Big Country Hospital

South Zone

Alberta Health Services

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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 September 27, 2020 - October 02, 2020. 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 (2019-2022). Accreditation visits are helping AHS achieve its goal of being #AHS*AccreditationReady* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.
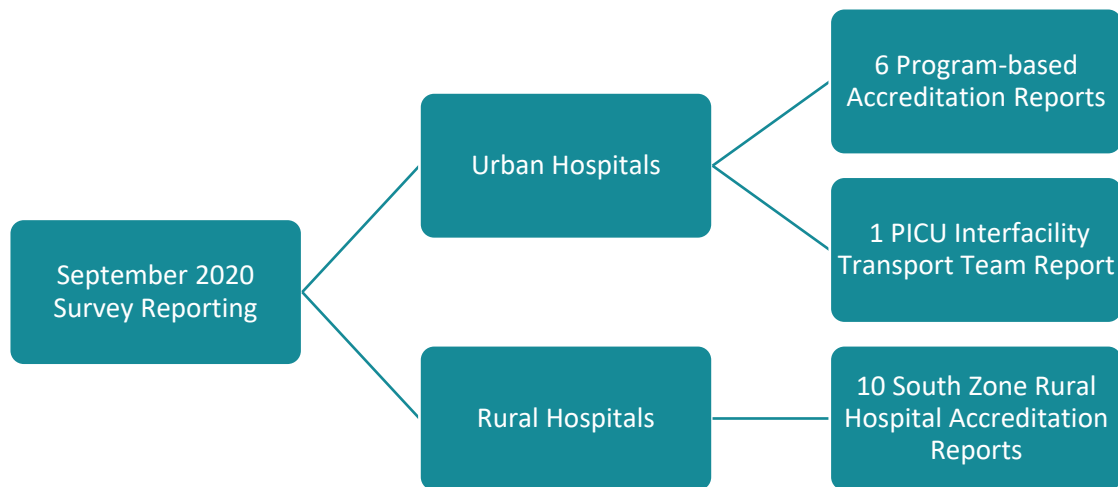
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 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 four-year accreditation cycle, in 2022, an overall report will be issued that includes the province's overall accreditation award.

The accreditation reports for the 2020 Survey are organized as follows:

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South Zone Rural Hospital Assessment – Sites Visited

- Bassano Health Centre
- Big Country Hospital
- Bow Island Health Centre
- Brooks Health Centre
- Cardston Health Centre
- Crowsnest Pass Health Centre
- Fort Macleod Health Centre
- Pincher Creek Health Centre
- Raymond Health Centre
- Taber 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

Big Country Hospital is a bright well designed modern facility with a dedicated and skilled team of clinical/non-clinical staff and physicians. Their primary catchment area includes Oyen's population of approximately 1,000 people as well as the surrounding settlements of about 4,000 residents. The hospital is fortunate to have three primary care physicians who work together in their private office, Emergency Department, Inpatient Medical unit and the Long-term Care facility. One of the three physicians is always on call and available to 24/7. In rural settings, when there is a need, many members of the health care team return to the hospital at a moment's notice.

A multi-year plan is in place that has recently improved site security providing staff activated buzzer alarms direct to the Police, doors with secure badged entry and emergency services care delivery space. Local hospital leadership has good access to support from the AHS quality and operations leadership. InSite is seen as a valuable resource for staff and physicians.

This remarkable campus facilitates patient care and flow through teamwork and close geographical location. The hospital, EMS dispatch, public health, home care, primary care, long-term care, dentists, diagnostic services and ophthalmologists are located together facilitating communication in an ideal manner. Inter-facility patient transfers to tertiary levels of care are seamless when orchestrated through the provincial program.

Many of the staff are long term employees and were happy to share their successes and challenges. Patients interviewed by the surveyors were very happy with access to the high-quality medical care and the compassionate patient-focused staff and physicians.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Big Country Hospital.

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

Administration, 3, 6%

Clients and Families, 6, 13%

Other, 24, 50%

Physicians , 3, 6%

Staff, 12, 25%

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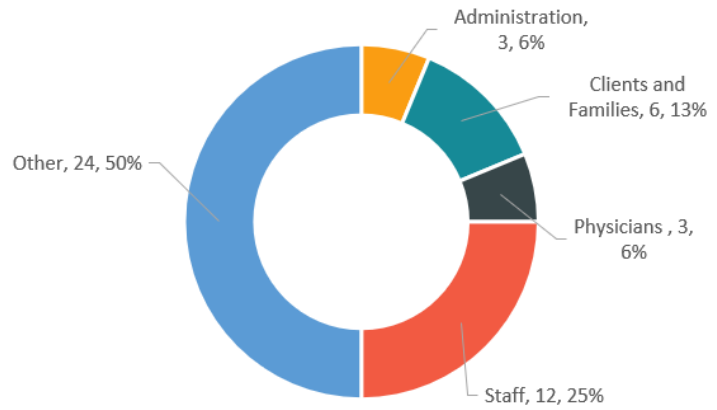
[1] "Other" interviewees refer to individuals such as students or volunteers

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. Professional practice education on high priority programs such as restraint policy, recognition of abuse, organ donation.

2. Access to more local site data for analysis and quality improvement; for example, VTE audits, use of anti-psychotic medications, isolation days/antimicrobial data analysis.

3. Wayfinding for ED - Lack of sign on the building.

4. Increase collaboration with Big Country hospital, AHS leadership and others to engage in local clinical program development.

Areas of Excellence

1. Clean, uncluttered, secure environment.

2. Multi-skilled, knowledgeable, compassionate and dedicated staff

3. Quality improvement through CoAct such as whiteboards and comfort rounding

4. Patient flow management

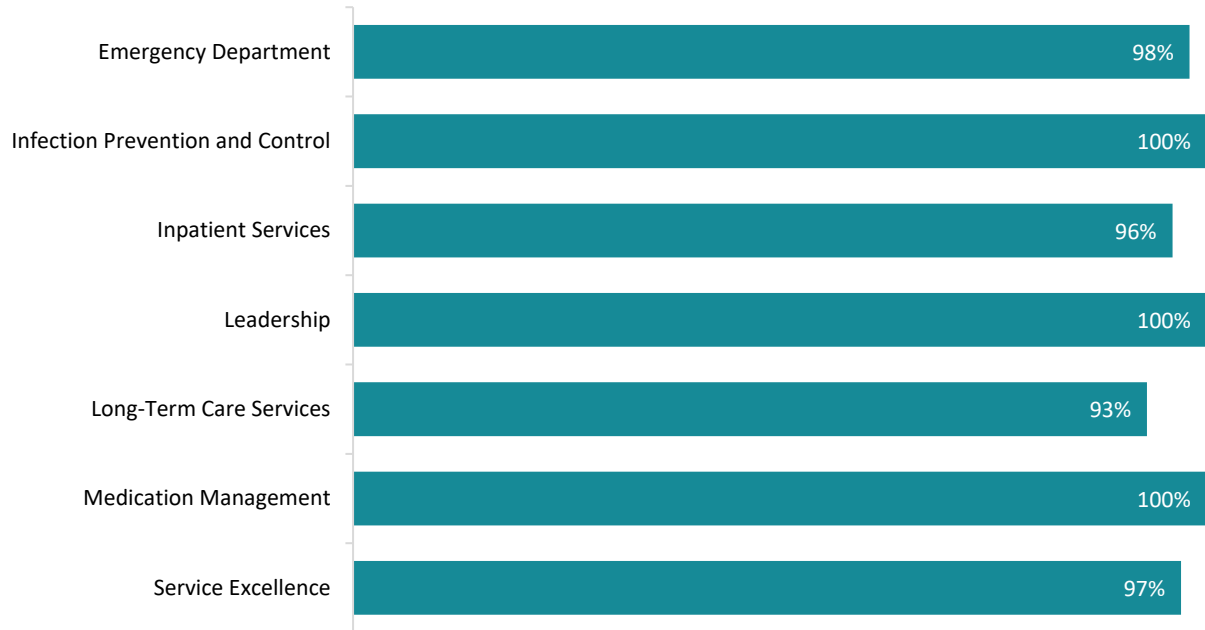5. COVID-19 staff and patient safety management

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.
96% met	98% met	97% 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.
77 Criteria	18 Criteria		

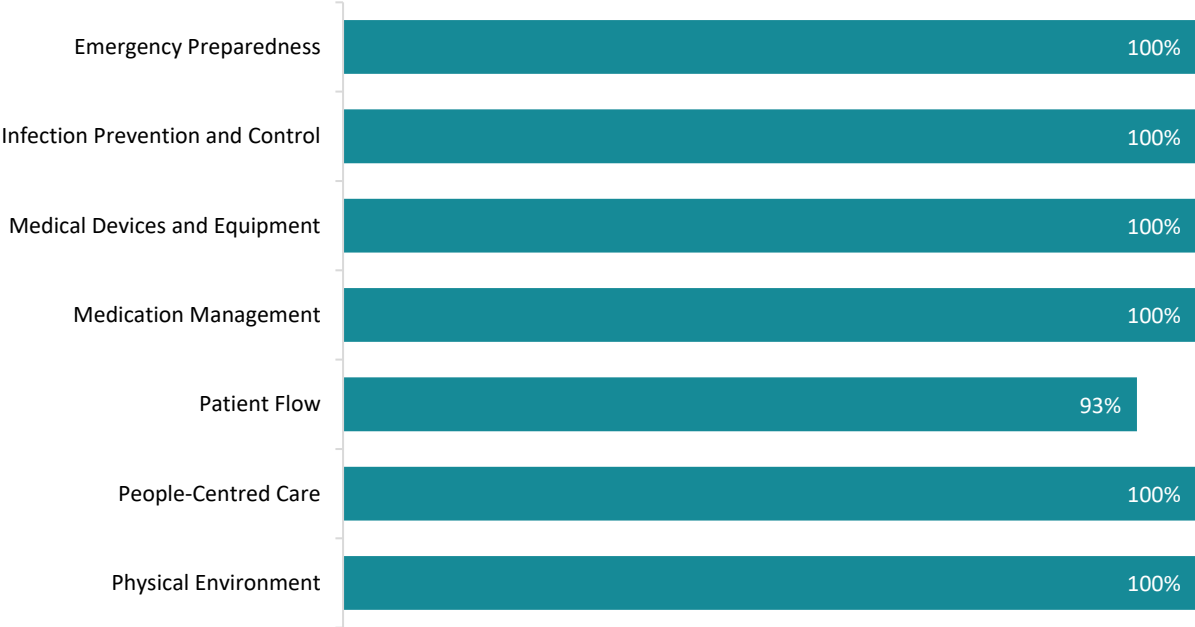[1] In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance'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

Compliance by Standard

Standard	Compliance
Emergency Department	98%
Infection Prevention and Control	100%
Inpatient Services	96%
Leadership	100%
Long-Term Care Services	93%
Medication Management	100%
Service Excellence	97%

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	91	2	10	0
Infection Prevention and Control	48	0	16	0
Inpatient Services	66	3	0	0
Leadership	9	0	0	0
Long-Term Care Services	71	5	5	0
Medication Management	67	0	20	0
Service Excellence	74	2	0	0
Total	426	12	51	0

Compliance By System Level Priority Process

Emergency Preparedness	100%
Infection Prevention and Control	100%
Medical Devices and Equipment	100%
Medication Management	100%
Patient Flow	93%
People-Centred Care	100%
Physical Environment	100%

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	11	0	16	0
Medication Management	67	0	20	0
Patient Flow	13	1	0	0
People-Centred Care	33	0	0	0
Physical Environment	4	0	0	0
Total	169	1	36	0

Compliance by Quality Dimension

Dimension	Compliance
Accessibility	97%
Appropriateness	99%
Client Centered Services	100%
Continuity of Services	100%
Efficiency	100%
Population Focus	100%
Safety	93%
Worklife	85%

DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	30	1	0	0
Appropriateness	139	1	22	0
Client Centered Services	111	0	2	0
Continuity of Services	17	0	0	0
Efficiency	3	0	4	0
Population Focus	4	0	0	0
Safety	111	8	22	0
Worklife	11	2	1	0
Total	426	12	51	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-term Care	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-term Care	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-term Care	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-term Care	MET

Pressure ulcer prevention	Inpatient Services	MET
	Long-term Care	MET
Suicide prevention	Emergency Department	MET
	Long-term Care	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.

There are no unmet criteria for this Priority Process.

MET 7
(100%)

Emergency Preparedness manuals are available on each unit however appear to be a work in progress. It was noted the manuals are all consistent in content, with the content of protocols being at various levels of updating. There is monthly education for with a "code of the month" board posted at the entrance to the nursing units. Fire drills are current and dated for 2020.

There is communication with the biomedical lab and public health should there be concerns from the units. There are clear guidelines on outbreak protocols and processes to manage these. At this time there is an active plan to monitor staff coming into the hospital, and patients going into emergency.

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.

MET 34
(100%)

The site is supported by an infection prevention control practitioner who also supports three other sites in the southeastern quadrant. Before the pandemic, there were monthly visits to each site. The infection control practitioner (IPC) at this time is only visiting the site quarterly, and at the last visit reviewed the use of personal protective equipment.

The staff are involved in appropriate COVID-19 testing as required. The entrance is manned by a staff person to ensure visitors and staff are symptom-free, wash their

hands and don a mask. Despite the pandemic hand hygiene audits continue to be conducted with results posted on the units. IPC works with the site leads to monitor potential outbreaks of all types.

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.**

This site does not have an Medical Device Reprocessing unit. Equipment used at the site requiring high-level cleaning or sterilization is sent to Medicine Hat Regional Hospital for processing. There is a separate locked room for the cleaning and storing of soiled equipment. Soiled equipment is soaked in the approved solution to remove and or soften debris. There is a trained person who works during the week to remove the items, ensure there is not debris, and dry the items. These are packed into a covered bin and transported to Medicine Hat Regional Hospital for the next phases of cleaning and sterilization. A list is sent with the supplies of what is sent. Should an item be deemed unfit for reprocessing an email is sent back to the responsible person with an explanation of why and request to replace. While there is a current standard operating procedure manual, there are also old manuals. Consideration may be made to dispose of the outdated material.

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.

There are no unmet criteria for this Priority Process.
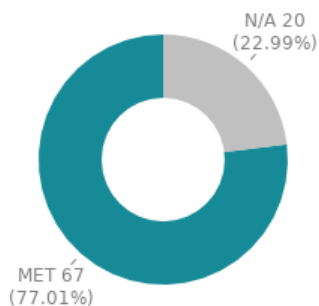
This rural hospital has a main medication stock room where the pharmacy assistant manages the inventory including ordering, tracking, labelling, and safe disposal. There are three medication rooms to support clinical care - Emergency Department, Acute Care and Long-term Care. Medications in each room are stocked relative to the patient population needs and the medication rooms are secure, well organized, clean and bright.

Formulary additions are easily facilitated provided they reside on the AHS approved formulary. Quality improvement initiatives include the Patients Own Medication policy and protocol, temperature-controlled and alarmed refrigerators for insulin storage, and safe/secure disposal barrels for discontinued/wasted medications and sharps.

The pharmacy assistants are knowledgeable/responsible and stay current through references found on Insite and consultative support from the staff and leadership at the Medicine Hat Regional Hospital pharmacy. Roles and responsibilities for counting narcotics are clear with good tracking mechanisms that are reviewed by the pharmacy staff in Medicine Hat Regional Hospital.

A high-risk medication audit is conducted annually by the regional manager of operations in collaboration with site staff. Unit dose medication administration is performed safely and efficiently by the nursing staff who use two-patient identifiers and bedside Medication Administration Records to ensure the correct patients get the right medication at the right time.

Physicians use the Bugs and Drugs app, have access to consult with microbiologists and pharmacists for clinical decision making. They are aware of the Anti-microbial Stewardship program and receive bulletins from the AHS Pharmacy team. There is no local expertise or data to engage the physicians in participating in benchmarking/improving their own practices. Medication management is a shared responsibility and is performed well at this site.

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.

UNMET 1
(7.14%)

MET 13
(92.86%)

Patient flow is a strength at Big County Hospital, from the design of the physical facility, effective staff workflow processes and access to on-campus integrated clinical services.

Starting with the Emergency Medical Services (EMS) based on-site – patients are safely and immediately offloaded into the emergency room bays for stabilization, admission or discharge by the clinical team. There are typically beds available in the 10-bed acute care medical unit and patients are promptly admitted. The team has not needed to surge into the two available unfunded beds nor use unconventional spaces for surge conditions.

A Long-term care unit is part of the hospital facility providing access to care for patients who qualify. Three physicians work together to provide care in the emergency department, hospitalist care on the unit and primary care in the Office/Clinic setting. This consistency and clinical partnership minimize handoffs, centralizes patient records and give clients confidence in the system. A combined nursing station and charting room facilitates efficient communication and collegiality.

The RAAPID system responds promptly to requests for consult and inter-hospital transfer and air ambulance services are close by at the Oyen Airport. Good post-discharge programs exist with follow up in the doctor's primary care office and in a lumps and bumps clinic at the hospital.

The small medical group facilitates teamwork with nursing, allied and corporate services staff. Several additional health care services are in close proximity to the hospital; the primary care offices, dentists, home care, public health, and ophthalmology.

The Big Country Hospital team created two new treatment rooms and tracking processes for managing patients screening positive for potential COVID-19 and placed them out of the mainstream corridors. A multi-year renovation plan has improved patient flow improving safety and staff efficiency. One of the remaining flow challenges is that walk-in patients for the emergency department come in the front door with all the other traffic including outpatients, staff and visitors to the hospital.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.8	Standardized processes and procedures are followed to coordinate timely inter-facility client transfers and transfers to other teams within the organization.

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; Service Excellence.

MET 33
(100%)

There are no unmet criteria for this Priority Process.

People-centred care is the foundation of care provision. Families are included when possible although it is the preference of some of the older patients to be told how to manage their health. The patient care partner for the South East Quadrant represents 4 sites.

There is a health foundation in the community to provide needed equipment for the hospital. Recently this included the acquisition of a fetal monitor. The foundation is currently fundraising for three replacement Long-term care beds. Feedback from the patients and families is used to assist in decision making. Patients and families are sent questionnaires on discharge. As well complaints from families will form process change consideration.

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.

MET 4
(100%)

Facilities management requires a class five engineers to be able to work in this environment. Site leadership is currently in the process of recruitment for the supervisor position.

Records are available and posted of site safety inspections. Routine testing of backup systems is carried out on a strict schedule. There are green initiatives in place such as recycling of paper and plastics, repurposing of retired equipment, changing to smart lighting and water devices on taps.

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; Organ and Tissue Donation.

Emergency Department

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

UNMET 1 (1.25%)

N/A 10 (12.50%)

MET 69 (86.25%)
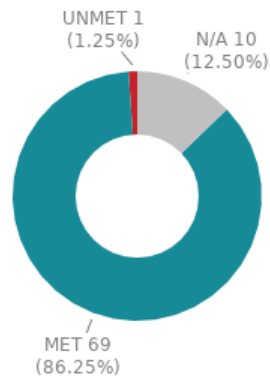
There is a road sign showing the Hospital and Emergency Department location however there is no emergency sign on the building itself or reserved parking. Additional signage would ensure patients and families arriving with urgent needs know where to park and which door to enter.

Two new patient bays are designed and set up the same way for effective workflow. The patient care area is spacious, well-stocked, equipped and organized. The team is prepared for a broad spectrum of adult and pediatric emergencies. Registered Nurses (RN) manage the Emergency Department 24/7 and call for the physicians when they have completed their assessment of the patient. The RN's and Licensed Practical Nurses (LPN) are very skilled and adaptable as they work in both the Emergency room and Acute care unit - a shared nursing station effectively integrates care and staff. The medical and clinical teams are dedicated, often coming in when called for an emergency requiring more support.

Patient interviews confirm that they have come to anticipate responsive, high-quality care every time they visit the emergency department at Big Country Hospital. Remote patient registration is done by the nurses after 1400 hours adding patient data collection, label printing and arm-banding to their work prior to commencing patient assessment.

The ED/Hospitalist physicians report a good rapport with the surgeons, specialists and pediatricians in Medicine Hat – they have both accessibility to consult as well as support for patient transfer when the Big Country Hospital team does not feel comfortable in managing a patient. Serious neurological and vascular triage can be difficult as surgeons do not want the consult without confirmation of a diagnosis.

A single room is used for both cardiac patients and patients with suicidal ideation requiring a secure space. This room has permanent fixtures that could be a danger to both the client and staff. The team may want to consider removing these fixtures to improve patient and staff safety as soon as possible.

A quality board posts some data and there are quality improvements made by the teams however physicians and staff do not have access to important local data. There is little evidence of opportunity to make improvements from the analysis of local business or clinical metrics.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	3.1	Entrance(s) to the emergency department are clearly marked and accessible.

Inpatient Services

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

UNMET 3
(5.17%)

MET 55
(94.83%)

The inpatient acute care unit provides comprehensive and compassionate care. Staff are professional, skilled and creative. Charts are organized, easy to use and contain many standard forms of guiding practice. Noted is the special skincare attention patients receive as part of the pressure ulcer program. Patients report that the response to their call bell is prompt.

Several new programs have increased patient safety and satisfaction. Comfort rounds are conducted every two hours where nurses check on each patient and document the time and activities undertaken. A review of the recent reduction in falls on the unit may well be due to this program. Whiteboards are located in each patient's room and relay who the patient's nurse and physician are in addition to other pertinent information. Patients interviewed loved this easy way of sharing information with them.

The team uses the IDRAW form to communicate with each other relative to internal patient transitions and a program called Greensleeves supports sharing the Goals of Care with patients and families. Each patient gets a green folder upon discharge that contains their history, post-discharge education, instructions on their recovery and health care goals.

Nurses are adaptable and cheerfully multi-task; the service delivery model of combined emergency department and acute care assignments is fiscally responsible and effective. They make good use of the AHS InSite resources. A well-appointed palliative care suite is available when needed with a room for the patients and space for the family to gather during their loved ones last hours.

Clinical staff are not familiar with the concept of Universal Falls precautions however have met the intent of creating a safe patient environment including lifts. While patient mobility is noted on the whiteboard, the visual alert (ring of isolation/fall pictograms) typically posted in patient's rooms and on charts for patient travel is not currently in use and should be considered for reinstatement. Clinical staff are cautioned to maintain vigilance with using the two-patient identification practice – familiarity with the site and patients can erode the use of best practices.

Basic laboratory testing and imaging meet most needs however the medical team believes there is a case for adding sonography to help them make better local decisions. Patients interviewed also spoke of the long drive for diagnostic tests. In one case a fragile elderly patient made three separate trips to

Medicine Hat Regional Hospital for tests and is scheduled for another one. The Emergency Department and Medicine Teams are the same people so they do design and execute service plans together. When the interdisciplinary team identifies a more complex need it is not entirely clear which AHS administrators to work with to realize an improvement - for example, a team working on streamlining Holter scanning workflow has had difficulty in reaching a satisfactory solution, similar to the team advocating for a much needed Assisted Living program.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	2.4	Education and training on the safe and appropriate use of restraints are provided to the team.
Inpatient Services	2.5	Education and training on when clients need to be accompanied when receiving service in another service or location is provided to the team.
Inpatient Services	6.11	A process to monitor the use of restraints is established by the team, and this information is used to make improvements.

Long-Term Care Services

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

UNMET 5 (6.49%)
N/A 5 (6.49%)
MET 67 (87.01%)

Long-term care is a home-like unit where elders are treated with care and respect. Staff take the time to listen and engage the elders in conversations. Recreation staff have printed a description of the elders' life history, and these are posted by their rooms. A hallway between pods contains plaques with the names of elders who have lived in the home since it was created.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	1.1	Education and training on recognizing, preventing, and assessing risk of abuse are provided to the team.
Long-Term Care Services	1.3	Education and training on the safe and appropriate use of restraints are provided to the team.
Long-Term Care Services	3.14	Information and education about recognizing and reporting abuse is provided to residents and families.
Long-Term Care Services	3.15	The organization's strategy on preventing abuse is understood and followed by the team.
Long-Term Care Services	3.19	The use of anti-psychotic medications is assessed for appropriateness and the information is used to make improvements.

Service Excellence

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

UNMET 2 (2.94%)

MET 66 (97.06%)

Evidence of service excellence is available on multiple poster boards at the site with lists of quality improvement strategies. Action on quality projects includes the CoAct committee, Comfort rounds in LTC and RAAPID rounds in acute care. While all of the nursing staff have received a performance appraisal within the last two years, the support staff have not. The people on staff do not feel recognized for their contributions to additional work such as for participation in planning, work on committees, projects or education. The staff overall has mentioned the need for increased education support for topics of recognition of elder abuse, the use of restraints, and how to deal with the delegation of consent.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	5.3	Team members are recognized for their contributions.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Emergency Department	3.1 Entrance(s) to the emergency department are clearly marked and accessible.	May 30, 2021
Inpatient Services	2.4 Education and training on the safe and appropriate use of restraints are provided to the team.	May 30, 2021
Long-Term Care Services	1.1 Education and training on recognizing, preventing, and assessing risk of abuse are provided to the team.	May 30, 2021
Long-Term Care Services	3.19 The use of anti-psychotic medications is assessed for appropriateness and the information is used to make improvements.	May 30, 2021