



**ACCREDITATION  
AGRÉMENT**  
CANADA

# **Accreditation Report**

## Qmentum Global™ Program

High River General Hospital  
**Alberta Health Services**

Report Issued: June 18, 2024

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## About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

## About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from May 6 to May 10, 2024.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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# Executive Summary

## About the Organization

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 (2023-2027). Accreditation visits are helping AHS achieve its goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occur in the first survey of the cycle (Fall 2023).

During the cycle, location-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 Emergency and Disaster Management, Infection Prevention and Control, Leadership, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, provincial, and community-based programs where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach provides a more comprehensive assessment and aligns with different levels of accountability.

To further promote continuous improvement, AHS has adopted the 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 survey, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organizations' accreditation award.

## Surveyor Overview of Team Observations

High River General Hospital is committed to its community and partnership with the foundation. There has been a significant turnover in leadership over the last couple of years. Leadership is encouraged to take the time to build trusting relationships at the front line. There is some unsettledness noted among staff with the frequency of new management. Safety amongst the emergency department (ED) is an ongoing concern. Leadership is working closely to address this issue with the ED team and options are being discussed with input from the staff.

Staff are engaging with their clients and families; they care about their work and each other. Patients expressed they received great care and were grateful for the services that High River General Hospital offers. Some patients in the ED expressed longer wait times, but understood the department was busy. Patients are consistently provided with instructions following procedures and at discharge.

## Key Opportunities and Areas of Excellence

### Areas of Excellence

- Committed and engaged staff, teamwork.
- People-centred Care (PCC) evident across the organization.
- Tremendous community support, 270 volunteers.
- Patient flow and throughput of patients.
- Compassionate caring team.

### Key Opportunities

- Strengthen focus on continuous quality improvement (e.g., quality boards and huddles).
- Strategy for Automated Dispensing Cabinets.
- Utilize adjacent vacant space to increase private rooms in long-term care (LTC).
- Strengthen Antimicrobial Stewardship Program.

## Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, and required organizational practices (ROPs) results.

# Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

*Accredited*

*The organization has succeeded in meeting the fundamental requirements of the accreditation program.*

## Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). Accreditation Canada's Accreditation Decision Committee guidelines require 80% and above of ROP's TFC to be met.

**Table 1: Summary of the Organization's ROPs**

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%



**Table 1: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%

**Table 1: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Long-Term Care Services	Long-Term Care Services	4 / 4	100.0%
Fall Prevention and Injury Reduction - Long-Term Care Services	Long-Term Care Services	6 / 6	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Antimicrobial Stewardship	Medication Management	4 / 5	80.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%

**Table 1: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%

## Assessment Results by Standard

### Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

### Emergency and Disaster Management

#### Standard Rating: 100% Met Criteria

0.0% of criteria were unmet.

#### Assessment Results

The team at High River General Hospital has a local emergency plan in place. The town, RCMP, fire and Protective Services (dispatch) are actively involved.

There are protocols and processes in place to guide leaders and the teams throughout any emergency. The local site meets with zone sites quarterly, and minutes are distributed.

This site continues to practice drills aligned with codes of the month. A huddle debrief happens post-drill, but there is no documentation with recommendations for improvement and evaluation of its planning effectiveness with past events. The organization may consider inviting Facilities Maintenance & Engineering to the committee level as they play a large part in emergency and disaster management.

#### Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

# Infection Prevention and Control

## Standard Rating: 97.6% Met Criteria

2.4% of criteria were unmet.

### Assessment Results

All ROPs for Infection Prevention and Control (IPC) are met in High River General Hospital. Information about outbreaks is communicated to patients, families, team members and community when appropriate. Reminders are posted about proper techniques for hand washing and using alcohol-based hand rubs (ABHR). The MyLearningLink (MLL) has modules containing hand-hygiene (HH) education.

There are ample HH dispensers across the hospital. Patients interviewed reported observing staff and physicians consistently use ABHR.

There are two HH auditors at High River General Hospital. All units are encouraged to post their individual HH audit results for staff and physicians and use this information to improve.

Healthcare associated infections (HAI) such as blood stream infections, surgical site infections, *C. difficile* and MRSA are tracked and analyzed for trends, but not shared throughout the organization with staff and physicians. The Surveillance and Standards Team has recently created a report. It is suggested that this report be shared with all clinical units.

Housekeeping replaces sharps containers as needed. Safety engineered devices for sharps are used to prevent needle stick injuries.

**Table 2: Unmet Criteria for Infection Prevention and Control**

Criteria Number	Criteria Text	Criteria Type
3.3.5	Results of evaluations are shared with team members, volunteers, clients, and families.	NORMAL

## **Leadership**

### **Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

### **Assessment Results**

The organization was clutter free, clean, and safe for patients, families, and staff.

The organization reviews and investigates complaints as quickly as they can with the goal of resolving them within a two-to-three-week period on average. Patients will receive a written letter after the investigation. Ninety percent are resolved in the hospital at the time of the complaint.

The biomedical engineer is on-site one day per week and more frequently if needed and is responsible for preventive maintenance and repairs. The work and repairs are logged into the AHS provincial maintenance system for tracking. Equipment in the Medical Device Reprocessing Department is contracted out to the manufacturer and Biomed keeps track of their work and repairs. A capital equipment list is kept by the biomedical engineering team; priorities are listed by zone and provincially. Patient critical equipment is given priority during the end of life and dealt with urgently.

### **Unmet Criteria for Leadership**

There are no unmet criteria for this section.

# Medication Management

## Standard Rating: 95.2% Met Criteria

4.8% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

Pharmacy services at High River General Hospital are an integral component of providing safe care to patients and families. Pharmacy processes are automated through Connect Care, a system wide integrated electronic health record that includes computerized prescriber order entry (CPOE), pharmacy dispensing and electronic medication administration record. Connect Care can also perform weight based/body surface area (BSA) dosing calculations. The team is encouraged to review historical incident reporting trends to evaluate the number and type of incidents related to ordering, transcription, and administration errors to validate process improvements are where further improvements can be made.

The team consists of dedicated pharmacists, coordinators and technicians that provide pharmacy services. The physical plant and workspace within the main pharmacy is extremely undersized and crowded for its current functions. A new purpose-built space for the main pharmacy is planned to open June 2024, including a separate negative pressure space for storing and preparing hazardous medications not currently available.

There are well established medication safety committees such as the provincial Medication Quality & Safety Team (MQST) for interdisciplinary professionals to engage and change practice to medication management and safety.

The organization is commended for integrating pharmacists into the clinical teams to provide proactive patient-centred care for medication management.

Medication preparation areas on inpatient units are in a quiet space that has a locked entry and are clean and organized.

The ROPs for high-alert medications, concentrated electrolytes, narcotics, heparin, and list of "Do Not Use" abbreviations are in place.

There is only one automated medication dispensing cabinet (ADC) in the emergency department (ED) that does not interface with the medication order entry system, used by Emergency Medical Services (EMS) only. There are no other automated dispensing cabinets across the hospital. Stock medications are on open shelving in the patient care units, creating a risk due to human factors. AHS is encouraged to consider a province-wide strategy for ADCs that will continue to improve medication administration safety and efficiency across the system.

There is an opportunity for a more coordinated antimicrobial stewardship program at High River General Hospital. Antimicrobial use is assessed by on-site pharmacists after reviewing daily line list and interventions such as dose optimization, and conversion of parenteral to oral antimicrobials can be implemented. There was no evidence of evaluation or audits at the site level. There is access to a highly skilled infectious disease pharmacist, a microbiologist and pathways and protocols available through AHS.

**Table 3: Unmet Criteria for Medication Management**

Criteria Number	Criteria Text	Criteria Type
1.2.3	<p>Antimicrobial Stewardship</p> <p>1.2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.</p>	ROP
3.3.2	A policy is developed and implemented on when and how to override the CPOE system alerts.	HIGH
3.4.4	Alert fatigue is managed by regularly evaluating the type of alerts required by the pharmacy computer system, based on best practice information and input from teams.	NORMAL
5.1.6	Medication storage areas meet legislated requirements and regulations for controlled substances.	HIGH
5.2.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies where possible.	HIGH
7.2.3	There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	HIGH



## Service Excellence

### Standard Rating: 87.5% Met Criteria

12.5% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

People-centred care is evident across the organization including a large number of patient and family advisors. The community cares for the hospital with over 270 volunteers. Staff care about each other.

There has been a significant turnover in management and performance appraisals are not being completed at High River General Hospital. Staff are not consistently completing yearly mandatory courses. There are four educators in place throughout the site to support staff and patients.

High River General Hospital is encouraged to strengthen the quality program at the local level relevant to the needs of each unit and leverage quality boards to share information including site level indicators once established. Safety huddles were suggested daily to review any safety issues related to patients and staff and can be a method to identify opportunities for quality improvement initiatives and set priorities.

**Table 4: Unmet Criteria for Service Excellence**

Criteria Number	Criteria Text	Criteria Type
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
4.3.2	The team uses information and feedback about the quality of services to identify opportunities for quality improvement initiatives and set priorities.	NORMAL
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL
4.3.6	The team leadership works with staff to use new or existing indicator data to establish a baseline for each indicator.	NORMAL
4.3.7	The team leadership works with staff to regularly collect indicator data and track progress towards quality improvement objectives.	NORMAL
4.3.8	The team leadership works with staff to regularly analyze indicator data to evaluate the effectiveness of its quality improvement activities.	HIGH
4.3.10	The team leadership ensures that information about quality improvement activities, results and learnings are shared with staff, clients and families, organizational leaders, and partners, as appropriate.	NORMAL
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	NORMAL

## Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

### Emergency Department

#### Standard Rating: 97.4% Met Criteria

2.6% of criteria were unmet. For further details please review the table at the end of this section.

#### Assessment Results

Overall, the staff volume can be low, especially during the afternoon shift (3pm-11pm) and at night, which is the busiest time in the ED. ED staff cover the infusion room when there are patients. Protective Services offer a security guard at nighttime to help with any challenging patients, supporting the two staff that are working. Staff still state they are often worried about their own safety. Leadership is working closely to address this issue with the ED team and options are being discussed with input from the staff.

Performance appraisals are not being completed, but there is a new management team in place. The ED hires new grads to work in the area and staff are given a two-week course in critical care/emergency; there is opportunity for further training/education.

Many staff that have not completed mandatory education are encouraged to do so. Leaders are encouraged to support strategies to enable staff to complete ongoing education during work hours. Staff were not clear how to access support for organ and tissue donation.

**Table 5: Unmet Criteria for Emergency Department**

Criteria Number	Criteria Text	Criteria Type
2.4.15	Clients and families are provided with information about their rights and responsibilities.	HIGH
2.6.5	Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.	NORMAL
2.6.6	Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from clients and families.	NORMAL

## **Inpatient Services**

### **Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

### **Assessment Results**

The inpatient services unit at High River General Hospital delivers comprehensive care designed to meet the needs of the surrounding communities, with a high proportion being seniors from surrounding retirement homes, long-term care homes or their own homes.

The inpatient unit is comprised of 27 beds, plus three overflow beds. Of those, 16 are private rooms and seven are semi-private. There is a dining room in the unit and patients who are able are encouraged to enjoy meals there, socializing with other patients. The rooms are clean and bright with large windows.

The interdisciplinary team is very collaborative and passionate about the population they care for. The physician model is a hospitalist model, rotating physicians each week. Team members work closely with the patient and family to set goals of care. Interdisciplinary huddles are held every morning to review all patients and to coordinate the care for the day. Communication whiteboards in the patient's room are up-to-date with important information regarding mobility, fall risk, goals for discharge and more. The Connect Care handover tool is used for transitions in care routinely to update team members on current status, interventions completed or outstanding and any pertinent information.

There is an excellent procedure for least restraint in Connect Care with behavior mapping that guides team members on a sequence of interventions to support reactive behaviors.

The team is encouraged to focus on continuous quality improvement by engaging the team in local quality and safety improvement initiatives, using the quality boards to share projects, data, and outcomes with the team. Falls, wounds and barcode scanning, use of restraints are all opportunities for improvement and can be regularly monitored on the quality board. Patient feedback can be collected on discharge and used to design future quality improvement (QI) aiming for top box (9/10 -10/10). Patient and family advisors (PFAs) are engaged on the units but can be more involved in QI work at the unit level.

There is a Palliative Care Consult Team that was called an excellent resource and support for team members, families, and patients.

### **Unmet Criteria for Inpatient Services**

There are no unmet criteria for this section.

## Long-Term Care Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

### Assessment Results

High River General Hospital long-term care is a lovely 50 bed home with private and semi-private rooms, a dining room, recreational room, a hair dressing salon, and outdoor spaces.

A collaborative interdisciplinary team of registered nurses (RNs), licensed practical nurses (LPNs), health care aides (HCAs), recreational therapist, social worker, educator, three primary care hospitalist physicians and housekeeping work in partnership with residents and families. The team has access to occupational therapy, physical therapy, and dietician resources. There is a strong culture of patient and family centred care.

Protocols and processes are in place based on best practices. Specific primary and secondary interventions are incorporated when an increasing risk is assessed for falls, pressure ulcers, suicide, and least restraint use, in collaboration with patient wishes.

There is a strong focus on continuous quality improvement in the home. Data for ROPs such as falls is posted with strategies and interventions to reduce frequency and injuries. Wound and skin care is assessed and followed closely. HH is well done. The educator offers monthly educational opportunities, for example, "Theme for May - Safe Transfers and Equipment".

Comfort care rounds are carried out every two hours at a minimum. Report handover is held in the morning, with huddles at 11am and 7pm.

The team provides compassionate care with dignity and respect, and encourages residents, families and/or caregivers to participate in their care within their capacity. Each resident has an individualized care plan based on their needs and goals. There is an active Resident Family Council and consideration should be given to utilizing the vacant space adjacent to the current home (on 2west) that would provide 21 additional private rooms. This would further enhance the resident quality of life and home-like environment, in addition to reducing the risk of transmission of infectious organisms.

### Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

## Obstetrics Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

### Assessment Results

The obstetrics service at High River General Hospital provides comprehensive maternity care that includes prenatal, delivery and postnatal care to moms and babies. There are approximately 265 deliveries per year. This low-risk obstetrical unit was recently renovated and comprises three labour delivery recovery postpartum (LDRP) rooms. There are two spaces for triage on arrival to unit. Deliveries are managed through a shared call schedule of midwives and primary care. There is an obstetrician on-call 24/7. Telehealth is available for neonatal care and resuscitation, and a neonatal transfer team is available if necessary to transfer out.

Scheduled and emergent cesarian-sections are performed. The obstetrical team works collaboratively with the OR staff to care for mom and baby. The transfer service (RAAPID [Referral, Access, Advice, Placement, Information & Destination]) is used should a patient require a higher level of care.

This is a highly engaged team with a strong culture and commitment to patient and family centred care. The team is commended for achieving Baby-Friendly designation, promoting, and supporting breast feeding, and skin-to-skin contact.

Patient and family advisors are engaged. There is a strong culture and focus on quality and safety. The hospital are members of managing obstetrical risk efficiently program (MoreOB).

Quality of care, practice and education is reviewed collaboratively at team education days. The team is aware of the process for managing an ethical issue should it arise.

Medication reconciliation is completed through Connect Care. Information at transitions in care (shift handover, admission, and discharge) is standardized through documentation tools and evaluated as necessary. Two patient identifiers are captured by checking arm bands, asking patients for identifiers, and using bar code scanning for medication delivery. The surgical safety checklist is used consistently in the OR, audits are completed and posted in the unit with 100% compliance.

The patients and their family members were very pleased with the care received and were engaged in care decisions throughout their stay.

The team is encouraged to raise the bar by continuing to engage in local quality and safety improvement initiatives, and the use of quality boards to share data and outcomes with the team. Medication barcode scanning uptake is an example of an opportunity for improvement and can be regularly monitored on quality boards. Patient experience results can be shared, as well as deliveries with vacuum assistance, and c-section rate.

The Foundation recently purchased a bili blanket to treat neonatal jaundice from the Tim Horton's Smile Cookie campaign.

## **Unmet Criteria for Obstetrics Services**

There are no unmet criteria for this section.

## Perioperative Services and Invasive Procedures

### Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The perioperative area is small with two operating rooms (ORs), one endoscopy room and post-anesthesia care unit (PACU) with two bays. The hallway is clean and uncluttered. The small physical layout of the ORs and PACU are restrictive. Within the PACU, equipment is also being stored. The three doors to each OR are wooden with restricted access.

Three phases of safe surgical checklist are done; however, during the preoperative (briefing) phase, not all questions are addressed around equipment. The whole surgical team is not present as it is done outside of the theatre with the surgeon, anesthetist and one OR nurse.

It is recommended that patients and families be provided with information about their rights and responsibilities as this was not evident during the on-site visit. In addition, there is an opportunity to consistently post the operating room cleaning schedule.

**Table 6: Unmet Criteria for Perioperative Services and Invasive Procedures**

Criteria Number	Criteria Text	Criteria Type
1.1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.	NORMAL
1.1.10	There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.	HIGH
2.2.15	Clients and families are provided with information about their rights and responsibilities.	HIGH



## Reprocessing of Reusable Medical Devices

### Standard Rating: 98.1% Met Criteria

1.9% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

Staff are highly skilled, trained, and competent in the medical device reprocessing area. Staff have not had recent performance appraisals. New management is encouraged to establish formal performance conversations to provide opportunity for growth as well as review the staffing compliment. Currently, there are three full-time staff plus four casual staff working almost full-time hours. The site is encouraged to implement quality boards to highlight quality indicators.

**Table 7: Unmet Criteria for Reprocessing of Reusable Medical Devices**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
2.1.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
2.1.12	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH

## Criteria for Follow-up

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

Follow-up Requirements		
Standard	Criterion	Due Date
Emergency Department	2.4.15 - Clients and families are provided with information about their rights and responsibilities.	May 30, 2025
Medication Management	1.2.3.5 - The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	May 30, 2025
Medication Management	5.1.6 - Medication storage areas meet legislated requirements and regulations for controlled substances.	May 30, 2025
Medication Management	7.2.3 - There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	May 30, 2025
Perioperative Services and Invasive Procedures	1.1.10 - There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.	May 30, 2025
Perioperative Services and Invasive Procedures	2.2.15 - Clients and families are provided with information about their rights and responsibilities.	May 30, 2025