Myron Thompson Health Centre

Central Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022

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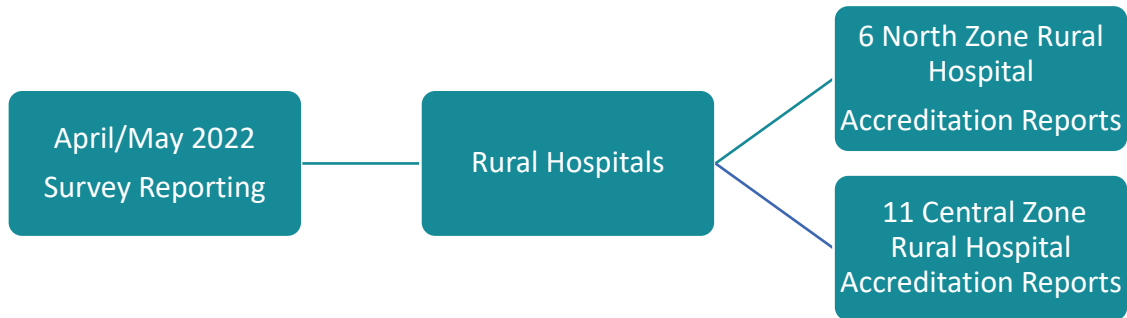
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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:

| April/May 2022 Survey Reporting | — | Rural Hospitals | — | 6 North Zone Rural Hospital Accreditation Reports |
| | | | | 11 Central Zone Rural Hospital Accreditation Reports |

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

Myron Thompson Health Centre in Sundre is a small hospital which caters to summer crowds as it is a resort destination. It is a 60+ year old building and lacks adequate space especially in the pharmacy to store medications.

The hospital has a central nursing station from which branch out two arms, one each for acute care and long-term care, and facing forward is the emergency department, single X-ray room, and the lab off to the side. The waiting area is physically distant from the care area but has CCTV surveillance.

The site leadership is well experienced, being from Sundre and having worked in various positions in the site before moving up to leadership roles. Staff in general have worked there for many years and new staff members feel welcome. There is evidence of close teamwork. The team is to be commended and congratulated for doing a good job in setting that could use many improvements.

Survey Methodology

The Accreditation Canada Surveyors spent one day at Myron Thompson Health Care Centre.

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

Groups	# of interviews
Administration	2
Client & Families	11
Physician	3
Staff	17
Other	0

Other, 0, 0%
Administration, 2, 6%
Clients and Families, 11, 33%
Physicians , 3, 9%
Staff, 17, 52%

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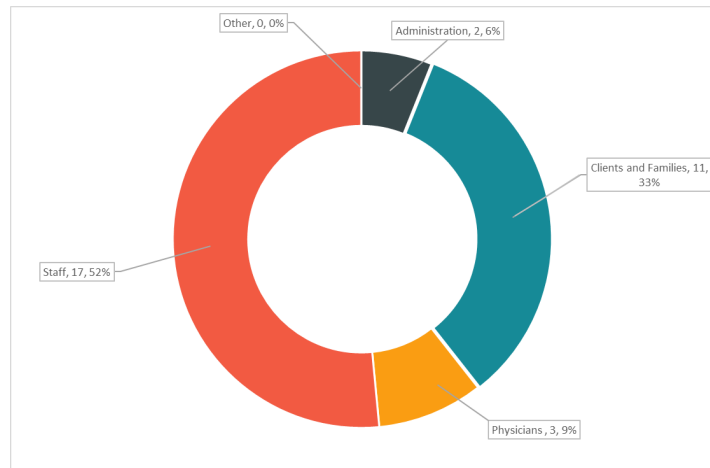
[1] "Other" interviewees refer to individuals such as students or volunteers

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. Consider a new building for this site, but in the meantime, improve the space allocation for the pharmacy

2. Continue to develop site-specific audits of services, particularly ROPs, with a view to continue to improve on those results

3. Improve onsite pharmacist availability.

Areas of Excellence

1. A cohesive team that works together and helps each other out

2. Very satisfied patients

3. Committed site leadership who strives for improvement

4. Great organizational culture - busy but effective care

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.
95% 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.
79 criteria	12 Criteria		

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[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	Compliance
Emergency Department	97%
Infection Prevention and Control	98%
Inpatient Services	97%
Leadership	89%
Long-Term Care Services	100%
Medication Management	90%
Service Excellence	89%

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	91	3	1	0
Infection Prevention and Control	48	1	15	0
Inpatient Services	66	2	1	0
Leadership	8	1	0	0
Long-Term Care Services	72	0	1	8
Medication Management	66	7	16	0
Service Excellence	68	8	0	0

Compliance By System Level Priority Process
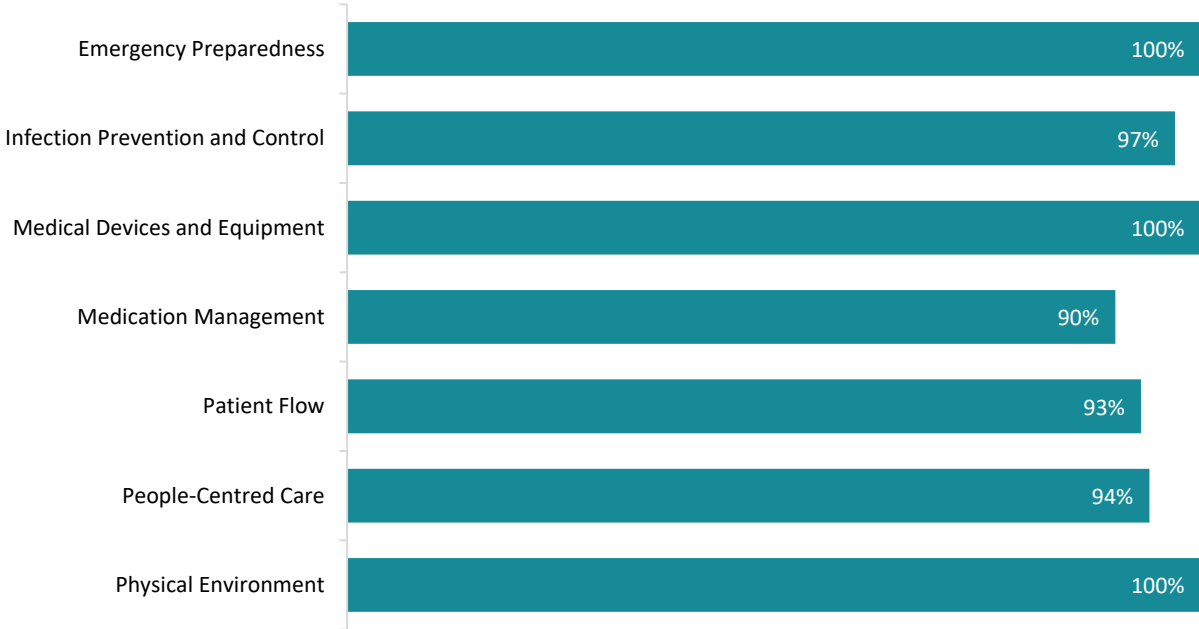
PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	33	1	0	0
Medical Devices and Equipment	12	0	15	0
Medication Management	66	7	16	0
Patient Flow	13	1	0	0
People-Centred Care	30	2	0	1
Physical Environment	4	0	0	0

Compliance by Quality Dimension

Dimension	Compliance
Accessibility	97%
Appropriateness	91%
Client Centered Services	99%
Continuity of Services	100%
Efficiency	100%
Population Focus	75%
Safety	97%
Worklife	86%

DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	30	1	0	0
Appropriateness	128	13	15	2
Client Centered Services	105	1	4	4
Continuity of Services	15	0	0	2
Efficiency	3	0	0	0
Population Focus	3	1	0	0
Safety	123	4	15	0
Worklife	12	2	0	0
Total	419	22	34	8

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	UNMET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	UNMET
	Long-Term Care Services	MET
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
Reprocessing	Infection Prevention and Control	MET

RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care Services	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET

Detailed Results: System-level Priority Processes

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

Emergency Preparedness

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

MET 7
(100%)

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 leader. The team has completed innovative mock, hands-on drills which staff have appreciated.

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.

UNMET 1
(2.94%)

MET 33
(97.06%)
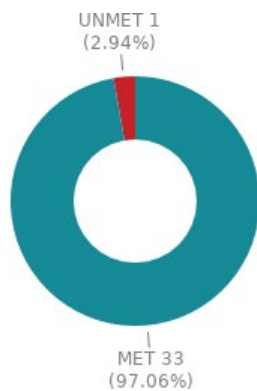
The Zone infection prevention and control (IPC) program provides expertise and support to the site. There is good communication with all leaders, and they appreciate the knowledge and assistance of the IPC professional. In addition to remote support, onsite visits occur, and a monthly site report ensures effective team communication.

Education for staff, volunteers, and clients is 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 monthly by a member of staff and are accessible to staff through newsletter and email. It is suggested the results be posted on the QI board for staff and clients to view.

Dedicated hand wash sinks are being incorporated where needed during renovation projects.

Surveillance processes for healthcare acquired infections are well established. There has been considerable effort in the past many 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.

There are no endoscopy services at this site.



MET 12
(44.44%)

N/A 15
(55.56%)

Medical device reprocessing does not occur onsite. Disposables are used when possible. There is a compliant process to clean and transport reusable devices for sterilization to Olds Hospital and Care Centre. Evaluation of the process has resulted in process improvements.

Equipment cleaning processes are in place.

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.
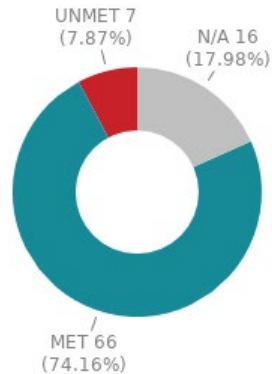
The pharmacy occupies a "closet" between wings of the hospital. It is now fitted with air conditioning as is had been so warm that some medications were compromised. There is not enough room to store/stock medications. Bins with inhaled medications are stacked above ENT medications. The spill kit is under the desk in a corner. Onsite there is a pharmacy assistant and while there should be a staff pharmacist 4 days a week, he is currently on leave and the pharmacist filling in is off-site. In addition, the pharmacist is only available 4 days a week, and there is no staff pharmacist from Thursday evening to Monday morning, to verify prescriptions. There is an opportunity to review the pharmacist assignment, if only available 4 days a week to Monday-Tuesday and Thursday-Friday, to try to reduce the risk of medication error from lack of verification.

Pharmacists should attempt to be more assertive with the physician group to comply with the "Do Not Use" abbreviations list. This could involve individual education but could be escalated to report 'near miss' incidents and/or have privileges linked to compliance.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.10	Medication storage areas are regularly inspected and improvements are made if needed.
Medication Management	14.10	Compliance with the policies and procedures regarding medication orders is regularly monitored, and improvements are made as needed.
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.
Medication Management	16.2	Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.
Medication Management	16.4	Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.
Medication Management	19.2	A pharmacist or other qualified team member verifies, as soon as possible, that the correct medications were dispensed after hours.
Medication Management	19.3	The system for dispensing medications when the pharmacy is closed is regularly evaluated and improvements made as needed.

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.

This is a small hospital with 14 inpatient beds and 5 long-term care beds. It is quite crowded. The emergency department has 8 assessment/care rooms. At the hospital entrance, the board room is used as a wait area for COVID suspect patients.

The site leadership participates in daily rounds with the regional rural hospitals to share staffing issues, bed needs, COVID case counts and other immediate disposition needs. Medical and nursing staff commented that Sundre is 'at the end of the line' and there are often delays getting EMS to transfer an acute patient (as long as a day in some cases).

There are surges, most often in the summer months, with the influx of vacationers. Staff cope by utilizing beds designed for acute care as emergency assessment rooms.

STANDARD	UNMET CRITERIA	CRITERIA
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.
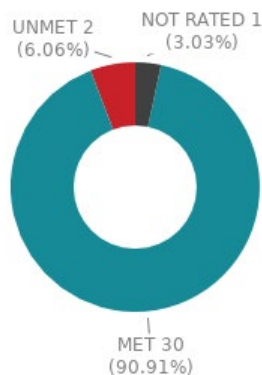
All programs onsite have a thorough intake process. Clients/residents indicated that they and their family members were involved in their care planning and care delivery to the level they desired. Staff are respectful and attentive and strive for a patient-centred care approach and are flexible in their roles to ensure this is achieved.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
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.

MET 4
(100%)

The site is well cared for, but due to aging infrastructure poses concerns for patient and staff safety. Space is at a premium, resulting in cluttered halls due to lack of equipment and supply storage. This will be compounded when Connect Care is implemented and the site has been considering mitigation strategies to alleviate further congestion. Kitchen freezer space is inadequate, as are the laundry space and pharmacy.

Despite the challenges, staff are adaptive. They are strong advocates for facility upgrades. Clients and residents generally express satisfaction with their surroundings.

There is a strong partnership with Workplace Health and Safety (WHS) and Infection Prevention and Control (IPC) teams. IPC is regularly consulted, provides risk assessments, and oversight for renovation and construction projects. Facilities management attends WHS to address environmental concerns.

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.
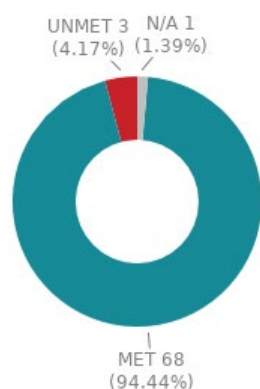
The active hub of the hospital is the central nursing station which serves, acute care, long-term care and the emergency department (ED).

The ward clerk serves all three areas and has 'many' years experience there.

Staffed by a full time Emergency doctor who is onsite or on-call late at night. Many cases are CTAS 2 and 3, and this could be because there are family doctor groups nearby with same day appointment availability for lower acuity cases.

The ED also serves as a medical day unit for iron infusions and IV antibiotic infusions.

Lines of sight from the nursing desk to the emergency rooms are sometimes blocked, partly because of the need for more isolation areas due to COVID and partly due the lack of space in general. There are call bells in the rooms.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.13	Ethics-related issues are proactively identified, managed, and addressed.
Emergency Department	6.13	Urgent medications and pharmacy staff can be accessed 24 hours a day, 7 days a week.
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.
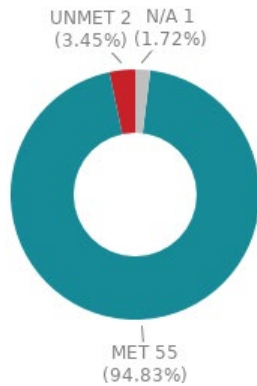

The inpatients are cared for by their family physician. Of the two physician family practices, one assigns a hospitalist for a week at a time, while at the other practice, each doctor cares for their own inpatients. One staff member mentioned this arrangement can sometimes lead to delays and inconsistencies in care. Nursing staff are assigned work duties in specific areas but can cross cover any time there is a serious deterioration of a patient in any unit/area.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.12	Ethics-related issues are proactively identified, managed, and addressed.
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.
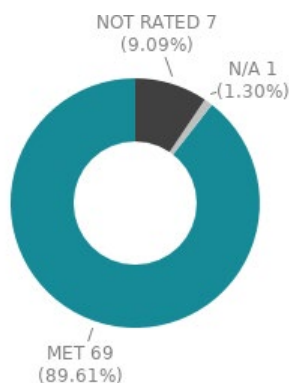
There is a strong multidisciplinary team with active roles in contributing to resident wellbeing. Weekly team meetings are held to review resident status.

Initiation of physical and chemical restraints are carefully considered on the unit. There is an expectation that behavior mapping, sleep logs, mental health assessments, medication reviews, and case conferences are completed prior to consideration of any restraints.

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 report satisfaction with the care they receive and are appreciative of the staff. Recreation activities are well attended. Positive satisfaction scores were received in past surveys and throughout the pandemic.

Service Excellence

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

UNMET 6
(8.82%)

MET 62
(91.18%)
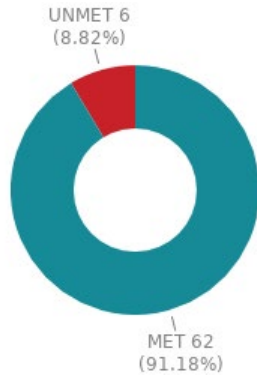
Client and family input and feedback for a variety of processes is accomplished in several ways. Input at the zone or provincial level related to policies, pathways, etc., are then standardized and disseminated throughout the province. The site long-term care (LTC) Resident and Family Council also provides 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. The QI committee is active and has a community representative who provides valuable insight.

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 role.

STANDARD	UNMET CRITERIA	CRITERIA
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	10.8	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 — 6.13	Urgent medications and pharmacy staff can be accessed 24 hours a day, 7 days a week.	June 30, 2023
Emergency Department — 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 — 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, 2023
Medication Management — 2.3.4	The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	June 30, 2023
Medication Management — 2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2023
Medication Management — 14.7.5	Team members are provided with education about the organization's 'Do Not Use' list at orientation and when changes are made to the list.	June 30, 2023
Medication Management — 14.7.7	Compliance with the organization's 'Do Not Use List' is audited and process changes are implemented based on identified issues.	June 30, 2023

	14.10	Compliance with the policies and procedures regarding medication orders is regularly monitored, and improvements are made as needed.	June 30, 2023
	16.4	Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.	June 30, 2023