

2022

Carewest Accreditation Report

Alberta Health Services

Spring 2022 Survey

April 25 – May 6, 2022



ACCREDITATION
AGRÉMENT
CANADA

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About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted from April 25 - May 6, 2022. 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 (2019-2023). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

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

During the cycle (2019- 2023), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted a new assessment method referred to as Attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2023, an overall report will be issued that includes the province’s overall accreditation award.

Continuing Care Program Assessment– Sites Visited

- Carewest - Corporate
- Carewest - Colonel Belcher
- Carewest - Dr. Vernon Fanning Centre
- Carewest - Garrison Green
- Carewest - Glenmore Park
- Carewest - Rouleau Manor
- Carewest - Royal Park
- Carewest - OSI Clinics (Calgary site)
- Carewest - C3 Beddington
- Carewest - Nickle House

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

Carewest is to be congratulated on their continuing pursuit of quality and excellence as they continue their accreditation journey. They have had much success over the last cycle, particularly in moving the needle on People-Centred Care.

The global pandemic has been a major challenge for all organizations. One of the things Carewest is most proud of is their pandemic response. They have increased their overall Infection Prevention and Control (IPC) resources and worked diligently on communication. This has resulted in fewer outbreaks and improved the safety for clients, residents, families, and staff. Their motto has been “isolate first, ask questions later” and this has allowed the team to identify their index cases quickly and reducing spread of the virus. This approach has been adopted by other organizations.

One of the strengths of this organization is their culture of innovation. As an example: the organization has many medication carts and they have begun looking forward to when they become digitalized.

Carewest have begun educating leaders in the Lean Six Sigma philosophy of quality improvement. They are using Visibility Walls to engage clients, families, and staff in ongoing quality projects at the point of care. The leaders are having safety huddles on a regular basis. The team is using data and evidence to inform, plan and monitor results.

As Carewest continues to grow and attract more clients, they are evolving their structure. They have added four additional associate directors to support the management team. There has been some turnover in the management layer, but there appear to be many long-term employees who are very happy to work for Carewest.

Carewest partners value this organization. The organization’s philosophy of “say yes first” is valued as they have taken on very complex clients/residents. There is a wide variety of populations served and this has actually been a staff retention tool. Staff have commented that they can stay within Carewest to obtain new experiences and work with different populations.

The organization has committed and caring staff. They appreciate the ongoing education and training. Many of the staff have achieved higher education with the assistance and support of Carewest (e.g., came in as a health care aide and became a licensed practical nurse).

Carewest has invested in allied health services such as pharmacy, occupational therapy, recreation therapy and physiotherapy. These services are valued by the staff, clients and families and add value to the organization.

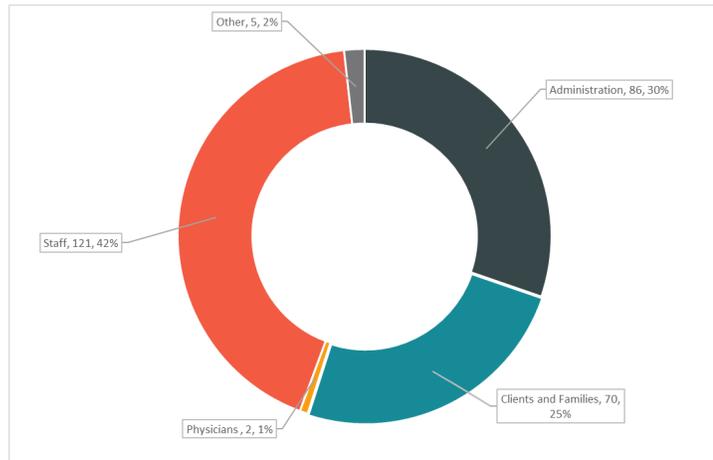
Due to the need for physical distancing caused by the pandemic, some recreational activities needed to be paused. The clients and families have missed these and are appreciating them being reactivated. Another disruption caused by the pandemic has been the regular meetings of resident councils – they are in the process of being resurrected and the organization is encouraged to continue to work towards pre-pandemic levels.

Survey Methodology

The Accreditation Canada Surveyors assessed the Carewest program and visited ten facilities.

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

Groups	# of interviews
Administration	86
Client & Families	58 clients and 12 families
Physician	2
Staff	121
Other	5



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

Key Opportunities and Areas of Excellence

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

Key Opportunities

- Move to electronic health record. Reducing amount of paper-based documentation
- Leadership turn-over and leadership transition
- Further enhancing commitment to people-centred care
- Completion of performance appraisals
- Reinvigoration following the pandemic

Areas of Excellence

- Caring and committed staff. Attentive and very focused on resident, client and patient care and service
- Living the organization's values e.g., learning culture. Consistently saw commitment through Visibility Walls and Quality Boards
- Commitment to developing innovative models of care to meet population needs
- "Say yes first" - philosophy. A can-do attitude!

Section I: Carewest Corporate Assessment

Results at a Glance

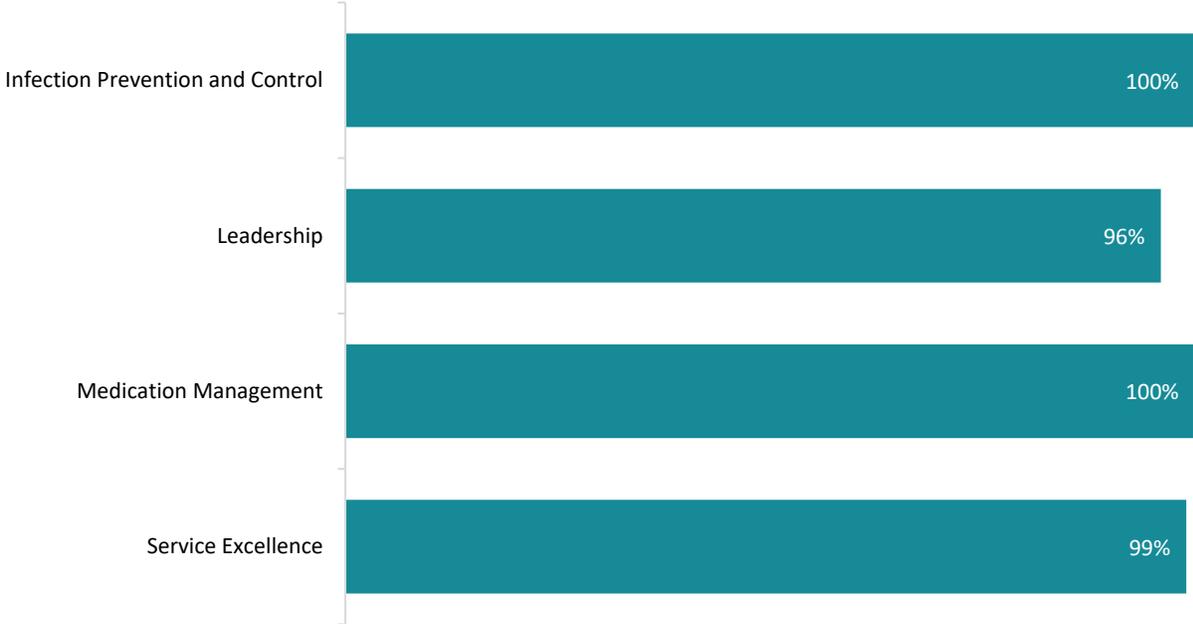
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 98% met	On-Site 99% met	Overall 98% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 197 criteria	Audited 31 Criteria		

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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	38	0	1	0
Leadership	142	6	0	0
Medication Management	92	0	25	0
Service Excellence	76	0	0	0

Compliance by Required Organizational Practice (ROP)

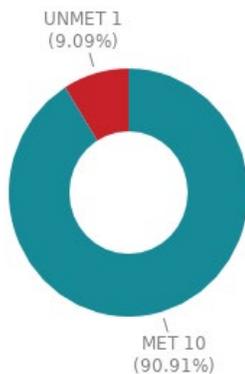
ROP	STANDARD	RATING
COMMUNICATION		
Medication reconciliation as a strategic priority	LEADERSHIP	MET
The 'Do Not Use List' of abbreviations	MEDICATION MANAGEMENT	UNMET
WORKLIFE/WORKFORCE		
Workplace violence prevention	LEADERSHIP	MET
Preventive maintenance program	LEADERSHIP	MET
Patient safety: education and training	LEADERSHIP	MET
Client flow	LEADERSHIP	MET
Patient safety plan	LEADERSHIP	MET
SAFETY CULTURE		
Patient safety incident management	LEADERSHIP	MET
Patient safety incident disclosure	LEADERSHIP	MET
Patient safety quarterly reports	LEADERSHIP	MET
MEDICATION USE		
Antimicrobial stewardship	MEDICATION MANAGEMENT	MET
High-alert medications	MEDICATION MANAGEMENT	MET
Heparin safety	MEDICATION MANAGEMENT	MET
Narcotics safety	MEDICATION MANAGEMENT	MET
Concentrated electrolytes	MEDICATION MANAGEMENT	N/A
Infusion pump safety	SERVICE EXCELLENCE	N/A

Detailed Results: System-level Priority Processes

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

Communication

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



Since the last survey, there has been much accomplished in the communications section. With the onset of the global pandemic, communication became increasingly important as there were so many changes with the variants and subvariants of COVID-19 necessitating changes to operations. During the last two years, the communications team has delivered more than 250 resident/family updates, 300+ staff updates, made more than 1,000 website updates and made more than 250 social media updates. In addition, Carewest has assisted CapitalCare and several other smaller continuing

care sites with their pandemic communications. The sheer volume of materials alone was challenging, but the information was changing at unprecedented rates and the Chief Medical Officer of Health had to adjust on an ongoing basis as we learned more about COVID-19. Having already developed a Communication Plan allowed robust communication to occur.

Over the last four years, the organization has made a few improvements that have had a positive and significant impact on communications for the organization. The first was the implementation of the “visibility walls” in 2018. This has improved communications from leadership to staff as well as residents and families. The other significant driver was the implementation of email messaging for all staff. This has allowed communication to get to all staff versus relying solely on newsletters and posters and in this way be more active rather than passive.

The organization has developed a Process Media Map and staff are educated on this process map during orientation. This provides excellent direction to staff should they have a call or visit from the media. Communication staff assist with rolling out new processes/projects across the organization.

The communication team can review analytics from the web to determine what is trending popular, what sites people are visiting and how long they are spending on specific pages in the digital media. This is one of the metrics that assists to determine if communication strategies are indeed effective. The team also receives informal feedback from staff/residents/families. There are several questions in the

staff satisfaction surveys that relate to communications within the organization and this provides a formal mechanism to determine effectiveness of communications.

There are policies/procedures for assisting clients/residents/families to access the information in their individual health records. The policies are in the process of being renewed. The privacy and confidentiality of resident/client information is protected as per the Alberta Health Information Act. Information Management Policies are currently under review.

Looking over the next survey cycle, the team plans to review and update website security, improve communication with residents/clients/families, make improvements to paper documents as well as online and other digital tools (e.g., SharePoint). In addition, the organization will move to a fully electronic medical record in 2024.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	11.3	Policies and procedures to support the collection, entry, use, reporting, and retention of information are implemented and reviewed and updated regularly.

Emergency Preparedness

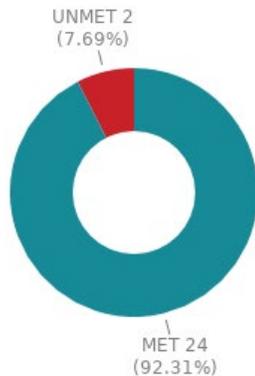
This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.



The COVID-19 pandemic created an increased focus on IPC practices across Carewest. Carewest sites experienced outbreaks during the pandemic and needed to ensure that all provincial and regional directives were followed.

Human Capital

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



Like other healthcare organizations, the global pandemic has challenged human resources at this organization. 98% of the staff have been vaccinated for COVID-19 and the organization is to be commended on their high rate of vaccination. They have worked hard to nudge employees towards vaccination and offered incentives to help them succeed.

Carewest has worked hard to ensure their employees feel safe at work and have the tools they need to do their work. The initial orientation is comprehensive and there is

evidence of ongoing training. There are strategies developed to help staff stay healthy at work such as having a “wellness station” at each site, a good Benefits Program, “health tips” that are circulated when you submit claims, “Tips and Tricks” for health in newsletters as well as the Employee and Family Assistance Program (EFAP) available for staff/families.

There are several strategies used to recruit and retain staff at Carewest. The organization is well connected to various educational programs/institutions. They provide student experiences and provide the educational programs with observations around the emerging trends (e.g., need for more Health Care Aides (HCAs) versus Licensed Practical Nurses (LPN’s)). The organization contracts with agency partners to provide “On the Job” training opportunities as well as supporting their staff to achieve their educational goals if they wish to take additional education (e.g., HCA become an LPN or LPN become an RN (registered nurse) by providing education leaves as an example.

To retain their staff, the organization is a “values-driven” organization and this appeals to staff. The work is challenging and diverse enough for those who need it. The benefits and pension plan are appealing, and the compensation is competitive, higher than some organizations. The organization has many newer Canadians and work hard with these employees to flex their time allowing them to visit their homelands. The organization provides annual appreciation events and gifts as well as long term services awards. 70% of vacancies are filled internally.

The organization has always held a philosophy of “say yes first” and consequently take on clients who may have very difficult behaviors. This is done thoughtfully and with a great deal of planning to ensure safety of the staff and other clients/residents. The organization has a “Safe and Respectful Environment” policy that is introduced during the orientation. The process to report workplace violence is clear and there is ongoing training. There is a good culture of reporting safety incidents with appropriate follow up. There is an organizational-wide Safety Strategy Committee that meets quarterly. They review incidents and ensure follow up.

Historically, the turnover rate of staff has been very low. This has changed over the past 2-3 years. The organization may wish to consider performing exit interviews to understand the trends of why people leave.

The rate of completion for Performance Development (PD) is lower than optimal. The rate prior to the pandemic was estimated to be 75% and now estimated to be approximately 50%. Eleven employee files were reviewed and only three of the files had evidence of ongoing PD planning and only 2 files contained completed Orientation Checklists. Ongoing feedback, formal and informal, is integral to high performing organizations. There appears to be informal feedback occurring; however, the organization needs to improve their formal feedback mechanisms. They are currently planning to revise the present process and look to use more of a “coaching” methodology.

The organization has replaced the Worklife Pulse survey with the Guarding Minds survey. This survey was last completed in February-March 2022 and the preliminary results are available. The action plan has not yet been developed so the organization is encouraged to ensure the results are reviewed at the site level and action plans are developed and follow through is completed.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	2.16	The organization has acted on their worklife assessment results.
Leadership	10.13	An exit interview is offered to team members that leave the organization, and the information is used to improve performance, staffing, and retention.

Infection Prevention and Control

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



Infection Prevention and Control (IPC) is well done at Carewest. There is a team of dedicated IPC Consultants who work with each site to ensure that good IPC standards are in place and maintained. The team is consulted when renovations or improvements are being made on-site and there was good evidence of IPC practices being followed for work being conducted by contractors at sites visited.

There is good access to personal protective equipment, alcohol-based hand sanitizers and other equipment that team members require to ensure that IPC standards are met. Screening processes are in place for residents, staff and visitors.

Education programs are in place to ensure that staff and volunteers receive education on best practices in IPC and education programs are supported, locally, by site-based educators. There is a very team-based approach to IPC with good collaboration with housekeeping services to ensure that the environment is clean and supports minimal exposure to infections.

Hand-hygiene practices are audited each quarter and audit results are posted on team visualization boards. Overall, hand hygiene rates are very good with teams knowing which “moments” they need to focus on for improvement.

Integrated Quality Management

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



Quality and safety improvement has been identified as a priority in the current strategic plan of the organization. The organization has recently refreshed their QI framework and is in the process of updating the current strategic plan. The organization prioritizes monitoring compliance with performance measurement and utilizing metrics in analyzing performance to drive further improvement. The organization also shares data at the corporate level with the involvement of the site Directors and discussed at the site level with the site level leaders and staff for learning and

improvement. As part of learning they focus on both strengths and opportunities for improvement. The organization has implemented and supported Quality Councils that focus primarily on clinically oriented ROPs.

The organization also focuses on creating a healthy and safe work environment in the strategic plan. They do this by reviewing the balanced score card, incident data, data from worker's compensation.

The organization provides education and training (AIW program) to leaders on quality improvement tools and processes. They also have a safety strategy working group that focuses on creating safe working environment. The organization adopts both formal and informal way of recognising staff for their involvement in the quality improvement initiatives. However, more formal recognition could be organized by having staff and physicians doing presentations of their QI work.

The Risk management team is in the final stages of developing and approving risk registry. In response to a 5% reduction in insurance, leadership created a risk assessment checklist with the Healthcare Insurance Reciprocal of Canada (HIROC) insurer focussing on addressing resident complaints and reducing suicide and hospital acquired infections. This was piloted in Long-Term Care homes with success.

The organization has a patient safety incident management system that is being followed for quality improvement and quarterly reports are shared with senior executive leaders. Medication reconciliation is followed on admission, during transfer, and on discharge. The organisation also follows the policy on addressing abuse to the clients in a timely manner.

Strengths:

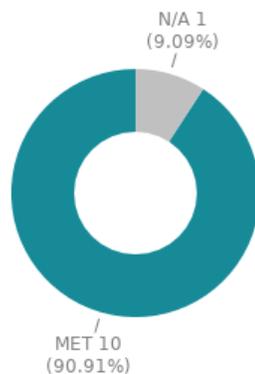
- Quality and safety pillars in the strategic plan.
- ROP councils at the corporate and site level.
- Sharing learning between corporate leadership and site-based leadership.
- Using performance measurement for learning.
- Training for leaders in quality improvement.

Opportunities:

- To prioritize development of strategic plan.
- Develop recognition plan for leaders and physicians who take part in the quality improvement work.
- To include physicians and clients/family representatives in the corporate quality and safety committee meetings.

Medical Devices and Equipment

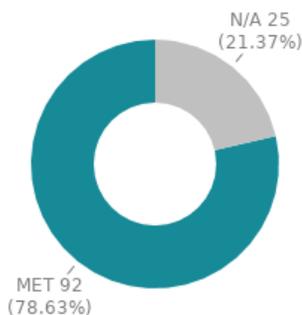
This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.



There are over 80 medication carts – to replace them would be significant. The team worked with various departments to retrofit their current carts and they have been able to do that with significant financial savings as well as ensuring equipment meets the needs of the people using it. This has the added benefit of staff members feeling heard and valued, protects the environment from unnecessary waste and is team building.

Medication Management

This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management.



Carewest pharmacy is supported by a great leadership team for its operations. The team includes Director of Operations, Associate Director, Pharmacy Manager, Pharmacy Distribution Manager, pharmacists, technicians, and pharmacy assistants who support long term care, subacute and ALC. Carewest has contracted out to other vendors to supply adult care and Carewest monitors their quality of service.

In terms of committees for overseeing safety and quality, Carewest has a Medication Safety Quality Council (MSQC) at the corporate level which includes site representatives. At the site level there is a medication safety committee, and this will be an agenda item at the corporate committee meetings. There are quality councils on various topics such as IPC, falls and pharmacy represents in these committees. There is pharmacy and therapeutics committee at the Calgary zone level and LTC leaders are represented in these meetings. Additionally, Carewest conducts care conferences attended by interdisciplinary staff.

This shows that Carewest takes special interest in having the site level voice heard at the corporate level and corporate level decisions are made collaboratively with the site level leaders.

If nursing policy needs to be changed, the Director of Operations will be involved. Corporate committee is attended by the medical directors, nurses, managers and pharmacists.

Pharmacy procures the supply of medications from wholesalers. If issues are identified, the wholesalers will be notified immediately. Carewest has a process in place to ensure recall medications are retrieved in a timely manner and communicated to the key stakeholders such as physicians and site leaders in the system. The medications are ordered once a week on paper, or telephone orders or via fax. Carewest is supported by the on-call pharmacist in the afterhours and weekend.

For the most part the Medication Management is well done. Routine inspections are completed and recorded. Medication safety audit is done quarterly, and results are shared at MSQC. They follow an in-depth investigation process following the reporting of unusual occurrences and trends are analysed and shared at the site level for improvement.

Carewest has implemented antimicrobial stewardship with education to its members. Completion of medication reconciliation is another strength of Carewest. It is an interdisciplinary effort, and it is being done consistently.

Strengths:

- Great leadership support including physician support.
- Quality improvement.
- Safety event reporting and embracing a learning culture.
- Great medication administration practice checking two client identifiers.

Opportunities:

- Do not use abbreviations are being used. The test for compliance was not met as there are no audits of the paper order sheets completed. For example, if the pharmacist notes the physician orders Tylenol 500 mg OD, he/she transcribes it on the MAR as Tylenol 500 mg daily. The audits are not being done and consequently there is a feedback loop missing to the physicians supported by audit data.
- High Alert Medications – all of these should be labeled. The test for compliance not met is because the policy does not specify who is responsible for implementing and monitoring of the policy. The policy number is CS-06-06-19.
- Electronic charting.

Patient Flow

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



The organisation has a process in place to manage client flow in their organization. The transition service assesses clients, puts them on waitlist in acute care and coordinates transfer through the transition service team. Managers and RNs are trained on pathway strata to understand which beds are matched.

For subacute patients, the team conduct daily huddles to facilitate quicker flow in the system and match beds with the rehabilitation community promotion team (RCPT). The RCPT team will screen clients and facilitate movement.

Subacute units will open beds, if needed.

There is a complex case management team who will look at finance of immigrants and help with transition. Among mental health patients there are different levels of escalation to address. During COVID-19, to manage the flow, the organization has implemented Alternate Level of Care (ALC) units to house medically stable patients to free up the acute care beds and to reduce the length of stay. Transition service team works closely with these patients helping to place them in the community. Allied health team members also help with the client flow.

The AHS transition team collaborates with the Carewest Rehabilitation and Community Transition program to transition patients from acute to long-term care. Physicians are involved in facilitating the flow of mental health patients by completing their assessment and screening related to mental health act. Each program will admit patients/clients based on their predetermined criteria.

The performance measurement is used monthly and will be reviewed to make improvements. In instances where emergent/urgent acute care is needed, the LTC team connects with the acute care team to discuss the plan of care and to expedite the care of resident in ER.

The organization participates in partnership for research and innovation (PRES) in the health system which is a grant managed by ER critical care network and community paramedics. As part of this project, there are tools developed that help nurses in making decision when to notify the physician before transferring the patient to acute care and how to facilitate the transfer. Client feedback is used in improving service related to patient flow.

Strengths:

- Creation of Alternative Level of Care (ALC) unit.
- Collaboration between transition team, facilities and MOH in creating process to assist with client flow during COVID-19 from hospitals.
- Research and innovation project (PRES) to assist with the patient flow.

People-Centred Care

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



The organization has used clients/families to help them identify new projects, co-design mental health principles and review their environmental scan. The client and family satisfaction surveys are demonstrating high rates of satisfaction.

Physical Environment

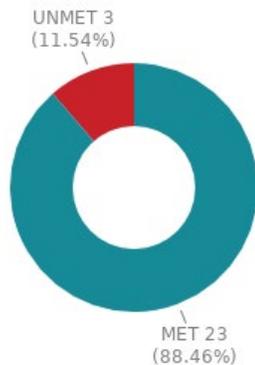
This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.



Client and team health and safety are protected at all times and particularly during periods of construction or renovation. Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.

Planning and Service Design

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



The global pandemic has seen unprecedented change for healthcare organizations. Despite this, Carewest has continued to provide quality services and they are proud of their pandemic response. They continue to adapt services to meet the evolving needs of the health system and communities they serve.

The “visibility walls” have been an important conduit for information and change. This has been an important mechanism to engage the front-line staff in quality improvement and help them to see themselves as part of

the changes. It has also been a way to involve clients and families in ongoing quality improvement and communication.

The organization has a mission, vision, and values statement. The Strategic Plan has been extended by one year with permission from the Board of Directors. The organization is currently developing their next iteration of the strategic plan. The organization is involving their residents/families both virtually and in person. They have conducted focus groups and reached out to partners. Main partners of Carewest include Alberta Health Services (AHS), Veterans Affairs Canada, RCMP Health Services, Calgary Health Foundation, Healthcare Insurance Reciprocal of Canada (HIROC), and several Non-Profit organizations such as MS Society. They are also considering the Continuing Care Review as well as legislative changes.

The organization scans the environment constantly. Some of this is accomplished through “owner-operator” meetings, Community of Practice with other operators, CMAP (Community Managed Alcohol Program), ALC Program, reviewing data, looking at benchmarks, using logic models for developing new or different programming, looking at Quality of Life measures, and building resiliency in Mental Health programming (e.g., looking at discharges).

Carewest has been seeking more input from their residents and families. The new Complex Mental Health Principles have been co-designed with residents/families over 3-4 meetings. The organization has also surveyed residents and families during the pandemic, seeking real time input as they made changes to pandemic screening for example. The organization is contemplating involving residents and families in “decision-making”. Having a principle of resident and family-centred care that is visible to others will be important as they refresh the mission, vision, and values.

The organization is working on its next operational plan which will be approved by the board in June 2022. The operational plan is aligned with the current strategic plan.

An area of current focus for the organization is to update their policies. There are a number of policies that are outdated (e.g., Blood Glucose monitoring last updated in 2012) and the organization is encouraged to complete this review as soon as possible.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	1.3	Client- and family-centred care is identified as a guiding principle for the organization.
Leadership	4.12	Policies and procedures for all of the organization's primary functions, operations, and systems are documented, authorized, implemented, and up to date.
Leadership	6.5	Formal strategies or processes are used to manage change.

Principle Based Care and Decision Making

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



Carewest investigates all allegations of misconduct comprehensively in accordance with their mission, vision, and values. Carewest benefits from using the AHS ethicists to consult and resolve ethical issues. AHS webinars on ethics related topics are available across the organization including to Carewest staff. Carewest takes a proactive approach by offering education on person-centered care, restraint policy and violence prevention training. Staff are required to complete annual learning on standard of conduct and all leaders are expected to sign off conflict of interest every year. For research studies, a research ethics framework is

followed. Carewest is also participating in Translating Research in Elder Care (TREC).

Strengths:

- Ethicist for continuing care area.
- Annual learning for staff on standard of conduct and leaders signing off conflict of interest every year.
- Participation in the research.

Opportunities:

- Continue education on ethics using the ethicist.

Resource Management

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



Carewest uses a centralized budgeting process. There is engagement with the various 65 managers around their budgets and this assists to keep on track. The budget cycle is relatively predictable with “worked hours” being the main driver. Most expenses are stable from year to year.

When planning the budget, the strategic plan is used to see if there are investments required. The impact of COVID-19 has been significant. The organization has been able to code some expenses and AHS has reimbursed for some of these expenses which has been helpful.

The budget is approved by the Board of Directors. The finance department has policies in place for executive limitations and these are under review. The finance officer reports monthly to executive leadership and to the board on the financial health of the organization.

There is a small capital budget used for minor repairs. There is some aging infrastructure, and the organization competes with all of Alberta Health Services for capital dollars. This is a complex process that goes from Alberta Health Services to the provincial government seeking capital dollars.

Like other healthcare organizations, the global pandemic has forced Carewest to pause some programs, go to agencies for staffing and caused significant additional expenses for Personal Protective Equipment. The wages are competitive and so the organization was able to retain many staff. Some staff were re-deployed to areas of higher priority, particularly when programs had to be paused. There are processes in place to ensure fairness and equity.

Detailed Results: Standard Level

Standards help health systems develop and assess important topics such as governance, leadership, infection prevention and control, and medication management, which all affect the quality of services that the public receives. These standards create a strong health care structure that the public, providers, and policymakers can rely on, assuring high-quality health services where it matters most.

Service Excellence

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



Carewest obtains clients and family perspectives through several ways at the site level such as focus group surveys, short surveys on meals and activities for example. Obtaining a grant recently, clients were asked how the site needs to be rearranged. Clients/families are not part of any quality and safety councils; however, they are part the resident forums that is held every month.

Clients and families were involved in strategy planning by showing them the draft version. Mental health group clients are consulted in designing their service. Mental health

clients will be moved between the programs or within the site to create space with their consent. Recently they created a mural wall recognising the diversity of the clients they serve, and it was codesigned with the clients. Also, recently they hired a spiritual care practitioner to meet the spiritual needs of the diverse clients at the facility. During COVID-19 the organization used iPad successfully to connect clients with their families.

The ALC program was developed in response to the needs experienced at the system level to reduce the Length of Stay (LOS) which was implemented very rapidly. At the Operational Stress Injury (OSI) clinic, every single client is encouraged to complete a client experience survey to obtain their perceptions of care. Rehab unit clients are encouraged to complete survey during their stay. However, surveys may not have consistently been administered during the COVID-19 pandemic.

Every client will be interviewed by the recreational staff on admission to understand their interests to provide a tailored program during their stay. The leaders lobbied for a recreation therapist in the evening to engage residents in the activities based on the client experience survey results, but it was not granted. Instead shifted rotation based on the survey findings.

In 2016, mental health support worker was hired which residents enjoyed which later got transitioned to care aides. Staff receive both online and in person orientation on relevant topics.

Information system (Connect Care) implementation is being planned for 2024. Training unregulated staff to use the system will be a challenge, however the preparation has started by providing read only access to staff and pharmacists.

For quality improvement initiatives the organisational leaders follow QI framework with an aim statement, deliverables, and deadlines. Projects are initially implemented small and spread to other areas later. The metrics from the initiatives are posted on the visibility walls and staff huddle in front of the visibility wall. Critical incidents are reviewed in a timely manner depending on the severity of harm and shared with staff and leaders for learning. Quality performance data such as falls injuries are collected. Data from the units are posted on the units and are used for learning and improvement.

Strengths:

- Seeking feedback from clients and families through different avenues and co-designing service with them.
- Adding a spiritual care practitioner.
- Visibility wall and safety huddles.
- Quality improvement culture (performance measurement data posted on the unit, LTC survey result posted externally, leader training for leading QI initiatives).

Opportunities:

- To arrange recreational activities in the evening.
- Support teams to prepare for Connect Care implementation.

Section II: Carewest Continuing Care– Site Level Assessment

Results at a Glance

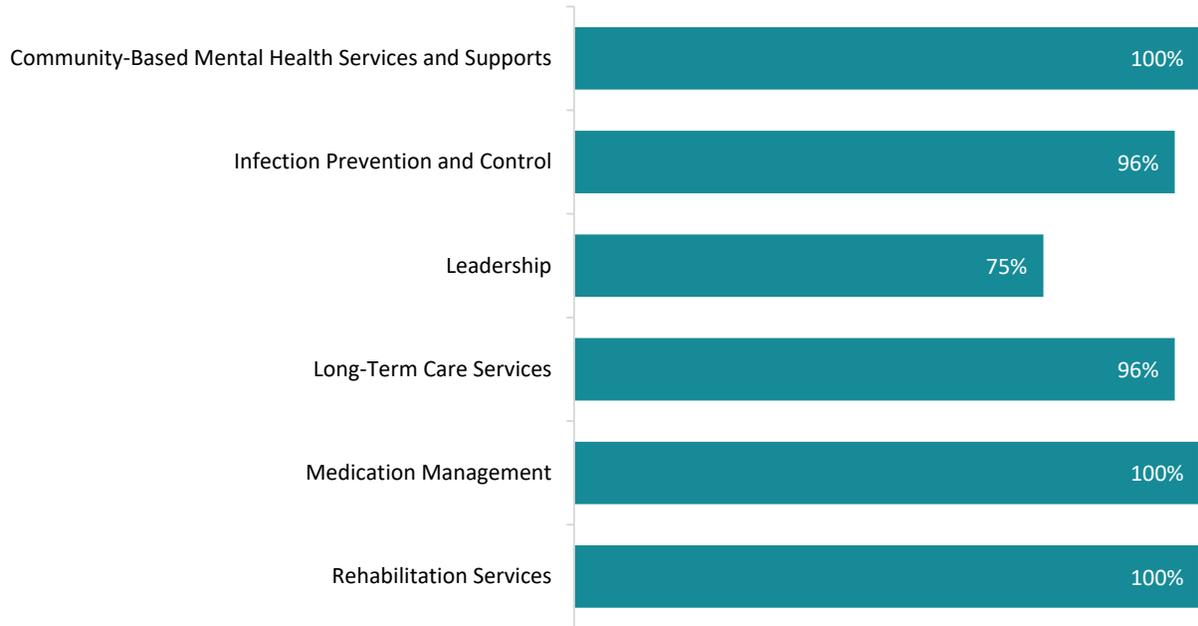
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 99% met	On-Site 99% met	Overall 99% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 172 criteria	Audited 25 Criteria		

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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Community-Based Mental Health Services and Supports	65	0	0	0
Infection Prevention and Control	43	2	0	0
Leadership	6	2	0	0
Long-Term Care Services	78	3	0	0
Medication Management	48	0	2	0
Rehabilitation Services	50	0	0	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client identification	Long-Term Care	MET
	Rehabilitation Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	UNMET
Medical Reconciliation at Care Transitions	Community-Based Mental Health Services and Supports	MET
	Long-Term Care	MET
	Rehabilitation Services	MET
Information Transfer at Care Transitions	Community-Based Mental Health Services and Supports	MET
	Long-Term Care	UNMET
	Rehabilitation Services	MET
MEDICATION USE		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	UNMET
Narcotics Safety	Medication Management	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Long-Term Care	MET
	Rehabilitation Services	MET
Pressure ulcer prevention	Long-Term Care	UNMET
	Rehabilitation Services	MET
Suicide prevention	Community-Based Mental Health Services and Supports	MET
	Long-Term Care	MET

Detailed Results: System-level Priority Processes

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

Emergency Preparedness

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



Carewest has updated the policies in response to the learning from the pandemic operations at some sites and based on the MOH orders. The team also collaborated with the support services in updating their plan. Carewest reviewed the pandemic operation plan for each program for their clientele. The programs used virtual technology for families to join the conversation for assessment and some families took their loved one's home despite the challenges with providing their care. A pandemic support worker screened clients and families upon entering the facility,

making sure visitors followed hand hygiene protocols and assisted with virtual visits.

The pandemic response team did communicate with staff and families during pandemic. They also surveyed families for their input and conducted their risk assessment measuring risk tolerance score of families. The team used visibility walls and huddled around it to standardize and facilitate communication with the staff. Sometimes families listen to the huddle conversation and provide feedback on topics that applies to them.

Carewest follows contingency plans as part of the emergency and disaster plan, for example, to support clients who are ventilated in the event of an electrical failure. Carewest has policies for emergency disaster management and follow site specific procedures as well. The continuity plan outlines the admin on-call and physical plan service staff after hours to respond if there is an event. During a disaster, they work with both internal and external stakeholders (City) to manage the response for example, the service master will be called in to do the clean-up. During a disaster, staff, clients and families are notified. They follow a checklist during emergency response to guide them on how to respond to the emergencies.

Carewest has a well-developed disaster emergency plan which has been in place for some time. Code purple (for weapons) was added recently. Sites do conduct drills on codes consistently and sometimes clients and families are engaged in the code drills. In addition, they have policy on safe smoking.

Carewest has an education plan to teach team members about the emergency plan. They conduct two codes monthly- code blue and code red and they choose codes to align with the theme of a specific month (code blue in February which is heart month). Debriefing happens post drill and learnings are shared with staff via different committees and at unit levels; learnings are also documented. They also try to identify the root cause of the event for future improvement and revise policies as needed.

Carewest conducts all code related incident reviews for trends, themes that are then documented and reported quarterly. Results are communicated through managers to the frontline staff.

Strengths:

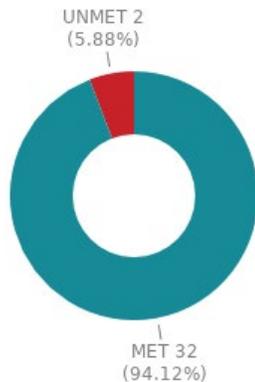
- Activation of the pandemic response plan.
- Visibility wall and inclusion of clients and families at the huddle.
- Conducting drills on codes regularly, including clients in the drill exercise and posting drill debriefing. Emergency Drills is a standing item on the monthly Health and Safety Committee meetings.
- Good back-up systems are in place for any essential service outages.
- Some of the facilities are older however, are kept in good repair and all emergency systems are kept up to date.
- There are good outbreak management processes in place. An active outbreak was underway on one unit and there were good measures in place to protect clients, staff and visitors on the unit as well as others throughout the building.

Opportunities:

- Emergency drills should be consistently conducted even during the pandemic.

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.



Carewest is very proactive about identifying any potential cases of infectious disease and taking steps to manage any potential outbreaks and to protect residents and staff. Outbreak management is well done, and the organization has been very proactive throughout the COVID-19 pandemic to respond to potential and actual outbreaks and to put action plans in place. Environmental services is a key partner for IPC and, even though the service provider is a contractor, housekeeping staff are very much part of the Carewest team when it comes to implementing IPC

standards and practices.

The team at Carewest are to be congratulated for their focus on ensuring that IPC practices are in place and that standards are being met. The past two years have certainly tested pandemic responses and IPC

efforts at Carewest have been key to ensure that the organization could weather the storm of the pandemic and provide safe care for residents, client, patients and to give staff the resources and skills they need to respond.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	7.6	There are policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.
Infection Prevention and Control	7.7	Safety engineered devices for sharps are used.

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.



Carewest has processes in place to acquire, deploy, maintain and replace medical devices and equipment. For the most part, the organization uses only single-use equipment and does not do any reprocessing. For any equipment used at Carewest, there are processes in place to ensure that equipment is clean. Each piece of equipment is cleaned before and after use.

The Maintenance Department has an electronic maintenance request system that is used for any equipment that needs to be put out-of-service and repaired. In some instances, team members at Carewest can make repairs while in other cases, the manufacturer may need to assess the equipment for repairs.

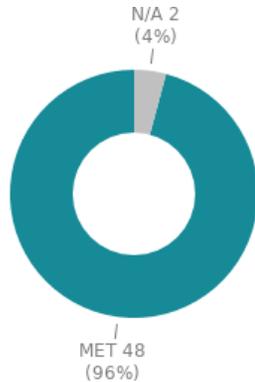
Carewest has an Equipment Committee and has held Equipment Fairs to support the process for selecting new equipment. Carewest has been very innovative in working with its current medication cart vendor to come up with a cost-saving plan for upgrading medication carts in preparation for Connect Care. This creativity represents a significant cost saving for the organization.

For specialized populations, there are some specialized pieces of equipment that require thorough cleaning and disinfection and there are processes in place to ensure that this happens.

Policies, procedures, and processes are in place for managing medical devices and equipment. As the organization develops care models for increasingly complex populations, it will have to ensure that medical device and equipment needs for these populations are supported.

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.



Carewest also engages its team members in various quality improvement initiatives. One quality improvement initiative was focussed on improving the quality of narcotic ordering process specifically the legibility, indication and, abbreviations. As part of this QI project, physician leaders would remind junior doctors about the importance of writing orders clearly and legibly. High alert medications are well identified on the medication administration record (MAR) and staff follow independent double check with high alert medications at Vernon Fanning Care center but not

consistently noted at every site.

Nurses diligently follow two client identifiers while administering the medications. Nurses are not necessarily dating liquid stock meds when opened. There was one chemotherapeutic agent noted in a patient bin without a bio-hazard label.

The pharmacy leaders take appropriate actions before adding drugs to the formulary list. Pharmacy is getting ready to implement the new regulations for compounding nonsterile medications.

The Carewest pharmacy has a visibility board where the audit results and pertinent messages are posted for staff which is a great strategy.

The organization is encouraged to not use abbreviations in the preprinted orders (e.g., admission order set, tobacco use management orders) and in the pharmacy computers.

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: Long-Term Care Services; Service Excellence.



There are many ways in which Carewest promotes people-centered care including educational opportunities such as supported pathways, dementia training and mental health training. Some of these courses were stopped during the COVID-19 pandemic but will resume soon.

Different sites conduct rounds differently, however every program conducts interdisciplinary rounds at specified intervals. Care conferences were converted to virtual as requested by families and are working well. A lot of consultation happened with families during COVID-19 about

restricting visitors who were not vaccinated, and the policy was enacted at the sites.

Carewest involves families in many QI projects such as keeping bedrails up and menu options. Clients and families were brought in for brainstorming sessions on food delivery issues and for space designing project at the Vernon Fanning centre. Family members are engaged in translating research in elder care (TREC).

Values are posted at every site and clients were engaged in developing values for Carewest. Strategic goals and objectives were communicated with staff pre-pandemic but not since then. It is posted on the external website for clients and families. Operational plans are developed at individual site level which are then rolled-up to the corporate level.

Families have been made aware of ways to report their complaints. When they report complaints online, the Safety Director will forward those complaints to the respective site manager who will then investigate it further. To address the client/family concerns, a working group developed tools for obtaining feedback from families. This has not been fully rolled out. Instead of involving clients at the corporate committee level, they are engaging clients at the site level.

Resident councils have been mandated by the government and are functional at many sites. Every facility has posted a client agreement. There is a one-page information about the client in front of the chart to identify the patient.

Every program conducts client experience survey but at different intervals. LTC residents survey is administered every 2 years and focus on care experience while subacute conducts surveys every quarter.

Language/interpreter service is available through AHS however, it is not regularly available. Sometimes, Carewest use staff who are multilingual for interpretation as needed. The organization is encouraged to use video interpreter service using iPad which provides the service 24/7 in a multitude of languages.

Conversations with clients/patients and families were universally complimentary of the care and service provided at Carewest facilities. They reported that staff are respectful, respond promptly, enquire their likes and dislikes, and incorporate different activities. The clients also reported that they receive physio every day and physicians speak with them daily. Clients receive services at home as well and teams respond to them in emergencies even in the middle of the night.

Strengths:

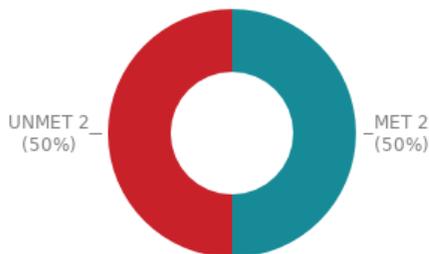
- Very person-centred care and services. Care plans are very individualized and there is a diversity of services at the site to meet varied care needs.
- Using technology to conduct care conference online to involve the family.
- Involvement of clients and families in quality improvement initiatives.
- Having online format available for clients and families for reporting complaints and feedback.
- Families and clients/patients gave very positive feedback on the quality of food services as well as the cleanliness of the building.
- Clients participate the report-outs at the Visualization Boards each week.
- Use of QR codes on posters to allow for quick linkages to give feedback. This is an innovative way to provide quick access to leadership to provide feedback on care and service.

Opportunities:

- To include clients and families in the strategic planning.
- To restart having clients and families sharing their stories.
- To restart the initiatives that were stopped due to the COVID-19 pandemic.
- To consider use of video interpreter app to support 24/7 video/audio interpreter service availability.

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 is a range of ages of the infrastructure of Carewest facilities, ranging from relatively newer with nice large rooms, to somewhat older sites. Some of the smaller sites may not have back-up generators, relying on uninterruptible power supply (UPS). Larger facilities have built in back-up systems. The sites meet appropriate codes, regulations, and laws. The local fire departments are involved in reviewing protocols.

The aging infrastructure adds risk to the organization. It is difficult to ensure that backup systems work – more and more clients/residents rely on technology and the aging infrastructure may present barriers to effective care.

Carewest has undertaken steps to minimize the impact of their business on the environment. While the pandemic has been challenging (increased waste because of single use PPE), Carewest tries to be conscientious regarding purchase of supplies. Some of the sites uses low flow toilets to reduce the amount of water they use. There is commissary recycling done and composting of food wastes. The organization has switched to LED lighting where possible as another measure to reduce energy consumption.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	9.1	The physical space meets applicable laws, regulations, and codes.
Leadership	9.10	Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.

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. The service standards applied are as follows: Community-Based Mental Health, Long-Term Care Services and Rehabilitation Services.

Community-Based Mental Health

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



Carewest Operational Stress Injury clinic (OSI) provides services to veterans, current and former Canadian Forces members, and members of the RCMP including psychotherapy, medication treatment, skills training, group therapy, family education and as well as consultation and professional education. The program receives referrals from case managers or primary care physicians. Through a quality improvement project, the team reduced the time of initial contact after receiving the referral to 48-72 hours from 30 days and length of stay in the program reduced from 2.5-3

years to 18 months.

The service is provided by interdisciplinary teams and staff who also provide support to a satellite site in Red Deer. Veterans' affairs of Canada increased the number of clinicians from 32 to 45 and two psychiatrists were added to accommodate the increasing needs of the clients. In 2025, this clinic is moving to a new space to increase the capacity of the clinic and to open another satellite site in Medicine Hat.

The team use standardized screening tools as part of assessment and therapy. The clinic staff follows up with clients when they do not show up for the appointments. The team conducts case conferences with the interdisciplinary team. Upon discharge the clinic team shares information with the referral source and primary care provider. The clinic has posted the information on how to address their complaints and concerns.

There is a clinician dashboard from where various data is collected (e.g., clinician direct time, time spent from referral to discharge). The team reviews this data and make changes as needed.

The clinic uses innovative technology (RTMS) and works closely with University of Calgary for research projects. The team also consults ethicists for resolving ethics related issues.

They provide training to all staff during orientation on codes and staff must complete the code training annually.

Strengths:

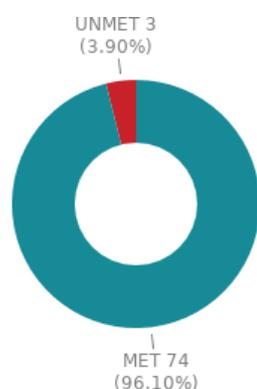
- Clinic embraces a culture of quality improvement and learning (reducing LOS in the program from 2-3 years to 18 months).
- Promoting people-centered care.
- Using data for improving both process and outcome measures (clinician dashboard data).
- Using innovative technology in collaboration with the University of Calgary.
- Strong and passionate leadership interested in quality improvement.

Opportunities:

- To resume committee work to improve quality and safety post pandemic.

Long-Term Care Services

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



During site visits, the surveyors had the opportunity to meet with staff, residents, and families. Most of these residents and families expressed high satisfaction with services. There was much praise for the front-line staff and support staff.

There is evidence of a comprehensive intake and moving in process which is appreciated by residents and families. Some residents have a long and complicated journey that is made easier by good planning for transitions. Residents and families report being treated with dignity and feel valued.

Staff at all sites report that they have opportunity for ongoing education and training. For the most part they have the tools to do their jobs and there are many long-term staff at this organization who “love” their work and “love working for Carewest”. The phrase “we are a team” or “we are a family” was heard in numerous sites.

Carewest is innovative and one example of this is around menu planning. In some sites, the managers of food services involve residents in menu planning and taste testing. This is really appreciated by residents and families.

The use of antipsychotic medications outside of dementia care units is very limited. There is use of these medications on dementia care units, but only as necessary and in the minimum amount possible. There are ongoing reviews with a team approach (nursing, pharmacy, physician).

The use of restraints is limited. Staff are well trained on the use of restraints. There is evidence of conversations with residents and families before using restraints – sometimes it is at the request of families that restraints are used. When restraints are used, there is evidence of ongoing assessment and documentation of these assessments.

Much progress has been made on People-centred care in this organization. There are resident councils at the sites – some have been paused due to the pandemic; however, some have met virtually, and the sites are encouraged to ensure these are meeting regularly again. The organization has used the opportunity to have residents/families co-design their new mental health principles.

Staff report they receive informal feedback on their performance on a regular and continuous basis; however, the formalized performance review rate is lower. This is an area for the organization to focus on in this next accreditation cycle.

Another impact of the pandemic has been the reduction of “activities” at the sites. The activities are important to residents. The organization has been able to provide some virtual programming but resuming in-person activities at all sites will be important.

There are some policies that are outdated for example, the Blood Glucose Monitoring, CS-04-04-02, was last reviewed in 2012, and the organization is working diligently on this. The policy for Skin Risk Assessment: Pressure Injuries (CS-02-06-05) has been updated (August 2021); however, not yet implemented at the sites. There is evidence of Braden Scale being completed on admission; however, no evidence of it being performed weekly for four weeks and then quarterly to annually with the Resident Assessment Instrument (RAI) tool. The organization is encouraged to continue to implement this policy and then monitor/audit and evaluate/make changes based on the results.

The organization is on the AHS overarching plan to move to Connect Care, the electronic patient information system and this is an important step for Carewest. They continue to have paper resident records at the sites.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	4.10	Each resident's preferences and options for services are discussed as part of the assessment, in partnership with the resident and family.
Long-Term Care Services	5.14	Access to spiritual space and care is provided to meet residents' needs.
Long-Term Care Services	6.4	Residents and families are provided with opportunities to engage in activities that are meaningful and important to the them.

Rehabilitation Services

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



Carewest has developed expertise in rehabilitation through services provided at its various locations. Carewest has evolved as a centre of excellence for rehabilitation in Calgary. There are a variety of services for rehabilitation within Carewest to meet the needs of the diverse population served.

Rehabilitation clients are engaged in their care and actively involved in setting goals of care. The overall goal is to support clients to return to their pre-admission setting, whenever possible. Team members are very focused on working with clients to support their care needs and to help clients to achieve their rehabilitation goals.

Intake processes are good, and assessments are in place to assess the client's level of risk and to put action plans in place to address any clinical areas of potential risk. Clients are encouraged to be active participants in their rehabilitation and to engage in the various activities that are being offered.

As with other services at Carewest, documentation is cumbersome. Client records are almost exclusively paper-based. The rehabilitation service could benefit from an electronic health record that could support care processes and be used to support analytics and quality improvement.

There are good examples of the Lean methodology to support quality improvement in Rehabilitation Services. Leaders shared examples of how clients are involved in the regular Visibility Board report-outs and the use of Lean to support quality improvement was evident.

Clients, patients, and families expressed their appreciation for the rehabilitation services offered by Carewest and it was very clear that they are active participants in their care with the goal of transitioning to an appropriate setting following their rehabilitation course of treatment. Clients, patients, and families were also aware of their responsibilities with respect to good infection prevention and control practices and awareness of the outbreaks that were occurring.

Falls are a big area of focus for rehabilitation services and there are assessments in place to determine the falls risk of a client as well as clinical strategies in place to prevent falls and to condition clients to minimize the risk of future falls.

Rehabilitation services works with community partners and Alberta Health Services to support discharge planning and service transition to ensure that clients and patients make an effective transition back to the community or to their next level of care. Clients and patients were very complimentary of how the team facilitates any transition points to ensure that care needs are met.

Carewest's rehabilitation services are vital to supporting clients and patients who no longer require acute care services and who can benefit from the expertise of a team focused on rehabilitation. It is certain that the care team and leadership will continue to evolve services to meet the rehabilitation needs of the diverse populations served by Carewest.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

The following criteria will require an organizational response:

Follow-up Criteria		
Standard	Criteria	Due Date
Infection Prevention and Control	7.7 Safety engineered devices for sharps are used.	June 30, 2023

Follow-up ROPs			
Standard	ROP – Test of Compliance	Due Date	
Long-Term Care Services	Pressure Ulcer Prevention		
	4.8.2	The risk of developing pressure ulcers is assessed for each client at regular intervals and when there is a significant change in the client's status.	June 30, 2023
	5.19.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	June 30, 2023
Medication Management	High-Alert Medications		
	2.5.2	The policy names the role or position of individual(s) responsible for implementing and monitoring the policy.	June 30, 2023
	2.5.4	The policy includes procedures for storing, prescribing, preparing, administering, dispensing, and documenting each identified high-alert medication.	June 30, 2023
	2.5.6	Client service areas are regularly audited for high-alert medications.	June 30, 2023
	The 'Do Not Use' list of Abbreviations		
	14.7.2	The organization's 'Do Not Use List' is implemented and applies to all medication-related documentation when hand written or entered as free text into a computer.	June 30, 2023
	14.7.3	Pre-printed forms related to medication use do not include any abbreviations, symbols, and dose designations identified on the organization's 'Do Not Use List.'	June 30, 2023

	14.7.7	Compliance with the organization's 'Do Not Use List' is audited and process changes are implemented based on identified issues.	June 30, 2023
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