

**September  
2020**

# Brooks Health Centre

South Zone

Alberta Health Services



**ACCREDITATION  
AGRÉMENT**  
CANADA

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## About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted 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 Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

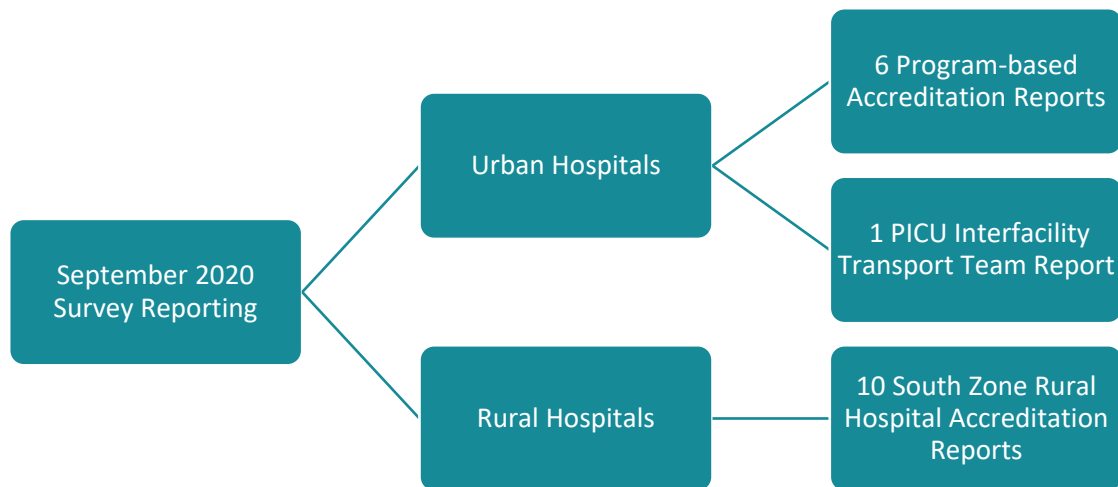
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 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:



### 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

The teams and leaders at Brooks Health Centre are commended for preparing and participating in the accreditation process using unannounced visits as the new methodology. They were welcoming and embraced the accreditation journey. A leader described accreditation as being important for quality and for validating the team's daily work.

The teams and physicians are dedicated to quality improvement and are receptive to continue with the quality journey. The clients and families will benefit from this commitment to patient safety. Upon entering the site, the survey team was greeted with openness and enthusiasm; they were proud to showcase their work.

Brooks Health Centre has a robust emergency preparedness culture as exemplified by the rigorous management of a recent COVID-19 outbreak. A collaborative approach with community partners ensured the successful management of this pandemic. Besides, staff, leaders and physicians exuded pride in the management of this unprecedented critical event. The team is to be commended for receiving acknowledgment from Senator Doug Black for their outstanding work in COVID-19.

The teams and physicians are highly engaged in providing excellent care to their patients and families. Teams expressed the value and importance of collaborative work. They are congratulated for the safe and quality care provided.

Clients and families described being treated with care, dignity and respect. They noted the excellence and caring of staff all along the continuum of care and services. The community served by the Brooks Health Centre is diverse and multi-faceted. The leaders are encouraged to seek client, family and community input from the community served to further strengthen the programs and services.

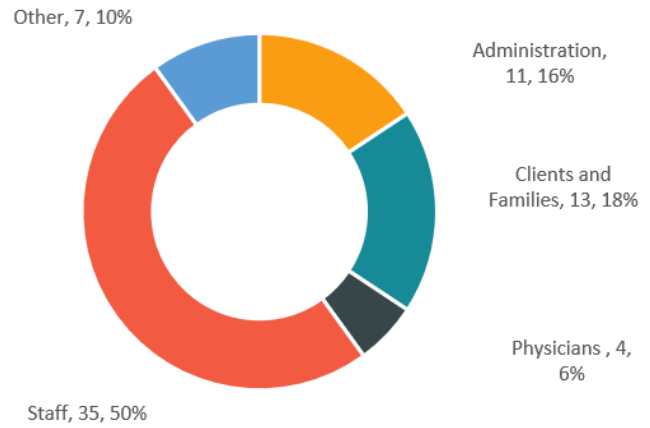
The facility is well maintained, bright and uncluttered. Hand hygiene stations are available throughout the site. The site is in the process of expanding capacity for palliative and long-term care. Throughout this construction journey, infection prevention and control are involved. The leaders are encouraged to embrace the opportunity of including patients' and families' voices in all facility re-design.

There are quality processes established including whiteboards at the bedside, quality boards, hand hygiene boards, and bedside rounding. There is a strong commitment to hand hygiene with audits completed. The site is encouraged to continue a quality improvement journey in developing robust auditing processes and indicators and in implementing them at the front line.

## Survey Methodology

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

To conduct their assessment, the survey team gathered information from the following groups<sup>1</sup>



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<sup>1</sup> "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. Continue to seek client, family and community input to further strengthen programs and services
2. Optimize the integration of quality and patient safety initiatives at the front line.
3. Leaders are encouraged to conduct performance appraisals regularly.
4. Retention and recruitment of staff in a competitive market.
5. Continue with plans to implement Connect Care.

### Areas of Excellence

1. Teams, physicians and leaders are to be commended for the management of the COVID-19 pandemic.
2. A nimble organization with the ability to respond and adapt to change.
3. Collaborative interdisciplinary practice.
4. Compassionate and caring staff, physicians and leaders.
5. A robust emergency preparedness plan.

# Results at a Glance

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

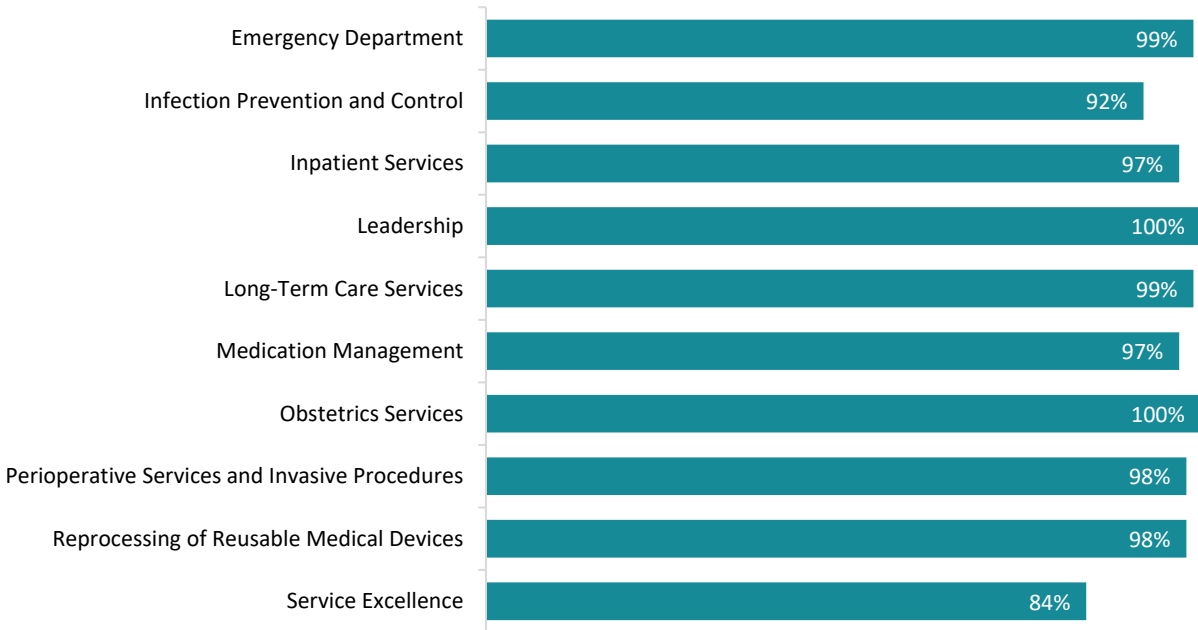
## Compliance Overall<sup>1</sup>

Percentage of criteria			<b>Attestation:</b> 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.
<b>Attested</b> 100% met	<b>On-Site</b> 96% met	<b>Overall</b> 96% met	
Number of attested criteria			<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
<b>Attested</b> 113 Criteria	<b>Audited</b> 14 Criteria		

<sup>1</sup> 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)*.

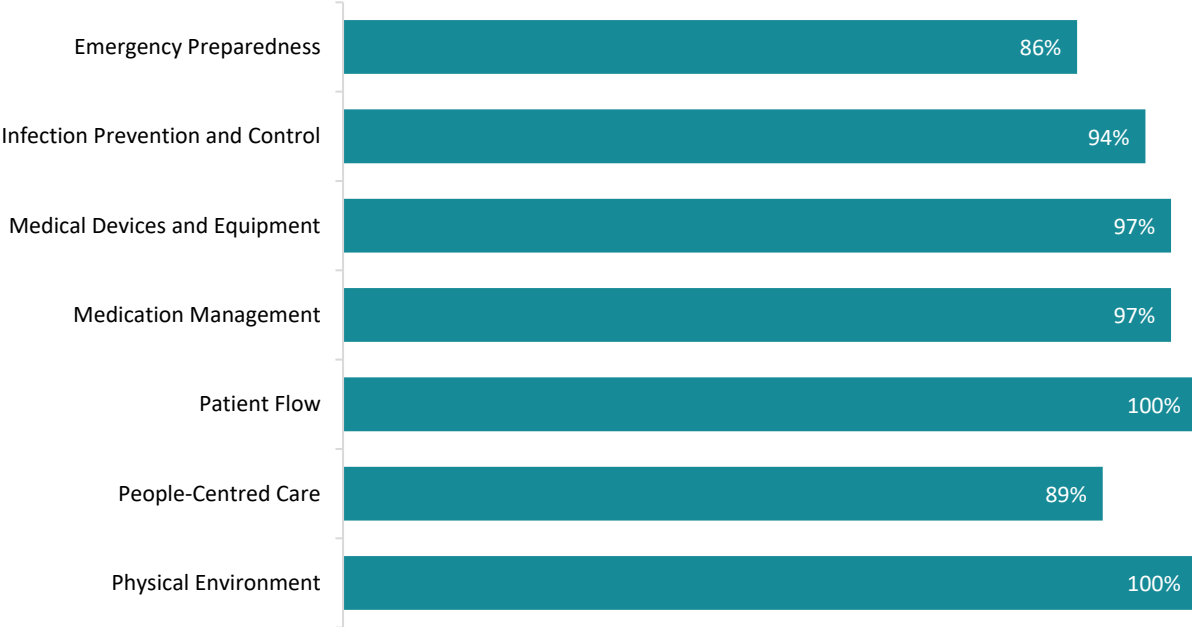


## Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	94	1	8	0
Infection Prevention and Control	34	3	0	0
Inpatient Services	64	2	3	0
Leadership	9	0	0	0
Long-Term Care Services	79	1	1	0
Medication Management	73	2	12	0
Obstetrics Services	82	0	1	0
Perioperative Services and Invasive Procedures	142	3	4	0
Reprocessing of Reusable Medical Devices	88	2	1	0
Service Excellence	63	12	1	0
Total	728	26	31	0

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	6	1	0	0
Infection Prevention and Control	32	2	0	0
Medical Devices and Equipment	105	3	4	0
Medication Management	87	3	12	0
Patient Flow	19	0	0	0
People-Centred Care	48	6	0	0
Physical Environment	14	0	0	0
Total	311	15	16	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	46	3	0	0
Appropriateness	224	11	13	0
Client Centered Services	160	4	1	0
Continuity of Services	30	0	0	0
Efficiency	6	0	4	0
Population Focus	4	0	0	0
Safety	239	6	12	0
Worklife	19	2	1	0
Total	728	26	31	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	UNMET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	UNMET
	Long-Term Care	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
<b>MEDICATION USE</b>		
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	N/A
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care	UNMET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	UNMET
	Long-Term Care	UNMET
	Perioperative Services and Invasive Procedures	N/A
Suicide prevention	Emergency Department	MET
	Long-Term Care	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	N/A

# Detailed Results: System-level Priority Processes

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

## Emergency Preparedness

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



Brooks Health Centre has a strong focus on emergency preparedness. A well-defined contingency plan for all types of emergencies is properly outlined and follows standardized colour codes. Partnerships with the Police and Fire department support the contingency plan. Drills occur monthly and debriefing sessions occur following each exercise.

Pandemic and outbreak protocols are in place and efforts to educate and to provide volunteers with access to policies and procedures on outbreak management are being deployed. A recent COVID-19 outbreak at the Brooks Health Centre drew the community together which contributed effectively to minimizing the transmission of this deadly virus. The staff were proud to showcase a letter that they received from Senator Doug Black congratulating them for their excellent management of the COVID-19 pandemic.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	13.2	Team members and volunteers are provided with access to policies and procedures for identifying and managing outbreaks.

## Infection Prevention and Control

**Priority Process Description: Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.**



The infection prevention and control (IPC) nurse has successfully promoted the importance of IPC practices across all clinical areas and services. Infections are tracked and analyzed to identify outbreaks and trends. Although there is no specific quality improvement plan designated to IPC there is a robust surveillance plan that is well established and that is guided by best practice guidelines.

Hand hygiene is an organizational priority; alcohol dispensers are at each point of care. Areas, where additional dispensers are needed, are identified. Education and training on IPC practices are offered regularly. Hand hygiene audits are conducted by staff and by the unit clerk. Results of compliance with handwashing are posted on the hand hygiene thermometer board.

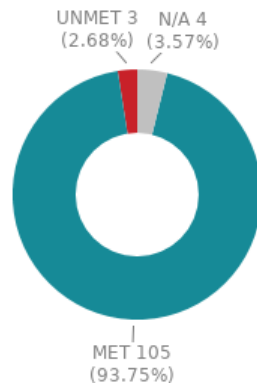
The site is encouraged to continually increase capacity regarding infection control practices and to involve and train volunteers and patients and families towards this endeavour.

The entire hospital team is congratulated for its continuous efforts in managing the COVID-19 pandemic.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	5.2	Team members, clients and families, and volunteers are engaged when developing the multi-faceted approach for infection prevention and control .
Infection Prevention and Control	14.3	Input is gathered from team members, volunteers, and clients and families on components of the infection prevention and control program.

## 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 is an interdisciplinary team supporting medical devices and equipment both at the Brooks Health Centre and the South zone level. The team and leaders are committed to ensuring quality medical device reprocessing and preventative maintenance of equipment.

There are a strong orientation process and educational opportunities available for the team. The staff spoke highly of the education and training opportunities available. A recognized course in reprocessing and sterilization is a

requirement to work in the medical device reprocessing department. There are comprehensive processes for equipment maintenance and medical device reprocessing. There are manuals and standard operating procedures available. The team noted that the use of computers to store manuals and standard operating procedures would be beneficial to their work. The equipment is maintained by the facilities, biomedical, and equipment manufactures. There are quality assurance measures in place including testing of the sterilization equipment and documenting the outcomes.

All medical device reprocessing is centralized at the medical device reprocessing department. The physical space is clean and well organized. The department is located close to the operating rooms. The flexible endoscopic reprocessing occurs in the main medical device reprocessing department. Therefore, endoscopic reprocessing is not separated from the other work completed in the reprocessing department and is not equipped with separate clean and contaminated/dirty work areas as well as storage, and dedicated plumbing. The leaders are encouraged to explore options to separate endoscopic reprocessing from the work of the main reprocessing department.

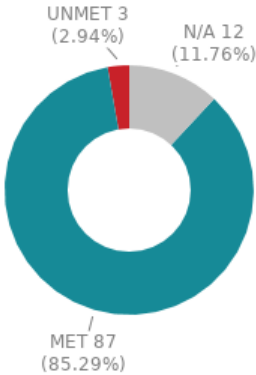
There is a small engaged team providing the reprocessing of medical equipment. Recently, a second medical device reprocessing technician was recruited. The team and leaders are committed to hand hygiene and the use of appropriate personal protective equipment to use during reprocessing. The staff stated that they feel safe at work and that they are aware of hand hygiene methods and the appropriate personal protective equipment to use. The medical device reprocessing department has alcohol-based hand hygiene stations available, however, the hand hygiene sink is not equipped with faucets supplied with foot, wrist, or knee-operated handles, or electric eye controls. The site is encouraged to provide hand hygiene sinks using a hands-free faucet system. The sink in the decontamination area is non-porous; however, because of the depth of the sink, a plastic basin is placed in the sink to enable the appropriate cleaning of equipment. The plastic basin is porous, absorbent and is not easy to clean. The leaders are encouraged to identify options to eliminate the use of the plastic basin.



STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	2.8	Contaminated items are appropriately contained and transported to the reprocessing unit or area.
Reprocessing of Reusable Medical Devices	3.6	The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.
Reprocessing of Reusable Medical Devices	8.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.

**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 Brooks Health Centre, the clinical pharmacist is an integral part of the interprofessional team and works collaboratively with the medical team, nurses and patient care services. The central pharmacy area is uncluttered, and its layout optimizes workflow. The pharmacist is easily accessible, even after hours. Pharmacists have been involved in a variety of quality improvement initiatives such as the development of the antimicrobial stewardship program, medication reconciliation upon admission,

transfer, and discharge, and Do Not Use list of abbreviations.

Medication management processes are in place and audits are regularly completed. The process for adding a drug to the medication formulary is well understood.

In terms of patient safety, not all high-alert drugs are double-checked before their administration. This is a safety issue and the site is encouraged to ensure that double-checking high-alert drugs before their administration are carried out. Finally, not all prescriptions are verified by the pharmacist before the administration of the first dose. To minimize medication errors that can be associated with this practice, the site is encouraged to develop and implement a policy and procedure on the process of double-checking medication preparation prior to administration.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.
Medication Management	23.3	An independent double check is conducted at the point of care before administering high-alert medications.
Perioperative Services and Invasive Procedures	3.2	Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.

**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.**



The Emergency Department does not experience issues with patient flow; when a patient requires a transfer or an admission to the inpatient care unit the teams from all areas of the site collaborate to ensure a smooth and efficient patient transfer. This example illustrates how CoACT, the interdisciplinary model of care, is integrated throughout clinical teams. Patient flow is not a challenge at the Brooks Health Centre.

## 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.**



The leaders, staff, and physicians of Bassano Health Centre are to be commended for their strong commitment to quality care for clients, families, and communities. This includes the caring attitude and support that they provide to the communities they serve. There is a strong sense of ownership of The leaders, staff and physicians of Brooks Health Centre are committed to people-centred care. At the heart of people-centred care is the daily interactions they have with clients, families and communities. A strength that

the team, physicians and leaders continue to build on is the high regard that the clients and families view the programs and services of the Brooks Health Centre. The clients and families stated that they were treated with care, dignity and respect. Furthermore, they commented that they received excellent care. These are strong foundational elements that continue to support and build people-centred care for the Brooks Health Centre.

The space and services at the Brooks Health Centre have had limited co-design with clients and families and community partners. There has been an increased demand for services for the growing ageing population. The Brooks Health Centre is currently designing spaces for additional beds including palliative and long-term care. There is an opportunity to design this space with the input of diverse clients and families, community partners and the team, and the leaders are encouraged to have their involvement.

The Brooks Health Centre provides services to a diverse multicultural community. There is an opportunity to seek the voices and input of the community. The leaders are encouraged to ensure that the programs and services provided at Brooks Health Centre meet the diverse needs of their clients and families including language, culture, level of education, lifestyles, and physical or mental disability. The participation and input of clients and families into the services and program will enhance the quality of the care provided.

Patient Advisor is representing the Southeast Rural Quality Council. The site is encouraged to explore ways to embed the perspectives of clients and families into the programs and services provided by the Brooks Health Centre. The role includes but is not limited to identifying barriers to access services, co-design space, identifying service-specific goals and objectives and participating in quality initiatives.

There is a Patient First Proclamation. However, clients and families are not consistently provided with information about their rights and responsibilities at intake or admission. The leaders are encouraged to develop in conjunction with clients and families a process to provide information to them about their

rights and responsibilities. This should be adapted to meet diverse needs such as language, culture, level of education, lifestyles, and physical or mental disability.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	1.7	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.
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	3.3	A comprehensive orientation is provided to new team members and client and family representatives.
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

## Physical Environment

**Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**

**There are no unmet criteria for this Priority Process.**



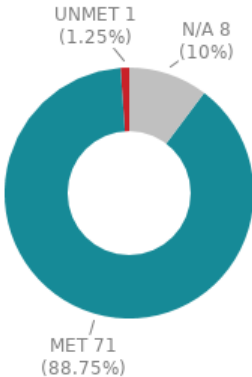
Brooks Health Centre is clean, bright, and uncluttered. In general, the physical environment is safe for patients. The signage is clear and effective. In terms of patient safety, there are nurse call bells in patients’ rooms and bathrooms. There may be an opportunity to assess the equipment storage as well as the physical layout in long-term care.

# 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.**



Brooks Health Centre emergency department is in operation 24/7 all year round. The department is bright and clean and consists of ten patient care areas, two of which are allocated to patients who require isolation.

The emergency department has a strong relationship with its community partners including Emergency Medical Services (EMS) and the RCMP.

A robust orientation program is mandatory for all newly hired personnel and the unit’s educator makes sure that the entire nursing staff receives regular in-services and updates on the management of Emergency Department patients. Advanced Cardiovascular Life Support (ACLS) training is mandatory for all nursing staff. Infusion pump training occurs every year. Considering the volume of pediatric patients who visit this Emergency Department, the organization is encouraged to ensure that all staff receive appropriate in-service education and training on pediatric care. Similarly, the mental health population would benefit from staff who are adequately trained and who have the knowledge to appropriately manage these vulnerable patients.

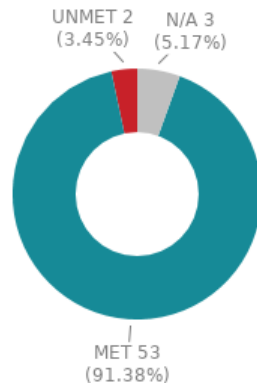
In relation to patient flow, teams work collaboratively to ensure a smooth and efficient transfer of patients to another unit or site. Collaboration from RAAPID and EMS for patient transportation is good.

Given the cultural diversity of the population who visit the Emergency Department at the Brooks Health Centre, the site is encouraged to offer staff education and training on diversity and cultural awareness. These can serve as the basis for staff to better understand the needs of the patients and families they care for and to develop strategies to increase their involvement in the management of their care.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.2	A standardized pediatric-specific tool is used to conduct the triage assessment of pediatric clients.

## Inpatient Services

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



The inpatient services are provided in a clean physical space. There are 28 acute inpatient beds with primarily private rooms. There is space for team interaction and are private spaces for clients and families. There are whiteboards in client rooms and bedside reporting. Family conferences and interdisciplinary rounds are held.

A Quality Board and Hand Hygiene Board are in the inpatient unit. The space and services at the inpatient unit have not been co-designed with clients and families and

community partners. There has been an increased demand for services for the growing ageing population. The Brooks Health Centre is currently designing spaces for additional beds including palliative and long-term care. There is an opportunity to design this space with the input of diverse clients and families, community partners and the team.

A committed inter-disciplinary team supports the provision of quality client care. This team includes nurses, physicians, a social worker, an occupational therapist, physiotherapist, recreation therapist, rehabilitation assistants, clinical educator, dietitian, dietary and environment cleaning staff. The team members commented that they enjoyed working on the inpatient unit and felt supported and appreciated for their work.

The physiotherapy and occupational therapy team have implemented a trans-disciplinary approach to client care. This has resulted in increased access, increased job satisfaction and improved client care. The team is to be commended for this innovative approach.

The clients and families spoke highly of the excellent care provided at the Brooks Health Centre. A client stated, "The staff are exceptional. I can't think of one thing that I need." Clients and families described being treated with care, dignity and respect. The clients were a part of their care planning. The families felt welcomed in the inpatient unit and a part of the care team. The input of clients and families was valued by the staff and leaders. The team and leaders are encouraged to continue to seek the input of clients and families into the design of programs and services.

The staff stated that their orientation prepared them to work in inpatient services. They stated that they felt safe at work. They were proud of their work during the COVID-19 pandemic. Volunteers are an integral part of the inpatient unit. The volunteers have recently re-commenced work on the inpatient unit that was temporarily halted due to COVID-19 and their return is welcomed by the team.

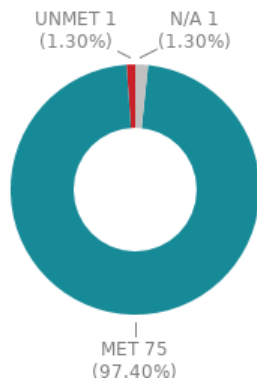
The team and leaders are committed to pressure injury prevention. However, the effectiveness of pressure injury prevention is not evaluated. The team is encouraged to evaluate the effectiveness of pressure injury prevention using varied methodologies including auditing with the results used to make improvements as needed.

The IDRAW Interactive Hand-Off Tool has been implemented. Care transition planning occurs with the input of the interdisciplinary team and clients and families. However, the effectiveness of communication at transitions is not evaluated with improvements made based on feedback received. The leaders noted that there are plans to implement auditing of care transitions. The leaders are encouraged to continue with this important work and to make improvements based on the feedback received.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.1	Services are co-designed to meet the needs of an aging population, where applicable.
Inpatient Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

### Long-Term Care Services

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



In the long-term care unit, the team is passionate, kind and focused on quality, safety and patient experience. The unit consists of 15 beds that are allocated to long-term care and nine beds that are occupied by patients who are waiting to be placed in a residential centre. The unit is exceptionally large, bright, and happy.

At the time of their admission, residents and family members are made aware of team members who will be responsible for their care. Patients' goals and objectives are

developed upon their admission to the unit and are reviewed yearly with input from the resident and family.

Some family members who were met during this survey expressed their frustration with being unaware of changes that were made to their loved one's plan of care. The site is encouraged to ensure that all changes in the resident's plan of care are appropriately communicated to family members who are part of their care team.

With regards to patient safety, it was noticed that during the administration of medications a 'two-person identifier' was not always carried out. Also, regarding patient safety, despite the audits that are created to assess compliance with wound care and fall prevention the effectiveness of these programs is

not always known. As such Brooks Health Centre is encouraged to use the data that is generated from audits to identify the changes that are needed to improve the quality of care.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	8.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.

## Obstetrics Services

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



**There are no unmet criteria for this Standard.**

The Obstetrics program at Brooks Health Centre consists of three labour and delivery rooms, six postpartum rooms and a maternity clinic. The unit is clean and well organized. The team and leaders are very proud of the obstetrics program. A team member stated, “Working here is amazing. We are like a family. I love my job.” The team members stated that they feel supported by the leaders and physicians.

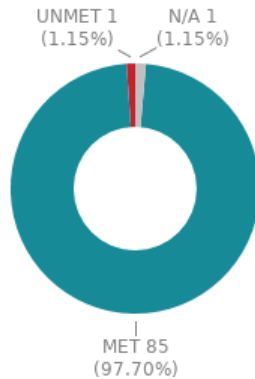
The obstetrical team is engaged in providing safe and quality obstetrical care. The implementation of the MORE-OB program is an example of the commitment to quality. The Safe Surgical Checklist is completed on all obstetrical surgeries with audits completed. The team members commented on the value of the training and education received. This includes fetal health surveillance, neonatal resuscitation, and obstetrical training at other hospitals. They acknowledged the network of support. This includes a telehealth link to pediatric tertiary care hospitals should this level of care be required. Whiteboards are in the client room and bedside reporting occurs.

The clients described receiving exceptional care. The clients stated that they felt comfortable asking questions and they were aware of their follow-up care. They stated they were treated with care, dignity and respect. The Brooks Health Centre provides services to a diverse multicultural community. The language line was viewed as an important tool in providing care. The leaders are encouraged to ensure that the obstetrical service meets the diverse needs of their clients and families including language, culture, level of education, lifestyles, and physical or mental disability. The participation and input of clients and families into the obstetrical program will enhance the quality of the care provided.



## Perioperative Services and Invasive Procedures

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



The perioperative service at Brooks Health Centre provides endoscopy, and surgical day procedures through visiting surgeons. The surgeons describe being supported by the team and leaders in providing surgical services. The team, leaders and physicians are engaged and committed to providing safe and quality care to clients and families. Additionally, they are committed to providing care for clients “close to home”. The team addresses privacy on the day that surgery is conducted by utilizing a private room to have appropriate conversations.

The perioperative service and invasive procedures area is clean, well maintained and organized. There is an assigned environmental services worker who provides cleaning. However, some of the cleaning duties are performed by registered nurses. There may be an opportunity to shift this workload to another provider. There are formal procedures for transporting contaminated items to the reprocessing area. However, the endoscopes are transferred from the operating room to the reprocessing department through a clean corridor. The leaders are encouraged to identify a process for the safe transportation of the soiled endoscopes through the clean corridor.

The clients described receiving exceptional care. This is demonstrated by clients travelling to Brooks Health Centre from outside the catchment area to receive surgical care. The clients stated they were aware of what to expect with their recovery and the process to follow if they had concerns. They were aware of how to protect themselves against infection. Furthermore, they stated that they were treated with care, dignity and respect. However, clients and families are not provided with information about their rights and responsibilities at intake or admission. The leaders are encouraged to develop, with clients and families, a process to provide information to them about their rights and responsibilities. This should be adapted to meet diverse needs such as language, culture, level of education, lifestyles, and physical or mental disability. The team is committed to protecting the privacy of clients and client information.

There is a strong commitment to providing education and training to student learners. The student learners commented on the value of the clinical experience obtained at perioperative services. There is evidence of a strong functioning team. The team commented on the value of the orientation and training and education provided. The staff described feeling safe at work.

The team is to be commended for their commitment to implementing a three-phase safe surgery checklist with auditing completed. The leaders are encouraged to implement the plan to utilize a safe surgery checklist for endoscopic procedures. The medications in the operating room are located in an unlocked cart. The narcotics are stored in a locked cabinet. The leaders are encouraged to explore

options to ensure that the medications in the operating room are locked or similarly secured outside of operating room hours.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	5.15	Clients and families are provided with information about their rights and responsibilities.

### Service Excellence

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



At Brooks Health Centre, services and departments are led by teams that are engaged in the delivery of safe and compassionate patient care. The units are uncluttered, clean, and bright.

Clients who require emergency attention are transferred in a timely fashion to the appropriate designated centre. Access to the pharmacy, diagnostic, lab, and medical services is available 24/7 and staff expressed satisfaction regarding the availability of these services.

Staff members encountered during this visit demonstrated exceptional commitment to providing high care and safe care to their patients. Opportunities for educational growth are offered and staff recognize the efforts that are put in place to encourage professional development. The addition of a nurse educator in the emergency department was cited as an added value to that department.

Performance appraisals are not conducted regularly and the site would benefit from assessing employees' progress periodically.

At present, patient and family input is not well integrated across all aspects of patient care and services. However, as the organization continues to implement its Electronic Clinical Information System (Connect Care) access to clinical data and patient information will be facilitated and patients' and families' participation in specific hospital affairs will be encouraged.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.7	A universally-accessible environment is created with input from clients and families.
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.
Service Excellence	6.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

## Criteria for Follow-up

### Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Medication Management	23.3 An independent double check is conducted at the point of care before administering high-alert medications.	May 30, 2021
Perioperative Services and Invasive Procedures	2.8 Contaminated items are appropriately contained and transported to the reprocessing unit or area.	May 30, 2021
Perioperative Services and Invasive Procedures	3.2 Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.	May 30, 2021
Perioperative Services and Invasive Procedures	5.15 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Reprocessing of Reusable Medical Devices	3.6 The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	May 30, 2021

Follow-up ROPs			
Standard	ROP - Test of Compliance	Due Date	
Inpatient Services	<b>Pressure ulcer prevention</b>		
	5.9.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	May 30, 2021
	<b>Information Transfer at Care Transitions</b>		
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	May 30, 2021	

Long-Term Care Services	<b>Falls prevention and injury reduction</b>		
	4.6.5	Team members and volunteers are educated, and residents, families, and caregivers are provided with information to prevent falls and reduce injuries from falling.	May 30, 2021
	<b>Pressure ulcer prevention</b>		
	4.8.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	May 30, 2021
	<b>Client Identification</b>		
5.2.1	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.	May 30, 2021	