

**October
2019**

**CALGARY ZONE
CANMORE GENERAL
HOSPITAL**

Alberta Health Services



**ACCREDITATION
AGRÉMENT
CANADA**

Table of Contents

About this Accreditation Report.....	1
About the AHS Accreditation Cycle	1
Calgary Zone Suburban Hospital Assessment – Sites Visited.....	2
Confidentiality	2
Section I – Calgary Zone Report.....	3
1. Calgary Zone Executive Summary.....	3
Surveyor Observations	3
Key Opportunities and Areas of Excellence	3
2. Results at a Glance	4
Compliance Overall	4
Compliance by Standard	5
Compliance by Quality Dimension	6
3. Detailed Results: By Standard	7
Infection Prevention and Control	7
Service Excellence	8
Section II – Canmore General Hospital Report.....	9
1. Canmore General Hospital Executive Summary	9
Surveyor Observations	9
Survey Methodology	10
Key Opportunities and Areas of Excellence	11
2. Results at a Glance	12
Compliance Overall	12
Compliance by Standard	13
Compliance by System-level Priority Process	14
Compliance by Quality Dimension	15
Compliance by Required Organizational Practice (ROP)	16
3. Detailed Results: System-level Priority Processes	18
Emergency Preparedness	18
Infection Prevention and Control	19
Medical Devices and Equipment	20
Medication Management	21
Patient Flow	22
People-Centred Care.....	23
Physical Environment	24
4. Detailed Results by Service-Level Priority Process	25
Emergency Department.....	25
Inpatient Services	26
Long Term Care Services.....	27
Obstetrics Services.....	28
Perioperative Services and Invasive Procedures.....	29
Service Excellence	30
5. Criteria for Follow-up.....	31

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 October 21 – 25, 2019. 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.

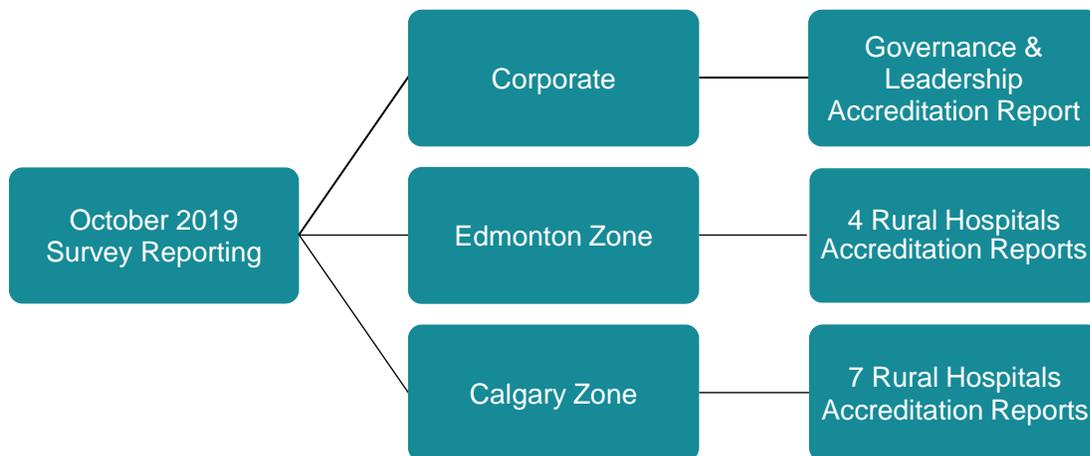
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve their 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.

Site-based assessments for rural hospitals will 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 whereby specialized 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 holistic 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, interim reports will be issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle in 2022, a final report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the October 2019 survey are organized as follows:



Calgary Zone Suburban Hospital Assessment – Sites Visited

Canmore General Hospital
 Claresholm General Hospital
 Didsbury District Health Services
 High River General Hospital
 Oilfields General Hospital
 Strathmore District Health Centre
 Vulcan Community 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.

Section I – Calgary Zone Report

1. Calgary Zone Executive Summary

Surveyor Observations

The Calgary zone suburban hospitals are commended on their partnerships with communities and municipalities. There are numerous partnerships with foundations, auxiliaries, municipalities, and towns. The rural sites have many services co-located which is very much appreciated by clients/families.

Many significant changes related to medication management have been conducted across the sites, such as unit dose delivery, standardization times for medications, and changes in standardizing and streamlining narcotic processes.

There is a culture of safety and quality. The rural hospital teams feel supported and involved in the implementation of quality and safety initiatives.

Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for the Calgary zone suburban hospitals:

KEY OPPORTUNITIES

1. Work with sites to align performance indicators with team and site objectives.
2. Continue to involve clients and families at all levels.
3. Continue to support rural hospitals in the implementation and evaluation of the Required Organizational Practices.
4. Work with sites to conduct emergency preparedness drills on evenings, nights and weekends.

AREAS OF EXCELLENCE

1. There are well established processes for staff education and training.
2. There is a commitment to the quality Infection Prevention and Control (IPC) program.
3. There are well established linkages and communication processes between the Calgary zone and the rural sites.

2. Results at a Glance

This section provides a high-level summary of the Calgary zone suburban hospital results by standards, priority processes, and quality dimensions.

Compliance Overall¹

% of criteria		
Attested	On Site	Overall
100% met	90% met	94% met

# of attested criteria	
Attested	Audited
16 criteria	1 criterion

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.

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

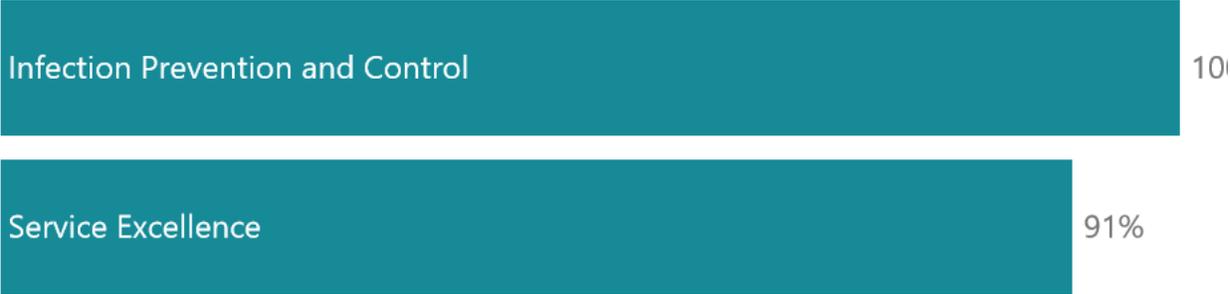


Fig.1 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	14			
Service Excellence	30	3		
Total	44	3		

Compliance by Quality Dimension

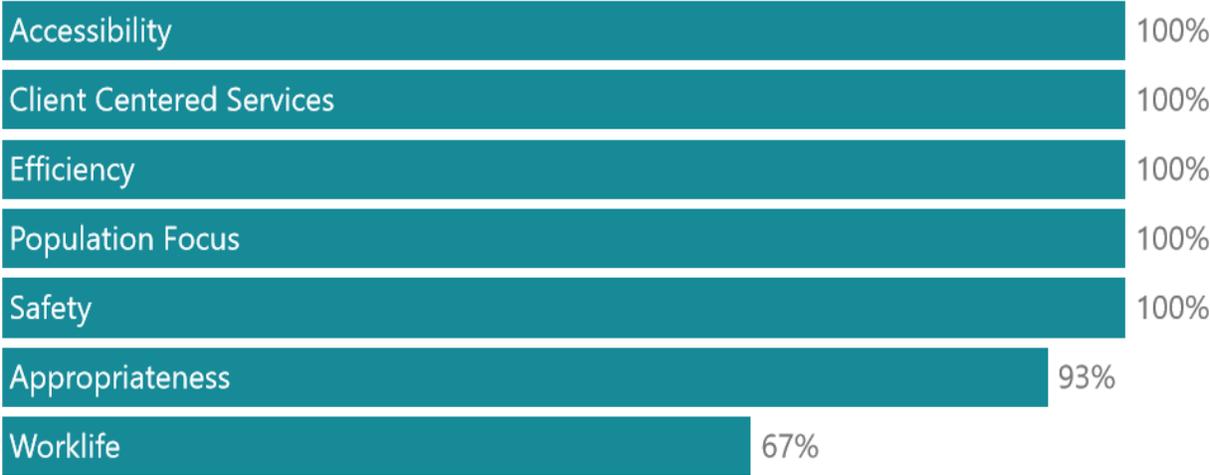


Fig. I.2 Compliance by Quality Dimension

QUALITY DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	2			
Efficiency	1			
Population Focus	3			
Safety	4			
Worklife	2	1		
Appropriateness	27	2		
Client Centered Services	4	1		
Total	43	4		

3. Detailed Results: By Standard

Infection Prevention and Control

All the criteria are met for this standard.



Priority Process Description:

Measures practiced by healthcare personnel in healthcare facilities to decrease transmission and acquisition of infectious diseases.

The Calgary zone suburban hospital leadership team is to be commended for their support to the implementation of the quality Infection Prevention and Control (IPC) program. There is a strong inter-professional team supporting and guiding the IPC program including the involvement of physician leaders. The team is encouraged to continue to explore the input of clients, families, and communities in the infection prevention and control program.

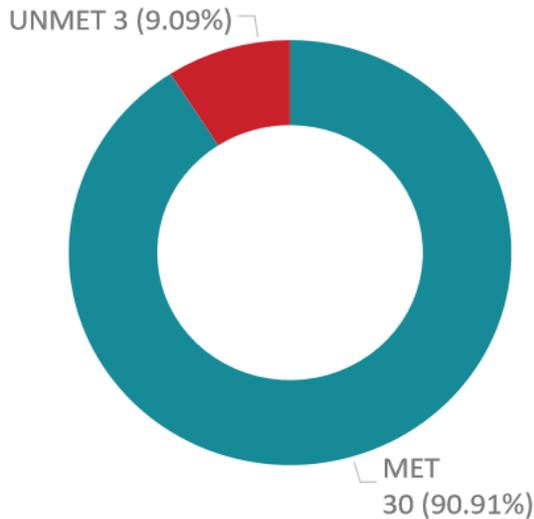
The Calgary zone suburban hospital leadership team has established communication processes to the rural sites. The team is encouraged to set up more formalized communication processes to ensure consistency in messages to all rural sites.

There is a comprehensive Antimicrobial Stewardship program throughout Alberta Health Services that offers feedback, information, and support to all sites.

The Westec Audit system ensures that daily audits are completed at all rural sites by environmental staff. Feedback is provided on the results of these audits.

The implementation of the Hand Hygiene Program has been effective. Hand hygiene audits occur, and the results are posted on the Quality Boards. The team is exploring innovative ways to audit hand hygiene including self-auditing. The team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

Service Excellence



Description of the Standard:

Addresses team management, human resources and worklife, information management, and quality improvement.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.1	Required training and education are defined for all team members with input from clients and families.
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.

Clients/families are generally very satisfied with the services they are receiving. They report that staff and physicians are professional, kind, caring, and competent.

There is good evidence of ongoing training and education. Training on cultural diversity is mandatory and completed through Annual Continuing Education (ACE) Modules. Privacy training is conducted annually and is mandatory as well. Ethics training is mandatory through the ACE Modules and staff report they would be comfortable seeking more information if they felt they needed it. Staff are aware of the ethical framework and how to request an ethical consult.

An opportunity for the zone is to support rural hospitals to improve the completion of performance appraisals. Currently, these are approximately 40-50% completed and this is an area that leaders could work on.

Section II – Canmore General Hospital Report

1. Canmore General Hospital Executive Summary

Surveyor Observations

The current survey focused on seven system-wide priority processes (People-Centred Care, Medication Management, Infection Prevention and Control, Physical Environment, Medical Devices and Equipment, Emergency Preparedness, and Patient Flow) as well as five service-level priority processes (Emergency Department, Inpatient Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence). The survey took place October 23 - 24, 2019 and was conducted by two surveyors from outside of the province. The Canmore General Hospital is located in the Calgary Zone. It has a full range of services to support its community. It is evident that the staff and physicians are a proud and dedicated team. They are committed to the care of their clients and families.

The hospital has established a good partnership with the community. The physicians speak highly of the team spirit, and they can manage their patients while at the hospital or from their clinics.

Recruitment and retention remain a priority as staff turnover is high at both levels: leadership and front-line staff. There are many new graduates and novice staff who will require support and education to ensure they feel confident in their practice. This could indicate that the site may need to be better staffed than the benchmarks suggest for safe and quality care.

With the current provincial model, the information is cascaded down to the zone and then to the sites. The hospital uses provincial policies, protocols, and forms and modifies them for implementation based on the services they provide. The teams have initiated several quality activities to support the unique population they serve.

The facility is clean and well organized. Although the site is well kept, there is an opportunity for planning major renovations to meet the current and future needs of the ever-changing population. There is no reverse isolation or negative pressure rooms, and there are space restrictions. The teams are encouraged to establish isolation rooms, improve air exchange management processes, and review areas that require better patient flow (e.g. the operating rooms). This would provide a better experience for patients, staff, and physicians.

There are staff recognition events. The dietary staff mentioned that in the past when these events took place, they had to prepare the food; therefore, it was not a celebration for them. The leadership changed their approach, and the hospital hires external stakeholders (caterers) so all staff can enjoy and participate.

There is a Patient/Resident Council as well as a Patient Advisor; their roles continue to develop.

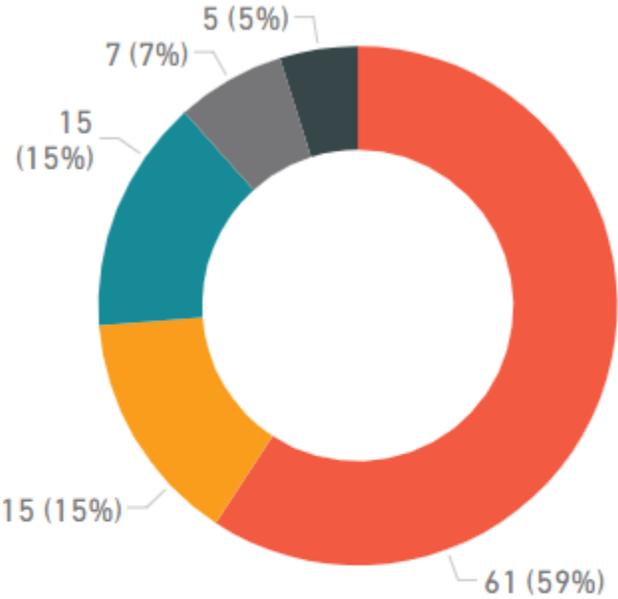
Overall, the Canmore General Hospital presents a welcoming, trusting and friendly environment, and the teams and service providers support the surrounding community.

Survey Methodology

The Accreditation Canada survey team spent two days at Canmore General Hospital.

The surveyors conducted 103 interviews during the survey visit.

To conduct their assessment, the survey team gathered information from the following groups²:



● Staff ● Clients and Families ● Others ● Physicians ● Administration

² '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 evolve patient/family-centered care.
2. Share data at the staff level to enhance engagement in quality improvement activities.
3. Conduct regular performance reviews for all staff.
4. Continue to enhance communication locally and through the zone connections

AREAS OF EXCELLENCE

1. At the Canmore General Hospital there are committed staff, volunteers and physicians, as well as strong Foundation support.
2. The site is implementing Rural Hospital SharePoint and an Insite page for easier accessibility.
3. There are standardization provincial protocols, tools and forms that can be customized to site level.
4. There is a good connection between rural sites allowing patient transfers to balance capacity needs (e.g. repatriation).
5. The hospital is commended for the inclusion of a Patient and Family Care Advisor to the team.

2. Results at a Glance

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

Compliance Overall³

% of criteria		
Attested	On Site	Overall
97% met	98% met	98% met

# of attested criteria	
Attested	Audited
131 criteria	27 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.

On-site Assessment:

Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

³ 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

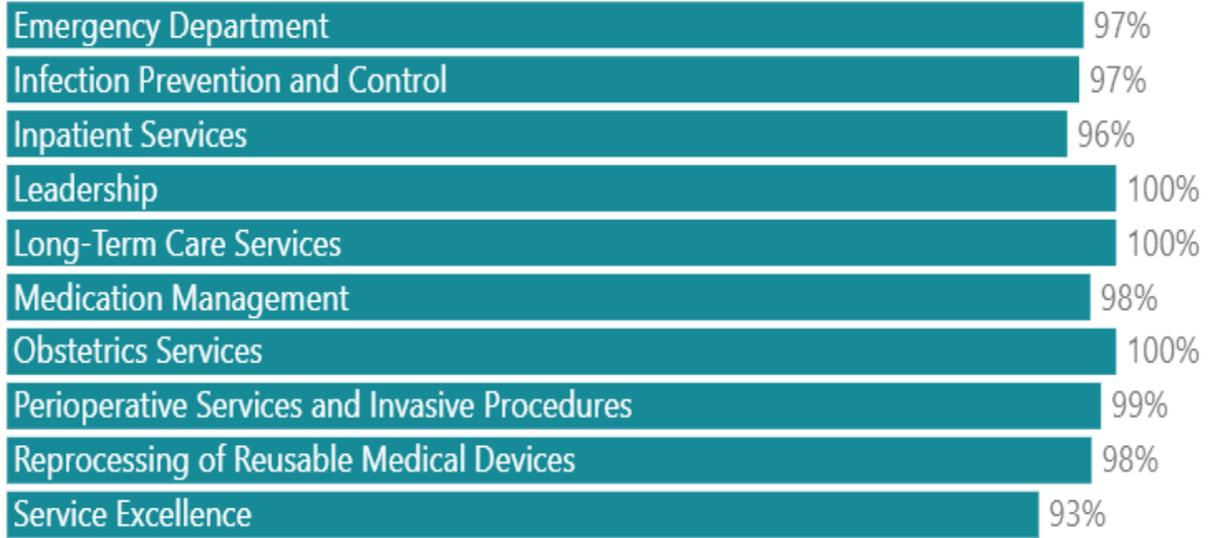


Fig. I.3 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	99	3	1	
Infection Prevention and Control	29	1		
Inpatient Services	65	3	1	
Leadership	9			
Long-Term Care Services	80		1	
Medication Management	84	2	5	
Obstetrics Services	82		1	
Perioperative Services and Invasive Procedures	144	2	3	
Reprocessing of Reusable Medical Devices	88	2	1	
Service Excellence	40	3		
Total	720	16	13	

Compliance by System-level Priority Process

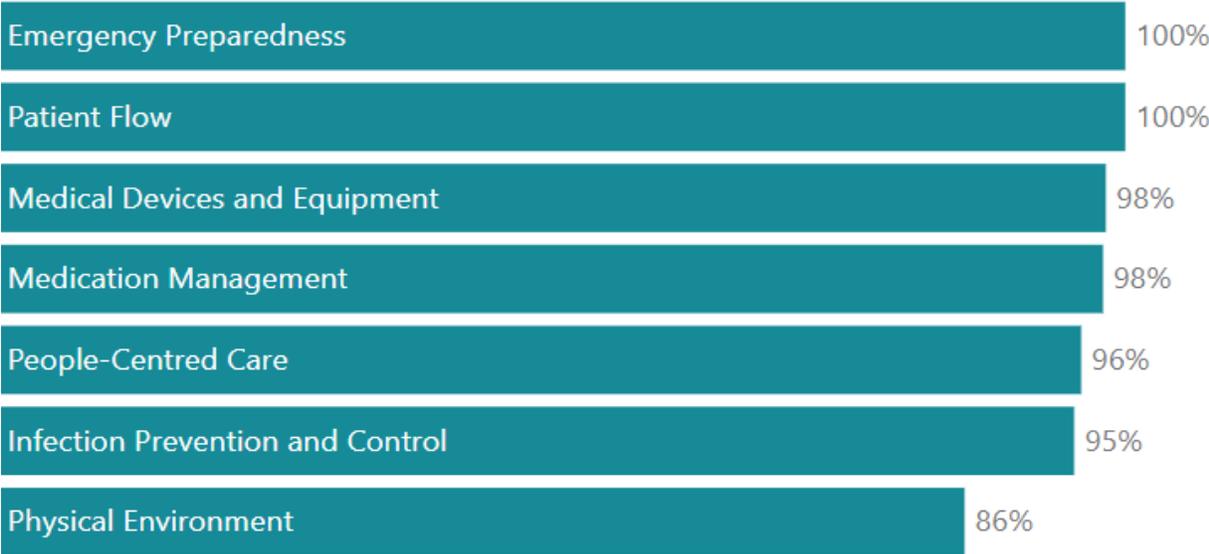


Fig. I.4 Compliance by System-level Priority Process

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	5			
Infection Prevention and Control	21	1		
Medical Devices and Equipment	114	2	2	
Medication Management	99	2	5	
Patient Flow	19			
People-Centred Care	49	2		
Physical Environment	12	2		
Total	319	9	7	

Compliance by Quality Dimension



Fig. I.5 Compliance by Quality Dimension

STANDARD	MET	UNMET	N/A	NOT RATED
Accessibility	46		1	
Appropriateness	211	7	5	
Client Centred Services	160			
Continuity of Services	29	1		
Efficiency	9			
Population Focus	1			
Safety	246	7	7	
Worklife	18	1		
Total	270	16	12	

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	Met
	Inpatient Services	Met
	Long Term Care Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
The 'Do Not Use' List of Abbreviations	Medication Management	Met
Medical Reconciliation at Care Transitions	Perioperative Services and Invasive Procedures	Met
	Emergency Department	Met
	Inpatient Services	Met
	Long Term Care Services	Met
	Obstetrics Services	Met
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	Met
	Obstetrics Services	Met
Information Transfer at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
	Long Term Care Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	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 Prevention and 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
Risk Assessment		
Falls Prevention and Injury Reduction	Inpatient Services	Met
	Long Term Care Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
Pressure ulcer prevention	Inpatient Services	Met
	Long Term Care	Met
	Perioperative Services and Invasive Procedures	Met
Suicide prevention	Emergency Department	Met
	Long Term Care	Met
Venous thromboembolism prophylaxis	Inpatient Services	Met
	Perioperative Services and Invasive Procedures	Met

3. 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

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership and Infection Prevention and Control.

All the criteria are met for this Priority Process.



Priority Process Description:

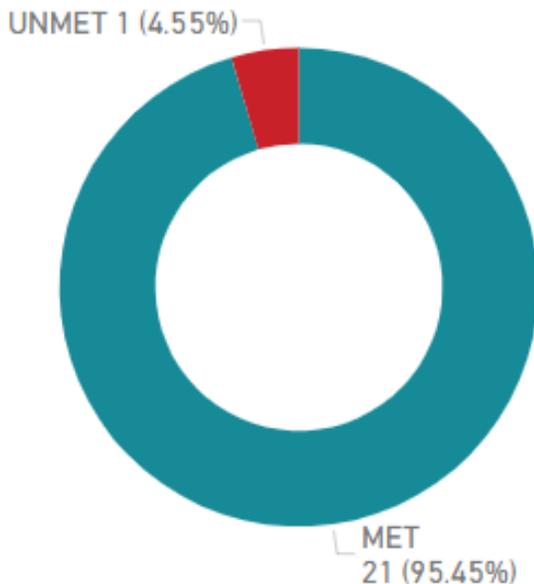
Planning for and managing emergencies, disasters, or other aspects of public safety.

There is a strong commitment to emergency preparedness at the site. A recent bus accident tested the service in a Code Orange response. The code of the month allows for staff reviews of process and procedures. Code plans and forms are cascaded from the provincial level to provide standardization of response, documentation, and debrief. A community disaster exercise ensures a larger response is ready if required.

Mock Codes (Blue and Pink) are planned on a regular basis with the simulation centre (SIMS) from either the zone or site scenarios. There are staged in both the clinical and clinical support services areas (e.g. DI).

Infection Prevention and Control

This system-level priority process refers to criteria that are tagged to the Infection Prevention and Control Standard.



Priority Process Description:

Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field.

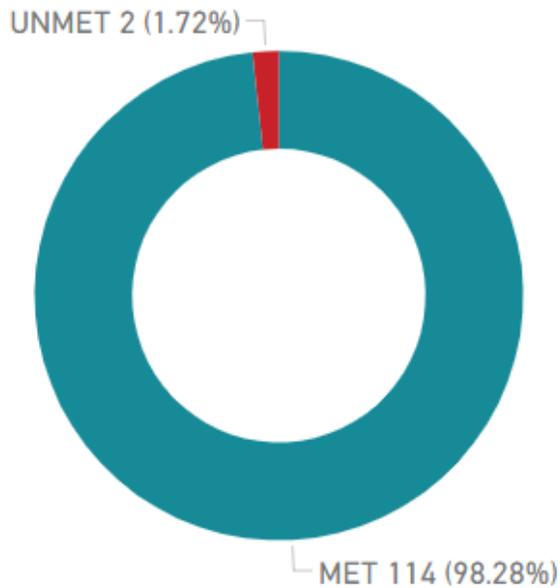
STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	5.2	Team members, clients and families, and volunteers are engaged when developing the multi-faceted approach for infection prevention and control.

There is a robust website resource for staff to aid in the management of infection control issues. Infection rates at the site are low. A hand hygiene program and real time auditing provide data regarding site compliance. A stronger link with occupational health and safety could enhance the tracking of infection control issues affecting staff. A flu shot program provides an opportunity for staff to have a yearly flu shot.

The site needs to consider isolation room requirements to manage patients now and in the future as the population changes. With the assigned Zone Infection Control Practitioner not on site daily, there is a need to enhance communication between the site and this resource to ensure infection control issues are monitored daily, and there are processes to escalate issues if needed.

Medical Devices and Equipment

This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures, Infection Prevention and Control and Reprocessing of Reusable Medical Devices.



Priority Process Description:

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	3.2	The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.
Reprocessing of Reusable Medical Devices	11.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.

The team at the Reprocessing Centre is small, and they are very committed to teamwork. They are each certified in sterilization and reprocessing and participate in regular education via My Learning Link, as well as the education provided by the Calgary hospitals. They have regular performance reviews conducted by staff who also does performance reviews at Rockyview General Hospital in Calgary.

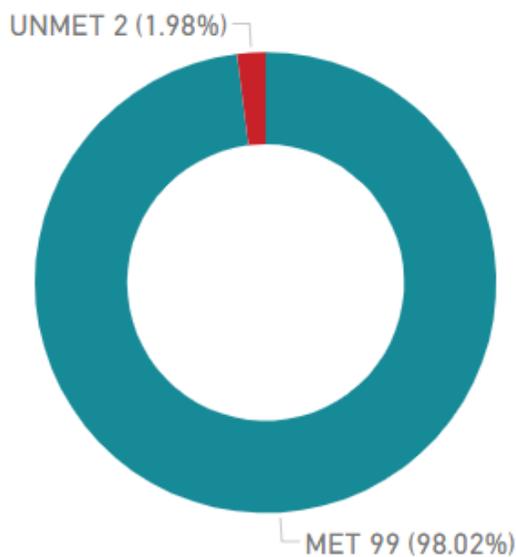
The team would benefit from a hands-free sink for handwashing. They were given a procedure to follow from AHS where they only retouch the taps with a paper towel after hand washing.

The team is encouraged to review where scopes are cleaned. The scopes are cleaned and

reprocessed in the same area as other pieces of equipment and instruments. There is no separation between clean and dirty devices that needs to be addressed. The staff has some ideas on how to address this; however, they need support and funding to proceed. Flash sterilization is only available in a sterile processing department (SPD) and for "one of the items." This is a great team that are committed to their work and very proud of what they do.

Medication Management

This system-level priority process refers to criteria that are tagged to the Medication Management and Perioperative Services and Invasive Procedures.



Priority Process Description:

Using interdisciplinary teams to manage the provision of medication to clients.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	8.4	The pharmacy computer system is regularly tested to make sure the alerts are working.
Medication Management	8.5	Alert fatigue is managed by regularly evaluating the type of alerts required by the pharmacy computer system based on best practice information and with input from teams.

The pharmacy has a staff mix of Pharmacists, Pharmacy Technicians, and Inventory Assistant. This is a collaborative team that shares the responsibility of ensuring medication management is safe at the site.

There is a provincial formulary. The Drugs and Therapeutics Committee manage the formulary for adding or removing medication to keep consistency across the province. Unit dose packaging is provided centrally, and daily deliveries are made to the site. The nursing staff have smart IV pumps that have a pharmacy module and rails for high and low doses to support safe care. Narcotics sheets are colour coded and easy to read in the care areas and are

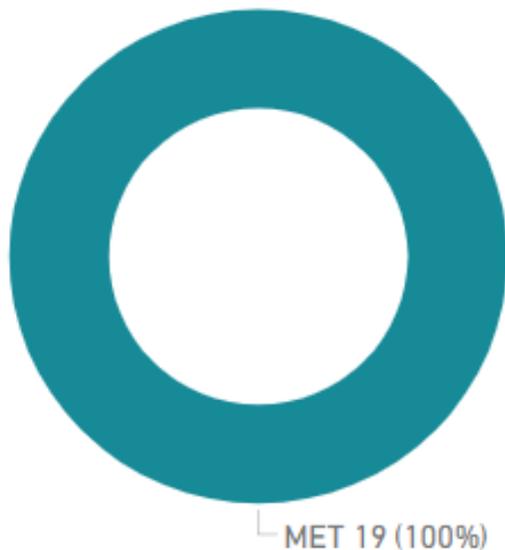
monitored by the nursing staff and pharmacy team. Antimicrobial stewardship is managed from the Calgary Zone with information being provided to the Rural Hospitals about drug usage and changes required to support the Bugs & Drugs initiative.

Single dose vials are supported along with pre-filled syringes. As chemotherapy drugs are administered at the site, there is a sterile room with laminar flow available for mixing medications. A spill kit is readily available in the area. All pharmacy technicians are trained in the mixing of the drugs and have a rotation for ensuring drugs are prepared, checked and ready for use the day before or the administration day depending on the drug stability. There is a computerized medication reconciliation process with discharge scripts and easy to read patient medication lists.

Patient Flow

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership, Emergency Department, and Perioperative Services and Invasive Procedures.

All the criteria are met for this Priority Process.



Priority Process Description:

Assessing the smooth and timely movement of clients and families through service settings.

Patient Flow can be a problem at the Canmore General Hospital because they often have a large number of inpatients awaiting permanent placement. There were nine patients at the time of the survey. There are only 21 inpatient beds; therefore, with these high numbers, patient flow is impacted when the Emergency Department is busy or when patients need to be transferred back to the community from urban sites.

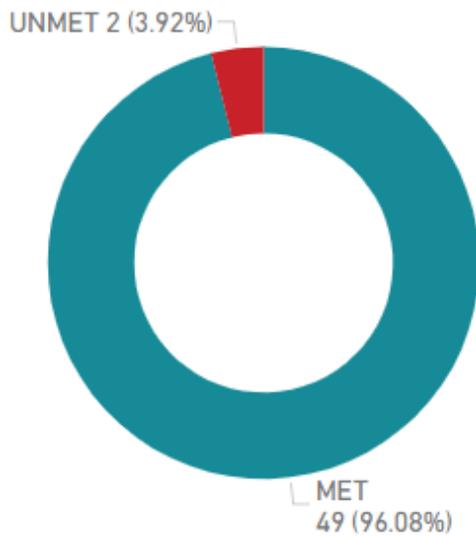
There are over 15,000 emergency visits annually; therefore, good patient flow is important to ensure quality, and safe hospital care at all times. There are several policies and procedures in place to manage patient flow and surge. There is a good working relationship between the

hospital, other rural sites, and those in the city.

Emergency Medical Services (EMS) provide ambulance services to several communities, and they are out of their community for long periods of time doing transports. It is important that EMS services are available for emergencies at all times.

People-Centred Care

This system-level priority process refers to criteria that are tagged to one of the following standards Emergency Department, Inpatient Services, Long Term Care Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence.



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.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

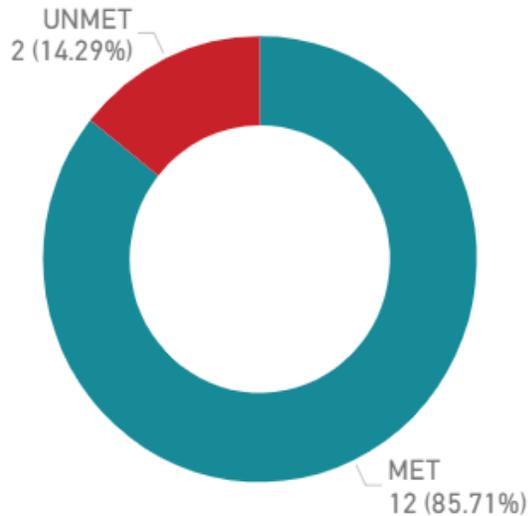
The Canmore General Hospital has a Patient and Family Care Advisor who talks to the staff, patients and families to find ways to improve processes and client and family experience. The goal of the Canmore General Hospital is to have two Patient Advisors. The present Patient Advisor would be a very good mentor for a new advisor. There is also a Resident Council to ensure the voices of the residents are heard.

Two important initiatives were implemented in the hospital, the Coffee Cart Rounds and the Leader Rounds. The approach for these initiatives is based on an appreciative inquiry model to gather ideas and thoughts from clients and families on how they can improve. The teams are committed to implementing actions according to client and families' suggestions.

AHS strategic initiatives include People First and Patients First. This is widely understood by the staff at the Canmore General Hospital. At present, the Patient Advisor is working on improving communication. One initiative is to provide an education program for volunteers around dementia.

Physical Environment

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership and Perioperative Services and Invasive Procedures.



Priority Process Description:

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.
Perioperative Services and Invasive Procedures	1.9	The operating/procedure room has a restricted-access area for the sterile storage of supplies.

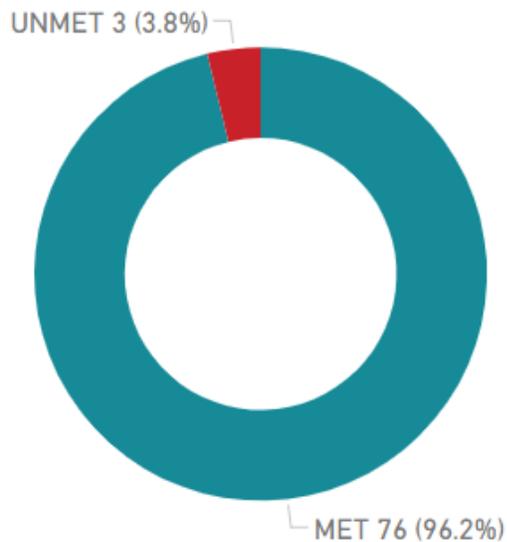
An on-site team of engineers keeps the site running well. They are available for repairs at the site and available for small construction projects. For larger construction work a contractor is hired. As the same contractor is used for site projects, there is an excellent understanding of regulations associated with working in patient care areas and the unique challenges this presents.

The laundry, kitchen and housekeeping teams are enthusiastic, skilled and knowledgeable about the support they provide in the care of patients and families. Cross-training of staff adds flexibility when required and provides diversity for the staff. Although the site is older, all areas are extremely clean and well maintained. There is a need for a redevelopment plan to support the site. A phased renovation plan is required to meet immediate safety needs (e.g. isolation rooms) and a larger plan for space renewal in all areas.

4. 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.⁴

Emergency Department



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	6.11	Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.
Emergency Department	7.5	Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.
Emergency Department	8.8	Clients with known or suspected infectious diseases are identified, isolated, and managed.

The team is knowledgeable and committed to the work they do. There is strong evidence of a team who is dedicated to the clients they serve which is demonstrated by the client satisfaction survey results. Emergency Services are provided 24/7 at the Canmore General Hospital. The Emergency Department has ten beds and had 15,487 clients last year. The hospital would benefit from an electronic health record to improve communication and ensure access to real

⁴ Note that the calculations in this section sum all of the Service-level priority processes in an *Episode of Care* bundle. These calculations exclude Required Organizational Practices.

time client information. Connect Care will be a great benefit in combination with Netcare.

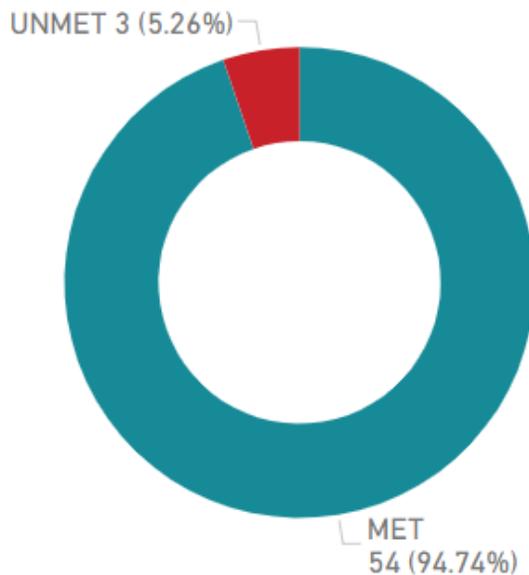
The staff participates in ongoing education and development. The MyLearningLink provides online training for staff each year to keep them current in care provision, including Code reviews, safety, hand hygiene, and WHMIS. The team is working to educate themselves through the Simulation Education (SIM) program. The team was encouraged to look at the options of a space or dedicated room for ongoing simulation education and training. They have access to a Rural SIM support team in Calgary. The simulation training room would enable them to engage in education, during the ebbs and valleys of emergency room services.

The clients presenting to the Emergency Department (ED) are registered before they are triaged by the nurse. It is recommended that clients are triaged first, in an area that provides confidentiality and privacy for the client. The space used now does not provide that.

The staff do not have regular performance reviews completed and would benefit from same.

The ED and other hospital services do not have access to the diagnostic services of CT Scan and ultrasound after hours, on weekends or holidays, which negatively impacts patient care, outcomes and flow. Patients indicated they were unhappy having to come back to the hospital several times for pain management while waiting for CT Scan.

Inpatient Services



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	2.3	Education and training are provided on established clinical care pathways.
Inpatient Services	5.14	Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.

Inpatient Services	5.18	Where appropriate, clinical care pathways are consistently followed when providing care to clients to achieve the same standard of care in all settings to all clients.
--------------------	------	---

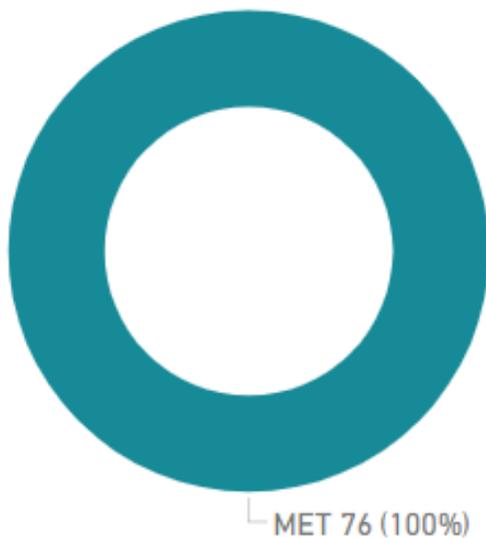
The inpatient services consist of 21 medical-surgical beds and 4 LDR (Labor, Delivery, Recovery) beds. Over-flow patients waiting for alternative levels of care and long-term care often occupy some of the medical-surgical beds. Rapid rounds are conducted each morning at 08:45 in order that the team (nurses, pharmacists, allied health, aboriginal advisors and physicians) can attend. These quick rounds on each patient identify "the plan for the day and the plan for the stay". Issues are identified for follow-up by the care team or barriers to discharge.

Family physicians round on their patients each morning before clinic, and a hospitalist model covers after hours and weekends. The surgeons follow their patients postoperatively and in their clinics. The physicians dictate discharge reports through eScription and they are loaded to NetCare for wider distribution and access once reviewed and signed off.

Staff training comes in the form of certifications, yearly re-certifications, e-learning, and in-services. The educator at the site belongs to a Rural Education Resource Team that meet regularly to determine provincial and zone mandated training and to share ideas and collaborate about other training opportunities.

Long Term Care Services

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

The Long-Term Care program has 24 beds with overflow of their patient population in acute care beds as required. The program works hard to make the clients feel like this is their home. An active Resident Council has been vocal in the changes they feel are important to their care and are acted upon by the staff.

Access to spiritual care services, recreation therapy, memorial services for clients and pet and music therapy enhance their day. A thorough patient transfer of accountability with shift change ensures the team is well informed about changes required in client care needs.

The client chart is well organized with critical documents (e.g. power of attorney, resuscitation status) in the front to easy access. The physician model is one of the community physicians following their patients which provides continuity of care. The MyLearningLink provides online training for staff each year to keep them current in care provision. The team is dedicated to the clients they serve, and this is demonstrated by the clients' satisfaction with the program.

Obstetrics Services

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

The obstetrics team is knowledgeable and committed to the patients they serve. The MORE-Ob (Managing Obstetrical Risk Efficiently) program is a three-year, comprehensive patient safety and performance improvement program that has been implemented and is well understood by the staff. The team is encouraged to consider implementing the Baby Friendly Initiative which has been successfully implemented in another rural site. The team has access to education and training to ensure competencies are maintained, either through MyLearningLink or educational days provided annually. The patients and family are very complimentary of the team and appreciate the private rooms, the one to one nursing care, and the education around caring for their new baby. Skin to skin contact is promoted and supported. There is strong support for breastfeeding, including access to a lactation physician, as well as to consultants.

The hospital has four delivery rooms with 314 deliveries and 97 c-sections annually. Two of the delivery rooms are new and were funded by the Hospital Foundation. All nursing staff in Labour and Delivery program complete special training. The whiteboard is widely used, and daily

rounds take place on the inpatient unit, of which obstetrics is part of. The staff has access to a neonatologist in Calgary, virtually for any babies, they are concerned about. The labour and delivery rooms are spacious, well equipped and bright, with great equipment. The patient is transferred to a private room following delivery. The operating room is located close to the labour and delivery rooms. Epidurals are offered.

Perioperative Services and Invasive Procedures

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

Each team member has additional training to work in the operating room. Staff also complete mandatory education annually using MyLearningLink. This is a great electronic system for staff education, that can be accessed from anywhere. The team is collaborative and committed to what they do. The patients and families are pleased with the services. The team completes a good preoperative assessment, informed consents and perform good safety checks in the Operating Room (OR). The team has space issues. Congestion and cluttering were noted throughout the OR with equipment and supplies. It is recommended that this be assessed for safety and risk issues. There has been a Construction Renovation and Space Request (CRSR) submitted to consider a surgical uplift.

The patient recovers for 30 minutes post-surgery next to the Operating Room and then is transferred to the recovery room on the inpatient unit. The recovery unit next to the OR is congested, and the team is encouraged to consider options for storage of equipment out of that area to ensure safe care and quality flow.

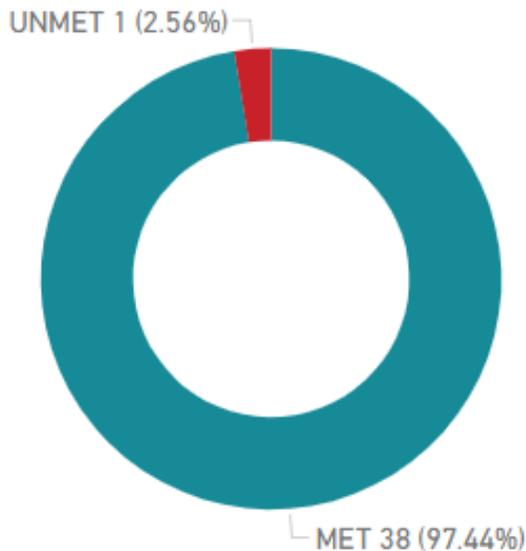
Regular performance reviews are not done; however, staff feel they would benefit from regular reviews.

Flash sterilization is done only in the medical reprocessing area and for "one of the items" and

only in an emergency.

There was an issue with equipment during the survey, and that was promptly followed up with reprocessing and clarified. There are adequate air exchanges in the operating room to meet the recommendation.

Service Excellence



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

There is a strong partnership model between the hospital and its community and community provider services. The staff teams are flexible to the needs of the site and are cross-trained in both the clinical and support services areas. There is a strong commitment of staff, physicians and volunteers to their community. There is a commitment to continuing work on patient-centred care and the enhancement of patient family advisors at the site.

The site is looking forward to the Connect Care implementation in May 2020 which will enhance an integrated patient journey. There are many initiatives underway at the provincial, zone and site levels and there needs to be a monitoring and pacing of change to guard against initiative fatigue at the leadership and staff level.

More education around ethics and identifying ethical issues would be a benefit to all staff. There is apprehension about the operational best practice implementation and its impact on staffing. Staff and management turnover have been a barrier to the implementation of initiatives at all levels.

5. Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

STANDARD	CRITERIA TYPE	CRITERIA	DUE DATE
Emergency Department	Regular	8.8 Clients with known or suspected infectious diseases are identified, isolated, and managed.	June 30, 2020
Medication Management	Regular	8.4 The pharmacy computer system is regularly tested to make sure the alerts are working.	June 30, 2020
Perioperative Services and Invasive Procedures	Regular	1.9 The operating/procedure room has a restricted-access area for the sterile storage of supplies.	June 30, 2020
Reprocessing of Reusable Medical Devices	Regular	3.2 The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	June 30, 2020