

2022

Rimbey Hospital and Care
Centre
Central Zone
Alberta Health Services

Spring 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 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.

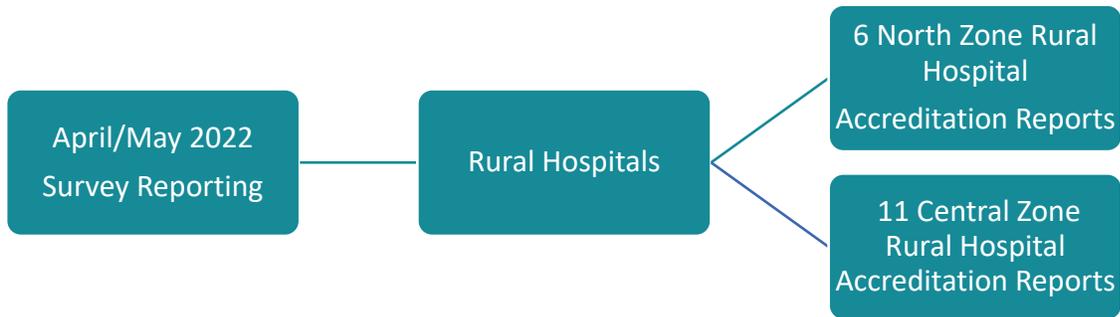
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 day the surveyors were onsite, they were greeted with a COVID-19 outbreak and a Code White: Active Assailant with a lockdown of the facility during the day. The Rimbey Hospital and Care Centre serves a community of 2400 people with an emergency department, 23 inpatient beds, and an 84-bed long-term care unit.

The site is very clean, feels new, and has no clutter. The rooms are spacious and contain one patient/resident only. There are hand hygiene stations throughout the site and a COVID screener at the front entrance. Staff were noted to perform hand hygiene throughout the site at appropriate moments in care. There are close ties with the community, and an active LTC Resident and Family Council supported by the Recreation Therapist. Patient surveys are sent home in the patient discharge packages, however there is a low response rate. Most of the feedback is through complaints to the site leadership. The one area of improvement is to find ways to obtain patient and family feedback more formally in the acute care areas.

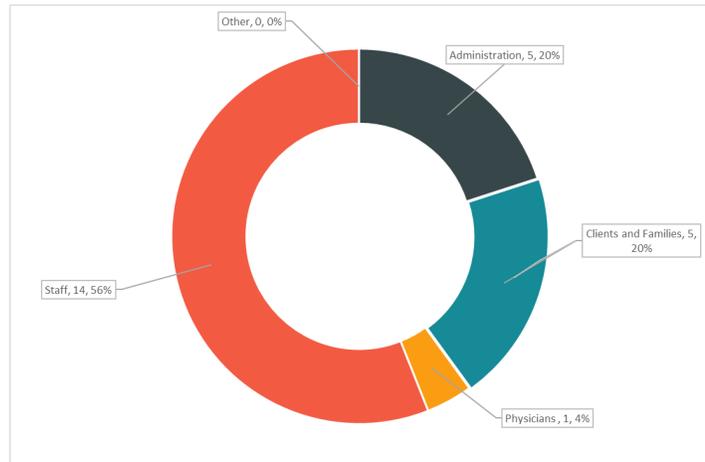
There are some hospital quality improvement projects, and the leadership is encouraged to continue to find ways to gain input from clients and families in operational decisions and recommendations to further strengthen these projects. As well, Leadership is encouraged to continue to cascade the quality data throughout the frontline programs and services.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Rimbey Hospital and Care Centre.

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

Groups	# of interviews
Administration	5
Client & Families	5
Physician	1
Staff	14
Other	0



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 this site:

Key Opportunities

1. Create more sustainable ways to conduct audits and cascade the results to staff
2. Find ways to recruit and retain staff
3. Guide decision making with access to data
4. Review job descriptions to ensure the right person - right job
5. Standardize equipment
6. Create innovative ways to involve the voice of the patient

Areas of Excellence

1. Clean and airy site with ample space (e.g., emergency department, single person LTC rooms)
2. Caring, knowledgeable staff
3. Excellent emergency preparedness readiness
4. Cross-trained staff are able to maximize workflow
5. Exceptional processes for medication management

Results at a Glance

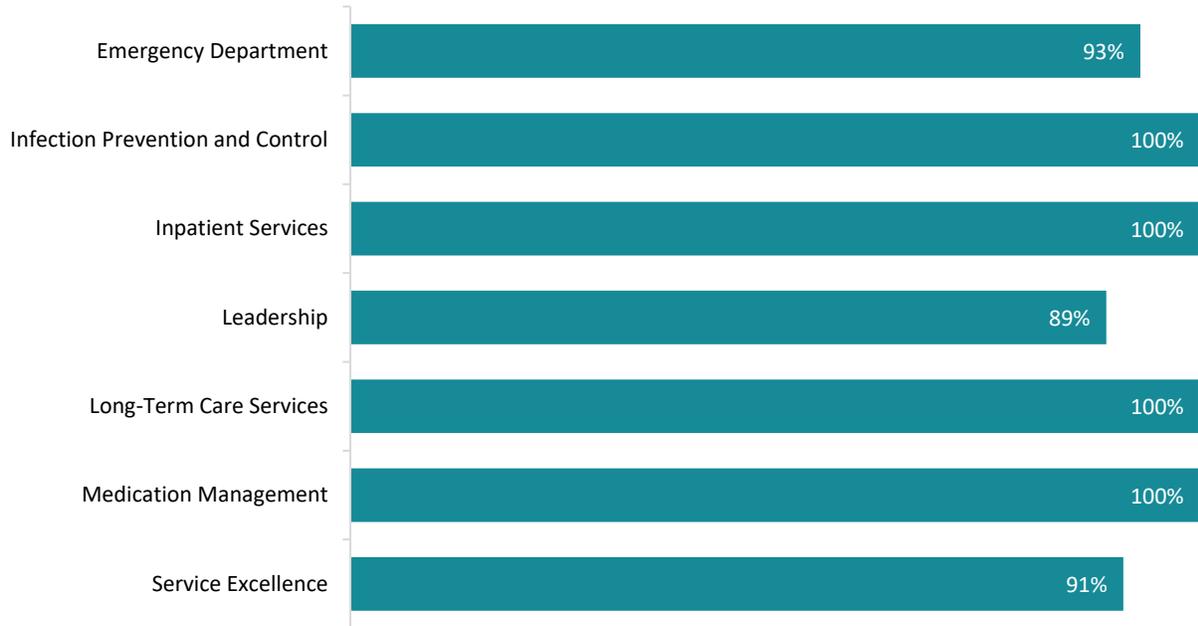
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 97% met	On-Site 97% met	Overall 97% met	
Number of attested criteria			
Attested 78 criteria	Audited 22 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

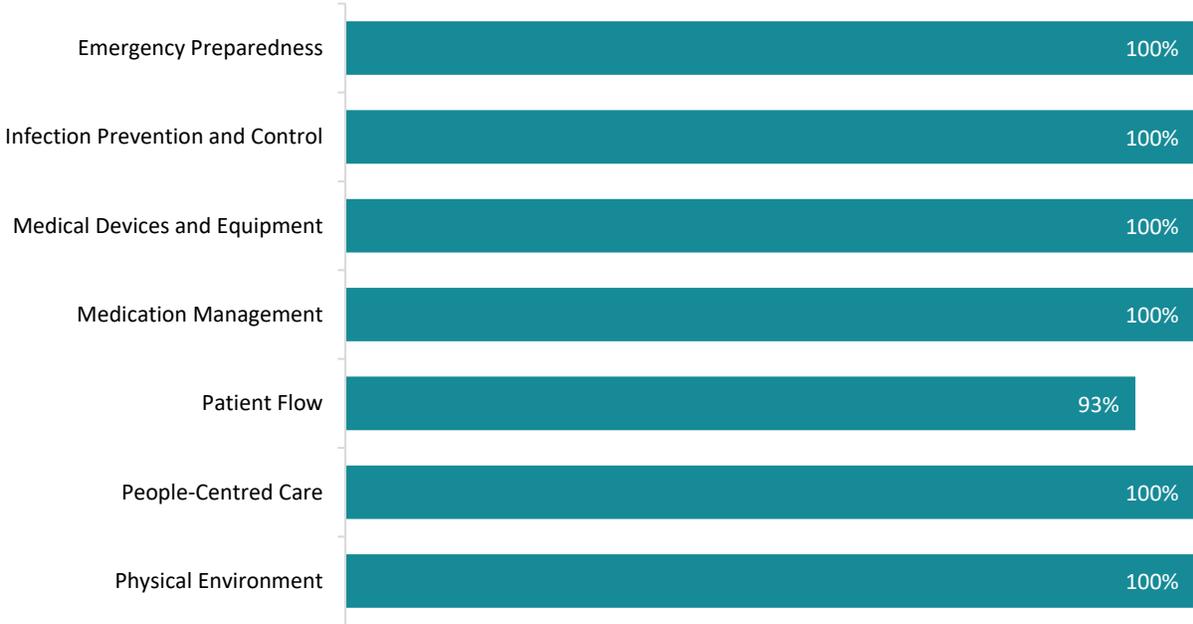
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	87	7	1	0
Infection Prevention and Control	50	0	14	0
Inpatient Services	67	0	2	0
Leadership	8	1	0	0
Long-Term Care Services	80	0	1	0
Medication Management	82	0	7	0
Service Excellence	68	7	1	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	13	0	14	0
Medication Management	82	0	7	0
Patient Flow	13	1	0	0
People-Centered Care	33	0	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	30	1	0	0
Appropriateness	137	7	14	0
Client Centered Services	110	3	1	0
Continuity of Services	17	0	0	0
Efficiency	3	0	0	0
Population Focus	3	1	0	0
Safety	129	2	11	0
Worklife	13	1	0	0
Total	442	15	26	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	UNMET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET

RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care Services	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes 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.



Rimbey Hospital and Care Centre is certainly prepared for anything. During the survey there was a Code White: Active Assailant. Lockdown was initiated and the RCMP were notified. The entire incident was no longer than 20 minutes. This was a great demonstration of care for public and staff safety. There are ongoing updates to the disaster and emergency plans from recent events and mock sessions.

Infection Prevention and Control

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



The overall appearance of the site was that of a brand-new build, with wide hallways, lots of natural light, individual patient and resident rooms, an organized and uncluttered emergency room. There is support from an infection prevention and control practitioner in Red Deer. The site discovered on the day prior to the survey there was a COVID outbreak. Staff and patients were immediately tested to find the degree of the outbreak. Hand hygiene audits were restarted after the leave of absence of the hand washing auditor in February. The leadership are encouraged to

improve dissemination of the results of these hand hygiene audits on a quarterly basis to staff, clients and families. One opportunity for improvement is to declutter the long-term care (LTC) family board with paper-on-paper information.

MRSA and C-Diff rates are monitored on Tableau, the site lead is expected to disseminate the pertinent information. Laundry for LTC resident's personal clothing is done at the site. Otherwise, the majority of the hospital laundry is completed in an offsite contracted facility. There is screening at the door with personal protective equipment for staff and visitors. New staff are provided with orientation and perform an online learning course yearly.

The site has an opportunity to increase the number of Hand Hygiene Auditors. During the leave of absence of the one auditor, no audits were done. On their return, the system had been updated and consequently has been unable to upload to the data base. Having an alternative would make this more sustainable, available for review by staff, and more efficient in making improvements as needed.

Medical Devices and Equipment

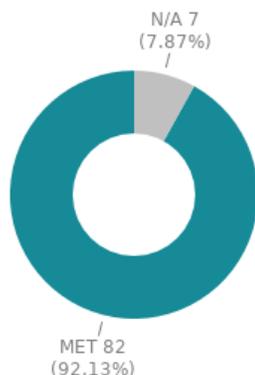
Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.



There is very limited medical device and equipment (MDR) processed at the Rimbey Hospital and Care Center. There is appropriate precleaning of the soiled equipment. Nursing cleans the large monitoring equipment used on clients, patients and residents. Equipment to be transported to Ponoka are sent in a covered container. Invasive ultrasound equipment used by physicians are precleaned and sent in separated soiled containers to MDR in Ponoka.

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 pharmacy team consists of one pharmacist, a skilled pharmacy technician, and a part-time pharmacy assistant. They have developed smooth processes for medication management with considerable attention to promoting a collaborative approach for safe and reliable medication management throughout the organization. A partnership with Red Deer Regional Hospital allows the team access to medications and support 24/7.

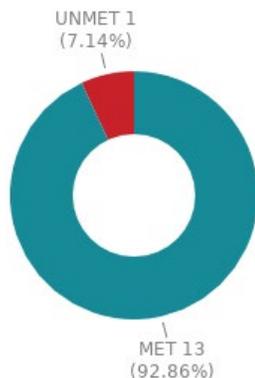
The on-site pharmacy is well laid out to maximize the space available. Most medications are received in single dose packaging from Red Deer to distribute to the units using an exchange tray system. An after-hours cabinet is stocked and maintained for immediate use when the pharmacy is not operating. Additional medications not kept in the cabinet can be obtained from Red Deer if needed urgently.

The pharmacist is an integral member of the client care team and reviews patient medication orders and drug information to look for appropriate dosing, medications, and drug interactions. The pharmacist also provides consultation on potential side effects and checks that medications are compatible with existing medications.

The team has processes in place to ensure high-alert medications are identified and handled appropriately. The system is very visual to aide in risk avoidance contributing to safety.

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 can manage flow in the organization by maximizing cross-trained staff that work between the inpatient and emergency department (ED). When ED is busy a float nurse from the inpatient unit can provide support. There is a process to transfer or consult on clients that need a higher level of care using Referral, Access, Advice, Placement, Information & Destination (RAAPID). The physician interviewed in ED feels that RAAPID meets her needs for consultation and transfer of clients needing a higher level of care. She also stated that she feels part of a

collaborative team in Rimbey, with the only concern being access to immediate support for violent clients.

There is a regional bed meeting daily to discuss census and available beds in the zone which allows for appropriate placement of clients across the region in a timely way.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	13.1	Client flow information is collected and analyzed in order to identify barriers to optimal client flow, their causes, and the impact on client experience and safety.

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.



MET 33
(100%)

The care for the patients, clients and residents truly supports the statement of “nothing about me without me”. The staff are there because of a care for supporting those who are unable to support and care for themselves. The long-term care has an active Resident and Family Council supported by the Recreational Therapist. Improvements have been made because of the Council, for example, the manner in which meals are served.

Currently patient and family feedback is sought from discharged patients from the acute unit, however, there has been a poor rate of return for the feedback forms. It is suggested the leadership perform rounds to engage input from patients. Unfortunately, the leadership has been involved with the pandemic, staff shortages, and changes in leadership structures. There has been concentrated work with the township and community to improve and build the relationship with the hospital.

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.



MET 4
(100%)

The physical environment of the Rimbey Hospital and Care Center is absolutely lovely. Spacious, airy, lots of natural light, well kept, and up to date. The site has 5th class engineers to take care of the boilers, generators, elevators, compressors, and refrigeration systems. There is a three-year rotation for the governing provincial inspections. Generator systems are tested weekly for back up availability. Urgent repairs are called in and completed immediately. Other repairs are entered into the Facility, Maintenance & Engineering online worksheets. Green initiatives include but are not limited to upgrading the building lights to LED, using

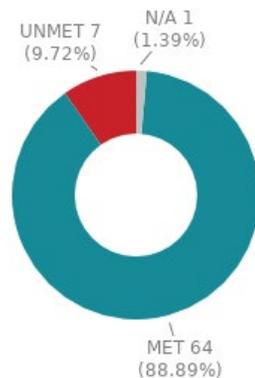
chemicals in maintenance that are environmentally friendly, and electronic and metal parts are sent to surplus supply for repurposing.

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 emergency department (ED) has five treatment rooms, two trauma bays, and four observation chairs. There are some challenges with sight lines to the waiting area, but clients have access to private, glass enclosed rooms while being assessed which promotes privacy and isolation practices. Staffing is shared with the inpatient unit and staff are given opportunities to obtain appropriate training and education to provide safe client care through Alberta Health Services' specific course offerings. Staff expressed a desire to have support to obtain additional training to improve

competencies with support for Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Trauma Nursing Core Course (TNCC) and Emergency Nursing Paediatric Course (ENPC).

There are many services that support the ED including crisis support for mental health clients. The Crisis Support team has limited hours and clients can be held in ED waiting for this service. Waiting also occurs for lab and specialized diagnostic imaging services after hours. CT is available in Red Deer; however, transportation can present challenges which can add to additional waiting time for clients.

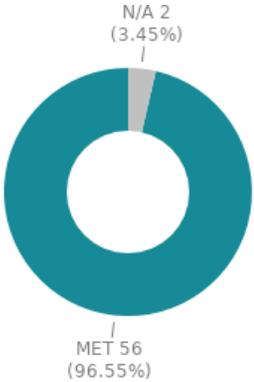
Metrics are collected and monitored at a regional level. It is felt that the team would benefit from monitoring of key performance metrics specific to the site's ED to understand how they benchmark against peer organizations. This would allow the team to set targets, understand where improvement is needed as well as celebrate where they excel. The metrics would also allow leadership to better understand workload to ensure there are proper resources available to support staff and client care. Team roles and responsibilities should be clear and suited to the needs of the clients, having the right person performing the right job for example appropriately resourced nursing, clerical, housekeeping, etc. Of note, there is no housekeeping available at night to support isolation cleaning.

There is appropriate equipment and supplies to support delivery of care to both paediatric and adult clients. The team identified that there is a need to standardize vital signs equipment. Currently, delay in care occurs due to the cuffs not being interchangeable among the units causing staff to spend some time looking for the necessary supplies. Triage tools are used to standardize information gathered and assign appropriate CTAS scores using guidelines, however, there is not a specific paediatric triage tool.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	1.5	Workload is assessed and team members are reassigned as required during periods of high volume and surges in the emergency department.
Emergency Department	4.7	There is ongoing communication with clients who are waiting for services.
Emergency Department	4.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.
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.
Emergency Department	10.2	Ambulance offload response times are measured and used to set target times for clients brought to the emergency department by Emergency Medical Services.
Emergency Department	10.3	Data on wait times for services, the length of stay in the emergency department, and the number of clients who leave without being seen is tracked and benchmarked.

Inpatient Services

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



The inpatient unit consists of 23 beds. One third of these beds are currently occupied with clients who have been placed in long-term care but cannot be transferred due to a recently declared COVID outbreak. There is a multidisciplinary approach to providing care for the clients admitted with support from RN, LPN, HCW, OT/PT, OT/PT assistants, social work, dietary, pharmacy, and spiritual care. There is also access to a palliative nurse to support a growing number of palliative clients.

The team performs Rapid Rounds when the interprofessional team is available. Rapid Rounds can improve the length of stay as each patient’s plan of care is reviewed to plan for discharge and remove barriers to discharge in a timely manner. There is an opportunity here for this to become a standard practice each day, conducted in a focused, brief way to communicate with available team members. There are bedside whiteboards to communicate information with clients and families that needs to be utilized and updated regularly. Also, other components of the CoACT program to support client and families, care provider communication, and collaboration should be considered to

improve the delivery of the client first strategy. Specifically bedside shift reports have been proven to add to client satisfaction and safety.

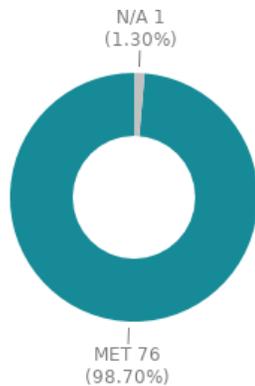
As with many organizations staffing challenges are an issue. Retention and recruitment across the province and at an organization level needs to be a continued focus. It would be beneficial to continue the use of a multidisciplinary approach with each discipline working to full scope.

There is a need for timely data to be shared with leadership and the team to understand where improvement is required and to celebrate success. Information needs to include data on practices like hand hygiene and falls. Other priority metrics aligned with the overall strategic direction of the organization or health system may want to be considered for measurement and sharing.

There is an underutilized ability to involve clients in the direction of care provided at Rimbey Hospital and Care Centre. There are no patient partners in the acute setting. When patient partners are not involved feedback still needs to reach the team. Information can be obtained through client satisfaction surveys or direct feedback through leadership rounding with specific targeted conversations on those indicators that have been set as priorities for the team based on quality improvement initiatives identified. An example might be the use of NOD (name, occupation, duty) introductions or if the client was orientated to the unit and has enough information about discharge or pain management.

Long-Term Care Services

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



Rimbey Hospital and Care Center hosts a large long-term care (LTC) residence of 84 single patient beds. The space is filled with natural light, is clean, neat, and uncluttered. The residents appear to be well supported and cared for. The documentation in the charts is well organized and thoughtfully completed. Documentation is current and assessments are done thoroughly and on time. Many staff have worked here for years. The one concern held from the longer tenured staff is recently there has been a high turnover of the new staff, seemingly to stay for their

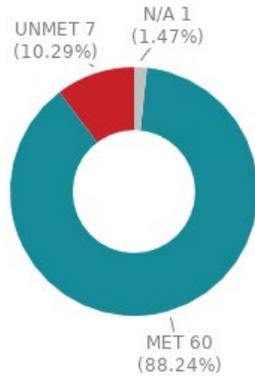
orientation, then leaving.

The one opportunity for the new manager to work through is to be able to access and post the quality improvements data on the quality board to inform the staff of the excellent work they are doing. There is an active Resident and Family Council meeting monthly that have made many improvements with the operational functioning of the units.

There are currently 7 beds available in LTC. There are 17 LTC residents in the acute care beds awaiting placement, which sadly is unable to happen due to the recent and current outbreaks.

Service Excellence

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



Much of the service excellence is being done well, despite the pandemic, change in management structure, and multiple other priorities the site leadership needs to deal with. There is a continual shortage of nursing staff, requiring the leadership to review services being offered, and to seek alternative staffing options. At this time there is difficulty in accessing the data to make solid decisions on change directives. Performance evaluations were last completed in 2018.

Due to the large percentage of inpatient beds with Alternate Level of Care (ALC) patients there has been an opportunity to augment the role of the Health Care Aides to replace, temporarily, the nursing staff. In November, the site is scheduled to move to online charting in Connect Care. It may be helpful if Alberta Health Services (AHS) would find opportunity to provide orientation in accessing computer data reports for the leadership, to assist them with decision making. There is a request for support from AHS to assist with the streamlining of staffing options. Support in this endeavor would be appreciated.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	10.1	Information and feedback are collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.
Service Excellence	10.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard	Criteria		Due Date
Infection Prevention and Control	8.6.2	Hand-hygiene compliance results are shared with team members and volunteers.	June 30, 2023
Infection Prevention and Control	8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	June 30, 2023