

**MAY**  
**2019**

# BARRHEAD HEALTHCARE CENTRE

## **Alberta Health Services**



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## 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 May 27 – 31, 2019. 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 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.

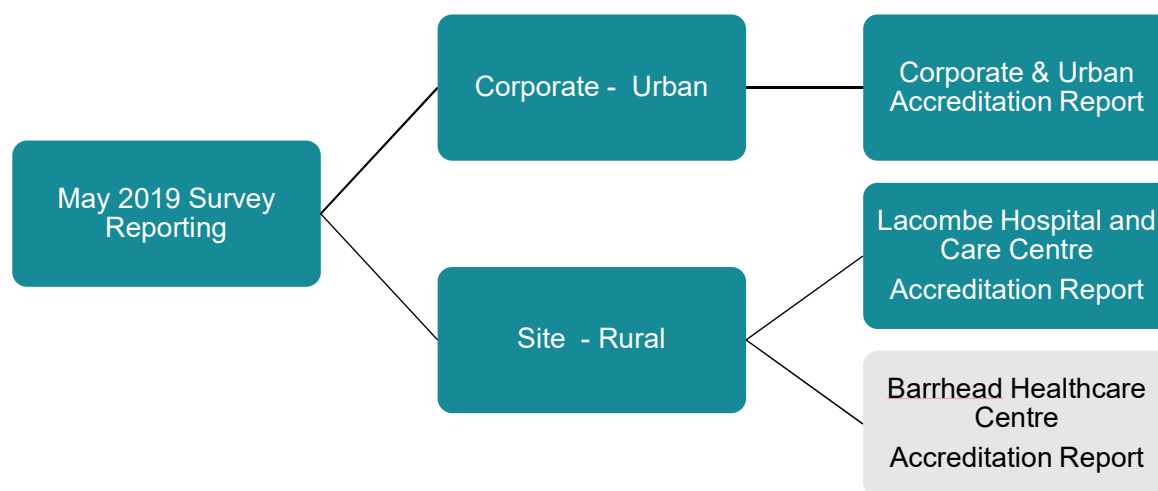
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve their goal of being #AHSAccreditationReady everyday by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

Site-based assessments for rural hospitals will 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 and Service Excellence. Program-based assessments are applied to large urban hospitals whereby specialized 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 holistic assessment.

To further promote continuous improvement, AHS has adopted a new 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 visit, interim reports will be issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle in 2022, a final report will be issued that includes the province's overall accreditation award.

The accreditation reports for the May 2019 survey are organized as follows:



## 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

The current survey focused on seven system-wide priority processes (Patient Flow, People-Centred Care, Medical Devices and Equipment, Physical Environment, Infection Prevention and Control, Medication Management, and Emergency Preparedness) as well as five service-level priority processes (Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes) from the following standards Emergency Department, Inpatient Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence. The survey took place May 28 - 29, 2019 and was conducted by two surveyors from outside of the province. There were 108 interviews completed at Barrhead Healthcare Centre.

The team and leaders at Barrhead Healthcare Centre are commended for preparing for, and participating in, the Qmentum accreditation program using new assessment methods. They conducted the attestation process in advance of the survey. This assessment method helped them to be prepared for the onsite visit. They have courageously embraced the accreditation journey. The leaders and team welcomed accreditation. A leader described accreditation as, "A gift to our site." Furthermore, the importance of being, "Accreditation ready everyday" was highlighted. Another new component of this survey was the unannounced visit. Although the site knew the month of the survey, they were not aware of the exact date. This new approach emphasizes the "accreditation ready concept" across teams in the organization. The concept of "we are one" was apparent throughout the interactions with staff, physicians, leaders, clients and families. They are dedicated to quality improvement and patient safety. Their clients, families and communities will benefit from this ongoing commitment. There are strong linkages and communications between North Zone leadership and the Barrhead Healthcare Centre.

The Barrhead Healthcare Centre is well maintained, and staff, physicians, and leaders expressed pride in the cleanliness and functioning of the facility. There are hand hygiene stations throughout the site. The patient care areas are well organized and free from clutter. The Medical Device Reprocessing Department (MDRD) is supported by committed staff, both at the site and North Zone level. The team is to be congratulated for receiving the President's Excellence Award for the North Zone Rural Endoscopy Demand Capacity Project, which acknowledged the team's outstanding achievement in quality improvement.

The team is to be commended for supporting the infection prevention and control audit of the MDRD. The leaders are encouraged to implement the infrastructure plans for the MDRD to promote optional work flow, storage (Medical Device Reprocessing Department and Operating Rooms), and infection prevention and control priorities.

The clients, families, and community members expressed strong appreciation for the presence of the Barrhead Healthcare Centre and the valuable programs it provides to the community it serves. This has expanded to clients from other communities travelling to Barrhead Healthcare Centre because of accessibility and quality of its programs and services. There is a strong Emergency Service which extends beyond the local area. Clients and families spoke highly of the care provided at Barrhead Healthcare Centre and specifically, being treated with care, dignity, and respect. The leaders are encouraged to continue to seek client, family and community input to further strengthen the programs and services provided.

The staff and physicians are highly engaged in providing excellent care to clients and families. The physicians described enjoying working at the Barrhead Healthcare Centre. They are to be commended for the quality of care they provide and the commitment to patient safety. Quality processes have been established, including: Quality Boards; Patient and Family Engagement Boards; white boards at the bedside; bedside rounding; leadership rounding; and sharing quality indicators. There is a strong commitment to hand hygiene supported by audits. Infection prevention and control is embedded throughout the Barrhead Healthcare Centre. Communication is shared with the team using e-mails, newsletters, huddles, and personal communications.

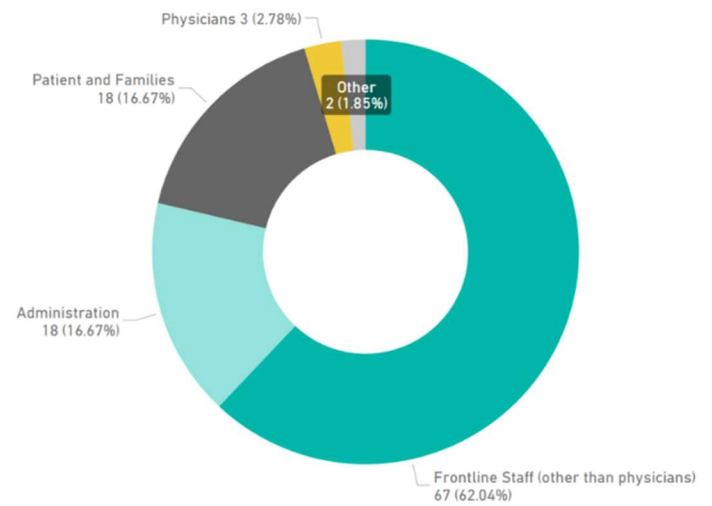
Emergency preparedness is a strength. There are regular Emergency/Disaster Management meetings held. Ongoing testing of codes are completed, and Emergency Risk Communications (ERC) Drill Evaluation Forms are shared with the team. The team embraces emergency planning and reinforces the importance of this valuable work within the organization.

The Barrhead Healthcare Centre has no major issues with patient flow. There are protocols in place to address overcapacity. There are initiatives to support appropriate patient flow, including family conferences; a newly-created position of Transition Coordinator; linkages with community services; and discharge planning processes. The leaders are encouraged to continue to support patient flow initiatives as changes to capacity may occur and the site must be prepared for such an event to protect both client and staff safety.

## Survey Methodology

The Accreditation Canada survey team spent two days at Barrhead Healthcare Centre.

To conduct their assessment, the survey team gathered information from the following groups<sup>1</sup>:



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<sup>1</sup> 'Other' interviewees refer to individuals such as students or volunteers.

## Key Opportunities and Areas of Excellence

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

### KEY OPPORTUNITIES

1. The leaders are encouraged to document the verbal report given on transition from the Emergency Department to the Inpatient Unit.
2. The leaders are encouraged to continue to seek client, family, and community input to further strengthen programs and services.
3. The leaders are encouraged to continue to provide a robust orientation experience for new and current staff who transfer to new patient care areas.
4. The leaders are encouraged to implement the infrastructure plan for the Medical Device Reprocessing Department to promote optimal work flow, storage, and to address infection prevention and control priorities.
5. The leaders are encouraged to continue with plans to complete staff performance appraisals.

### AREAS OF EXCELLENCE

1. The leaders, physicians, and staff are engaged and committed to quality and patient safety.
2. The leaders, physicians, and staff are committed to emergency preparedness with strong proactive testing of the emergency codes.
3. The leaders and team are committed to quality improvement with processes embedded throughout the programs and services of Barrhead Healthcare Centre.
4. The leaders, staff, and physicians are committed to the accreditation journey.
5. The leaders, physicians, and staff are committed to enhancing client access. The North Zone Rural Endoscopy Demand Capacity Project is a quality improvement that has enhanced access to endoscopy procedures.

# 1. Results at a Glance

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

## Compliance Overall<sup>2</sup>

### Attestation

97%

% Met

### Attestation

129

# of Criteria

### On Site

96%

% Met

### Audit

21

# of Criteria

### Overall

96%

% Met

#### 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.*

#### On-site Assessment:

*Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.*

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<sup>2</sup> 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

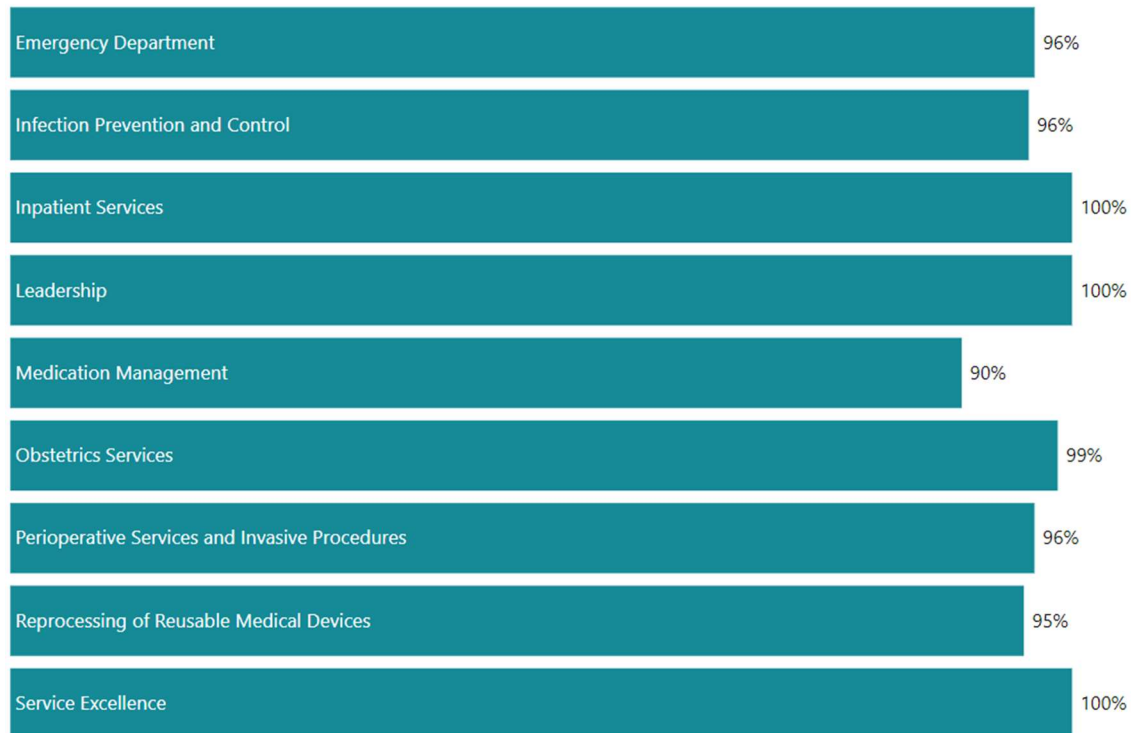


Fig. 2.1 Compliance by Standard

Standard	Met	Unmet	N/A	Not Rated
Emergency Department	82	2	5	14
Infection Prevention and Control	47	2	0	0
Inpatient Services	66	0	1	2
Leadership	9	0	0	0
Medication Management	69	8	13	1
Obstetrics Services	73	1	0	9
Perioperative Services and Invasive	109	4	3	33
Reprocessing of Reusable Medical	84	4	2	0
Service Excellence	43	0	0	0
<b>Total</b>	<b>582</b>	<b>21</b>	<b>24</b>	<b>59</b>

## Compliance by System-level Priority Process

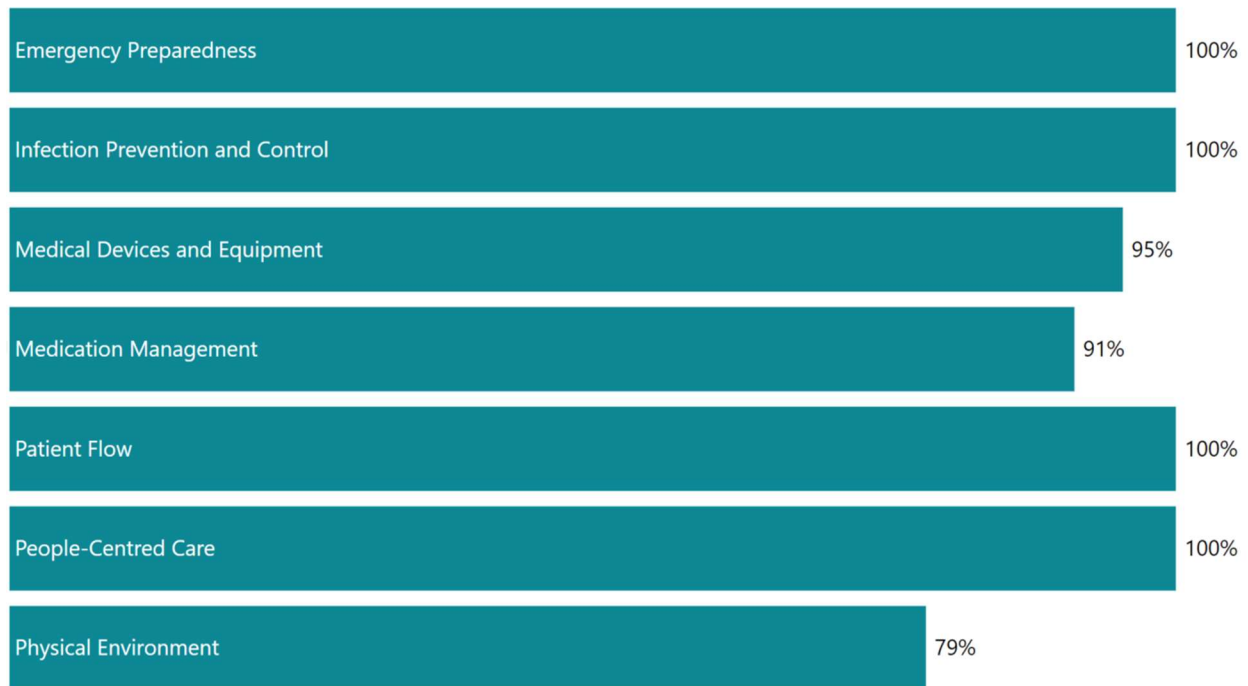


Fig. 2.2 Compliance by System-level Priority Process

Priority Process	Met	Unmet	N/A	Not Rated
Emergency Preparedness	5	0	0	0
Infection Prevention and Control	21	0	0	0
Medical Devices and Equipment	126	6	5	0
Medication Management	84	8	13	1
Patient Flow	18	0	0	1
People-Centred Care	47	0	0	0
Physical Environment	11	3	0	0
<b>Total</b>	<b>312</b>	<b>17</b>	<b>18</b>	<b>2</b>

## Compliance by Quality Dimension



Fig. 2.3 Compliance by Quality Dimension

Standard	Met	Unmet	N/A	Not Rated
Accessibility	37	1	0	4
Appropriateness	176	5	6	20
Client Centred Services	93	4	4	26
Continuity of Services	19	0	0	6
Efficiency	6	0	3	0
Population Focus	1	0	0	0
Safety	233	11	11	2
Worklife	17	1	0	0
<b>Total</b>	<b>582</b>	<b>22</b>	<b>24</b>	<b>58</b>

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	Met
	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
The 'Do Not Use' List of Abbreviations	Medication Management	Met
Medical Reconciliation at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	N/A
Safe Surgery Checklist	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
Information Transfer at Care Transitions	Emergency Department	Unmet
	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Unmet
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	Unmet

Concentrated Electrolytes	Medication Management	Met
Heparin Safety	Medication Management	Met
High-alert Medications	Medication Management	Met
Infusion Pump Safety	Service Excellence	Met
Narcotics Safety	Medication Management	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

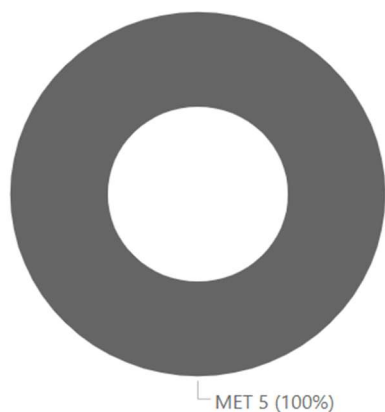
# 2. Detailed Results: System-level Priority Processes

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

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership and Infection Prevention and Control.

**All the criteria are met for this Priority Process.**



### Priority Process Description:

*Planning for and managing emergencies, disasters, or other aspects of public safety.*

The team and leaders of Barrhead Healthcare Centre are to be commended for the strong commitment to emergency preparedness. Emergency preparedness is a priority and they are very proud of their work. There are regular Emergency/Disaster meetings held with broad representation throughout the site. A new Zone incident command system is being implemented for use in the event of an emergency. Training has commenced on the incident command system. The organization is encouraged to continue to support the implementation of the incident command system.

Regular fire drills are held. The strengths and opportunities arising from testing of the codes have been documented. A table top exercise is planned to test the emergency plan and to make improvements. The leaders are encouraged to continue with the plans to hold simulations and drills to test emergency preparedness.

The team and leaders have worked hard to ensure continuity of services in the event of an emergency or disaster through: disaster plans, including a plan for mass casualties; drills and testing of codes; a Code Orange mobile cart; back-up systems for essential utilities; and a back-up generator that is tested weekly.

## Infection Prevention and Control

This system-level priority process refers to criteria that are tagged to the Infection Prevention and Control Standard.

**All the criteria are met for this Priority Process.**



### Priority Process Description:

*Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field.*

The Infection Prevention and Control Program at Barrhead Healthcare Centre is well organized with support provided to the team and leaders. The staff and leaders spoke highly of the value of the Infection Prevention and Control Program and the support provided by the Infection Control Practitioner (ICP). There is a strong presence of infection prevention and control throughout the site. The organization is encouraged to continue to assess the workload of the ICP in keeping with emerging trends.

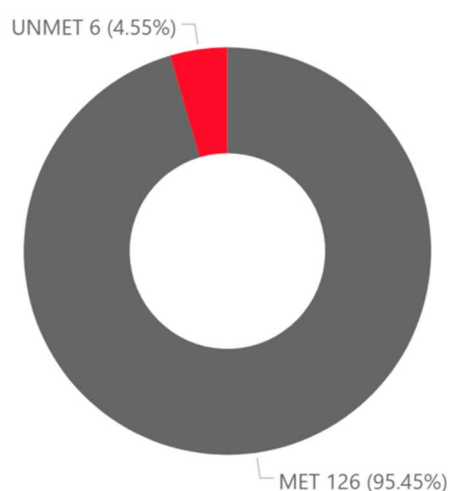
The ICPs are involved in the planning and construction of the physical environment including the recent development of Barrhead Community Cancer Centre. The hospital acquired infection rates are tracked and the information is shared.

The quality of the cleaning provided throughout Barrhead Healthcare Centre is acknowledged. The housekeeping staff are to be commended for their exceptional work. They noted that they feel their safety is supported. They stated that they receive education on hand hygiene, personal protective equipment, and the use of hazardous products.

The team is acknowledged for their work in the implementation of the hand hygiene program. The team has worked very hard to develop plans and processes for this important program. Hand hygiene audits occur, and the results are posted on the Quality Boards. The team and leaders are exploring innovative ways to audit hand hygiene, including self-auditing. The team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

## Medical Devices and Equipment

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, and Reprocessing of Reusable Medical Devices.



### Priority Process Description:

*Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.*

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	3.4	The Medical Device Reprocessing department (MDRD) has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.
Reprocessing of Reusable Medical Devices	3.6	The MDRD has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.
Reprocessing of Reusable Medical Devices	8.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.
Reprocessing of Reusable Medical Devices	12.1	The MDRD has an appropriate storage area for sterilized medical devices and equipment.
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	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.

There is a strong multidisciplinary team supporting medical devices and equipment both at the site and zone level. The team and leaders are committed to ensuring quality medical device reprocessing and preventative maintenance of equipment. There is a strong orientation process and education and training opportunities are available to the team, of which the staff spoke highly. Staff working in the MDRD must complete a recognized course in reprocessing and sterilization. There are comprehensive processes for equipment maintenance and medical device reprocessing.

All medical device reprocessing is centralized in the MDRD. The department is near the operating and endoscopy suites. The space for storage is limited, both within the operating room suites and within the MDRD. There is separation from the contaminated and clean equipment reprocessing area. However, the decontamination unit is open to the laundry department with a common entrance. The ventilation and relative humidity in the storage area is difficult to regulate. There are stained and missing ceiling tiles in the decontamination area. Infection prevention and control audits have been completed. Where deficiencies exist in the

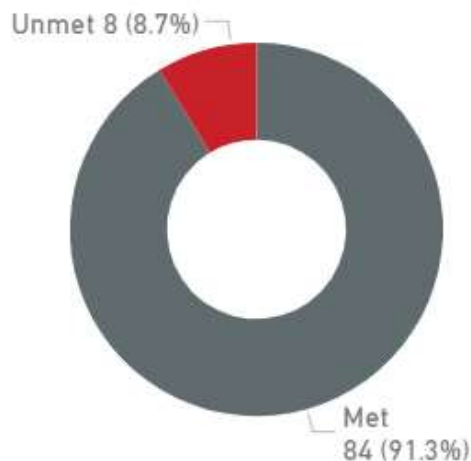
MDRD, plans have been developed to address the issues. The organization is encouraged to implement the plans for the design of the MDRD to address work flow, storage and infection prevention and control issues.

The organization is to be commended for audits of medical device reprocessing areas. There are linkages and support for medical device reprocessing throughout the North Zone. There is a strong commitment to standardize processes through manuals and standard operating procedures. The sterilization equipment is well maintained by the facilities and biomedical staff. Support is also provided by the equipment manufacturers. There are quality assurance measures in place, including testing of the sterilization equipment and documenting the outcomes.

The team and leaders are committed to hand hygiene and the use of appropriate personal protective equipment during reprocessing. The staff stated that they feel safe at work and that they are aware of hand hygiene methods and the appropriate personal protective equipment. The MDRD has alcohol-based hand hygiene stations available both at the entrances and in the reprocessing areas, however, there are no hand hygiene sinks. Hand hygiene facilities are not equipped with faucets supplied with foot, wrist, or knee-operated handles, or electric eye controls. This system exists in the Operating and Endoscopic suite. The organization is encouraged to provide hand hygiene sinks using a hands-free faucet system in the MDRD.

## Medication Management

This system-level priority process refers to criteria that are tagged to the Medication Management Standard.



### Priority Process Description:

*Using interdisciplinary teams to manage the provision of medication to clients.*

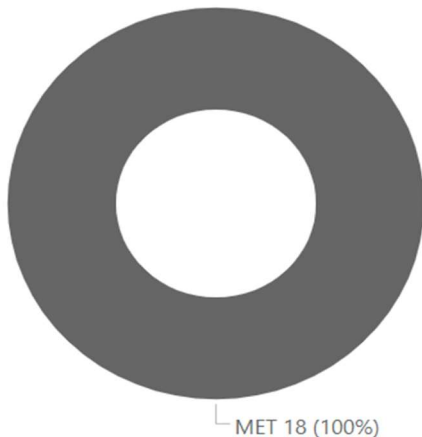
STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	4.4	The effectiveness of training activities for medication management is regularly evaluated and improvements are made as needed.
Medication Management	6.5	Teams can access an on-site or on-call pharmacist at all times to answer questions about medications or medication management.
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.
Medication Management	13.4	Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.
Medication Management	13.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies.
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.
Medication Management	16.4	Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.

The pharmacy department at Barrhead Healthcare Centre is a small unit with two pharmacists and two pharmacy staff. They are engaged in the ongoing support of patient care. It is difficult to develop and institute any new quality improvement initiatives because of its small size. Provision of daily care is the goal. The nursing staff feel supported and that pharmacy staff are accessible to them. Clients feel they get enough information and instructions regarding medications. There is no local audit in Anti-microbial stewardship practices and pharmacy staff seemed unaware of their role in this provincial program. Pharmacy staff struggled to find time to complete training modules. There is no on-call schedule for the pharmacy group, yet they do get called at their homes for information occasionally. Look-alike and sound-alike drugs are side-by-side in both the pharmacy and medical unit and this could lead to medication error. Tall man lettering is not being used, though the team has indicated that it will be implemented soon. Barrhead pharmacy staff would benefit from a stronger connection, and more information, from the operational leader(s) with oversight for the pharmacy staff at the Barrhead facility.

## Patient Flow

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership, Emergency Department, and Perioperative Services and Invasive Procedure.

**All the criteria are met for this Priority Process.**



### Priority Process Description:

*Assessing the smooth and timely movement of clients and families through service settings.*

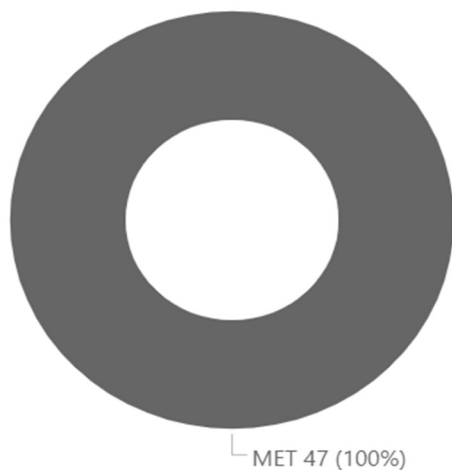
Patient flow at Barrhead Healthcare Centre is not a major problem. Patients arrive and are seen in the emergency room in a timely fashion. The required admissions are provided with a bed almost immediately. With few exceptions, patients either have ready access to a bed, or one is quickly generated. Physicians are encouraged to round early and reassess patients if there is a potential to discharge. Like all hospitals, Barrhead has some issues with chronic long-standing patients waiting for discharge to long term care facilities occupying acute care beds. On the rare occasions when beds are not available and cannot be generated, patients have been known to be transferred to Westlock Healthcare Centre and patients have also been accepted from there.

There are protocols in place to address overcapacity. There are initiatives to support appropriate patient flow including family conferences, a new position of Transition Coordinator, linkages with community services and discharge planning processes. The leaders are encouraged to continue to support patient flow initiatives.

## People-Centred Care

This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department, Inpatient Services, Obstetrics Services, Perioperative Services and Invasive Procedure, and Service Excellence.

**All the criteria are met for this Priority Process.**



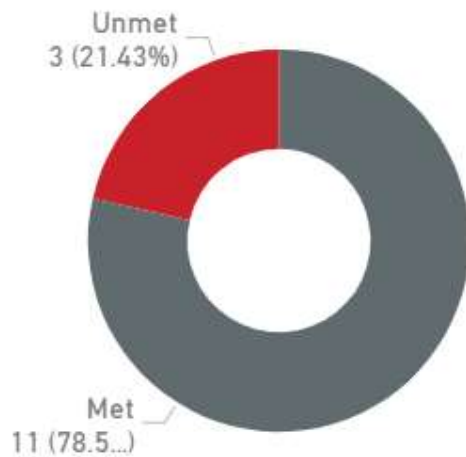
### Priority Process Description:

*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.*

At Barrhead Healthcare Centre, clients and families indicated that they had input into their care and that they were part of a collaborative care team at the Centre. The medical staff was indeed a full partner with the clients' care and the client was able to provide input at the beginning and during care to ensure that their perspective was heard. Co-design of services has been a challenge in rural hospitals, however all programs and services are vetted through the client and family advocacy group at Alberta Health Services. At Barrhead Healthcare Centre a specific patient advocacy team does not exist, nor is there a patient advocate on any hospital-based committee. Opportunities exist to include them. It is difficult to divide client and family centred care among site, zone, and the province to ensure that local perspectives are heard. However, it appears that local residents are comfortable sharing their opinion and experience with care. To Barrhead residents, their hospital is an integral part of their community.

## Physical Environment

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership and Perioperative Services and Invasive Procedures.



### Priority Process Description:

*Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.*

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.
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	1.9	The operating/procedure room has a restricted-access area for the sterile storage of supplies.

The Barrhead Healthcare Centre was built in 1975, with additions to the building added in subsequent years. The building is well maintained. There is clear signage for clients and families to locate the hospital. Parking and other areas are clearly identified. The physical environment is welcoming, with natural light and green spaces for clients and families. The

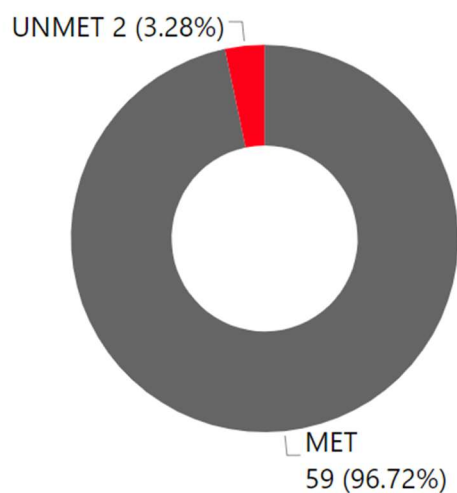
entrance has hand hygiene stations available to support effective infection prevention and control. Client information is available at the entrance to the hospital. There is way-finding to assist clients and families. There are private spaces for team member and client and family interactions. Quality boards, health and safety boards, Patient and Family Engagement Boards and information for clients and families are in place. The client areas are clean and well organized. The housekeeping staff have taken great pride in their work.

The facilities staff take pride in their work and are proactive in addressing issues. Equipment testing is tracked. The mechanical, electrical, and medical gasses are compliant with provincial codes. There is a backup generator which is tested on a weekly basis. Humidity levels are checked regularly by the facility staff. The dietary department has processes in place to check the temperature of the food. There is a commitment to recycling.

### 3. 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.<sup>3</sup>

#### Emergency Department



#### Episode of Care Bundle Description:

*Partnering with clients and families to provide client-centred services throughout the health care encounter.*

<sup>3</sup> Note that the calculations in this section sum all of the Service-level priority processes in an *Episode of Care* bundle. These calculations exclude Required Organizational Practices.

UNMET CRITERIA	CRITERIA
4.2	A standardized pediatric-specific tool is used to conduct the triage assessment of pediatric clients.
6.10	An assessment of the client's palliative and end-of-life care needs is completed, where appropriate, in partnership with the client and family.

The emergency room at Barrhead Healthcare Centre is a well-run department. Staff are knowledgeable and many of them are cross-trained throughout the hospital. There is a goal of 10 minutes from door to triage. Their data reflects that patients are seen quickly and flow through the emergency room in a timely fashion. No significant barriers to flow are identified, and on the rare times that there may be an issue, well-established bi-directional transfer protocols are in place with Westlock Healthcare Centre. Sharing information with staff such as length of stay and wait times data will help inform them about the complexity of caring for patients in the emergency room. Specifically, documenting what is said during the transfer of accountability will help ensure patient and staff safety. The emergency room is well staffed by capable physicians who are available on a very timely basis. The emergency room is open 24 hours a day, 7 days per week, and critical services are available either on-site or on-call. Tight transfer of care between Barrhead and urban referral centres is achieved using RAAPID North. The staff greatly appreciate the extended ability that this service provides.

## Inpatient Services

**All the criteria are met for this Priority Process.**



### Episode of Care Bundle Description:

*Partnering with clients and families to provide client-centred services throughout the health care encounter.*

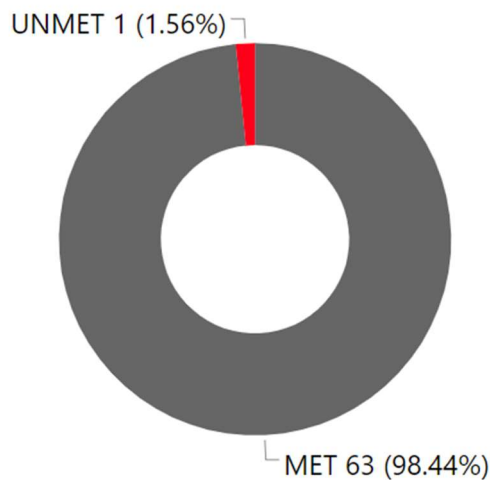
Inpatient services are supported by an engaged inter-disciplinary team committed to quality client care. The clients and families spoke highly of the excellent care provided at the Barrhead Healthcare Centre. A client stated, “The staff are excellent”. Clients and families described being treated with care, dignity and respect. The families felt comfortable asking questions and were welcomed on the inpatient unit. The input of clients and families was valued by the staff and leaders. The team and leaders are encouraged to continue to support the input of clients and families into programs and services.

The staff stated that their orientation prepared them to work in inpatient services. They noted that they felt safe at work. There were volunteers assigned to the inpatient unit and are an asset to support clients and families. The volunteers stated that they received education and training to support them in their volunteer role, including hand hygiene. The organization is encouraged to continue to recruit and support volunteers throughout the Barrhead Healthcare Centre.

The inpatient services are provided in clean physical space. There are 34 medical and palliative care beds. Care is provided by a multi-disciplinary team. There is space for team interaction. Additionally, there are private spaces for clients and families. Clients and families had input into a recent design of the Community Cancer Centre. There are white boards inside the client

rooms and the clients and families spoke positively of the benefit of these white boards as a communication tool. There is a process for a change of shift report at the bedside, with the input of clients and families. Family conferences and interdisciplinary rounds are held. Leadership rounding occurs. Quality Boards are located at the unit level.

Obstetrics Services



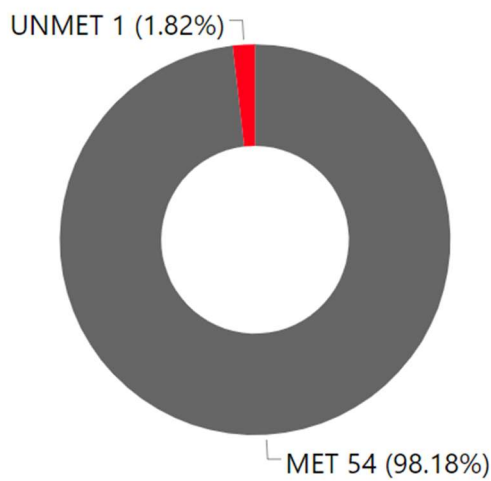
Episode of Care Bundle Description:

*Partnering with clients and families to provide client-centred services throughout the health care encounter.*

UNMET CRITERIA	CRITERIA
2.7	Translation and interpretation services are available for clients and families as needed.

The Obstetrics Program at Barrhead Healthcare Centre is well-designed and well-supported. There is no question about the pride staff take in the program. The patients feel safe. The staff feel well supported by the physicians and the physicians are well supported by the system in appropriate case selection and escalation. If a case is deemed to be too high a risk for delivery, the client’s care is transferred to urban centres early in the pregnancy, for support from both a specialist in the city and local physicians. Protocols for fetal heart monitoring are followed and they include appropriate escalation. The current upgrade to the obstetrics delivery suites is underway, and despite this upgrade, staff continue to provide a high level of care to their patients.

## 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.*

UNMET CRITERIA	CRITERIA
5.9	Translation and interpretation services are available for clients and families as needed.

The perioperative service at Barrhead Healthcare Centre operates four days per week: two days are allocated to endoscopy; one day for surgery; and one day is allocated to general surgery and other mixed outpatient procedures. The scheduling process, which allows the workload to be staggered and helps patients come to registration throughout the day, has been recognized by the AHS with a prestigious 2019 President’s Excellence Award. Use of a dedicated tool for transfer of accountability is needed to document what is communicated at the time of transfer. This is essential because transfers from the operating room to the ward are infrequent. Perioperative services at Barrhead Healthcare Centre are handled effectively, and the team should be proud of their achievements.

## Service Excellence

**All the criteria are met for this Priority Process.**



Episode of Care Bundle Description:

*Partnering with clients and families to provide client-centred services throughout the health care encounter.*

The Barrhead Healthcare Centre is supported by a committed and engaged leadership team, both at the site and North Zone level. The leadership teams are visible and accessible, and Leadership Rounds occur. Staff spoke highly of the support provided by the leadership team. There is a strong focus on client centred care and a collaborative model has been implemented. There is a Quality Committee at the site. Staff and leaders are acknowledged for their commitment to team and client safety. Huddles, case conferences, white boards, quality boards, family conferences and bedside shift reports are used to support safety.

There is evidence of a strong inter-interdisciplinary team. The leaders are to be acknowledged for their commitment to supporting the education and learning needs of the team. The staff spoke highly of the education and training provided. An orientation is provided to all new staff and they spoke highly of the value of the orientation process. Staff stated that they feel safe at work. The leaders are encouraged to continue to seek opportunities to improve staff safety.

Education is provided on the ethical decision-making model. Support for ethical issues is available for staff, physicians, clients and families. Staff acknowledged the value of the support provided by the organization on ethical issues. Performance appraisals are viewed as an important tool to support the growth and development of staff. The leaders are encouraged to continue to ensure that staff performance appraisals are completed.

The leaders are committed to using decision support to enable quality client care. This includes collecting and using data to support decision making processes. The leaders and team have access to evidence-based guidelines to support quality care with the support of the North Zone.

Education and training are provided to the team on the use of technology. Paper based charting is used in the client areas with plans to implement an electronic chart system. Standardized client information is collected. Comprehensive and up-to-date information is collected with the input of clients and families. The care plans are developed and updated with the input of clients and families.

## 4. Criteria for Follow-up

### Criteria Identified for Follow-up by the Accreditation Decision Committee

LOCATION	STANDARD	CRITERIA TYPE	CRITERIA # & TEXT	DUE DATE
Barrhead Healthcare Centre	Emergency Department	ROP	Information relevant to the care of the client is communicated effectively during care transitions.  <b>8.17.4</b> Information shared at care transitions is documented.	January 30, 2020
Barrhead Healthcare Centre	Medication Management	ROP	There is an antimicrobial stewardship program to optimize antimicrobial use.  <b>2.3.2</b> The program specifies who is accountable for implementing the program.	January 30, 2020
Barrhead Healthcare Centre	Medication Management	ROP	There is an antimicrobial stewardship program to optimize antimicrobial use.  <b>2.3.4</b> 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).	January 30, 2020
Barrhead Healthcare Centre	Perioperative Services and Invasive Procedures	ROP	<b>7.11</b> Information relevant to the care of the client is communicated effectively during care transitions.  <b>7.11.4</b> Information shared at care transitions is documented.	January 30, 2020
Barrhead Healthcare Centre	Medication Management	Regular	<b>12.6</b> Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert	January 30, 2020

LOCATION	STANDARD	CRITERIA TYPE	CRITERIA # & TEXT	DUE DATE
			medications are stored separately, both in the pharmacy and client service areas.	
Barrhead Healthcare Centre	Medication Management	Regular	<b>13.4</b> Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.	January 30, 2020
Barrhead Healthcare Centre	Perioperative Services and Invasive Procedures	Regular	<b>1.9</b> The operating/procedure room has a restricted-access area for the sterile storage of supplies.	January 30, 2020
Barrhead Healthcare Centre	Reprocessing of Reusable Medical Devices	Regular	<b>3.4</b> The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	January 30, 2020
Barrhead Healthcare Centre	Medication Management	Regular	<b>12.1</b> Access to medication storage areas is limited to authorized team members.	January 30, 2020