

**September
2020**

Pincher Creek 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.

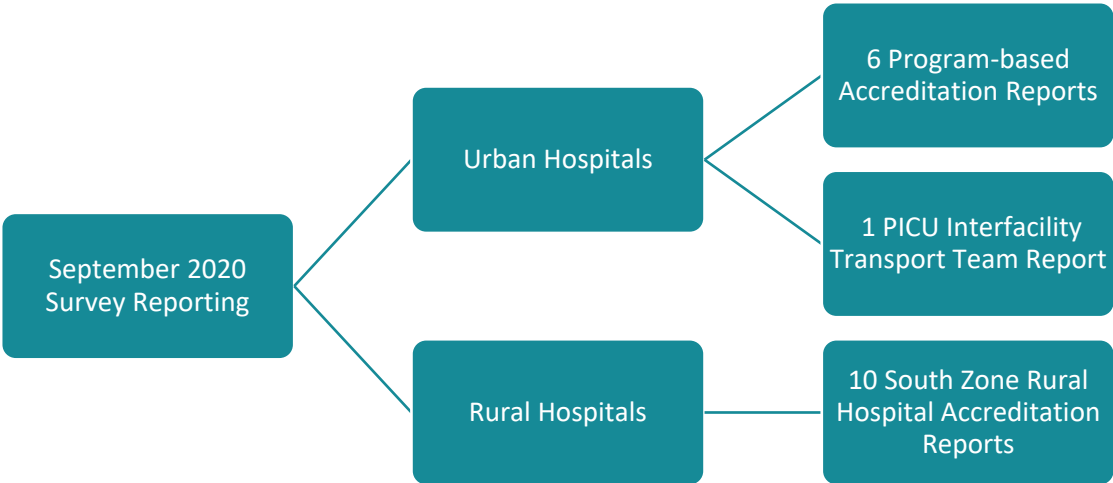
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 Pincher Creek Health Centre staff although surprised by our unannounced visit, quickly adjusted to our presence. They were very welcoming and excited to share and answer questions related to the great work that they do as well as opportunities that they have identified for improvement.

Pincher Creek Health Centre is a 20-bed acute care facility that provides 24-hour emergency care, obstetrics, surgical services, including endoscopy and medical inpatient services.

The site has no signage directing patients/visitors to the Main Entrance and we entered from the Admitting Department and Emergency entrance. The main waiting room accommodates all patients coming to the Health Centre and can be crowded with emergency patients, laboratory, x-ray and patients coming for surgery and obstetrics. With the need to have social distancing due to COVID-19, patients and families occupy all the available space with standing room only for some. The front entrance is covered with numerous paper signs taped to the glass door which is confusing and overwhelming. Wayfinding throughout the site is non-existent. Areas with restricted access are not clearly marked. The site however is clean, bright, and well maintained.

A new Manager has been in place for the past year. Staff throughout the site spoke positively about their leaders and the support provided to all the teams. Staff work in different departments and can cross cover when needed. They expressed concern for burn out since they can also be scheduled on call to manage the workload and are often called in for sick calls. Staff and physicians spoke positively about the inter and intra-collaboration amongst the clinical and non-clinical staff. Staff felt well supported by the Manager and Zone through the COVID-19 crisis and were provided with regular information updates and required personal protective equipment (PPE).

There is an opportunity to better use the Lean nursing resources. One nursing staff is assigned from the pool as charge nurse each day which further decreases the time available for patient care because of the many administrative troubleshooting functions they are also responsible for. Staff cross cover for each other on all units and the potential for burnout is significant.

The number of deliveries in the Obstetrical program is small which can present a challenge for new nurses needing to keep up their skills and competencies. The MOREob program is in place and there is a nurse champion.

Patients and families spoke positively about the care received at the site. They felt well cared for and listened to. A Patient Advisor spoke about the work on the Quality Council and the development of a mission statement. She spoke positively about the work she has been involved in and would like to see additional recruitment into the role.

The staff feel well supported by the Infection Control Practitioner from the zone, however, the need for increased physical presence at the site was expressed by the zone lead and the site staff.

Evaluation data, for the ROPs, was not consistently available. When it was available, it was not shared widely with staff. The Manager is encouraged to use data and the evaluations to help staff link the work

to quality improvement activities. The site is encouraged to look at opportunities to better operationalize AHS policies and procedures at the site level.

Staff spoke positively about the simulation exercises used for teaching, and Grand Rounds that are regularly held at the site. Staff were not familiar with the ethical framework and the Manager is encouraged to pursue this as an education opportunity. Performance appraisals have not been completed and the Manager has a plan to begin to address this issue.

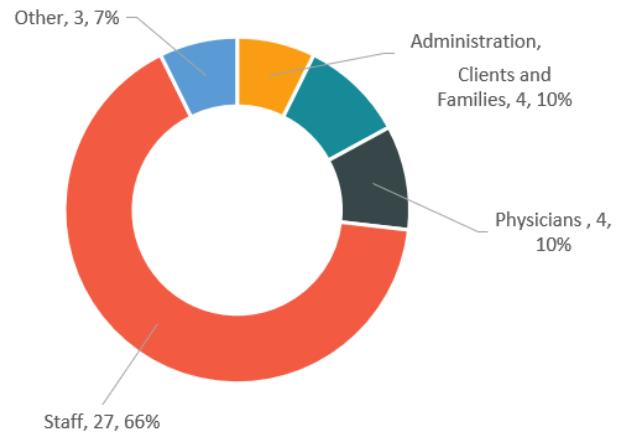
The pharmacy staff (pharmacist and assistant) are very committed to providing the best pharmaceutical care and medication management support for the site.

Medical Device Reprocessing services are not provided at the Pincher Creek site and all reprocessing is done at Crowsnest Pass Health Centre and delivered to the site.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Pincher Creek 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. Staffing in the Emergency and Inpatient
2. Signage and Wayfinding – external and internal
3. Performance Appraisals
4. Data collection, sharing and evaluation (ROPs)
5. Ethics Education and encourage the use of the framework

Areas of Excellence

1. Teamwork
2. Clinical Care – holistic approach from admission to discharge
3. Site Leadership
4. Medication Management
5. COVID-19 Preparedness

Results at a Glance

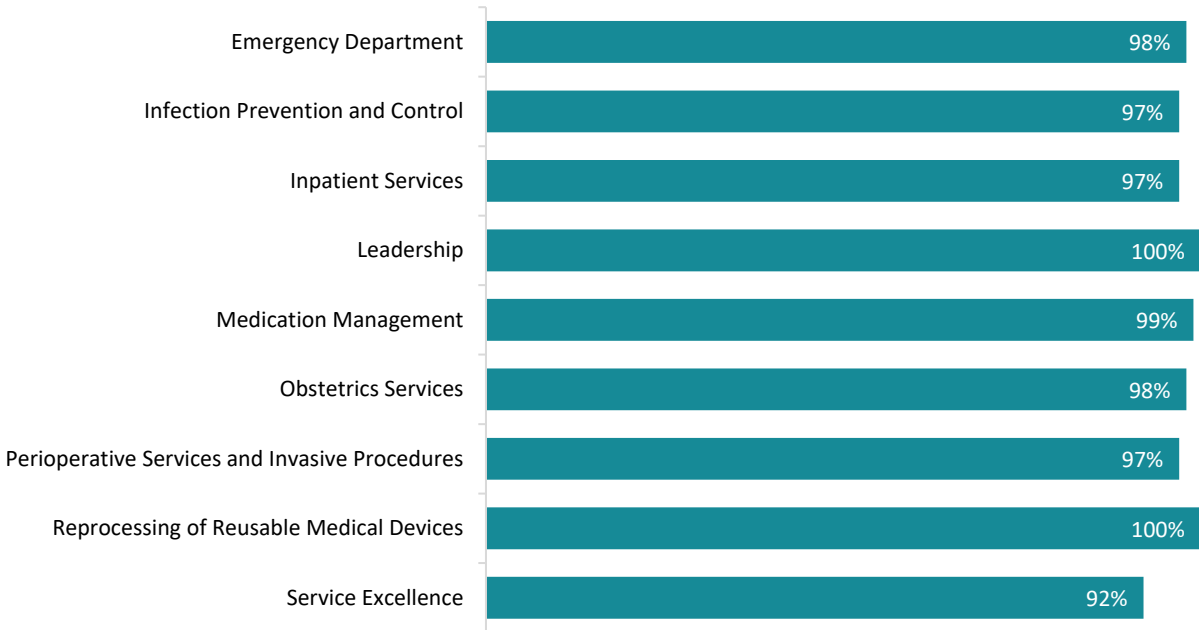
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 100% met	On-Site 97% met	Overall 97% met	
Number of attested criteria			
Attested 84 Criteria	Audited 29 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

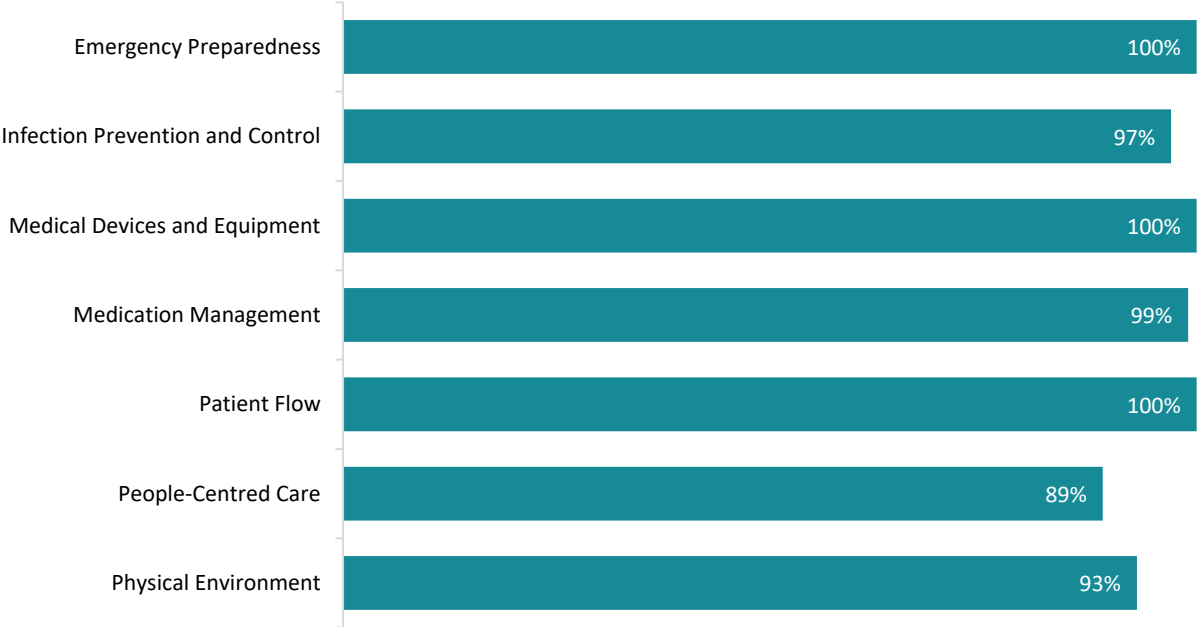
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	2	8	0
Infection Prevention and Control	36	1	0	0
Inpatient Services	67	2	0	0
Leadership	9	0	0	0
Medication Management	78	1	8	0
Obstetrics Services	81	2	0	0
Perioperative Services and Invasive Procedures	140	4	5	0
Reprocessing of Reusable Medical Devices	21	0	70	0
Service Excellence	70	6	0	0
Total	595	18	91	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	37	0	75	0
Medication Management	93	1	8	0
Patient Flow	19	0	0	0
People-Centred Care	50	0	0	0
Physical Environment	13	1	0	0
Total	252	3	83	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	39	1	4	0
Appropriateness	186	8	33	0
Client Centered Services	128	4	0	0
Continuity of Services	25	0	0	0
Efficiency	5	0	5	0
Population Focus	3	1	0	0
Safety	197	1	42	0
Worklife	12	3	7	0
Total	595	18	91	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	N/A
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	UNMET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	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	UNMET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	UNMET
Hand hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	UNMET

Reprocessing	Infection Prevention and Control	N/A
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	UNMET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	UNMET
	Perioperative Services and Invasive Procedures	N/A
Suicide prevention	Emergency Department	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	N/A

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.



There is a robust Emergency Preparedness Plan. The policies in the binder however are from 2009 and a review of these needs to be completed to ensure that they reflect current AHS policies. A code of the month is completed during the monthly Occupational Health & Safety meetings. Site-specific response plans are completed, and each site has its specific Incident Management System which includes the site commander and other positions in the Incident Management System structure. The team did express that

the travel restrictions have posed a barrier to performing live mock drills.

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.



The staff feel well supported by the infection control practitioner from the zone, however, the need for increased physical presence at the site was expressed by the zone lead and the site staff. Data is being collected on hand hygiene and Healthcare-associated Infections (HAI); however, these are not regularly posted and staff and volunteers are not aware of their rates. The last data for hand hygiene posted is from Dec 2019 at 78%. We were informed that recent surs were completed. These were not available to be validated

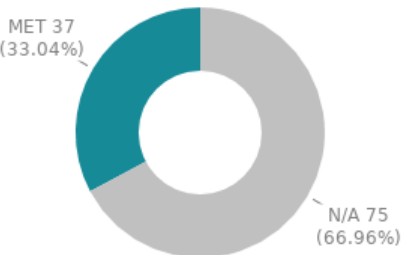
nor were the staff aware of what their rates were. The management is encouraged to share these data often and publicly for staff, physicians, patients and volunteers to be aware as a means of motivating and encouraging them to engage in these safety initiatives.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	14.5	Results of evaluations are shared with team members, volunteers, clients, and families.

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.

There are no unmet criteria for this Priority Process.



Medical Device Reprocessing services are not performed at the Pincher Creek Health Centre. All reprocessing is completed at the Crowsnest Pass Health Centre and delivered to the Pincher Creek site. The cleaning and disinfection done at the site are meeting regulatory standards.

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.



Medication services are centralized at Chinook Regional Hospital with a satellite pharmacy on site. The Zone model works very well and is seamless. The pharmacy staff (pharmacist and assistant) are very committed to providing the best pharmaceutical care and medication management support for the site. The pharmacist participates virtually in the multidisciplinary rounds and makes herself available to support medication needs. The pharmacist was described as “our indispensable pharmacist.” There is an opportunity for

for the pharmacist to provide an orientation to medication services to medical residents and students. The pharmacy and medication rooms are clean, bright and space is adequate to provide the service needs.

Intravenous medication is prepared by nurses in the medication room. The National Association of Pharmacy Regulatory Association (NAPRA) standards require that all sterile preparations be done in the

appropriate sterile environment. Although most large volume parenteral medications are obtained from Chinook Regional Hospital, the hospital is encouraged to continue to work on a plan to meet the NAPRA standards for patient safety.

Best practice requires that medications be stored in a medical-grade refrigerator to ensure the integrity of medications is maintained by having controlled temperature. The team is encouraged to replace the in-patient and operating room medication refrigerators with medical-grade refrigerators like the one in the emergency room.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	16.4	Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.

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 workload in the emergency department is variable. The staff know the resources that are available to assist when flow increases such as calling for additional staff from the inpatient unit or the on-call staff. Relationships with Emergency Medical Services and Chinook Regional Hospital are good, and processes are in place to assist when workload and flow require specific attention.



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 CoACT program is focused on people-centred care. There has been the beginning of collaborative processes with Patient Advisors that are helping to look at how to ensure that People-Centred Care is spread throughout the site.

AHS is encouraged to continue to recruit and train additional advisors to support rural sites. The site was not familiar with the Patient First Proclamation.

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.



The physical environment is well maintained, and the maintenance staff are very proud of the work that they do to maintain the facility and understand the important role that they play in keeping staff and patients safe within the site. They shared that they have identified some specific training needs that they would like to have since they are responsible for electrical, masonry, flooring repairs some of which they have no certification for that particular skill.

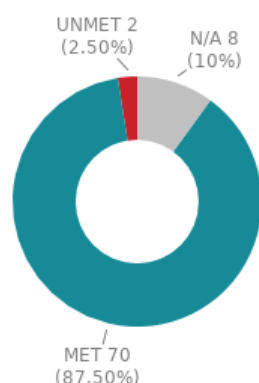
STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.

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 has seven beds and supports ambulatory care services at the site. One RN per shift is assigned to the Emergency Department and is responsible for caring for the 40 patient visits per day, as well as the ambulatory patients requiring intravenous antibiotics, IV infusions, and all other ambulatory care patients. The triage area, which is in the main hospital waiting room is not visible to the emergency department. Cameras have just been installed and will soon be live which will improve

visibility to triage. During peak times staff can be called from the Inpatient/ Obstetrical unit. There is also the ability to call the on-call Operating Room nurses. The Manager has been adding a float nurse to the day shift when possible to help support the busy Emergency Department.

Standard protocols and guidelines are in place and used by all staff. The department does receive pediatric patients and has all the required equipment.

Patients who require a higher level of care can be transferred to Lethbridge or Calgary. Physicians who cover the department also work in a medical clinic that is on the same site.

While there is no seclusion room for mental health patients there are rooms that can be used to keep them safe until they can be transferred to Lethbridge or Calgary.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.13	Ethics-related issues are proactively identified, managed, and addressed.
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.

Inpatient Services

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



Ethical issues are addressed but there was not a sense that these issues were proactively identified and that the ethic resources were considered as a tool to help manage the issue. Staff were not familiar with the use of an ethical framework and the Manager is encouraged to pursue this as an education opportunity. Staff were not aware that a Patient's Bill of Rights existed. The manager was encouraged to share the document with staff and patients and a poster of the Bill of Rights should be publicly posted in the patient care areas and waiting rooms in the hospital.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.12	Ethics-related issues are proactively identified, managed, and addressed.
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.

Obstetrics Services

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



The number of deliveries in the Obstetrics program is small which can present a challenge for new nurses needing to keep up their skills and competencies. The MOREob program is in place and there is a nurse champion. The Obstetrics program is supported by a Surgical team for Caesarian-Section (C-Section). There are guidelines for which obstetrics patients can be accepted at the site, however, at times patients may arrive at the site in labour and the team must manage the care until they can be transferred if required.

STANDARD	UNMET CRITERIA	CRITERIA
Obstetrics Services	2.13	Ethics-related issues are proactively identified, managed, and addressed.
Obstetrics Services	2.14	Clients and families are provided with information about their rights and responsibilities.

Perioperative Services and Invasive Procedures

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



There are approximately 14 days per month of surgical procedures as well as Endoscopy. The services share the four-bed surgical daycare admission area which also serves as the Recovery Room. All surgical procedures are booked as day surgeries. There is no consistent process to ensure that the pre-admission assessment is completed before the patient arrives at the facility. It is the responsibility of all the nurses working and not assigned to a dedicated person to ensure the required information is completed and

documented in a timely manner. Surgical procedures have been cancelled due to incomplete information. All reprocessing for the Surgical program and the site is completed at Crowsnest Pass Health Centre.

The Nurses in the surgical services are on call for the Operating Room. They may be called in to fill a sick or vacant shift in the Emergency Department or Inpatient Unit as they have the skills to work throughout the site.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	5.14	Ethics-related issues are proactively identified, managed, and addressed.
Perioperative Services and Invasive Procedures	5.15	Clients and families are provided with information about their rights and responsibilities.
Perioperative Services and Invasive Procedures	7.1	A comprehensive admission process is conducted for clients undergoing surgical or other invasive procedures, in partnership with the client and family, and includes documenting any changes in condition since the pre-admission assessment.

Service Excellence

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



Evaluation data for ROPs and quality improvement activities were not consistently available. When available, it was not shared with staff. The Manager is encouraged to use data and the evaluations to help staff link the work to quality improvement activities.

Staff indicated that they would like to have the opportunity to have some non-mandatory education. Professional development days are not always granted due to staffing challenges.

Performance appraisals have not been completed and the Manager has a plan to begin to address this issue.

There is an opportunity to better use nursing human resources wisely. Front line nurses who should be focused on patient care may be scheduled in charge duty while still having a full patient load. Surveyors observed the nurse who was assigned as the charge nurse running from one end to the other, answering calls, supporting staff, providing clinical care and many other administrative duties. This observation emphasized the need to relook at the roles of the charge person. For example, a team lead who does not have a patient load and is responsible for flow and other administrative tasks will be able to better support patients and staff without affecting the continuity of care.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.6	New or existing indicator data are used to establish a baseline for each indicator.
Service Excellence	10.7	There is a process to regularly collect indicator data and track progress.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Emergency Department	5.15 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Inpatient Services	4.13 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Obstetrics Services	2.14 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Perioperative Services and Invasive Procedures	5.15 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
Infection Prevention and Control	Hand-hygiene Compliance	
	8.6.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	May 30, 2021
	Infection Rates	
	12.2.3 Information about relevant health care-associated infections and recommendations from outbreak reviews are shared with team members, senior leadership, and the governing body.	May 30, 2021
Inpatient Services	Falls prevention and injury reduction	
	5.8.3 The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	May 30, 2021
	Pressure ulcer prevention	
	5.9.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	May 30, 2021
	Information Transfer at Care Transitions	
	6.18.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer - Asking clients, families, and	May 30, 2021

		service providers if they received the information they needed - Evaluating safety incidents related to information transfer	
	Infusion Pump Safety		
Service Excellence	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	May 30, 2021
	3.8.5	The effectiveness of the approach is evaluated. Evaluation mechanisms may include: Investigating patient safety incidents related to infusion pump use Reviewing data from smart pumps Monitoring evaluations of competence Seeking feedback from residents, families, and team members	May 30, 2021
	3.8.6	When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.	May 30, 2021