. It is recommended that these be replaced with material that is more readily cleaned.

Table 5: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Medication Management

Standard Rating: 98.3% Met Criteria

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

Assessment Results

Access to the pharmacy department is secure with controlled access. Pharmacy services, policies, and standard operating procedures are standardized across the five NH sites under one program. The program is supported by a director of pharmacy, 56 pharmacists, two supervisors, three site managers and one practice manager. On call pharmacy support is provided at all hospitals sites by NH pharmacists and varies depending on the site and hours of operation. The annual financial budget for medications is 10.6 million dollars. The pharmacy is organized with good workflow. There are multiple cardboard boxes and from an Infection Prevention and Control perspective this should be investigated.

The Pharmacy & Therapeutics Committee meets monthly and ad hoc. This committee is accountable for the medication management system. Other committees that support the management of medications are the Formulary Committee, Antimicrobial Stewardship Committee, Infusion Pump Committee, Order Set Approval Committee, Medication Safety working group, and Nursing Advisory Committee. Additions to the formulary occur through a formal process. The formulary is reviewed annually, and changes made as identified. Some order sets are in place. Computerized Physician Order Entry (CPOE) will be installed in late 2024.

NH has three types of infusion pump platforms. each with specific purposes including Baxter for large volume infusions, syringe, and CADD pumps. The Interprofessional Corporate Infusion Pump Committee monitors the safety and quality of infusion pump practices. In addition to education and return demonstration training, there are many types of training resources available on the infusion pump Safety page located on SourceNet.

The Pharmacy & Therapeutics Committee oversees all safeguards for heparin formats associated with patient care areas. Independent double checks are required for infusion preparation. Heparin IV infusions are supplied through pre-mixed bags. Most concentrated electrolytes are stored in the pharmacy and only concentrated electrolytes are stored in patient care areas for urgent clinical needs. Automated dispensing cabinets have computerized alerts to ensure the safe dispensing of selected medications including high alert and narcotic medications.

NH has an Antimicrobial Stewardship Program (ASP) and multidisciplinary committee with physicians, pharmacists, nurses, an educator, and Infection Prevention and Control staff. Antibiograms are unique to each hospital site and assist practitioners with prescribing antibiotics. The ordering of antibiotics is monitored and audited by pharmacy staff and reports are provided to the chief of staff and Medical Advisory Committee. Recommendations for changes in antimicrobial therapy must be communicated through the ASP progress notes.

The Institute for Safe Medication Practices (ISMP) Do Not Use abbreviation list is used by NH. Education is provided to all staff, physicians and relevant employees who are introduced to the dangerous abbreviations during orientation. Standardized order sets are in place to avoid the use of dangerous abbreviations. The Practitioners Order Sheets headers highlight dangerous abbreviations and symbols not to be used. An audit of prescriber order documentation occurs as part of quality improvement.

Medication reconciliation on admission and discharge is an indicator on the Quality Improvement Plan. Monthly audits occur and results are shared at huddles, division and operations meetings, and with the board. Self-administration of medication occurs in areas of the organization such as obstetrics. Policies and protocols support this. Hazardous medication compounding occurs in the Walker Family Cancer Centre and the physical environment meets required standards. Medical Assistance in Dying is provided at NH and the pharmacy department provides the kits and supports the process as necessary. The program has recently introduced the standardization and exchange system for the anaesthetists' anaesthetic carts. All crash carts are standardized across NH sites and restocked by the pharmacy team. The pharmacy team is proud of the box pick robot located at the St. Catharines site and it is impressive to watch this robot do its part to assist with the choosing of medications.

The Pyxis automated dispensing cabinets are located in communication stations and in hallways with high-flow traffic at most NH sites. This does not allow quiet space for medication preparation and increases the risk of error and wrongful access to medications. The organization is encouraged to review the location of dispensing cabinets in the new build and where possible, to move the ADU's to more secure, quiet locations throughout NH. Medication refrigerators are currently being replaced and will have secure access. Pharmacy is beginning to engage in medical related clinical trials and is encouraged to continue this work.

The entrances to the pharmacy department at the Welland Site are secured through card access only. However, the wall beside the front entrance has a large glass window to support staff coming to pick up medications. A metal shade is lowered during the non-peak times and when the pharmacy is closed. The program might consider applying an opaque plastic cover to the glass. Although the pharmacy is small there is ample space for medication preparation and storage. A separate room provides a quiet space for the pharmacists to review and process orders that are received by the computerized scanning system. No chemotherapy is prepared at the Welland site and there is limited compounding.

Unit dose packaging of medications for the Welland site occurs at the Niagara Falls Site. All units have automated dispensing carts (ADC) which are monitored by the pharmacy staff. In several of the units the ADCs are located at the back of the central nursing station and are not further enclosed in a room. In addition to the medications within the ADCs, patient specific medications are packaged and stored in medication carts. In some units the medication carts are located in hallways and nursing staff travel between the ADC and the medication cart in the hallway while preparing medications for administration to their patients. The organization is encouraged to consider having the preparation of medication administration in some other area than in the hallway which can be very busy and noisy.

The pharmacy at the Niagara Falls Site is secure with swipe card access at the entrance to the department. There is also a window at the entrance which looks into the department and is used as a pass-through when staff come to pick up medications. This window has a metal shade that is lowered when the pharmacy is closed and at non-peak times. The department is encouraged to have the shade lowered half-way at all times or covered in opaque plastic to obstruct the direct line of sight into the department. The pharmacy is small, and the program is commended for the work that has been done to comfortably fit in all the functions and supplies. The pharmacy packages unit dose medications for its own use as well as for Welland, Fort Erie and Port Colborne sites.

In several of the inpatient units at the Niagara Falls Site the medication carts are permanently located in the main corridors of the unit. Staff verify and prepare medications for administration in an area where there are many distractions, and the noise level can be very high. The organization is encouraged to address this situation as early as possible to avoid medication errors. Medication preparation areas within the pharmacy are somewhat crowded given the very small footprint of the department, however it is clean and organized.

Table 6: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
5.1.1	Access to medication storage areas is limited to authorized team members.	HIGH
6.1.8	Steps are taken to reduce distractions, interruptions, and noise when team members are prescribing medications or transcribing and verifying medication orders.	NORMAL
7.1.1	The pharmacist reviews each medication order prior to the first dose being administered.	HIGH

Service Excellence

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Niagara Health (NH) has addressed service excellence as an overriding concept for all the local sites. There are aims and objectives established; some are measurable but others less so. There is an opportunity to be more specific with these and apply indicator monitoring.

There is a major emphasis on patient / family partnerships with input from this group in all aspects of service design and delivery. Attention is encouraged to be sure that the input represents the diversity of the entire community, reflecting the nuances of cultures and religions. The new build has had considerable input from the community and its population.

Education of staff and consumers is paramount with evidence of orientation and continuous education and upgrading in all aspects of healthcare delivery including ethics, IPAC, medical equipment, technology and patient safety.

Documentation is predominantly paper based with some use of electronic platforms. There is a plan to move completely to an electronic HIS within the year. In the interim, encouragement of staff to read / review all carer notes regardless of the placement is needed. Updated technology and communication tools are propagated throughout the organization.

Performance appraisals are to be done regularly but it would appear that there has been a significant shortfall since COVID-19. The organization is encouraged to increase completion to help promote career development and improvement. Staff are compassionate, motivated and are recognized for their accomplishments.

There is a strong quality assurance program with corporate indicators which are monitored, analysed, and the data used to facilitate patient care. The results of these programs are communicated to staff and the community. Clinical practice guidelines are in place and there are processes for review and evaluation with consumer input.

All the corporate efforts, aims and objectives are evaluated for their effectiveness and remedial actions implemented as necessary.

Table 7: Unmet Criteria for Service Excellence

There are no unmet criteria for this section.

Leadership

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Planning and Service Design

There is an impressive leadership team with a patient-centred, collaborative approach to care that oversees Niagara Health (NH). The leadership is clearly engaged with their teams and works to ensure all are living in a safety-first culture. All staff and physician leaders are engaged, knowledgeable, and supportive of team efforts to deliver safe, quality care. Since the last accreditation, NH has renewed its strategic plan through a consultative process engaging with internal and external stakeholders including patients and families. The strategic plan has been expanded to focus on the inclusion of a healthy community through engagement with its community and Ontario Health Team (OHT) partners. The key strategic pillars and initiatives cascade into the organization and its achievement is monitored through thoughtful key performance indicators and the tracking of annual goals and objectives through huddle boards and a balanced scorecard/dashboard methodology.

Resource Management

The organization has a formal process for the development of annual operating and capital plans. The organization would benefit from ensuring adequate financial resources to address emerging capital infrastructure issues as it enters master planning and the development of community-based resources with its community partners.

Human Capital

The Human Resources team demonstrates its commitment to transitioning its services to current-day practice through the introduction of updated policies and programs as well as gaining exposure and elevation of its role within the organization. NH demonstrates its commitment to a culture of safety through its workplace violence, staff wellness and staff scheduling programs. Staff are well engaged, supportive and proud to serve the NH. The organization has put in place a number of work life balance initiatives, staff support, and staff development programs that have created a committed staff including: You Share We Grow, Extraordinary Us, The Working Mind, BeWell, and reaching out to its community to attract staff and engage in supporting disadvantaged youth in developing work skills through participation in the Project Search program. Staff appear well engaged, supportive and proud to serve the NH. The organization is implementing a revised personal development program for all staff. There was not sufficient evidence to demonstrate that performance management was occurring on a regular basis across the organization. NH is encouraged to create mechanisms within its revised program to demonstrate the alignment of staff goals to both their professional development and the mission, values, and strategies of the organization.

Communication

The organization values the role of communications. The small and mighty team exemplifies teamwork. The leadership amalgamated both communications and strategy to support success in achieving the goals of the corporate strategy. The new strategic plan is transformational and includes integrated plans for project and change management, engagement and government relations. There is commitment by the team in achieving trust in how they brand leadership. The new strategy was mindfully crafted with public

education campaigns and one-on-one interviews with staff. Staff engagement helped steer the strategy in a direction that supports staff and physicians. The communications team is motivated and is focused on achieving the corporate strategies while also supporting areas of diversity, equity, inclusion and anti-racism. It is evident that the communication efforts are effective as staff and physicians are engaged with the organization's top priorities - transformation to a three-site hospital system, honoring truth and reconciliation, the new hospital information system, the focus on health human resources, and improving access to have the right care in the right place.

The communication team is very proud of their work. Direct focus at the staff and physician level showed success through the work to reduce urgent care hours. The reductions were made successful through a robust engagement plan. The organization is set for success in their campaign to align the 2023-2028 strategic plan with the needs of the community. A thoughtful approach to Indigenous health services and reconciliation is an area of focus. The team is integral in the response from the community to address systemic barriers that impact patient care. It is evident how much effort has been strategized to create a partnership with patients. Patient partners provide feedback and guidance on both external and internal communication campaigns by offering a unique patient/caregiver lens on communications. The unique branding was evident with "co-designed by patient partners" or "reviewed by patient partners" is stamped and located on such things as patient handbooks and other materials.

Internal communication tactics are as important as external partnerships with local media. Internal communications include a weekly newsletter email which will amplify the voice of staff and physicians. It will be a priority to sustain the direction of the communications team to continue their trajectory of keeping the staff and public informed while maintaining a narrative that is rooted in the corporate strategic plan.

Principle Based Decision Making

The NH ethics decision making framework includes the fundamental steps in ethical decision making and incorporates it into the SBAR format (situation, background, assessment, recommendations). The ethics framework was introduced in 2015 and revisited in 2019 just prior to the pandemic, which was timely. Staff and physicians are introduced to the ethics framework during the onboarding process and resources are available on SourceNet. NH is congratulated on the production of an informative ethics video. The ethics framework provided ongoing support in decision making at the clinical and operations level during the pandemic. Several resources are available to assist staff to work through an ethical dilemma such as Ethics Resource Centre, Patient Bill of Rights, Code of Conduct, Confidentiality Resources, Privacy Resources, Cultural and Faith Guide, Whistleblower Policy, Occupational Health and Safety Resources, a Workplace Relations and Violence Prevention policy and an Ethics Hotline. Niagara Health has a toolkit and worksheets with relevant questions to assist staff in documenting and working through ethical concerns. There was evidence and examples provided that the ethics framework is used by the board through to the point-of-care health providers. Staff and physicians are encouraged to attempt to independently work through an ethical dilemma however if leadership or an ethicist is required, these supports are in place and available to staff. The ethicist's phone number is on the hospital's switchboards and physicians reach out to the ethicist as necessary. Lunch and learns on ethical topics are provided and recent topics included MAiD in Canada's Current State, Caring for Seniors: Pandemic ethics in Action, and Proposed Expansions to Eligibility for MAiD. The Ethics Committee was placed on hold during the pandemic and started back up in the spring of 2023. Key stakeholders, including patient partners, are committee members. Teams are encouraged to bring identified ethical situations from the service areas to the Ethics Committee for discussion. Themes are pulled from the ethical cases and examples of these include substance abuse, duty to report, plan of care and unreasonable demands, health insurance expired, and medical assistance in dying.

Research studies that NH staff would like to participate in must be reviewed by the Hamilton Integrated Research Ethics Board. The Ethics Committee is encouraged to continue its work and engage all staff in the process of identifying and effectively working through ethical dilemmas.

Patient Flow

Niagara Health vigorously addresses patient flow throughout the organization. There are twice daily bed meetings to give an accurate snapshot of space actually or potentially available in all areas. There are protocols for the intra-site transfer of patients to obtain the appropriate service at the right site and there are strong partnerships for the transfer of patients that require service beyond the scope of NH. Surge protocols are in place for situations of overcapacity in the ER, ICU and inpatients wards. An estimated discharge date process allows for early planning and keeps staff and family aware of progress in the admission journey and identifies barriers to the ED. Partnerships with community agencies are robust and there is a genuine trust in cooperation to transition patients back into the community.

There are indicators for flow throughout the organization and these are monitored closely with good communication with staff and families. There would appear to be some backlog in DI, particularly for cancer patients and the delays in DI may interfere with timely oncological interventions. A priority track for this group may be a solution.

Physical Environment

The team provides comprehensive and seamless services at all sites. The physical layout at St. Catharines is modern, clean, spacious, and bright with spaces that accommodate the need of both patient and staff. Signage and direction to outpatient areas are clear in the core design, which encompasses fundamental principles of design, natural paneling along the main entrance, and the Indigenous concept of the Seven Directions. The hospital fosters social connectedness and outdoor landscaped trails, a spiritual garden terrace, and an outdoor terrace for staff. The team has articulated its strategic goal of creating a safe space for excellence in patient care. The team uses its partnerships with internal and external stakeholders to ensure the procurement of environmental cleaning supplies in an efficient and cost-effective manner. The team is to be commended for being able to provide services in a fiscally responsible manner while at the same time responding to challenges by identifying initiatives and measuring successes. There is a culture of collaboration and learning and the team was the recipient of the Extraordinary Team award. The team effectively leveraged resources during COVID-19 by working closely with Niagara College to produce face shields using 3D printers. The team has a very engaged staff that has developed a model of delivering extraordinary customer service called PROUD (Proactively anticipate needs, Respect and maintain dignity, Ownership and team accountability, Uphold professionalism, and Demonstrate compassion and caring).

The Port Colborne site, even though it is an older building, is well maintained. Policies and protocols used by staff align with Niagara Health's overarching policies and protocols for Environmental Services, Facility, Biomedical, Security, and Dietary. External contracts are obtained for groundskeeping and snow removal. The Facility Management and Biomedical Team at the Port Colborne site is congratulated on their Energy Efficiency Green Healthcare Award ranking first in the acute rural category. The Welland Site and Niagara Falls Site also received recognition. The Port Colborne Site will not be used by NH once the new South Niagara Site is built, however, the directive is to keep maintenance at the level where safety and functionality are a high priority. Staff are very proud of this site and the work they do to sustain quality services.

The Niagara Falls Site (NFS) is an older but well-maintained hospital. Regular preventative maintenance is conducted, and both the engineering and environmental services staff take great pride in the work that they do to keep the building clean and in working order. An example of this is the work that was done by frontline staff to develop and implement the PROUD model which describes their work and contributions to delivering extraordinary customer service. Of note was the high shine of floors in some areas of the hospital which resulted in staff being encouraged to use products that do not produce a glare as this can impair the vision of elderly persons. NFS had begun a Be Green program of recycling several years ago. However, it did not move forward during the pandemic and the organization is encouraged to roll it out again and provide education to all staff and physicians on this program. NFS appears to have outgrown its parking spaces and patients and visitors raised concerns about their ability to find a parking space and to maneuver around cars that are double parked and blocking the roads within the parking lot. NFS is encouraged to address this if possible. The inpatient units struggle with narrow, cluttered hallways, a lack

of storage, and no dedicated space to support medication administration in a quiet area. The redevelopment of the Niagara Falls Site will address a number of these shortcomings; however, the organization is encouraged to look for more immediate solutions to these issues to ensure patient safety and quality of care. The NFS surgical areas are clean and well maintained, in spite of the age of the building and staff work hard to keep equipment aligned to one side and maximize the use of the limited space available. There are several areas that are lined with wood, which is not ideal for infection prevention and control, however, it is recognized that there is a limitation in what can be remodeled given the plans for a new site.

It is recommended that the in-patient medical unit at the Niagara Falls Site evaluate the use of space to try to minimize clutter and replace damaged bedside tables and curtains. The Extended Care Unit or LTC home, which is part of the Welland site does not have sprinklers and most of the patient rooms do not have bathrooms, so residents need to walk out into the hallway to go to the bathroom. The organization is encouraged to explore ways of bringing the facility up to code.

Table 8: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Service Specific Assessment Standards

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

Ambulatory Care Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Niagara Health (NH) operates a range of different ambulatory clinics and outpatient dialysis programs. The St. Catharines, Niagara Falls, and Welland sites each operate very busy orthopedics and plastic clinics which see the greatest number of visits at each site. A gynecology ambulatory procedure clinic was opened at the St. Catharines Site in 2022 and facilitated moving a number of minor gynecological surgeries out of the operating room which has increased the capacity for major operating room procedures.

The medical day unit at the St. Catharines site, the endoscopy clinic at the Niagara Falls Site, as well as the satellite dialysis unit at the Niagara Falls Site were visited as part of this survey. At the St. Catharines Site, several ambulatory care clinics are grouped together with one central registration. It is a very large space that has been allocated to ambulatory care services and the area is bright, clean and well laid out. Patients are assessed for the risk of falls at the central registration desk and flagged with the use of a yellow armband. The program is commended for the ease of access to diagnostic imaging with a general X-ray room located within the area of the orthopedic clinic. Many of the staff working within ambulatory care are cross trained to work in several of the different clinics providing flexibility in staffing and growth and development for the staff. The medical Day clinic provides services to those patients requiring transfusions and infusions such as iron infusions. The clinic is situated within a large room lined with windows, providing a very bright and cheerful environment. Patients receive their infusions in reclining chairs or stretchers which are set around the room and there is also one isolation room. Staff are knowledgeable and work collaboratively to meet the needs of their patients. Medication reconciliation is done on admission and at each visit thereafter. A suggestion made by the staff was to have extended hours in the clinic one or two days per week to better support patients who are working and to further alleviate the emergency department pressures. Patients interviewed indicated they are kept well-informed and appreciate the professional and caring approach of the staff.

Endoscopy services are well coordinated across Niagara Health. There is a central intake and appointments are distributed across the sites thereby reducing wait times. Some appointment times are also reserved for emergency situations. The endoscopy clinic at the Niagara Falls Site is in a very small space but the services are well-coordinated and there is good flow through the department. An assessment is conducted when the patient arrives, and they are prepared for their test. A Best Possible Medication History is also taken on admission. Clean endoscopes are provided to the treatment rooms in a tray with a green wrapper and leave the treatment room in trays with a red wrapper. The endoscopes are cleaned in a room adjacent to the treatment rooms – coming in dirty on one side of the room and leaving out of the other side of the room once cleaned. Although there is some separation between the clean and dirty scopes, the department is encouraged to build a separation between these two areas to

further meet standards. The team works very collaboratively and is commended for their ability to provide care in the small space allocated to endoscopy. Given the very small space, there is a significant challenge to maintain patient privacy and confidentiality. A patient interviewed indicated that they felt uncomfortable being so close to others while being prepared for the test. The department is encouraged to review all viable options to provide greater privacy for patients.

Elements of the kidney care program are located at the St. Catharines and Welland Sites as well as a Satellite Dialysis Unit in Niagara Falls. The program includes in-centre and home hemodialysis, peritoneal dialysis, and renal clinics. Functioning of the kidney care program is guided by standards and performance expectations set by the provincial renal network. The program has had a long-standing relationship with a patient partner who is active on the program Quality and Steering Committee. The program is currently working to grow the home dialysis program and to have a highly active home hemodialysis training program. There are approximately 70 hemodialysis stations in operation with the capacity to increase this number if the demand is there. Currently the program does not have a wait list.

The satellite hemodialysis program in Niagara Falls was visited as part of this survey. This program is located on one of the upper floors of an office building in Niagara Falls. The physical setting is bright with many windows and lends itself to being less institutional. Patients interviewed indicated they enjoyed coming to the unit because of the environment. The unit runs 18 hemodialysis stations including a home away from home station. The home away from home area is a private room with the needed equipment where patients can come and perform their own dialysis treatment. The program is commended for implementing this feature to support those clients who are unable to, or do not wish to, do their hemodialysis at home but want to do it themselves. New patients receive a full assessment, including for risk for falls, and treatment goals are established with the patient. The satellite has a dedicated pharmacist who supports BPMH and ongoing medication reviews. Two patient identifiers are routinely used when staff are providing care and treatments. New staff receive a thorough orientation to the unit and the use of the machines. Staff also have the support of a clinical coach who has an in-depth knowledge base in dialysis and provides at-the-elbow support for staff. The interdisciplinary team functions collaboratively and support each other as needed. Patients interviewed felt they are kept well informed and are engaged in their care to the extent they wish to be.

All the ambulatory care programs are commended for the work that has been done to minimize wait times and to be flexible when scheduling patients who may have multiple appointments. As well, the ambulatory program is congratulated on the success of implementing the Seamless Care Optimizing Patient Experience or SCOPE program which links community primary care providers with hospital resources and specialist consultants through a single centralized point of access. The SCOPE program has currently engaged approximately 50 per cent of the primary care physicians in the region and provides access to a nurse navigator, internal medicine, radiology, nephrology, and home and community supports. The program was launched in May 2022 and as of March 2023, 365 requests for service have been received through SCOPE. Work is underway to expand the program to include access to mental health and addictions, the fracture clinic and paediatrics.

Table 9: Unmet Criteria for Ambulatory Care Services

There are no unmet criteria for this section.

Cancer Care

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The Walker Family Cancer Centre (WFCC) serves the people of Niagara with the main site at the St. Catharines site and satellite clinics at both Niagara Falls and Welland sites. The cancer program includes medical oncology, radiation oncology and palliative care. The medical oncology portion of the program includes a very large systemic therapy program with 40 chemotherapy infusion chairs, a nurse practitioner led urgent response clinic, and an inpatient oncology unit. The cancer program is guided by standards set by the provincial cancer agency and works closely with the regional cancer lead and the cancer program in the Hamilton area. Referrals are received from many different avenues and through a central intake, patients are booked for systemic or radiation or potentially both treatments. Wait times are monitored closely and the program works to adhere to the provincial standards for wait times. Of late there has been an increased wait time for radiation treatment due to the availability of diagnostic imaging supports. Medical oncologists within the program work closely together to ensure comprehensive care for the patients and families. The central registration of patients coming for an appointment or treatment occurs at the main entry to the Walker Family Cancer Centre. The program is commended for ensuring that patients are screened for the risk of falls at the time of registration as the treatment areas can be quite a distance away from the entry point to the Centre.

The radiation oncology portion of the program is located at the St. Catharines site and provides radiation therapy treatments with state-of-the-art radiation equipment. Work is underway to renovate an additional bunker and install in 2024 a linear accelerator capable of high-quality brain radiosurgery treatments.

There are dedicated program leads and a radiation oncologist serves as the medical lead. A radiation oncologist and a medical physicist are on site at all times to support the services being delivered. A comprehensive orientation is provided for all nursing staff, radiation therapists and physicists. Equipment and software instructions and user guides are easily accessible for each type of radiotherapy equipment. Policies and procedures are in place to support the checking of equipment, and treatment planning and delivery of clinical care. These policies are reviewed every two years. Equipment undergoes regular maintenance checks, and these are recorded and available as needed. Radiation exposure is monitored in compliance with regulations.

The outpatient systemic therapy portion of the medical oncology program is located in a spacious area which includes exam rooms and areas for private discussion with the oncologist, treatment areas for the delivery of the chemotherapy as well as a dedicated pharmacy. A pharmacist associated with the cancer program works closely with the medical team and oversees the preparation of the systemic therapy in a separate area of the pharmacy with the required ventilation. A pass-through window from the preparation area provides ease of access to the prepared medication which is then delivered to the patient scheduled for treatment at the time. The medication orders are double checked at the time of preparation and again prior to administration. The pharmacy is encouraged to decrease the amount of cardboard located in the area to promote infection and prevention measures.

Nursing staff in the medical oncology portion of the program are required to complete the de Souza training and have access to ongoing education. Up to date and comprehensive policies and procedures guide the administration of systemic therapy. Special, well-labeled bins are available within the treatment areas for the disposal of systemic therapy waste.

The inpatient medical oncology program is located within the main part of the hospital. The unit provides care to patients who required pain and symptom management, having consecutive cancer treatments, as well as those post stem cell transplant. A comprehensive assessment is completed upon admission and information transfer between team members is supported by a Kardex system and documentation in a paper chart. There are documented transfer of accountability forms that are used to support transitions to the unit as well as to other areas of the hospital or to another hospitals. Shift to shift information is provided verbally and then written onto an individual sheet used by the nurse caring for the patient. This discussion occurs at the nursing station and the program is encouraged to look at conducting this transfer of accountability at the patient's bedside. Staff within the unit also have additional education to support cancer patients, including palliative care needs. A hospital wide palliative care team of nurses and physicians are also available to the unit to support patients, their families and staff.

Patient and family education is central to the care provided in all areas of the cancer program. The teach-back method is used to ensure the patient and family understand the information and additional brochures or written documentation is readily available. Patients and families spoken to were very appreciative of the compassionate and knowledgeable approach to their care. They indicated they felt very well informed and very much a person throughout their care.

The patient partner interviewed identified feeling very valued for their opinion and very much a part of the team. The cancer programs is currently undertaking a strategic planning process for their program and the patient partner described being very much an integral part of this work.

Table 10: Unmet Criteria for Cancer Care

There are no unmet criteria for this section.

Critical Care Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The critical care program has been regionalized since July 2023. There are three ICU sites which all function with a "closed" policy. They are staffed by certified intensivists or medical specialists with ICU experience and interest. The intensivist group functions at several sites and helps with the human resources needs by providing services at all sites (in evolution. There are predetermined admission criteria, and all admissions are vetted by the site MRP. The institution of a CCRT at all sites should reduce admissions and also reduce the re-admission rate. All care is standardized and flow charts at all sites are the same. (There is still the risk of documentation being in different areas and formats and staff –are encouraged to be sure to read each discipline's notes.

All intra ICU care is in compliance with the expected standards and there are many quality indicators that are monitored /reviewed and mitigated as necessary. (Many of the indicators are required by the MoH. The program team reviews incidents and deals with the resolution mechanisms required.

Families are encouraged to participate in patient care and may be present at rounds / procedures and family conferences. There is an excellent brochure available that outlines to the consumer all the nuances of critical care and broad hospital activity. Patients and family members reported that staff are very caring and compassionate with a special note of respecting special events within a very challenging time in the life of a patient and the challenges placed on the family. One exceptional example was the celebration of a pre-wedding event in the patient's room for a mother whose son was married during her stay in hospital.

Educational opportunities abound at all sites and there are regional initiatives to provide certification training for employees. There is a close relationship with Mohawk College for this education and this is an opportunity to leverage for NH recruitment.

There are existing policies and procedures for organ and tissue donation. Staff are well versed in identifying triggers and contacting Trillium Gift of Life coordinators. Documentation of this is evident and there is a close relationship with the TGL coordinator on site.

The Critical Care Unit at the Niagara site has had a patient partner for several years who has made significant contributions in the development of the Patient Bill of Rights, Visitor's Guide to Navigating Critical Care, and a more recent collaboration with staff and other patient partners on the implementation of the Three Wishes program for patients at the end of life.

Table 11: Unmet Criteria for Critical Care Services

There are no unmet criteria for this section.

Diagnostic Imaging Services

Standard Rating: 98.6% Met Criteria

1.4% of criteria were unmet. For further details please review the following table.

Assessment Results

Diagnostic Imaging at Niagara Health is impressive at all sites. Services include general radiology, interventional radiology, mammography, ultrasound, cat scan, bone density, nuclear medicine, MRI and a suite of services in cardio diagnostics and echocardiography. Annual exams in diagnostic imaging are 377,050 and in non-invasive cardio diagnostics are 48,815.

The leadership team oversees all sites, and they demonstrate a strong and passionate knowledge within the diagnostic imaging program. The chief of diagnostics is very engaged in the services provided by Niagara Health and helps drive innovations in service delivery both locally and provincially. The staff speak highly about how engaged the leadership is and it is evident throughout the various tracers.

It is evident that standardization is important. Policies are updated and education is provided to the frontline staff. The booking of exams is centralized for CT and MRI for all sites and each site books their own specialized modalities. As technology advances, it will be important to address the use of paper requisitions. The current process relies heavily on paper and manual filing of requisitions. Electronic solutions will avoid the paper copies from going missing since paper exchanges hands several times prior to being entered in the PACS system.

The leadership team works closely with their clinical counterparts. The team in diagnostic imaging supports all inpatient programs, surgical programs, critical care and outpatient programs. There is a robust system for planning that is based on population data. Replacement of equipment is identified through the capital process and new equipment is identified to help address the challenges in wait times. Having an MRI trailer is innovative and demonstrates the hospital's commitment to reducing wait times. The team continues to improve in all areas to achieve efficient delivery of care and to decrease the wait time for exams.

There are many examples of innovation and quality improvements. This includes Computed Tomography Accreditation, Power Scribe implementation and the refreshing of new equipment. A new MRI will go live in 2023 to help improve the backlog in wait times. The leadership team is working to address the health-human resource shortfall and has prioritized the need to recruit and retain specialized professionals.

Infection, prevention and control is evident at all sites. It will be important to review the reprocessing of diagnostic scopes at the various sites to avoid having dirty and clean scopes entering through the same entrance and exit points.

Patients speak highly about diagnostic services. Processes are streamlined, and patients are impressed with the services that are offered. It was noted that staff have positive attitudes and there is a focus on customer service. Throughout the tracers it was evident that the team feels like a family. At the Greater Niagara site, the team balances their demands for CT. The team works to prioritize urgent imaging requests for stroke patients. There are times when urgent stroke requests coincide with interventional diagnostic procedures. The huddle boards keep staff informed about corporate strategies and staff can use the huddle boards to raise quality improvements. The huddle boards are great tools to engage leaders by having them attend and interact with staff. Staff expressed how they would like to see senior executives attend their huddles. The overall culture is positive across each site.

Table 12: Unmet Criteria for Diagnostic Imaging Services

Criteria Number	Criteria Text	Criteria Type
4.3.5	The diagnostic imaging reprocessing areas are physically separate from service areas.	NORMAL
4.3.10	The team stores clean and reprocessed diagnostic devices and equipment according to manufacturers' instructions and separate from soiled equipment and waste.	HIGH

Emergency Department

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Niagara Health has adopted a programmatic approach to the delivery of emergency medical care for the region. There are three 24/7 emergency departments (ED) and two urgent care centers. The urgent care centers are open for limited hours (10 a.m. to –10 p.m.) and are supported by diagnostic facilities and clinical educators to ensure that the standards of practice are maintained. Equipment and staffing are available so that care can be safely provided and that where care is beyond the scope of the center, there are mechanisms for virtual support and / or transfer. Throughout the program there are standardized assessments / reassessments, diagnoses and treatment. There is good usage of clinical practice guidelines, pathways and medical directives. These are vetted by the user groups and have some input from consumers via the patient partner.

There is a move to enhance the education of the nursing staff with the aim to complete certification in emergency work. Abundant CME events are available both internal and external and all required retraining is documented. Orientation and mentoring are used and there is a comprehensive Ease In program for new hires. Workloads, scheduling and staff safety are closely monitored. There is some movement of staff between sites that is mainly voluntary. The physician staff is predominantly Family Medicine / ED with some FRCP members. Most are full-time ED providers at all sites.

Documentation is in a hybrid format at present with a move to fully electronic in the near future. There are currently electronic platforms for patient placement and wait time monitoring.

Patients are triaged and appropriately moved to specific areas dependent upon intensity and diagnostic / treatment requirements. Secondary assessments are completed on all patients and contain psychosocial components that show compliance with required accreditation ROPs. Reassessments occur in the waiting area and flow is monitored closely including wait times, left without being seen, and surge capacity.

There are strong partnerships for consultations / treatment for cases outside the scope of the programs, such as with pediatrics ,cardiac, neurology, and thoracic. Patients may also be moved within the region for services that have been concentrated at a specific site. EMS works closely within the ED and there is a good working relationship resulting in reasonable off-load times and useful communication exchanges.

In all ED sites, particularly at the older sites, there is evidence of crowding, clutter, and storage deficits. However, staff go to extremes to not let these deficiencies interfere with the provision of timely expert care. There are increasing numbers of admitted, no-bed patients that occupy space within the ED. NH is encouraged to attempt to minimize the disruption to ED activity by this cohort. NH is also encouraged to have nursing care provided by medical ward nurses rather than ED nursing staff so that the care is equal to that provide in-house.

Transitions work well within the institutions but those patients who are discharged to the community could benefit from the addition of a short discharge note from the ED that outlines the medical intervention and expectation. Patients could use this for future interactions, particularly if they have no fixed primary care provider.

Table 13: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

Inpatient Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Inpatient Services at Niagara Health System consists of many clinical services including medicine, cardiac care, complex care, stroke, and pediatrics. It is impressive how each unit has an enthusiastic team of leaders. The medical chiefs of each unit are engaged and want to help optimize services. Leadership is visible on the units and the huddle boards enhance the visibility of leadership. Staff use the huddle boards to raise quality improvement tickets, and the units can review metrics and targets that are aligned with the corporate strategies.

It is evident that the teams are multidisciplinary. Nursing and allied health professionals round on patients and contribute to the care of each patient. The teams are collaborative and committed to achieving the best outcomes. There are clear goals of meeting each patient's estimated discharge date. The positive team environment is a significant factor that promotes a very positive culture in each of the inpatient units.

Standardization of care is evident. The My Space boards are posted in all inpatient rooms. This is a great communication tool and is used daily by staff and patients/families. Charting of patient information and the documentation of scales and assessments are standardized throughout each unit. The staff are looking forward to having an electronic health record so that patient information and documentation is easily accessible in one place. Collectively, each unit works together to overcome the daily issue of overcrowding. Improving flow is a top priority and each unit exercises initiatives to help improve intake and throughput of patients. Health human resources continues to be an area of risk and each unit is working hard on both recruitment and retention of staff. Education of staff is evident, and this was highlighted through the many initiatives in the stroke program. The stroke program is aiming to increase the knowledge and skills in their team, and they continue to draw on their strategic partnerships in the region. The pediatric and NICU programs provide weekly simulations to maintain clinical skills. The ability to pivot was evident with the influx of refugees and asylum seekers who moved to the Niagara region and were safely cared for by the Niagara Health System.

The process of using patient input is supported by the feedback from patients. During interviews, patients expressed their happiness with the care being provided and everyone shared a positive experience. The inpatient units should continue using the Niagara Health Engagement Network/Patient Partners to help maintain a high level of patient care.

Infrastructure is aging at some sites. As volumes increase, and with the current challenges in flow, the older units become more cluttered with patients in the hallways and equipment that impedes hallway traffic. The clutter creates challenges in accessibility, and this can lead to an increased rate of falls. Although storage space is limited, the organization may consider reviewing hallway clutter since it is a common source of infection in a healthcare setting. The Niagara Falls Site may want to perform an inventory assessment and remove older bedside tables and replace curtains that are less supported by the curtain tracking system.

The inpatient units are supported by a focused strategic plan. Leaders are engaged and the teams are very well supported. The energy from the staff is palpable and each unit has specific goals that are ambitious and aligned with the corporate strategy. It will be important to support the staff and physicians with change-management since the new electronic health record will transform care and workflows will change drastically. The executive team can support the changes while celebrating the many excellent initiatives seen throughout each inpatient unit.

Table 14: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Niagara Health owns and operates a 61bed long-term care (LTC home, the Extended Care Unit (ECU, and a 29-bed unit for interim LTC, both of which are situated in a wing of the Welland site. These units are governed by the Ministry of Long-Term Care and regulated by provincial legislation. The focus of this survey was on the ECU. Home and Community Services regulate admissions to the ECU, based on client need. The ECU is not secure and as such clients with exit-seeking behaviors are not able to be admitted.

Admissions are accepted Monday to Friday and clients usually arrive in the morning to facilitate a thorough introduction and orientation to their new home. The vast majority of personal care for the residents is provided by personal support workers (PSW with registered nursing staff supporting medication administration and any potential treatments that are required. Work has been done recently to establish a more consistent schedule for the PSWs which has resulted in increased staff and resident satisfaction. The ECU is commended for the work that has been done to increase the scope of the PSWs, and the project about to get underway that will see the PSWs documenting directly into an iPad. This will eliminate the use of various flow sheets and eventually interface directly with the electronic documentation system of Point Click Care (PCC).

New hires are provided a general and unit specific orientation which includes preventing and managing responsive behaviors, lift and transfer techniques, and preventing, addressing and reporting abuse and neglect of residents.

Upon admission to the ECU, a comprehensive, holistic assessment of the resident is completed. The physical assessment includes the risk for falls, pressure ulcers and skin and wound care. In addition to the physical assessment the resident's mental, psychosocial, and emotional status is assessed. The risk for suicide is assessed for each new resident and appropriate measures are put in place for those who are deemed to be at risk. A plan of care is developed from the information gathered from the assessment and this is reviewed regularly. Pictures of the resident support the use of two methods to identify the resident prior to providing medications or other treatments.

The physical environment is very institutional and lacks a home-like atmosphere. The resident rooms are situated along lengthy hallways and many of the rooms do not have washrooms requiring the resident to go outside of their room to use the bathroom. There are common areas for meals and recreational activities as well as an outside courtyard where activities are held in good weather. The railings along the hallways and several shelving units are wooden and the ECU is encouraged to look for alternative materials that are more readily cleaned and disinfected to better support infection prevention and control measures. Despite the physical limitations residents report that this was their first choice, and they continue to enjoy the daily routine, staff and other resident interactions.

The residents that were interviewed indicated that they receive compassionate care from staff who consider their personal preferences and routines. For example, earlier rises can get support to get ready for their day as early as 5:30 a.m. Residents are encouraged to be as active as possible and according to their wishes for independence with staff adapting their interventions to respect this important aspect of wellbeing. For residents who require additional physical support efforts are made to respond in a timely way to support residents in being mobile and joining with other residents for social time. Family members are also welcome throughout the day and are contacted frequently according to the wishes of each resident and the status of the designated decision maker.

The Long-Term Care Extended Care Unit at Niagara Health has a Resident Council and a Food Council that residents can choose to attend monthly. Residents reported several examples of suggestions that have been implemented. One initiative suggested by residents is the respectful care for family members to support their needs when a resident is receiving palliative care, including refreshments. The staff have begun planning to produce a quilt and an honour guard to mark the passing of a resident. There is a plan by staff to bring meal production within the resource which could offer more choice and improved quality. There is also a monthly Family Council meeting with a posting of the date and time easily visible to family members within the ECU.

With the changing population of those served, staff have indicated an increased need for outreach to community mental health and adaptation of recreation options to respond to the needs of younger residents. There is ready access to the internet and electronic devices in response to the needs of this population. Staff also cited their strong advocacy for a younger resident to move to a more appropriate resource to meet their personal goals that was successful.

Interactions witnessed between staff and residents were respectful and caring. Staff called the resident by their preferred name and were knowledgeable about the residents' likes and dislikes as well as routines. The staff interviewed indicated they enjoyed working in the ECU particularly because of the interactions with residents and how they become like family.

The LTCVF Extended Care Unit is commended for the work that has been done to create and implement interdisciplinary quality committee teams focused on falls prevention, responsive behaviours, bowel and continence, restraints, skin and wound care, infection preventions and pain management. This initiative centres around the teams using screening tools, assessment and reassessment instruments and data collection to create positive outcomes.

Table 15: Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Mental Health Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Niagara Health (NH) has the largest mental health volumes across all large community hospitals in Ontario. Mental health visits account for nine per cent of the Emergency Department presentations. There are 88 inpatient beds and 10 specialized intensive care (PICU) beds at the St. Catharines schedule 1 mental health facility. Bed occupancy averages at 93.6 per cent. Admitted patients receive thorough assessments, diagnosis, crisis stabilization and group therapy treatments. The Psychiatric Emergency Response Team (PERT) and beds are near the Emergency Department. This program supports the increasing demands for mental health services, reduces admissions to the inpatient mental health unit and provides a safe and welcoming space for children, young adolescents, and families. Security is present and staff wear Vocera Badges. Voyce is used to assist with language barriers. Ontario Telemedicine Network (OTN) provides referral and consultative support for the Welland and Niagara Falls Sites. NH does not have any child or youth beds and patients are referred to a regional hospital. A PERT (program evaluation review technique) nurse may accompany EMS to provide immediate assessment and support for the patient in the community.

Mental Health outpatient services at all NH sites and are supported by a committed and person-centered team (psychiatry, a psychotherapist, nursing, social work, occupational therapy and leadership) who work collaboratively to ensure outpatients received the best care possible to support them in the community or at home. Outpatient clinics include adult, child and adolescent mental health, day hospital, medication clinics, electroconvulsive therapy, hepatitis C care clinic and Niagara Eating Disorders Outpatient Program. Sexual Assault and Domestic Violence services are available.

A Wellness Recovery Integrated Comprehensive Care (WRICC) program supports adults with complex mental health needs and repeat ED and re-admissions to hospital. The WRICC program reduced ED visits by 32.3 per cent with a 71 per cent reduction in mental health (MH) stays. The success of this program has been measured by the waitlist numbers and the team is now able to lower the number of ED visits before being admitted to the outpatient program. Rapid Response Service (RRS) staff provide follow up phone calls post discharge and navigate gradual and comprehensive handoffs to outpatient and community services. As a result of this service there has been a 67.2 per cent reduction in ED visits and 78.7 per cent reduction in MH inpatient stays. The mental health team is congratulated on the success of these leading practice services.

The Mental Health program has seen a huge change over in leadership. Together these new leaders and educators are building relationships, reviewing and revising programs with a new lens. The goal is to foster relationships and remove barriers to care between the outpatient and inpatient units. Terms of reference, including stakeholders, are in development for program meetings. Operational goals and objectives will align with the strategic direction of the organization. The program leads are reviewing models of care such a physician assistants, alternate level of care and child life specialization to augment current services. The team is working diligently on the recruitment of psychiatrists and staff to support the new hospital and services associated with mental health.

The Mental Health team are involved and engaged in the new South Niagara Site build ensuring it meets the future needs of the program. The team is encouraged to ensure the patient voice and lens is captured in all aspects of the new build. The entrances to the new South Niagara Site are landscaped using Indigenous healing gardens and wellness gardens which welcomes socialization and calming

atmospheres. Spiritual gardens and a terrace will be located on the upper floors of the hospitals and will provide opportunities to enjoy native plants and views of the surrounding Niagara landscape.

Wellness and Mental Health is important to the organization at large. Staff, physicians and volunteers have access to several community resources such as crisis lines, a distress centre, Niagara Sexual Assault Centre and the Canadian Association for Suicide Prevention. Other sources of support include the Employee & Family Assistance Program, 1 on 1 on-site support and a wellness page located on SourceNet which identifies multiple wellness programs within Niagara Health. Pause and Paint sessions occur monthly, and Code Lavender is in place. The mental health team are involved in identifying and ensuring staff are cared for from a mental health perspective.

The Mental Health program provides numerous inpatient and outpatient services. The leaders, physicians and staff are committed and focused on meeting the growing needs of its community.

Table 16: Unmet Criteria for Mental Health Services

There are no unmet criteria for this section.

Obstetrics Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The interprofessional team of obstetricians, paediatricians, midwives, family physicians, registered nurses and Registered practical nurses provides obstetrical services to residents of the Niagara region at the St. Catharines site. The team sees an average of 10,100 outpatients annually and in 2022/23 had 3,302 deliveries. The unit is clean, sleek, and well maintained with 17 comfortable and spacious birthing rooms and 20 postpartum beds. The two obstetrical rooms are always prepared and have an adjacent resuscitation room for neonatal emergencies. The team has also supported a hospital in a different region that underwent major facility upgrades and took on 1,500 deliveries within the year to accommodate patients.

The team trains all physicians, nurses, and midwives using the SimMom, an interactive mannequin that can be programmed for real-life scenarios. The mannequin is able to deliver a baby and simulate emergency situations such as fetal distress, maternal seizures, and hemorrhage. It moans, groans, and bleeds and has allowed staff to practice responding to emergencies in a non-stressful situation. Benchmark simulation data has shown that they can have blood administered within 16 minutes of a code.

The team prides itself in its strength of providing constant patient education and support to ensure safe deliveries and post-partum self-management. The team benchmarks data, identifies initiatives, and measures successes. The team takes pride in having an excellent process in place to respond to emergencies and noted that during a practice, the response time to have a team in place for a cord prolapse was measured at five minutes.

The team has implemented a number of initiatives that have improved patient care and outcomes and is proud of the Fetal Health Surveillance in Labour Program training for all staff and having implemented the 11 best practice recommendations for the safe administration of intravenous oxytocin for low-risk pregnancies following a review of the BORN (Better Outcome Registry Network) indicators.

The team has developed an algorithm to expedite gynecological and obstetrical consults from the emergency department to the Gynecology Clinic decision unit where patients presenting to the ED with gynecological or immediate postpartum concerns are assessed by the ED, stabilized, and then immediately transferred to the gynecological unit for further assessment, admission or discharge. This initiative has improved patient satisfaction and efficiency by reducing the waiting time in the ED and by having the patient seen in the Gynecology Clinic where the obstetrician is readily present.

Feedback from patients surveyed in the Early Pregnancy Assessment Clinic identified the need for enhanced social work availability. The Women and Babies Council, a shared decision-making interprofessional team empowers the team members to have an active role in decisions that influence their practices, workflow, and environment.

The team actively engages patients and families, for example through the Indigenous Health Services Team and Smudging Policy as well as plans in 2024 to include patient partners in the development and filming of a virtual prenatal tour.

The team faces challenges in human resources and recruits staff through partnerships with educational institutions. Changing population demographics, such as asylum seekers, northern community displacements, and socially complex pregnancies present new challenges and the team has introduced a perinatal social worker and partnerships with Northern Health Indigenous Services.

The team still documents on hard copy paper and the postpartum unit has both paper and electronic charts, which can present challenges. The organization is working on the new electronic health record to be rolled out in 2024.

Table 17: Unmet Criteria for Obstetrics Services

There are no unmet criteria for this section.

Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The leadership team is engaged and supportive, providing staff with the resources and training needed to specialize in perioperative care. The teams provide an array of surgical services at Niagara Falls Site, St. Catharines Site and Welland Site that include gynecological, urological, general surgery procedures, and orthopedic joint repair. The team has embarked on several initiatives to improve and streamline services, in response to staffing pressures. With the shortage of anesthetists, the team has redesigned services by closing the OR in Welland and moving all orthopedic surgeries to Niagara, creating fewer on-call rotations and improving anesthetist availability.

The implementation of an interactive app for surgical patient teaching instructions, Seamless MD, gives patients access to step-by-step guidelines to help the patient prepare for the procedure and recover faster afterward. This teaching tool has helped with answering questions, streamlining admissions, and reducing readmissions. Patients have responded positively, saying it has increased confidence before surgery and at home during recovery. They also commented that they have avoided a phone call to the hospital (42 per cent and 10 per cent have said it helped them avoid a visit to the hospital). The program has provided 1,824 hours of education and patients read many of the library pages. Patients love it saying: "helpful information regarding my surgery and recovery; as there is a lot happening after leaving the hospital, it's easy to forget what you need to do for self-care, love the reminders and the sense of accountability you get from this program; it also made me feel like I was still under the care and hadn't been abandoned". The team is planning to expand to include vascular, gynecology, and pediatric information. The team also plans to complete an outcomes analysis to show the impact on length of stay, ED visits, and readmissions by publishing a case study.

The development of a detailed algorithm for patients to manage their bowels that has helped to guide patients by providing tips, suggestions, and directions to alleviate symptoms has helped to decrease the length of stay.

The team has developed standardized order sets to guide pre-op, post-op, and discharge care for many of the more common procedures, which has also improved efficiency.

In collaboration with the Choosing Wisely initiatives, the team has implemented a pre-op consultation guideline that identifies patients who need to receive a general internal medicine and anesthesia consult, the medical directive for perioperative initiation of laboratory/diagnostic tests and anesthesia/general internal medicine consults. RNs and RPNs working in the preadmission clinic, day surgery, OR, and PAR are authorized to enact laboratory investigations, ECG, Chest X-ray, anesthesia, and general internal medicine consults for patients over 65. As a result of this screening, the team has identified cardiac risks in non-cardiac patients, which has improved overall outcomes post-op.

Table 18: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Point-of-Care Testing

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The laboratory program oversees Point of Care testing (POCT) and examples of POCT that are provided at Niagara Health were COVID-19 testing, blood sugars, chemistry, amnio fluid, urinalysis, and CBC. Specific POCT occurs in each of the NH sites. The type of POC testing at each site is identified and approved by the laboratory.

NH staff were familiar with the process for using the glucometers. Education has been provided to staff on POCT and re-education occurs if a staff member has been on leave or has not, for example, used the glucometer for a period of time. Through its quality management program, the laboratory is accountable for quality control and results of POCT. New glucometers will be purchased soon as the current ones were purchased in 2015. The laboratory is commended on this excellent work.

Table 19: Unmet Criteria for Point-of-Care Testing

There are no unmet criteria for this section.

Transfusion Services

Standard Rating: 100.0% Met Criteria

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

Assessment Results

Transfusion services are associated with the laboratory program. The laboratory received the four-year Accreditation Canada Diagnostic certificate in 2020. There are three sites in Niagara Health that offer transfusion services and each site has Choosing Blood Wisely designation. Approximately 400 units of RBCs are transfused per month. Home transfusions are not offered by this program. Regional and local transfusion committees are in place at NH.

The designated quota of blood and blood types are regularly received from the Canadian Blood Bank and stored in monitored refrigerators which are connected to red plugs. There are policies and clear processes for double checking blood products in the laboratory and the clinical areas. Education has been provided to staff to identify patient reactions to blood products, associated documentation, and the return of the blood product to the Blood Bank. The NH laboratory has received recognition from the Canadian Blood Bank for minimal to nil wastage of blood products and are congratulated on this success. The smaller NH sites have units of blood available should the need arise.

The overhead paging of Code Omega is used should a patient need an urgent blood transfusion. This overhead page signals the laboratory staff and porters to be prepared should the need for blood be required.

This program has been working on a quality initiative to reduce the number of extra tubes of blood drawn with the effect of a decrease from 5,000 tubes per month to 1,000 per month. A new laboratory is being designed for the new South Niagara site which the laboratory has been involved in. Some of the challenges facing the laboratory are recruiting MLT (medical laboratory technologist staff, for which the laboratory leadership is lobbying the government to provide more training spots and tuition support, reagent shortages, and aging laboratory equipment at all sites. A staff engagement survey was completed and the feedback from the survey is being used by leadership to address concerns regarding such things as educational opportunities and full-time positions.

Table 20: Unmet Criteria for Transfusion Services

There are no unmet criteria for this section.

Reprocessing of Reusable Medical Devices

Standard Rating: 100.0% Met Criteria

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

Assessment Results

The team responsible for medical device reprocessing is very engaged in ensuring patient safety and collaboration with the departments they service. The team has worked to build efficiencies and is constantly looking for ways to improve services. The team regularly meets with the IPAC committee and reviews cases as part of their quality improvement initiative and to standardize processes at all three sites.

The preventative maintenance process is well-documented and rigorous. Training and ongoing education are tracked and supported for all staff.

The initiative for training new intern staff where the OR staff spend time in MDR and MDR staff spend time in the OR has improved collaboration and provided insight for each department as to how they work and what the pressures are on each side.

With the reorganization of surgical services, the team has had to streamline their work and were able to increase by an additional 30 carts, providing the OR with more instruments. There are always back-up instruments available, eliminating the need for flash sterilization. The team has created procedures just in case flash sterilization is required in an emergency, however, staff is directed to exhaust all other avenues first, such as transporting the instrument from one of the other sites.

The team has set up a system of double verification for all sterilized items with an external indicator on the outside of the package, effectively guaranteeing 100 per cent sterility. There are processes for tracking and recalling items, should there be a failure in the sterilization process.

The team has taken on the responsibility of cleaning and restocking used CPR carts and is commended on its ability to flex and increase services to meet the needs and demands of each site.

Table 21: Unmet Criteria for Reprocessing of Reusable Medical Devices

There are no unmet criteria for this section.

Substance Abuse and Problem Gambling

Standard Rating: 97.1% Met Criteria

2.9% of criteria were unmet. For further details please review the following table.

Assessment Results

The Newport Centre is a 25-bed residential facility which offers a 21-day program for clients who self-identify or are referred to the centre. This centre falls under the umbrella of the mental health program. At any time, there are three groups of residents in the centre (seven, 14 and 21 days) and the centre provides 24/7 services. Residents must be clean of substances for five days and have a medical assessment clearance before being accepted into this program. Smoking and alcohol are not allowed, and residents know this prior to their admission. Failure to comply with this requirement results in an immediate discharge from the program. A handbook is provided on the day of admission which includes topics such as Code of Conduct, Rights and Responsibilities, smoking, and building layout in case of fire.

Consents are obtained upon admissions committing the client to the guidelines of the program, followed by an orientation.

The Newport Centre is staffed 24/7 with people who have a social service diploma. An RN and a nurse practitioner ensure medication and physical health are addressed. OTN is used when the need for referrals or assessments by specialists are required. Each resident is assessed on admission for suicide using the Columbia tool and the monitoring for suicide continues throughout the 21-day stay. In case of emergency, 911 is called. The health and wellbeing of the resident is a priority for this program. Exercise equipment is in several locations of the centre and residents have access to nutritious food in the lounge. Residents may walk in secure court yards or play games such as basketball. Several scheduled group and individual meetings occur daily. Conflict resolution, reflection, coping strategies and true colour exercises are part of the program. Each resident has a case manager.

Resident feedback is obtained in two ways. The centre has a survey which residents are asked to complete, and an online survey called the Ontario Perception of Care is available to residents. This feedback is used to make changes to the program that increase resident satisfaction.

The surveyor had the opportunity to meet with residents. The chief complaint was the meals which are provided by Niagara Health. Residents look forward to Saturdays when food can be ordered in from local restaurants. One residence did not know until well into her stay that she could and should meet with her case manager. It was noted that the night checks wake residents up from a sound sleep and that the beds do not accommodate anyone who is six feet and over. The Newport Centre is encouraged to consider these issues and try to work with their clients to address or resolve them.

Residents noted that staff were respectful, caring and very supportive. They have anxieties about leaving the program and returning home, however felt confident they would be stronger prior to their graduation. The Newport Centre offers outpatient clinics for eating disorders and Hepatitis C. A community service, CASON, helps with problem gambling. This is a much needed program with approximately 50 per cent of the residents coming from outside the Niagara Region. The team is passionate in the work they do and want the best outcome for the residents and their families.

Table 22: Unmet Criteria for Substance Abuse and Problem Gambling

Criteria Number	Criteria Text	Criteria Type
1.1.8	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.	NORMAL
1.4.7	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Quality Improvement Overview

A culture of caring and a commitment to patients and quality improvement are palpable throughout the organization from the board room to the bedside. NH is commended for the energy and effort that has been put forward to implement a quality program across the organization. Quality improvement experts are available to educate teams and NHEN (Niagara Health Engagement Network) members on the use of various quality management tools such as process mapping, root-cause analysis, and use of huddle boards. The huddle boards, found across the organization, and are well organized and with the themes of the strategic pillars providing good alignment throughout the organization.

NHEN members are involved in a number of different committees and groups which identify, develop and evaluate quality improvement initiatives. Physicians are actively engaged in quality initiatives within their own teams as well as in corporate projects.

The Board is commended for making their Quality and Patient Experience Committee key to board discussions of quality and safety issues as well all providing access so members can hear the patient/family stories that are regularly provided to the Quality and Patient Experience Committee of the Board. Each member of the leadership team has a scorecard with KPIs in keeping with goals related to the strategic pillars.

Patient safety is a key priority for NH. The organization's Patient Safety Plan was informed by the Quality Improvement Plan, the Strategic Plan, results from the most recent Patient Safety Culture Survey as well as input from staff, physicians, patients and family members. Quality and potential risk indicators are monitored on a regular basis and reported to the leadership team and the board.

A standardized communication process ensures that the communication of an incident to a staff member is done consistently in a manner in keeping with promoting a just culture. Staff receive patient safety training, and should an incident occur there is an incident management system including an on-line incident report that is completed. Near misses are also reported. Incident reports are reviewed by the manager and any findings or recommendations from the incident are reported back to staff through daily huddles. A root cause analysis may also be carried out to determine the cause of the incident and a workplan initiated to prevent a reoccurrence of the incident. Patients and families are instructed on how to report incidents and there is a full disclosure process and policy which is used to inform patients and families when an incident has occurred.

NH has adopted an integrated risk management program to identify, monitor and manage key risks to the organization. A thorough review of potential risks to the organization is conducted annually with inclusion of frontline managers. Risks are identified as low to very high depending upon the impact should they occur and the likelihood that it may occur. The current risk register is monitoring low to very high risks. Reports are monitored frequently by the leadership team and provided regularly to the board.

NH is recognized for implementing a number of quality leading practices that support clients and staff such as RAAM clinic, Be Kind Campaign, Rapid Response Service, ED Familiar Faces, WRICC program, and PROUD. The engagement with its Knowledge Institute and leadership status with the Choosing Wisely Canada program demonstrates its full commitment to a culture of quality and risk management. The organization is encouraged to continue the cascading of its quality program and strategic initiatives down to individual staff performance and development levels.

People Centred Care

The approach to People Centred Care is reflected in the Strategic Plan and the purpose statement: Extraordinary Caring. Every Person. Every time. There is a codesigned Patient and Family Declaration of Values that is posted in many patient facing areas and reflected in the Partnership in Action document. These values include Safe Quality Care, Meaningful Communication, Valued Care Team, Empathy and Compassion, Respect and Dignity, Person Centred Care and Healing Culture. There is a strong culture that is well supported by leadership to enhance and sustain the partnership with patients and their

families. Patient partners have been engaged in short, targeted projects and longer-term committee engagement assignments based on the preferences, abilities, and availability of patient partners. This engagement begins with the strategic planning process and membership on the board Quality and Patient Experience Committee to active participation on organization wide initiatives such as the new build project, planning for the implementation of a Health Information System, Ethics Committee, Interview Panels, Patient Partner Communication, Diversity, Equity and Inclusion Committee and multiple quality initiatives. Patient partners also participate at the unit level as ongoing advisors or with engagement on specific projects. There is recognition of the changing community with the challenges presented by a growing population experiencing homelessness, mental health and addiction that requires a new and thoughtful approach for adapting to open and receptive health care.

In practice these values were evident and well demonstrated in the partnership of patients and family members in the development of care plans, and the flexibility to adapt programs and processes to respect the wishes and preferences of the patient and family members. This theme is exemplified in the establishment of the Indigenous Health Services and Reconciliation Team that was introduced in 2023.

This team works to increase the capacity of NH as a whole, through experiential education, informal education sessions as well as supporting direct patient care. One example of the influence of this work was reported in obstetrics with request by a new mother for a smudging ceremony following the birth of her child.

There is a well-established and formalized onboarding, support and project matching strategy that reflects the level of commitment and capacity of each Patient Partner and linking those individuals to passion projects. Patient partners are informed of opportunities by email and can express their interest. Patient partners report that they are well respected by the board, leadership, and frontline staff. The Niagara Health Engagement Network (NHEN) members believe that they are listened to and cited many examples where they have been able to positively influence operational practices and reflect the perspective of patients and families. One patient partner reflected this opinion by stating “I feel a part of their team. I feel valued, they are quick and ready to respond to my questions and provide clarification when needed.”

The patient partners are valued by frontline staff and managers who talk about how impactful the information they provided was in terms of developing new pathways and productive solutions to daily issues or barriers for patients. There is a training program for staff to work with patient partners and NH has a published research paper, authored by staff and two patient partners on Empowering Patients and Families to Create, Inform and Endorse a New Patient and Family Declaration of Values.

At the individual care level, patients and families reported that they receive excellent care, that is respectful and compassionate. Family members are actively involved with patients in the care planning and are engaged in daily rounds as requested by the patient. There are many carefully planned private rooms in newer sites with some sites in older buildings being adapted as much as possible. Patients and family members are prepared for care transitions and movement across sites in NH and beyond, with consideration of the impact on the patient and family access to visiting and follow up care.

There is an established and well publicized Patient Relations office that has a reputation for responding quickly to questions, concerns and compliments from patients and family members. This team has created a very positive and solution-oriented relationship with NH staff such that even challenging feedback can be considered an opportunity for change and development. There is a comprehensive pathway for managing serious complaints to be escalated to senior levels including reports to the Board of Directors. The feedback loop to patients and family members is complete with a meeting to share the outcome and impact when they bring forward an issue requiring this level of attention. NH is encouraged to consider ways to provide a direct voice to the board through different communication strategies such as a very brief video clip to add resonance to board and leadership deliberations.

An area for future development is the goal of increasing the diversity within the NHEN with a more flexible recruitment strategy with greater community outreach and consideration of more flexible roles that reflect the needs and profiles of those who may not be currently represented. As recognized in the Strategic Plan, NH is encouraged to continue their efforts to increase the level of understanding, adaptation, and inclusion of diverse populations in planning and influencing the care provided within the hospital and through connections with other community networks including the local OHT. Consideration could be given to leveraging the research capacity of the Niagara Health Knowledge Institute to include connections and profile with the Long-Term Care or ECU as the research on aging and gerontology is relevant and a growing area of interest reflective of the population.

Congratulations are due to the organization in progressing to such a significant level of partnership and creativity in responding to very challenging trends and meeting the needs of patients and families across the entire system.