ACCREDITATION
AGRÉMENT
CANADA

Accreditation Report

Qmentum Global™ Program

Brooks 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.

Confidentiality

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

The Brooks Health Center is a 28 acute bed rural hospital with a recently opened 9 bed transitional unit and a 29-bed long-term care unit. The hospital has a 24/7 emergency department (ED) which also provides surgical services including day surgery, endoscopy, and obstetrics. The site successfully launched AHS's Connect Care electronic medical record (EMR) approximately six months ago moving from a paper-based charting system to an integrated computerized system. Staff are enthusiastic about Connect Care and are quick to point out the process improvements and patient safety improvements it has brought to the facility.

The facility offers a range of services to the community. Individual clinical services follow AHS policies and best practice to ensure that the care provided is safe and results in consistently good outcomes. Patients report feeling cared for and appreciate the friendly approach to care. There are opportunities to engage with the community to ensure that the services provided are effective and meet the needs of the community. Brooks is a multi-ethnic community with patients from many backgrounds accessing services. Staff report educating themselves on the cultural beliefs and practices of their patients and focus on providing culturally safe care.

The site has an active and highly engaged leadership team. The site manager holds a Department Head meeting every month where department updates are provided and collaborative initiatives are discussed (such as accreditation, patient safety, construction updates). Key stakeholders from the zone also attend.

Health human resources continue to be a challenge at Brooks Health Centre. Staff report that they enjoy working for the organization and work collaboratively to meet patient care needs. Managers are actively recruiting for vacancies. Patient care workload can vary depending on patient flow and staff absences; to help with this and in alignment with AHS priorities, the Collaborative Care model was implemented before Connect Care implementation last fall.

Staff report that they have not had performance reviews done in the past few years.

There are opportunities to evaluate patient flow throughout the facility, particularly with the ED providing both scheduled and unscheduled services.

The Brooks Health Center is involved in a number of AHS quality improvement initiatives and are proud to display their results on prominent quality boards around the site. The site is encouraged to look at a standard template for quality boards and develop a site-based dashboard for key performance indicators. The team is encouraged to identify opportunities for local quality improvement initiatives with specific goals, targets, and timelines.

AHS has focused on measuring patient experience using the Canadian Patient Experience Survey. Results for the Brooks Health Centre highlight where the site is performing in comparison to the South zone results. Survey return rates for the rural sites were reported to be low and this can impact results. The site manager plans to review the data and response rates in more detail to understand trends and develop an action plan.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Active and highly engaged leadership team across the organization.
- Strong team culture.
- Focus on cultural sensitivity and culturally appropriate care in the context of a multi-ethnic community.
- Infection prevention and control practices.
- Highly visible quality boards throughout the facility.

Key Opportunities:

- Ensure that all clinical units are using Connect Care to support clinical processes.
- Develop a culture of using data to develop site or program specific quality improvement initiatives with specific targets and timelines.
- Participate in regular team based clinical drills and simulations for high-risk clinical activities.
- Evaluate patient flow to optimize the effectiveness of space and resource utilization for scheduled and non-scheduled services.

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

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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	1 / 4	25.0%
	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

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	N/A	N/A
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	N/A	N/A
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

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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: 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

The Emergency and Disaster Management plan for the site is well integrated into operations. Several activities are in place to promote emergency and disaster management. The “Code of the Month” process is active at this site. Fire drills are conducted regularly and email reminders about codes are sent to staff. The site leadership team are encouraged to look at how the email code reminders are reviewed and discussed at the unit level.

There is strong collaboration and communication with the emergency management officer in the zone. Site-based meetings are conducted to discuss emergency and disaster management issues and processes. These meetings include a debrief exercise as appropriate. Several leaders expressed interest in having tabletop exercises for system-wide codes. The organization is encouraged to consider which code processes (i.e., code green, code grey, or others) should be prioritized for tabletop exercises and how they might engage direct care staff in the process.

The site has Emergency and Disaster Management binders in each area of the hospital, and these are accessible to staff. The surveyor observed that not all binders were updated. The site team is encouraged to consider a process to ensure all binders are consistently updated across the site.

There is an opportunity for the 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 Brooks Health Centre are well aligned with AHS provincial and zone priorities. IPC and emergency preparedness are well integrated at the site level. The site leadership team and staff are commended for their work addressing infection control and patient safety. Patients commented that staff consistently wash their hands when providing care.

The site has educated additional staff to be hand-hygiene (HH) reviewers. HH rates are posted on quality boards in public areas. The site received an award for their HH compliance efforts and results. The site leadership team are encouraged to take steps to sustain the HH compliance monitoring. The site is clean and well maintained. Environmental services conduct both visual and ultraviolet audits. The audit results are collected for reporting and tracking purposes.

The infection control professional (ICP) is off-site and visits monthly with the HH coordinator. Healthcare associated infection (HAI) surveillance is conducted daily. The IPC noted that staff actively manage isolation for any patients and there is good communication with the IPC. Quarterly HAI reports are provided to site managers.

IPC is actively engaged in construction projects at the site. Hoarding inspections are completed, and there are bi-weekly meetings to review progress on construction projects and address and action any issues. Several supply room doors were observed to be open, and the team are encouraged to close the doors to secure supplies, as well as minimize dust in the room.

The organization is encouraged to continue with a 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 Brooks Health Centre has a strong and highly collaborative leadership team. 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.

The current Brooks Health Centre was built in 1978 and is very clean and well maintained. The physical environment meets applicable laws and regulations. Construction is underway in several areas to renovate space and improve patient services. There is strong collaboration between facilities, IPC, leaders, and contractors to ensure the safety of staff and patients.

Capital equipment acquisition processes are in place. Medical devices, equipment and technology are maintained and upgraded as needed. The recent implementation of Connect Care has been well received by teams across the site.

Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

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

The pharmacy in the Brooks Health Centre is supported by the Medicine Hat Regional Hospital pharmacy team. Staff include a clinical pharmacist and pharmacy assistant who provide clinical pharmacy services to patients only and are not engaged with the management and oversight of the facility pharmacy. This role separation creates a disconnect between the site practices and organizational initiatives and policies. The staff pharmacists describe being reactive, with their services available for patients by specific consult but do not have any role in proactive management of medication utilization at the site. There may be opportunities for improvement by evaluating the effectiveness of this role separation.

While there is an AHS-wide antimicrobial stewardship program, local pharmacy team members do not have much connection with it. The program reports on antibiotic utilization (2019 is the most recent report) and there is no active monitoring at the site level of antibiotic usage patterns.

The Brooks Health Centre follows the AHS policies and protocols for management of high-alert medications. However, there has been no attention paid to 'look-alike / sound-alike' (LASA/SALA) medications and these are not specifically identified, labelled, or separated in the pharmacy and on the care units. LASA/SALA medications (dimenHYDRrinate / diPHENhydramine for example) are currently stocked directly adjacent to each other in the same containers with no visible alerts to the potential for misidentification.

Table 3: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.2.3	Antimicrobial Stewardship 1.2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	ROP
3.3.2	A policy is developed and implemented on when and how to override the CPOE system alerts.	HIGH

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

Service Excellence

Standard Rating: 92.5% Met Criteria

7.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Brooks Health Centre has highly visible quality boards displayed throughout the facility. Data provided by AHS on specific quality indicators (e.g., hand-hygiene) are prominently displayed. The site team is encouraged to evaluate the data available to them and develop their own site quality board. There are no site-specific goals, objectives, or quality improvement initiatives. Initiatives are primarily focused on those that are AHS wide. The team is encouraged to develop their own goals and objectives and to identify opportunities for local quality improvement with specific targets and timelines.

There are educators for the acute and specialty areas. In addition to completing provincial specialty certification programs (i.e., operating room [OR], emergency department [ED], medical device reprocessing), new staff complete a standardized competency-based orientation for their area of hire (acute care, ED, OR).

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. The site has been fortunate to receive some funding to build a simulation (SIM) lab. Construction is underway and high-fidelity dolls are already in use to support staff learning needs.

In addition to annual competency education, staff have access to a variety of education programs on MyLearningLink (MLL).

Staff report not having had performance evaluations in the past several years.

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
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
2.2.4	The team evaluates the effectiveness of its collaboration and functioning, and identifies opportunities for improvement.	NORMAL
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

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

The emergency department (ED) is a well-designed and equipped 10-bed unit serving 17,000 patients per year. It is efficient and well stocked.

Emergency Medical Services (EMS) crews are routinely integrated into patient care during transitions and offloads when extra support is need. Offload delays are rare and are not tracked as a quality indicator.

The site is encouraged to evaluate the effectiveness of transfers into the ED from EMS, as there are different agencies involved. The site is also encouraged to evaluate the effectiveness of transfers from the ED to other units in the hospital.

The ED provides outpatient services such as scheduled intravenous antibiotic therapy. The site team is encouraged to evaluate the impact this has on patient flow through the ED and assess the feasibility of creating a separate track or location for scheduled services.

Monitoring and tracking wait times, length of stay and numbers of patients leaving the ED without being seen would allow the team to better evaluate the effectiveness of their care processes and the impact of surges in patient volumes. It would also allow the facility to better inform and educate the community regarding access to emergency care.

Table 5: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.8.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	NORMAL

Criteria Number	Criteria Text	Criteria Type
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: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

There is a strong and highly engaged interprofessional team in the inpatient service areas. Bullet rounds are held with all key disciplines and partners (e.g., home care) three (3) times a week. All staff spoke highly of the effectiveness and efficiency of the rounds. The team is encouraged to look at late discharges from the unit and the impact this has team workload, including environmental services staff.

The implementation of Connect Care has been widely supported by staff. They spoke highly of the system, integration of best practice tools and access to patient information. The collaborative care model was implemented on the unit prior to the Connect Care launch. Staff and patients spoke highly of the hospitalist model that is in place.

The team have recently met to review the impact of the Connect Care system on the collaborative care process approach. A meeting has been held and some goals have been set to look at what is working well and any opportunities for improvement. The team are encouraged to continue with this important work.

All ROPs were met. Since the implementation of Connect Care, compliance rates have been lower for venous thromboembolism (VTE) prophylaxis, and to some extent, medication reconciliation. The organization is encouraged to continue to work with medical staff to look at how to improve compliance rates in these two areas.

The inpatient team is commended for their focus on patient care needs and preventing admissions where they can. Some medical day care is provided for patients who have transfusion and infusion needs. Patients and family members spoke highly of the individualized care they received from nursing staff as well as communication among the interprofessional team.

Reporting and Learning System (RLS) patient safety trends for the last year are posted on the quality board. The team is encouraged to continue to look at ways to address the two main drivers of the reports (medications and patient accidents).

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

The long-term care (LTC) unit is a 29-bed unit contiguous to the rest of the facility. The unit is roomy, bright, and clean. It is well equipped and provides a comfortable, friendly environment for residents and family.

Family members are encouraged to be actively involved in residents' care, and there are many opportunities for informal feedback on the appropriateness and quality of the care provided. However, there is currently no active resident and family council.

The LTC unit is an open unit and does not have any specific security features such as wander guards. Residents may leave the unit and access the rest of the building and external gardens as they desire, although staff are attentive to their location and movement.

The LTC unit follows AHS policies and best practices regarding restraints, management of reactive behaviors, skin care, and urinary care. Staff are aware of, and attentive to, management of patient health risks like pressure ulcers.

Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Obstetrics Services

Standard Rating: 97.0% Met Criteria

3.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The obstetrical unit provides over 450 obstetrical interactions per year including approximately 225 deliveries. While the unit is primarily for low-risk deliveries, there is on-site availability of caesarean section capability and epidural analgesia is available. Obstetrical care is provided by family physicians, including some with advanced skills in surgery and anesthesia. Specialist obstetrician consultation is available through RAAPID which is an AHS call centre for referrals, access, advice, placement, information, and destinations.

There is a maternity clinic that provides prenatal care to pregnant patients from 30 weeks gestation onwards. This allows patients to become familiar with the delivery team and gives the team advanced knowledge of anticipated deliveries.

The obstetrical team has participated in the Managing Obstetrical Risk Efficiently program (moreOB) as well as other quality and safety programs (for example, Acute Care of at-risk Newborns [ACoRN]). The team is encouraged to resume regular team drills and practices of emergency scenarios.

With the launch of Connect Care, the team has moved from a paper based to integrated electronic patient care record. Before Connect Care, the team used a simplified paper-based best possible medication history (BPMH) for medication reconciliation, as their patient population was not typically on many home medications. With the launch of Connect Care, the team has not yet begun using the integrated BPMH while discontinuing the prior paper-based system. Currently, the obstetrical team are not doing a BPMH for patients they admit to the labour and delivery unit. The site is encouraged to address this gap and begin to use the integrated BPMH in Connect Care.

The unit provides maternity services to a multi-ethnic community with varying cultural beliefs and practices surrounding birthing and breastfeeding. Staff are highly sensitive to and respectful of cultural norms and focus on providing culturally safe care.

Table 6: Unmet Criteria for Obstetrics Services

Criteria Number	Criteria Text	Criteria Type
1.3.5	Medication Reconciliation at Care Transitions Acute Care Services (Inpatient) 1.3.5.1 Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate. 1.3.5.2 The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented. 1.3.5.3 The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	ROP

Perioperative Services and Invasive Procedures

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Brooks Health Centre operating room (OR) has three rooms and a recovery room within the day surgery area across the hall. The procedures carried out include surgical day procedures, cesarean sections, and scopes (for example, endoscopy, gastroscopy, cystoscopy). The OR is open Monday to Thursday and processes are in place to manage the OR schedule. Staff are on-call 24/7. New staff are being oriented, and this will help support scheduling and on-call support. During the survey visit, only endoscopies were being performed.

The case cart system is in use and pick lists are now in Connect Care. As extensive renovations are underway in the Medical Device Reprocessing (MDR) department, the OR has some clutter, and the recovery rooms are being used primarily for storage. It was announced in April 2023 that the Brooks Health Centre will receive funding to improve the OR facilities for patient flow and to further update the facility (such as air handling unit, flooring, wall finishes). The facility currently meets all the applicable standards for air exchanges, temperature, and humidity management.

The team and day surgery staff are commended for a patient and family centered approach to self-care and recovery after a procedure. A comprehensive after-visit summary report is provided to all day surgery and procedure patients before discharge. The summary is generated from Connect Care and the staff review it in detail with the patient and family.

The medication management criteria in the OR were met except for two areas. Although the OR is a secure environment with limited access, the medication carts in the OR are not locked. These carts contain high-alert drugs, and the team is encouraged to consider locking them to support medication safety and security. Narcotics are appropriately locked in a secure cupboard. Labeling of medication used by anesthesia is inconsistent in approach. The OR and general practice anesthesia team are encouraged to consider a standard practice for labeling of drugs drawn up and delivered by anesthetists.

Table 7: Unmet Criteria for Perioperative Services and Invasive Procedures

Criteria Number	Criteria Text	Criteria Type
1.2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	HIGH

Criteria Number	Criteria Text	Criteria Type
1.3.2	Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.	HIGH

Reprocessing of Reusable Medical Devices

Standard Rating: 94.2% Met Criteria

5.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Medical Device Reprocessing (MDR) department is undergoing extensive renovations to improve its structure and function, to ensure best practice standards, and address staff ergonomics and occupational health and safety. Updated equipment will also be installed. Not all entrances and exits in MDR have hand-hygiene pumps or hand washing sinks available. Although there is dirty to clean to sterile flow in MDR, contaminated items are transported through a public corridor. This practice will change as the renovations are completed.

As the renovation work continues, it is important that the MDR manager and experts review any changes in construction or equipment updates to ensure best practice standards are being met.

Staffing in MDR is a challenge. The department currently only has one full-time staff out of the 2.8 FTEs. Coverage is obtained from Medicine Hat Regional Hospital periodically, however there is often only one staff on-site to address the organization's needs. During the survey, only one MDR staff member was working. The staff member is commended for their management of MDR services as well as the depth of knowledge in MDR equipment flow and reprocessing. The manager is working hard to recruit more staff.

New staff complete MDR certification and a competency-based orientation. Annual certification reviews are completed, however, performance evaluations are not routinely completed.

Flexible scopes are stored in a closed, ventilated cabinet in the operating room.

Table 8: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
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 Number	Criteria Text	Criteria Type
3.2.1	The reprocessing area is equipped with hand hygiene facilities at entrances to and exits from the reprocessing areas, including personnel support areas.	HIGH
3.2.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.	NORMAL
3.2.9	Workplace assessments of the Medical Device Reprocessing (MDR) department are regularly conducted for ergonomics and occupational health and safety.	HIGH
5.2.3	All sterilized items in storage, or transported to patient service areas or other organizations, can be tracked.	HIGH

Criteria for Follow-up

Criteria Identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	Criterion	Due Date
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	5.1.7 - 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
Obstetrics Services	1.3.5.1 - Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	May 30, 2025
Obstetrics Services	1.3.5.2 - The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	May 30, 2025
Obstetrics Services	1.3.5.3 - The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	May 30, 2025
Perioperative Services and Invasive Procedures	1.2.9 - Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	May 30, 2025
Perioperative Services and Invasive Procedures	1.3.2 - Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.	May 30, 2025
Reprocessing of Reusable Medical Devices	3.2.1 - The reprocessing area is equipped with hand hygiene facilities at entrances to and exits from the reprocessing areas, including personnel support areas.	May 30, 2025
Reprocessing of Reusable Medical Devices	5.2.3 - All sterilized items in storage, or transported to patient service areas or other organizations, can be tracked.	May 30, 2025