



**ACCREDITATION CANADA**  
*Driving Quality Health Services*

## **Stroke Distinction Report**

**Kingston General Hospital**  
**, ON**

On-site Survey Dates:

November 13, 2014 - November 14,  
2014

Report Issued:

December 23, 2014



# Distinction Report

## About the Distinction Report

The Kingston General Hospital (referred to in this report as “the organization”) is participating in the Accreditation Canada Distinction program. As part of this ongoing process of quality improvement, an on-site survey was conducted. Information from the on-site survey as well as other data obtained from the organization were used to produce this Distinction Report.

On-site survey results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Distinction Report.

## Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Distinction Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Distinction Report compromises the integrity of the process and is strictly prohibited.

# Distinction Report

## A Message from the Accreditation Canada CEO

On behalf of Accreditation Canada, I extend my congratulations to the Kingston General Hospital on your participation in a program that recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership. I hope you find the Distinction process to be an interesting and informative experience, and that it is providing valuable information that you are using to plan your quality and safety initiatives.

This Distinction Report shows your decision, as well as final results from your recent on-site survey. I encourage you to use the information in this report to guide your ongoing quality improvement activities.

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating Distinction into your quality improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

Sincerely,

A handwritten signature in black ink that reads "Wendy Nicklin". The signature is written in a cursive, flowing style.

Wendy Nicklin  
President and Chief Executive Officer  
Accreditation Canada

# Distinction Report

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# Distinction Report

## 1. Introduction

The Accreditation Canada Distinction program recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership in a specific field of expertise. The program is developed in close consultation with key stakeholders and content experts to reflect detailed practices and the most up-to-date evidence. It offers rigorous and highly specialized standards of excellence, in-depth performance indicators and protocols, and an on-site survey by expert evaluators with extensive practical experience in the field. The program includes an on-site survey every two years.

The Distinction program includes the following key components:

- **Standards:** Distinction standards are based on the latest research and evidence related to excellence in the field.
- **Protocols:** Distinction requires the use of evidence-based protocols to promote a consistent approach to care and increase effectiveness and efficiency.
- **Indicators:** A key component of the Distinction program is the requirement to submit data on a regular basis and meet performance thresholds on a core set of performance indicators.
- **Client and Family Education:** Client, family and caregiver education and self-management support are integral parts of stroke care that should be addressed at all stages across the continuum of stroke care for both adult and pediatric clients. Education is an ongoing and vital part of the recovery process for stroke, which must reach the survivor, family members and caregivers.
- **Excellence and Innovation:** Distinction clients must demonstrate implementation of a project or initiative that aligns with best practice guidelines, utilizes the latest knowledge, and integrates evidence to enhance the quality of care.

# Distinction Report

## 2. Executive Summary

The Kingston General Hospital (referred to in this report as “the organization”) is participating in the Accreditation Canada Distinction program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations across Canada.

As part of the Distinction program, the Kingston General Hospital has undergone a rigorous evaluation process. External peer evaluators conducted an on-site survey during which they assessed the organization's programs and services. Results are included in this report and were considered in the Distinction decision.

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

The Kingston General Hospital is commended on its commitment to using Distinction to improve the quality and safety of the services it offers to its clients and its community.

### 2.1 Distinction Decision

Accreditation Canada is very pleased to recognize Kingston General Hospital for earning Distinction in Stroke Services for the following location(s) and service(s):

**Kingston General Hospital**

Acute Stroke Services

# Distinction Report

## 2.2 On-Site Survey Information






### On-Site Survey Dates

November 13, 2014 to November 14, 2014

# Distinction Report

## 2.3 Overview of Results

The following is an overview of the organization's results for each component of the Distinction program.

Component	Achivement	Met	Unmet	Total	%
<b>Standards</b>					
Acute Stroke Services					
Kingston General Hospital		92	1	93	98.9
<b>Distinction Protocol</b>					
Kingston General Hospital		11	0	11	100.0
<b>Indicator</b>					
Kingston General Hospital		8	1	9	88.9
<b>Distinction Education</b>					
Kingston General Hospital		6	2	8	75.0
<b>Distinction Excellence and Innovation</b>					
Partners in Stroke Recovery		5	0	5	100.0



# Distinction Report

## 2.4 Summary of Evaluator Team Observations

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

The stroke program at the Kingston General Hospital (KGH) is the centre of excellence and the key driver of the Stroke Network of Southeastern Ontario. The program has strong leadership support at both the governance level and the organizational level. The program achieved a Distinction rating by Accreditation Canada in 2012. This is the second Distinction survey for the program. The KGH strategic plan was launched in June 2010 with a vision for 2015. The strategy was devised to provide "outstanding care, always." Outstanding care is to be achieved through knowledge, collaboration, innovation and leadership. The four strategic directions are designed to (1) transform the patient experience through a relentless focus on quality, safety and service 2) Bring to life new models of interprofessional care and education (3) cultivate patient-oriented research and (4) increase the focus on complex-acute and specialty care. The goals and objectives of the Stroke Program are developed by the stroke team every two years in conjunction with the wider Regional Stroke network. The goals and objectives are aligned with the KGH strategic plan.

The Stroke program has engaged key community partners in an effort to improve stroke care for all patients in the South East Local Health Integration Network (LHIN). The community partners include the Emergency Medical Services (EMS), the Community Care Access Centre (CCAC), the St Mary's Rehabilitation Centre and hospitals within the LHIN both inside the boundaries of Kingston and in outlying regions. Other partners include continuing care hospitals, community support agencies, long term care homes, Queen's University, St Lawrence College and Loyalist College, the Heart And Stroke Foundation, Ontario Telehealth and the Ontario Stroke Network. 44% of the catchment area is rural residency. Belleville General Hospital has been enabled to administer tissue plasminogen activator (tPA) with the support of the KGH Stroke program. There is a major effort underway to develop acute stroke units in Belleville and Brockville.

The program has achieved or exceeded Accreditation Canada targets in 8 of the 9 core performance indicators. Of note is a significant improvement in mortality from 20% in 2010, 15% in 2012 to 12% in 2014. Other metrics collected show that the improvements needed to gain stroke distinction in 2012 have been sustained. The indicator that does not meet target is the Dysphagia Screening metric. The failure to meet target was the subject of a recent chart audit, and those not being screened included patients with severe hemorrhage managed in ICU and patients with transient ischemic attacks (TIAs) that were admitted but released before screening could be completed. The team has adopted all 11 recommended protocols. Canadian best practice recommendations are embedded in the pre-hospital, emergency department stroke protocols and interprofessional protocols for Stroke/TIA. It is noted that the Alpha FIM triage tool for rehabilitation recommended by Accreditation Canada for 2015 is in use in the program and is being rolled out in other hospitals within the LHIN. The team plans to introduce new protocols for depression and cognitive screening in the near future.

New and innovative projects and protocols include:

- 1) the 'Houdini' protocol for indwelling catheter removal, which has significantly reduced total catheter days and reduced urinary tract infections. This work was presented as a poster at the Canadian Stroke Congress.
- 2) The 'Move on' strategy. This protocol ensures timely mobility assessment and mobility plans that include at least three mobility events/day. This program also encourages team participation in patient mobility. This program works in conjunction with the 'Falling Stars' program. The Falling Stars program uses a standardized documented falls risk assessment on admission and after a fall. Fall prevention strategies are tailored to meet the needs of each patient.
- 3) Adoption of the IDEAS program developed by the Ministry of Health to reduce transfer time to inpatient rehabilitation.

## Distinction Report

Other notable achievements include the Stroke Prevention Clinic. Patients are referred to the clinic after a TIA or suspected TIA. The clinic has significantly reduced wait times by expanding its service to five days each week. This ensures timely assessment and management for these patients. Door-to-needle times are consistently well within acceptable timelines and thrombolysis rates are very good in comparison with benchmark programs. The engagement of Patient Experience Advisors in the program has contributed to the patient centred care practiced by the team. The advisors are active and valued members of the committees and are involved in the decision making process.

The Excellence and Innovation project is focused on patient and family education. The team has developed a resource for patients and families called the 'Partners in Recovery.' The information is available in two formats: bound copy and an iBook format. The recovery guide was developed under the leadership of the Stroke Specialist, Case Manager and included input from staff and from patient advisors. The guide is written in easy to understand language at approximately grade 8 reading level, avoids technical jargon and includes many highly instructive illustrations. Although the guide is KGH-centric, it is scalable for use in other organizations. The iBook format is available on the KGH web site and can be downloaded by any individual or health care organization that wishes to use it.

The team has identified a number of areas for improvement. These are:

- 1) Improved documentation of dysphagia screening and expected exclusions
- 2) Improving and standardizing processes relating to the transfer of patients to rehabilitation. This will capitalize on the IDEAS project
- 3) Implementation of the Performance Development Plan will allow linkage to the stroke care competencies
- 4) Planning and implementation of screening protocols for depression and cognitive impairment.
- 5) Improved use of allied health personnel during weekends and vacation periods.

Areas for improvement identified during the on-site survey include:

- 1) Although this is not a stroke-specific standard, KGH should also consider adopting a tool for assessment of frailty. Prognosis after major medical events is closely tied to the frailty of the patient and adoption of a frailty assessment will allow the team to inform families of realistic expectations. It is also a fertile area for research.
- 2) The team should continue to consider the educational needs of the EMS and other healthcare personnel who are working with patients in the peripheral and rural areas.
- 3) The organization currently uses the NRC Picker patient satisfaction survey. The survey is not specific to the stroke population and therefore has limited applicability to the program. Results are also delayed. The team should consider developing a stroke-specific survey for distribution to patients and for internal quality improvement initiatives.
- 4) Patients who are admitted to hospital through the Emergency Department are assessed rapidly and treated appropriately. The average length of stay in the ED is 16 hours. It is well recognized that outcomes are affected by long periods in emergency departments. The current recommendation by the Canadian Emergency Physicians Society is six hours maximum stay. The team and the leadership are encouraged to adopt this as a target and to develop processes
- 5) The recruitment of an additional Stroke Neurologist would solidify the progress of the program. The leadership of the organization is encouraged to support this need.

The team is interdisciplinary, cohesive and devoted to the care of the patient and the family. Team members expressed a very high level of enthusiasm for the program. All members of the team are patient focused and contribute to the best possible outcomes for their patients. There is no noticeable hierarchy throughout the program. Notes in the chart are interdisciplinary.

## Distinction Report

The Stroke Program at KGH is undergoing its second Distinction survey. Building on an excellent base, the team has shown further progress over the past two years. The interdisciplinary team works together to ensure that new advances in stroke care are made available to the community. Care of patients who live outside of Kingston has been a major focus and will continue to be an important part of the development of excellence for all patients in the region. Continued additional support and education for care providers in the rural and outlying regions is strongly encouraged. New initiatives have been identified for future development of the program.

# Distinction Report

## 3. Distinction Standards

The Distinction standards identify policies and practices that contribute to high quality, safe, and effectively managed care in a specific area of expertise. Each standard is followed by a number of criteria that are statements about the activities required to achieve the standard. High priority criteria are foundational requirements for delivering safe and quality services and are identified by a red exclamation mark in the standards.

During the on-site survey, the evaluators assessed the organization’s compliance with each section of the standards, and provided the following results. The following tables indicate the criteria in the standards that were rated “unmet” during the on-site survey. As part of ongoing quality improvement, the organization is encouraged to address these criteria.

Standards Set	High Priority Criteria			Other Crietria			All Criteria		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Acute Stroke Services									
Kingston General Hospital	23 (100.0%)	0 (0.0%)	0	69 (98.6%)	1 (1.4%)	0	92 (98.9%)	1 (1.1%)	0
<b>Total</b>	<b>23</b> <b>(100.0%)</b>	<b>0</b> <b>(0.0%)</b>	<b>0</b>	<b>69</b> <b>(98.6%)</b>	<b>1</b> <b>(1.4%)</b>	<b>0</b>	<b>92</b> <b>(98.9%)</b>	<b>1</b> <b>(1.1%)</b>	<b>0</b>

# Distinction Report

## 3.1 Standards Set: Acute Stroke Services

### 3.1.1 Kingston General Hospital

#### *Clinical Leadership for Stroke*

Providing leadership and overall goals and direction to the team providing stroke services.

<b>3.0 The interprofessional team providing acute stroke services has support from leadership and resources to provide effective services.</b>	
<b>Criteria (Unmet)</b>	
<b>3.6 The team uses telehealth to increase access to stroke specialists.</b>	
<b>Evaluator Comments:</b> The use of telehealth by the stroke service is under consideration, but cannot be implemented until a second stroke neurologist is appointed. At present, there is limited participation in the Tele-stroke network.	

#### ***The evaluators provided the following overall comments for this section:***

The KGH stroke program has strong and ongoing support from the leadership of the hospital. The program is viewed as being a program of clinical excellence. Metrics are reported on a regular basis to the Board. The program has reached out to the community and a major current focus is providing support for patients who live in outlying regions.

## Distinction Report

### ***Competency for Stroke***

Developing a highly competent interdisciplinary stroke team with the knowledge, skill, and ability to develop, manage, and deliver effective and efficient stroke services.

**The organization has met all criteria for this priority process.**

### ***The evaluators provided the following overall comments for this section:***

The Stroke Team is interdisciplinary in its formulation. The team consists of a stroke physician, nurses, allied health personnel, pharmacy etc. All team members are dedicated to providing the best possible care to the patient. There is no apparent hierarchy in the clinical team structure. All team members contribute to the success of the program.

# Distinction Report

## ***Episode of Care: Acute Stroke Services***

Acute stroke services provided for hyperacute and acute phases, from the onset of signs and symptoms to completion of initial assessment and management in the Emergency Department (ED), until the client is stable and able to begin participation in rehabilitation and proceeding to an alternate level of care.

The organization has met all criteria for this priority process.

### ***The evaluators provided the following overall comments for this section:***

There is an organization wide communication process on patient condition with the transfer of a patient to any new location for care.

Patients are able to access ED treatment for acute stroke management in a timely way.

Following initial acute management there can be significant delays in transfer to the acute stroke unit. The average time spent in the ED is 16 hours.

# Distinction Report

## ***Decision Support for Stroke***

Stroke information, research and evidence, data, and technologies that support and facilitate management and clinical decision making.

The organization has met all criteria for this priority process.

### ***The evaluators provided the following overall comments for this section:***

The Stroke Team is supported by the organizational decision support team who have developed the metrics and reports for the service. The metrics include required reporting and reports customized to validate the Accreditation Distinction program. The decision support team is responsive to individual requests for data to support program development or review.



# Distinction Report

## ***Impact on Outcomes for Stroke***

The identification, collection, and monitoring of process and outcome measures to evaluate and improve the quality of stroke services to clients and the impact on client outcomes.

The organization has met all criteria for this priority process.

## ***The evaluators provided the following overall comments for this section:***

The team has a plan to improve their dysphagia screen data quality. The exclusion of TIA patients who are rapidly discharged is anticipated to improve this metric.

# Distinction Report






## 4. Distinction Protocols

Implementing protocols ensures that services are delivered in a consistent manner across the organization. Protocols can be in the form of Clinical Practice Guidelines (CPGs), algorithms or checklists. The Distinction standards cover the protocols that need to be in place to ensure safe and quality services across the care continuum. Accreditation Canada highlighted a list of high-risk protocols from the standards that were evaluated using the following criteria during the on-site visit:

### Acute Stroke Services

Protocol	Met / Unmet
The team contributes to ongoing education for EMS providers about assessment and management of suspected stroke clients at the pick-up site and during transport.	
Kingston General Hospital	
The team has protocols and memorandums of understanding with EMS providers for direct transport to stroke centres, bypass of smaller centres, use of air ambulance services, and screening tools for suspected stroke clients.	
Kingston General Hospital	
The team has protocols with EMS providers to receive pre-notification of suspected acute stroke clients in transit.	
Kingston General Hospital	
The ED and stroke team initiate stroke protocols when stroke pre-notification is received from EMS so that suspected stroke clients are received efficiently from EMS personnel when they arrive.	
Kingston General Hospital	
The stroke team or ED personnel follow established protocols for clients with suspected acute stroke to undergo brain imaging immediately upon arrival to hospital.	
Kingston General Hospital	
The acute stroke team or ED staff evaluate stroke clients to determine their eligibility for treatment with tPA using the current criteria in the Canadian Best Practice Recommendations for Stroke Care.	
Kingston General Hospital	

## Distinction Report

<b>The acute stroke team screens and documents the client's swallowing ability using a simple valid and reliable bedside testing protocol as part of their initial assessment, and prior to initiating oral intake of medications, fluids, or food.</b>	
Kingston General Hospital	
<b>The acute stroke team administers at least 160 mg of acetylsalicylic acid (ASA) to all acute adult stroke clients after brain imaging has ruled out intracranial hemorrhage.</b>	
Kingston General Hospital	
<b>The stroke team assesses the client's stroke rehabilitation needs within the first 48 hours after admission.</b>	
Kingston General Hospital	
<b>The team has established protocols to assess and manage diabetes in clients admitted following a stroke.</b>	
Kingston General Hospital	
<b>The acute stroke team or ED staff administer tPA in accordance with the current Canadian best practice guidelines for tPA with respect to mode of administration, dosage, and infusion time.</b>	
Kingston General Hospital	

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## Acute Stroke Services

### Kingston General Hospital

The evaluators provided the following overall comments for this section:











All 11 protocols required by Accreditation Canada are implemented including one that is new for 2015. The team is proactively considering the development of protocols for depression and cognitive impairment. Although not linked to stroke-specific standards, the team should consider adding a frailty assessment. Frailty assessment is closely linked to outcomes following major medical events like surgery or stroke.

# Distinction Report

## 5. Client and Family Education

Client, family and caregiver education is an integral part of stroke care that should be addressed at all stages across the continuum of stroke care. In order to achieve Stroke Services Distinction, the following targets for providing client and family education that is an integrated component of stroke care and is consistently documented must be met.

### Kingston General Hospital

Requirements	Met / Unmet
<b>Client education is an integrated component of stroke care delivery.</b>	
Client educational materials are available and accessible on the ward (e.g., posters, display boards, booklets given to clients, etc).	
Client educational materials are available in a variety of languages appropriate to the client population mix.	
Client educational materials are available in formats for that are appropriate for persons with special communicative needs.	
In interviews with clients and family members during tracers, clients report receiving education regarding their stroke, recovery, and self-management from the healthcare professionals that care for them.	
Target: 4/4	
<b>There is consistent documentation in the client medical record that client and family education has been provided.</b>	
A standardized tool (e.g. checklist) is used to document components of education provided to ensure all critical elements are addressed prior to client discharge.	
There is a consistent location in the client chart for documentation of education provided.	
Each healthcare profession involved in the client's care documents the education provided within the discipline notes or common progress notes.	
The specific content addressed during an educational session (e.g., skills taught and demonstrated, discharge preparation, etc) is documented.	
Target: 2/4	

The organization's project or initiative meet the requirements for client and family education.

The evaluators provided the following comments.

## Distinction Report






Kingston General Hospital has produced new and exciting ways to deliver patient education both in-hospital and accessible post hospitalization. This is in response to understanding patient and family needs at different times in the recovery process.

# Distinction Report

## 6. Excellence and Innovation

Organizations must demonstrate implementation of at least one project or initiative that aligns with best practice guidelines, utilizes the latest knowledge, and integrates evidence to enhance the quality of care. The organization's project or initiative was evaluated against the following criteria during the on-site visit:

### Partners in Stroke Recovery

-  The stroke project or initiative is evidence based, e.g. aligned with accreditation standards and current Canadian Best Practice Recommendations for Stroke.
-  The stroke project or initiative adds to the overall quality of stroke services within the facility or the region.
-  The stroke project or initiative includes a completed evaluation, and measures sustainability of the project or initiative.
-  The stroke project or initiative communicates findings within the organization and externally.
-  The stroke project or initiative is notable for what it could contribute to the delivery of stroke services.

The organization's project or initiative meet the requirements for excellence and innovation.

### The evaluators provided the following comments.

Healthcare partners recognize that people living with stroke need support to master and sustain the complex self-management behaviours necessary to enable them to live as healthily as possible (Heisler, 2006). Education and support contribute to health by equipping people with knowledge and skills that help provide a sense of control and mastery over life circumstances. Research has shown that appropriate education and support can improve one's coping skills and personal health practices. Appropriate education and support have the potential to reduce the risk of recurrent stroke, decrease the sense of frustration and increase satisfaction with healthcare.

The team produced "Partners in Stroke Recovery" in print and as an interactive, multitouch iBook. The team gives stroke survivors and their families the printed guide, encourages them to download the iBook and engages them in discussions. The iBook is available to download for free from the iBook store. This contemporary technology helps meet information and health literacy needs independently and in collaboration with healthcare partners.

The team is encouraged to improve documentation of the education including the guide to ensure that all patients receive and understand the material that is offered.

# Distinction Report

## 7. Next Steps

Congratulations on completing your Distinction on-site visit. We hope that your on-site visit results will help guide your ongoing quality improvement activities. Your Accreditation Specialist is available if you have questions or need guidance.