

**JUNE
2021**

Wabasca/Desmarais Healthcare Centre

North Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



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 June 14, 2021 – June 25, 2021. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation results are based on information regarding sites and services provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

About the AHS Accreditation Cycle

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve its goal of being *accreditation ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

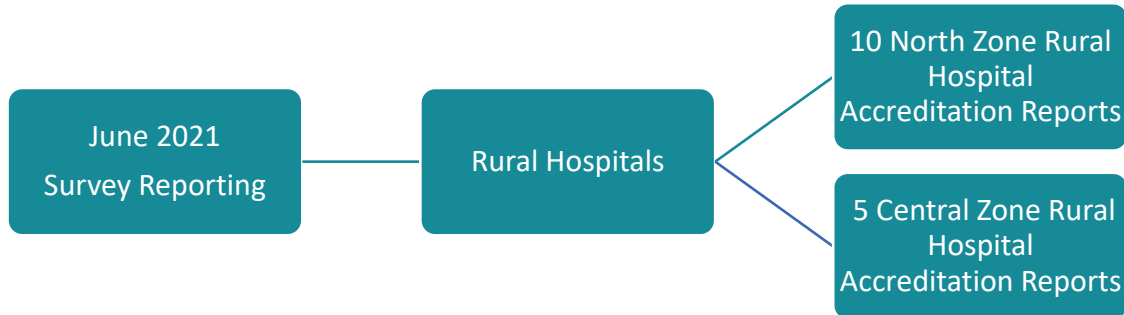
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019-2022), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices, Service Excellence and Leadership. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted new assessment methods offered by Accreditation Canada. Pre-survey attestation requires sites/teams to conduct a self-assessment against specified criteria within the standards and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are validated by Accreditation Canada during the on-site survey and are used to inform an accreditation decision at the end of the four-year accreditation cycle. The second assessment method is unannounced on-site surveys. This method requires all sites and services to participate in pre-survey attestation and engage in the accreditation process to ensure the standards have been implemented and they are always accreditation ready.

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

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



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

- Boyle Healthcare Centre
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- George McDougall - Smoky Lake Healthcare Centre
- Hinton Healthcare Centre
- Slave Lake Healthcare Centre
- St. Therese - St. Paul Healthcare Centre
- Wabasca/Desmarais Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow - Lac La Biche Healthcare Centre

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

- Coronation Hospital and Care Centre
- Daysland Health Centre
- Vermilion Health Centre
- Viking Health Centre
- Wainwright Health Centre

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only.

Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

Executive Summary

Surveyor Observations

Wabasca/Desmarais Healthcare Centre is a rural setting in the Hamlet of Wabasca. It serves a population of 6,500 people with a 24-hour Emergency Department hosting two stretcher bays, a trauma room and two observation rooms. There are ten inpatient medical beds, one labor delivery and a palliative suite.

The Healthcare Centre is located across the field from AHS housing for staff, across the street from the Primary Health Clinic, a block from the RCMP and shares its site with EMS lodging for the ambulance teams. There is a new state of the art long-term care centre, Keekenow located a block away from the Healthcare Centre, which was created in conjunction with the Blackstone Cree Nation, where Elders and seniors will move to the Healthcare Centre when the time is right.

Community and communication are the cornerstone of care, seen by the manager to the nurses. There is an Indigenous Liaison who follows the band members' care planning, both those who live on and off-reserve. The Indigenous Liaison is included in the care and discharge rounds and continually follows up with these clients to ensure their safety and services of care.

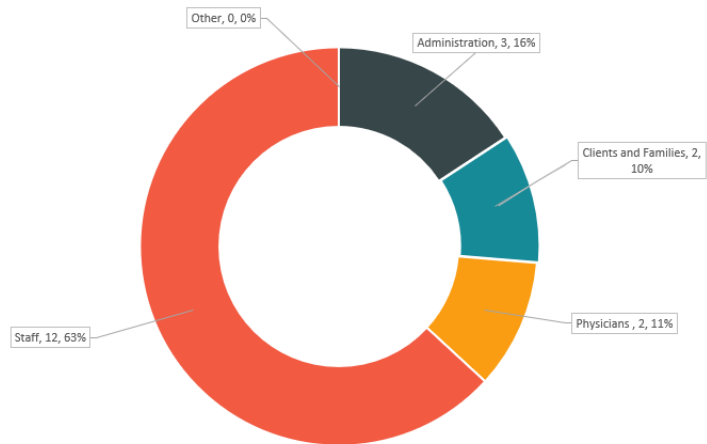
The staff and leaders of the Wabasca/Desmarais Healthcare Centre provide person-centred care to the people and communities they serve. The staff understand the health care needs of the patients and try to meet their needs in the best possible way they can.

One of the biggest concerns for this care centre is staffing. There are strategies in place to bring in casuals and provide them with AHS housing during their stay.

Survey Methodology

The Accreditation Canada Surveyors spent two days at the Wabasca/Desmarais Health Care Centre.

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



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

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Reduce the clutter of stock. In the trauma room there are boxes on top of boxes, not only a safety hazard, but an IPC concern. Reduce the paper clutter posted on the walls.
2. The practice of checking two client specific identifiers prior to medication administration needs to be strongly reinforced among staff for patient safety.
3. A dedicated night cupboard with a limited number of medications for off hours.

Areas of Excellence

1. Person-centered care is without a doubt a strength. Community and communication are evident.
2. Education focus by the leadership is evident, and the site won the “Rural Health Professional Action Plan” recently.
3. Staff dedication to the community and their patients to provide quality care.
4. Comprehensive admission assessment with a person-centered approach.
5. Leaders are committed to safety and quality improvement.

Results at a Glance

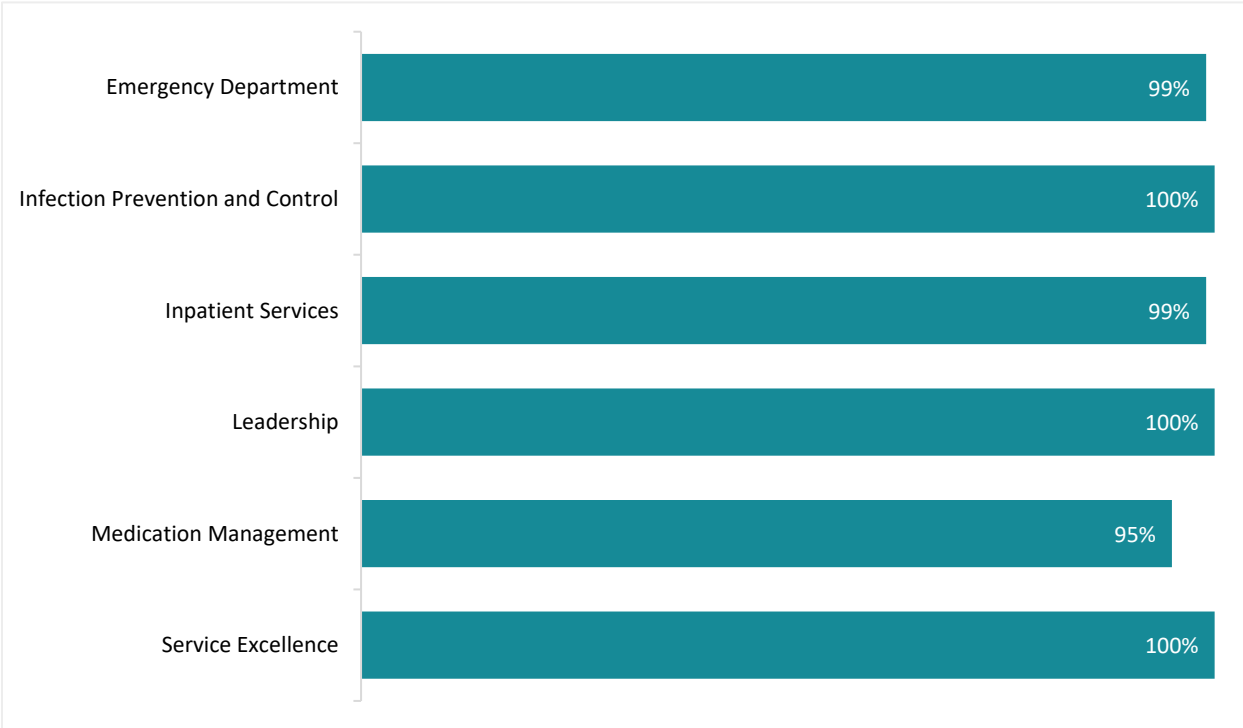
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 100% met	On-Site 98% met	Overall 98% met	
Number of attested criteria			
Attested 81 criteria	Audited 12 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

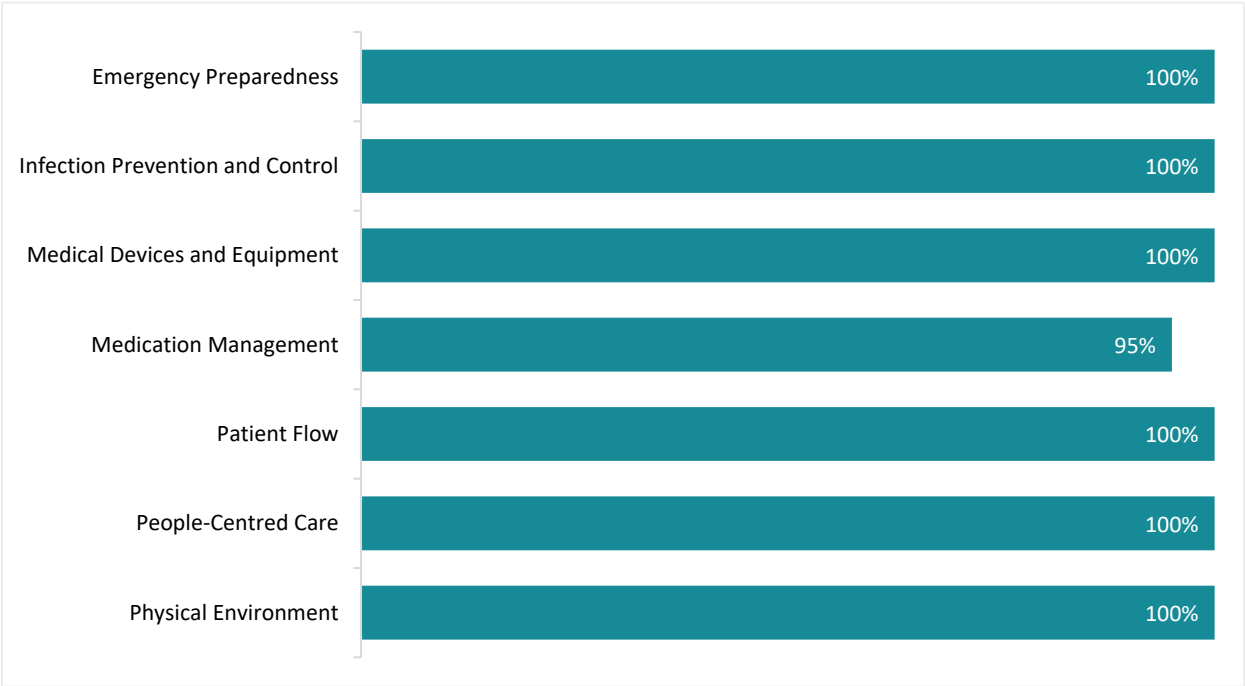
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	1	1	0
Infection Prevention and Control	49	0	15	0
Inpatient Services	68	1	0	0
Leadership	9	0	0	0
Medication Management	69	4	14	0
Service Excellence	76	0	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	34	0	0	0
Medical Devices and Equipment	12	0	15	0
Medication Management	69	4	14	0
Patient Flow	14	0	0	0
People-Centred Care	29	0	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	24	1	1	0
Appropriateness	123	1	13	0
Client Centered Services	80	0	0	0
Continuity of Services	12	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	105	4	15	0
Worklife	13	0	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	UNMET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	UNMET
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
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
Pressure ulcer prevention	Inpatient Services	MET
Suicide prevention	Emergency Department	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 refer to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

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



There are no unmet criteria for this Priority Process.

All the criteria in this priority process are met.

The Infection Prevention and Control team actively works with the site to monitor infectious diseases.

During the COVID-19 pandemic, at the site-level, admitted patients are isolated until there is a negative COVID-19 test or any other communicable diseases there are symptoms for.

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.



There are no unmet criteria for this Priority Process.

The staff are very diligent with PPE adherence. There is a process for them to report to each other any misses in proper donning and doffing.

Hand washing audits are posted and good. There are three housekeepers for the site. However, during the survey none were able to work for various reasons. The manager and supervisor arrived after a four-hour drive to take care of the housekeeping and laundry duties. There are very explicit

checklists in the office to track the day-to-day duties, so they can pick up and carry on.

While all the criteria are met for this standard, there is room for improvement.

1. The trauma room is cluttered with overstocked supplies, there are boxes on top of boxes, not only a safety hazard, but an IPC concern. A consideration for shelving units may assist with this, to create order and safe storage.
2. The obstetrical room is full of supplies. Consideration of shelving units may also be a solution.
3. Paper clutter on the walls and documents are recommended to be dated within 30 days or laminated. Pamphlets could be placed away during a pandemic.

Medical Devices and Equipment

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

There are no unmet criteria for this Priority Process.



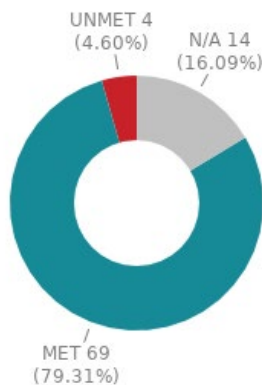
The AHS North Zone has a team of two biomedical staff who make frequent visits to sites to fix, service and maintain medical equipment.

Acquisition of equipment has two paths, those less than \$5,000 and a capital purchasing process of more than \$5,000. There are processes in place by AHS to describe both processes.

Any reprocessing of equipment is sent to Slave Lake Healthcare Centre to be cleaned and sterilized. The nurses completed the initial cleaning and then placed it into the covered containers for shipping to Slave Lake. Nurses wipe patient monitoring equipment after each use. There are no endoscopy procedures done at this site.

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.



At the Wabasca/Desmarais Healthcare Centre there is no dedicated pharmacist but there is a pharmacy technician to oversee the pharmacy operation. An antimicrobial stewardship program is in place. Medication reconciliation is being done upon admission, transfer, and discharge. There is awareness among staff about Do Not Use abbreviation lists and high alert medications. Data on medication reconciliation and do not use list of medications are posted on the quality board for staff awareness. The pharmacy looks well lit and clean and is only accessed by authorized staff.

The process of using the night cupboard needs to be revisited. Currently there is no separate night cupboard. The medication room is used as a multipurpose room which serves as a night cupboard as well. It is advisable to have a night cupboard with restricted medications for off hours use. Access to the pharmacy should be restricted to pharmacists and pharmacy technicians only. Currently nurses have access as well.

Also, some look alike / sound alike medications are stored in the medication room next to each other, for example, diphenhydramine and dimenhydrinate are stocked next to each other. The site is encouraged to review labelling to ensure that the proper alerts are on the bins and that the trade names are part of the label.

The practice of keeping the medications after patient’s discharge need to be addressed to avoid medication errors and to improve patient safety.

Lastly, but importantly, the practice of checking two client specific identifiers prior to medication administration needs to be strongly reinforced among staff for patient safety.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.
Medication Management	12.7	Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.
Medication Management	19.1	When the pharmacy is closed, designated team members are provided with controlled access to a night cabinet or automated dispensing cabinets for a limited selection of urgently required medications.

Patient Flow

Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership.



There are no unmet criteria for this Priority Process.

Wabasca/Desmarais Healthcare Centre runs at a 30-40 percent occupancy with an average of 7,000 emergency visits in a year.

There are less than ten emergency deliveries a year. The discharge rounds include all staff onsite and will include RAAPID for transfers to higher levels of care as required.

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; Service Excellence.



There are no unmet criteria for this Priority Process.

Person-centered care is one of the strengths of this site. Patients are consulted on their care plans and choices of care daily.

There are many Indigenous People in the community, and the Indigenous Liaison is a pivotal link to this community of 6,000 living in five reserves around the Hamlet. The Indigenous Liaison receives daily occupancy reports of who is admitted, participates in family meetings, works with elders and seniors to complete personal directives, works with the public guardian to protect the rights of the elders, and works with the Cree Health Council for the welfare of their children if there is a concern and is also the link between inpatient care and outpatient care for both AHS services and the Cree Health Care Clinic.

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.

There are no unmet criteria for this Priority Process.

All the criteria in this priority process are met. The site is very well maintained and is in good condition.

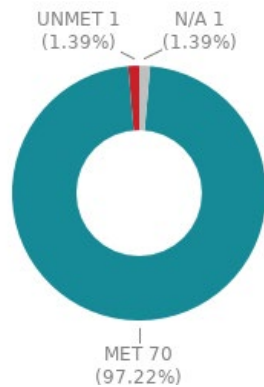


Detailed Results by Service-Level Priority Process

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 site is staffed with two nurses, 24 hours 7 days a week.

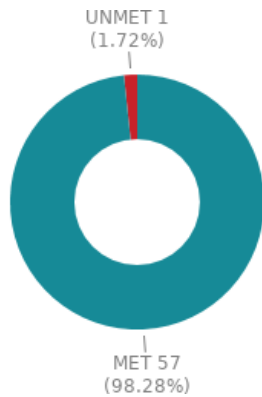
While this is a small site, there are times when staff are stretched with conflicting emergencies and workload.

The one concern noted is that there is no way to consistently monitor those in the ER side of the site while working with inpatients or at the nursing station.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.

Inpatient Services

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



The inpatient units at Wabasca/Desmarais Healthcare Centre look well kept. The hallways are spacious, and rooms look uncluttered. There are private and semiprivate rooms and rooms are equipped with shower facilities.

Staff demonstrated good hand hygiene practices while providing care. There are whiteboards in every room and leaders are encouraged to make sure these boards are completed with key information on an ongoing basis to improve communication and continuity of care.

The site provides a person-family centred care to the population they serve. The palliative room, sponsored by the auxiliary, is a testament to the person-centred care at this centre. The interdisciplinary discharge rounds, which the site started during the survey visit, are in the right direction of delivering person-centered care. A family member of the patient in the palliative room reported that the quality of care at this centre is good. Another patient was upset but not stating the reason. It was later learned that they were upset about the essential visitor policy, which does not allow the family to visit in the room. The leaders are encouraged to continue to offer their support to the Indigenous Liaison to talk to this patient.

The results of most ROPs are posted on the quality board which is a testament to the commitment of leaders to quality improvement. There is a good system to follow up with incident reports to make improvements and to prevent future errors.

Patients have not been told about their rights and responsibilities upon admission. Patients are reminded about their rights and responsibilities over the course of their stay as the need arises. The leaders are encouraged to seek feedback from patients and families through satisfaction surveys for continued quality improvement.

Staff receive training upon hiring and are required to complete annual online modules to maintain their skills and competencies. Simulation Lab is a great addition to support staff learning. The leaders are encouraged to support nurses following the restraint policy and investing in having all beds with bed alarms as a way of preventing falls and injuries.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	6.10	A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.

Service Excellence

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



|
MET 68
(100%)

There are no unmet criteria for this Priority Process.

There is great work being completed here with education, community, and patient involvement. Management is very supportive of protecting staff from violent events and to increase focus on quality improvement.

There is an initiative here with the hopeful end of the pandemic, to review RLS reports-and audits to compile quality initiatives.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Inpatient Services	6.10 A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.	June 30, 2022
Medication Management	12.1 Access to medication storage areas is limited to authorized team members.	June 30, 2022
Medication Management	12.6 Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	June 30, 2022
Medication Management	12.7 Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.	June 30, 2022

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
	Client Identification	
Inpatient Services	6.2.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	June 30, 2022
	Information Transfer at Care Transitions	
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, 2022