



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ Program

Raymond Health Centre
Alberta Health Services

Report Issued: June 18, 2024

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from May 6 to May 10, 2024.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Confidentiality

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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 Raymond Health Centre has earned the support of its community. Patients interviewed were very pleased with accessibility and the professional and compassionate care provided by the staff and physicians. There is an active Ladies Auxiliary that is visible on-site.

Staff interviewed indicated they like working at the Raymond Health Centre and feel part of a larger and supportive team. They felt colleagues were easy to approach. Training is accessible and training requirements appear to be up-to-date. Staff orientations were deemed helpful and thorough. Performance conversations/reviews are an opportunity for improvement as many staff have said they have not had any in recent years.

The facility's layout has services proximal to each other, contributing to facilitating a collaborative and helpful culture.

Pharmacy and medication services are supported by the Chinook Regional Hospital in Lethbridge and concern was expressed about streamlining and standardizing the rural formulary as part of a provincial strategy, which may not account for different needs for different populations.

The organization is commended for its efforts to nurture a "family-like" environment through several activities for staff. The Raymond Health Centre is also commended for investing time and resources in recruiting the youth of the community, working with the high school to "grow our own" and learn about and consider the myriads of career possibilities available at the Raymond Health Centre.

Since the last survey, efforts have been made to raise awareness of patients' rights and responsibilities through the Shared Commitment initiative. This is highly visible in several areas, particularly acute care. However, the organization is encouraged to significantly increase the visibility and awareness of Shared Commitments throughout the emergency department (ED), lobby, entrance and diagnostics area.

The Raymond Health Centre has significant opportunities with respect to implementing a people-centred care philosophy and practice. A patient and family advisory committee does not exist. Clients and families are not routinely engaged in co-design of services or facility redevelopment. The planning of the new ED was a missed opportunity to meaningfully involve patients and families. The organization is encouraged to form a local patient and family advisory group and develop a plan to embed people-centred care. Given the community support for the facility, it would likely not be a problem to find clients and families who have or may use the facility to become involved.

Renewal of quality improvement among all departments within the site, setting goals and establishing indicators which would also involve clients and families is also encouraged.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Valued part of the community and surrounding areas
- Proactive Infection Prevention and Control
- Professional and friendly staff, management, and physicians
- Accessibility - Increasing volumes
- New infrastructure (new boilers and approved new ED)
- Connect Care - sustainment and ongoing support.

Key Opportunities:

- Performance conversations/reviews
- Establish people-centred care
- Revitalize quality improvement in all departments (indicators, scorecards, clients/staff engagement)
- Promote Shared Commitment throughout the facility
- Community emergency response planning
- Optimize Connect Care

Program Overview

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

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

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

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

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

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

Required Organizational Practices

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

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	3 / 5	60.0%
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	7 / 8	87.5%
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	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

The Raymond Health Centre has regular emergency drills that are debriefed and documented. Most response code policies are up-to-date, however several codes were older than five years since last updated. Not all departments had updated contact lists. Emergency response manuals do not have information on how to respond to mass casualties. Surveyors were advised that a provincial revision is underway and old documents were removed pending the receipt of the new materials. It is suggested that the current approach be available in the manuals and then replaced with the revised version when it is approved and received. It is further suggested that the Raymond Health Centre engage local partners in identifying and assessing potential local risks that would impact the Raymond Health Centre and the community then develop mitigation plans. Likewise, the site group with oversight of planning and monitoring emergency response is encouraged to add the voices of clients and families.

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
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

Criteria Number	Criteria Text	Criteria Type
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: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Raymond Health Centre is proactive with infection prevention and control (IPC). Hand-hygiene (HH) audits are regularly performed, and results prominently displayed throughout the facility. The Raymond Health Centre was recently recognized within its zone for consistent attention to HH. The site is encouraged to continue its vigilance and seek to raise HH compliance rates by at least ten percent.

The Raymond Health Centre tracks healthcare associated infections and is commended for its efforts to prevent transmission of infections that come from the community. The Raymond Health Centre is supported by a zone IPC coordinator who indicated that the site is proactive and quick to respond. Audits are undertaken and suggestions made to management which have been addressed. The IPC coordinator monitors lab work at the facility daily and is also accessible to consult with patients and families. There is an opportunity to address some of the aging wooden rails and doors to facilitate cleaning and best practices in IPC. There is appropriate engagement with Public Health regarding reporting and outbreak scenarios.

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

Leadership is engaged and visible on the site. The site manager maintains an "open-door" policy. Surveyors were warmly greeted by staff and willing to forthrightly engage in dialogue about their roles and work.

Staff and the community have pride in the facility. Preventive maintenance is computerized and up-to-date. There are new boilers and plans are underway for the redevelopment and expansion of the increasingly busy emergency department (ED). Significant structural deficiencies were evident in water leaking during rain. This presents a risk issue to be addressed. Environmental staff were deemed "fantastic" by an external partner and surveyors found the facility very clean and generally well kept. Environmental staff were engaging, and it was clear they were knowledgeable about their work. Linen services are contracted to a third party. Biohazardous waste is appropriately managed at the site and personal protective equipment is readily available.

Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 99.1% Met Criteria

0.9% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Raymond Health Centre is comprised of the ED, inpatient services and long-term care (LTC). The pharmacist is readily available to all service areas and the pharmacy is located proximally - with a fast response when needed.

Single dose packaging is used, prepared at Chinook Regional Hospital, and there are no automated dispensing cabinets used on site. There is a hospitalist scheduled each week, and the pharmacist works with the physician and other interdisciplinary team members, participating in rounds and discharge planning meetings.

Audits are supported by a team from Chinook Regional Hospital. The staff noted that there used to be a formulary binder and worry that in efforts to streamline and standardize rural pharmacies across AHS, the unique medication needs of different populations/locations may be lost. There is no compounding or chemotherapy on-site. When there are shortages of medications, AHS supports recommendations and next steps to change to potential alternatives.

For antimicrobial stewardship, there has not been active sharing of results for some time. Pharmacy staff indicate that there is a team coming together in Lethbridge to support ongoing evaluation.

To reduce the risks of polypharmacy for the LTC residents, the pharmacist conducts quarterly reviews of all medication, attends the annual resident care conference and conducts a monthly chemical restraint review.

High-risk/high-alert drugs are labeled and nurses co-sign as a double check. The risk of using "Do Not Use" abbreviations with medication orders has significantly decreased with the implementation of Connect Care and computerized prescriber order entry (CPOE).

The medication fridge in the pharmacy temperature is checked daily Monday to Friday, however after-hours and on weekends the temperature is not checked, and it was not clear what the process and accountability would be if the fridge temperature alarm goes off on weekends or after-hours. It will be important to clarify for the integrity of the medications stored in the fridge.

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

Service Excellence

Standard Rating: 86.1% Met Criteria

13.9% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The staff, management and physicians at the Raymond Health Centre work collaboratively and are supported by an active Ladies Auxiliary to provide a level of care that is highly valued by those the facility serves. The facility provides 24/7 access to emergency and acute care. Pharmacists and diagnostic staff support with on-call availability. The facility has been designed to also support long-term care services.

Staff have access to online and in-person training. Orientation is provided for new staff. Performance reviews are weak and non-existent in some departments.

The facility has been utilizing the provincial Connect Care electronic medical record (EMR) and this is a work in progress. Assessments are standardized and medication reconciliation is generally well done for each patient. Patient capacity is determined, consents obtained and if necessary, substitute decision makers are identified. Care plans are developed with input from clients. There are opportunities to learn more about and optimize the new EMR and management are encouraged to facilitate additional follow-up training. Access to specialists has not been a problem.

An emphasis on people-centred care and continuous quality improvement (QI) is not established. There are examples of quality and safety indicators within some departments, however, there does not appear to be a formal or sustained approach to QI. The Raymond Health Centre is encouraged to establish a Quality Council comprised of staff, physicians, management, patients and partners. This group could access AHS resources to develop a quality plan and related key performance indicators. In addition, this group would oversee renewed training in QI, set expectations for QI projects, and monitor and support QI teams. A possible early step might be to widely share key performance indicators with all departments and engage staff with what they measure and how they can be used to validate good performance or motivate improvements. Likewise, it is suggested that leadership encourage a reflective review of key processes to ensure current practice matches expectations and protocols. Areas to examine should include evaluation of transitions in care.

Table 4: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.1.1	The team co-designs its services with its partners and the community.	HIGH

Criteria Number	Criteria Text	Criteria Type
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
4.1.5	The team regularly reviews its evidence-informed guidelines and protocols for service delivery.	HIGH
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
4.3.7	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
4.3.10	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: 95.6% Met Criteria

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

Assessment Results

The Raymond Health Centre ED is becoming increasingly busy as access to emergency care in surrounding areas is constrained. The Raymond Health Centre has become known for its accessibility in emergency care. Patients interviewed were pleased with the ability to get timely, professional, and friendly response to their emergency needs. Several patients interviewed felt more could be done to communicate with them regarding time, and expectations for next steps. The organization is encouraged to ensure that the new initiative related to "Shared Commitments" is displayed more prominently with the department and waiting area.

Partners such as Royal Canadian Mounted Police (RCMP) and Emergency Medical Services (EMS) felt the staff and service was well run and support their work responsively and professionally. The triage area affords reasonable privacy and confidentiality. The implementation of Connect Care has embedded standard assessments and enhanced overall care. Client identification armbands are used. There is appropriate equipment and information for the care of pediatric patients.

Physicians have access to diagnostics 24/7 and felt access to specialists was not an issue should the need arise. Staff displayed compassion for their patients and stated they have access to training relevant to the ED.

When asked, staff indicated they do not have access to key performance indicators and have not been involved in QI projects. The department is encouraged to revitalize its approach to QI and work with management to establish a scorecard of key performance indicators that are regularly monitored and shared with department staff. Disclosures occur when there are errors and staff feel comfortable disclosing and ensuring documentation is in the chart and the incident management system.

Environmental service staff are proud of their efforts to keep the ED clean despite increased utilization. The organization is encouraged to ensure an appropriate seclusion area is part of the new ED. Currently a room on the unit, used by patients and housing equipment serves as a seclusion room should one be necessary.

The organization is commended for obtaining approval for the redevelopment of the ED, scheduled to start in August 2024. This enhancement will help address the increased activity. Plans were developed largely by management and physicians. Involvement of patients and staff in co-design was a missed opportunity to ensure the voices of those who work in and are served by the department are heard in the planning stages. Efforts are encouraged to ensure these groups and partners are part of the project going forward.

Table 5: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.3.6	After the initial triage assessment, clients who are waiting for service are advised which team member to contact if their condition changes.	HIGH
2.3.7	There is ongoing communication with clients who are waiting for services.	NORMAL
2.4.15	Clients and families are provided with information about their rights and responsibilities.	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

Inpatient Services

Standard Rating: 92.2% Met Criteria

7.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The team, including all disciplines, is commended for their discharge planning meeting, demonstrating how closely and collaboratively they work together to enhance patient care. The role of the assistant head nurse (AHN) has been well-received and appreciated by the team. Admissions to this inpatient unit are mainly adult/older adult for various diagnostic conditions. There are very rare pediatric admissions, and equipment is available should the need arise.

Education for staff is available via MyLearningLink (MLL) and a list of required education is maintained by the AHN. Nurses determine the safety and level of patients for transport and Natvan (non-ambulance transport) is used as appropriate to reduce the burden on EMS. RAAPID (Referral, Access, Advice, Placement, Information & Destination) shares anticipated direct admissions via Connect Care, so that adequate communication and preparation is completed.

Patients are very complimentary of the compassionate and professional care they receive. Although the staff is very attuned to the needs of their population, patient co-design has not been part of their process. The facility is encouraged to include patients and families in working towards a more people-centred approach. Another suggestion is to use the quality board to include patient and family comments and feedback, potentially using a QR code to reduce the need for paper/writing instruments.

The ladies' auxiliary and volunteers are appreciated by staff and patients alike. They enhance the patient experience with their roving cart and kindness.

This site implemented Connect Care in November 2023 and is still learning all the functionality. Individualized patient goals were not documented in the electronic health record. Individualized patient care plans were not documented in the electronic health record. The site contacted Connect Care support during the accreditation survey to learn how and where within Connect Care to document the care plan and goals and immediately began to act.

Table 6: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
1.1.1	Services are co-designed to meet the needs of an aging population, where applicable.	NORMAL
1.1.2	Services are co-designed to effectively serve pediatric and youth populations, where applicable.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.3.5	Goals and expected results of the client's care and services are identified in partnership with the client and family.	NORMAL
3.3.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	HIGH
3.3.19	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.	NORMAL
3.4.1	The client's individualized care plan is followed when services are provided.	NORMAL
3.4.13	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.	NORMAL

Long-Term Care Services

Standard Rating: 91.8% Met Criteria

8.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

There are five long-term care (LTC) beds at the Raymond Health Centre. A case manager role has been instrumental in coordinating care for the residents. As this is not a locked unit, criteria for admission must include the resident not being a flight risk. Residents and their families report exceptional care and are very grateful to the dedicated and caring staff. The advantage of having public health and physician clinics on site, supports vaccinations and more timely access for residents. The new Shared Commitments from AHS was not prominent in the LTC area, however a rights and responsibilities document was noted. There is a perception that the food “used to be better”.

To improve consistency, LTC interdisciplinary meetings have been established to take place on the last Wednesday of each month. There is also an annual care conference, and the team collaborates in support of the residents, who have a length of stay of several years in some cases. Staff have completed non-violent crisis intervention and maintain their competency by completing required courses via MLL.

This site implemented Connect Care in November 2023 and is still learning all the functionality. Individualized patient care plans were not documented in the electronic health record. The AHN contacted Connect Care support during the survey to learn how and where within Connect Care to document the care plan and immediately began to act. Also, in LTC, staff were unable to locate the initial pressure ulcer risk assessment and documentation tool in Connect Care.

While evaluation, results reporting and formalized QI projects are not currently in place, more experience with Connect Care and data availability for improvements is encouraged in the future. The case manager of LTC appreciates the need to “wean” nursing staff from outdated paper-based notations in the green binder to reduce duplicate charting (paper and electronic) and to reduce the risk of missing formal electronic documentation, which should be the one source of truth.

Table 7: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text	Criteria Type
2.3.1	The team develops and documents an individualized care plan for each resident, based on their needs and goals.	NORMAL
2.3.4	The team plans for care transitions, including end of service, and identifies them in the individualized care plan.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.5.3	<p data-bbox="383 296 649 327">Skin and Wound Care</p> <p data-bbox="402 380 1175 537">2.5.3.6 Standardized documentation is implemented to create a comprehensive record of all aspects of the client's skin and wound care (including assessment, treatment goals, treatment provided, and outcomes).</p>	ROP
2.5.4	<p data-bbox="383 558 695 590">Pressure Ulcer Prevention</p> <p data-bbox="402 642 1127 737">2.5.4.1 An initial pressure ulcer risk assessment is conducted for clients upon admission, using a validated, standardized risk assessment tool.</p> <p data-bbox="402 758 1162 852">2.5.4.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.</p>	ROP

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	2.3.6 - After the initial triage assessment, clients who are waiting for service are advised which team member to contact if their condition changes.	May 30, 2025
Emergency Department	2.4.15 - Clients and families are provided with information about their rights and responsibilities.	May 30, 2025
Inpatient Services	3.3.16 - A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	May 30, 2025
Long Term Care Services	2.3.1 The team develops and documents an individualized care plan for each resident, based on their needs and goals.	May 30, 2025
Long Term Care Services	2.5.3.6 - Standardized documentation is implemented to create a comprehensive record of all aspects of the client's skin and wound care (including assessment, treatment goals, treatment provided, and outcomes).	May 30, 2025
Long Term Care Services	2.5.4.1 - An initial pressure ulcer risk assessment is conducted for clients upon admission, using a validated, standardized risk assessment tool.	May 30, 2025
Long Term Care Services	2.5.4.5 - The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	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