

**MAY  
2019**

# LACOMBE HOSPITAL AND CARE CENTRE

## **Alberta Health Services**



**ACCREDITATION  
AGRÉMENT**  
CANADA

## Contents

About this Accreditation Report .....	3
About the AHS Accreditation Cycle .....	3
Confidentiality .....	<b>Error! Bookmark not defined.</b>
1. Executive Summary .....	5
Surveyor Observations.....	5
Survey Methodology .....	7
Key Opportunities and Areas of Excellence .....	8
2. 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
3. Detailed Results: System-level Priority Processes .....	15
Emergency Preparedness.....	15
Infection Prevention and Control .....	16
Medical Devices and Equipment.....	17
Medication Management.....	18
Patient Flow .....	19
People-Centered Care .....	20
Physical Environment .....	21
4. Detailed Results by Service-Level Priority Process .....	22
Emergency Department.....	22
Inpatient Services .....	23
Long-Term Care Services.....	24
Obstetrics Services .....	25
Perioperative Services and Invasive Procedures .....	26
Service Excellence.....	27
5. Criteria for Follow up.....	28

# 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.

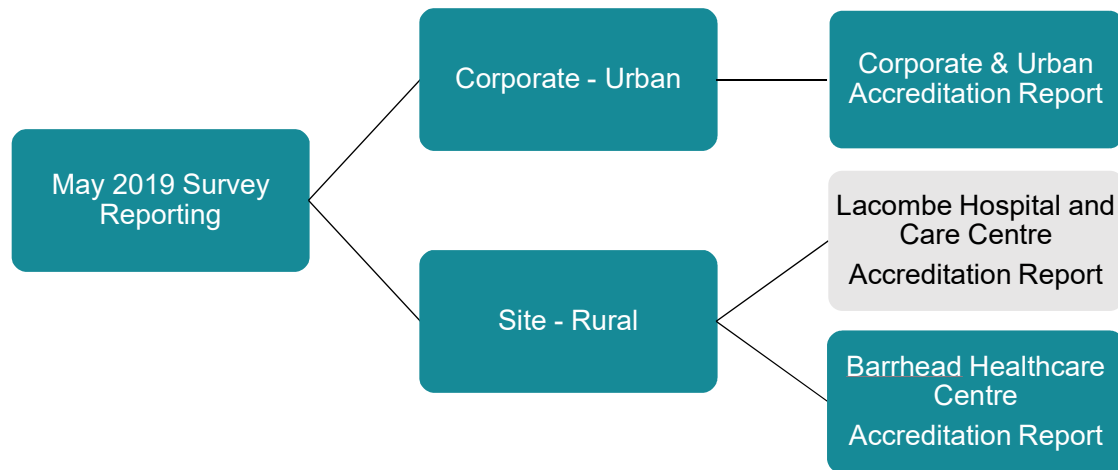
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS 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 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.

# 1. Executive Summary

## Surveyor Observations

The current survey focused on seven system-wide priority processes (Emergency Preparedness, Infection Prevention and Control, Medical Devices and Equipment, Medication Management, Patient Flow, Physical Environment, People-Centered Care) 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, Long-Term Care 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 Lacombe Hospital and Care Centre.

Lacombe Hospital and Care Centre is located just outside the downtown area, and is surrounded by greenery, trees, shrubs and gardens. The hospital is bright and clean, with all the resident and patient rooms looking out onto the landscaped property. Residents, clients, patients and staff are on a first name basis. The hospital supports a community population of about 30,000 people, meeting needs for the entire lifecycle from obstetrical to palliative services.

Overall, Lacombe Hospital and Care Centre is performing very well. Physicians and staff were welcoming and proud to share their work regarding their teams and services. Patients and families think highly of the site and the access provided to their community. It is evident that the site has worked hard to develop high quality services and standards.

Person-centred care, safety, and high-quality care are the primary focus of the hospital. The managers work together to ensure the needs of the population are met and the flow of the site is impacted as little as is physically possible. There are visible, supportive and dedicated site leaders.

All staff multi-task and are feeling stretched with competing priorities such as renovations, facility projects, accreditation, Wi-Fi, Connect Care and so on. Staff indicate they enjoy working in this location and collaborative teamwork is evident across the site. This small, dedicated team of professionals are delivering multiple projects and are to be commended for results to date.

There is a broad range of services delivered at Lacombe Hospital and Care Centre. Although staff in the organization make it work, there is a component of risk associated with the number of services offered and limited number of staff. Staff at times feel stretched to provide good quality care to multiple inpatients, obstetrics clients, and clients in the Emergency Department.

While clients are engaged in their care, there remains opportunities to further embed input from clients and families into the culture.

Bed occupancy rates are very high, and overcrowding exists. Patient flow is a challenge at this site, and staff have worked to provide pathways to improve patient flow as best as possible, by working with community partners, home care services, community paramedicine, and the discharge coordinator.

Quality Boards have hand hygiene results and other reports posted, and a staff member is dedicated to managing Lacombe Hospital and Care Centre audits.

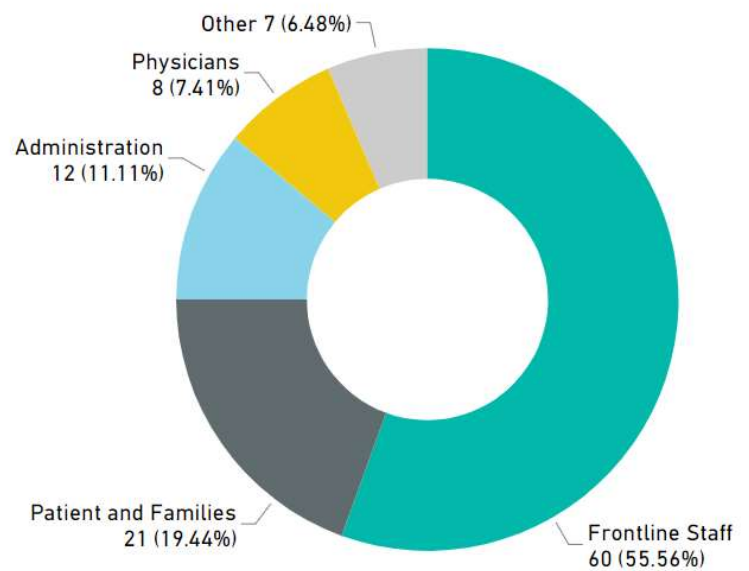
At times, staffing levels can be challenging, particularly in the evenings and Registered Nurses (RN) can be stretched to beyond safe practices.

There are active supportive partners in place such as the Hospital Foundation and Palliative Care.

## Survey Methodology

The Accreditation Canada survey team spent two days at Lacombe Hospital and Care Centre.

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



---

<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 as key opportunities and areas of excellence for this site:

### KEY OPPORTUNITIES

1. The leaders are encouraged to continue recognizing and rewarding staff.
2. The leaders and staff should continue to expand and formalize patient engagement at the site level.
3. Quality improvement (QI) activities can be formalized with defined workplans and timelines; audit and statistics are one component of QI and are currently well executed.

### AREAS OF EXCELLENCE

1. Staff are experienced and well trained; educators provide on-site training to meet specific needs.
2. The investment of people power into audits of quality and safety is evident.
3. Staff are invested in the facility and in their community, and this is evident; performance reviews (“annual conversations”) are performed regularly.
4. The Residential Care Team is committed to implementing quality initiatives in the Long Term Care area.
5. The Emergency Department renovation project is a strong example of collaboration between community, patients and families, leads, and staff.



# 2. 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>

<b>Attestation</b>	<b>Attestation</b>
98%	114
% Met	# of Criteria
<b>On-Site</b>	<b>Audit</b>
99%	18
% Met	# of Criteria
<b>Overall</b>	
99%	
% 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.*

<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	94	0	9	0
Infection Prevention and Control	31	1	17	0
Inpatient Services	68	1	0	0
Leadership	9	0	0	0
Long-Term Care Services	76	1	4	0
Medication Management	79	0	12	0
Obstetrics Services	81	0	2	0
Perioperative Services and Invasive Procedures	137	1	11	0
Service Excellence	42	1	0	0
<b>Total</b>	<b>617</b>	<b>5</b>	<b>55</b>	<b>0</b>

## Compliance by System-level Priority Process

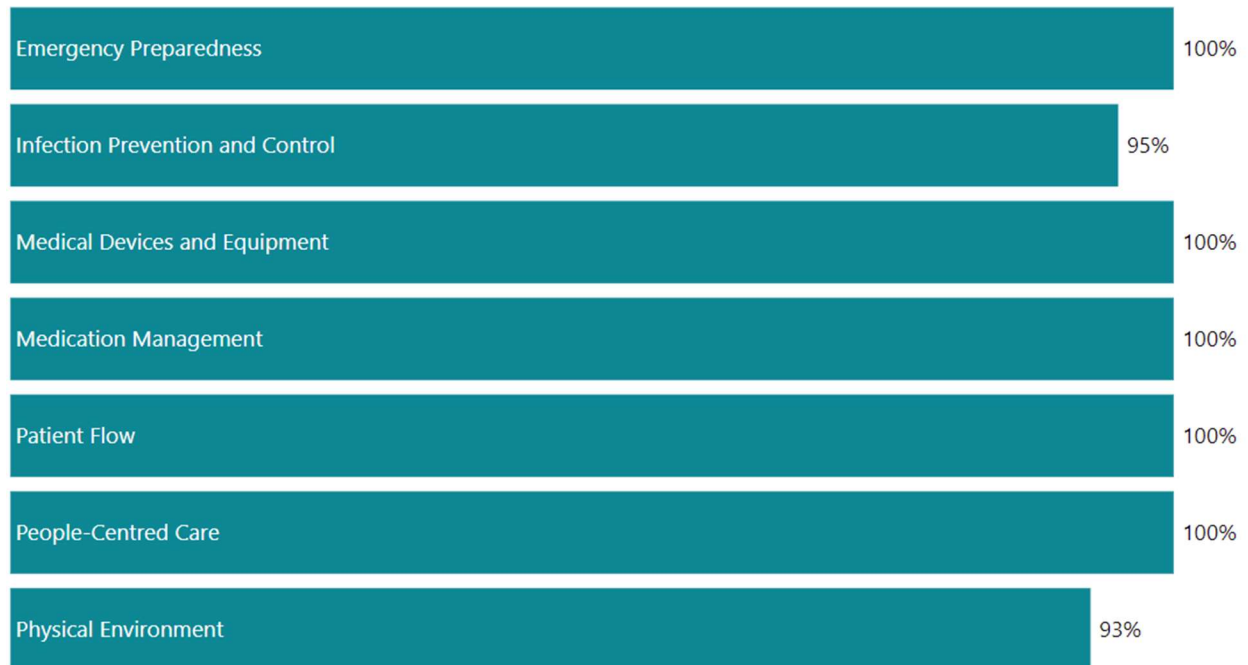


Fig. 2.2 Compliance by System-level Priority Process

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	5	0	0	0
Infection Prevention and Control	20	1	0	0
Medical Devices and Equipment	26	0	22	0
Medication Management	94	0	12	0
Patient Flow	19	0	0	0
People-Centred Care	50	0	0	0
Physical Environment	13	1	0	0
<b>Total</b>	<b>227</b>	<b>2</b>	<b>34</b>	<b>0</b>

## Compliance by Quality Dimension



Fig. 2.3 Compliance scores by Quality Dimension

QUALITY DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	43	0	0	0
Appropriateness	168	1	25	0
Client Centered Services	158	2	0	0
Continuity of Services	30	0	0	0
Efficiency	3	0	4	0
Population Focus	1	0	0	0
Safety	205	2	25	0
Worklife	9	0	1	0
<b>Total</b>	<b>617</b>	<b>5</b>	<b>55</b>	<b>0</b>

## Compliance by Required Organizational Practice (ROP)

REQUIRED ORGANIZATIONAL PRACTICE	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	Met
	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
	Long Term Care	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	Met
	Long Term Care	Met
Safe Surgery Checklist	Obstetrics Services	Met
	Perioperative Services and Invasive	Met
Information Transfer at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
	Long Term Care	Met
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	Met
Concentrated Electrolytes	Medication Management	Met

REQUIRED ORGANIZATIONAL PRACTICE	STANDARD	RATING
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	N/A
RISK ASSESSMENT		
Fall Prevention and Injury Reduction	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
	Long Term Care	Met
Pressure Ulcer Prevention	Inpatient Services	Met
	Perioperative Services and Invasive Procedures	N/A
	Long Term Care	Met
Suicide Prevention	Emergency Department	Met
	Long Term Care	Met
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	Met
	Perioperative Services and Invasive Procedures	N/A

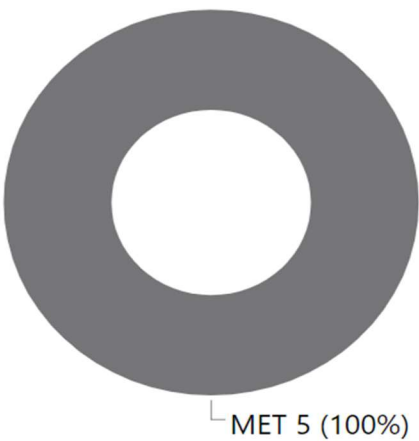
### 3. Detailed Results: System-level Priority Processes

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:

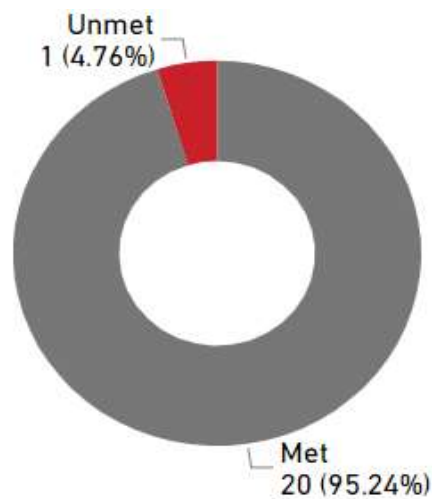
*Planning for and managing emergencies, disasters, or other aspects of public safety.*

Staff were quickly able to identify the actions to take in the event of any emergency. The emergency binders were current, and accessible on each unit visited.

There are regular drills for each event and the facility is in the process of preparing for a mock evacuation disaster.

# Infection Prevention and Control

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



## Priority Process Description:

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

UNMET CRITERIA	CRITERIA
5.2	Team members, clients and families, and volunteers are engaged when developing the multi-faceted approach for infection prevention and control.

The Lacombe Hospital and Care Centre site is clean, and handwashing was observed during the entire site visit. Documents with handwashing compliance rates and information for volunteers and visitors was posted to bulletin boards.

Staff are diligent to ensure adherence to the clean and dirty flow of equipment and laundry which is sent off site for reprocessing and laundering respectively.

There is an infection prevention bulletin board by the cafeteria with information for staff and families.

Staff are aware of how to contact the Infection Control Practitioner (ICP) dedicated to the site if answers to questions cannot be found online.

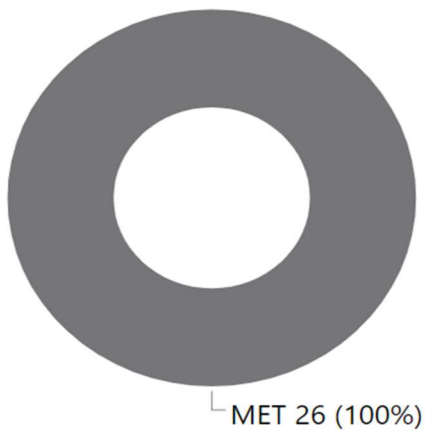
Staff are aware of how to find information on outbreaks and what strategies to follow.



## 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, and Perioperative Services and Invasive Procedures.

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



### Priority Process Description:

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

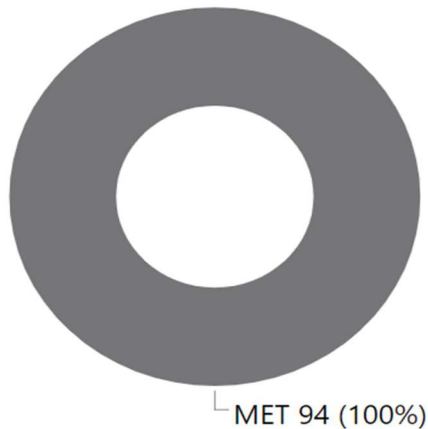
There are limited surgical cases at the Lacombe Hospital and Care Centre. All reprocessing is performed off site at the Ponoka Hospital and Care Centre. First level decontamination is provided by the Central Sterilization & Reprocessing (CSR) staff at the site level.

The site has a well-developed process with surgical staff to ensure all preparation and transportation of equipment to be reprocessed is well within standards. The documentation at the site level is well organized and current.

## Medication Management

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

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



### Priority Process Description:

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

The facility has a well-organized pharmacy, and medication preparation areas are clearly labeled and defined. Office working space is limited when multiple staff are working.

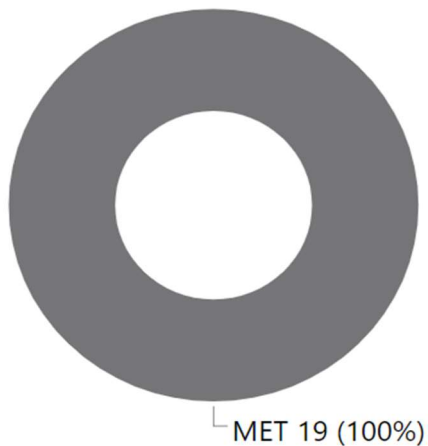
Unit dose medications are supplied by Red Deer Regional Hospital and Meditech system is utilized. There has been a significant focus on developing and supporting safe medication management practices. Audits are performed, and results are acted upon as required.

The pharmacy team feels well supported by the Zone pharmacy team, and a clinical practice leader is available for consultation as necessary. The pharmacy team works very closely with site staff and managers and is a key part of the facility team. The pharmacists attend multidisciplinary discharge planning rounds, patient conferences and offer clinical support to teams across the facility. The pharmacy team provides orientation to new staff to pharmacy and to medication management processes for the 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.*

Overcrowding is a challenge and occupancy rates often exceed 100 percent. Many inpatient beds have patients awaiting placement. The facility works hard to improve patient flow as much as possible.

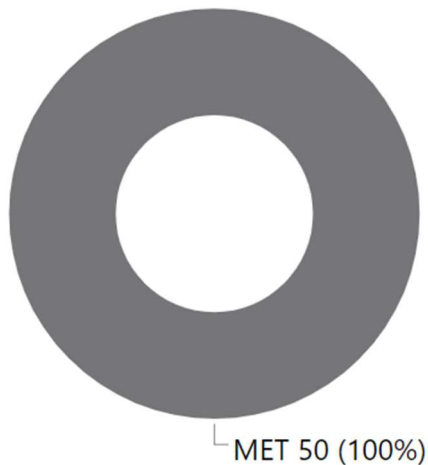
The discharge coordinator works closely with site managers and home care to identify barriers to discharge and improve communication pathways. There are daily huddles with facility staff to ensure the timeliest transfers/discharges as possible and discharge sheets are placed on patient charts to support discharge discussions. An overcapacity policy has been drafted, and overcapacity spaces are well utilized.

There is strong collaboration between long term care, acute care services, and community partners such as community paramedicine and home care to support patient flow.

## 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.*

It is evident that people-centred care is of high importance for staff and leadership at the Lacombe Hospital and Care Centre. The primary focus is the provision of high quality, safe patient care.

The team is actively engaged in meeting the needs of their community partners and work closely together.

There is a Zone Health Advisory Council and a Resident and Family Goodwill Council at the facility, and patient/family feedback is important and sought out. Patient experience surveys and compliment/complaint processes are available. Continuous improvement includes acting upon concerns, incidents, and recommendations.

The facility has regularly scheduled leadership walkabouts and this provides further opportunity to seek out patient/family/staff input.

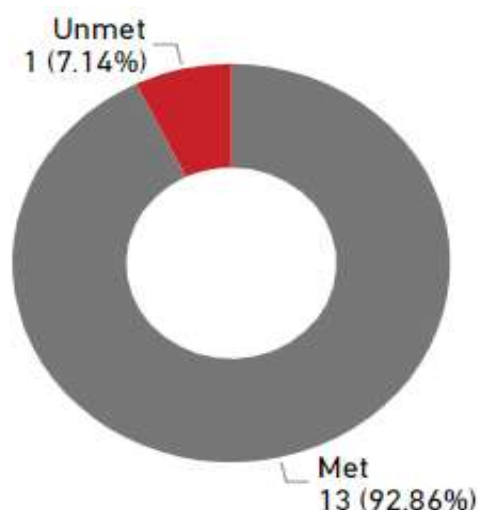
Community engagement is important; one recent example is the feedback sought by the community regarding the Emergency Department renovation.

The auxiliary and Foundation are active and supportive of the hospital initiatives.

The facility is encouraged to continue to expand their patient/family/community engagement.

## 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	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.

The environment is clean, and work is underway to improve several aspects of the site, including: redesign of the emergency department; WI-FI to support the implementation of Connect Care; and security access upgrades with card swipes and door locks. The maintenance department is careful to ensure minimum impact on the environment while these initiatives are underway.

Emergency testing of the backup system is completed weekly. During the first day of the survey visit, there was a temporary loss of power in the Lacombe Hospital and Care Centre area, and it was evident that the backup system was in place.

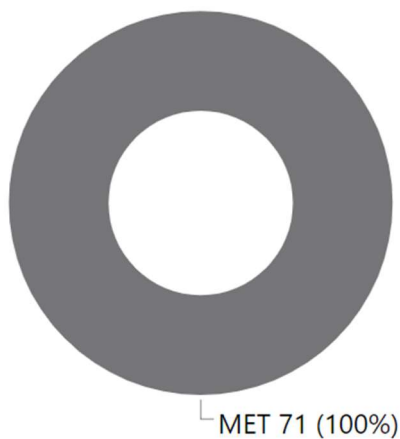
The environmental staff clean all surfaces touched by people on a daily basis.

## 4. 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

**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 Emergency Department (ED) has been temporarily relocated pending a major renovation to their existing space. There are nine spaces for patient care and ambulatory procedures.

A rotation of family physicians supports the ED team during the day and on an on-call basis after hours. There is access to a Mental Health Counselor during the day, and a crisis response team after hours.

---

<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.

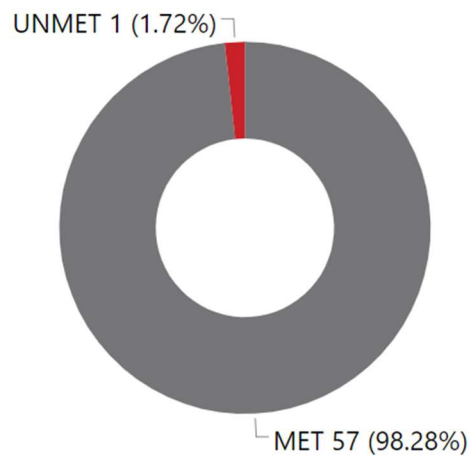
An orientation package with both on-line and in-person modules are available, as well as training for suicide and mental health issues.

Annual mandatory training and performance reviews are in place.

The ED team works closely with the Emergency Medical Services (EMS) to facilitate patient transfers and transportation. EMS is closely located to the facility with both ambulance and rapid transportation access. The team works closely with EMS to facilitate patient flow. Since EMS is a provincial service, challenges sometime exist as the trucks may be out of the community supporting other jurisdictions.

Overcrowding is a challenge due in part to patient volumes and to the unavailability of inpatient beds. The team works hard to avoid off load delays and have overcapacity spaces and protocols to support flow.

## Inpatient Services



### Episode of Care Bundle Description:

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

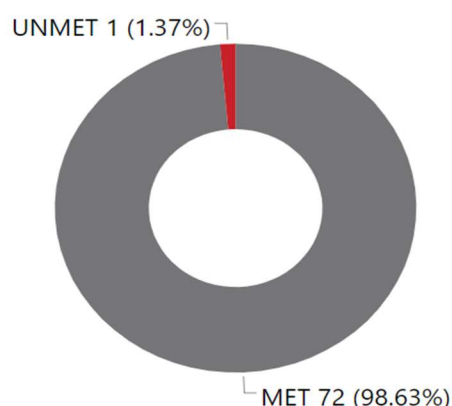
#### CRITERIA

- |     |  |
|-----|--|
| 5.4 | The assessment process is designed with input from clients and families. |
|-----|--|

Inpatient services include all potential services of a hospital across the span of a life including obstetrics, pediatric observation, surgery, medicine, rehabilitation, alternate level of care, and palliative care.

Including palliative and obstetrical care, there are 28 inpatient beds because of the space being used as both temporary emergency unit and physician office. Despite being at 100 percent capacity, staff are innovative to accommodate obstetrics, palliative and post-operative patients as the need occurs. At this time, 16 of the inpatient beds are occupied by residents awaiting a residential care room.

## Long-Term Care Services



### Episode of Care Bundle Description:

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

UNMET CRITERIA	CRITERIA
4.2	The assessment process is designed with input from residents and families.

Walking onto the units at breakfast time the sound of chatter, and laughter is heard from all the eating areas. Staff and residents interact as a family.

Meals are served individually to the residents with choices of what they would like to eat. Residents can also decide whether they would like to take their meals in the main dining room or in the kitchen environment provided on each of the three units.



There is an active Resident and Family Goodwill Council that involves residents and families in the decision-making processes of the service. A secured outside area is provided to residents so they can enjoy the outdoor setting. Opportunities to participate in gardening, woodworking and baking are provided.

Quality Initiatives for Residential Care are posted and include:

- Bath team pilot
- Rotation changes and assignment restructure
- Pressure ulcer prevention committee
- Improved call bell system
- Quality improvement committee
- Team building
- Dignity in death protocol
- Staff report room update

Staff state they love the work, but do not always feel recognized by management.

The manager is working with other private residential sites to help ensure the residents are in the best fit possible for their care needs.

## Obstetrics 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.*

The facility has low volume obstetrical services with two beds assigned to obstetrics. The rooms are well appointed with appropriate equipment for labour/delivery.

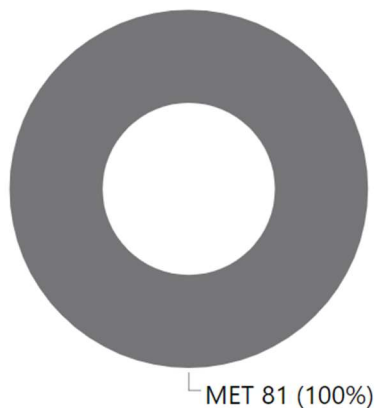
C-sections are performed infrequently and are most often booked procedures. There were no surgical cases (C-Section) at the time of survey, nor inpatient obstetrical patients, therefore, surveyor performed chart reviews and visited OR staff and inpatient staff to assess processes.

Several staff are cross-trained on the medical unit to support obstetrical patients. Staff have specific training in obstetrical care and trained in more OB practices.

With overcrowding of the facility, it can be challenging at times to find a private room for mom and baby once delivered and recovered.

## Perioperative Services and Invasive Procedures

**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.*

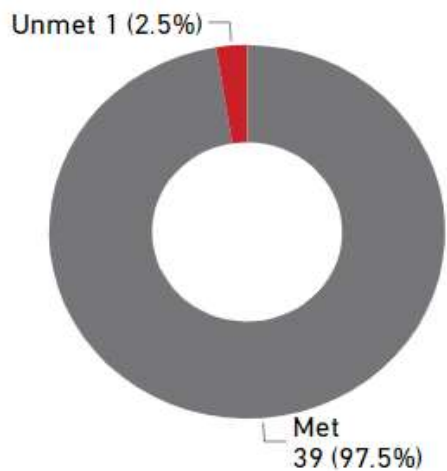
Surgical services are limited, and include C-Section, hernia repair, tonsillectomy, and carpal tunnel. These services are available two mornings per week. Pre-operative assessment occurs prior to surgical appointments and wait times are minimal.

The small obstetrics team is experienced and work well together with surgical and anesthetic staff.

All safety and quality aspects are evident such as safe surgical check list. There is an orientation program that includes on-the-job training.

Reprocessing is not performed on site. Central Sterilization & Reprocessing (CSR) support is well organized and has a pass-through system from the Operating Room to CSR to minimize transfer of instruments.

Service Excellence



Episode of Care Bundle Description:

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

UNMET CRITERIA	CRITERIA
10.5	Quality improvement activities are designed and tested to meet objectives.

The management at Lacombe Hospital and Care Centre are involved and engaged. On multiple levels there is evidence of accountability to the operational Central Zone, to the public, and staff.

To address flow issues, managers work together to develop innovative ways to assist the movement of patients through the facility.

Staff are recognized for long term service with photos and a lunch, however, there remain opportunities at the site level to provide recognition and reward to individual staff. Clients and families speak highly of the services.

## 5. Criteria for Follow up

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

There are no criteria or Required Organizational Practices identified for follow-up at this time.