

**JUNE
2021**

Whitecourt Healthcare Centre

North Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



ACCREDITATION
AGRÉMENT
CANADA

Table of Contents

About this Accreditation Report	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey	4
Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey	4
Confidentiality.....	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	7
Key Opportunities and Areas of Excellence	8
Key Opportunities	8
Areas of Excellence	8
Results at a Glance.....	9
Compliance Overall	9
Compliance by Standard	10
Compliance By System Level Priority Process.....	11
Compliance by Quality Dimension.....	12
Compliance by Required Organizational Practice (ROP).....	13
Detailed Results: System-level Priority Processes	14
Emergency Preparedness	14
Infection Prevention and Control	15
Medical Devices and Equipment.....	16
Medication Management	17
Patient Flow	18
People-Centred Care.....	18
Physical Environment.....	19
Detailed Results by Service-Level Priority Process	21
Emergency Department.....	21
Inpatient Services.....	22
Perioperative Services and Invasive Procedures	23
Service Excellence	24
Criteria for Follow-up.....	26
Criteria Identified for Follow-up by the Accreditation Decision Committee	26

About this Accreditation Report

Alberta Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted June 14, 2021 – June 25, 2021. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation results are based on information regarding sites and services provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

About the AHS Accreditation Cycle

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 (2019-2022). Accreditation visits are helping AHS achieve its goal of being *accreditation ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

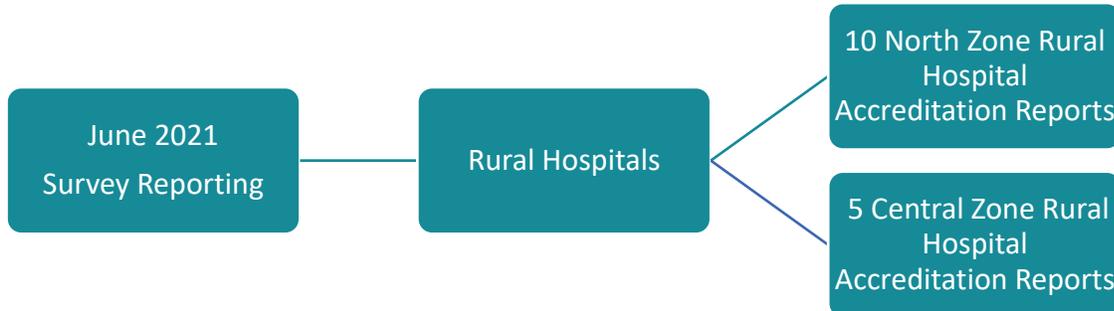
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019-2022), site-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 Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices, Service Excellence and Leadership. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted new assessment methods offered by Accreditation Canada. Pre-survey attestation requires sites/teams to conduct a self-assessment against specified criteria within the standards and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are validated by Accreditation Canada during the on-site survey and are used to inform an accreditation decision at the end of the four-year accreditation cycle. The second assessment method is unannounced on-site surveys. This method requires all sites and services to participate in pre-survey attestation and engage in the accreditation process to ensure the standards have been implemented and they are *accreditation ready* at all times.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. AHS's accreditation award will be granted at the end of the accreditation cycle.

The accreditation reports for the Spring 2021 Survey are organized as follows:



North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Boyle Healthcare Centre
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- George McDougall - Smoky Lake Healthcare Centre
- Hinton Healthcare Centre
- Slave Lake Healthcare Centre
- St. Therese - St. Paul Healthcare Centre
- Wabasca/Desmarais Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow - Lac La Biche Healthcare Centre

Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Coronation Hospital and Care Centre
- Daysland Health Centre
- Vermilion Health Centre
- Viking Health Centre
- Wainwright Health Centre

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only.

Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

Executive Summary

Surveyor Observations

Whitecourt Healthcare Centre, located in Whitecourt, Alberta has serviced the surrounding communities for 55 years. The hospital had renovations in 1996 and Laboratory renovations are currently underway at the site. This has resulted in the temporary loss of two beds until mid to late summer 2021.

The Whitecourt team are commended for their focus on improving quality and safety, as well as the patient and staff experience. Adult inpatient experience scores are high and exceed AHS targets. Staff engagement has improved in recent years as a focus on addressing staff concerns, safety, workflow and providing recognition for work well done has been implemented. There is a strong focus on emergency preparedness and workplace safety. Both areas have active committees with strong engagement of key members.

There is a strong, respectful relationship between the Site Manager and Zone teams. They collaborate on quality and operational excellence priorities. Medical leads have been identified for Acute Care, Obstetrics, Endoscopy, and Addictions and Mental Health. Quality improvement initiatives, including a strong focus on education and competency-based practice are underway in each of these key areas with physicians, the Acute Care Manager, and nursing staff involvement. Incident data and sentinel event reviews have been used to drive improvement in key areas.

The Whitecourt leadership team are encouraged to establish an overall approach for quality and safety at the site as well as integrated goals and objectives with indicators, targets, and timelines. This will enhance staff alignment with AHS quality and operational excellence strategic priorities as well as continue to build staff engagement in the work. The *Measuring Healthcare* board in the hallway has data posted, however, it is not used by staff. The board can be restructured to align with the safety and quality initiatives and can also be used in safety huddles to highlight successes and opportunities.

The site has significant infrastructure and space constraints which are well known to North Zone and AHS leadership. The Emergency Department is an urgent priority for improvement of patient and staff workflow and safety. A committee has been struck to develop a plan with timelines and to test options to finalize a plan that addresses quality, safety, and risk management.

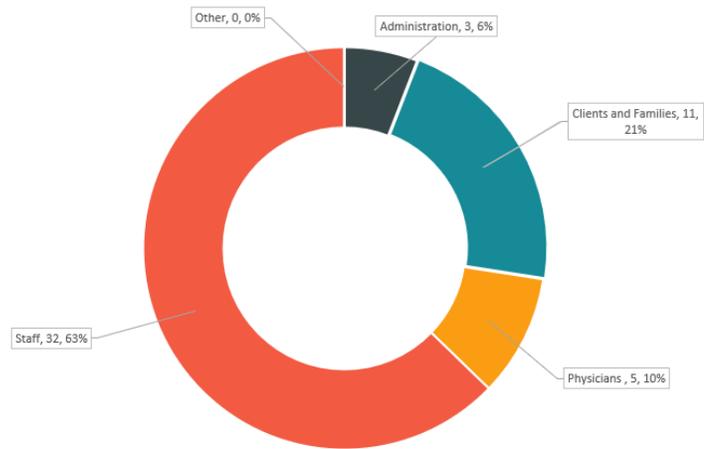
A new hospital for Whitecourt has been on the agenda for several years. Several risk and safety issues cannot be addressed within the current space unless non-essential services are moved off-site to provide more appropriate and safe space for patient care and essential services.

Prior to the pandemic, the Site Manager and Zone Director had regular community stakeholder meetings. There is a plan to resume these in the future. The Site leadership team are encouraged to take a more formal approach to people-centred care by having patient advisors in key quality or project committees.

Survey Methodology

An Accreditation Canada Surveyor spent 3.5 days at Whitecourt Healthcare Centre.

To conduct assessments, the surveyor gathered information from the following groups¹



¹ "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

The Accreditation Canada surveyor identified the following key opportunities and areas of excellence for this site:

Key Opportunities

1. Find ways to implement infrastructure improvements and space redesign
2. Advance the approach to quality improvement and operational excellence by developing and communicating site goals and objectives
3. Enhance People-Centered Care through active engagement of patient/family advisors in key committees and projects at the site level
4. Continue to focus on staff wellness, engagement, and competency development
5. Finalize a plan to address issues and resource requirements for clients with addictions and mental health issues

Areas of Excellence

1. Focus on patient experience and patient-centered care
2. Staff engagement results have improved significantly from past years
3. Emergency Preparedness policies and procedures for outbreaks are clear on roles and responsibilities
4. The focus on safety for patients and staff is commendable

Results at a Glance

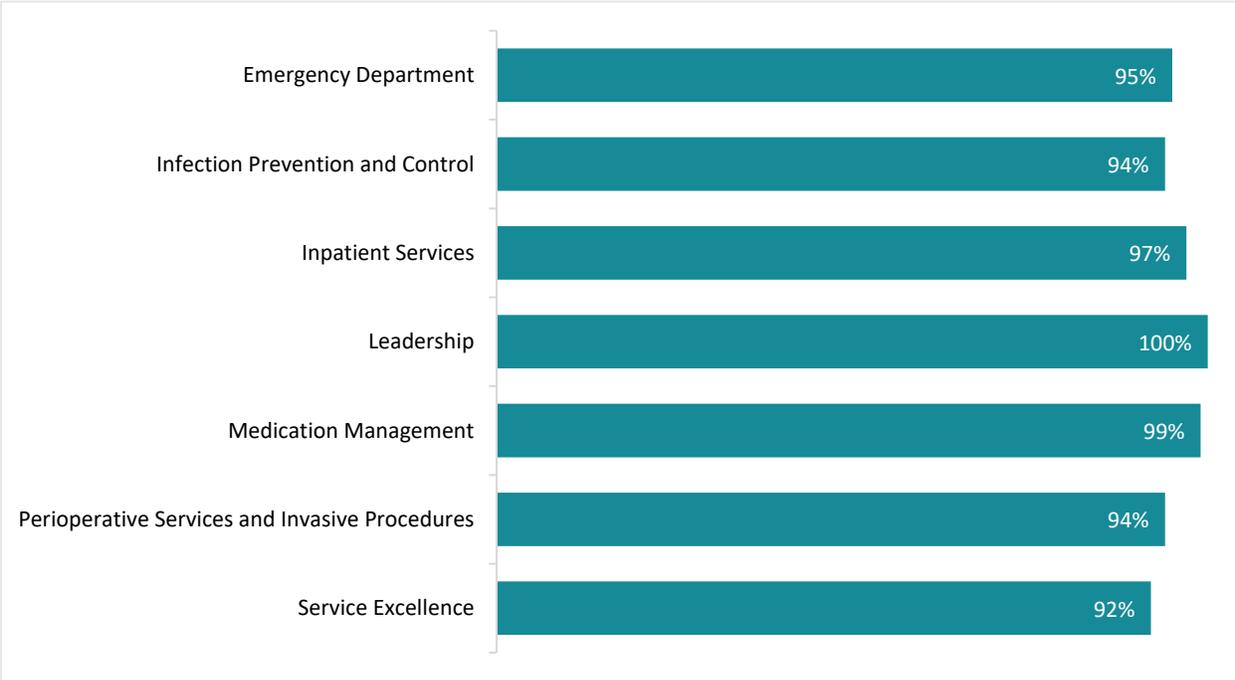
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 99% met	On-Site 94% met	Overall 95% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 97 criteria	Audited 11 Criteria		

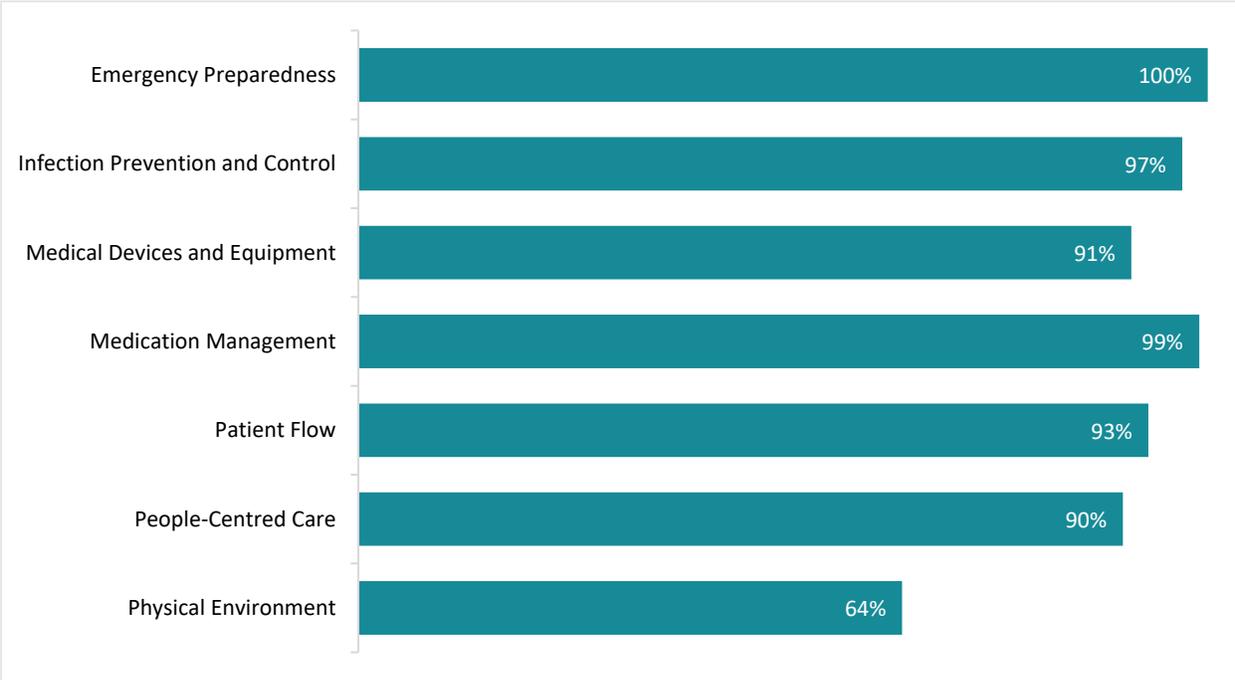
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are detailed in the section titled *Detailed Results: Required Organizational Practices (ROPs)*.

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	89	5	1	0
Infection Prevention and Control	58	4	1	1
Inpatient Services	66	2	1	0
Leadership	9	0	0	0
Medication Management	80	1	6	0
Perioperative Services and Invasive Procedures	87	6	10	46
Service Excellence	70	6	0	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	33	1	0	0
Medical Devices and Equipment	31	3	5	9
Medication Management	87	1	7	7
Patient Flow	14	1	4	0
People-Centred Care	36	4	0	0
Physical Environment	9	5	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	30	1	1	0
Appropriateness	152	5	6	9
Client Centered Services	92	4	2	8
Continuity of Services	18	1	0	1
Efficiency	3	0	1	0
Population Focus	4	0	0	0
Safety	148	12	8	29
Worklife	12	1	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	UNMET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
Pressure ulcer prevention	Inpatient Services	MET
Suicide prevention	Emergency Department	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.



There are no unmet criteria for this Priority Process.

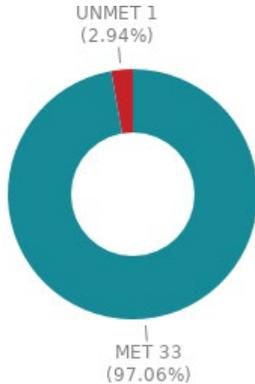
The team are commended for their focus on Emergency Preparedness. The team has access to key policies and procedures for outbreaks and are clear on roles and responsibilities. Several changes were made on-site because of the COVID-19 pandemic. Staff noted that the impact was not significant for their town and hospital until the most recent wave. Occupancy and staffing became an issue, however, the team worked together to address the challenges to ensure patient and staff safety.

Staff have received education on the all-hazard disaster and emergency response plan. The site has an active Emergency Disaster Management (EDM) Committee chaired by the Site Manager. The committee provides oversight for monthly drills, emergency response code (ERC) activation and education, as well as provides EDM Provincial/Zone updates. The results of all monthly drills and key learnings are discussed. All staff interviewed commented on the use of drills at the site and lessons learned from the experience.

In addition, there was a loss of water incident in Whitecourt one Sunday in January 2021. A review of the incident response was held with actions outlined for follow-up with respect to activation of the Loss of Water Procedure, communication, and business continuity planning.

Infection Prevention and Control

Priority Process Description: Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.



There is a strong focus on infection prevention and control (IPC) at Whitecourt Health Centre. The Infection Control Practitioner (ICP) for the site noted that the team is known for taking a proactive approach to IPC. The Acute Care Manager has significant experience in this area and that has been a great asset to the site. IPC policies and procedures are readily available.

Staff received education on COVID-19 screening tools and processes. PPE is readily available. A PPE coach (North Zone D'Officer initiative) is active at the site to support team safety

and compliance with PPE procedures.

Hand hygiene compliance is monitored and reported to staff via staff meetings and on the Healthcare Matters board. Overall rates for 2019-2020 were 96% and exceeded the AHS target of 90%. Hand hygiene compliance rates are below target for physicians and need further focus to meet the target. There was no hospital acquired infections in 2020-2021. Completed Antibiotic Resistant Organism (ARO) screening tools were found on all inpatient charts that were audited.

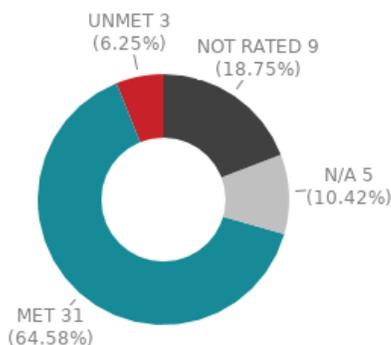
Laboratory renovations are underway. IPC was involved in planning and monitoring progress. Safety engineered devices for sharps are used and there are tamper resistance containers at key point of care areas. Roles and responsibilities for cleaning equipment are clear and followed.

Despite being an aging facility, the unit and support space are very clean. The kitchen was clean and tidy and meets safety requirements. The Environmental Service team members are knowledgeable about processes and products and are commended for the pride they take in the excellent work they do. However, a number of items on the unit are made from porous materials (wood carts in Obstetrics and patient cupboard/lockers). Some storage cabinets should be converted to cupboards with doors to protect supplies from dust (e.g., plastic sheets used in the ED rooms to protect supplies from dust). All porous material furniture should be prioritized for replacement with furniture that meets infection control standards. Waste management policies and procedures are followed. The laundry room has a single door and hence dirty and clean items cross each other. Red tape separates the dirty and clean side and staff do the best with what they have to mitigate cross-contamination.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	8.4	Team members, and volunteers have access to dedicated hand-washing sinks.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Perioperative Services and Invasive Procedures.



All sterilization is done off-site. Instruments are cleaned and disinfected prior to transport. The site recently installed a scope cabinet to ensure proper storage and tracking of endoscopes.

The site recently had a Medical Device and Reprocessing Department (MDRD) audit and did very well achieving overall compliance of 95.5%. Key deficiencies relate to lack of a hand hygiene sink in the decontamination area, one-way workflow in decontamination with dirty instruments crossing clean space and cardboard boxes in the hallway to

the procedure room and OR. Corrective actions were recommended. In the meantime, two hand sanitizer pumps are available in the decontamination room. Staff have the required training to work in MDRD.

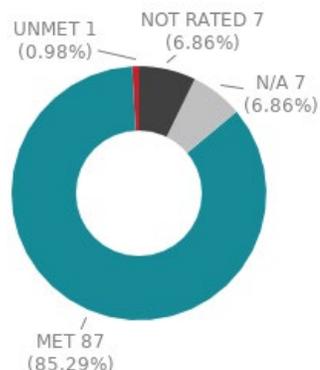
Staff have the required education for medical devices and equipment they use in clinical care. Equipment is purchased using AHS centralized processes. The site team is fortunate to have support from the Friends of Whitecourt who provide funding for equipment or other items required. Equipment that is broken or not in working order is pulled from service for repair. The Acute Care Manager is planning to develop a standardized template for equipment that is not working to support better communication with the engineering and biomedical engineering team about what was observed that required the equipment pulled from service.

Preventive maintenance is completed, and records maintained by the Facilities and Engineering team.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	10.10	When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.
Infection Prevention and Control	10.11	The area where cleaning, disinfection, and/or sterilization of medical devices and equipment are done is equipped with hand hygiene facilities.
Infection Prevention and Control	11.3	Endoscope reprocessing areas are equipped with separate cleaning and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.

Medication Management

Priority Process Description: Using interdisciplinary teams to manage the provision of medication to clients. This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management; Perioperative Services and Invasive Procedures.



The site has a pharmacist, pharmacy technician and pharmacy assistant who are highly engaged in the medication management process. The clinical team all spoke highly of the Pharmacy team and their knowledge and support. Roles and responsibilities are clear.

The Pharmacy team has worked closely with the clinical team to ensure access and safety to required medications. With the exception of Antimicrobial Stewardship (ASP) which was recently introduced, the medication management ROPs were met. Despite space challenges the

team have ensured separation of look-alike/sound-alike drugs. Given the client populations at the site, the Provincial Medication Management Committee processes are used to approve any higher drug or electrolyte concentrations that are needed.

A nurse has been identified as an ASP steward; however further work is required to implement the program at the site and to support the use of data to change practice. Some physicians noted that Pharmacy do make some antibiotic recommendations currently. The site is encouraged to look at an ASP Medical lead.

No expired medications were found, and the Pharmacy team labels any medications that should be used first in the medication room or medication kits for the OR and procedure room.

Medication carts were locked, and narcotics are double locked. Two-person identification was used in medication administration. A Documed system is in place for access to drugs after hours. The Documed cabinet lock is broken however it is kept in a locked room.

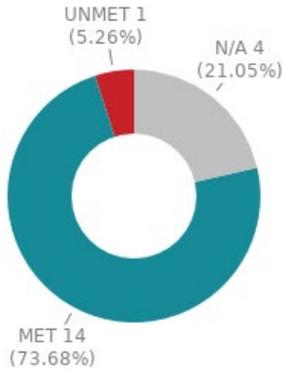
Incidents related to medications are reviewed at staff meetings and pertinent actions taken.

Anaesthetic gases are kept in the OR however there are a number of expired anaesthesia gas bottles stored in a flammable liquid safety cabinet in the Pharmacy. A plan has not yet been determined for disposal and this should be escalated, and a plan finalized.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.

Patient Flow

Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership; Perioperative Services and Invasive Procedures.



Patient flow is monitored by the site leadership team. Emergency Department (ED) metrics are part of the hospital performance report. The average length of stay in the ED is under the AHS target. As noted elsewhere physical space impacts flow and safety in the ED.

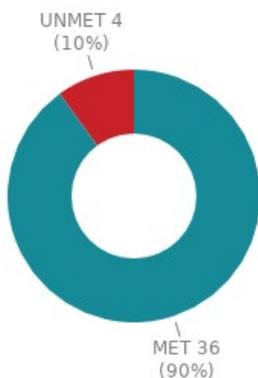
While some metrics for flow (occupancy rates) are shared at nursing staff meetings, the leadership team are encouraged to take a more comprehensive approach to integrating and sharing key flow metrics by developing and posting a site performance scorecard or dashboard that can be shared

with the interprofessional team and used to support team focus on quality and operational performance.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.

People-Centred Care

Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Perioperative Services and Invasive Procedures; Service Excellence.



All patients and family members interviewed spoke very highly of the nursing care at the site. They felt that staff listened to them, respected their input, and cared for them as individuals. These sentiments are evidenced in high client satisfaction/experience scores at the site that exceed the AHS target.

Comprehensive patient assessment tools were used in all services. Each patient had an individualized plan of care. Interprofessional team rounds were held daily during the week to ensure an integrated and comprehensive approach

to discharge and transition planning. Planning for care and transitions is well done. The site team is encouraged to monitor readmission rates given the trends in data provided for fiscal years 2018-2019 and 2019-2020.

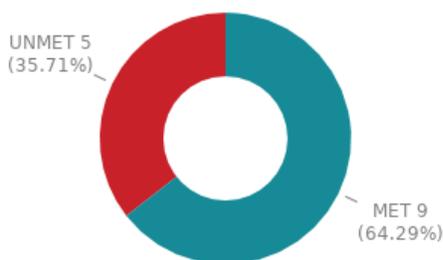
There were community partnership meetings in place prior to the pandemic. The Site Manager and Area Director met regularly with key community stakeholders however this activity has been paused due to COVID-19. There is a plan to resume these important meetings after upcoming municipal elections.

The Site leaders are encouraged to take steps to formalize patient advisor roles at the site to participate in pertinent quality committees or projects.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
Service Excellence	3.3	A comprehensive orientation is provided to new team members and client and family representatives.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from client and families.

Physical Environment

Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership; Perioperative Services and Invasive Procedures.



Whitecourt Health Centre opened 55 years ago and had renovations in 1996.

The Facilities Management and Engineering team ensure that compliance activities that are legislated or are required by AHS are carried out.

HVAC systems, temperature and humidity are monitored. The boilers are original to the building and are well maintained. The generator is tested weekly.

The site is aware that the Operating Room (OR) and procedure room HVAC system do not meet standards. A review of the system is being planned. The OR and procedure spaces are small; however the team has organized them as best as possible from a flow and ergonomics perspective.

Key risk and safety issues related to Emergency Department flow and safety are outlined elsewhere in the report.

Given the age of the building, there are significant issues related to storage and clutter. Patient bathrooms on the inpatient unit are very small in most rooms and do not accommodate a patient to enter easily with an IV pole (they must back into the space). Safety rails are on the wall; however accessibility is a key concern given the constraints.

Privacy is a challenge in small spaces, particularly in semi-private rooms. The Acute Care Manager has ordered some HUSH Curtains® for key areas at the site. The curtains reduce noise, improve communication and privacy, and work with existing cubicle curtain track systems.

Flooring is being replaced in several areas due to health and safety risks identified. The entire unit would benefit from new flooring.

Laboratory renovations are underway at the site. This has impacted inpatient space with loss of two beds until the renovations are completed. Infection Prevention and Control are actively consulting on the construction.

Aging infrastructure is a challenge and, in some areas, (kitchen in particular), cupboard doors do not close properly. An e-facilities requisition should be submitted so that they can be repaired.

A new hospital for Whitecourt has been on the agenda for several years. A number of risk and safety issues cannot be addressed within the current space unless non-essential services are moved off-site to provide more appropriate and safe space for patient care and essential services.

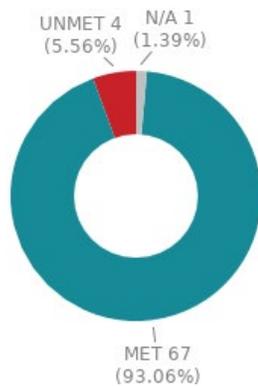
STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.3	Heating, ventilation, temperature, and humidity in the area where surgical and invasive procedures are performed are monitored and maintained according to applicable standards, legislation, and regulations.
Perioperative Services and Invasive Procedures	1.6	Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.
Perioperative Services and Invasive Procedures	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.
Perioperative Services and Invasive Procedures	1.8	Ducts have microbic filters whenever sterile fields are required.
Perioperative Services and Invasive Procedures	1.10	There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.

Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes.

Emergency Department

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



The Whitecourt Emergency Department (ED) is open 24/7 and services the town and surrounding communities. The most recent annual volumes were 15,235 visits. The ED area has 10 beds: 3 for emergency, 3 observation, 3 fast track and 1 cast room.

The ED and Hospital share a single entrance. Flow in the Emergency Department is not appropriate and was cited by the team as a “red flag” impacting client safety and risk management. On entry, patients who fail COVID-19 screening are placed in a separate waiting room near the

registration desk until assessed by the ED team. Those who pass screening check-in at Registration before proceeding to the Inpatient station where they are directed to an open triage area in the hallway near the station. Although privacy panels are in place, the triage area is not fully enclosed. Privacy during the triage process as well as visibility of patients in the waiting area is a major concern. This is particularly concerning in sensitive situations such as conducting a suicide risk assessment in triage.

The nurses and physicians do their best given the significant space and flow challenges. A recent sentinel event in the waiting room has been reviewed. There is a plan to start an ED triage committee to look at the best approach to improve workflow and safety. The site is encouraged to make this a priority to address client and staff safety and risk management issues. Also of concern to risk and safety, is access to security after hours given the number of clients seen with addiction and mental health issues. Response times by protective services can be long with local RCMP called periodically to support the team. The Workplace Health and Safety Committee and site leadership team are encouraged to review the approach to risk and staff safety with violent situations after hours.

Standardized assessment tools are utilized by nursing and medical staff. At times, due to high volumes and patients being spread out in rooms/spaces in the ED and inpatient unit, it can be challenging for staff to complete all CTAS requirements for reassessment. Staff ensure that patients who need more frequent assessments are as close to the hallway triage set-up and the inpatient station as possible. They communicate key concerns to each other and reassess all patients as soon as they can. Staff from the inpatient unit will float to support the ED assigned staff and to provide break coverage.

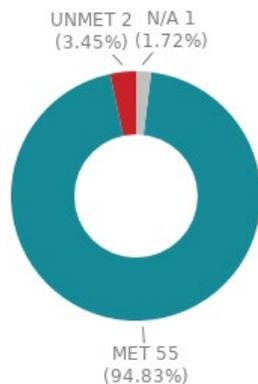
From a quality perspective, key metrics for ED flow are tracked and can be benchmarked by the site leadership team using Tableau reports. The site is below AHS target for average Length of Stay (LOS) in

the ED. Although flow and space are key risks and priority for the ED, the site leadership team is encouraged to share the ED key metrics, including benchmarking, with nursing and medical staff so that they are more actively engaged in quality improvement and operational performance metrics.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.
Emergency Department	6.13	Urgent medications and pharmacy staff can be accessed 24 hours a day, 7 days a week.
Emergency Department	10.1	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.

Inpatient Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



The Whitecourt team provides inpatient care to a diverse population of patients across a wide age range (newborn, children, youth, and adults) and diverse conditions. The team have a strong focus on providing safe, patient-centered care.

Standardized documentation tools are used. Audits of five charts demonstrated excellent comprehensive documentation by the nursing staff. Plans of care were clear and patient progress was outlined by nurses, physicians, and pertinent members of the interprofessional team involved in

the patient's care (e.g., social work, dietician, PT, home care, etc.).

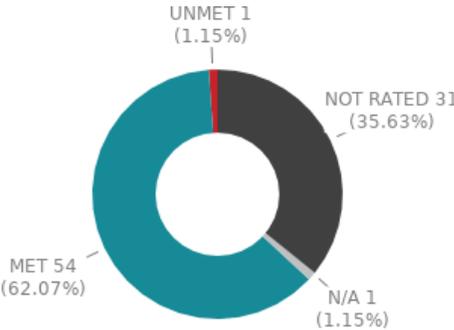
The team recently started using the IDRAW tool for shift-to-shift handovers. The tool has been adapted to RAW. Verbal report handover was clear and comprehensive. Use of RAW in the chart at shift change was inconsistent, however, the notes were clear and met the handover criteria. The Acute Care Manager plans to review progress of the implementation of the tool to enhance consistency.

Although equipment and education has been provided for pediatric and neonatal care, common pathways, and emergencies, staff see small volumes of pediatric and youth clients and would benefit from additional education and e-simulation, which the Acute Care Manager is planning for the fall.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	5.14	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.
Inpatient Services	6.14	Access to spiritual space and care is provided to meet clients' needs.

Perioperative Services and Invasive Procedures

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



Whitecourt Healthcare Centre has one operating room and one procedure room. Surgical cases are for obstetrics and have low annual volumes (approximately 40/year). Endoscopies are done two days per week with annual volumes of approximately 750.

No operating room procedures were held on-site during the survey. Some perioperative standards were rated based on two chart audits for clients who had a caesarian-section. The surgical site checklist was documented for both cases. An episode of care tracer could not be completed.

Endoscopy procedures are booked through the Physician’s office with a schedule sent a day in advance to ensure patients are called and have COVID-19 screening in advance. AHS has a 3-step Procedural Sedation Checklist however it was not utilized in the procedure observed. The team is encouraged to utilize this important safety tool.

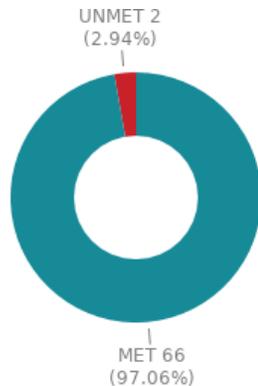
The Whitecourt Endoscopy Quality Committee and leadership team are commended for their participation in the Alberta North Zone Endoscopy Quality Improvement initiative using the Canada-Global Rating Scale (C-GRS) co-developed by the Digestive Health Strategic Clinical Network (DHSCN) and the Alberta Colorectal Cancer Screening Program (ACRCSP). The Whitecourt C-GRS score trends over four measurement milestones in 2019, 2020 and 2021 and the results were 29%, 67%, 90% and 99% respectively. The Whitecourt Endoscopist and site team met and exceeded all benchmarks in the initiative. The patient discomfort rates in Whitecourt were lower than overall zone results.

A new, state of the art scope cabinet was recently installed, and supports tracking the scopes used for each client.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	7.8	Access to spiritual space and care is provided to meet clients' needs.

Service Excellence

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



The Whitecourt teams are commended for their focus on the patient experience. Staff live the values of AHS, and this is reflected in the patient experience results (2019/2020 adult inpatient experience: nursing - 94.5%; doctors - 92.5%, and overall hospital- 91%). Site results exceeded the AHS target (85%) in all categories. All patients and family members interviewed spoke highly of the excellent care provided by the team, particularly nursing. They felt that staff listened to them, respected their input, and cared for them as individuals.

The leadership team are commended for their focus on staff engagement. Gallup satisfaction poll results increased from 2018/2019 to 2019/2020 - staff commented on great teamwork as an asset at the site. Changes implemented at the site in recent years have led to improvement in addressing issues and concerns as well as providing performance conversations, recognition, and educational support.

Incident data and sentinel event reviews have been used to drive improvement in key areas. Although the site teams are working on AHS directed QI initiatives (ROP audits, hand-hygiene compliance, hospital acquired infections, etc.) and operational performance indicators, an integrated plan with metrics and timelines has not been developed or disseminated to staff. Staff and Physicians were not aware of what the goals and objectives were for the site and spoke to providing great care to patients as well as some examples of quality initiatives from the Physicians. Physicians do not see a lot of data and are interested in using this for improvement in areas where they are taking the lead and are working to reduce variation and enhance quality and safety. The site leadership team is encouraged to develop a site-based scorecard and dashboard that reflect site goals and objectives. Becoming more data driven and having integrated goals for quality and operations will help to align the interprofessional team members to a common vision and purpose as well as further enhance engagement scores, which have increased in recent years.

As highlighted elsewhere, significant quality successes have been achieved in Endoscopy.

The MORE-OB program is being used to guide quality improvement in the Obstetrics program based on incident reviews and patient concerns. The team would benefit from data support and encouragement of key team members to attend weekly case-based rounds to look at education and quality improvement.

The crisis counsellor position at the site is vacant and a number of patients seen in ED have addiction and mental health issues. Recruitment is ongoing. The teams are commended for developing the Whitecourt Regional Access Program (WRAP). A template has been created to look at resources provided in key areas – Alcohol and Drug Abuse, Medical and Social Services – so that individualized treatment plans can be developed and evaluated.

There are a few vacancies at the site for nursing and one for Physicians. Nursing staff periodically work short and do overtime. The leadership team is actively recruiting to support workload and worklife for staff. The Acute Care Manager, Educator and Nursing team have been working on enhancing the orientation program for the site. Using zone competency tools, they are developing more detailed site-specific criteria for the acute care, obstetrics, labour and delivery and Emergency Department. New staff have a competency-based assessment to support development of an individualized plan. As this work matures, the orientation processes for new hires will become more comprehensive. There are no client and family representatives at the site.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.8	Access to spiritual space and care is provided to meet clients' needs.
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.	June 30, 2022
Infection Prevention and Control	10.10	When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.	June 30, 2022
Infection Prevention and Control	10.11	The area where cleaning, disinfection, and/or sterilization of medical devices and equipment are done is equipped with hand hygiene facilities.	June 30, 2022
Infection Prevention and Control	11.3	Endoscope reprocessing areas are equipped with separate cleaning and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	June 30, 2022
Perioperative Services and Invasive Procedures	1.6	Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.	June 30, 2022
Perioperative Services and Invasive Procedures	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	June 30, 2022
Perioperative Services and Invasive Procedures	1.8	Ducts have microbic filters whenever sterile fields are required.	June 30, 2022

Follow-up ROPs			
Standard		ROP - Test of Compliance	Due Date
		Antimicrobial Stewardship	
Medication Management	2.3.4	The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	June 30, 2022
	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2022