

2023

Home Care and Hospice, Palliative, End-of-Life Services Accreditation Report

Alberta Health Services

Spring 2023 Survey
May 29 – June 2, 2023



ACCREDITATION
AGRÉMENT
CANADA

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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 May 29 – June 2, 2023. 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, provincial, and community-based programs 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, large urban hospitals and provincial programs 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 decision will be issued that includes the organizations’ accreditation award.

Home Care and Hospice, Palliative, End-of-Life Services Assessment– Sites Visited

- Airdrie Community Health Centre
- Fort Macleod Health Centre
- Innisfail Health Centre
- Lacombe Community Health Centre
- Nanton Community Health Centre
- North Hill Community Health Centre
- Okotoks Health and Wellness Centre
- Plaza 124 Building
- Red Deer Regional Hospital Centre
- Rotary Flames House
- Seventh Street Plaza
- Strathcona County Health Centre
- Strathmore District Health Services
- Thickwood Medical Plaza
- Westlock Continuing Care 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

Fifteen (15) locations across all five zones, providing Home Care services and Hospice and Palliative Care services under the umbrella of AHS's Continuing Care program, were included in the Spring 2023 on-site survey visit. The staff and local leadership at the sites visited demonstrated strong dedication to their client populations across both the rural and urban locations and a strong commitment to client and family centred care. Strong partnerships with community partners were noted across all Home Care and Hospice and Palliative Care service locations visited during the survey.

Although the program serves clients and families with complex needs, clients and families reported timely access to services across the program. Established criteria are used to respond to service requests, including data from standardized assessment instruments. An excellent collaborative approach amongst team members, including those not co-located in the same location (physicians, occupational therapists, physical therapists, dieticians, clinical nurse specialists (CNSs), and clinical nurse educators (CNEs) was noted across all locations. The expertise of the team in both Home Care and in Hospice and Palliative Care related to wound and skin care was noteworthy; access to provincial resources, a wound pathway and ongoing education available to support the staff providing skin and wound care is impressive. Processes to evaluate the effectiveness of wound care for each client are in place, including use of pictures uploaded into the documentation system. Although care transitions are co-designed with clients and families and transitions across locations and providers respect client and family choice, information transfer at care transitions is not standardized through use of documentation tools and communication strategies.

A comprehensive environmental risk assessment, as well as a safety risk assessment, was in place for all home-based settings where care is delivered.

During conversations, staff were able to clearly identify both ethical issues and their processes to address these issues within the team; here again staff were aware of how to access provincial resources, as required.

There are many change initiatives underway in the Continuing Care program. Staff and physicians expressed "fatigue" around the pace of change. Staff expressed a desire for greater attention to change management, including opportunities for staff input.

The ability to recruit and retain staff is an ongoing challenge across all areas of the program, especially in rural areas.

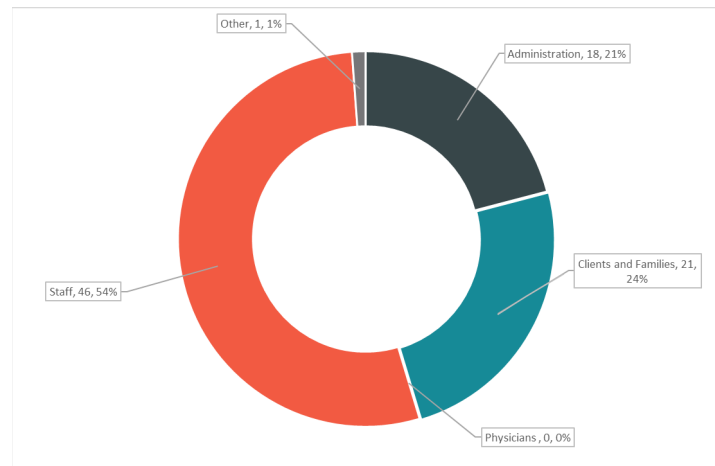
The program had a client and family advisory committee prior to the pandemic in 2019 which unfortunately has not met since 2019. The program is planning to reinstate this committee back to function and is encouraged to do so to increase client and family engagement.

Survey Methodology

The Accreditation Canada Surveyors assessed the Home Care and Hospice, Palliative, End-of-Life Services program.

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

Groups	Total number of touchpoints
Administration/Leadership	18
Client & Families	21
Physician	0
Staff	46
Other	1



following groups¹

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

Key Opportunities and Areas of Excellence

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

Key Opportunities

- Include innovative strategies for staff retention and new staff recruitment.
- Address increasing workload in response to increasing volumes and complexity of referrals.
- Expand use of virtual and hybrid (virtual and in-person) care and other technology to maximize available resources.
- Review and implement formal auditing procedures and further standardization of processes across the sites and programs wherever possible. For example, standardization of information transfer at care transitions through use of documentation tools and communication strategies as well as auditing high-alert medications including client's own high-alert medications being stored within Home Care offices.
- Increase sharing learnings and initiatives that have had significant results across the program and sites.

Areas of Excellence

- Commitment towards quality improvement and ongoing service enhancement.
- Involvement and input from clients and families in care/treatment and service design.
- Licensed Practical Nurses (LPN) working to full scope as per new College of Licenced Practical Nurses of AB (Strathmore pilot) permitting streamlining of "case management" and "intervention". LPN able to provide both client care and case management in same visit (previously multiple clinicians attended).
- Expertise in wound and skin care, access to provincial resources (wound pathway, ongoing education to support the staff, processes to evaluate effectiveness of wound care for each client).
- Holistic care provided by the frontline management and staff.

Results at a Glance

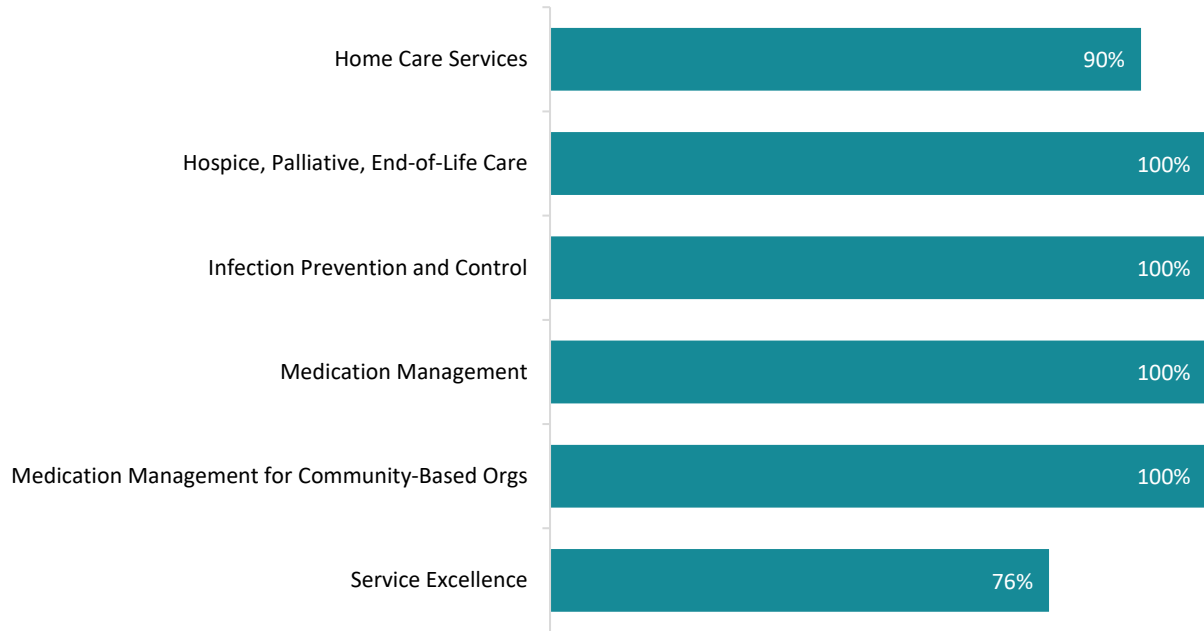
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 99% met	On-Site 97% met	Overall 90% 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 303 criteria	Audited 42 Criteria		

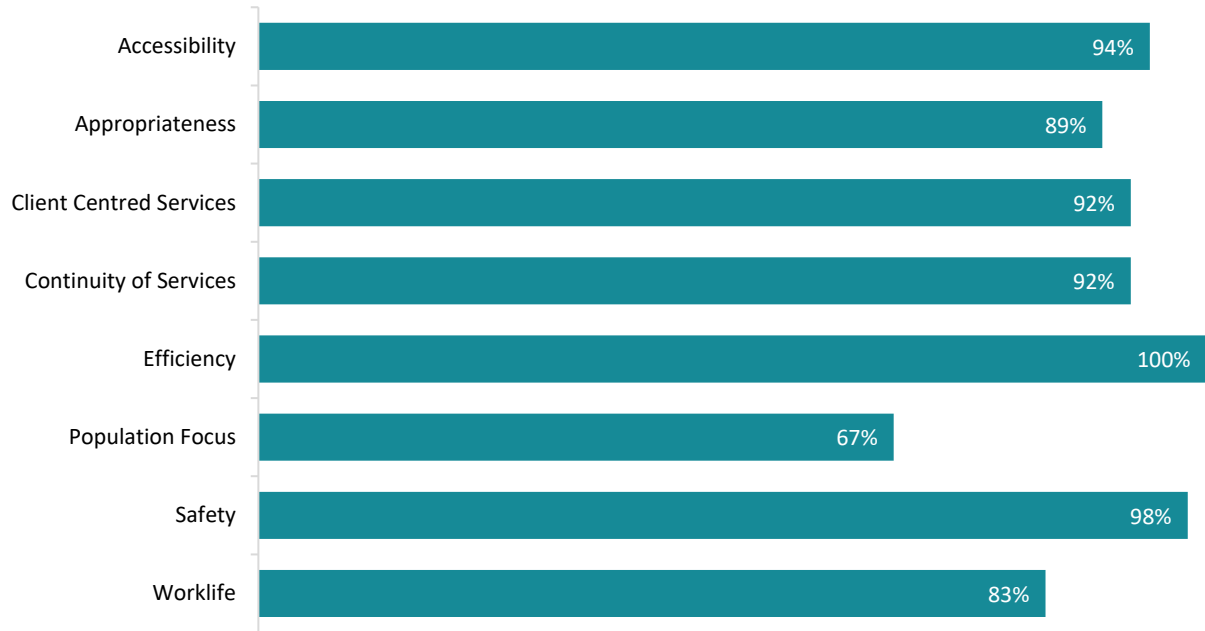
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Home Care Services	44	5	0	0
Hospice, Palliative, End-of-Life Care	78	0	0	0
Infection Prevention and Control	29	0	0	0
Medication Management	46	0	1	0
Medication Management for Community-Based Organizations	12	0	0	0
Service Excellence	58	18	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	15	1	0	0
Appropriateness	83	10	0	0
Client Centered Services	82	7	0	0
Continuity of Services	12	1	0	0
Efficiency	1	0	0	0
Population Focus	2	1	0	0
Safety	62	1	1	0
Worklife	10	2	0	0
Total	267	23	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Home Care Services	MET
	Hospice, Palliative, End-of-Life Services	MET
Medication Reconciliation at Care Transitions	Home Care Services	UNMET
	Hospice, Palliative, End-of-Life Services	MET
Information Transfer at Care Transitions	Home Care Services	UNMET
	Hospice, Palliative, End-of-Life Services	MET
MEDICATION USE		
High-alert Medications	Medication Management	UNMET
Infusion Pump Safety	Service Excellence	MET
Narcotics Safety	Medication Management	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	UNMET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Hospice, Palliative, End-of-Life Services	MET
Home Safety Risk Assessment	Home Care Services	MET
Pressure Ulcer Prevention	Hospice, Palliative, End-of-Life Services	MET
Skin and Wound Care	Home Care 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; People-Centred Care. 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.



The focus of the Emergency Preparedness tracers during the Spring 2023 on-site survey was on ensuring policies and procedures were in place that outline the roles and responsibilities of team members and volunteers related to identifying and managing outbreaks. Through conversations, staff consistently reported they felt safe working in the organization. In the Home Care setting safety plans were found to be in place for all home-based settings where care is delivered to ensure staff feel safe and supported when providing care in the community; this

includes a comprehensive environmental risk assessment, as well as a safety risk assessment.

Across the Continuing Care programs, all teams are encouraged to review/continue their site emergency preparedness plans.

Infection Prevention and Control

Priority Process Description: Providing a framework to plan, implement, and evaluate an effective Infection Prevention and Control (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.



Staff reported they felt safe working during the COVID-19 pandemic, having received adequate and clear information about how to protect themselves, their clients and families, other team members, and the community, when appropriate, with adequate levels of PPE. Staff indicated that clients reported initial fear/uncertainty about attending the ambulatory Home Care clinics during the early phases of COVID-19. Staff were grateful for the support from their IPC colleagues, which was described as very good and included scripts to use when talking with

clients and education about the PPE needed to ensure they, as staff, felt safe to provide care and to ease

the fears of clients and families. Direct observation of health care providers in Home Care and Hospice and Palliative Care showed that they actively assessed IPC risks with each client.

Clients and families interviewed during the tracer validated they had received education from their healthcare providers about hand-hygiene techniques and products, how to self-screen and how to report any signs and symptoms of infectious diseases. Hand hygiene information is included in the Welcome packages given to all new Home Care clients.

Direct observation audits of hand-hygiene compliance are not conducted in some of the Home Care sites and self-reporting is not consistently implemented. As such, results are not available to be shared with the individual staff member, nor posted in the Home Care office space. The program is encouraged to formalize hand hygiene auditing and/or self-reporting with results shared/posted and used to inform improvement efforts.

Medical Devices and Equipment

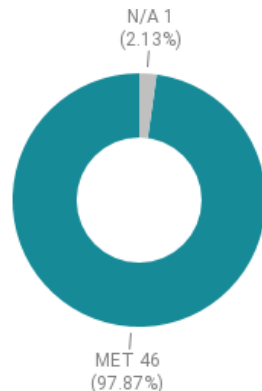
Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.



Medical equipment maintenance follows established AHS processes. Equipment is disinfected using approved products according to established organizational infection control policies. Sterilization does not occur in Home Care; typically, items are single use. In the event equipment sterilization is required, equipment is sent to another AHS site to provide this service. There is opportunity to strengthen management of supply chain issues, causing ongoing delays when requesting medical supplies and equipment.

Medication Management

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



AHS supplies a small number of medications such as epinephrine. Most medications are supplied by clients from their personal pharmacies and stored in the client's home. Staff have access to a robust set of policies and procedures and information related to medication management. Staff are a resource with medication management in referring out to the community prescriber, internal Nurse Practitioner or Physician consultants, and/or community pharmacists. AHS staff help to bridge a gap in knowledge and understanding around medication management for



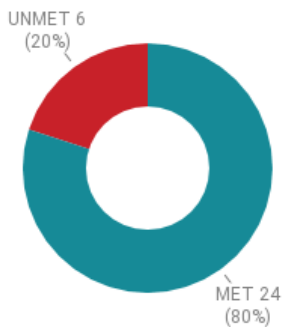
their clients. Team members have access to other providers as well as access to a pharmacist for consultation.

AHS has listed the Epinephrine as a high alert medication. Some of the sites visited had initiated the required auditing processes in March 2023. There is opportunity to establish regular auditing of high- alert medications across sites including client’s own high-alert medications being stored within a home care office.

The organization is encouraged to review the medication high alert policy to include the responsibility for implementing and monitoring, the list of high alert medications, and review the information regarding the storing, prescribing, preparing, administering, dispensing, and documenting each identified high-alert medication.

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: Home Care Services; Hospice, Palliative, End-of-life Services; Service Excellence.



When asked to rate the quality of their overall care and services on a scale of 0 to 10, where 0 is the worst care possible and 10 is the best care possible, clients and families in both Home Care and Hospice and Palliative Care gave top box scores (9 or 10). Clients and families noted that they felt fully informed and engaged throughout their care planning and that they view themselves as active members of their care team.

Five Patient and Family Advisors are engaged in a provincial Home Care Council. The Advisors have been involved in building the Home Care business plan and developing strategic goals. The Rural South Advisor was invited to a staff meeting to hear challenges from both the client/patient/family perspective and the staff perspective. The session was deemed a success and led to QI initiatives related to consistency of care providers and "groupings" (acute, essential, maintenance, end of life), as well as an initiative that led to all staff wearing nametags. This is a very good example of local engagement with representatives from the Home Care Program’s Patient and Family Council that could be leveraged as examples for other Home Care locations.

In some locations clients complete ‘my life story’ to share their personal history, as well as sharing what matters to them with the team. Some teams complete a loneliness survey if there are concerns regarding social isolation. Client/Patient experience surveys are conducted at the provincial, system and local levels.

In the Hospice and Palliative care settings, all aspects of care are wrapped around the client and family. The family and the client, where possible, are involved in all care and care planning decisions. Family

members are seen as equal members of the team. At the Rotary Flames House, parents/guardians were described as “experts in the care of their child”. The Aid for Symptoms and Serious Illness Support Team (ASSIST) that provides early intervention outreach to families across the province to provide education and support around new diagnoses of life-threatening conditions, difficult decisions and interdisciplinary, comprehensive care planning is an excellent example of people centred care. Grief support services in Hospice and Palliative Care are provided in an evidence based and compassionate manner. An email database of families who indicated a willingness to be contacted to support quality improvement initiatives has been tapped when changes in bereavement support group curriculum and materials have been contemplated.

The sites have a process for checking in with families after the client has passed. This is to connect them with the needed resources. In addition, at some sites there are memorial activities for staff to assist with the grieving process. For example, at Seventh Street Plaza once a month all the staff get together for a remembrance gathering. There is a tree of light with all the deceased clients' names and memories are shared and support given.

STANDARD	UNMET CRITERIA	CRITERIA
Home Care Services	1.5	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.
Service Excellence	1.1	Services are co-designed with clients and families, partners, and the community.
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
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	9.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, 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.

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.

Home Care Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Processes included in this section are competency, episode of care.



Clients can access these services through direct referral, discharge planner, or through a central intake process. There is no reported or limited wait time to access Home Care services in many of the sites. New referrals are reviewed, and urgency is noted and response for service can occur within 24-48 hours. The teams work closely with hospital discharge planners and in some sites proudly noted current readmission rates are significantly less than the provincial average.

All sites within the program follow a defined criteria and central entry point of admission into the program. Services are provided through client's individual homes and community clinics. At one site (Innisfail Health Centre) there has been a model of care change linked with JUST SAY YES culture that increased care from 65 hours/month to 1300+ hours/month sustained increase throughout pandemic that is suggested for a leading practice submission.

Safety risk assessments are regularly completed as required and any potential risks communicated to the team and mediated. AHS has robust policies, procedures, practices, and information available to clients and staff.

The organization has a policy and procedure surrounding medication reconciliation however at two sites visited, this was not completed or only partially completed on chart review. There is opportunity to develop an audit and feedback process to increase compliance.

There is opportunity at one site to standardize documentation tools to support care transitions. Program leadership is encouraged to connect sites to share learnings and leverage existing tools/solutions.

Some sites have implemented daily team huddles that include Health Care Aides and nursing staff. The team review client preferences, treatment as well as any safety concerns. This regular communication has reportedly allowed the team to foster a culture of safety, shared learning, and continuous improvement. The team is commended for their commitment to client centred care and incorporating interprofessional collaboration and joy into their work environment. AHS is encouraged to spread this practice throughout the sites where appropriate.

It was evident across sites that staff embrace holistic care of the client. In one instance, it was observed a staff member assisted a vulnerable client in obtaining an item that would improve their health that they had no way of arranging. The staff are to be commended on their holistic care approach.

STANDARD	UNMET CRITERIA	CRITERIA
Home Care Services	2.13	Clients and families are provided with information about their rights and responsibilities.
Home Care Services	2.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Home Care Services	4.4	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.
Home Care Services	5.7	The effectiveness of transitions is evaluated, and the information is used to improve transition planning, with input from clients and families.

Hospice, Palliative, End-of-Life Care Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Processes included in this section are competency, episode of care.



Clients can access this service through a central intake process. There is no reported wait time to access palliative or end-of-life services. All sites within the program follow a defined criteria for admission into the program. Services are provided through client’s individual homes. Services are provided to clients and families 24 hours each day of the week. Care plans are individualized and built with collaboration with the client and family wherever possible.

Quality improvement activities are in place at many sites.

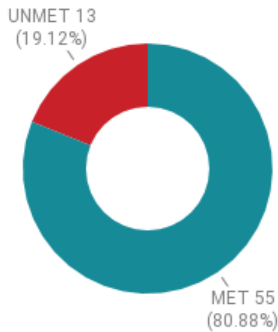
There is the opportunity to enhance quality improvement through quality plans with documented measurable objectives and specific objectives beyond audits and review of results. Each team would benefit from further education and support in the areas of identifying priority areas of improvement, defining measurable objectives with associated indicators, setting realistic targets and using data to evaluate progress against intended results. The program is encouraged to review, assess, and evaluate on how they can include clients and family into quality improvement activities.

As client and community input regarding quality of services is not formalized at all sites it is recommend that the program review this process and formalized processes.

It was evident that staff are compassionate in their holistic approach to palliative and end-of-life care. Staff often serve as a coordinator of services helping families and clients connect to outside resources to ensure high quality care is provided.

Service Excellence

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Processes included in this section are clinical leadership, competency, decision support, and impact of outcomes.



The Continuing Care Program continues to experience an increase in demand for service, as well as increasing acuity and complexity of clients. Ongoing orientation, education and skills development will be increasingly important to enable continued program development and specialization (i.e., dementia care, protocols and guidelines related to requests for Medical Assistance in Dying [MAiD]). As the electronic health record becomes ubiquitous with the rollout of Connect Care, leadership is encouraged to review client files to ensure they include required consents (i.e., photo, release of information, treatment) and privacy regulations (i.e., secure transport of files). There is an opportunity for program leadership to expand the integration of technology, including virtual care, into program and service delivery.

The 0600 Reports in Tableau created daily by the provincial Data Team are impressive. These reports “pull” all Acute Inpatient admissions and Emergency Department visits and then “push” them to any Home Care staff and leaders who sign up for alerts to receive the reports as emails. The reports allow for the planning for discharge back to Home Care, including Case Managers proactively calling the hospital to begin discharge planning and resumption of Home Care services. This is an excellent example of use of data to improve patient flow.

The program is encouraged to ensure system capacity to manage children who “age out” of hospice/palliative care from the Rotary Flames House. In Home Care, some clinical teams reported that without a Nurse Practitioner or Physician directly linked to the program, it can take considerable time to connect with primary care providers for individual clinical concerns and treatment orders. The program is encouraged to explore ways to link or streamline the communication with primary care providers.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.5	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.
Service Excellence	2.1	Resource requirements and gaps are identified and communicated to the organization’s leaders.
Service Excellence	2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
Service Excellence	2.8	Access to spiritual space and care is provided to meet clients’ needs.

Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Service Excellence	6.6	Policies and procedures for security storing, retaining, and destroying client records are followed.
Service Excellence	10.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.
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	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
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	Site	Due Date	
Home Care Services	3.6.2	At the beginning of service, a Best Possible Medication History (BPMH) is generated and documented in partnership with the client, family, health care providers, caregivers, and others, as appropriate.	<ul style="list-style-type: none"> Plaza 124 Building Strathcona County Health Centre 	June 28, 2024
	3.6.3	Medication discrepancies are resolved in partnership with clients and families or communicated to the client's most responsible prescriber, and the actions taken to resolve medication discrepancies are documented.	<ul style="list-style-type: none"> Plaza 124 Building Strathcona County Health Centre 	June 28, 2024
	3.6.4	When medication discrepancies are resolved, the current medication list is updated and provided to the client or family (or primary care provider, as appropriate) along with clear information about the changes that were made.	<ul style="list-style-type: none"> Plaza 124 Building Strathcona County Health Centre 	June 28, 2024
	4.10.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	<ul style="list-style-type: none"> Westlock Community Health Services 	June 28, 2024
	4.10.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	<ul style="list-style-type: none"> Westlock Community Health Services 	June 28, 2024
	4.10.5	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).	<ul style="list-style-type: none"> Westlock Community Health Services 	June 28, 2024
	4.4	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	<ul style="list-style-type: none"> Westlock Community Health Services 	June 28, 2024

Infection Prevention and Control	8.6.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: Team members recording their own compliance with accepted hand-hygiene practices (self-audit). Measuring product use. Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	<ul style="list-style-type: none"> • Okotoks Health and Wellness Centre • Strathmore District Health Services 	June 28, 2024
	8.6.2	Hand-hygiene compliance results are shared with team members and volunteers.	<ul style="list-style-type: none"> • Okotoks Health and Wellness Centre • Strathmore District Health Services 	June 28, 2024
	8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	<ul style="list-style-type: none"> • Okotoks Health and Wellness Centre • Strathmore District Health Services 	June 28, 2024
Medication Management	2.5.4	The policy includes procedures for storing, prescribing, preparing, administering, dispensing, and documenting each identified high-alert medication.	<ul style="list-style-type: none"> • Airdrie Community Health Centre • Seventh Street Plaza • Strathcona County Health Centre 	June 28, 2024
	2.5.6	Client service areas are regularly audited for high-alert medications.	<ul style="list-style-type: none"> • Seventh Street Plaza • Strathcona County Health Centre 	June 28, 2024