Wainwright Health Centre

Central Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021

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About this Accreditation Report

Alberta Health Services (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 June 14, 2021 – June 25, 2021. 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 regarding sites and services 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 *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, Service Excellence and Leadership. 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 new assessment methods offered by Accreditation Canada. Pre-survey attestation requires sites/teams to conduct a self-assessment against specified criteria within the standards and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization's knowledge. These ratings are validated by Accreditation Canada during the on-site survey and are used to inform an accreditation decision at the end of the four-year accreditation cycle. The second assessment method is unannounced on-site surveys. This method requires all sites and services to participate in pre-survey attestation and engage in the accreditation process to ensure the standards have been implemented and they are always accreditation ready.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. AHS's accreditation award will be granted at the end of the accreditation cycle.

The accreditation reports for the Spring 2021 Survey are organized as follows:

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│   June 2021     │─────│  Rural Hospitals │─────│ 10 North Zone Rural  │
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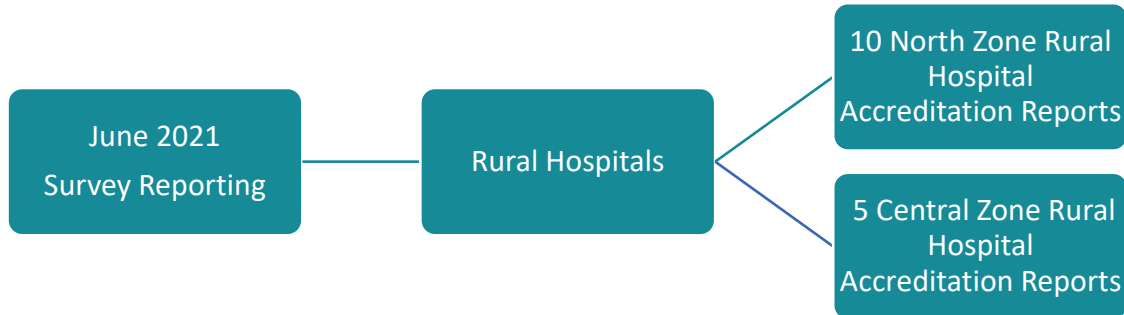
North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Boyle Healthcare Centre

- Edson Healthcare Centre

- Elk Point Healthcare Centre

- George McDougall - Smoky Lake Healthcare Centre

- Hinton Healthcare Centre

- Slave Lake Healthcare Centre

- St. Therese - St. Paul Healthcare Centre

- Wabasca/Desmarais Healthcare Centre

- Whitecourt Healthcare Centre

- William J. Cadzow - Lac La Biche Healthcare Centre

Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Coronation Hospital and Care Centre

- Daysland Health Centre

- Vermilion Health Centre

- Viking Health Centre

- Wainwright 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 team and leaders at the Wainwright Health Centre are commended for preparing for and participating in the Qmentum accreditation program, using an unannounced visit and attestation as the methodology. Leaders and teams welcomed accreditation and embraced the accreditation journey. A leader greeted the surveyors with, "We welcome accreditation and look forward to working with you. We are prepared for accreditation." Furthermore, the importance of accreditation being a learning process was highlighted. Strong interdisciplinary interactions with team members, physicians, leaders, clients, and families were apparent throughout the organization. Managers and staff are dedicated to ensuring health care access for clients, families, and communities. Strong linkages and communications are demonstrated between Central Zone leadership and the Wainwright Health Centre.

The current survey focused on seven system-level priority processes (Emergency Preparedness, Infection Prevention and Control, Medical Devices and Equipment, Medication Management, Patient Flow, People-Centered Care, and Physical Environment) as well as six service-level priority processes (Emergency Department, Inpatient Services, Long Term Care Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence). The survey took place from June 14, 2021, to June 15, 2021, and involved two surveyors from across Canada. There were 76 interviews completed at Wainwright Health Centre.

The Wainwright Health Centre is well maintained, and team members and leaders are rightfully proud of the cleanliness of the facility. Environmental services staff work diligently to ensure a clean facility. A team member stated, "I clean the hospital like I clean my home." There are hand hygiene stations throughout the site, however, dedicated hand-washing sinks are not widely available for team members and volunteers. The aging infrastructure presents many challenges. Patient care areas have limited storage, resulting in equipment and supplies in the corridors. Some patient areas have limited space for interaction, are equipped with small, shared washrooms, lack of ceiling track lifts, and have limited lines of sight from the team communication centre to client rooms. The leaders are encouraged to develop infrastructure plans for the Wainwright Health Centre to promote patient care, quality, optimal workflow, storage, and infection prevention and control priorities.

The Wainwright Health Centre has a robust emergency preparedness culture. The leaders, team members, and physicians are to be acknowledged for their exemplary response to the COVID-19 pandemic. Testing of codes is ongoing. There are monthly meetings of the occupational health and safety committees.

The clients, families, and community members expressed strong appreciation for the presence of the Wainwright Health Centre and the programs provided to the community. The clients and families spoke highly of the care provided at Wainwright Health Centre. They described being treated with care, dignity, and respect. A client described the team members as "wonderful," and the care provided as "exceptional."

The leaders are encouraged to continue to seek client, family, and community input to further strengthen the programs and services provided.

The team members and physicians were highly engaged in providing quality care to their clients and families. There is a strong commitment to hand hygiene with audits completed. Infection prevention and control is embedded throughout the facility with an Infection Prevention and Control Practitioner

available to support team members. There are quality processes developed including whiteboards at the bedside, interdisciplinary rounding, and medication reviews. The leaders are encouraged to continue to embed the quality processes throughout all programs and services. Furthermore, the leaders are encouraged to seek the input of clients, families, and team members in the design and implementation of quality improvement initiatives.

The importance of appropriate patient flow strategies was noted by the team members and leaders. There are initiatives to support appropriate patient flow including family conferences, a discharge planner, linkages with community services, and discharge planning processes. However, there are no protocols or plans in place to address overcapacity. The expected length of stay identified upon admission will result in an objective parameter for the client, family, and team to work collaboratively to meet. The leaders are encouraged to develop an overcapacity plan to ensure appropriate usage of resources and client safety. Furthermore, they are encouraged to continue to support patient flow initiatives as changes to capacity may occur and the site could be prepared for such an event to protect both client and staff safety.

Survey Methodology

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

To conduct their assessment, the survey team gathered information from the following groups[1]

Other, 3, 4%
Administration, 4, 5%
Clients and Families, 12, 16%
Physicians , 5, 7%
Staff, 52, 68%

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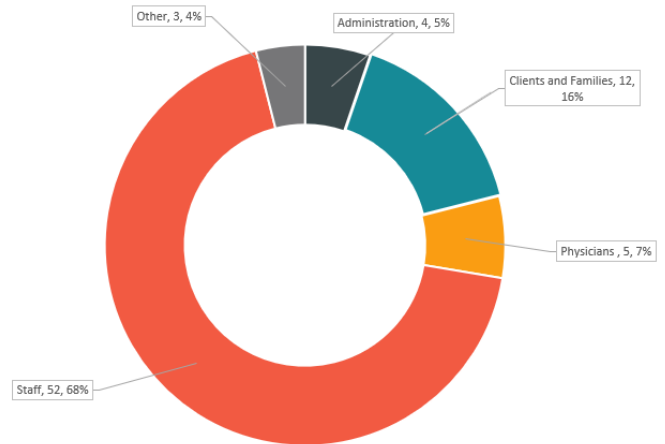
[1] "Other" interviewees refer to individuals such as students or volunteers

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 continue to seek client, family, and community input to further strengthen programs and services.

2. To review the infrastructure needs of the Wainwright Health Centre to improve workflow, storage, and infection prevention and control priorities.

3. To develop an overcapacity plan to ensure appropriate usage of resources and client safety.

4. To optimize the integration of quality and patient safety initiatives at the front line.

5. To develop a process to review the client records to ensure that client records are accurate, complete, and up to date, including the input of team members and physicians to ensure that client records meet organizational and professional standards.

Areas of Excellence

1. Team members, physicians, and leaders are commended for the effective management of the COVID-19 pandemic.

2. Collaborative and engaged interdisciplinary teams.

3. Commitment to community engagement with strong partnerships developed.

4. Establishment of innovative programs such as a stroke unit and virtual care technology.

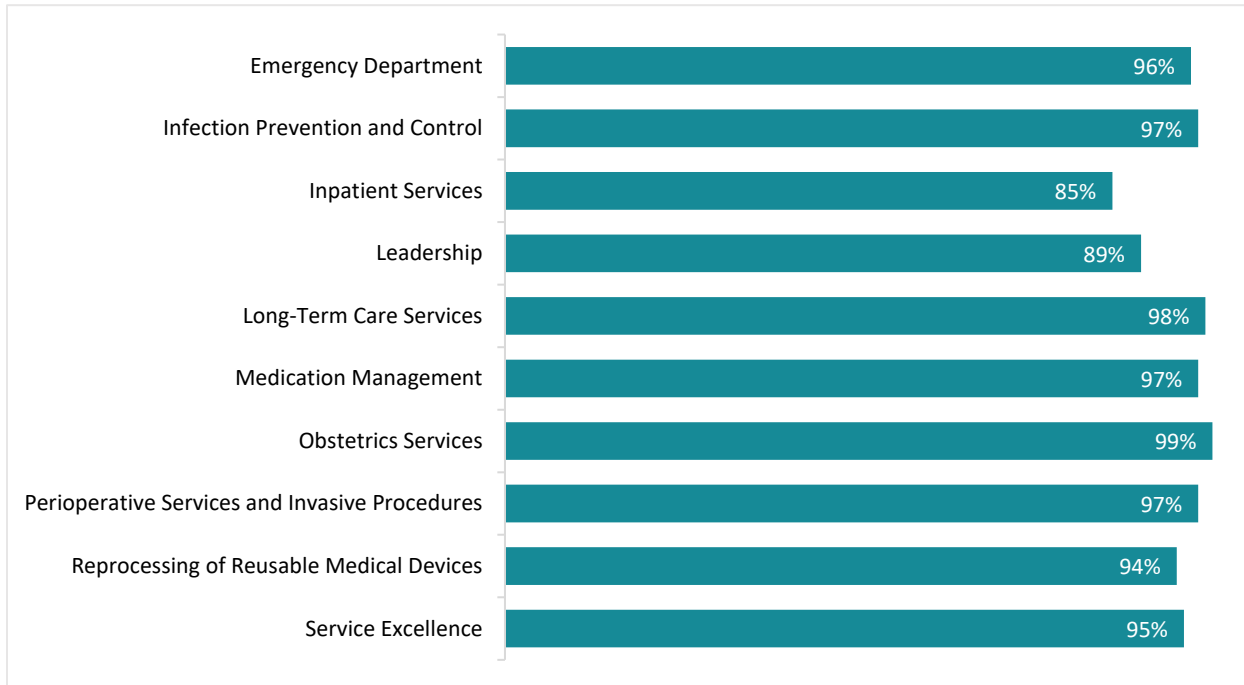5. A clean facility with exceptional environmental services staff.

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria			Attestation:
Attested	On-Site	Overall	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.
98% met	95% met	95% met	
Number of attested criteria			**On-site Assessment:**
Attested	Audited		Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
109 criteria	22 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	Percentage
Emergency Department	96%
Infection Prevention and Control	97%
Inpatient Services	85%
Leadership	89%
Long-Term Care Services	98%
Medication Management	97%
Obstetrics Services	99%
Perioperative Services and Invasive Procedures	97%
Reprocessing of Reusable Medical Devices	94%
Service Excellence	95%

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	91	4	0	0
Infection Prevention and Control	36	1	0	0
Inpatient Services	58	10	1	0
Leadership	8	1	0	0
Long-Term Care Services	79	2	0	0
Medication Management	77	2	8	0
Obstetrics Services	82	1	0	0
Perioperative Services and Invasive Procedures	143	4	2	0
Reprocessing of Reusable Medical Devices	85	5	1	0
Service Excellence	72	4	0	0

Compliance By System Level Priority Process
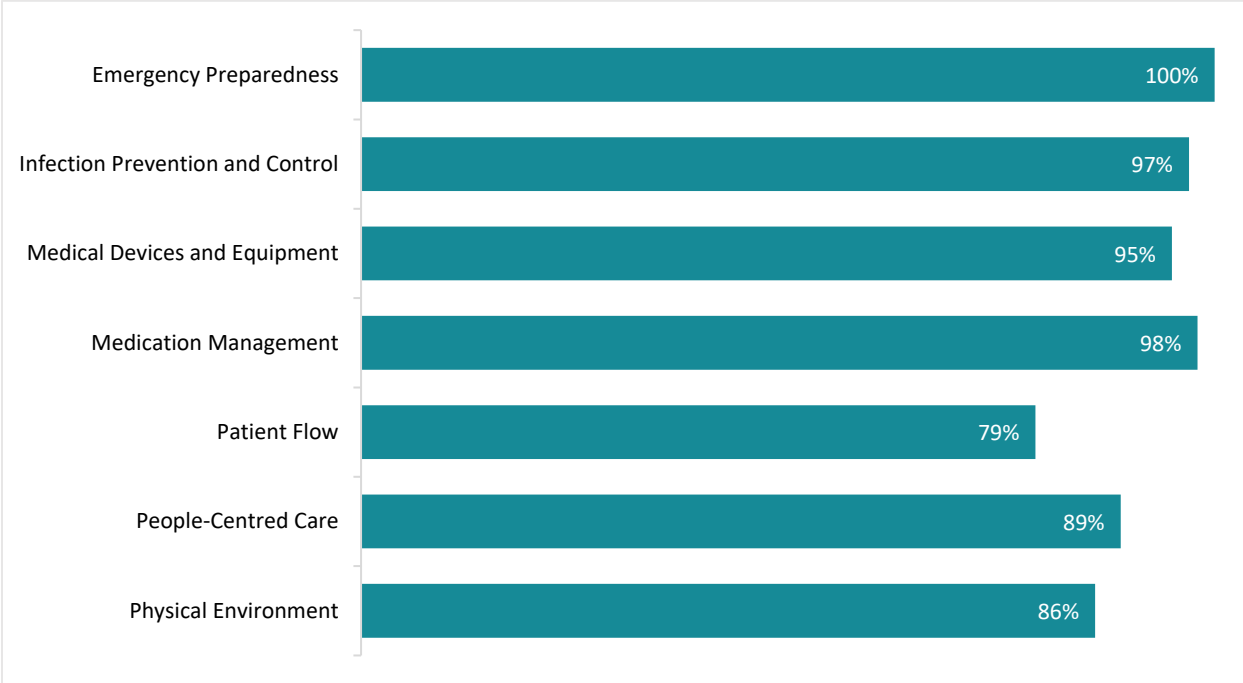
PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	33	1	0	0
Medical Devices and Equipment	104	6	2	0
Medication Management	92	2	8	0
Patient Flow	15	4	0	0
People-Centred Care	48	6	0	0
Physical Environment	12	2	0	0

Compliance by Quality Dimension

Accessibility	92%
Appropriateness	96%
Client Centered Services	98%
Continuity of Services	97%
Efficiency	83%
Population Focus	100%
Safety	96%
Worklife	86%

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Accessibility	45	4	0	0
Appropriateness	232	10	2	0
Client Centred Services	160	4	1	0
Continuity of Services	29	1	0	0
Efficiency	5	1	0	0
Population Focus	4	0	0	0
Safety	238	11	8	0
Worklife	18	3	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	MET
	Obstetric Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	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	UNMET
	Inpatient Services	UNMET
	Long Term Care	UNMET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	UNMET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	UNMET
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
RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Inpatient Services	UNMET
	Long Term Care	MET
	Obstetric Services	MET
	Perioperative Services and Invasive Procedures	UNMET
Pressure Ulcer Prevention	Inpatient Services	UNMET
	Long Term Care	UNMET
	Perioperative Services and Invasive Procedures	N/A
Suicide Prevention	Emergency Department	MET
	Long Term Care	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 culture of emergency preparedness at the Wainwright Health Centre. The leaders and team collaborate with partners in emergency response preparedness, including the Canadian Forces Base Wainwright, police and fire organizations, and municipalities.

MET 7
(100%)

The team members and leaders of the Wainwright Health Centre are committed to quality emergency preparedness processes. There is access to policies and procedures to manage outbreaks. This includes collaboration with the infection prevention and control practitioner. There is a strong commitment to communicating with clients, families, and communities. This includes effective communication to stakeholders, which was strongly evident during the COVID-19 pandemic. There has been effective communication with team members, and they have stated that they have been provided with current information on outbreaks and the COVID-19 pandemic.

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.
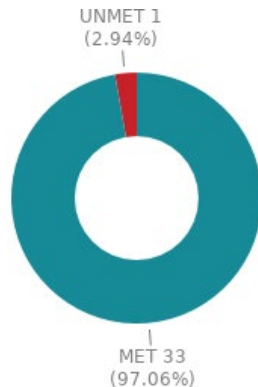
The Infection Prevention and Control Program at Wainwright Health Centre is well organized, with support provided to the team members and leaders. The staff and leaders spoke highly of the value of the Infection Prevention and Control Program and the support provided by the Infection Control Practitioner. The leaders and team members stated that they have appropriate access to infection prevention and control support. The infection control practitioners are involved in the planning and construction of the physical environment including, the recent re-development of the emergency department.

The hospital-acquired infection rates are tracked, and the information is shared. The leaders are encouraged to continue to assess the workload of the infection control practitioner in keeping with emerging infection prevention issues and trends.

The team members and leaders are proud of the response of the Wainwright Health Centre to the COVID-19 pandemic. They are to be commended for their robust response to this unprecedented event. There was a strong commitment to providing a safe environment for clients, team members, and the community. There are robust standardized infection prevention and control processes implemented. The team members stated that they have received education and training on hand hygiene, the use of personal protective equipment, and infection prevention and control processes. The team members stated that they feel safe at work and that their safety is protected by Alberta Health Services. There are hand hygiene stations located throughout the facility. However, dedicated hand-washing sinks are not available for team members and volunteers; sinks are used for other purposes. The organization is encouraged to ensure access to dedicated hand-washing sinks for team members and volunteers.

The quality of the cleaning provided throughout the Wainwright Health Centre is acknowledged. The environmental services staff are to be commended for their exceptional work. A team member stated, "I clean the hospital like I clean my home." The team members have access to current policies and procedures and use checklists to confirm that the cleaning has been completed. Environmental services and laundry team members stated that they received education on hand hygiene, personal protective equipment, and the use of hazardous products. They noted that they feel their safety is supported by the organization. Biomedical waste is transported in keeping with policies and procedures.

The team members are acknowledged for their work in the implementation of the hand hygiene program. Hand hygiene audits are completed, and the results are posted on the Quality Boards. The team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

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: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.

UNMET 6 (5.36%)   N/A 2 (1.79%)

MET 104 (92.86%)
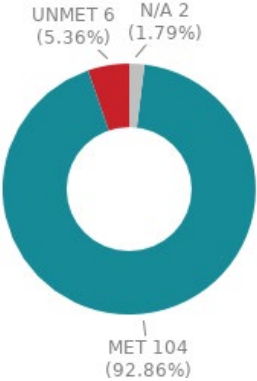
The reprocessing area is small, but the staff members do an excellent job maintaining an appropriate flow from dirty to clean to prevent cross-contamination. Unfortunately, the reprocessing area is adjacent to the patient care areas and does not have an anteroom. Dirty equipment must be moved through the labour and delivery area to reach the reprocessing department.

Endoscopy processes were observed during this survey and the staff were knowledgeable and followed the appropriate procedures. Instrument reprocessing was not observed but the staff were able to speak to their processes.

The organization may want to review the numbers and types of trays that are provided through the on-site reprocessing as it may help the team to streamline processes by combining similar kits or eliminating seldom used trays. Coordinating the reprocessing capability with the operating room services to ensure that further expansion of surgical procedures is supportable by reprocessing is recommended. A review of current operating room services is also recommended as there may be opportunities to move some procedures out of the operating room which would also reduce the number of instruments and trays that require reprocessing (podiatry, vasectomies, and circumcisions).

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.
Reprocessing of Reusable Medical Devices	3.1	The layout of the Medical Device Reprocessing (MDR) department is designed based on service volumes, range of reprocessing services, and one-way flow of medical devices
Reprocessing of Reusable Medical Devices	5.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Reprocessing of Reusable Medical Devices	5.12	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.

Reprocessing of Reusable Medical Devices	8.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.
Reprocessing of Reusable Medical Devices	8.4	Access is provided to hand hygiene supplies, including properly functioning soap and towel dispensers and alcohol-based hand rub stations in the working environment.

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; Perioperative Services and Invasive Procedures.

UNMET 2 (1.96%)
N/A 8 (7.84%)
MET 92 (90.20%)
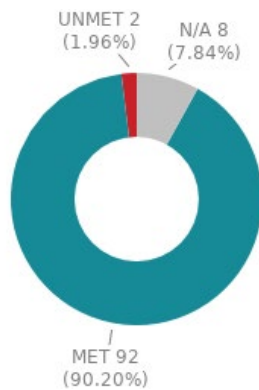
The hospital pharmacy team maintains a clean and organized workplace. If an opportunity arises to develop a new space, the organization is encouraged to involve the pharmacy team to ensure that the space size and configuration include potential new technological requirements. Ensuring the space is suitable to secure high-alert medications should be part of any future renovation.

The inpatient medication room at Wainwright Health Centre was recently moved to provide more space for this critical function. Within this space, there is an opportunity to remove some legacy equipment and paperwork unrelated to medication management. Within the emergency department, the medication room was provided with insufficient space in the recent redesign and would benefit from a review to ensure the space is maximized and not used for other storage purposes.

The use of "do not use" abbreviations has steadily declined within the organization and the team is encouraged to continue education on this topic. VTE prophylaxis and antimicrobial stewardship are ongoing programs and the teams have made significant progress on implementing these best practices. Audits of the antimicrobial stewardship program have been completed, but the results have not yet been shared with the front-line staff due to COVID-19 related delays.

There are opportunities to review the narcotics held at the facility, in the medication rooms, and in the narcotic night cupboard. The team may consider minimizing the types of narcotics available, the dose strength, and the quantities. Decreasing the quantities held not only improves narcotic safety but will also minimize the nursing time spent on manual count verification.

The facility has several procedure bins throughout the hospital, some of which hold medications. Regular review of the number and type of bins held to ensure they accurately reflect the needs of the organization is required to mitigate the risk of holding medications in multiple locations and ensure expiry dates are not exceeded.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.2	Medication storage areas are regularly cleaned and organized.
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.

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; Perioperative Services and Invasive Procedures.
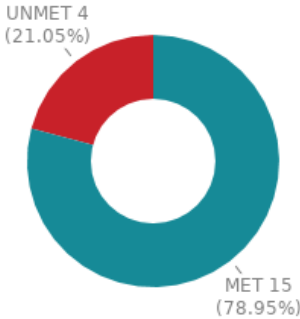
The organization is fortunate to have the space and clinicians to manage their patient volume. With the recent emergency department refresh, there are adequate patient rooms and trauma bays to avoid the placement of patients in corridors or other undesirable locations. As a close-knit community, when additional staffing is required due to a surge of acute patients such as in a trauma situation, informal methods are used to bring in more staff. Formalizing these processes and educating staff on procedures may assist with these rare but stressful events to provide direction on when and how to increase staff numbers and the priorities of where to shift patients should that requirement arise.

The organization does not have standardized surge protocols for inpatients to guide procedures if they are overcapacity. This plan needs to include managing beds to allow for repatriation of patients from tertiary care centres to support the right patient being in the right bed at the right time.

The leadership may identify areas of focus to audit to ensure that patient flow throughout the organization is supported. Establishing an estimate length of stay (ELOS) at admission with clear treatment and discharge goals may help all team members to focus on returning the patient to their home. Identifying factors that prevent discharge at the target ELOS date can then be the focus of future audits and quality improvement projects. Physicians are key to this process and need to be engaged with the multidisciplinary team to ensure that they are working towards the same goal. Physician rounds with the team should be facilitated whenever possible.

Community physicians all have admitting privileges and care for their own patients while in hospital. Upon review of the hospital charts, it was noted that history and physicals were missing from several and lacked physician progress notes. The patients interviewed were also unclear as to their in-hospital treatment goals and discharge plan. The physician group may consider a peer auditing program to review each other's charts as a practice improvement group learning activity. A hospitalist model may also be considered by the physician group to streamline their clinical practice commitments, improve

communication with the multidisciplinary team, facilitate physician inclusion in multidisciplinary rounds and prioritize service to ensure discharges are timely.

The physicians and staff may benefit from education regarding the usage of family and friends to transport for required medical appointments at other facilities rather than using emergency medical service for transport when this is clinically supported. The teams have increased the use of virtual consultations wherever possible and are encouraged to continue and expand virtual consultation services.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.2	A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.
Emergency Department	2.11	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.
Emergency Department	2.12	Protocols are followed to manage clients when access to inpatient beds is not available.
Leadership	13.1	Client flow information is collected and analyzed in order to identify barriers to optimal client flow, their causes, and the impact on client experience and safety.

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; Obstetrics Services; Perioperative Services and Invasive Procedures; Service Excellence.

UNMET 6
(11.11%)

MET 48
(88.89%)

The leaders and team members are committed to providing people-centered care. The programs and services of the Wainwright Health Centre are held in high regard by the community. The Wainwright and District Community Health Foundation provides financial support to enhance health care for the residents. The clients and families stated that they were treated with care, dignity, and respect. Furthermore, they commented that they received wonderful care. These are strong attributes which the Wainwright Health Centre can use to build and strengthen people-centered care.

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 Wainwright Health Centre meet the diverse needs of their clients and families. The participation and input of clients and families into the development, implementation, and evaluation of services and programs will

enhance the quality of the care provided. Furthermore, the leaders are encouraged to embed the perspectives of clients and families into programs and services. This includes identifying barriers to access services, space co-design, identifying service-specific goals and objectives, and participating in quality initiatives.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	5.5	Goals and expected results of the client's care and services are identified in partnership with the client and family.
Inpatient Services	5.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
Inpatient Services	5.19	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.
Inpatient Services	6.13	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.
Inpatient Services	7.1	Clients and families are actively engaged in planning and preparing for transitions in care.
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.

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; Perioperative Services and Invasive Procedures.

UNMET 2
(14.29%)

MET 12
(85.71%)
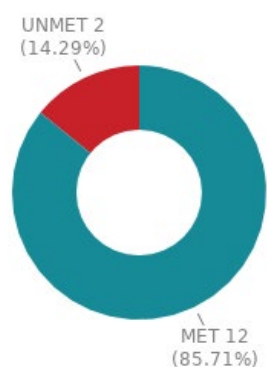
The Wainwright Health Centre is a clean and well-maintained facility. The hospital is of older design which creates some challenges, and the team continues to evaluate and redesign spaces to meet the ongoing and changing needs of the organization. Recent renovations to the emergency department and the inpatient medication room are two examples of significant improvements to support patient care and the organization is encouraged to involve front-line staff in all future renovation plans and prioritization.

Medication rooms are a challenge with limited space for storage and work in the emergency department, the main pharmacy and on the inpatient floor, and improvements continue to be made in these areas.

The hospital has one operating room which is used by several surgeons for a variety of procedures. Three levels of restriction are designated but it is not ideal. The unrestricted area is fully accessible to patients and staff. More significantly, locks need to be added to the labour and delivery room door to

prevent inadvertent access to the semi-restricted area. The physical layout of the operating room is functional but there are some tight spaces in which to navigate the patient beds to get in and out of the area. The team has already made several changes to the available spaces to fulfill their needs and are encouraged to continue reviewing options to continually make improvements.

The reprocessing area is small but does have a dirty-to-clean workflow to prevent cross-contamination. Unfortunately, the reprocessing area is adjacent to the patient care areas and does not have an anteroom. If there is an opportunity to renovate the operating room, the reprocessing area could be included to expand the space available to facilitate the processes and flow in accordance with best practice.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.3	Heating, ventilation, temperature, and humidity in the area where surgical and invasive procedures are performed are monitored and maintained according to applicable standards, legislation, and regulations.
	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.

Emergency Department

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

UNMET 1
(1.39%)

MET 71
(98.61%)
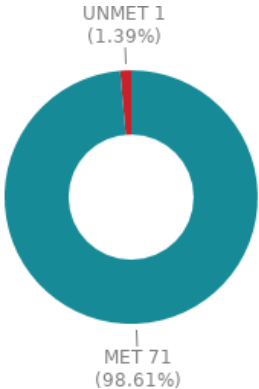
The emergency department was recently re-designed, and the patient rooms provide ample space for patient care with clean, bright isolation rooms and trauma bays. The triage area is adjacent to the patient care areas but unfortunately, was not designed to meet the needs of those who use this space. Engaging the front-line staff for future renovations is strongly recommended.

The emergency team makes excellent use of virtual consultation for neurological assessments for stroke and for pediatric assessments. Continuing to push for opportunities to increase usage for other consultations, including trauma, is encouraged as the virtual capacity continues to expand.

With COVID-19, the supply carts have been removed from the rooms to prevent contamination of stores. The organization may determine this to be a permanent requirement to protect material resources from compromise by infectious disease and to minimize the risk of access by unauthorized persons. Alternate means of providing the frequently used personal protective equipment (PPE) adjacent to rooms in wall holders may be considered to decrease clutter outside rooms. The quantities of medical supplies can also be evaluated to determine the required quantities in patient care areas.

The emergency department does not have a formalized surge plan to support staff around bringing in additional staff, moving patients, or diverting ambulances. Establishing a plan for high patient numbers and acuity would provide staff with decision support in these circumstances.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.

Inpatient Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.
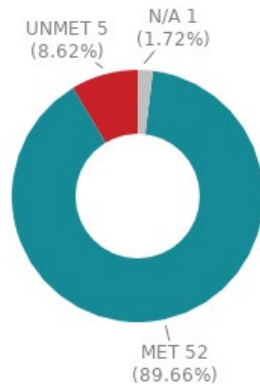
The inpatient service includes medicine and obstetric patients and many staff have received cross-training to support these areas. This 25-bed facility currently functions with 21 beds due to the requirement to provide private rooms for COVID-19 isolation. The team is working to improve their workspaces and functionality as demonstrated with the recent move of the medication room to a larger area. The team audited medication errors and identified the confined space and noise in the previous medication room as contributing. Since moving to the larger and more functional space, medication errors have decreased. The team is encouraged to continue using audits to identify areas of concern and to inform future change.

The inpatient unit lacks storage space for medical equipment and the team is looking for opportunities to minimize clutter in the corridors. With COVID-19 and moving stores to the hallways, this may be an opportune time to permanently remove unsuitable furniture items. Wall dispensers for PPE are used in some areas and their usage could be expanded to improve hallway traffic flow.

The team has adopted the IDRAW tool to facilitate handover and like the new process but note that it adds to the bulk of their paper chart. They are looking forward to Connect Care implementation. The nursing staff predominantly use a taped handover to pass information to the incoming team in conjunction with the IDRAW tool. The teams may consider moving the transition to the bedside and verbally passing the information on to the next shift, with input from the patient and their family.

The multidisciplinary staff consistently document changes and adjustments to the care plan. However, it was noted that several charts did not include an admitting history and physical, physician notes, or clear direction as to the plan for investigation, treatment, or discharge.

The team uses clinical care pathways, has implemented VTE prophylaxis on admission and follows the antimicrobial stewardship programs. The falls and pressure ulcer prevention programs are in place and audits are completed. Using the quality boards to communicate the teams' successes in these areas and to facilitate conversations about implementing initiatives to further improve patient safety is encouraged.

Education and training to staff and physician could include avoidance of using emergency medical service (EMS) as a transport service when not clinically required and other options are available. Auditing EMS usage may identify barriers and perceived barriers to alternate modes of transportation.

The team does not have a standardized protocol to facilitate movement required due to overcapacity. The organization is fortunate that this has seldom been an issue. However, the hidden patient flow concern is that patients occupy beds who could be discharged, preventing the repatriation from tertiary hospitals where overcapacity is an issue. Implementation of a protocol that supports decisions for overcapacity is recommended. Coordinating these protocols with the physician will support the efforts of the discharge planning team to facilitate patient flow throughout the organization.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	2.5	Education and training on when clients need to be accompanied when receiving service in another service or location is provided to the team.
Inpatient Services	6.1	The client's individualized care plan is followed when services are provided.
Inpatient Services	6.3	All services received by the client, including changes and adjustments to the care plan, are documented in the client record.
Inpatient Services	6.5	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.
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.

UNMET 2
(2.60%)

MET 75
(97.40%)

The Wainwright Health Centre has approximately 58 long-term care beds, with 32 private and 13 semi-private rooms, with 10 ceiling track lifts. There is a shared washroom in the semi-private rooms. The long-term care home is clean. The environmental services staff are dedicated to their work and take pride in providing a clean environment for residents. The aging infrastructure presents challenges in providing client care. Patient care areas have limited storage, resulting in equipment and supplies in the corridors. The patient areas are equipped with small, shared washrooms, lack ceiling track lifts, and have limited lines of sight from the team communication centre to client rooms.

An engaged interdisciplinary team provides long-term care services. There is a strong commitment to providing quality care to the residents. The team members were very compassionate and caring. They stated that they enjoyed working with the residents. The team members stated that their learning needs were supported and that they felt safe at work. They described long-term care as a "good place to work," however, they also noted that there are staff shortages. The leaders described a successful

collaboration with a post-secondary institution who have assisted with recruitment and helped to train health care aides

The residents spoke positively about the care provided at the long-term care home. They stated that they were treated with care, dignity, and respect. A resident stated that she "really enjoyed," the recreation program. The recreation therapy program is comprehensive and has a variety of activities to meet the needs of a diverse population. The residents are involved in planning the recreation program and monthly agendas are posted. The recreation therapists plan activities for residents to support their plan of care. A Resident Council meets monthly, and the minutes are available on the resident bulletin board. The residents customize their rooms with furniture and decorations. A whiteboard, "What is important to you?" is in each resident room.

The transition of clients and families is 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
Long-Term Care Services	6.2	The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.
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.

Obstetrics Services

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

UNMET 1
(1.37%)

MET 72
(98.63%)
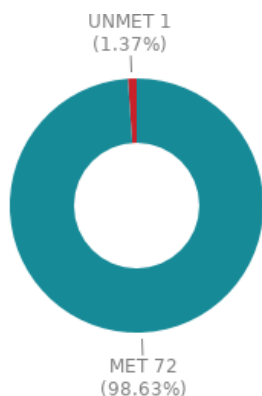
The obstetrical unit at the Wainwright Health Centre consists of three labour and delivery rooms and one post-partum room. There is one operating room in which C-sections are performed. The unit is clean, and the environmental services staff are proud of ensuring a safe environment for clients and families. The obstetrical unit is located adjacent to the operating room and inpatient services and is located on a busy corridor. The Medical Device Reprocessing Department is located across from the client rooms and contaminated medical devices are transported through this corridor. There are private rooms with shared washrooms.

The team members and leaders are committed to providing a quality obstetrics program at the Wainwright Health Centre. The implementation of the MORE-OB program is an example of this commitment to quality. The team members spoke highly of the importance of the program in providing

safe and quality care. The leaders are encouraged to continue to implement the MORE-OB program. The Safe Surgical Checklist is completed on all surgeries with regular auditing. Whiteboards are in the client's rooms. The team members are encouraged to ensure that client information is up to date and contained on the whiteboard. There is a quality board on the obstetrical unit, however, there is an opportunity to enhance the information shared in this format. The input of clients and families was valued by the team members 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 members commented on the value of the training and education received. This includes fetal health surveillance, neonatal resuscitation, and obstetrical training at other hospitals. Additionally, a buddy system is used to support team members. The team members stated that they felt safe at work.

The clients described receiving exceptional care. They stated that they were comfortable asking questions. Family members noted that they felt comfortable and welcomed to the unit. A client described feeling very supported in breastfeeding and that the nurses were "excellent." A family member stated, "It is a wonderful program with excellent staff'. The only suggestion for improvement would be to have a private washroom for each client room. The families felt welcomed on the inpatient unit and a part of the care team. The transition of clients and families is 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
Obstetrics Services	8.8	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

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.

UNMET 1 (1.15%)   N/A 1 (1.15%)

MET 85 (97.70%)
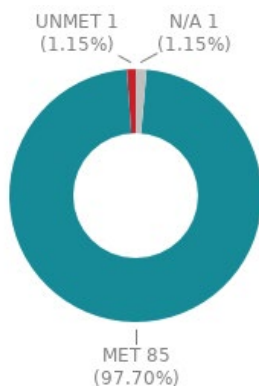
The perioperative team consists of a dedicated group of individuals who are passionate about what they do. Team communication and collaboration were excellent throughout the process from booking through post-operative recovery.

The single operating room is scheduled for twelve days a month and includes a wide array of procedures provided by local and visiting surgeons. In addition to scheduled and emergency C-sections, the operating room supports endoscopy (colonoscopy and gastroscopy), tubal ligations, vasectomies, open appendectomies, open hernia repairs, and podiatry. The organization is exploring the expansion of its surgical capabilities. The

organization is encouraged to define the scope of the perioperative services they can support and ensure that the services provided align with the needs of the supported community.

Wainwright Health Centre is limited by having a single operating room which does pose challenges should an emergency C-section be required. Processes have been established to facilitate this transition. This remains an area of risk that should be reviewed to ensure that processes are adequate to mitigate this risk.

The perioperative team provides services to clients, scheduled through the booking service which prioritizes each surgeon's referral list. A robust waitlist strategy for the zone would assist in prioritizing patients for care and an ability to prioritize resources over a larger geographic area. Wainwright Health Centre is encouraged to re-evaluate the perioperative program in collaboration with their Zone.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	15.17	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Service Excellence

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

UNMET 3
(4.41%)

MET 65
(95.59%)

The Wainwright Health Centre is supported by a committed and engaged leadership team both at the site and Central Zone level. The leadership teams are visible and accessible. The team members acknowledged the support provided by leadership. Team members and leaders are acknowledged for their commitment to team and client safety. Case conferences, whiteboards, quality improvement boards, multi-disciplinary rounding, and family conferences are used to support safety. There is a Quality Improvement Committee, however, this committee has not recently met.

The leaders are encouraged to have regular meetings of the Quality Improvement Committee and to seek the input of clients, families, and team members. There is an opportunity to enhance the information contained on the Quality Improvement Board's focus on the site quality improvement indicators and evaluations. The input of clients and families was valued by the team members and leaders including both formal and informal processes. The team and leaders are encouraged to continue to seek opportunities to enhance the input of clients and families into the design of programs and services.

The leaders are to be acknowledged for their commitment to supporting the education and learning needs of the team. The staff spoke highly of the education and training provided. An orientation is provided to all new staff, and they spoke highly of the value of the orientation process. The team members stated that they feel safe at work.

The aging infrastructure at the Wainwright Health Centre presents challenges. Patient care areas have limited storage, resulting in equipment and supplies in the corridors. Some patient areas have limited space for interaction, are equipped with small, shared washrooms, lack of ceiling track lifts, and have limited lines of sight from the team communication centre to client rooms.

The leaders have identified recruitment and retention challenges. They have identified opportunities to enhance the recruitment of new staff by a commitment to "grow your own." There is an innovative pilot project with a university school of nursing, for nine nursing students to complete their four-year clinical component at the Wainwright Health Centre. There has been a successful collaboration with Lakeland College to train health care aides. The leaders are encouraged to continue with this important work.

Performance appraisals are viewed as an important tool to support the growth and development of staff. The team member's performance is not regularly evaluated and documented in an objective, interactive, and constructive way. The leaders advised that there is a plan to ensure that the performance of team members is evaluated on a regular basis. The leaders are encouraged to continue to ensure that performance appraisals are completed.

They were comfortable calling the nursing staff and manager to provide positive or negative feedback. While patients can access hospital staff informally (predominantly by telephone), there is no internal process of recording and consolidating this information. The teams do get information from AHS when complaints or suggestions are submitted to the organization, but the patients interviewed were unaware of this capability. Comment cards were removed due to COVID-19 and are not readily available. There is an opportunity to involve clients and families in re-implementing a complements and complaints process to encourage local feedback and to develop a tracking system to record this feedback and action taken.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.7	A universally accessible environment is created with input from clients and families.
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	6.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	2.2	A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.	June 30, 2022
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.	June 30, 2022
Inpatient Services	5.5	Goals and expected results of the client's care and services are identified in partnership with the client and family.	June 30, 2022
Inpatient Services	5.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	June 30, 2022
Inpatient Services	6.1	The client's individualized care plan is followed when services are provided.	June 30, 2022
Inpatient Services	6.3	All services received by the client, including changes and adjustments to the care plan, are documented in the client record.	June 30, 2022
Inpatient Services	6.5	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.	June 30, 2022
Inpatient Services	6.13	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.	June 30, 2022
Inpatient Services	7.1	Clients and families are actively engaged in planning and preparing for transitions in care.	June 30, 2022
Long-Term Care Services	6.2	The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.	June 30, 2022
Medication Management	12.2	Medication storage areas are regularly cleaned and organized.	June 30, 2022
Perioperative Services and Invasive Procedures	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	June 30, 2022
Perioperative Services and Invasive Procedures	2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	June 30, 2022
Reprocessing of Reusable Medical Devices	8.4	Access is provided to hand hygiene supplies, including properly functioning soap and towel dispensers and alcohol-based hand rub stations in the working environment.	June 30, 2022
Service Excellence	6.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	June 30, 2022

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
Emergency Department	**Information Transfer at Care Transitions**	
	8.17.5 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 service providers if they received the information they needed - Evaluating safety incidents related to information transfer.	June 30, 2022
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.	June 30, 2022
	Pressure Ulcer Prevention	
	5.9.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions	
	6.18.3 During care transitions, clients and families are given information that they need to make decisions and support their own care.	June 30, 2022
	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 service providers if they received the information they needed -Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	June 30, 2022
Long-Term Care Services	**Pressure Ulcer Prevention**	
	4.8.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions	
	5.19.5 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 service providers if they received the information they needed -Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	June 30, 2022

Medication Management	**Antimicrobial Stewardship**		
	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2022
Perioperative Services and Invasive Procedures	**Falls Prevention and Injury Reduction**		
	6.10.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions		
	7.11.5	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 service providers if they received the information they needed. Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	June 30, 2022