ACCREDITATION AGRÉMENT CANADA

Accreditation Report

Qmentum Global™ Program

Oilfields General Hospital

Alberta Health Services

Report Issued: June 18, 2024

Table of Contents

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

In speaking with patients, residents and family members in long-term care, inpatient unit and emergency department, all were extremely complimentary of the physicians, nurses, allied health and environmental staff who work there. Despite the age of the facility (celebrated 40th anniversary this year) the building is clean, well maintained and there is pride in the staff. The maintenance workers address issues immediately and this is appreciated.

There has been some turnover in leadership, but the workforce appears to have stabilized. The leadership is enthusiastic, committed to quality and wants the patient/resident experience to be excellent.

The staff in all departments are professional and work to the top of their scope. Physicians are committed, keep up to date in their practice and work well with the rest of the team.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Committed staff and physicians.
- Leadership that is invested and passionate about quality and safety.
- Strong community support.

Key Opportunities:

- Advancing people-centred care. Moving from seeking input to engagement.
- Improving evaluation of quality improvement initiatives.
- Making quality improvement work more visible; setting targets, developing strategies with indicators and measuring outcomes.

Program Overview

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

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

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

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

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

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

Required Organizational Practices

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

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Reprocessing	Infection Prevention and Control	Not rated	Not rated

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Long-Term Care Services	Long-Term Care Services	4 / 4	100.0%
Fall Prevention and Injury Reduction - Long-Term Care Services	Long-Term Care Services	6 / 6	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Antimicrobial Stewardship	Medication Management	4 / 5	80.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
The 'Do Not Use' List of Abbreviations	Medication Management	6 / 7	85.7%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%

Assessment Results by Standard

Core Standards

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

Emergency and Disaster Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Oilfields General Hospital includes acute care, emergency department (ED), long-term care (LTC) and some community services. The acute, ED, and LTC sectors conduct a “code of the month” exercise (e.g., code purple this month) to raise awareness, provide education and training and review processes contained within the policies and procedures. This assists the hospital staff to “Be Ready”. Be Ready is an AHS program that includes monthly code practices, reviews with department heads and physicians and posters placed throughout the zones.

The hospital has an annual inspection by the local fire department and conducts regular fire drills. Peace officers and Royal Canadian Mounted Police (RCMP) provide daily walk throughs of the hospital, allowing staff to get to know the officers and reassurance for staff who are reporting increasing episodes of bullying and harassment from patients.

Upon hire, all staff complete a module on Emergency Response Orientation through the MyLearningLink (MLL). Directors and managers take Incident Command System (ICS) 200/300 training. The organization may wish to consider having all staff complete the ICS 100 course which is online.

Every spring, the hospital participates in ‘Operation Prevention’ with approximately 70 local high school students. Organizations such as the fire department, RCMP, paramedics and STARS join in on a simulation of a car accident due to drunk driving. A teenager is simulated to sustain significant and serious injuries requiring the student to be airlifted to a trauma centre in the city. This exercise helps to raise awareness of the serious and potentially fatal consequences of driving while drunk and is an effective tool to teach youth about the unintended consequences.

AHS has worked to standardize the emergency binders, and there is now an individual identified who keeps the 21 binders used across the hospital up to date. The binders are updated with local context, including telephone numbers and website addresses. While the website addresses are routinely updated and checked, there has been an assumption that the telephone numbers are correct. The organization is encouraged to double check these numbers at least annually.

The hospital has recently participated in code orange tabletop exercises. The initial tabletop exercise (October 2023) did not have physician participation, but the second did (March 2024). There is a four page debrief report of the tabletop exercise outlining what went well, what could be improved and

includes action items which have all been addressed.

The residents in LTC are actively involved in preparing for emergencies. They requested to participate in the “code of the month” exercise and now the monthly code exercise is placed on the resident council board. In addition, there is a handbook for new residents and included in the handbook is the muster point in case of emergencies. Patients, residents, and families can and do participate in fire drills and debriefs.

Locally, the evacuation location is the “lodge” next door. The organization is encouraged to choose additional locations in either direction, recognizing that if they are faced with evacuation due to a wildfire, for example, the lodge next door could be at risk too. Having additional sites identified in advance would be important.

Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 98.2% Met Criteria

1.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Since the last time the Oilfields General Hospital participated in a survey visit, they have come through a global pandemic. One of the things that they are most proud of is that they were two years into the pandemic before they had a case of COVID-19 in their LTC sector. In their most recent case of a patient being positive for COVID-19 there was no spread once the case was isolated. This demonstrates the diligence and excellent Infection Prevention & Control (IPC) services of the Oilfields General Hospital.

The IPC program at Oilfields General Hospital is led by the site manager, the leads for LTC, acute care, and ED, and the clinical nurse educator (CNE). The infection control professional (ICP) for Calgary rural provides support to the Oilfields General Hospital team and is easily accessible by telephone/email and visits the site routinely to support staff with IPC practices. There is no IPC committee at the local hospital level. Prior to the pandemic, zone minutes were shared with the rural areas. The zone team may wish to consider re-instituting this process to assist with keeping teams up to date.

There is no reprocessing performed at this site; all equipment requiring reprocessing is sent to High River General Hospital. The equipment being sent for reprocessing is not disinfected prior to transfer unless there is visible blood/debris. This has been raised with the Calgary zone ICP who will follow up with the site. Endoscopy is not performed at the Oilfields General Hospital.

There is an up-to-date IPC manual on site; all communicable diseases are covered off in the manual. There is an outbreak protocol and depending on the size of the outbreak, there could be daily to weekly outbreak meetings that include nursing, laundry, housekeeping, and nutrition services. During the pandemic there was a personal protective equipment (PPE) coach who would observe staff donning and doffing. When the coach saw staff missing a step or struggling with PPE they could intervene immediately to perform just-in-time training and remediation. The unintended positive consequence of this is that there is now a culture of feeling comfortable to identify when a fellow staff member misses a step. In addition, the leadership has ensured they provide positive reinforcement when staff, for example, report an outbreak on the weekend. Successes are celebrated and the leadership supports the staff by being present and pitching in when the workload becomes challenging due to outbreaks, staff shortages and other issues.

There is a hand-hygiene (HH) program in place. All staff are trained during orientation/onboarding and annually through the online learning system. HH audits are completed quarterly, and results are posted for the staff, patients, residents, and public to review.

The team currently has two quality improvement projects underway. One related to improving knowledge of which wipes to use, for how long, and in what circumstances and another related to HH in LTC when feeding multiple residents simultaneously.

Despite being a 40-year-old building, the Oilfields General Hospital is kept very clean and neat. The computerization of clinical information has added to the clutter with workstations on wheels which the space was never built to accommodate. There is strong daily cleaning performed as well as weekly and monthly cleaning. The kitchen and laundry areas are extremely well kept. Audits (visual and UV) are performed on patient/resident rooms and the pass rate is 80-85%. If an audit does not pass, the supervisor will take photos of the areas impacted, meet with the staff member to share the results of the audit, review the protocol and then re-audit.

Areas for improvement include removal of wooden rails in the hospital as they represent an opportunity for bacteria as they cannot be properly sanitized; ensuring all policies are up to date; and improving visibility of signage near some of the sinks (e.g., a larger font with clearer instructions).

Table 2: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.7.13	Items that require cleaning, disinfection, and/or sterilization are safely contained and transported to the appropriate area(s).	HIGH

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Complaints are addressed by leadership. For example, the number one complaint in the ED is related to the public not understanding the concept of triage. The organization has put up a sign on the entrance to the ED that people will be seen in order of severity versus order of arrival. In addition, the department has worked on a Triage Optimization Project to help to educate the public about worst being seen first. There is a large poster in the waiting room that depicts the process to be seen in emergency, including the triage process. This work has been part of the patient flow projects and involves the change to triaging patients prior to registration.

Another major project that the Oilfields General Hospital is participating in relates to space optimization. There are a number of areas in the Oilfields General Hospital that are out of date and no longer function optimally for expectations of today. A number of projects will be started in June 2024 to improve patient flow and efficiencies.

Part of the space optimization will require demolition and construction. The team is working closely with Facilities Management & Engineering (FME), IPC and others to ensure safe work areas and to minimize the impact on the operation of the Oilfields General Hospital during this time. In addition, the work will need to meet specific guidelines and the FME team already has checklists for construction they will be using.

Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 94.8% Met Criteria

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

Assessment Results

The pharmacy team at the Oilfields General Hospital includes a full time pharmacist, full time pharmacy technician, part time pharmacy technician and part time pharmacy assistant. Pharmacy technicians have college diplomas and earn continuing education credits annually to keep up their designation.

The pharmacist participates in admission, transfers and discharges and case conferences on the inpatient unit and the LTC section. Contributions are appreciated by the staff, patients, residents, and families. The pharmacist provides education on new medications and reviews medication changes upon discharge. The pharmacist can change orders if they do not meet best practices and consults daily with prescribers.

Order verification is provided remotely after-hours, and a pharmacist is available 24/7 via telephone. With the remote pharmacist, the Oilfields General Hospital achieved order verification prior to administration in most instances.

All medication incidents are reviewed by the pharmacist and changes made as appropriate. An example of a quality improvement stemming from medication incidents was around nitro patches being left on longer than ordered. Additional education and training was provided; a bright yellow sticker with the time due to be removed is placed next to the patch as a way to alert all staff, and a task applied to the worklist. This has helped improve patch removal at the appropriate time.

In terms of alert fatigue, the site is not sure how often the system is checked and who updates the alerts. Upon checking with the zone team, it was learned that there is a provincial committee addressing alerts in the medication system.

Audits completed on medication areas, "Do Not Use" (DNU) abbreviations, high-alert medications are performed by a pharmacy technician from the zone. There is some disconnect between the provincial Drugs and Therapeutics committee and the local site.

Best possible medication history (BPMH) is performed on admission and medication reconciliation on discharge. This is audited periodically. The last audit was performed in December 2023. At that time the completion on admission was 84% and 100% on discharge.

Several pharmacy policies are outdated including Management of High-Alert Medications (PS-46-01), High-Alert Medications: Heparin (PS-46-03), High-Alert Medications: Narcotics (PS-46-04) and High-Alert Medications: Electrolytes (PS-46-02). There is opportunity to roll out the Antimicrobial Stewardship (AMS) Program in the rural areas as there is less evidence of AMS locally. There is no evidence of evaluation and sharing of results with others. The team is aware there is an AMS program; however, their role is less clear and could be expanded upon. In terms of the DNU abbreviations, there is no evidence of training of the pharmacy technicians and assistant on the DNU abbreviations at orientation or on the newly updated list (August 2023).

One of the improvements the Oilfields General Hospital has done to improve medication information for patients is the development of a “placemat” for inpatients. The placemat is a laminated document used as a placemat that has information on “your medications” and “preventing blood clots”. A QR code is available so that the patient can scan and learn more about these and other topics.

Other opportunities for improvement include ensuring that look-alike/sound-alike medications are not stored next to one another on the shelf in pharmacy such as dimenhydrinate and diphenhydramine. In addition, Oilfields General Hospital is encouraged to monitor the temperature in areas where medication is stored to ensure stability of medications.

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
5.1.4	The organization maintains medication storage conditions that protect the stability of medications.	HIGH
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
6.1.6	The 'Do Not Use' List of Abbreviations 6.1.6.5 Team members are provided with education about the organization's 'Do Not Use' List at orientation and when changes are made to the list.	ROP
7.2.2	Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	HIGH

Service Excellence

Standard Rating: 96.2% Met Criteria

3.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Since the pandemic, there has been a significant change over in staff; however, the workforce seems to have stabilized over the last 12-18 months. Staff appear to take pride in their work and continue to strive for excellence.

The Oilfields General Hospital has two types of infusion pumps onsite: Kangaroo and Baxter. All staff are trained on the pumps and retrained upon return from an extended leave. The Kangaroo pumps are used for tube feeds and the hospital can sometimes go for long periods without having a patient on tube feedings. Consequently, just-in-time training is provided to staff. Staff also have online resources to consult about pumps and the maintenance staff are excellent to address pump issues immediately, including swapping them out with other sites if needed while repairs are completed. Patient Controlled Analgesia (PCA) pumps are not used at this site.

Teams have been working on improving the quality of palliative services they provide. Two programs are notable: The NODA and White Rose Programs. The former (NODA) program, which stands for “no one dies alone”, is a program where a list of volunteers are available to come and sit with individuals who are dying and have no family close by. The Oilfields General Hospital is to be commended for this compassionate and kind program for patients who do not have family close by at end-of-life. In the White Rose Program, families are supported to be with their loved one as they pass. The nurses will contact the kitchen to provide food and beverages on a tray for the family, so they do not have to leave their loved one for nourishment.

Incident reports are entered into the RLS system and reviewed by the site manager. Disclosure and follow up is completed and documented. The number one incident in LTC for instance is related to falls. Debriefs are completed and changes made when appropriate. Medication incidents are reviewed by the pharmacist.

The team is early in their implementation of people-centred care; LTC engages residents and families through the Resident’s Council. The Oilfields General Hospital takes patient, resident, and family ‘feedback’ very seriously and acts on it when they can. An example is the triage area in the ED, where, based on feedback, the team will be developing a more private area for triage as one of the upcoming space optimization projects. The next step is to engage patients, residents, and families in co-designing the space. While there is evidence of corporate and urban adoption of people-centred care, it is not as evident in the rural context.

The Oilfields General Hospital has a current operational plan and it has been reviewed and endorsed by supervisors. The site manager has developed a quality improvement (QI) team and the team is working on projects. An example of a current QI is related to venous thromboembolism (VTE): an observation was that physicians had potentially stopped screening for VTE once they moved to the electronic record; however, it was discovered that it was unclear whether they had screened and decided VTE was not appropriate, or had they not screened at all. Upon investigation, it was discovered that the new electronic process required five additional steps before a determination could be made. The team has submitted an “Auto-stop” ticket to have a yes/no process for screening. In the meantime, physicians can skip the VTE section and put a note in the progress notes that the patient does not require VTE. This is being audited on every admission and reminders sent to physicians who do not put a note in the record. Another quality improvement is related to the implementation of Shared Commitments. The team could develop indicators and targets. It is important to involve staff and partners in the planning and execution of quality

improvements as well as reporting on progress towards targets.

An area that the site manager has committed to working on is the completion of performance development plans. There has been some turnover in leadership and one of the unintended consequences is that performance development plans have not been completed consistently over time. These plans are important for staff to have feedback on their progress, performance and areas of improvement that are required.

Table 4: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
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
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	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: 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 sees more than 12,500 visits per year. The number of visits has been slowly increasing with more Calgarians and patients from Okotoks using this ED. To date, wait times are not excessive, but if the trend continues wait times could increase. This will need to be monitored. There are 24/7 lab and diagnostic imaging available – after-hours staff are called in as needed. There is 24/7 access to a pharmacist on call.

There is a process in place for overcrowding. The AHS plan is Demand Exceeds Capacity Escalation Response Plan. The ED will hold two emergency inpatients at the maximum and this triggers the response plan. The admin on call is notified that the inpatient unit is at capacity and there are admitted patients in the ED. The team works to see if there is another patient that can be discharged; if not, the two patients are held in the ED and ambulances could be diverted. This has happened in the past but is a rare occurrence.

Staff receive a robust orientation to the ED. All staff and physicians have Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) training that is up-to-date. Many healthcare providers are also certified in Pediatric Advanced Life Support (PALS) and/or the Trauma Nurse Core Course (TNCC).

The team has access to data regarding off load times: for example, in April 2024, 87% of offloads were within 30 minutes whereas in May that number is currently 80%. The team is encouraged to scan similar sized EDs and benchmark their offload times. Then the team can set targets, develop indicators and strategies for improvement and evaluate their progress. This progress should be shared with the whole team, patients, families, and the public.

The site manager has been able to obtain some data for the ED. For example: Left Without Being Seen (LWBS) rate is 2% which is within acceptable limits. The CTAS levels by length of wait are not readily available and so the site manager needs to work with the team to obtain this data. Once the data is available it will become clear if there are issues. If so, benchmarking can be done, targets set, strategies developed, indicators developed and plan for the evaluation/communication of results. These would be great quality improvement projects for the ED.

In speaking with a physician and several staff, it was noted that there is limited education and training around organ and tissue donation. Neurological Determination of Death is not determined at this hospital. However, there are other deaths where tissue and corneas might be used. There may be some missed opportunities in the ED. It would be helpful if the staff and physicians had additional training about how to reach individuals and families about organ and tissue donation.

Physicians find RAAPID and the specialist link very helpful to access and coordinate specialist services/consults. With the specialist link you can put in your pager number and continue to see patients in the ED while you wait to connect with a specialist about a patient. This could prevent a patient from having to wait several months to see a specialist if the physician is able to obtain the support and information required via a call with the specialist.

While the hospital does not admit pediatric patients, they do present in the ED. There are binders prepared with pediatric dosing. There are drawers color-coded with pediatric equipment that is planned out based on the colors of the Braslow tape. This ensures the proper equipment is easily obtained in an emergency.

Medication reconciliation rates on admission are high, mostly more than 85%. The ED does perform many transfers within and outside of the Oilfields General Hospital. QI that the team may wish to consider is related to formalizing evaluation of their transfers. Currently the team does receive some feedback from patients and families as well as receiving nurses; however, this feedback is informal. The team may wish to develop a survey that is administered to sites they frequently send transfers to. This could enable the team to learn about any issues that may be happening and introduce quality improvements as well as validate things they are doing well.

In speaking with patients and families in the ED, they report the staff and physicians are professional, up-to-date in their practice and are quite pleased with the services provided. They are as involved as they wish to be in their care and are treated with dignity and respect.

Table 5: Unmet Criteria for Emergency Department

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

Criteria Number	Criteria Text	Criteria Type
3.1.2	Ambulance offload response times are measured and used to set target times for clients brought to the emergency department by Emergency Medical Services.	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 15-bed adult inpatient unit that frequently has up to 17 patients admitted, including on the day of the survey visit. The patients and families reported high satisfaction with the care and services during the survey visit.

One of the QIs that the team has made is the development of a two-sided “placemat” that is laminated and able to be cleaned with disinfectant wipes. The placemat includes information about internet & phones, the health record, your belongings, smoking and tobacco use, scents, rights and responsibilities, visitors, nourishment room, discharge, preventing falls, preventing blood clots, pressure injury prevention, indigenous ceremonies, and the whiteboard. There are QR codes for patients/families who use smart phones to obtain additional information.

The Oilfields General Hospital has been on Connect Care for nearly two years now. The electronic record has been seen as a positive improvement for the hospital and many of the tools required for daily care have been digitalized. One area that has been challenging is related to VTE prophylaxis. The process to be able to screen a patient out of using VTE prophylaxis is labour intensive and not intuitive for staff and physicians. The team has submitted a ticket to the develop an auto-stop feature. While they wait for this improvement the team has developed a workaround. Physicians will enter a note that they have screened for VTE. Audits are demonstrating improvement, but there is still some room to improve.

Inpatients have access to a social worker, occupational therapist (OT), physiotherapist (PT), registered dietitian (RD), speech language pathologist, and pharmacist. These services are appreciated by patients and family members as well as physicians and nurses.

Patients are screened for pressure injury on admission and every Sunday. If residents are deemed at risk, a care plan is implemented that could include a referral to OT, PT and/or RD as well as improving mobility, fluids, and activity level for example. Pictures are taken bi-weekly to monitor healing and the avatar is used in the electronic record to record the placement of pressure injury(s).

All new admissions are screened for fall risk using the Schmid Fall Risk Assessment Tool. If identified as a high-risk for falls, then appropriate signage is placed in the room and other risks are addressed (e.g., footwear).

Standardized transfer tools are used for patients who must go into the city for additional testing or who are transferred to other facilities. The evaluation of the transfer process is informal and the Oilfields General Hospital is encouraged to consider formalizing this process to determine if there are any issues.

The team has participated in the Elder Friendly Care Program and this program focuses on least restraint use. The charge nurse plans to audit the use of restraints to ensure the hospital continues to minimize the use of restraints. If restraints are used, there must be consent as well as close observation and documentation.

There is opportunity to ensure medication carts are not left unlocked and unsupervised. The organization is encouraged to address this issue immediately. There are medication carts that lock automatically when left unattended.

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 Rising Sun Long Term Care home is attached to the Oilfields General Hospital and is a 30-bed facility for individuals who require 24/7 nursing care. The site is very esthetically pleasing with beautiful murals throughout. The murals create a sense of calm and positive feeling. The staff work well together and report they are happy at this site because they feel supported by their managers and there is great teamwork.

Residents and families are pleased with the services and care provided. One family member in particular spoke to the evolution of person-centred care that she has witnessed in the almost two years since her mother was admitted. She visits regularly and participates in her mother's care. She reported that initially when her mother first moved in the Rising Sun felt "clinical" and that staff were "checking off boxes" when they provided care. She notes this has changed significantly, and now things feel more centred on the resident. The manager and CNE report they have worked hard to ensure the Rising Sun is "resident and family focused". Some of the changes made over the last two years include development of a website that includes "pre-admission" information; changing the intake assessment so it is about getting to know the resident and their family and what is important to them rather than completing an assessment tool; development of a personalized placement for every resident that has pictures of things that are really important/integral to that resident; allowing pets to visit as examples.

The staff do take training on prevention of abuse/neglect in relation to Protection for Persons in Care (PPIC). Training is completed at orientation and then annually. There is information included in the handbook provided to all residents/families upon admission and this includes a number to call if there is abuse or neglect suspected.

The training offered is robust and includes education about responsive behaviors (Supportive Pathways), mobility and transfer, suicide risk assessment, maintenance of skin integrity and falls prevention as examples. The Supportive Pathways is a 2-day course that includes 4-hour refresher every two years. Mobility and transfer training must be completed prior to the first shift to be eligible to work.

Medication reconciliation is completed mainly by the pharmacist on admission and upon return from a transfer. The Scott Fall Risk Tool is used to assess fall risk on admission and every three months. There is a protocol that is followed if there is a fall. The Falling Stars program ceased during the pandemic; however, the plan is to re-implement in the fall.

All residents are assessed for pressure injury on admission using the Pressure Ulcer Risk Assessment (PURS) tool. Persons at high-risk of pressure injury are identified and care plans developed to prevent further injury of a wound already there on admission and/or prevention of wounds. There are physiotherapist, occupational therapist, registered dietitian services available and consulted as needed. The team is very proud that their pressure injury board is currently empty!

Residents are assessed for risk of suicide upon admission and every three months. There are mental health resources available on site and via consultation if required.

Areas for the team to work on include continued engagement with residents and families including co-design of services. The other area is related to ongoing evaluation. While the manager and educator monitor daily to ensure records are completed, there is no written evidence of the evaluation and effectiveness of the quality improvements that are being made. The team is encouraged to formalize the

evaluation of things like pressure injury prevention (ensuring the PURS is completed on admission and every three months), evidence of falls prevention, the number of falls, the number of falls resulting in injury as examples. It is important validation for the staff of what they are doing very well and areas that might require some work.

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
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	5.1.4 - The organization maintains medication storage conditions that protect the stability of medications.	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
Medication Management	6.1.6.5 - Team members are provided with education about the organization's 'Do Not Use' List at orientation and when changes are made to the list.	May 30, 2025
Medication Management	7.2.2 - Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	May 30, 2025