Accreditation Report

Qmentum Global™ Program

Claresholm General Hospital
Alberta Health Services

Draft Report Issued: June 18, 2024

Table of Contents

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

Claresholm General Hospital has a strong commitment to high quality and safe care. This is illustrated by strong leadership, positive work life and following best practices in care and service delivery.

The leadership team has seen recent changes to the Site Manager and Director positions. Both are well known to the staff, are well respected by the team and committed to building strong trusting relationships and a quality work environment. The leadership team is open to new ideas and innovation for future planning. The staff are very committed, engaged, and proud of their work.

The site has done a good job in recruiting and retaining staff in a challenging health human resource environment. It is suggested that the role of a health care aide be added to the staffing model to support the professional staff and further improve the quality of work life. The emergency department (ED) is understaffed on many days, resulting in one nurse being left to cover triage and care for patients. Consideration should be given to adding additional nursing staff to the ED. Physician retention is good, however with the growing population, there is a need for more primary care physicians. Additional primary care physicians would help to reduce the pressure on the ED for patients that do not require emergency care but have nowhere else to go. The physicians expressed frustration getting procedures booked, such as CT scans, which often require long waits for patients or a long drive to Foothills Medical Centre in Calgary.

Site-level patient experience data and feedback could be received and regularly posted on quality boards with areas for improvement identified. Additionally, site-specific feedback surveys could be implemented upon patient discharge asking targeted questions to support ongoing learning and improvement. Co-designing small quality improvement initiatives with patients and families further fosters a culture of people-centred care.

Patient and family advisors are key partners in the organization. The site is encouraged to consider broadening their roles to participate more in quality improvement initiatives and ensure the advisors represent the diversity of your community.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- The culture of people-centred care is evident.
- Strong palliative care and end-of-life program.
- Patient and family advisors are very engaged and involved.
- Ability to recruit and retain skilled staff.
- Strong Volunteer and Foundation program.

Key Opportunities:

- Broaden engagement with community partners in emergency and disaster management.
- Improve the physical layout of the triage assessment area.
- Have a greater focus on local quality improvement initiatives.
- Increase engagement in research, teaching, and education to raise organizations profile.

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's 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%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient 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%
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%

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%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	5 / 5	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%
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: 71.4% Met Criteria

28.6% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

There is a “Code of the Month” displayed and relevant education sent to all staff. An educator reviews code orange and green through a lunch and learn and evening session. Outside of this, there is no evidence of formal education, exercises for other colour codes, or operational debriefing being conducted at Claresholm General Hospital.

There is no internal Emergency Disaster Management (E/DM) committee or involvement with community stakeholders (e.g., fire, RCMP, town administration). Establishment of a formal E/DM committee could be considered to meet and review the local plans annually.

Updated versions of the emergency and disaster local plans are available for all staff. Personal protective equipment (PPE) is available at all times with N95 mask fit testing up-to-date.

Table 2: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
3.1.2	The organization integrates its emergency and disaster plan with community emergency and disaster plans, to ensure a coordinated response to and recovery from an event.	NORMAL
3.7.1	The organization conducts regular exercises to validate the effectiveness of its emergency and disaster plan and processes and ensure they meet expectations and objectives.	HIGH

Criteria Number	Criteria Text	Criteria Type
3.7.2	The organization conducts an operational debriefing after each emergency and disaster exercise, to make recommendations for improvement.	HIGH
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

The site has a strong infection prevention and control (IPC) leader who is in constant communication with the team at Claresholm General Hospital. The environment is clean and uncluttered.

The site does not have a negative pressure room for any patients at risk.

Sterilized trays such as suture trays follow the correct protocol for cleaning, spraying with enzymatic cleaner, boxing, and shipping to High River General Hospital for reprocessing and sterilization. No concern for cross contamination was identified.

The organization has a quality board where healthcare associated infections for the site are posted and trends for staff, patients, families, and volunteers are displayed. The site is encouraged to consider displaying results in a different format to ensure understanding. Hand-hygiene audits are completed monthly. Staff are doing well when areas for improvement are identified. A provincial IPC Quality Improvement plan is in place.

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

Patient complaints are reviewed, investigated, and dealt with in a timely manner. If the patient has not left the hospital, their concern is addressed at the time. Otherwise, the investigation would occur with clear expectations and a formal letter to resolve the complaint would be sent within 2-3 weeks or sooner.

The physical environment is clean, with no clutter. There had been renovations to the Emergency Medical Services (EMS) bay last year and staff and patients/families were kept safe during this time.

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

Pharmacy services at Claresholm 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 (eMAR). Connect Care can also perform weight based/body surface area dosing calculations. The team is encouraged to audit and evaluate the number and type of medication administration incidents related to ordering, transcription, and administration errors and where further improvements can be made.

The team consists of dedicated pharmacists, coordinators and technicians that provide pharmacy services. The organization is commended for integrating pharmacists into the clinical teams to provide proactive care for medication management.

The medication room and preparation area on the inpatient unit is a large room quiet space for medication preparation. It is clean and well organized with coloured bins all labelled alphabetically, with labels and alerts as required. Look-alike and sound-alike medications are separated, and TALLman lettering is used.

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

There is only one automated dispensing cabinet (ADC) for medications in the emergency department (ED) that does not interface with the medication order entry system, it is strictly used for EMS to restock. There are no other ADC across the hospital. 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 structured antimicrobial stewardship program at Claresholm General Hospital. Antimicrobial use is assessed by on-site pharmacists after reviewing a daily list and interventions such as dose optimization, and conversion of parenteral to oral antimicrobials can be implemented. There is no evidence of evaluation or audits. There is access to a microbiologist as well as pathways and protocols available through AHS.

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

Criteria Number	Criteria Text	Criteria Type
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

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

Claresholm General Hospital has 16 funded, plus 2 overflow beds, providing care to all ages. The ED is open 24/7 and treats approximately 60 patients per day. The hospital is very well kept, clean and in good repair, however the current triage area is in an open hallway and does not provide space for an adequate triage assessment ensuring patient privacy or confidentiality. The leadership is actively working to find a solution.

There is a very strong sense of team and collaboration amongst the staff, physicians, and volunteers at Claresholm General Hospital, with committed and passionate leadership. The site manager conducts leadership rounds daily to connect with patients and families and ensure needs are being met. People-centred care was evident in the interactions, communication and partnership observed between staff and patients and their families. Patients are actively encouraged to participate in their care and goal setting. The team consists of registered nurses, licensed practical nurses, health care assistants, an educator, social worker, physiotherapist, dietician, respiratory therapist, and experienced administration and support staff. As partners in care, patients are treated as members of the team who share in decision making and accountability. The leadership team is knowledgeable about the population and demographics of the people they serve, and plan goals and objectives based on current and future needs. The community and foundation are very engaged and provide tremendous philanthropic support. Much of the equipment across the organization is new, or in very good condition.

The educator is a highly skilled registered nurse and paramedic, providing onsite specialty education to staff (e.g. certifications, simulation, lunch and learns). Staff are highly skilled, they are trained and certified such as Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PLS), Trauma Nursing Core Course (TNCC), Canadian Triage and Acuity Scale (CTAS). The social worker is a certified Death Doula. There are excellent palliative care services and resources. As well, staff have access to additional palliative care training.

A cuddler bed was recently purchased through the foundation, and there is a lovely furnished room for families including a comfort cart with food supplies and a microwave.

Connect Care is the electronic health record implemented across AHS. Policies, procedures, and guidelines are standardized. Claresholm General Hospital has been fully electronic for about two years, and staff are becoming more comfortable with using the system's functionality. All clinical pathways and medical directives are online. Fax machines are still used and continues to be a risk to patient safety, privacy, and confidentiality.

A private radiology service will be moving on-site into a vacant space to offer much needed ultrasound services to the community. Claresholm General Hospital will have access to these services and the ability for patients to receive ultrasound services close to home.

The organization is encouraged to implement a formal quality management program at the local level. They are encouraged to set shared goals developed with team and patients, targets, collect indicator data and evaluate improvements. A few examples would be to strive to achieve top box patient experience results, and EMS offload times.

Table 4: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
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
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL
4.3.5	The team leadership works with staff to design and test quality improvement activities to meet objectives.	HIGH
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
4.3.9	The team leadership works with staff to implement throughout their services the quality improvement activities that were shown to be effective in the testing phase.	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

Criteria Number	Criteria Text	Criteria Type
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: 96.5% Met Criteria

3.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The ED entrance is through the main doors of the organization. ED registration is at this entrance during weekdays and after-hours is managed at the Inpatient/ED nurse's station. There is no separation between the ED and the inpatient unit. Triage is in the hallway, making this a privacy and safety risk. There is no seclusion room or locked room for any patients for whom this may be required.

Staffing is at a minimum to cover the ED and inpatient unit. Staffing is a mix of registered nurses (RNs) and licensed practical nurses (LPNs) and two casual health care aides (HCAs) that work one day per week. Registered staff are expected to perform their duties and personal care when HCAs are not scheduled to work. It is recommended that additional positions including registered staff and full-time HCAs are hired to provide bedside care. Protective services offer a security guard at night in the ED.

There is opportunity to strengthen team education on organ and tissue donation as well as share information on rights and responsibilities with patients and families.

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
2.4.15	Clients and families are provided with information about their rights and responsibilities.	HIGH

Criteria Number	Criteria Text	Criteria Type
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 Claresholm General Hospital delivers comprehensive care designed to meet the needs of the surrounding communities. There is a high proportion of seniors in these communities residing in retirement homes, long-term care or seniors being supported in their own homes.

The inpatient unit is comprised of 16 beds, plus two overflow beds. The rooms are large, 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 five physician hospitalist model. Team members work closely with the patient and family to set care goals. Handover report is held every morning at the nursing station. The team is encouraged to consider bedside report/handover, utilizing the workstation on wheels that is available. Bedside report/handover supports a people-centred care approach and encourages engaging patients in their daily care. Communication whiteboards in patient rooms are up-to-date with important information regarding mobility, falls risk, goals for discharge. Falling stars stickers are on the patient's door and whiteboard if they are at risk for falls. The Connect Care handover tool is used for transitions in care and used routinely to update team members on current status, interventions completed/outstanding, and any pertinent information.

The team is encouraged to implement a formal quality management program at the local level. Utilizing continuous quality improvement models, the front-line team can be engaged in local safety improvement initiatives. The use of quality boards is encouraged to share projects, review the data and the impact on outcomes with the team and patients and families. Falls, wounds and barcode scanning, are all opportunities for improvement and can be regularly monitored on quality boards.

Hospital specific patient feedback/experience results can be shared with the team, aiming for top box (9/10-10/10). Patient and family advisors are engaged but there is an opportunity for involvement in quality improvement work at unit level.

Unmet Criteria for Inpatient 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

Palliative care services are available within the Claresholm General Hospital. There is no hospice close to the community for patients to be cared for close to home. Claresholm General Hospital has designed specific rooms within the inpatient unit to implement a palliative approach to care. There is a strong patient and family centred approach to care, and feedback has been very positive with much gratitude. There is a family room with comfortable furniture, and other resources such as diffusers, essential oils, and access to a comfort cart with a microwave and food snacks. A recent equipment purchase included a cuddler bed to allow family members to sleep or cuddle with their loved one. There are also sleep cots so family can remain close by.

The social worker is the end-of-life navigator and, along with the team, proactively screens patients who may benefit from a palliative approach to care. The team has access to community supports such as the AHS Palliative Care Consult Service as needed.

The team provides compassionate care with dignity and respect, and encourages patient, families and/or caregivers to participate in their care, goal setting and end of life wishes. The social worker on the team has specialized training, expertise, and is a certified death doula from Douglas College. Learning Essential Approaches to Palliative Care (LEAP) training is available to staff in an online format.

The Alberta Hospice and End-of-Life Care provided palliative training to 50 community members, who, through Volunteer Services, can volunteer to support patients both in the community and hospital. MyLearningLink has an educational session on “what to say” when communicating with palliative patients.

Medical assistance in dying (MAID) can also be performed as requested.

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
Emergency and Disaster Management	3.7.1 - The organization conducts regular exercises to validate the effectiveness of its emergency and disaster plan and processes and ensure they meet expectations and objectives.	May 30, 2025
Emergency and Disaster Management	3.7.2 - The organization conducts an operational debriefing after each emergency and disaster exercise, to make recommendations for improvement.	May 30, 2025
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