**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global^{TM} Program

Taber Health Centre
Alberta Health Services

Report Issued: June 18, 2024

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About Accreditation Canada

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

About the Accreditation Report

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

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

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

Confidentiality

Executive Summary

About the Organization

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2023-2027). Accreditation visits are helping AHS achieve its goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occur in the first survey of the cycle (Fall 2023).

During the cycle, location-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Emergency and Disaster Management, Infection Prevention and Control, Leadership, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, provincial, and community-based programs where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach provides a more comprehensive assessment and aligns with different levels of accountability.

To further promote continuous improvement, AHS has adopted the assessment method referred to as attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization's knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

After each accreditation survey, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organizations' accreditation award.

Surveyor Overview of Team Observations

The Taber Health Centre has the benefit of a very strong, collaborative site manager who has built trust amongst staff and physicians and enhanced teamwork across the organization. Through consistent rounding several times per day, the site manager can be fully aware of the needs of staff and patients. There is strong communication and collaboration amongst the team, regional support, as well as the community.

With the support of dedicated family physicians and staff, many of whom live in the area, Taber Health Centre provides emergency, medical, surgical, obstetrical and long-term care services. General practitioners living in the area provide coverage in the emergency department and function as hospitalists on a weekly basis. Visiting surgeons augment the surgical services and provide care close to home for the community. The hospital is commended for the work that has been done to support care for low-risk obstetrical patients. With a group of very committed family practitioners, midwives and general practitioner anesthetists, this program provides care to a growing number of women who wish to give birth in their community. Through participation in the managing obstetrical risk efficiently program (MoreOB) and a strong partnership with the Chinook Regional Hospital, Taber Health Centre is delivering safe, quality care to a growing number of obstetrical patients.

Taber Health Centre has implemented strong patient flow and discharge planning measures. "Rapid Rounds" are held each morning, Monday to Thursday, with good attendance from the interdisciplinary team.

Through this forum, the current health status and discharge plans are discussed for all inpatients. In addition, the implementation of two community transitional beds within the long-term care unit has augmented flow and supports the needs of longer stay patients.

There are many long tenure staff within the hospital. The organization has had good success in providing education, growth, and development opportunities for staff, thereby retaining those who may have otherwise moved to larger centres. Taber Health Centre actively supports student learning and currently provides these opportunities to a number of disciplines including medicine, pharmacy and nursing. Through these efforts, students are frequently recruited once they complete their education and training.

Patients and family members spoken with are very appreciative of the care they are receiving at the Taber Health Centre. They express gratitude for the care close to home and the ability to know their care providers as also members of the community. Recent results for the Canadian Patient Experience Survey for inpatients showed Taber Health Centre with an overall score of 83% while the provincial target is 64.2%.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Strong, collaborative, leadership and engaged and committed staff and physicians, many of whom are long tenure.
- Comprehensive care close to home through collaboration with community and regional partners.
- Patient flow – rapid rounds, community transition beds, and liaison with home care are facilitating strong patient flow.
- Clean environment which is continually being renovated to provide the best possible use of space and well-functioning, up-to-date equipment.

Key Opportunities

- Build the quality program by supporting the work of the newly formed Quality Committee and identifying methods by which additional staff and physicians can participate. Move forward with the recruitment of a patient advisor to the Quality Committee.
- Close the loop on work to support required organizational practices (ROPs) and quality initiatives through improved data analysis and evaluation of programs such as the ROPs for falls, pressure ulcers and information transfer.
- Expand capacity to access and analyze data that is available through Connect Care and Tableau.
- Ensure learning and development is aligned with staff accountabilities (e.g. nurses covering site have associated leadership and charge nurse training and coaching, mental health, and addictions training)

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%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Emergency Department	4 / 5	80.0%
	Inpatient Services	4 / 5	80.0%
	Long-Term Care Services	3 / 5	60.0%
	Obstetrics Services	4 / 5	80.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	4 / 5	80.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	2 / 2	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	5 / 6	83.3%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Antimicrobial Stewardship	Medication Management	4 / 5	80.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%

Assessment Results by Standard

Core Standards

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

Emergency and Disaster Management

Standard Rating: 100% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Alberta Health Services (AHS) has set in place structures and processes to support a holistic culture of emergency and disaster preparedness which is evident at the Taber Health Centre. Taber Health Centre is situated in the South zone and emergency disaster management activities at the site are coordinated through the Emergency Operations Centre (EOC) located in Lethbridge, approximately 50 kilometers away. The Taber Health Centre maintains its own emergency and disaster plan, which aligns and is coordinated with that of the South zone.

Taber Health Centre experienced a burst water pipe in January 2024 due to very cold temperatures, which impacted the fire alarm system and power supply. The response was rapid, and the notification of appropriate staff occurred. Protective Services also came on-site as per the plan. All services were able to be fully restored within a relatively short period of time. An informal debrief with staff on site was completed and several mitigating strategies have been implemented. The organization is encouraged to engage the zone for a more formal debrief in the future to support broader learning from situations such as this.

In emergency situations where communication to the community is needed regarding the current situation, the organization engages AHS communication staff for this support. There was no evidence to indicate that Taber Health Centre nor AHS is providing proactive support to the community to inform actions to meet their health care needs should an emergency situation or disaster occur.
All staff are required to complete emergency response training at the time of orientation. This training includes information on all emergency response codes and plans as well as how AHS responds to incidents. In addition, the zone develops and implements an annual training plan which includes drills and monthly "Be Ready" exercises regarding the various emergency codes. These "Be Ready" exercises are conducted as table-top exercises at Taber Health Centre. An annual review of the code red response plan is required of all staff. The facility does not currently integrate its emergency and disaster plan with community plans, and it is recommended that this begins to occur to support enhanced coordination in the case of a major disaster or emergency.

Staff interviewed indicated they felt prepared to respond to emergency and disaster situations and knew where and how to access the necessary information to guide their actions. They are very familiar with actions to be taken in code red drills as these are held regularly.

Binders with up-to-date emergency response plans are found in each care area of the hospital. The contact list or fan-out list has recently been updated at Taber Health Centre, however the list is on paper and the organization is encouraged to also have this available electronically.

Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 97.6% Met Criteria

2.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The infection prevention and control (IPC) program at the Taber Health Centre is supported by an off-site infection control practitioner (ICP) who also covers several other sites but is available to staff at Taber Health Centre as needed. Staff are encouraged to call the ICP directly when they have questions or concerns, and this practice is occurring. Taber Health Centre has personal protective equipment (PPE) "safety coaches" who are on-site staff with additional training in the use of PPE. These individuals provide just-in-time teaching and coaching to staff on the use of PPE. Also, the hospital has the support of two hand-hygiene (HH) auditors who have been trained by regional HH coordinators to perform regular audits. The Taber Health Centre has been recognized for its strong performance and collaboration in engaging staff and collecting data regarding HH and has won a "Hands off Award" for this work.

HH compliance rates are posted in each of the care areas and staff are aware of their level of compliance. Alcohol based hand rub stations are available in public and patient care areas, however there are some areas where these are infrequent, and the organization is encouraged to increase the number of stations throughout the hospital. The wall hand sanitizer stations have small pictures describing hand- washing techniques on the actual dispenser; however, these are very difficult to read. The organization is encouraged to provide larger posters in public washrooms and other high traffic public areas.

The hospital submits data to the zone regarding a number of different indicators including surgical site infections, healthcare associated infections, HH and antibiotic resistant organisms. The zone IPC committee is responsible for reviewing data submitted by the various hospital sites as well as quality improvement (QI) work. This committee does have patient advisors as well as representatives from the different hospital sites. QIs are frequently identified when significant changes occur in any of these indicators, however the organization is encouraged to proactively identify some areas for improvement and develop a QI plan.

Staff appear knowledgeable and engaged in infection control practices. Policies and procedures are readily accessible electronically and the staff are aware of their role in keeping patients safe. IPC is actively involved in practices within the food services area as well as the handling of laundry and waste management. There has also been good involvement of IPC in recent renovations and there is planned involvement in those that will be occurring in the near future. The storage of supplies in most areas is occurring in plastic bins but there are some areas where there are some cardboard boxes in storage areas and the organization is encouraged to address this.

All staff are required to complete "required organizational learning" (ROL) modules regarding IPC practices and hand hygiene at orientation and then every three years.

Healthcare associated infections are monitored carefully and an outbreak management protocol is in place. Roles and responsibilities within an outbreak are clearly articulated.

There are some physical areas of the hospital where space limitation may impact IPC such as the main entry waiting room which is also the waiting room for the ED as well as the laboratory and diagnostic imaging. It is recognized that there is not an easy solution however the hospital is encouraged to be cognizant of the congestion that may occur here and increase cleaning practices as well as the number of hand sanitizer stations that are available in the area.

The facility is commended for the work that is currently being done to plan for a potential outbreak of measles in the community as the area has one of the lowest vaccination rates in the province.

Table 2: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
3.3.1	There is a quality improvement plan for the infection prevention and control program.	HIGH

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Taber Health Centre site manager is responsible for the day-to-day operations of the facility. The individual provides a strong coordinating and team building role by rounding several times per day and communicating directly with staff, physicians, and patients.   The manager is commended for their dedication to supporting the team and ensuring patients receive the care they require.

Pamphlets are available at the entry to the hospital with information on how to raise a concern and this information is also available on the external website. The majority of patient concerns are brought forward to the central patient relations office where the concern is documented and then forwarded to the site lead to review and handle.

The Taber Health Centre is not a new building but is well maintained and clean. A number of renovations have been completed in the past few years including the emergency department (ED) triage area and further renovations are planned for the operating room. Patients and staff, including infection control staff, were engaged in planning of the triage renovations and this will also occur with the upcoming renovations to the operating room.

Safety rounds are completed monthly with the support of health and safety committee members. The major risk identified by the site is the risk of slips trips and falls on ice outside of the building and a number of mitigating strategies have been implemented. Another major risk identified is the lack of vacation replacements for security staff as this may leave the site without this support and only one nurse in the ED at night.

The facility is well equipped for the services provided largely through the support of a local hospital foundation. On-site maintenance staff support an annual preventive maintenance program for beds, wheelchairs, lifts, and other equipment used to support patient care. Major diagnostic and medical equipment are maintained through the support of the company from which it is purchased or contracted biomedical support.

Connect Care was launched at Taber Health Centre in November 2023 and the hospital is well equipped with computers to support the use of the system.

Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 95.7%% Met Criteria

4.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The pharmacy at the Taber Health Centre is supported by Chinook Regional Hospital, approximately 50 kilometers away. It is supported by a pharmacist and a pharmacy technician who are available Monday to Friday. After-hours and weekend coverage is provided by on-call pharmacists from the region. The pharmacy is unmarked and locked at all times with card access only. Within the pharmacy, the workspace is organized and well lit. Daily deliveries from Chinook Regional Hospital replenish the stock of formulary medications kept at the Taber Health Centre. All oral medications are in unit-dose packaging. The bins containing high alert medications are labeled and look-alike/sound-alike (LASA) medications are also labeled, and these bins are located apart from each other. TALLman lettering is used to distinguish LASA medications. It was noted that on the inpatient unit and in the ED, a number of different LASA medications are placed in the same bin with partitions and labels on each partition with the name of the medication in that partition. This practice would appear to create increased risk that the wrong drug may be chosen, and the hospital is encouraged to look to change this practice. The pharmacy does not do compounding nor mixing of medications. Although the organization attempts to not use multi-dose vials, this is not always possible due to drug shortages.

The Taber Health Centre has implemented computerized prescriber order entry (CPOE) and medication orders are sent electronically to the pharmacy where they are reviewed by the pharmacist and then filled by the pharmacy technician. The medication administration record is updated electronically. There was no evidence provided to indicate there was a quality assurance process to ensure medications are accurately dispensed as ordered.

A locked room adjacent to the inpatient unit serves as a "night cupboard" and medications are drawn from this area during the night and weekends. The documentation of what is taken is manual and the pharmacy technician reviewed this list each morning Monday to Friday and restocked the cupboard as needed.

There are medication rooms in each of the clinical areas, ED, inpatient, and long-term care (LTC) units. These spaces are small and, in some areas, such as the LTC unit, are not able to accommodate more than one or two individuals at one time. Taber Health Centre does not have automated dispensing cabinets but rather uses bins for each patient's medications. Ward stock is located in cupboards within the medication rooms. It was noted that the medication rooms on the inpatient unit, as well as in the ED, are equipped with locks, however the doors are continuously left open. The hospital is encouraged to ensure that these doors are closed at all times.

The pharmacist along with the rest of the interdisciplinary team attends "Rapid Rounds" which are held each morning during the week and provide a forum for review and discussion of each in-patient's current health status and plan of treatment. The pharmacist also visits most patients prior to discharge to review their discharge medications. Taber Health Centre is participating in the antimicrobial stewardship program and the pharmacist is actively engaged in ensuring appropriate antibiotic use. However, the pharmacist indicated data regarding the hospital's performance relative to antibiotic usage has not been shared. It is encouraged to have this information flow back to the pharmacy such that the pharmacist can be kept aware of the impact of the actions being taken to support appropriate antibiotic use.

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
5.1.1	Access to medication storage areas is limited to authorized team members.	HIGH
5.1.4	The organization maintains medication storage conditions that protect the stability of medications.	HIGH
5.1.9	Multi-dose vials are used only for a single client in client service areas.	HIGH
9.1.1	The pharmacy has a quality assurance process to ensure that medications are accurately dispensed as ordered.	HIGH

Service Excellence

Standard Rating: 91.2% Met Criteria

8.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

This organization provides care to over 9,200 clients annually. The organization has very capable and committed clinical leadership and a positive organizational and safety culture. People-centred care was noted in all areas assessed.

This organization has competent interdisciplinary teams with considerable tenure. Performance appraisals are completed, and regular positive and constructive feedback is provided. The organization is encouraged to continue the implementation of the Quality Committee and ensure that diverse patient and family representation is included.

Areas for focus include the introduction of QI plans that include identification of initiatives (in partnership with patients and families), measurable objectives, and timelines. Once these are in place, the organization is encouraged to ensure effective use of data and evidence to monitor, promote, and advance quality improvement. AHS can facilitate this through the existing regional quality consultant (capability building) and creating a few standard reports in Tableau that can be automatically distributed to appropriate staff within the organization. Additionally, creating local and/or regional Tableau super-users is encouraged to transform the rich source of data in Connect Care into meaningful information that supports local decision making.

Table 4: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
4.3.2	The team uses information and feedback about the quality of services to identify opportunities for quality improvement initiatives and set priorities.	NORMAL
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL

Criteria Number	Criteria Text	Criteria Type
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
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: 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

This organization has a 10-bed 24/7 emergency department (ED) providing care for over 14,300 patients annually. There is effective and consistent documentation of best possible medical history (BPMH). Client and family members are actively involved in shared decision making. There is an impressive level of coordination among care providers internally and externally to support quality and safety (EMS transitions and support during surge when there is limited nursing staff). The organization improved ED flow by transitioning pre-operative patients to a separate area of the organization that is closer to the operating room (OR). Clinicians report a high degree of satisfaction with the Referral, Access, Advice, Placement, Information & Destination (RAAPID) program. The program provides them with rapid access to clinical expertise. The outcome is improved patient centred care and effective transitions to the most appropriate services and providers.

There are opportunities to improve flow and mitigate risks in the general waiting area. Currently, the hospital main entrance is also the ED waiting area and outpatient lab/diagnostic waiting area. Consequently, triage is not entirely private, nor is this environment ideal for infection prevention and control or security.

The effectiveness of communication during care transitions has not been evaluated to inform potential patients and workforce safety improvements. While Connect Care is most frequently used for care transitions, there are multiple options in Connect Care (e.g. IDRAW and nursing handover tool are most often used). The organization may wish to communicate expectations and limit options in Connect Care to reinforce standardization and consistency among all staff. Subsequently, evaluation of the effectiveness of communications is encouraged.

The site is encouraged to develop clear goals and objectives regarding wait times, length of stay (LOS) in the ED, client diversion to other facilities, and number of clients who leave without being seen, with input from clients and families.

Table 5: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text		Criteria Type
2.7.17	Information Transfer at Care Transitions		ROP
	2.7.17.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	
	2.7.17.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	
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: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

This survey at Taber Health Centre underscored several areas of notable strength in patient care and experience. Patients and families that were interviewed consistently rated the care and experience quite high, reflecting the organization's impressive focus on client service, communication, and safety orientation.

Examples of this commitment include standardized multidisciplinary rounding, which ensures a comprehensive approach to patient care, and intentional leadership rounding to all patient areas multiple times daily, demonstrating proactive engagement with patients, families, and staff.
Furthermore, the site manager visits with all newly admitted patients showcases a dedication to establishing early rapport and addressing concerns promptly.

These initiatives not only reflect a strong emphasis on patient-centered care but also underscore the organization's proactive approach to enhancing the overall patient and family experience.

Implementing 'falling stars' signage in patient rooms and on respective doors would serve as a clear visual reminder to patients, families, and staff about the importance of falls prevention. Furthermore, establishing formal evaluation processes for client and family follow-up after discharge, in addition to assessing the effectiveness of communication related to information transfer, can pinpoint specific areas for improvement. This approach ensures continuous enhancement of care quality and patient safety.

Table 6: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.4.18	Information Transfer at Care Transitions 3.4.18.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	ROP

Long-Term Care Services

Standard Rating: 93.4% Met Criteria

6.6% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The long-term care (LTC) unit at Taber Health Centre has 10 beds, two of which have been designated as community transitional beds and support extended stay patients who are planning to return home. The unit is warm and welcoming with all private rooms and wide, bright hallways. The dining room and sitting room provide a home like environment.   The majority of the residents require a significant amount of care, and some tend to have responsive behaviors.

The team consists of nurses and health care aides who work closely together to support the care of residents. Staff have received additional training in dealing with responsive behaviors as well as non-violent crisis intervention. Several other education programs are provided to staff including palliative care, use of restraints and lifting and turning techniques.

Residents and family members are encouraged to be engaged in care and in the coordination of the unit. The Resident and Family Council has been re-established and has begun meeting regularly to discuss concerns as well as to generate ideas regarding activities and the general operations of the unit. White boards are found in the patient rooms are completed and up to date.

Upon admission to the unit a detailed physical and psychosocial assessment is conducted. The risk for falls, pressure ulcers and suicide risk are completed for each client. Appropriate interventions are implemented as required and the level of risk is re-evaluated regularly.   Although the incidents of falls and pressure ulcers are reported through the Reporting and Learning System, little is done with this information. The unit is encouraged to showcase trends in the incidence of falls and pressure ulcers and to use this data to evaluate the programs.

The unit is currently not using the recommended methods for transfer of information from shift to shift as it is felt the tool reflects the needs of acute care patients and is less relevant for LTC. Given that a standardized, tool is recommended for the transfer of information, the unit is encouraged to explore what other LTC homes are using as an electronic option to support shift to shift transfer of information.

Residents spoken to were very pleased with their care and grateful for their surroundings. They indicated they are treated with respect and dignity and provided flexibility within the day's activities.

Table 7: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text		Criteria Type
2.5.2	Fall Prevention and Injury Reduction - Long-Term Care Services		ROP
	2.5.2.6	The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	
2.5.4	Pressure Ulcer Prevention		ROP
	2.5.4.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	
2.5.7	Information Transfer at Care Transitions		ROP
	2.5.7.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	
	2.5.7.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)	

Obstetrics Services

Standard Rating: 97.0% Met Criteria

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

Assessment Results

The Taber Health Centre provides obstetrical care for expectant mothers of 37 weeks gestation or greater that are deemed not high risk. All other clients are transferred to a larger hospital in the region. Planned and unplanned cesarian sections (c-section) are also performed within ORs at Taber Health Centre.

The hospital has two birthing suites which are located within the physical space of the inpatient unit. The rooms are well equipped and spacious. Wall oxygen and air are in place and portable nitrous oxide canisters are used as needed. Once the patient is stable post-delivery, the mother and baby are moved to a regular room within the inpatient unit. The newborn remains with the mother for the duration of their stay in hospital.

Access to obstetrical care is 24/7 and emergency cases are handled by the on-call staff and physicians. The team includes general practitioners, midwives, and registered nursing staff. Given the volume of births annually, inpatient nursing staff, who have taken additional training in obstetrics, rotate through to support obstetrical deliveries and post-partum care. The hospital is commended for its participation in the Managing Obstetrical Risk Efficiently (MoreOB) program to keep nursing staff, general practitioners, and midwives aware of and in step with best practice.

The majority of c-sections are elective and are booked through the physician offices. Given that only one OR operates at any time, the second is always available should there be an urgent need for a c-section. The safe surgery checklist is regularly used during c-sections.

Upon admission to the birthing suites a full assessment is carried out including a best possible medication history (BPMH) and an assessment for falls.

Skin-to-skin and breast feeding are strongly encouraged and are said to be well received by patients. Breast milk is currently being stored in the general fridge that is available for use by all patients. The organization is encouraged to acquire a separate fridge that can be locked and/or kept in a secure area that is accessed only by staff as per policy.

A follow-up appointment with public health is arranged prior to discharge and this usually occurs within 24 – 36 hours post discharge. There was no evidence to indicate that the effectiveness of the discharge and transition home is evaluated. Taber Health Centre is encouraged to implement some follow-up calls to patients following discharge to gather data regarding the transition.

Table 8: Unmet Criteria for Obstetrics Services

Criteria Number	Criteria Text	Criteria Type

1.4.16	Information Transfer at Care Transitions
	
	1.4.16.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include:
	
	   • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer
	   • Asking clients, families, and service providers if they received the information they needed
	   • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)
		ROP

1.6.9	Established policies on handling, storing, labelling, and disposing of medications and breast milk safely and securely are followed.	HIGH
1.8.8	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	NORMAL

Perioperative Services and Invasive Procedures

Standard Rating: 99.4% Met Criteria

0.6% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

This organization has two ORs and performs 700 surgeries and endoscopies annually. The site meets most expectations. There is an excellent demonstration of standardized assessments in use in all areas of perioperative service (e.g. operating room, post anesthesia care unit [PACU]). Some of this has been facilitated by mandatory settings for items like safe surgical checklist in Connect Care and the fact that all staff are very experienced in their roles. All areas are very clean and storage areas are well-labeled.

Physical space is very limited for recovery, PACU and equipment. While some optimization has occurred, there is opportunity for improvement with planned renovations. To understand areas of strength and areas for improvement, the team is encouraged to introduce a process to follow up with day surgery clients. To improve care closer to home and reduce surgical wait times, the existing staffing model and complement could be optimized to permit full use of the operating suites.

Table 9: Unmet Criteria for Perioperative Services and Invasive Procedures

Criteria Number	Criteria Text	Criteria Type
2.12.16	There is a process to follow up with discharged day surgery clients.	NORMAL

Reprocessing of Reusable Medical Devices

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Taber Health Center is meeting all expectations for medical devices and equipment reprocessing. A highly competent and experienced team member, who has been in the role more than 30 years, covers the entire site.

While documentation is in place according to standards, there is an opportunity to ensure this is available in an online platform consistent with best practices and standardized approach. This will be important to support succession planning.

While routine preventive maintenance is conducted and recorded, the sterilizer lifecycle may need to be reviewed since the parts to repair are no longer available.

Unmet Criteria for Reprocessing of Reusable Medical Devices

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 Department	2.7.17.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	May 30, 2025
Inpatient Services	3.4.18.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	May 30, 2025
Long Term Care Services	2.5.2.6 - The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	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
Long Term Care Services	2.5.7.2 - Documentation tools and communication strategies are used to standardize information transfer at care transitions.	May 30, 2025

Follow-up Requirements		
Standard	**Criterion**	**Due Date**
Long Term Care Services	2.5.7.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)	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
Medication Management	5.1.1 - Access to medication storage areas is limited to authorized team members.	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	9.1.1 - The pharmacy has a quality assurance process to ensure that medications are accurately dispensed as ordered.	May 30, 2025
Obstetrics Services	1.4.16.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)	May 30, 2025
Obstetrics Services	1.6.9 - Established policies on handling, storing, labelling, and disposing of medications and breast milk safely and securely are followed.	May 30, 2025