



**ACCREDITATION**  
**AGRÉMENT**  
**CANADA**

# **Accreditation Report**

## Qmentum Global™ Program

Milk River 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

The management, staff and volunteers at Milk River Health Centre are highly engaged and motivated. They welcomed the surveyors warmly in an unannounced survey, just two days after the “go live” date of Connect Care at Milk River Public Health. Despite numerous changes and shortages of staff and physicians, the resilience of this site is palpable.

Patients interviewed reported being pleased with access to the services that are available and complimented the staff for their professionalism. Patient education materials are available, used and appreciated. There is concern in the community and amongst staff and physicians in not having diagnostic imaging (DI) services available after-hours and on weekends. Patients are required to drive out of town or utilize the resources of the Emergency Medical Services (EMS) for transport for DI, which is frustrating for all involved. Lack of diagnostics delays physician assessments and subsequent patient care. Access to palliative care and community beds on weekends requires approval which is not always timely.

Staff receive orientation and feel prepared and competent, however, performance conversations/reviews to support the ongoing growth and development of staff have not been consistently completely. The site is encouraged to catch up and keep up with this important opportunity for performance conversations and professional goal sharing. Several standard operating procedures have recently been updated in laboratory and DI, helping inform and improve clarity.

The facility is clean and well maintained, and the environmental services and maintenance staff are attuned to the staff and patient needs. Preventive maintenance is up-to-date and monitored regularly. The zone coordinator for infection, prevention and control has completed an audit and is creating a report for management that should also be shared with staff to implement recommendations and improvements.

Community partners who work closely with Milk River Health Centre felt supported and describe the organization as collaborating well. The site is encouraged to form a committee, including patients and community partners to undertake a comprehensive risk assessment related to emergencies and disasters to ensure mitigation plans are developed and shared. This should be undertaken in conjunction with an update of the emergency response plan and contact list.

A more formal and focused approach in sharing data, establishing indicators, and conducting quality improvement activities and projects is encouraged. There is an untapped opportunity to better utilize the white boards on site and to maximize the engagement of residents, patients, families, and staff through transparency of information and openness to learn more about quality and safety initiatives. Support from AHS quality improvement would be welcomed. Following restructuring of boundaries in the South zone, leadership oversight and support of this site changes from Rural East to Rural West. This site would benefit from encouragement, education, and concrete help.

In observing care during the on-site visit, surveyors observed staff and physicians taking time to engage patients, explain care and accepting patient involvement in their care. The site is encouraged to continue to engage residents, patients and families in co-designing services, spaces in a more people-centred formalized approach. Measuring resident and patient experience, along with conducting focus groups or utilizing other methods to better understand the needs of those you serve can lead to better and safer quality outcomes. Given the many challenges the organization has faced in the past few years, increasing awareness of and support from ethics services is suggested.

## **Key Opportunities and Areas of Excellence**

### **Areas of Excellence:**

- Access to care
- Support from the community
- Pride in the facility – well maintained and clean

### **Key Opportunities:**

- People-centred care
- Quality improvement
- Performance conversations/reviews
- Emergency response plans to be standardized and up-to-date
- Diagnostic imaging access after hours

## 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%
	Long-Term Care Services	1 / 1	100.0%
Information Transfer at Care Transitions	Emergency Department	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%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Medication Reconciliation at Care Transitions - Long-Term Care Services	Long-Term Care Services	4 / 4	100.0%

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

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
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%
Pressure Ulcer Prevention	Long-Term Care Services	5 / 5	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%
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

Emergency Response Manuals are prominently displayed throughout Milk River Health Centre. They are highly visible, accessible to staff and color coded for ease of reference. Unfortunately, there is inconsistency in the degree of completeness of the manuals in each department and many policies and processes for codes are outdated, some having not been reviewed in over nine years and others have not been reviewed in keeping with the review date prescribed in the older policy. The organization is encouraged to form an ad-hoc or working group to liaise with the regional coordinator for emergency management to ensure all manuals reflect expected and appropriate responses. Of particular note is the Mass Casualty document which is dated 1995. Key contacts lists have not been updated.

The most recent emergency drill was a fire drill held the week before the survey visit. This was documented and debrief happened immediately afterward. The local fire chief was familiar with the facility and felt that Milk River Health Centre does a good job of preparing for emergencies. There is an opportunity for more local planning and ongoing meetings among the regional emergency coordinator at AHS and local partners such as the Royal Canadian Mounted Police (RCMP), municipality, Emergency Medical Services (EMS) and Milk River Health Centre.

**Table 2: Unmet Criteria for Emergency and Disaster Management**

Criteria Number	Criteria Text	Criteria Type
3.1.3	The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	HIGH

Criteria Number	Criteria Text	Criteria Type
3.1.23	The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	HIGH
3.4.8	The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	HIGH
3.4.10	The organization maintains an accurate and up-to-date database of contact information for all staff, to be able to notify them in case of an emergency or disaster.	HIGH

# Infection Prevention and Control

## Standard Rating: 98.3% Met Criteria

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

### Assessment Results

Milk River Health Centre is commended for its proactive approach to Infection Prevention and Control (IPC). The zone IPC coordinator was requested to undertake an audit of the site and a report is forthcoming to site management later in the week. Areas for improvement shared with surveyors included: use of multi-dose vials of medication in the ED, lack of hand-hygiene (HH) dispensers in the ED, supply cart in bathroom, cleaning of workstations on wheels, jumbled cords, wooden doors that require refinishing. Many of these are easily fixable and the site will be given time to remedy these, and other gaps identified in the report. It will be important to engage team members, clients, and families in developing the IPC approach and program going forward.

HH audits are completed monthly, and results shared appropriately. There is appropriate surveillance and follow-up of healthcare associated infections. The site is well prepared with personal protective equipment to respond to outbreaks and emergencies. Biohazardous materials are carefully managed according to protocols and stored in a well secured refrigerated storage unit adjacent to the facility until removed by a third-party contractor. Sharps are also appropriately managed. Only personal laundry is cleaned on site.

**Table 3: Unmet Criteria for Infection Prevention and Control**

Criteria Number	Criteria Text	Criteria Type
3.3.3	Input is gathered from team members, volunteers, and clients and families on components of the infection prevention and control program.	NORMAL

## Leadership

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

### Assessment Results

Site management at Milk River Health Centre is visible and engaged in the operations of the facility. This sets a collaborative tone at the centre. Community partners interviewed indicated that the staff at the facility work well with patients, partners, and each other. There is evidence of Milk River Health Centre being active in the community.

Concern has existed that in organizational restructuring within AHS, Milk River Health Centre has been moved between areas in the south zone and has the impression it is often overlooked or an afterthought. An example was shared where all facilities received a specialized piece of equipment for the emergency department (ED) and Milk River Health Centre was the only one not receiving the piece. Leadership sought the support of the community, and the equipment was purchased through local fundraising.

The physical environment at Milk River Health Centre is very clean and well maintained. Housekeeping staff are justifiably proud of their work and are enthusiastic about their roles. Medical devices oversight is at Chinook Regional Hospital in Lethbridge. There have been few new medical devices acquired lately. Standard operating procedures can be accessed on a shared drive. Preventive maintenance occurs and a database tracks the work. Work orders are issued automatically. Surveyors were advised that the manager of maintenance visits once or twice monthly from Medicine Hat Regional Hospital.

### Unmet Criteria for Leadership

There are no unmet criteria for this section.

## Medication Management

### Standard Rating: 98.7% Met Criteria

1.3% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The planning for medication management is province wide at AHS. There is a team approach taken at Milk River Health Centre, where the interdisciplinary team participates in using medication-specific information from Netcare and reviewing with the patient/family and local pharmacy to ascertain the Best Possible Medication History (BPMH). There is one pharmacy technician on site each Thursday morning. There is twenty-four-hour pharmacist availability, used mostly for long-term care (LTC) patients.

Safety processes such as double-checking high-alert medications, having high-alert medications labeled, and “Do Not Use” abbreviations list have been adapted from the Institute for Safe Medication Practices. Staff feel that Connect Care has decreased the use of abbreviations in some ways, however the “free text” option may allow for some abbreviations still. Controlled substances such as sedatives and narcotics are locked and secured. Locked medication carts are used as well as bar code scanning and photos of LTC residents to ensure client ID and safety. TALLman lettering has been used to increase safety. Some multi-dose, multi-patient vials are used. The manager is aware, and the staff are labeling the date of use and using safeguards to mitigate risk as able. Audits are pulled by the manager using the Tableau program. Patient safety events are entered into the Reporting Learning System (RLS), and the manager and pharmacist are electronically notified for all events associated with medication safety. Also, there is a “quick chat” function within Connect Care that is perceived as saving time instead of telephone calls in the past.

Training and ongoing educational opportunities are provided to meet competencies for staff. There are white boards with information for the staff and IV pumps display in bold for look-alike/sound-alike drugs. The MyLearningLink is used for staff to complete their annual intravenous (IV) pump training. Connect Care includes a built in parenteral IV medication manual.

Processes were put in place during COVID-19 in managing drug shortages. The pharmacy on-site has temperature variations (too cold or too hot), and given medications are stored there, a more consistent temperature is desirable.

**Table 4: Unmet Criteria for Medication Management**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
5.1.9	Multi-dose vials are used only for a single client in client service areas.	HIGH



## Service Excellence

### Standard Rating: 77.5% Met Criteria

22.5% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The Milk River Health Centre is very invested in their community, serving many of the farmers and ranchers in the area. Although the team is attuned to the population they serve, they do not actively include residents, patients, and families in the design of services. The leaders and staff were not familiar with any environmental scans or the use of information from the clients and the community to guide service planning and design.

There are numerous volunteers involved with Milk River Health Centre and they are very much appreciated.

The team has been under tremendous pressure over the past few years. As a result, team goals and objectives have not been established with input from residents/patients/families. The team leadership has not been engaging with residents, patients, and families regarding skill mix. The health human resource issues have made this kind of effort challenging. Residents, patients, and families are not actively engaged in the planning and designing of space. The spaces appear safe and there are efforts at respecting privacy (for example the light system outside of LTC rooms when care is being provided so that environmental services/housekeeping do not enter).

Everyone at Milk River Health Centre is welcoming and helpful. The Connect Care electronic health records was just implemented in the public health services area at this facility, and there was great support demonstrated for the staff as they are learning. Orientation, education, and support of staff is evident.

The manager (who began the role during COVID-19) has been working hard to catch up from several years of performance conversations/reviews not being completed. A number of staff have not had a current performance review. With the exception of a Resident Council that meets quarterly (facilitated by recreation therapy), there has not been a formalized process to garner feedback. The manager was not aware of any resident experience of care surveys.

Although there is a process through AHS to access patient/residents' records, residents and patients do not typically request these or provide feedback. Residents and patients are not currently involved in the process of documenting information in their record.

Quality improvement (QI) is weak to non-existent at the site. Quality boards exist and some share standard general information but not examples of local QI or of key performance indicators that are tracked and reported with any degree of regularity. The site is encouraged to work with AHS to seek training and support for the development of a QI plan as well as local QI projects. This initiative should include staff as well as patients, residents, and their families. The site is further encouraged to access performance indicators from Tableau and share them with staff and the community.

**Table 5: Unmet Criteria for Service Excellence**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.1.1	The team co-designs its services with its partners and the community.	HIGH
1.1.3	The team develops its service-specific goals and objectives.	NORMAL
1.2.3	The team leadership engages with clients and families to determine the required mix of skill levels and experience within the team.	NORMAL
1.2.4	The team works with the organization to co-design its physical spaces to meet its safety and service needs including confidential and private interactions for clients and families.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
3.1.5	The team ensures that clients are able to actively participate in documenting information in their record.	NORMAL
4.2.4	The team evaluates its safety improvement strategies.	HIGH
4.3.1	The team collects information and feedback from its members and its partners about the quality of services to guide quality improvement initiatives.	NORMAL
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

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
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
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	NORMAL

## Service Specific Assessment Standards

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

### Emergency Department

#### Standard Rating: 97.4% Met Criteria

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

#### Assessment Results

The ED at Milk River Health Centre is noting increased activity as staffing has stabilized operations. Patients felt the staff were very supportive and accommodating. Nursing staff and physicians are adapting to the new electronic medical record that has recently been implemented. Partners, such as RCMP and EMS, were highly appreciative of the work of the ED team.

Patients interviewed expressed appreciation for the accessibility to care and treatment in their community. Patient flow is not a problem given the low volumes. Patient education materials are available, and patients are given the opportunity to be involved in their plan of care. Renovations to the physician on-call suite is a noted enhancement to retain and attract physicians which also helps stabilize access to medical care at the site. The site is serviced by a combined laboratory and- x-ray technician who work a 0900-1700 weekday schedule. There is limited diagnostics after-hours. Physicians interviewed stated that they have appropriate access to specialists and consultations should the need arise. Patients did note concerns about the lack of privacy. The layout of the ED is problematic. The nursing station does not have a direct view of the ED treatment areas.

Narcotics were properly stored and are checked by the pharmacy technician weekly. Nurses maintain daily usage logs, and these are sent to management. Several examples of multi-dose vials of medication were found. Medication reconciliation was observed to be well done.

Examples of the use of a two-client identification were seen in the department and with diagnostics.

Nursing staff identified many training opportunities including Advanced Cardiac Life Support and Pediatric Advanced Life Support. Appropriate equipment and information for the treatment of pediatric patients exists, should the need arise. Organ and tissue donation is difficult at the site as there are no respirators to maintain the potential donor. Staff are aware of the protocols, however, have not had the opportunity to implement them.

QI and the tenants of people-centred care are not in place within the department or site. It is suggested the site form a patient and family advisory group and develop a plan for education about expectations for people-centred care and an approach to implement it. Key performance indicators for the ED should be acquired, shared, and trended with staff to generate interest in QI. Leadership at the site is encouraged to engage resources at AHS to assist in this important endeavor. In addition, the site is encouraged to find ways to step back from the busyness of work to evaluate and assess key functions and protocols that impact patient safety to ensure best practices are understood and are being followed. An area to start with might be assessing the sharing of information during transitions of care.

**Table 6: Unmet Criteria for Emergency Department**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
2.5.11	Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.	HIGH
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
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

## Long-Term Care Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

### Assessment Results

There is a variety and mix of residents at Milk River Health Centre. There is great support from the whole town, and a dedicated group of volunteers. It is a locked unit and staff receive regular education through an annual learning fair and care planning skills days. Staff are trained in non-violent crisis intervention training and are taught the supportive pathway approach. Having the public health nurse on-site allows for efficient administration of vaccines for the residents. Volunteers receive orientation, both online and on-site. A criminal records check is completed as well as required courses such as privacy, safety, and HH. The volunteer on-boarding, and schedule is managed by the volunteer resources coordinator.

Connect Care includes a detailed admission navigator, including assessment tools to mitigate risk and provide safe care. InterRAI assessments are used to support understanding of the resident's unique care needs to prepare a care plan. An annual care conference takes place with each resident and the family is included if possible. There are several new questions coming forward from families regarding sharing documentation and assessments, so the staff and manager are referring to the Health Information Management list and disclosure supports. Patient relations are also available to residents and families if concerns are not brought forward at the site level for resolution.

A clinical staffing shortage has been particularly challenging for this site, and the requirement for multiple levels of approval for filling staff vacancies has added pressure. Ethics issues – dilemmas involving residents' complex issues and/or staff feelings of moral distress and burnout would benefit from more support from AHS.

Despite the challenges this site has faced, the residents report being extremely well cared for (although they do not like the food – described as previously frozen re-heated meals). Many residents have a length of stay of several years or more, thriving in an environment of compassionate care. Residents were observed participating in a "baking session", led by the recreation therapist. There are monthly outings to town for coffee and library visits. Residents have access to an on-site hairdressing service, which many take advantage of. The staff and volunteers and services surrounding the residents collaborate closely to provide quality of life.

### Unmet Criteria for Long-Term 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	3.1.3 - The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	May 30, 2025
Emergency and Disaster Management	3.1.23 - The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	May 30, 2025
Emergency and Disaster Management	3.4.8 - The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	May 30, 2025
Emergency and Disaster Management	3.4.10 - The organization maintains an accurate and up-to-date database of contact information for all staff, to be able to notify them in case of an emergency or disaster.	May 30, 2025
Emergency Department	2.5.11 - Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.	May 30, 2025