

2022

Innisfail Health Centre
Central Zone
Alberta Health Services

Spring Survey
April 25 – May 6, 2022



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 April 25 – May 6, 2022. 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 (2019-2023). 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.

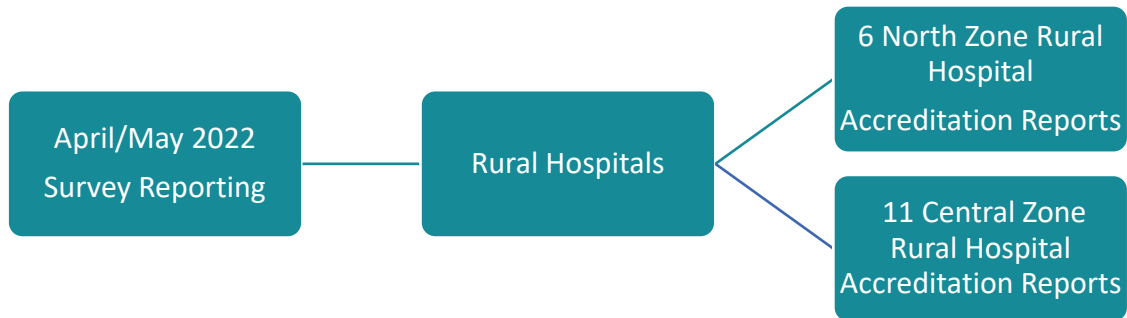
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2023), 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 accreditation cycle, in Spring 2023, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the Spring 2022 Survey are organized as follows:



North Zone Rural Hospital Assessment – Sites Visited

- Beaverlodge Municipal Hospital
- Fox Creek Healthcare Centre
- Grande Cache Community Health Complex
- Northwest Health Centre
- St. Theresa General Hospital
- Valleyview Health Centre

Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre
- Drumheller Health Centre
- Hanna Health Centre
- Innisfail Health Centre
- Olds Hospital and Care Centre
- Ponoka Hospital and Care Centre
- Rimbey Hospital and Care Centre
- Rocky Mountain House Health Centre
- Stettler Hospital and Care Centre
- Myron Thompson Health Centre
- Three Hills 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

Innisfail Health Centre has 27 acute care beds, 78 long-term care beds, an Emergency Department, and is located just off the main highway between Calgary and Edmonton.

The leadership at the site are supportive and visible around the facility. Staff have longevity and enjoy the workplace, there is a cohesive team atmosphere.

There is pride of service delivered and evidence of being accreditation ready. There are still opportunities to be more engaged with clients and families, seek their input, perform audits on ROPs, and learn from those audits to improve services.

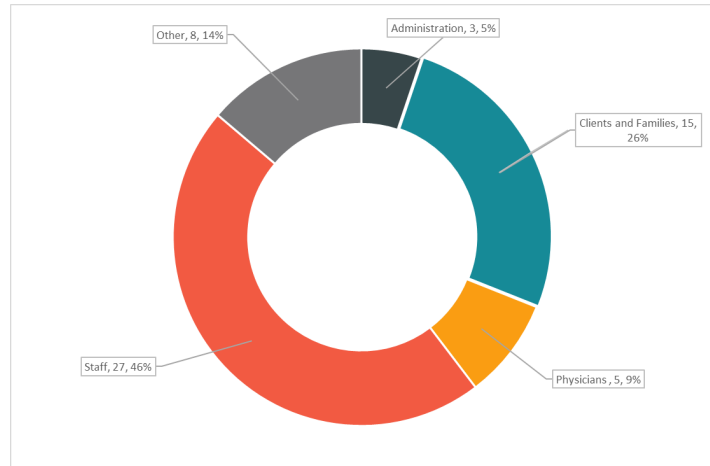
The operating room has re-invented itself as the Eye Centre for same-day ophthalmic procedures (mostly cataract and laser care 3 days a week) with dedicated skilled staff supporting this service. It also doubles as a plastic surgery same-day procedure centre (2 days a week) providing services such as blepharoplasties and breast implants. Surgeons, anaesthetists, and some operating room nurses travel from Red Deer with their team and are appreciative of the small, quiet environment, as are the patients.

Survey Methodology

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

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

Groups	# of interviews
Administration	3
Client & Families	15
Physician	5
Staff	27
Other	2 EMS 6 LPN student group



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. Improve site-specific audits of ROP activities with pertinent reviews of the results, to improve outcomes
2. Create bold information posters/screens for clients and families in the wait areas and rooms to inform them of rights and responsibilities and how to lodge a complaint
3. Create a robust client and family focus group who meet regularly to include clients and families in decision making

Areas of Excellence

4. Well staffed, no need for agency nurses
5. Cohesive team performance
6. Eye team and Plastics team dedicated operating room availability

Results at a Glance

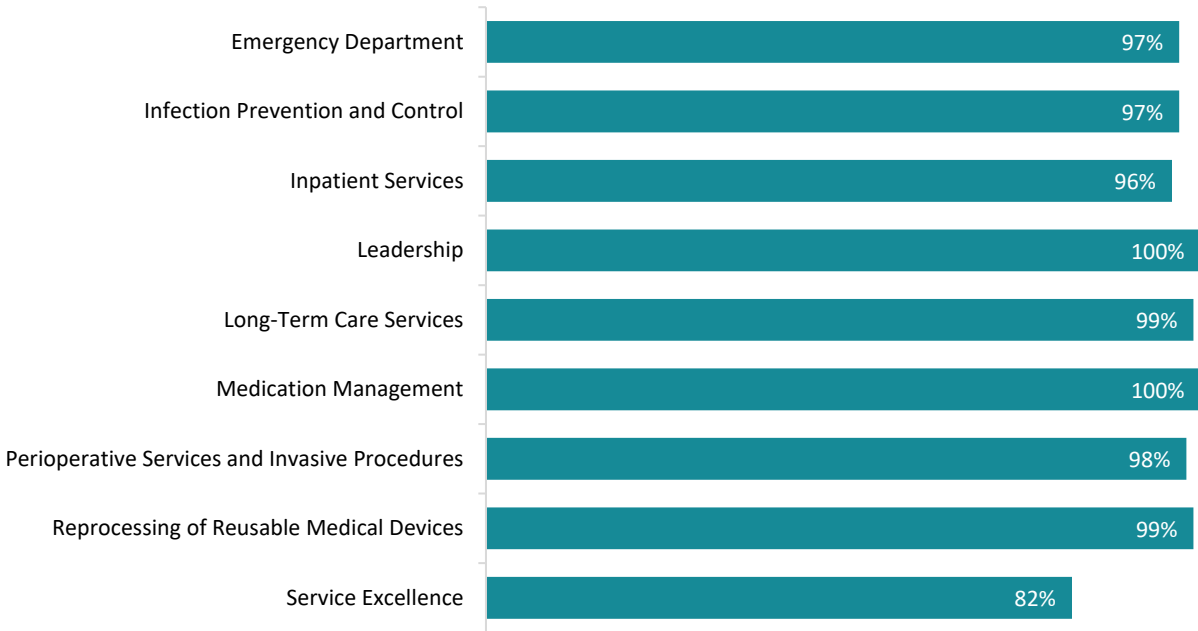
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 97% met	On-Site 96% met	Overall 96% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 108 criteria	Audited 15 Criteria		

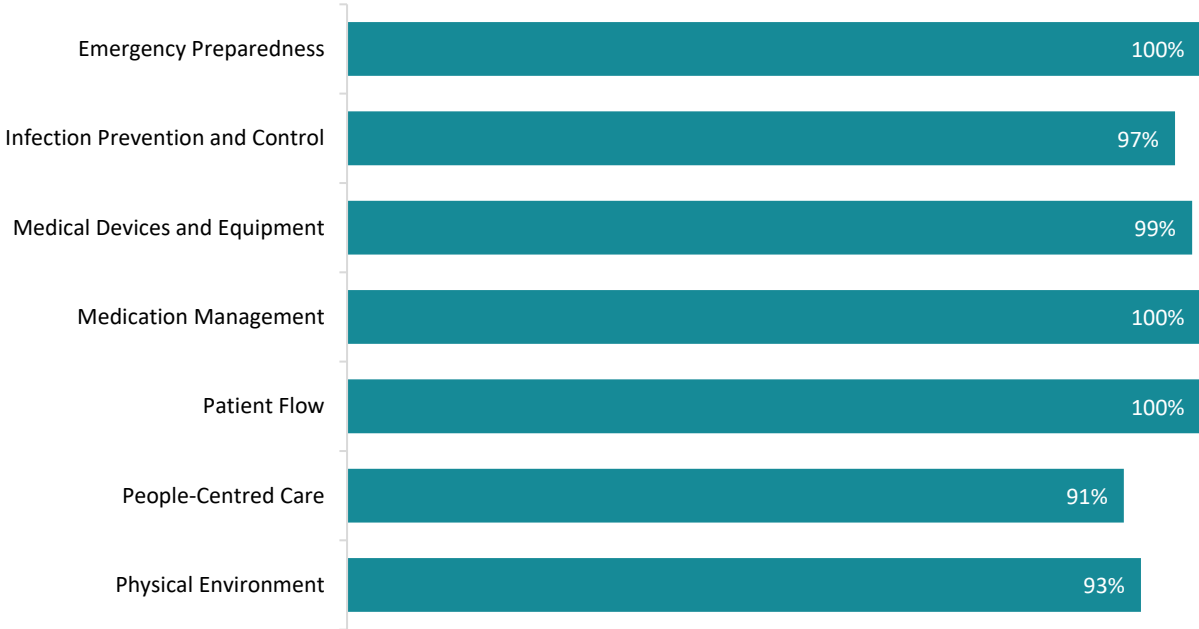
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	91	3	1	0
Infection Prevention and Control	36	1	0	0
Inpatient Services	64	3	2	0
Leadership	9	0	0	0
Long-Term Care Services	68	1	0	12
Medication Management	79	0	10	0
Perioperative Services and Invasive Procedures	142	3	3	1
Reprocessing of Reusable Medical Devices	78	1	12	0
Service Excellence	62	14	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	97	1	14	0
Medication Management	93	0	10	1
Patient Flow	19	0	0	0
People-Centred Care	39	4	0	1
Physical Environment	13	1	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	41	0	0	0
Appropriateness	190	12	11	4
Client Centered Services	127	7	1	5
Continuity of Services	23	0	0	2
Efficiency	6	0	0	0
Population Focus	3	1	0	0
Safety	219	4	16	2
Worklife	20	2	0	0
Total	629	26	28	13

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care 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
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	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	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	MET
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	UNMET
	Long-Term Care Services	UNMET
	Perioperative Services and Invasive Procedures	N/A
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	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.



Emergency preparedness processes are well established at the site. They receive support from the Zone level and have an active site Disaster Management Committee. There are monthly Code Red drills, with post drill reviews and just-in-time (JIT) training provided for any areas of improvement that are identified. A code of the month is also reviewed with staff by each department lead.

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 provincial infection prevention and control (IPC) program provides expertise and support to the site. There is good communication with all leaders, and they appreciate the knowledge and assistance of the IPC professional. In addition to remote support, onsite visits occur, and a monthly site report ensures effective team communication.

Education for staff, volunteers and clients are provided through various mediums, remotely and onsite. Signage and pamphlets are well placed and effective in guiding clients and staff. There is good placement of alcohol-based hand

rub stations. Hand hygiene compliance audits are completed, and results posted, accessible to staff and the public. Innovative ways to increase compliance have been discussed, including 'catching each other' don and doff correctly, staff to staff coaching, and site champions. Dedicated hand wash sinks are being

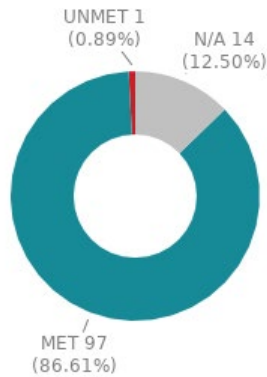
incorporated where needed during renovation projects. As well, it is suggested older wooden painted fixtures be replaced on a priority basis.

Surveillance processes for healthcare acquired infections are well established. There has been considerable effort in the past several months with COVID-19 and the team is commended for their diligence. Outbreak management processes are in place and have been effective.

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.

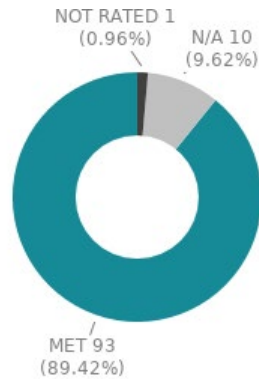


The reprocessing area is well organized and maintained.
 The staff maintained detailed records and there were no concerns in the MDR area.
 No endoscopy is performed and no reprocessing of endoscopes takes place.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	5.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

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.



There is a pharmacy onsite with one full time pharmacist, one pharmacy assistant, and one pharmacy technician interviewed. The pharmacist is a prescriber and is accessible to review orders and assist with antibiotic stewardship.

The pharmacy communicates with Red Deer who ship prescribed inpatient (acute care and long-term care) medications in unit-dose strips daily to the pharmacy, where they are reviewed and placed in the medication cart against the patient's name and room number. All other medications are dispensed from the in-house pharmacy or from the

medication cupboard in the emergency department.

Repackaging of most medications takes place at Red Deer where they are dispensed in unit dose packs. Unit dose packaging prepared at the pharmacy causes a lot of drug wastage as they expire in only 6 months. The site is encouraged to look for a system/process that would produce less waste for unit dose packaging.

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.



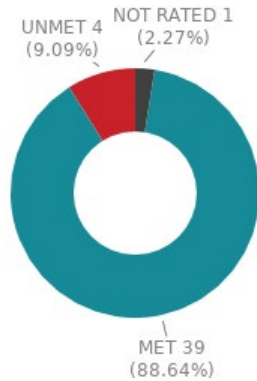
There are daily meetings within the Zone to discuss volumes and bed availability.

The regional leads have access to a well-organized transport program and crew and are able to use this centralized system for patient transfer and bed allocation when one facility is at overcapacity or has had to close beds due to COVID or staff shortages. The RAAPID and STAR programs really help in this area.

EMS members waiting to unload a patient commented that flow through Innisfail is one of the best in the region and their favourite place to serve patients.

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.

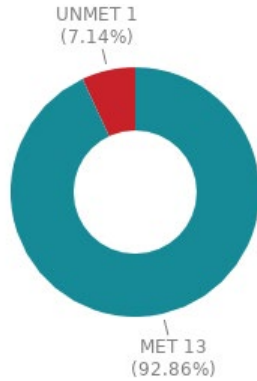


All programs on site have a thorough intake process. Clients/residents indicated that they and their family members were involved in their care planning and care delivery to the level they desired. Staff are respectful and attentive. The inpatient unit has a robust discharge planning process that begins at admission. This is beneficial for the client and ensures transition planning is comprehensive.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	3.3	A comprehensive orientation is provided to new team members and client and family representatives.
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, 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.



The site is well maintained and uncluttered. Staff take pride in offering a pleasant and safe environment. The long-term care environment is very home-like. This is a physically accessible site with a strong partnership with Workplace Health and Safety and Infection Prevention and Control (IPC) teams. IPC is regularly consulted and provides risk assessments and oversight for renovation and construction projects.

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.

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 (ED) was unusually busy on the day of the survey. Patients were not critically ill and were treated by a single doctor on a 24-hour shift. This physician could call on a colleague as necessary. The next day, the unit was moderately busy.

Usually, the Innisfail Health Centre wait time statistics are within the recommended parameters for wait times. Occasionally there is a busy spell. Most waiting patients are CTAS 4's - there is an opportunity to try to improve access to same day primary care services outside the ED.

Registration takes place in the entrance lobby at a stand-up wicket. There is an opportunity to have a small private bay for registration with the option to sit.

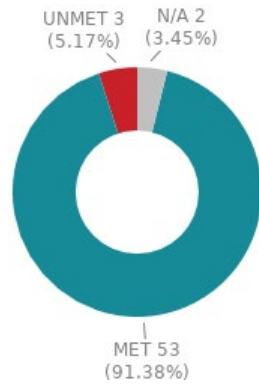
Triage is done promptly; nurses from other areas are called in to help when busy. When not so busy, staff feel they can cope with the flow. Triage occurs just inside the entrance to the ED in the main entrance corridor, but ideally this would be done in a private assessment area if possible.

Stretchers for patient care had been moved around due to the necessity to create more space for COVID-19 suspected patients, which led to supplies carts moved into the patient care areas. Ideally, the supply carts are not at hand's reach to the stretcher.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.
Emergency Department	5.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Inpatient Services

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



The inpatient unit is spacious and uncluttered. The unit primarily serves an older population. The site can repatriate community clients from urban and tertiary centres in a timely manner. Generally, clients are accepted from other rural hospitals where inpatient beds are not available.

There is a strong leadership and multidisciplinary team. Clients experience minimal wait times for consultations from within the team. Specialist consults are also timely. Checklists are used extensively to ensure compliance with care monitoring.

There is a focus on discharge planning. Daily rounds and bed huddles are conducted, improving patient flow.

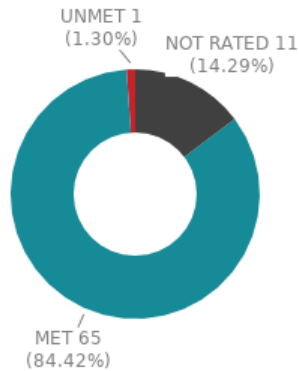
Topical information for clients and staff is posted clearly.

Improvement opportunities in care and service provision are focused at the individual client level. There is an opportunity for the team to formalize the review of their audit data, assess effectiveness, identify opportunities for improvement, and implement broad quality initiatives.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.
Inpatient Services	4.15	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.
Inpatient Services	6.11	A process to monitor the use of restraints is established by the team, and this information is used to make improvements.

Long-Term Care Services

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



There is new leadership and stable staffing in the long-term care (LTC) unit.

Falls prevention work has been ongoing. A post falls packet has been assembled, increasing compliance with resident assessment and documentation requirements. A falls champion has also been appointed at the unit.

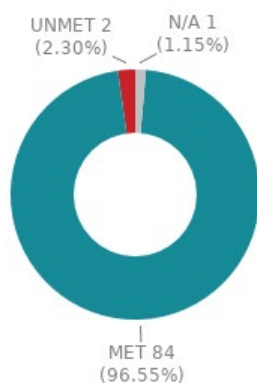
Initiation of physical and chemical restraints are carefully considered on the unit.

Education and information (rights and responsibilities, falls prevention, pressure ulcer prevention) are provided to the resident and family on admission. It is suggested that this communication and education be ongoing. This could be achieved through regular newsletters, pamphlets, case conference discussions, or through recreation programming. This would be beneficial for longer stay residents and their families. Residents are generally satisfied with the care they receive.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	5.8	A process to monitor the use of restraints is established by the team, and this information is used to make improvements.

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.



The operating room has been re-focused to only provide service for regional ophthalmology surgeries and certain plastic surgery procedures.

The Eye Centre operates independently of the Innisfail Health Centre emergency department and inpatient areas and the operating room staff have specialization in these areas of practice. This has created a beneficial situation for patients and ophthalmology staff to provide block services in cataract and laser eye surgeries in a small, dedicated centre.

Plastic surgery includes provincially covered and private procedures, with dedicated surgery days, not threatened by possibility of an urgent case.

Patients appreciated they could be seen in Innisfail rather than the larger tertiary care centres.

Staff, surgeons, and the anaesthetist were also pleased to be operating there.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	5.15	Clients and families are provided with information about their rights and responsibilities.
Perioperative Services and Invasive Procedures	5.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.

Service Excellence

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



Client and family input and feedback for a variety of processes is accomplished in several ways. Input at the zone or provincial level related to policies, pathways, etc., are standardized and disseminated throughout the province. The site’s long-term care (LTC) Resident and Family Council also provide input and feedback which is used for process improvement. Individual client and family level feedback is obtained and revisions/improvements to individual care plans or processes are made in acute care.

There is a strong client/resident focus at the site. A more formal quality improvement process will assist in identifying opportunities and implementing and evaluating strategies based on audit results. The team is well positioned to take on this work as they review their future priorities.

Training and education for staff is extensive. This ensures staff are knowledgeable of new and changing requirements related to their roles.

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	10.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.5	Quality improvement activities are designed and tested to meet objectives.
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	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.
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.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

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.	June 30, 2023
	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 (e.g., from the patient safety incident management system).	June 30, 2023
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.	June 30, 2023
	5.9.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2023
Long-Term Care Services	4.8.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2023
	5.8	A process to monitor the use of restraints is established by the team, and this information is used to make improvements.	June 30, 2023
Perioperative Services and Invasive Procedures	5.15	Clients and families are provided with information about their rights and responsibilities.	June 30, 2023