

**September
2020**

Bassano Health Centre

South Zone

Alberta Health Services



**ACCREDITATION
AGRÉMENT**
CANADA

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About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted September 27, 2020 - October 02, 2020. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation 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 Accreditation Report.

About the AHS Accreditation Cycle

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve its goal of being *#AHS Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

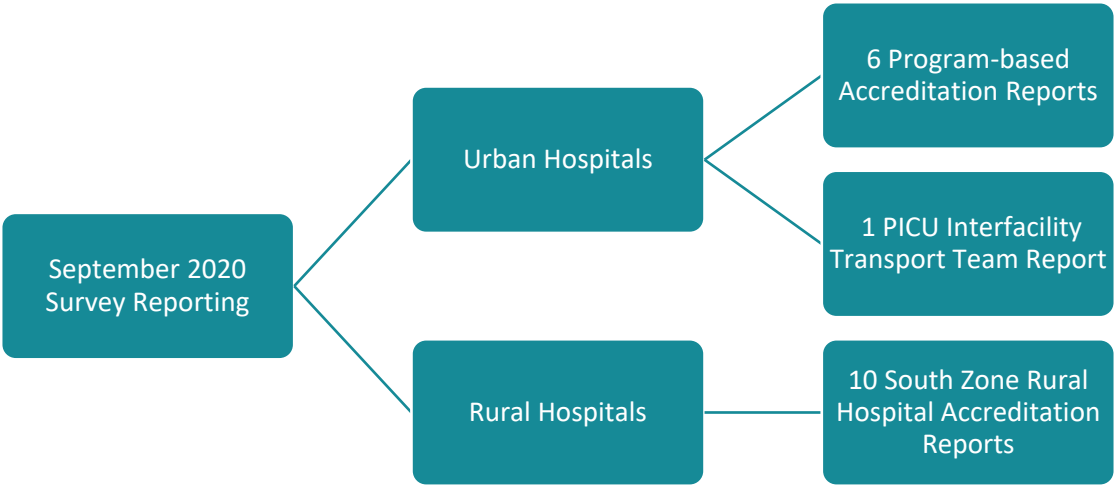
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2022), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted a new assessment method referred to as Attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle, in 2022, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the 2020 Survey are organized as follows:



South Zone Rural Hospital Assessment – Sites Visited

- Bassano Health Centre
- Big Country Hospital
- Bow Island Health Centre
- Brooks Health Centre
- Cardston Health Centre
- Crowsnest Pass Health Centre
- Fort Macleod Health Centre
- Pincher Creek Health Centre
- Raymond Health Centre
- Taber Health Centre

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 Accreditation Report to staff, board members, clients, the community, and other stakeholders.

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

Executive Summary

Surveyor Observations

The teams and leaders at Bassano Health Centre are commended for preparing for and participating in the accreditation process using semi-unannounced visits as a new methodology. The teams and leaders were enthusiastic and committed to the accreditation process and one leader articulated the value of accreditation to support their quality journey.

The Bassano Health Centre was built in 1958; it is well maintained with natural bright light and it is uncluttered. Clients have private and uncluttered rooms and washrooms.

Although hand-hygiene stations are available throughout the site, the site would benefit from reviewing the allocation of hand-hygiene sinks. The leaders are encouraged to include patients' and families' input into any future facility renovation.

The facility is maintained by an enthusiastic physical plant resource team. In addition, the environmental services team is deeply committed to the cleanliness of the facility and adhere to infection prevention and control practices.

With respect to patient safety, several initiatives are developed, implemented, and assessed on a regular basis such as; hand hygiene, falls prevention, pressure ulcer prevention, information transfer, and, suicide prevention, to name a few. Bassano Health Centre is to be commended for its robust auditing processes. They are encouraged to continue with this important work.

The teams work hard to ensure safe and quality services for their clients and families.

Patients and families acknowledged the excellent and passionate care that they received. Being treated with care, dignity, and respect was at the forefront of the care provided to clients and families. A client highlighted the value of the Bassano Health Centre to her community. The facility also received excellent support from the Bassano & District Health Foundation.

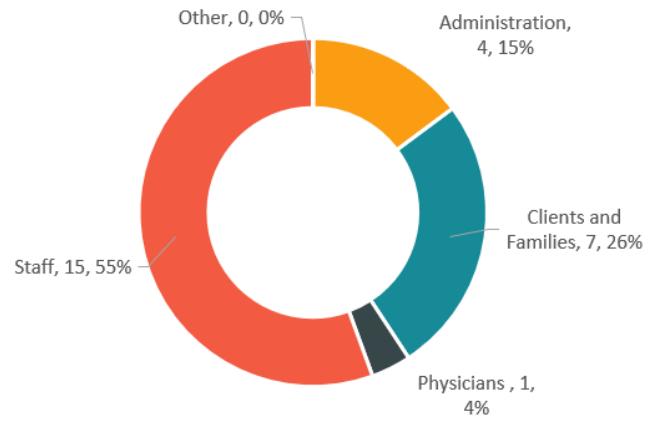
Teams are proud of providing quality and safe palliative care. The rooms that are designated for the palliative care program provide a therapeutic environment.

Bassano Health Centre is fortunate to have passionate, committed, and caring staff, physicians, and leaders.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Bassano Health Centre.

To conduct their assessment, the survey team gathered information from the following groups¹



¹ "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for this site:

Key Opportunities

1. To review the process for the administration of high-alert drugs.
2. To assess the allocation of hand-hygiene sinks throughout the facility.
3. To formalize quality improvement activities.
4. To benchmark key indicators across the south zone.
5. To continue to foster client, family, and community input to further strengthen programs and services.

Areas of Excellence

1. A culture of safety is fostered throughout Bassano Health Centre.
2. Engaged and enthusiastic staff, leaders, and physicians.
3. Well maintained and clean facility.
4. Hand-hygiene practices with regular auditing.
5. Commitment to quality palliative care.

Results at a Glance

This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 99% met	On-Site 98% met	Overall 98% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 82 criteria	Audited 16 Criteria		

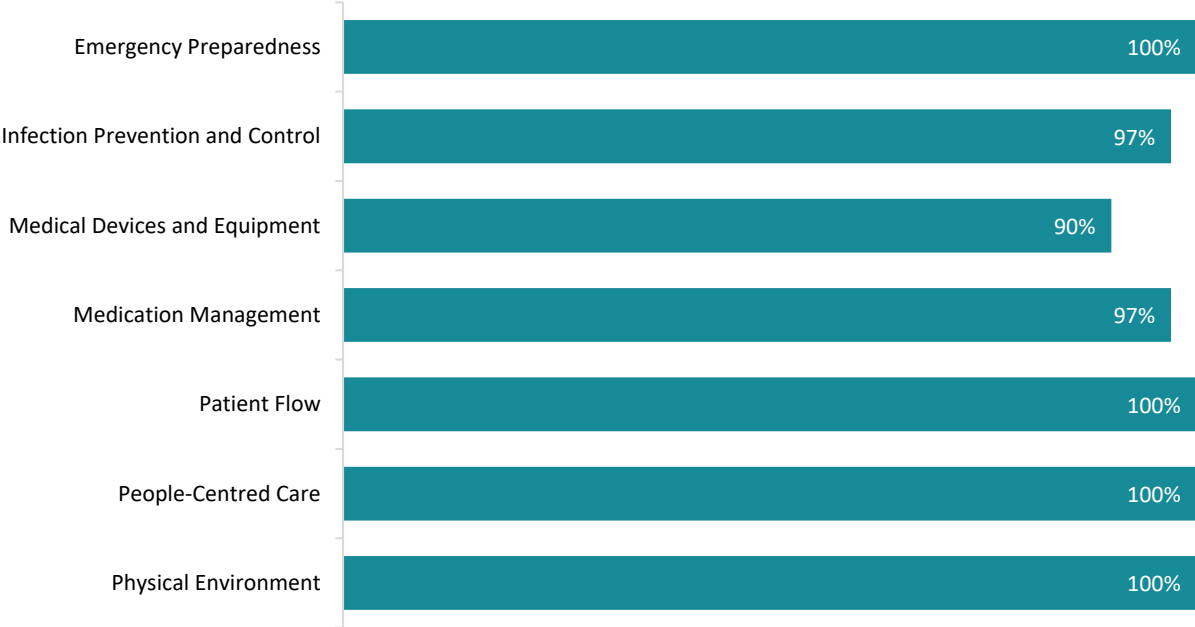
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are detailed in the section titled *Detailed Results: Required Organizational Practices (ROPs)*.

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	92	2	9	0
Infection Prevention and Control	45	2	17	0
Inpatient Services	62	1	6	0
Leadership	9	0	0	0
Long-Term Care Services	79	1	1	0
Medication Management	72	2	13	0
Service Excellence	74	1	1	0
Total	433	9	47	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	33	1	0	0
Medical Devices and Equipment	9	1	17	0
Medication Management	72	2	13	0
Patient Flow	14	0	0	0
People-Centred Care	33	0	0	0
Physical Environment	4	0	0	0
Total	172	4	30	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	30	1	0	0
Appropriateness	138	3	21	0
Client Centered Services	112	0	1	0
Continuity of Services	17	0	0	0
Efficiency	3	0	4	0
Population Focus	4	0	0	0
Safety	117	4	20	0
Worklife	12	1	1	0
Total	433	9	47	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care	MET

Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.

There are no unmet criteria for this Priority Process.



Bassano Health Centre has a rigorous emergency preparedness plan (EPP) that is comprehensive and integrated within its community services. The emergency preparedness plan includes several safety drills and each one is practiced monthly.

Each practice drill is followed by a tabletop exercise and changes to improve emergency safety are discussed. The units have Emergency Preparedness binders with specific instructions regarding what to do in case of an emergency.

Fan out lists are updated regularly. Fire extinguishers are located in strategic areas and every new employee receives training on how to use them.

One generator is used as a backup system in the event of a power disruption. It is tested weekly.

Infection Prevention and Control

Priority Process Description: Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.



There is a strong commitment to infection prevention and control at the Bassano Health Centre. The team, leaders, and physicians are acknowledged for their work with the COVID-19 pandemic. There are effective working relationships between infection prevention and control and the site team and leaders. The program is well organized with flexible priorities. The priorities for infection prevention and control are identified annually and working groups are

established. The team and leaders spoke highly about the support provided by the infection and prevention and control team. The Joint Workplace Health and Safety Committee meets monthly. The leaders are encouraged to continue to assess infection prevention and control support to the Bassano Health Centre in keeping with current and emerging trends.

The infection prevention and control team is involved during the planning stages of any new construction or renovation project. An example is the re-design for Connect Care.

The hospital-acquired infection rates are tracked, and the information is shared.

The quality of the cleaning provided throughout Bassano Health Centre is exceptional and the staff is committed to a safe and clean environment for clients and families. The pride in their work is evident.

They stated that they feel their safety is supported during this time of COVID-19. They appreciated the education and training provided including, hand hygiene, personal protective equipment, and the use of hazardous products. The dietary staff conformed to safe food handling practices. They were proud of providing safe and nutritious food for clients. Documentation on the fridge and water temperatures is completed.

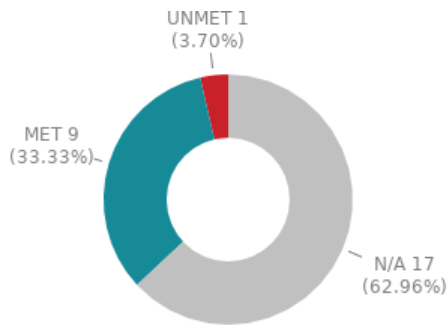
The team and leaders are acknowledged for their great work in the implementation of the hand-hygiene program. The team has worked very hard in developing plans and processes for this important program. hand-hygiene audits occur and the results are posted on the Quality Board.

The clients stated that they were encouraged to wash their hands and were appreciative of receiving this important information. There is strong evidence of hand-hygiene stations throughout the Bassano Health Centre. However, there is only one hand-hygiene sink in the clinical care area. The leaders are encouraged to increase the number of the hand-hygiene sinks and explore the appropriate distribution across Bassano Health Centre.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	8.4	Team members, and volunteers have access to dedicated hand-washing sinks.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.



Medical device reprocessing and endoscopic reprocessing does not occur at the Bassano Health Centre. Primarily the equipment cleaning consists of glucose meters and infusion pumps. Current manufacturers' instructions are upheld when cleaning medical devices and equipment such as infusion pumps and glucose meters. There are manuals to support cleaning including the Shared Patient Equipment Cleaning Program. Education has been provided to the team.

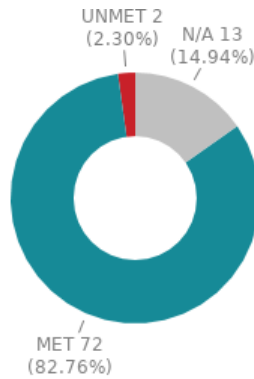
The team has expressed that they feel their safety is protected while cleaning patient equipment. There is interaction with the Infection Prevention and Control team. Logbooks of completed cleaning are available. This includes the Glucose Meter Base Unit and Tote Monthly Maintenance Log. The cleaning of infusion pumps is completed in the emergency department. Bassano Health Centre is encouraged to obtain an alternate space free from a clinical area to conduct the cleaning.

The patient equipment cleaning is completed by a registered nurse. The cleaning of infusion pumps is time intensive with approximately 30 minutes per infusion pump. The leaders are encouraged to explore options to determine the most appropriate provider to complete the cleaning of patient equipment. This may then support releasing time for nursing care.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	10.10	When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.

Medication Management

Priority Process Description: Using interdisciplinary teams to manage the provision of medication to clients. This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management.



At Bassano Health Centre a clinical pharmacist oversees the medication management system. The formulary is developed, updated, and maintained.

Medication reconciliation upon admission, transfer, and discharge meets the requirements that are associated with the required organizational practice (ROP). The anti-microbial stewardship program is functional and interdisciplinary in nature. 'Do not use abbreviations' are regularly audited and the site meets the requirements that

are associated with heparin and high-alert drugs for safe stocking, labelling, and storage. All medications are prepared in Medicine Hat Regional Hospital and are delivered to the hospital by courier and stocked in the medication drawers by nursing.

Pharmacy areas are well lit, clean, locked, and only accessed by designated staff.

Education and training on high-alert drugs and infusion pumps are offered regularly.

In terms of patient safety, Bassano Health Centre is encouraged to assess the compliance with double checking prior to the administration of high-alert drugs.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.
Medication Management	23.3	An independent double check is conducted at the point of care before administering high-alert medications.

Patient Flow

Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership.



There are no unmet criteria for this Priority Process.

The patient flow at the Bassano Health Centre provides seamless transfer of clients requiring admission from the emergency department to an inpatient bed. Inpatient beds are available. Patients arrive and are seen in the emergency room in a timely fashion. There is no overcrowding in the emergency department. There is timely access to diagnostic services.

The team has processes to support patient flow. The transfer of high-risk clients requiring transfer to another

facility is provided by RAAPID and STARS Air Ambulance. The team and physicians work closely with Emergency Medical Services (EMS).

There are initiatives to support appropriate patient flow including family conferences, linkages with community services, and discharge planning processes. The team and leaders are encouraged to continue to support patient flow initiatives and the efficient use of inpatient beds and resources.

People-Centred Care

Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Long-Term Care Services; Service Excellence.



There are no unmet criteria for this Priority Process.

The leaders, staff, and physicians of Bassano Health Centre are to be commended for their strong commitment to quality care for clients, families, and communities. This includes the caring attitude and support that they provide to the communities they serve. There is a strong sense of ownership of the Bassano Health Centre and the programs and services provided. The team, leaders, and physicians continually strive to do more to support clients, families, and communities. The team, physicians, and leaders are

kind and caring and these attributes will continue to support people-centred care which is at the core of all they do.

The team, physicians, and leaders are viewed as exceptional care providers by the people that they serve. The clients and families stated that they were treated with care, dignity, and respect.

Furthermore, they felt an environment was created that supported them in asking questions and being a partner in care. These are strong elements that will support the continued building of people-centred care for the Bassano Health Centre.

The team and leaders have been responsive to co-designing services with clients and families. Joe's Ceremony is an excellent example of co-designing services with clients and families. The leaders are encouraged to continue to co-design services and space with the input of clients and families, the community, and the team.

There is an opportunity to continue to seek the input of clients, families, and the community. The leaders are encouraged to continue to ensure that the programs and services provided at Bassano Health Centre meet the diverse needs of their clients and families including language, culture, level of education, lifestyles, and physical or mental disability. The participation and input of clients and families into the services and programs will enhance the quality of the care provided.

A Patient Advisor is representing the South East Rural Quality Council. The organization is encouraged to continue to explore ways to embed the perspectives of clients and families into the programs and services provided by the Bassano Health Centre.

Physical Environment

Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.



There are no unmet criteria for this Priority Process.

The Bassano Health Centre was built in 1958. Although the building is aging it is very well maintained, and every effort is made to ensure that it is safe. The corridors are clean, and the patient care areas are uncluttered and safe.

Palliative beds are in rooms that are bright with windows that overlook a beautiful landscape.

In terms of patient and staff members' safety, nurse call bells in patients' rooms and bathrooms are in place. The signage is clear and effective.

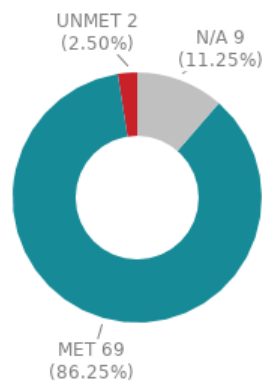
There is a complete preventative maintenance program supported by trained staff. There are a number of backup systems in the event of system failures. The monitoring of air quality, heating, ventilation, and humidity is carried out regularly. The facility has one back-up generator that is checked weekly.

Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes; Organ and Tissue Donation.

Emergency Department

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



The emergency department at Bassano Health Centre is well organized and provides emergency care to approximately 2,300 clients annually. There are two emergency room beds, an ambulance bay, and a triage area. There is no seclusion room in the emergency department. However, there is a private room which is used when clients present to the emergency department who are verbally or physically aggressive, are experiencing high levels of anxiety, are in distress, are in danger of self-harm, or are dealing with circumstances that require an increased level of security

and/or privacy. The staffing in the emergency department would be adjusted accordingly with the addition of either a peace officer or nurse. The leaders are encouraged to continue to monitor the use of the private room and to assess future needs.

The team members are knowledgeable and are also cross-trained for the inpatient unit and long-term care. The team members are committed to providing quality emergency services and are proud of the work that they do. They have education and training to support their work in the emergency department. The staffing consists of a registered nurse and physicians who are available on an on-call basis. The emergency room is open 24 hours a day, 7 days per week. RAAPID provides transportation for clients requiring a higher level of care. There is a strong partnership with the Emergency Medical Service (EMS). The team appreciates the support of these services. There were no barriers to patient flow identified.

The clients attending the emergency department spoke highly of the care provided. They stated that they understood their follow up care and what to do if they encountered issues post-discharge. Additionally, they noted that they were treated with care, dignity, and respect. A client commented that he felt safe at the Bassano Health Centre and that hand-hygiene was a priority.

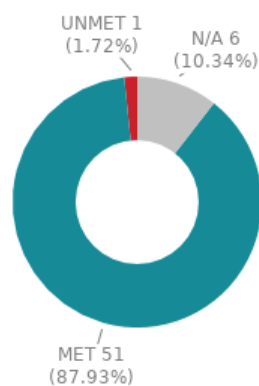
The transition of clients and families is not being evaluated. The team and leaders are encouraged to regularly contact a sample of clients, families, or referral organizations to determine the effectiveness of the transition or end of service and monitor client perspectives and concerns after the transition. The client feedback and results of the evaluation would then be used to improve transitions.

Data on wait times for services, length of stay (LOS) in the emergency department, and the number of clients who leave without being seen need to be tracked and benchmarked. The team and leaders are encouraged to track wait times and to establish goals and objectives as appropriate with the input of clients and families. This will contribute to the efficient use of resources across the South Zone.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
Emergency Department	10.3	Data on wait times for services, the length of stay in the emergency department, and the number of clients who leave without being seen is tracked and benchmarked.

Inpatient Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



The inpatient unit at the Bassano Health Centre consists of four acute inpatient beds and one palliative care bed. The rooms are private with washrooms. The inpatient unit is clean, bright with large windows in client rooms. The environmental services staff are to be commended for their commitment to ensuring clean spaces for clients. There is a private space for clients and families. There are whiteboards in client rooms. Family conferences are held. Comfort rounds occur every two hours. A Quality Board and hand-hygiene Board is located in the inpatient unit.

The team and leaders have been responsive to co-designing services with clients and families. The leaders are encouraged to continue to co-design services and space with the input of clients and families, the community, and the team.

The team, leaders, and physicians at the inpatient unit of the Bassano Health Centre are committed to providing a quality service to clients and families. The team is passionate about rural health and supporting people “closer to home.” This team is supported by a physiotherapist, social worker, occupational therapist, clinical educator, and dietician to name just a few, who travel to the Bassano Health Centre to provide services to clients.

Additionally, there is a strong relationship with EMS. The team stated that they felt supported and appreciated for the work that they do. A team member stated, “I love my job. The best part of what I do

is working with patients. They are like family.” The clients and families were very appreciative of the services provided at the Bassano Health Centre. They stated that they received excellent care and had no suggestions for improvement. A client stated, “I knew what to expect when I went home. The nurses and doctors are excellent.” Additionally, the clients and families shared they were treated with care, dignity, and respect and were encouraged to ask questions. The input and perspectives of clients and families were valued by the staff and leaders. The team and leaders are encouraged to continue to seek the input of clients and families into the design of programs and services.

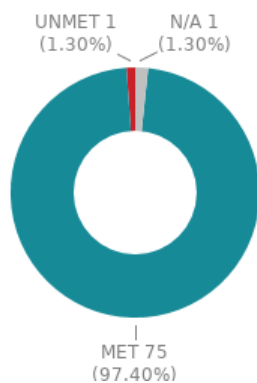
The team described the importance of education and training to effectively work in inpatient services. The leaders are supportive of and encourage the team to participate in educational events. The new team members stated that orientation prepared them to work in inpatient services. The team noted that they felt safe at work. They are proud of their work during the COVID-19 pandemic. The team and leaders are to be commended for their work with medication reconciliation, pressure ulcer prevention, falls prevention, and venous thromboembolism prophylaxis. There is a strong commitment to auditing. The team and leaders are encouraged to continue with this important work.

The transition of clients and families are not being evaluated in a formal process. The team and leaders are encouraged to regularly contact a sample of clients, families, or referral organizations to determine the effectiveness of the transition or end of service and monitor client perspectives and concerns after the transition. The client feedback and results of the evaluation would then be used to improve transitions.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Long-Term Care Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



At the Bassano Health Centre members of the inter-professional team in Long-term care (LTC) are compassionate, kind, and caring. When a resident is admitted to this unit a discussion on goals and objectives is discussed with the resident as well as with family members. Input from the resident and family members guide the plan of care. At Bassano Health Centre, residents and families are involved every step of the way!

Even though Bassano Health Centre is an aging building all residents have private rooms and bathrooms. Residents who were met during the survey unanimously stated that this facility was their home.

In terms of education and training, continuous opportunities are offered to staff. There is an excellent program on the prevention of falls, pressure ulcers, suicide prevention, and transfer of information. A wound care workshop is planned for November and will attract a great number of front-line staff.

Regarding medication management, the pharmacy areas are clean and well-organized, and safe. High-alert drugs are safely stored and labelled. Bassano Health Centre is encouraged to investigate the practice of administering high-alert drugs with double checking prior to their administration.

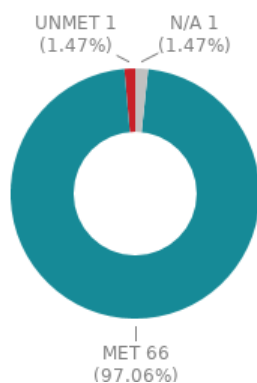
For patient safety, communication tools such as IDraw, Meditech and the Kardex provide important information about the patient that is extremely useful especially during a transfer to another site. In the Long-term care unit comfort rounds occur every two hours and significantly promote patient safety and quality of care.

The entire team is commended for its commitment to quality, safety, and for continuously fostering a positive patient experience.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	8.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.

Service Excellence

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



At the Bassano Health Centre acute and long-term care services are managed by staff, leaders, and physicians who are engaged in the delivery of safe patient care. CoAct (collaborative model of care) is used throughout the facility to promote teamwork and to ensure a uniform and consistent approach to providing care and service.

Solid communication tools (IDRAW and Meditech) allow teams to effectively communicate valuable information regarding the patient's needs and are particularly useful during patient transfers within the hospital walls or with partners.

Training and education are highly supported, and the staff appreciates the workshops that are offered. A documented and coordinated approach to infusion pumps safety is carried out and processes are in place to ensure regular infusion pump training.

Patients wait times and access to care are not problematic. Clients requiring emergency medical attention or sophisticated radiological imaging that cannot be offered at this site are transferred to the nearest facility in a timely fashion.

Clients and residents expressed a high degree of satisfaction with the care and treatments they receive. They are involved in many aspects of the Health Centre which include, participation in their plan of care, food choices, room design, falls safety, and pressure sore prevention. The site is encouraged to educate patients and families on how to be informed partners in their care. This will enable patients and families to advocate for their own quality care.

In relation to the Patient First Proclamation, Bassano Health Centre is encouraged to ensure that it is consistently understood by clients and by their families.

Performance appraisals are not conducted on a regular basis and the organization would benefit from assessing employee's progress periodically.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Infection Prevention and Control	10.10 When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.	May 30, 2021
Medication Management	23.3 An independent double check is conducted at the point of care before administering high-alert medications.	May 30, 2021