



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ Program

Bassano Health Centre
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

Bassano Health Centre has a site manager and assistant head nurse that share responsibilities with Brooks Health Centre. A Bassano Health Centre facilities lead and department heads are on-site daily to support patients, staff, and site operations.

Bassano Health Centre is almost fully staffed. Staff work collaboratively across each area to support workflow and work life. Team spirit and respect are evident in communication and interactions. Protective Services are off-site. With only two staff on at night, there is a process to call 911 if there is an urgent risk at the site. Staff spoke highly of the AHS Referral, Access, Advice, Placement, Information and Destination (RAAPID) service to support transfers, and referral when patient acuity and needs could not be met at the site.

Bassano Health Centre has four inpatient beds, two emergency department (ED) beds and eight long-term care (LTC) beds. One inpatient bed is used for palliative care patients when required. The site has registered nurses, licensed practical nurses (LPN) and a health care aide. Nursing staff cover the inpatient unit, ED, and support the LPN in LTC as required. The ED is open 24/7. There are typically two general practitioners (GP) who provide coverage. One GP is on a leave of absence and the organization has filled this gap in service by a physician assistant, who covers the ED from 0900-1700 hours. After hours, the GP is on-call.

There is a strong focus on patient safety at the site. Some opportunities exist to enhance elements of the medication management process in some clinical areas.

Recent patient experience data was reviewed. Results at the site surpassed the zone targets identified. The site manager is encouraged to look further at the data, response rates, share the results with site team members and collaborate with them to develop an action plan to address areas for improvement.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- People-centered care approach.
- Team culture.
- Successful Connect Care implementation.
- Infection prevention and control practices.
- Palliative care engagement.

Key Opportunities:

- Redesign of medication room to enhance patient safety.
- Ensure key functionalities of Connect Care are being used across the entire organization (e.g., best possible medication history)
- Document a process to manage flow and access to services during periods of high volumes.
- Develop a site-specific key performance indicator dashboard to support quality improvement initiatives.

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 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%
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%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	4 / 4	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%
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

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infusion Pump Safety	Service Excellence	5 / 5	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: 92.9% Met Criteria

7.1 % of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Emergency and disaster management processes are integrated into site operations. Due to severe weather conditions during the survey visit, a flood occurred in the basement area and there was other damage due to high winds. The facilities lead was addressing the issues to minimize impact on operations. It is suggested that the site manager work with the facilities lead to ensure that the issues and actions taken are entered into the provincial Emergency/Disaster Management event-tracker.

“Code of the Month” is active at this site and fire drills are held monthly. The facilities lead led a code green drill in the last year. Staff spoke highly of the value of the drill on reinforcing processes to safely evacuate patients and staff from the site. The site manager is encouraged to look at other potential drills that would be of value to carry out on the site (i.e., code grey). Debriefs are held after codes and drills and key learnings and opportunities are communicated to the site team.

There is an opportunity for the site manager to work with the zone emergency management officer to consider a systematic approach for communicating with patient’s, families, and the community regarding sharing evaluation results from emergency and disaster management debriefs and drill reviews.

Table 2: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
3.7.4	The organization shares evaluation results with internal and external stakeholders including staff, patients, clients, families, and the community, to promote transparency and learning.	NORMAL

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Infection Prevention and Control (IPC) activities at the site are well aligned with provincial and zone priorities. In addition, IPC and emergency preparedness are well integrated at the site.

Hand-hygiene (HH) compliance results were posted on entry to the inpatient unit. The site is commended for their recent award recognizing their HH compliance processes and results. Healthcare associated infections (HAIs) surveillance is conducted daily. The IPC for the site reported that staff are responsive to communication about positive results and steps are taken to implement the appropriate isolation, when required. Quarterly HAIs scorecards are distributed. There were no HAIs on the recent report for this site.

Construction is underway at the site and IPC is actively involved in any construction projects.

The site is exceptionally clean and well maintained. Environmental Services conducts both visual and ultraviolet audits and these are entered into the organizations' app for reporting and tracking purposes. Public health inspections are conducted to ensure food safety in the kitchen.

The site is encouraged to continue with the plan for an integrated IPC quality report card for the site so that multiple performance indicators can be highlighted in a single report.

Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Bassano Health Centre leadership team are highly engaged and collaborative. The site manager has responsibilities across two rural sites. Therefore, the assistant head nurse (AHN) role is critical at each site in directing and supporting staff, patient safety, providing patient care, and daily operations.

Some AHNs provide coverage at two rural sites. In the event one of the AHNs is off, workload is impacted for the other two AHNs. The site manager is encouraged to look at workload and support for these roles.

The site manager chairs a department head meeting every month to support and enable site operations, communication, planning and action plans to address collaborative initiatives. Alignment with AHS' provincial and zone strategic priorities is evident. Medical devices, equipment and technology are maintained and upgraded as needed.

The Bassano Health Centre was built in 1959 and has had several upgrades over time to address facility design and operational deficiencies. Safety and risk assessments are completed, and action taken to address any risks identified. The team note that the current layout of the site is not optimal for patient flow and efficient and effective operations given the small number of staff, particularly after hours. The site manager is encouraged to continue discussions about opportunities for site redesign in the future.

Given the size of the site, Protective Services are not on-site. Security cameras are strategically placed on site with a screen at the nursing station and remote monitoring by Medicine Hat Regional Hospital. There is a secure process for entry to ED and the site after-hours. At night, there are two staff on site. They call 911 for police if there are any staff and patient safety concerns after-hours.

Patient concerns or complaints are promptly reviewed. The site is commended for their most current patient experience survey results which exceed zone targets. The site manager is encouraged to review the results in depth and share with staff, patients, and the community.

Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 94.8% Met Criteria

5.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Medication management follows AHS policies and procedures. There is no on-site pharmacy and pharmacy support is provided remotely from Brooks Health Centre with pharmacist support from Medicine Hat Regional Hospital.

There is a common medication room for the Bassano Health Centre, including the emergency department, acute care unit and long-term care. The medication room is small, cramped and, while well organized, it is cluttered. The physical space is suboptimal.

High-alert medications are appropriately labelled, and high-alert medication practices are followed with the exception of 'look-alike/sound-alike' medications. These are not identified, and efforts have not been made to separate them in the medication room.

With one exception, multi-dose vials are not re-used. The medication supply includes a single vial of Humulin R that staff report can be used for multiple administrations for different patients if they are within a 30-day period of the vial's initial use. There is no evidence of a formal exception being granted to the AHS policy on multi-use vials.

Table 3: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
5.1.7	Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	HIGH
5.1.9	Multi-dose vials are used only for a single client in client service areas.	HIGH
7.2.2	Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	HIGH
9.2.2	A record is kept of the medications accessed from the night cabinet or automated dispensing cabinet.	NORMAL

Service Excellence

Standard Rating: 91.1% Met Criteria

8.9% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

There is a prominently displayed quality board with a number of quality indicators displayed. However, staff are not particularly engaged with the quality initiatives and there are not any site-specific goals and objectives for quality improvement. Bassano Health Centre is encouraged to develop a quality indicator dashboard with indicators that relate to locally relevant quality improvement initiatives.

The staff at Bassano Health Centre have access to an educator. New staff complete a standardized competency-based orientation for the site. Annual skills days are also held to support staff competency. In addition to required annual competencies, staff have the opportunity to identify knowledge development areas that can be added to the annual skills day.

Staff have access to a variety of learning programs on MyLearningLink.

Staff report not having had performance evaluations in the past several years. Staff have access to education and training, but do not have individual performance plans.

Table 4: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.1.3	The team develops its service-specific goals and objectives.	NORMAL
1.2.8	The team leadership ensures that clients are provided with access to spiritual care and space for spiritual practices to meet their needs.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH

Criteria Number	Criteria Text	Criteria Type
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
2.3.3	The team leadership recognizes staff members for their contributions to safe and quality care.	NORMAL
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
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: 95.6% Met Criteria

4.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The emergency department (ED) is a small two-bed unit that is well organized. It is fully equipped and has recently had some physical renovations to improve functionality. There is a separate ambulance area with decontamination unit. However, there is no seclusion room and minimal privacy for patients. Following the renovation, it will be helpful to make sure that resuscitation protocols (advanced cardiac life support [ACLS]) are easily visible to all staff.

There are dedicated adult and pediatric resuscitation carts. These are checked and stocked daily but still need to have break away tab locks used to maintain security of supply inventory between uses and checks.

The ED has low patient volumes but can easily become crowded. Staff have a good approach to managing surges in volume but are encouraged to develop formal plans and protocols for managing surges, including formal arrangements with other facilities. The RAAPID system (Referral, Access, Advice, Placement, Information & Destination) is utilized extensively, and staff report a high level of satisfaction with and support from the RAAPID system.

Table 5: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.4.8	Seclusion rooms and/or private and secure areas are available for clients.	HIGH
2.7.3	Client privacy is respected during registration.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.7.13	Access to spiritual space and care is provided to meet clients' needs.	NORMAL
3.1.1	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.	NORMAL
3.1.3	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.	NORMAL

Inpatient Services

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The acute care inpatient service has four beds; currently one is closed as room refresh renovations are underway. A general practitioner (GP) completes patient rounds and is available to staff for patient care issues.

There is a quality board on the unit with some quality reports posted. The board is visible to staff and the public. The site team is encouraged to look further at other patient safety data results available to them that can be integrated into a more formal quality program. For example, Reporting and Learning System (RLS) patient safety trends could be posted, reviewed and opportunities identified to address the main drivers of the reports submitted.

Staff interactions with patients demonstrated their knowledge of the person and their unique needs, active listening skills, as well as respect for the patient and family. Patients spoke very highly of the responsive and caring concern of the staff to meet their needs. Patients expressed that they were equal partners in care and that plans of care were clearly discussed and education provided to support self-management and preparation for transition home.

Connect Care has been implemented and staff demonstrate their knowledge of the system and its benefits. There is an opportunity for a debrief on Connect Care progress to date to support staff continued learning and identify opportunities for the best approach to consistently find information in the electronic record.

Table 6: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.4.14	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The long-term care (LTC) unit is small and integrated with the rest of the health centre. There is no physical separation between the acute care and LTC units although they are managed and staffed as separate units.

Staff are extremely patient-focused and attentive. The unit is clean, bright, and friendly. Residents and families are highly engaged in their own care.

There is extensive informal feedback about the services provided and the quality of care on the LTC unit. The site is encouraged to establish a formal resident and family advisory committee.

Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Palliative Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The site team are commended for their approach and engagement with palliative and end-of-life care processes. Advance care planning and goals of care designation processes are active at the site to support patient wishes related to their health care plan and goals of care.

An inpatient bed is designated for palliative care when required. There are clear triggers for palliative care that evolve from goals of care conversations (green sleeve completion) and patients expressed wishes.

When the patient consents, the site team make a referral to palliative care using the Palliative Care Consult Service - Rural Consult Request. A palliative care nurse visits the site three (3) times per week to respond to referrals, provide education to staff, and meet with patients and family members. The staff spoke highly of the responsiveness and support of the palliative care team.

Based on patient symptoms and goals of care, the team may use other palliative care resources available to them such as order sets for symptom management and provision of comfort care. The team shared an example of patient and family expressed wishes for comfort care as the patient's condition deteriorated. The team utilized a specific order set aligned with the patient's goals of care designation and this allowed them to provide the best possible care for the patient and family until the patient's death.

AHS and the province of Alberta have policies and processes to support requests for medical assistance in dying (MAID). The site team has utilized the MAID team and services to support patient wishes and they highlighted the value of this service to patients and the team. Education and support are provided to staff as they respond to, and support patient wishes for MAID.

The staff expressed great pride in being able to support their community with palliative and end-of-life care based on patient and family expressed wishes and preferences. They are commended for their caring and compassion as well as support for the team and families after death.

Unmet Criteria for Palliative Care Services

There are no unmet criteria for this section.

Criteria for Follow-up

Criteria Identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	Criterion	Due Date
Medication Management	5.1.7 - Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	May 30, 2025
Medication Management	7.2.2 - Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	May 30, 2025