

2022

# Grande Cache Community Health Complex

North Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022



ACCREDITATION  
AGRÉMENT  
CANADA

# Table of Contents

About this Accreditation Report .....	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited .....	4
Central Zone Rural Hospital Assessment – Sites Visited .....	4
Confidentiality.....	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	7
The Accreditation Canada survey team identified the following key opportunities and areas of excellence for this site: .....	8
Key Opportunities .....	8
Areas of Excellence .....	8
Results at a Glance .....	9
Compliance Overall AC to Update .....	9
Compliance by Standard (AC to update Table and graphs) .....	10
Compliance By System Level Priority Process (AC to update Table and graphs).....	11
Compliance by Quality Dimension (AC to update Table and graphs).....	12
Compliance by Required Organizational Practice (ROP) (AC to update Table and graphs) .....	13
Detailed Results: System-level Priority Processes .....	14
Emergency Preparedness .....	14
Infection Prevention and Control .....	15
Medical Devices and Equipment.....	16
Medication Management .....	16
Patient Flow .....	17
People-Centred Care.....	18
Physical Environment.....	19
Detailed Results by Service-Level Priority Process .....	20
Emergency Department.....	20
Inpatient Services.....	21
Service Excellence .....	22
Criteria for Follow-up.....	24
Criteria Identified for Follow-up by the Accreditation Decision Committee .....	24

## 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 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.

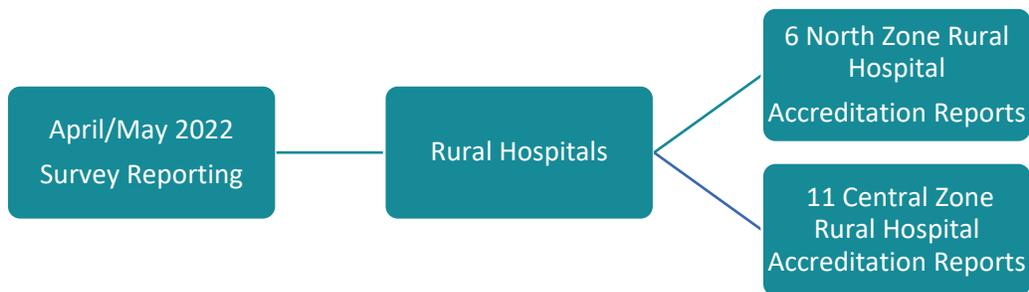
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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.

The accreditation reports for the Spring 2022 Survey are organized as follows:



### North Zone Rural Hospital Assessment – Sites Visited

- Beaverlodge Municipal Hospital
- Fox Creek Healthcare Centre
- Grande Cache Community Health Complex
- Northwest Health Centre
- St. Theresa General Hospital
- Valleyview Health Centre

### Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre
- Drumheller Health Centre
- Hanna Health Centre
- Innisfail Health Centre
- Olds Hospital and Care Centre
- Ponoka Hospital and Care Centre
- Rimbey Hospital and Care Centre
- Rocky Mountain House Health Centre
- Stettler Hospital and Care Centre
- Myron Thompson Health Centre
- Three Hills 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 Grande Cache Community Health Complex, located in Grande Cache, Alberta has provided services to the community for over for 50 years. The Grande Cache team are commended for improving quality and safety by advancing their focus on infection prevention and control as the pandemic emerged. Patients feel a strong connection to the organization and were complimentary of the care and support of staff.

Health human resources are a challenge for the site. Although nursing vacancies are being filled, there is only one primary care physician in the community. Locums are in place to help support medical care however the current model lacks continuity of care for patients and emergency department (ED) visits have increased due to gaps in primary care access. Despite increasing ED visits, staff have met the targets for ED flow.

Prior to the pandemic, meetings were held with key community partners to look at services provided to meet the needs of the community. The site is encouraged to reach out to re-start partnership meetings given current service access challenges.

As with any aging facility, there are space constraints and safety risks related to small bathrooms and doorways that do not permit mobility aides to be used. It is suggested that these issues be prioritized to reduce risk and enhance safety. Work is underway to replace key infrastructure for heating, ventilation, and air conditioning components such as boilers and eventually air handling units to improve performance and efficiency and reduce environmental impact.

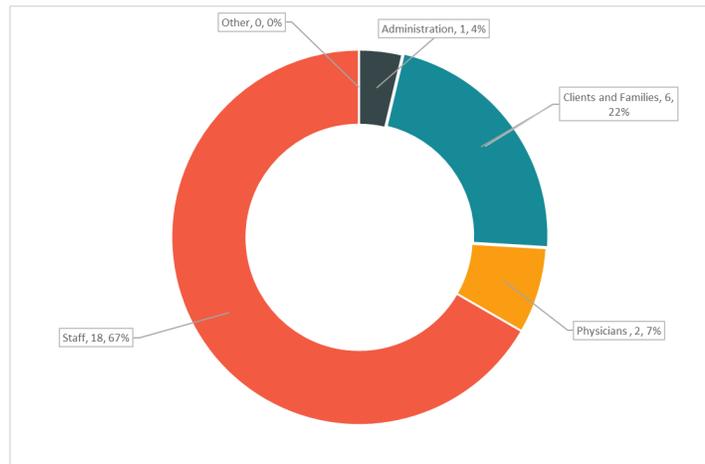
There is a strong focus at the site on emergency preparedness and workplace safety. It is suggested that the quality board can be restructured to align with the safety and quality initiatives. The site leadership is encouraged to work with the team to establish an overall approach for quality and safety at the site as well as site specific goals and objectives with performance targets and timelines. Taking these steps will help to enable staff alignment with AHS quality and operational excellence strategic priorities as well as continue to build staff engagement in their work. In addition, it is recommended that the site leadership work with the Clinical Coordinator to develop an audit schedule to ensure that required organizational practice (ROP) compliance audits are completed.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at Grande Cache Community Health Complex.

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

Groups	# of interviews
Administration	1
Client & Families	6
Physician	2
Staff	18
Other	0



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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. Build a stronger focus on quality and safety
2. Develop a stronger process for engaging patients and families locally
3. Continue to focus on health human resource recruitment and retention, staff wellness and engagement
4. Update aging space in key areas to reduce risk and improve quality and safety for patients and staff

### Areas of Excellence

1. Strong cohesive team
2. Highly effective infection control approach
3. Strong alignment with the Zone and AHS priorities
4. Great team approach to efficient patient flow and flexibility of treatment spaces for clients
5. Focus on workplace health and safety with an active Joint Workplace Health and Safety Committee

# Results at a Glance

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

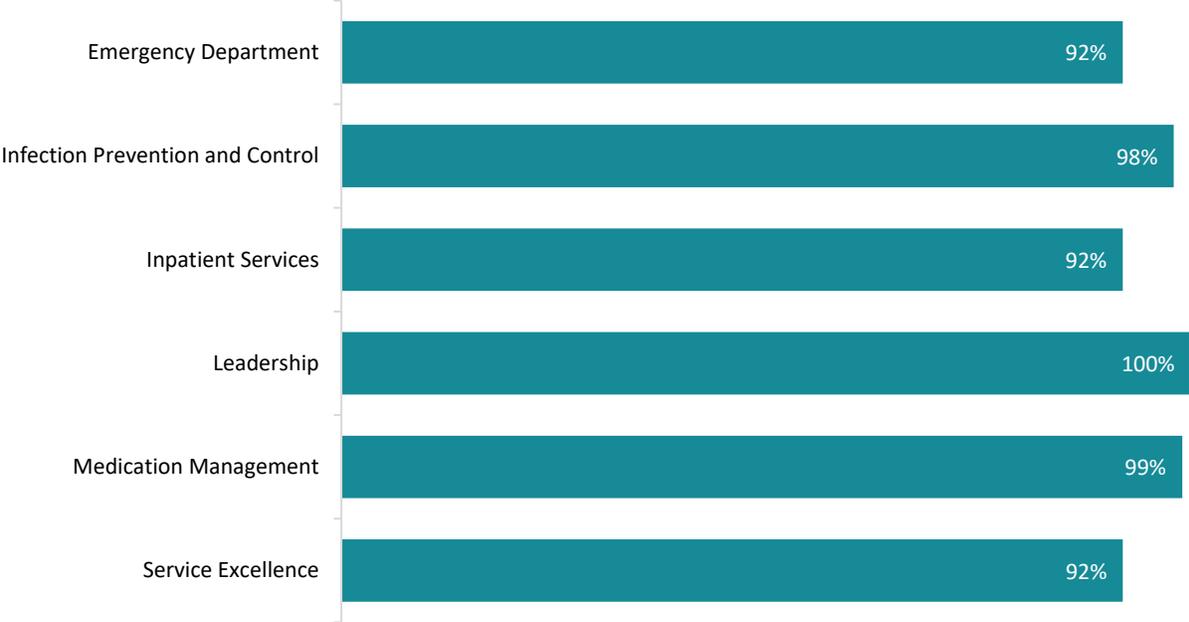
## Compliance Overall<sup>1</sup>

Percentage of criteria			<b>Attestation:</b> A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
<b>Attested</b> 100% met	<b>On-Site</b> 93% met	<b>Overall</b> 95% met	
Number of attested criteria			
<b>Attested</b> 78 criteria	<b>Audited</b> 20 Criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

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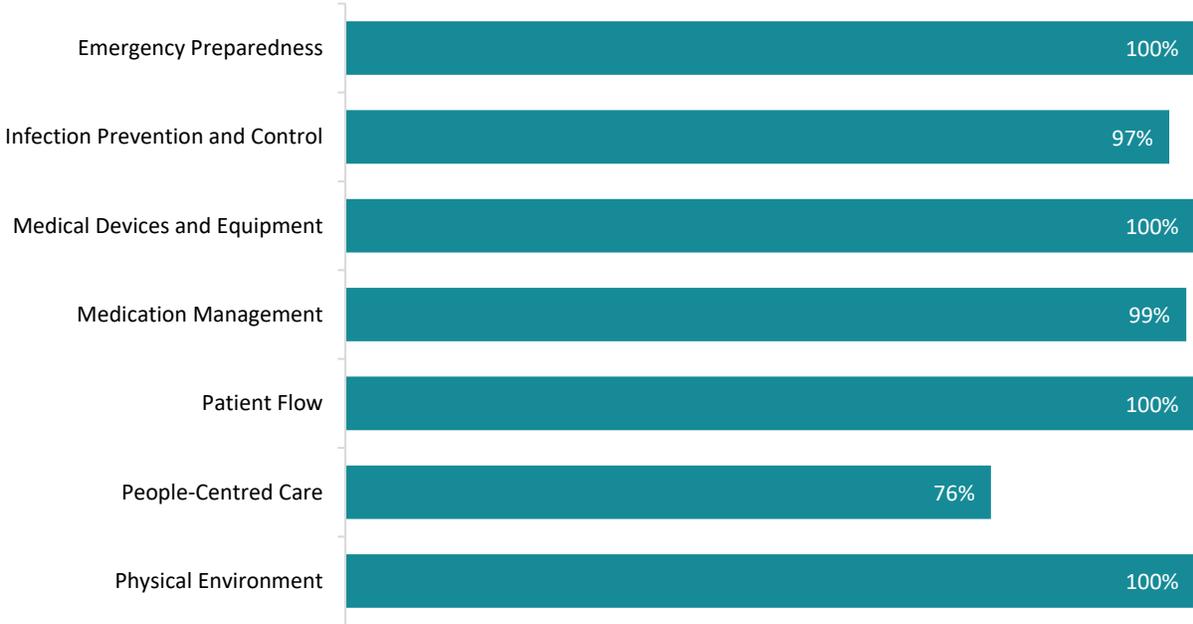
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	84	7	0	4
Infection Prevention and Control	50	1	13	0
Inpatient Services	59	5	0	5
Leadership	9	0	0	0
Medication Management	76	1	12	0
Service Excellence	70	6	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	33	1	0	0
Medical Devices and Equipment	14	0	13	0
Medication Management	76	1	12	0
Patient Flow	14	0	0	0
People-Centred Care	22	7	0	0
Physical Environment	4	0	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	26	0	0	0
Appropriateness	121	5	10	1
Client Centered Services	60	11	2	8
Continuity of Services	11	1	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	110	3	12	0
Worklife	13	0	1	0
<b>Total</b>	<b>348</b>	<b>20</b>	<b>25</b>	<b>9</b>

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	UNMET
<b>MEDICATION USE</b>		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	UNMET
<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
<b>RISK ASSESSMENT</b>		
Falls prevention and injury reduction	Inpatient Services	UNMET
Pressure ulcer prevention	Inpatient Services	UNMET
Suicide prevention	Emergency Department	MET
Venous thromboembolism prophylaxis	Inpatient Services	UNMET

## 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.**

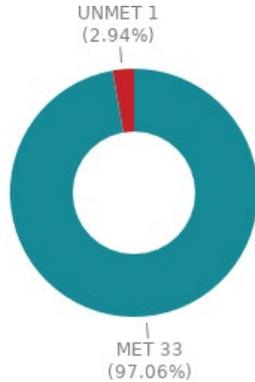


The teams are recognized for their focus on Emergency Preparedness. Staff noted that the impact of the COVID-19 pandemic was not significant for their hamlet and hospital until the fourth wave. Site surge plans were developed, implemented, and evaluated to balance safety and workload. A process was developed to address flow of patients who were symptomatic on screening.

The Joint Workplace Health and Safety Committee meets monthly to review health and safety issues and code responses (code of the month and any codes on site). Actions are taken to address any gaps or key learnings. It was observed that General Site Inspection reports have not been completed and posted for the last year. The Committee is encouraged to ensure that regular site inspections are completed.

## 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.**



Hand hygiene compliance is monitored and posted on a board for staff. The team is commended for having compliance rates higher than the North Zone results (96% vs 92.6%). The team is encouraged to increase the number of site observations as it is below the AHS target.

The Infection Control Practitioner (ICP) for the site is actively engaged virtually in any construction projects, however, has not been onsite for two years. It is suggested that the ICP visit the site, when able, to do a visual inspection and touch base with the team in person.

Safety engineered devices for sharps are used and there are tamper resistance containers at key points of care areas. Waste management policies and procedures are followed.

The unit and support space, including the kitchen are clean and meet safety requirements. Roles and responsibilities for cleaning the environment and equipment are clear and followed. There is only one Environmental Service provider on day shift, and they work hard to keep the unit, equipment, and furniture clean. They were knowledgeable about processes and products and are commended for the pride they take in their work.

The surveyors observed that many items on the unit are made from porous materials (wood carts, cabinets and patient cupboard/lockers). Strips of plastic were used to keep dust off supplies in one ED room. More closed cabinets may be of benefit. It is suggested that the organization take steps to replace the porous material with furniture and surfaces that meet infection control standards.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	6.1	Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.

## 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: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.**



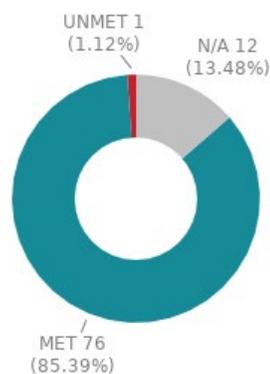
Roles and responsibilities for cleaning medical equipment are clear among the nursing and environmental services team. Dirty equipment is brought to a small room where it is cleaned and placed in the corridor. It is recommended that the team create a visible labelling system for clean equipment as assumptions are made that what is in the hallway is clean.

Smart pumps and portable vital signs monitors are in good condition. The clinical engineering team inspect and tag the devices after they are checked. It was observed that the

annual inspection of the infusion pumps was past due in November 2021. The clinical engineering team is coming onsite within a month to conduct medical device checks. There is a process in place to send out any equipment that is not working to Grande Prairie so that the clinical engineering team can inspect and repair the devices. The clinical team commented that there is sufficient equipment onsite to meet their needs should some devices require repair.

## 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; Perioperative Services and Invasive Procedures.**



The Grande Cache Community Health Complex has a part-time pharmacy assistant who is responsible for medication ordering and stocking. The large medication stock room is clean and highly organized and there is a medication room at the nursing station. Medication room access is restricted, and narcotics are triple locked. There is no pharmacist on site however order verification is completed through Connect Care.

The clinical team spoke highly of the pharmacy assistant and their knowledge and support. Roles and responsibilities are

clear.

The pharmacy assistant and pharmacist conduct audits collaboratively and action is taken on the results to improve medication safety processes. Through order verification, the pharmacist can support optimizing antimicrobial use. The pharmacist stated that the Antimicrobial Stewardship (ASP) one-page background documents have been helpful to support physician engagement with the program. One

physician commented that the transition to Connect Care made ASP more of a challenge as the preprinted orders were part of the paper admission package and currently, he has to seek out the ASP information in the electronic chart. The physician stated that he actively supports the “bugs and drugs” program and seeks out the ASP orders. Given the high use of locum physicians at the site, there is a lack of consistency in antimicrobial use best practice. It is suggested that the organization look at how medical leadership can help support more consistent use of ASP guidelines by physicians.

Patient census was low and hence medication administration was not observed. Staff explained the process and patient identification is completed through bar coding. Incidents related to medications are reviewed at staff meetings and pertinent actions taken.

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.

### 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; Perioperative Services and Invasive Procedures.**



The team is commended for their processes to maintain patient flow throughout the site, and across service settings as appropriate. The staff can be flexible in moving clients in and out of exam rooms based on the acuity and client needs of the emergency department and are able to accommodate incoming clients who may have higher care needs.

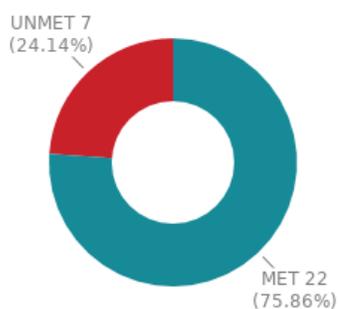
The emergency department length of stay for both admitted and discharged patients is below national benchmarks, and the time taken for a client to see a physician is consistently low. Clients who present to the emergency department can

be seen quickly and efficiently.

Staff noted that the addition of an advanced practice paramedic to the local EMS team has improved patient flow when a patient transfer is required, as it reduces the wait for a transport team if an advanced practice paramedic is needed. There is a helicopter landing pad on site for bringing clients to and from the site when required and weather permitting. Patient flow and the ability to be adaptable to meet client needs is a strength for this site.

## 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; Obstetrics Services; Perioperative Services and Invasive Procedures; Service Excellence.**



There were limitations to fully assessing person-centred care due to the low census in the site at the time of survey. Staff were able to share examples of how they have included clients and families in their care, and how client's wishes are respected even in situations where it may differ from the intended plan of care. Staff expressed the sense of caring for their community within the site because of the smaller population in the town. The site is encouraged to work towards providing culturally safe care in collaboration with clients and families and to use client and family feedback to continually work on improving and providing safer patient

care.

Clients that were interviewed expressed feeling respected and indicated their care experiences overall were positive with good relationships built with many of the staff. An area for improvement identified among all clients was improving communication regarding their plan of care. Clients expressed not always feeling fully informed about what was happening with their care and expressed the information they received from physicians was not always given at a level that could be easily understood by clients and families. The site is encouraged to build on the existing relationships with clients and families and expand those relationships into partnerships, which includes collaborating with clients and families as members of the care team.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.5	Complete and accurate information is shared with the client and family in a timely way, in accordance with the client's desire to be involved.
Inpatient Services	4.5	Complete and accurate information is shared with the client and family in a timely way, in accordance with the client's desire to be involved.
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

Service Excellence	9.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

## 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; Perioperative Services and Invasive Procedures.**



Grande Cache Community Health Complex opened in 1970. The Facilities Management and Engineering (FM&E) team ensure that Heating, Ventilation and Air Conditioning (HVAC) systems, temperature and humidity are monitored. The laboratory was renovated in recent years as humidity was too high and there was a risk of having to close laboratory operations. Facility capital upgrades are underway. The original boilers have been decommissioned and two new ones will be installed once the old boilers are removed. The two air handling units (AHUs) are original to the building and

replacement parts would be an issue. FM&E staff reported that capital acquisition is underway but could not identify the timeline. The new boilers will be hot water and not steam thus improving energy efficiency. The generator is tested weekly. Oxygen tanks are monitored with sufficient back-up supply on site. No medical air or gases have been used since the OR closed several years ago. New fire panels have been installed. LED light fixtures and bulbs have been installed throughout the site thus enhancing lighting and energy efficiency.

The Facilities Management and Engineering team conduct required preventive maintenance work and document in a software solution. Staff can make request for repairs through the system.

Given the age of the building, there are significant issues related to storage and clutter. The clinical and environmental service staff have a system to ensure that clean equipment is organized on one side of a hallway where there is minimal patient movement.

Inpatient acute care bathrooms are a safety risk given their size. Small doorways that prevent the use of safety equipment and mobility aides (e.g., walkers and wheelchairs) create a risk for patient and staff safety. Small showers in the bathroom have a step down which pose another risk. Safety rails are on the walls; however, accessibility and safety are key concerns given the constraints. It was observed that the bathrooms in the long-term care rooms in the hospital have been upgraded already and hence do not have the same risk. It is suggested that the site look at ways to upgrade the rest of the patient bathrooms in this way as well.

Although hallway flooring was changed several years ago, the flooring in the acute care patient rooms is very worn and scratched. It is recommended that the site look at replacing the flooring from a safety and infection prevention and control perspective.

# 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.



The staff in the emergency department are to be commended for their efforts to pursue certification in advanced cardiovascular life support (ACLS) when this is not an organizational mandatory requirement. There is good alignment with AHS policies and procedures during care provision in the emergency department. There are challenges with the current layout of the department, as there can be a risk to patient and staff safety when there are not clear lines of visibility to all areas of the emergency department. Despite this, staff were able to discuss how

they ensure staff safety especially when working with reduced resources overnight, as well as how patient safety is maintained through regular observations of clients and the use of closed-circuit TV monitoring in common areas such as hallways.

The primary care clinic in the community has had a recent decrease in primary care physicians. As a result, staff have noted an increase in lower acuity presentations through the emergency department that might typically be managed through a primary care provider. Staff noted the advantage of maintaining primary care providers in the community as it improves the continuity of care to clients, since the primary care physicians will also work in the emergency department. Clients are thus familiar to the physician, creating improved management of their care needs. This has been a noted deficit for the community, as clients are currently receiving episodic care and not benefiting from a more continuous care model. The organization is encouraged to explore this current challenge further in order to improve addressing the care needs of the community.

The implementation of the electronic record (Connect Care) has been a welcome enhancement to the site, as it has offered them easier access to areas such as pharmacy support, consultation services, and has made the charting process much more efficient. Staff feel they are no longer triple charting as was experienced prior to implementation and have found providing the transfer of information at care transitions very smooth, easy, and much more informative for the receiving staff member or care service.

Emergency access to mental health services is limited and is a continued challenge for the emergency department. The team sees many individuals present with either overt or underlying mental health challenges, and often have limitations accessing mental health supports in the community for the clients. As a result, these clients often end up coming back to the emergency department for episodic

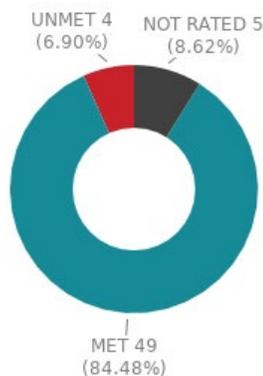
care due to limited services in the community. The site would benefit from a review on community partnerships and what could be improved and made available to clients in the community for mental health services and supports.

The site and staff are to be commended on the level of care provided in the emergency department despite limited resources and infrastructure. Positive relationships among staff are evident, including the Emergency Medical Services team. It is through these relationships that there is a strong sense of team who are committed to serving their community.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.2	Clients and families are encouraged to be actively engaged in their care.
Emergency Department	5.6	The team verifies that the client and family understand information provided about their care.
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.
Emergency Department	8.14	Clients and families have access to psychosocial and/or supportive care services, as required.
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
Emergency Department	10.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.

## Inpatient Services

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



The emergency department and inpatient services are provided by the same care team, making the process to admit patients very smooth and generally without delay. The site is encouraged to provide clients and families with a comprehensive information package which could include information on the admission process, patient safety information such as medication reconciliation, falls prevention, pressure ulcer prevention, and care transitions, and what to expect during their stay.

The electronic record has simplified the medication reconciliation process, making it more consistently used in the client's care. All clients have a best possible medication history completed, creating a more robust medication reconciliation process. The site is encouraged to conduct medication reconciliation audits to learn where the team could further

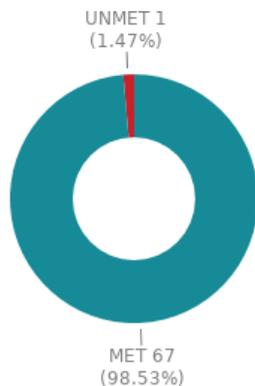
improve this process thereby improving patient safety. The electronic record provides a great opportunity to audit client care information more efficiently, creating the advantage to use that information to form a comprehensive site quality improvement plan. The site is encouraged to involve both staff and client and families in patient safety initiatives and quality improvement projects to assist with achieving optimal success.

The electronic record has also been able to assist the care team in the discharge process of a client. The discharge information that can be printed from the client record provides clear follow up instructions to the client, as well as their medication record and any after care information they may require. This has been a great enhancement in communication to clients and families.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.6	The team verifies that the client and family understand information provided about their care.
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.
Inpatient Services	5.15	The results of the assessment are shared with the client and other team members in a timely and easy-to-understand way.
Inpatient Services	6.15	Clients and families have access to psychosocial and/or supportive care services, as required.

## Service Excellence

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



Patients spoke about the caring focus of the staff and the appreciation of the local hospital and accessibility of services. Patients are encouraged to call if they have issues or concerns, and staff help to troubleshoot and support navigating the patient to the right place at the right time. This is particularly important given the lack of access to primary care physicians in the community.

Prior to the pandemic, site leadership met with various community partners to identify opportunities to enhance collaboration and identify gaps in programs to help support

community needs. It is suggested that the partnership meetings be re-established to help support the health care needs of the community given the primary care situation and challenges with access to mental health supports.

Leader rounding was carried out pre-pandemic. The site leadership is encouraged to resume this important activity to gather input from patients and families.

Team based nursing is the model of care and it was observed that roles and responsibilities are clear. Staff in every department spoke highly of the nature of support and collaboration within the team. Workload and worklife are monitored to keep both in balance as best as is possible during this time.

New staff are supported with time to complete the AHS required onboarding courses. Performance conversations are held annually, and staff have access to professional development opportunities.

With respect to safety and quality improvement, incident data is shared in staff meetings however the number of incidents reported is low and the site leadership thinks there is underreporting. Workplace safety, hand hygiene and hospital acquired infection data are posted on various whiteboards, although not all reports are clearly visible. The site focus for safety and quality improvement is aligned with AHS priorities, however, it is recommended that the leadership work with the teams and key partners to develop and implement site-based safety and quality improvement initiatives. Although there is a quality board it just has two Required Organizational Practices (ROP) tip sheets. Posting data (incident reports, length of stay, ED metrics) and trends will promote an environment for the team to look at site performance and identify any opportunities for improvement.

A Health and Safety Information Centre Board has key information posted for staff. Copies of the most recent Hazard Identification Assessment and Control (HIAC) worksheets for clinical staff were posted. It was observed that the HIACs for the kitchen staff require an update.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard	Criteria	Due Date	
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.	June 30, 2023
	8.17.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	June 30, 2023
Infection Prevention and Control	6.1	Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.	June 30, 2023
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.	June 30, 2023
	5.8.2	Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling.	June 30, 2023
	5.8.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	June 30, 2023
	5.9.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2023
	5.10.3	Measures for appropriate VTE prophylaxis are established, the implementation of appropriate VTE prophylaxis is audited, and this information is used to make improvements to services.	June 30, 2023
	6.18.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of	June 30, 2023

		information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	
Service Excellence	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	June 30, 2023