

**JUNE  
2021**

# Coronation Hospital and Care Centre

Central Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



ACCREDITATION  
AGRÉMENT  
CANADA

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## About this Accreditation Report

Alberta Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted June 14, 2021 – June 25, 2021. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

### About the AHS Accreditation Cycle

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

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

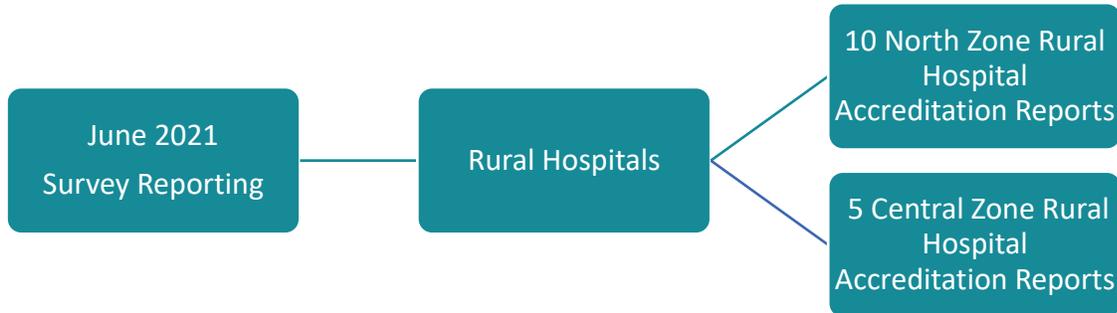
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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

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

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

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



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

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

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

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

## Confidentiality

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

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

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

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

# Executive Summary

## Surveyor Observations

The team and leaders at the Coronation Hospital and Care Centre are commended for preparing for and participating in the Qmentum accreditation program, using unannounced visits and attestation as a methodology. The leaders and team embraced accreditation and demonstrated a strong commitment to the quality journey. A leader greeted the Surveyors with, “We appreciate accreditation. We want to know how we can improve and this is all for quality improvement.” Furthermore, the importance of accreditation in supporting rural sites was described. Strong interdisciplinary teams provide quality coordinated care to clients and families. The leaders and team members are deeply committed, ensuring health care access for clients, families, and communities across the towns of Coronation, Castor, and Consort (the 3Cs). There are strong linkages and collaborations across the sites and the Central Zone with a mantra of working together to “get it done.” Strong linkages and communications are demonstrated between Central Zone leadership and the Coronation Hospital and Care Centre including, the medical device reprocessing department and infection prevention and control.

The current survey focused on seven system-level priority processes (Emergency Preparedness, Infection Prevention and Control, Medical Devices and Equipment, Medication Management, Patient Flow, People-Centered Care, and Physical Environment) as well as four service-level priority processes (Emergency Department, Inpatient Services, Long Term Care Services, and Service Excellence). During the survey visit 43 interviews were completed at Coronation Hospital and Care Centre.

The team members and leaders are proud of the Coronation Hospital and Care Centre. The facility is well maintained and clean. There is minimal clutter in patient areas. There are wide corridors and large windows that provide natural light. There are gardens and patios for clients, residents, and families to enjoy. Environmental services staff work diligently to ensure a clean facility. There are hand hygiene stations throughout the site with dedicated hand-washing sinks available for team members and volunteers. Although the facility was built in the 1980s, it has sufficient space for client and resident programs and interactions. Leaders are encouraged to explore current and future program needs and to develop a responsive infrastructure plan for the Coronation Hospital and Care Centre with a commitment to quality and safe client care, access, optimal workflow, and infection prevention and control priorities.

There is a robust emergency preparedness culture with strong linkages to community partners. Testing of codes is ongoing. There are regular meetings of the Occupational Health and Safety Committees. Fire drills will be held with audits completed. There is regular testing of the backup systems such as the generators. The leaders, team members, and physicians are to be acknowledged for their exemplary response to the COVID-19 pandemic. They quickly pivoted to this unprecedented challenge and are to be commended for their work and commitment.

The community is very supportive of the Coronation Hospital and Care Centre. The Coronation Health Care Foundation provides the needed equipment for the facility. Additionally, the clients, families, and community members expressed strong appreciation for the presence of the Coronation Hospital and Care Centre and the programs it provides to the community. Clients and families spoke highly of the care provided. They described being treated with care, dignity, and respect. Patient advisors are consulted regularly. Patient and resident feedback is obtained. Leaders are encouraged to continue to seek client, family, and community input to further strengthen programs and services.

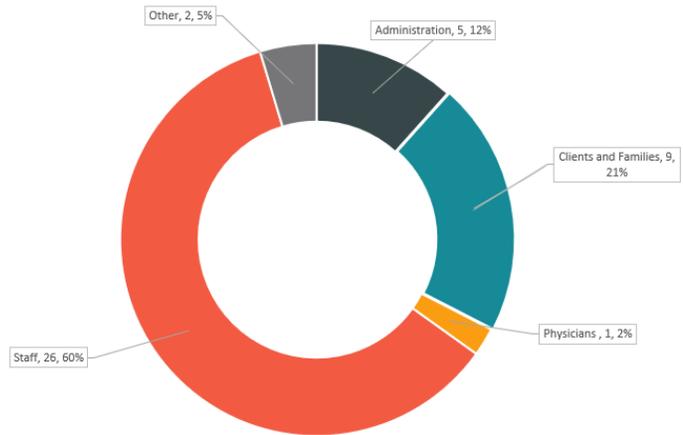
The team members and physicians were highly engaged in providing quality care to their clients and families. They are to be commended for the quality of care they provide and their commitment to patient safety. Infection prevention and control is embedded throughout the facility with an Infection Prevention and Control Practitioner visiting the site monthly and being available to support and consult with team members. There has been a robust implementation of CoACT, which creates a culture where care providers work together to provide timely information to patients and families, perform regular check-ins, and help patients and families understand the roles of care providers. There are many quality processes implemented including whiteboards at the bedside, interdisciplinary rounding, medication reviews, bedside and leadership rounding, auditing, and quality boards. Leaders are encouraged to continue to embed the quality processes throughout all programs and services. Furthermore, leaders are encouraged to seek the input of clients, families, and team members in the design and implementation of quality improvement initiatives.

The Coronation Hospital and Care Centre has no major issues with patient flow. There are protocols in place to address overcapacity. There are initiatives to support appropriate patient flow including family conferences, linkages with community services, discharge planning processes, and strong communication across the Central Zone. This attention to patient flow extends to proactively managing the beds across the 3Cs to ensure efficient use of resources and quality patient care. Leaders are encouraged to continue to support patient flow initiatives as changes to capacity may occur and the site has to be prepared for such an event to protect both client and staff safety.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at Coronation Hospital and Care 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. Review infrastructure needs to address current and future programming
2. Continue to seek client, family, and community input to further strengthen programs and services
3. Formalize the compliments and complaints process
4. Continue to support patient flow initiatives changes to capacity may occur and the site has to be prepared for such an event to protect both client and staff safety

### Areas of Excellence

1. Innovative and engaged leaders and team members
2. A sense of community and team pride in the Coronation Hospital and Care Centre for having a clean and well-maintained facility
3. A culture of quality improvement with robust implementation of CoACT and embedding of quality processes at the front line
4. Team members, physicians, and leaders are commended for the effective management of the COVID-19 pandemic
5. Strong linkages and collaboration across the Central Zone and the 3Cs: Coronation, Castor, and Consort

# Results at a Glance

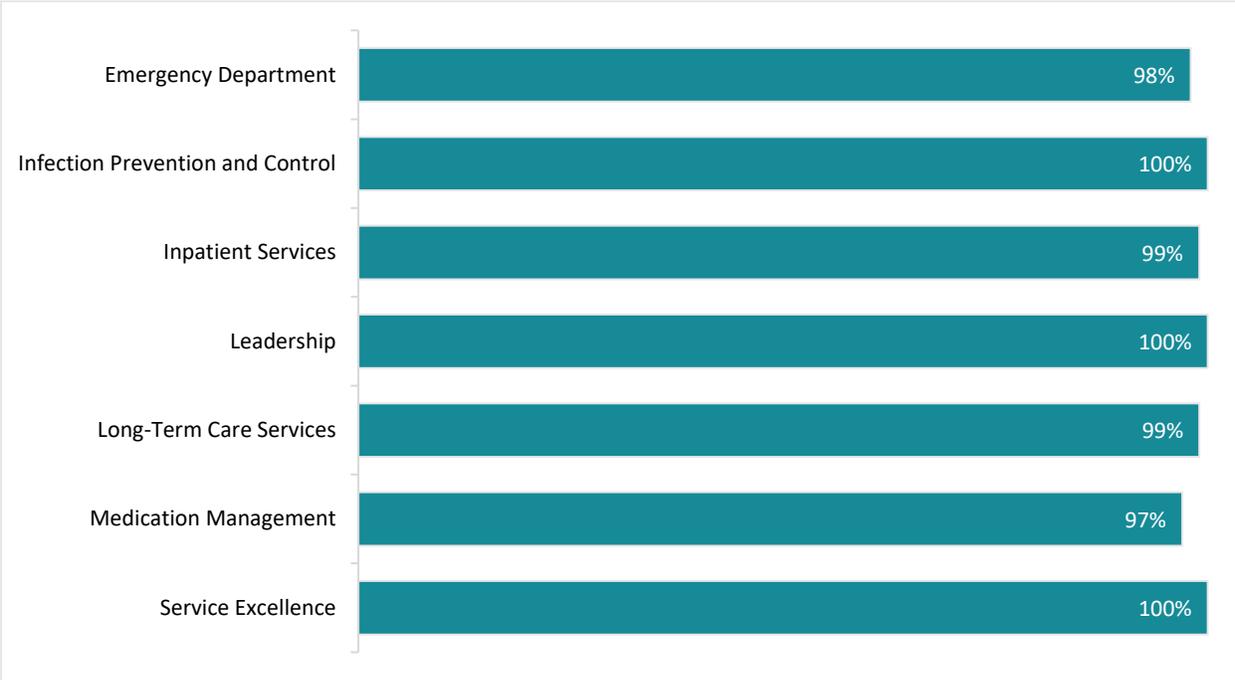
This section provides a high-level summary of results by standards, priority processes, and quality dimensions.

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

Percentage of criteria			<p><b>Attestation:</b></p> <p>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.</p> <p><b>On-site Assessment:</b></p> <p>Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.</p>
<p><b>Attested</b></p> <p>97% met</p>	<p><b>On-Site</b></p> <p>99% met</p>	<p><b>Overall</b></p> <p>99% met</p>	
Number of attested criteria			
<p><b>Attested</b></p> <p>98 criteria</p>	<p><b>Audited</b></p> <p>4 Criteria</p>		

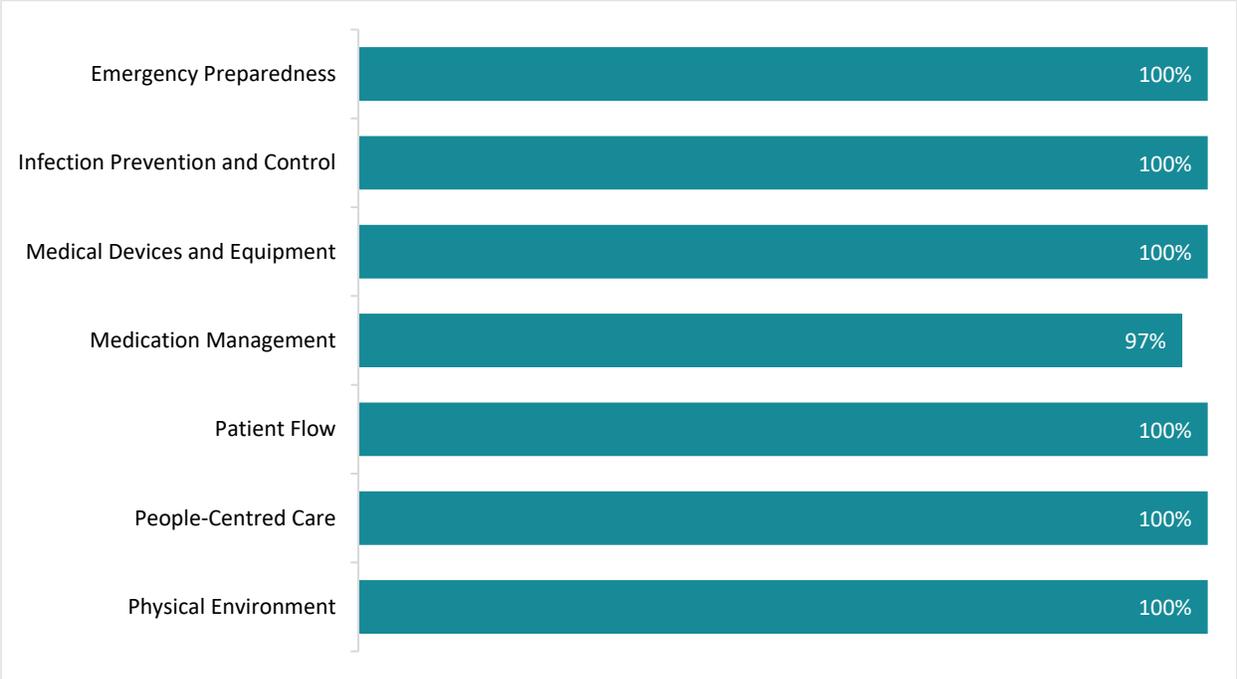
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

## Compliance by Standard



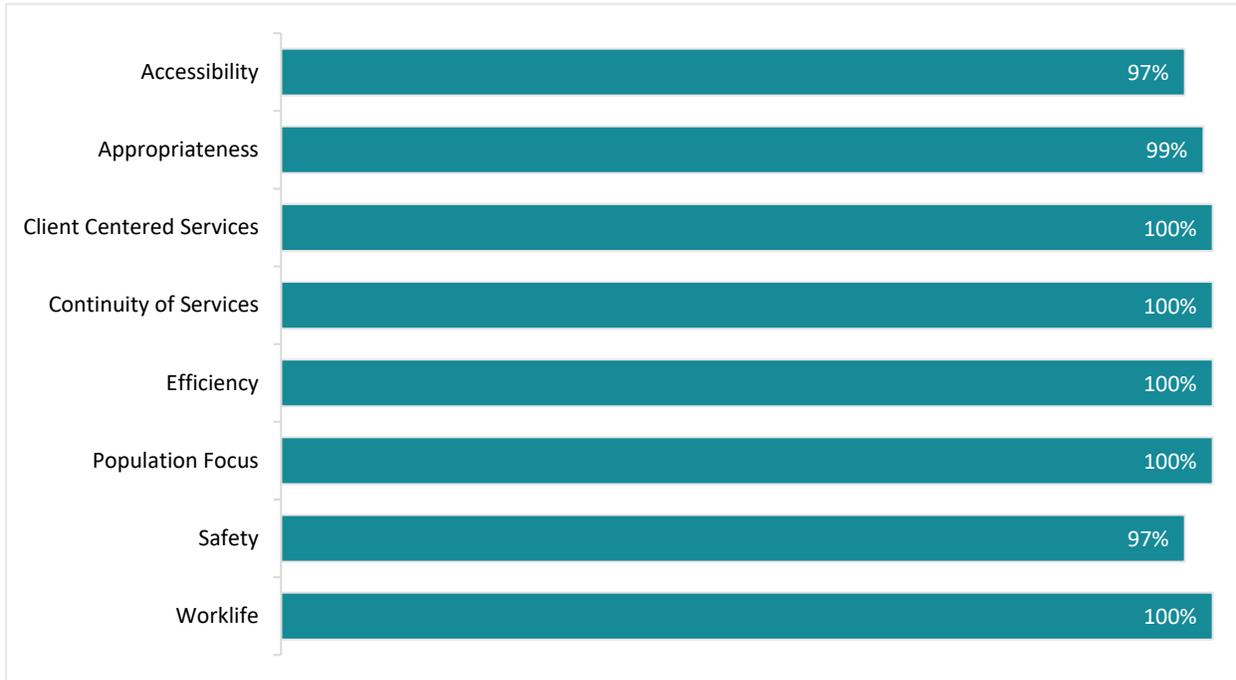
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	2	0	0
Infection Prevention and Control	52	0	12	0
Inpatient Services	67	1	1	0
Leadership	9	0	0	0
Long-Term Care Services	80	1	0	0
Medication Management	76	2	9	0
Service Excellence	76	0	0	0

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	15	0	12	0
Medication Management	76	2	9	0
Patient Flow	14	0	0	0
People-Centred Care	33	0	0	0
Physical Environment	4	0	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	30	1	0	0
Appropriateness	148	1	9	0
Client Centered Services	112	0	1	0
Continuity of Services	17	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	126	4	11	0
Worklife	13	0	1	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
<b>MEDICATION USE</b>		
Antimicrobial Stewardship	Medication Management	UNMET
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
<b>INFECTION CONTROL</b>		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET

RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Inpatient Services	MET
	Long-Term Care	MET
Pressure Ulcer Prevention	Inpatient Services	MET
	Long-Term Care	MET
Suicide Prevention	Emergency Department	MET
	Long-Term Care	MET
Venous Thromboembolism Prophylaxis	Inpatient Services	MET

## Detailed Results: System-level Priority Processes

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

### Emergency Preparedness

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

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



The team members and leaders of the Coronation Hospital and Care Centre are committed to quality emergency preparedness processes. There is access to policies and procedures to manage outbreaks. This includes collaboration with the Infection Prevention and Control Practitioner. The leaders and team members stated that they have access to infection prevention and control resources. There is a strong commitment to communicating with clients, families, and communities during outbreak

situations. The leaders and team members are acknowledged for their commitment to ensuring an effective emergency preparedness response to the COVID-19 pandemic. This included screeners at entrances, appropriate equipment and supplies, and education and training, to name just a few. The team members commented that they have received excellent communication on outbreaks and the COVID-19 pandemic.

The team members and leaders are proud to foster an emergency preparedness culture at the Coronation Hospital and Care Centre. There is collaboration at the Central Zone with support and expertise shared across the system. Emergency response plans are tested with tabletop exercises completed annually. Information for team members on all-hazard disaster and emergency response plans is located on the staff bulletin boards. The team members receive education to support the all-hazard disaster and emergency response plans. The team members and leaders are proud of their work in responding to disasters. There have been emergencies at the site requiring activation of the emergency response plans. This has resulted in the real-life testing of the all-hazards plans, with events such as a fifteen-hour water shortage and a major snowstorm which cut off access to the site for fifty hours. The leaders commented on the excellence of the team members and the support from the community during these events. Debriefings occurred after these events. The team members and leaders embraced the lessons learned from these events and incorporated the changes as appropriate.

Leaders and team members communicate and collaborate with community partners to support emergency preparedness. Community partners include police and fire departments, municipal leaders,

and community organizations. An example of community collaboration was illustrated by the response to a kitchen fire at the Coronation Hospital and Care Centre. The community supported the site in the storage and preparation of food for clients and residents for several months. The leaders stated, “The community was wonderful. They are there to help us in any way. I just need to call.”

## Infection Prevention and Control

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

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



MET 34  
(100%)

The Infection Prevention and Control (IPC) Program at Coronation Hospital and Care Centre is well organised, with support provided to team members and leaders. Staff and leaders spoke highly of the value of the IPC Program and the support provided. Leaders and team members stated that they have appropriate access to infection prevention and control resources and support.

The infection control practitioners are involved in the planning and construction of the physical environment, however, there have been no recent renovations. Hospital-acquired infection rates are tracked and the information is shared. The infection rates are extremely low, the leader noted, and it has been years since there has been a hospital-acquired infection. The leaders are encouraged to continue to assess the workload of the infection control practitioner in keeping with emerging infection prevention issues and trends.

The team members and leaders are proud of their work in responding to the COVID-19 pandemic. They are to be commended for their hard work in ensuring client and staff safety. There is a screener at the hospital entrance to ensure COVID-19 symptom screening is conducted, masks are provided and hand hygiene completed. The screener stated that she felt safe at work and that education and training had been provided. There are robust standardized IPC processes implemented. The team members stated that they have received education and training on hand hygiene, the use of personal protective equipment, and IPC processes. The team members stated that they feel safe at work and that their safety is protected. There are hand hygiene stations located throughout the facility and dedicated hand hygiene sinks. The team members are acknowledged for their work in the implementation of the hand hygiene program. Hand hygiene audits are completed and the results are posted.

The quality of the cleaning provided throughout the facility is acknowledged. The environmental services staff are to be commended for their excellent work. The environment services team has access to current policies and procedures and has used checklists to confirm that the cleaning has been completed. The policies and procedures are located on their cleaning carts. Environmental services, laundry, and dietary team members stated that they have received education on hand hygiene, personal protective equipment, and the use of hazardous products. Furthermore, they are aware of the process

to follow if they have issues or concerns. They noted that they feel their safety is supported by the organization. Biomedical waste is transported in keeping with policies and procedures.

## Medical Devices and Equipment

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

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



Medical device reprocessing and endoscopic reprocessing is not completed at the Coronation Hospital and Care Centre. Onsite medical device reprocessing staff complete level one decontamination, which is completed on Tuesdays and Thursdays. Disinfection and/or sterilization of medical devices and equipment is completed at Stettler Hospital and Care Centre. Limited medical devices are requiring reprocessing and the team is exploring opportunities to decrease the need for reprocessing. Single-use equipment

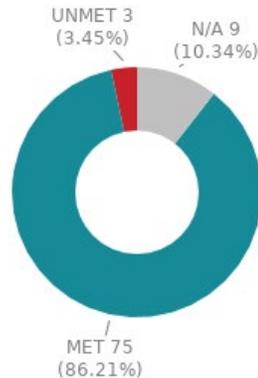
and trays are used as much as possible. The medical devices requiring reprocessing are transported in keeping with policies and procedures. There is a process that allows for tracking of the medical devices associated with a sterilizer or sterilization cycle. Current manufacturers' instructions are upheld when cleaning medical devices and equipment. There is interaction with Infection Prevention and Control. There is a collaborative working relationship between the two sites.

Medical reprocessing staff receive an orientation and are provided with yearly education and training. If required, or if a new process is introduced, education and training are provided more frequently. Annual competency reviews of the skills are completed and documented. The medical device reprocessing supervisor supports and provides oversight for the program.

The level one decontamination is completed in a large private room with controlled access. The room is clean and free from clutter. There is good lighting. The cabinets are easy to clean and made of non-porous material. There are hand hygiene products and a hand hygiene sink. Personal protective equipment is available.

## 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.**



Coronation Hospital and Care Centre shares a pharmacist with other hospitals and has a dedicated pharmacy technician. With the upcoming pharmacist retirement, this pharmacy support will become virtual until the position is filled. This change in professional oversight will require monitoring to ensure that the progress made in medication management programs is sustained. Unit Dose packaging is supplied by Red Deer Regional Hospital pharmacy and resupply is the same or the next day.

The hospital pharmacy space is small but clean and well organized. The night cupboard is quite large as there is no community pharmacy available on weekends and holidays. The night cupboard is neatly organized and supports the use by clinical staff.

Look-alike, sound-alike medications are stored alphabetically in the pharmacy and night cupboard. TALL man lettering and brand names are used to help prevent confusion between medications. Regular review of the pharmacy and night cupboard stock is recommended and the site should continue to further reduce the number of different concentrations of the same medication. Medications that are planned for discontinuation upon expiry should be clearly labeled so that more medication is not inadvertently reordered.

VTE prophylaxis and medication reconciliation are well embedded into the processes of the organization. Education surrounding the antibiotic stewardship program is ongoing and the team is encouraged to continue these efforts. The antimicrobial stewardship program has been audited but this information has not yet been disseminated from the zone to the sites. This delay is due partially to COVID-19 prioritization and also due to the expectation that some antimicrobial guidelines may change.

The narcotics are secured appropriately and there is already a move to equivalently control benzodiazepines following new regulations. Some narcotics are stored on a high shelf, requiring the use of a step stool to reach. Reorganizing this area to facilitate more accessible narcotic storage could be considered. The site may also consider obtaining specific education and consultation around pain management in the elderly to potentially decrease narcotic usage in long-term care patients.

While inspecting the narcotic area, the door was left open for longer than usual which prompted a call from security to ensure that the area wasn't left unsecured, confirming that the alarm system is functioning appropriately. The narcotics room is quite small and also used to store before pick up. An alternative location for storing these files would be preferable.

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	15.2	When preparing medications for pediatric patients, the pharmacist double checks the dosing calculations of weight-based protocols.

**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 team is proactive in its approach to patient flow. While traditionally the Coronation Hospital and Care Centre has the capacity, they have been running at or over capacity more often as they use available beds to offload other sites.

Repatriating people back to the area is a priority and they work closely with nearby hospitals to facilitate these transfers.

The overcapacity plan is robust and the team members are

familiar with the plan and the criteria for implementation.

**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.**



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

The leaders and team members are enthusiastic about engaging clients, residents, and families in people-centred care. The Coronation Hospital and Care Centre enjoys the support of community partners. There is a strong sense of community pride and ownership of the hospital. The Coronation Health Centre Foundation provides financial support to enhance health care. The clients, residents, and families stated that they were treated with care, dignity, and respect and received “excellent” care. Furthermore, they

felt an environment was created that supported them in asking questions and being a partner in care.

The team members and leaders are caring and supportive of clients, residents, and families. These are strong foundational elements in which to leverage people-centred care.

The leaders and team members have embraced people-centred care. CoACT is implemented and has served as a platform to further both quality and people-centred care initiatives. There are monthly meetings with the Family and Patient Advisor. The Resident Council meets regularly and involves residents and families in care. The leaders are encouraged to continue to ensure the participation and input of clients and families into the development, implementation, and evaluation of services and programs. Furthermore, leaders are encouraged to embed the perspectives of clients, residents, and families into programs and services, including space co-design and participation in quality initiatives.

The transition of clients and families is not being evaluated in a formal process. The team and leaders are encouraged to regularly contact a sample of clients, families, or referral organizations to determine the effectiveness of the transition or end of service and monitor client perspectives and concerns after the transition. Client feedback and results of the evaluation would then be used to improve transitions.

## 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.**

The Coronation Hospital and Care Centre was built in the 1980s. The facility is well maintained. There is parking for families, team members, and visitors.

The physical environment is welcoming with natural light and green spaces for clients and families.

There is a screener at the hospital entrance to screen for COVID-19 symptoms and to ensure masking and hand

hygiene. Client spaces are well organized with no clutter in patient areas.

Wide corridors and large windows provide natural light. There are gardens and patios for clients, residents, and families to enjoy. There are private spaces for team members and client and family interactions. Quality boards and health and safety boards are in place.

Environmental services staff work diligently to ensure a clean facility. There are hand hygiene stations throughout the site with dedicated hand-washing sinks available for team members and volunteers. Although the facility was built in the 1980s, it has sufficient space for client and resident programs and interactions. There is space available in the former emergency department.

The facility's staff take pride in their work and are proactive in addressing issues. Infection prevention and control practitioners are involved in construction or renovations. Testing of equipment is tracked. Mechanical, electrical, and medical gasses are compliant with provincial codes. There is a backup generator that is tested weekly. Humidity levels are checked regularly by the facility staff using

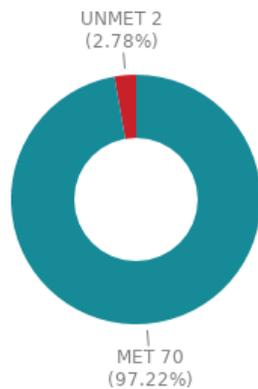
computer-generated software. The dietary department has processes in place to check the temperature of the food. The temperature of fridges and freezer are checked and documented. The dietary department is well organized and clean. There have been no instances of food-borne illness. There is a commitment to recycling with cardboard, bottles, and plastic materials recycled.

## Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes.

### Emergency Department

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



When the hospital was originally built, the plans included an ambulance bay adjacent to a well-laid-out emergency department, including a trauma room. Unfortunately, the staffing reality is that there are only two nursing staff in the building and to effectively and safely provide inpatient care and manage emergent patients, these departments require co-location. Thus, the emergency assessment and treatment rooms have been moved adjacent to the inpatient unit. The original emergency department was repurposed but has retained its emergency department infrastructure in case

the opportunity to expand coverage and staffing becomes available.

The emergency department is identified through 'H' signs on the highway, within Coronation, and for entry into the parking lot. The hospital is clearly marked with "Main Entrance" signage but it is not clear that this is also the emergency entrance.

The emergency department is full service and staffed by the physicians of the 3Cs area plus locums. The team has been successful in educating the patient population about utilizing the primary care clinic for non-urgent issues during the day and has had success in decreasing low acuity visits.

The emergency department is frequently used as a "lumps and bumps" clinic by physicians which require nursing support and takes them away from their inpatient and emergency duties. The organization may consider returning this primary care service to the clinic to minimize its impact on functions.

The emergency department is appropriately stocked and they have organized containers to facilitate urgent but seldom performed emergency procedures.

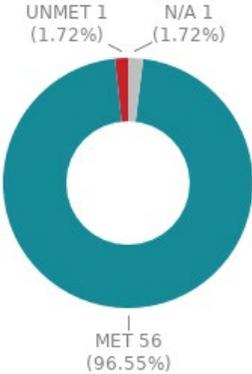
Coronation Hospital and Care Centre does not have a seclusion room in their current setup. If they were to expand the emergency into the intended emergency space in the future, then they would have seclusion room capability.

Expansion of telemedicine capability would provide great benefit to the Coronation Hospital and Care Centre. Urgent teleconsultation for trauma, pediatrics, and high-risk obstetrics would be an invaluable resource for this rural emergency department.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	3.1	Entrance(s) to the emergency department are clearly marked and accessible.
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for 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 unit is clean, bright and is equipped with appropriately sized single rooms. The patient bathrooms are spacious and allow for mobility aids and staff assistance. Storage areas are neat and well organized and the team members have done an excellent job consolidating medical supplies.

At the time of the survey, the organization was in overcapacity with high acuity patients, an interfacility transfer, and multiple admissions. The team was comfortable activating the overcapacity plan and continued

providing care to the inpatient and emergency patients.

The team is cohesive and demonstrates a culture of caring with a “get things done” attitude. Team members were proud to identify projects that they were responsible for completing such as organizing and labelling the airway cart, organizing the medical supply room, or that in which they took the lead such as managing the CoACT Quality Board. The willingness of team members to be responsible for quality improvement projects speaks to the collaborative and supportive culture of the Coronation Hospital and Care Centre.

The physician self-identified as part of the team and volunteered that the team worked well and was proactive in providing information and education to the physicians. Physicians in the 3C area cover each other’s inpatients on weekends, including rounding on these patients, which enables the teams to ensure that patients are assessed by a physician daily. As with many rural areas, locum coverage is an important resource. Physician support to confirm expectations of locum coverage to maintain the same standard of patient care as daily rounds and participation in the weekly multidisciplinary meeting is required. Primary care recruitment is an ongoing challenge and the organization is encouraged to consider other options, including nursing practitioners, to provide community and inpatient care.

Geriatric and palliative care resources are available within the zone and the teams feel well supported by these resources.

Establishing an Estimated Length of Stay (ELOS) at the time of admission may assist in providing an objective goal for discharge and facilitate an early conversation around barriers that may adversely impact that goal. Including the ELOS on the patient’s communication board may help inform patients and families about discharge expectations.

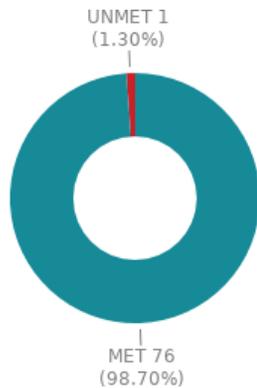
An area in which audits and further education may be of benefit is surrounding the use of EMS as a transfer service. The organization may consider auditing EMS transfers to determine barriers and perceived barriers to utilizing alternate transportation (such as family driving) to access medical appointments where clinically appropriate.

The CoACT Quality Board featured relevant information on recent audits and reference materials. Front-line staff members were able to speak confidently on quality initiatives and the results of audits including falls, pressure ulcers, and medication reconciliation. It was noted that the auditing purpose had become clearer to them once they had the results and could see the impact of the audits on practice.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	2.5	Education and training on when clients need to be accompanied when receiving service in another service or location is provided to the team.

### Long-Term Care Services

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



The Coronation Hospital and Care Centre has approximately 23 long-term care beds, with 13 private and five semi-private rooms. There is a shared washroom in the semi-private rooms. The long-term care home is clean and well organized. The environmental services staff are proud of providing a clean environment for the residents. Furthermore, they appreciate talking with the residents. One team member stated, "I love it here. There is nothing better than seeing them [residents] smile."

The long-term care home has a triangle design. It is bright and welcoming with natural light. There is a fish tank and a resident cat, Nico. There are spaces for residents to meet and also private spaces to watch television or to read. The residents have decorated their rooms and have their own chairs and other furniture. The dining space is well designed with windows and natural light. There is a garden courtyard for clients and families to use. There is a hair salon which residents really enjoy. There is a tub and shower room that may benefit from a redesign, with input from residents and families to achieve a more relaxing environment. The leaders are encouraged to continue to assess the infrastructure needs to ensure it promotes quality residential care.

An engaged interdisciplinary team supports the residents and families. They are deeply committed to providing quality care. The team members were very compassionate and caring. There were many examples of comfort and care, including ensuring that residents have access to activities, having their hair done, and daily conversation and interactions. One team member stated, "I love my job. I love caring for the residents." The team members stated that they have access to education and training and that their learning needs were supported. A new team member stated that the orientation was "great,"

and prepared her to work in the long-term care home. The team members stated that they felt safe at work and that their safety was protected by AHS.

Residents spoke positively about the care provided at the long-term care home. They stated that they were treated with care, dignity, and respect. The three residents stated that they “really enjoy bingo.” The recreation therapy program is comprehensive and has a variety of activities to meet the needs of a diverse population. The residents are involved in planning the recreation program and monthly agendas are posted. The Resident Council meets monthly and the minutes are available on the resident bulletin board. A whiteboard is in each resident room. It contains comprehensive resident information.

The team members and leaders are enthusiastic and committed to quality resident care. The team members, physicians, and leaders are acknowledged for their exceptional work to provide a safe environment for residents during the COVID-19 pandemic. There is a strong commitment to quality improvement. CoACT has been implemented with the Patient and Family Co-Act team lead. Quality improvement activities include collaborative care quality boards, resident boards, auditing processes, interdisciplinary rounds, and huddles. Hand hygiene audits are completed. Safe medication practices are supported, including a review of anti-psychotic medication usage, medication reviews every three months, and weekly medication quality improvement meetings. The team and leaders are prepared for the implementation of Connect Care and they are excited about the benefits that will be gained by using this system.

The transition of clients and families is not being evaluated in a formal process. The team and leaders are encouraged to regularly contact a sample of clients, families, or referral organizations to determine the effectiveness of the transition or end of service and monitor client perspectives and concerns after the transition. Client feedback and results of the evaluation would then be used to improve transitions.

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.

## Service Excellence

**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 Priority Process.**

An innovative and engaged leadership team promotes service excellence at the Coronation Hospital and Care Centre. They are progressive and seek opportunities to enhance programs and services. They work in collaboration with internal and external stakeholders.

The leaders and team members are deeply committed to ensuring health care access for clients, families, and communities across the 3Cs (Coronation, Castor, and Consort). There are strong linkages and collaborations across the sites and with the Central Zone, with a commitment to work together to “get it done.”

The leadership team is visible and accessible. The team members acknowledged the support provided by leadership. Team members and leaders are acknowledged for their commitment to team and client safety. Additionally, they noted that they have access to the resources to keep them safe such as PPE, education and training, and policies and procedures.

CoACT has been implemented with the Patient and Family Co-Act team lead. Quality improvement activities include collaborative care quality boards, whiteboards, auditing processes, interdisciplinary rounds, family conferences, and huddles, to name just a few. The input of clients and families is valued and proactively sought by the team members and leaders, including, both formal and informal processes. The team and leaders are encouraged to continue to seek opportunities to enhance the input of clients and families into the design of programs and services.

A strong interdisciplinary team supports client and resident care. The team members work collaboratively to meet the needs of the people they serve. A team member stated, “I love the people [residents]. They are the best. They don’t always have someone. So, if I can be that someone, then I am happy with my job.” A leader stated, “I am so proud of the team. They provide excellent care.” The team members stated that they enjoy their work and that it is a “great place to work.” The leaders are to be acknowledged for their commitment to supporting the education and learning needs of the team. The staff spoke highly of the education and training provided. An orientation is provided to all new staff and team members articulated the value of the orientation process.

Performance appraisals are viewed as an important tool to support the growth and development of staff. The leaders are to be commended for their commitment to completing performance appraisals. Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

The leaders are committed to using decision support to enable quality client care. The leaders and team members have access to evidence-based guidelines to support quality care with the support of the Central Zone.

## Criteria for Follow-up

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

Follow-up Criteria		
Standard	Criteria	Due Date
Emergency Department	3.1 Entrance(s) to the emergency department are clearly marked and accessible.	June 30, 2022
Emergency Department	5.8 Seclusion rooms and/or private and secure areas are available for clients.	June 30, 2022

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
Medication Management	<b>Antimicrobial Stewardship</b>	
	2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2022