

**JUNE
2021**

Edson Healthcare Centre

North Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



ACCREDITATION
AGRÉMENT
CANADA

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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 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.

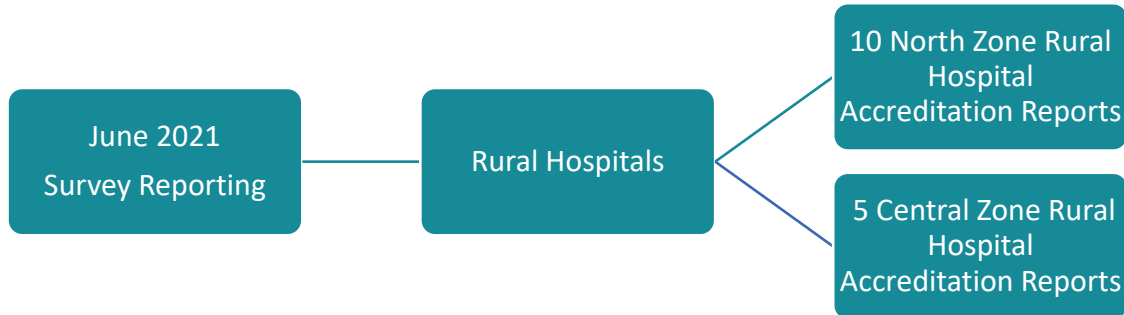
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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

The Edson Healthcare Centre was surveyed over a two-day period by surveyors from Accreditation Canada. The surveyors had an opportunity to speak with patients, families, staff, physicians, and partners to understand and assess alignment and compliance with accreditation standards in key clinical and non-clinical areas. Service recipients interviewed provided positive feedback regarding their care and caregivers. Partners involved in community services were appreciative of the facility and management's participation in emergency and disaster planning initiatives. The organization is encouraged to re-engage with these partners following COVID-19 to undertake emergency and disaster planning with its external partners and ensure the facility's emergency and disaster plan is current and staff are prepared. Ambulance partners were also supportive of the sites' performance. There was evidence that the organization had a strong sense of community health needs. There has been an increased number of services offered at the site and plans are being pursued to add others. This has been appreciated by patients. A well-developed approach to palliative and end-of-life care exists within the organization. There was also an example of how staff had accessed the ethics framework and found that resources were available and helpful.

The site itself is relatively new and has been well maintained since its completion several years ago. Both staff and patients appreciate the facility and the light that comes through the building adding warmth and healing to everyone. The overall impact of the pandemic has been limited at the site and staff have maintained services with the continuance of the public health restrictions. There appears to be a strong commitment to continuity of care. Charting has been emphasized by leadership, and surveyors found that documentation was thorough in the Emergency Department. The site manager is commended for undertaking a significant chart review and follow-up. It is recommended the management of the long-term care service undertake a similar approach, as several gaps in charting and care plans were noted during the survey. Utilization of the IDRAW tool requires increased attention within the site.

Staff did raise concerns that the new facility presented challenges with the layout that are not reflected with the approved staffing levels. Some concerns were raised that there were safety issues in long-term care at night, given the staffing and physical space they had to cover.

Management's capacity appears to be taxed with ongoing operational matters and expectations for direct responsibility to facilitate and follow up on education, quality improvement, and people-centered care. It is suggested that the expectations on the manager's role be reviewed. The site will benefit with a dedicated resource for education, quality, and people-centered care. Quality boards throughout the site have not been kept current.

Challenges also exist for the timely completion of performance reviews for staff. Several staff members indicated it had been many years since they had a review by their manager. Managers' span of control is quite large. This may also be a contributing factor. There were also indications that morale among some teams was low and more could be done by leadership to recognize the work of staff. However, it should be noted environmental services appeared to be well organized and the staff was very happy and thorough in their work.

Pharmacy provided an example of an emergency simulation they had participated in. It was also noted that the pharmacy team was knowledgeable and highly accessible, even after their regular hours. It is suggested there be increased sharing of antimicrobial stewardship efforts.

Health records are secured and there are appropriate processes for clients to have access to their records.

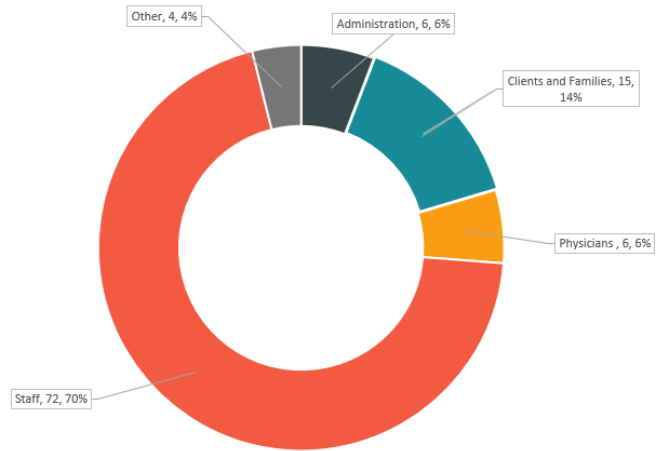
Long-term care has an active resident council. There is also a very active volunteer program in long-term care. These two groups may be key resources when the organization undertakes to embark on its journey toward quality improvement and people-centered care.

Overall, the survey identified many strengths related to the team function and dedicated staff who continually are striving to provide quality care during a challenging period. There are some opportunities that can be further developed related to the journey of quality, education, and advancing the philosophy of people-centered care.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Edson Healthcare Centre.

To conduct their assessment, the survey team 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 survey team identified the following key opportunities and areas of excellence for this site:

Key Opportunities

1. Advance the quality journey
2. Work on recruitment and retention of staff
3. Increase education support
4. Increase staff reward and recognition activities
5. Evaluate effectiveness of some ROPs implementation (Falls Prevention and Injury Reduction, Pressure Ulcer Prevention, and Information Transfer at Care Transitions)

Areas of Excellence

1. Modern facility and space
2. Medical equipment
3. Medical device reprocessing
4. Medication reconciliation
5. Staff dedication and commitment

Results at a Glance

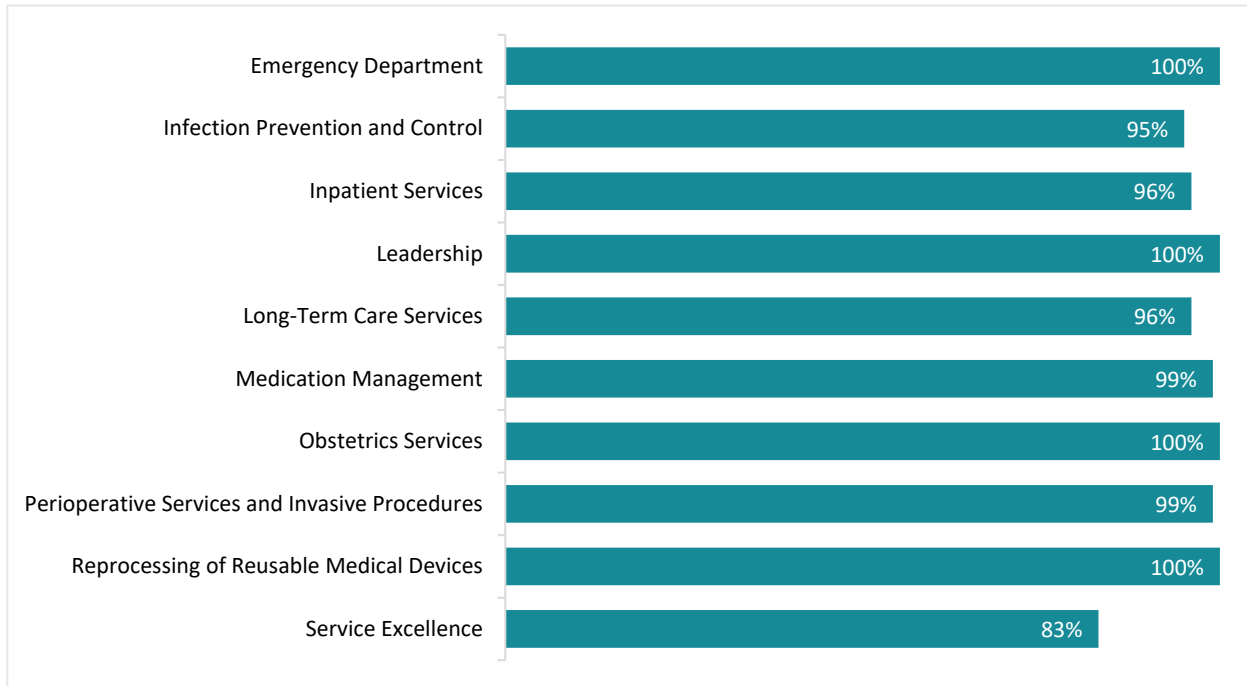
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			<p>Attestation:</p> <p>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.</p>
<p>Attested</p> <p>96% met</p>	<p>On-Site</p> <p>97% met</p>	<p>Overall</p> <p>97% met</p>	
Number of attested criteria			
<p>Attested</p> <p>108 criteria</p>	<p>Audited</p> <p>26 Criteria</p>		<p>On-site Assessment:</p> <p>Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.</p>

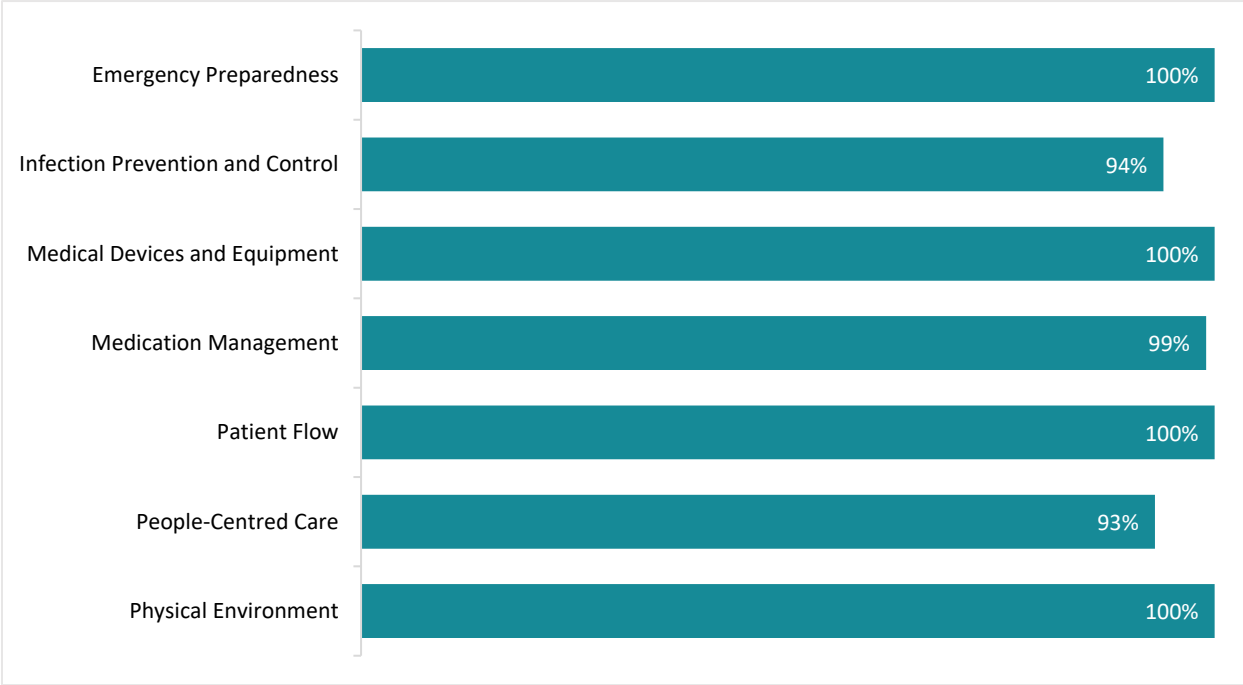
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



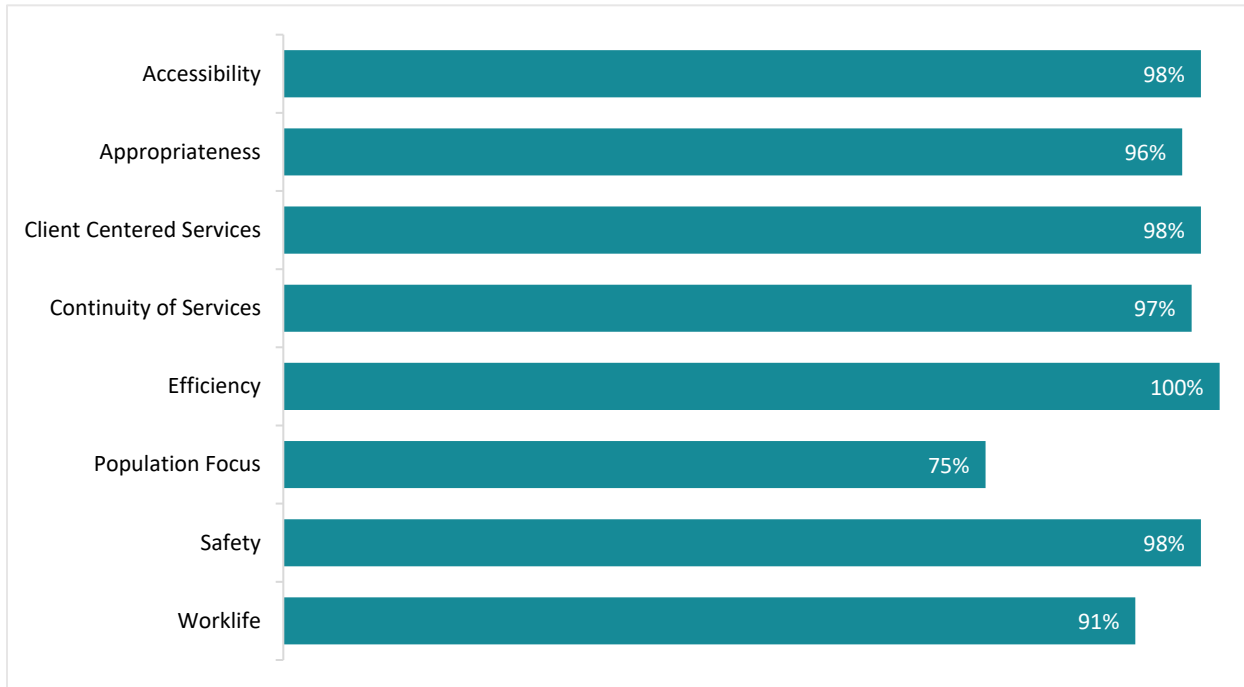
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	95	0	0	0
Infection Prevention and Control	35	2	0	0
Inpatient Services	66	3	0	0
Leadership	9	0	0	0
Long-Term Care Services	77	3	1	0
Medication Management	84	1	2	0
Obstetrics Services	83	0	0	0
Perioperative Services and Invasive Procedures	144	1	4	0
Reprocessing of Reusable Medical Devices	91	0	0	0
Service Excellence	63	13	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	32	2	0	0
Medical Devices and Equipment	109	0	3	0
Medication Management	99	1	2	0
Patient Flow	19	0	0	0
People-Centred Care	50	4	0	0
Physical Environment	14	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	48	1	0	0
Appropriateness	233	10	1	0
Client Centered Services	162	3	0	0
Continuity of Services	29	1	0	0
Efficiency	6	0	0	0
Population Focus	3	1	0	0
Safety	246	5	6	0
Worklife	20	2	0	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	MET
	Obstetric Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	UNMET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	UNMET
	Long Term Care	UNMET
	Obstetrics Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
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
RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Inpatient Services	UNMET
	Long Term Care	UNMET
	Obstetric Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
Pressure Ulcer Prevention	Inpatient Services	UNMET
	Long Term Care	MET
	Perioperative Services and Invasive Procedures	UNMET
Suicide Prevention	Emergency Department	MET
	Long Term Care	MET
Venous Thromboembolism Prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	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 refer 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.



Regular fire drills are held and documented. Debriefs of lessons learned occur following the drills. Some departments have also participated in site simulations. New employees receive training during orientation. The site participates in the provincial Code of the Month education and codes are reviewed annually.

The Emergency Disaster Management group, comprised of most managers, meets quarterly, and is chaired by the site manager. Business continuity plans exist. Protective Services conduct fire extinguisher training regularly. The Site Manager has participated in municipal emergency planning meetings and partner agencies have expressed their pleasure for the site's involvement and participation.

The organization is encouraged to work with community partners to plan a simulation. It has also been noted that aspects of the training appear to have fallen off as a result of COVID-19. Focused oversight is required to get training compliance back on track. It is also recommended that compliance rates be shared with staff regularly.

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.



Infection Prevention and Control (IPC) at the site is supported by a Zone based team. There are monthly IPC Committee meetings, however, the IPC presence has been reduced during the COVID-19 pandemic. The IPC resource maintains open connections with the site and is knowledgeable about the readily available site practices.

Housekeeping / Environmental Services were knowledgeable about IPC practices. The nutrition staff has completed the Safe Food Handling training.

Laundry and biohazardous waste are handled appropriately. The facility is extremely clean and well-kept.

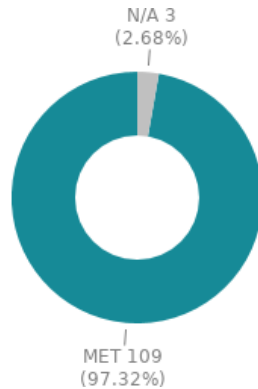
A variety of audits are normally completed regularly. *C. difficile* and MRSA infections have dropped significantly and were non-existent at the time of the survey. Hand Hygiene results for quarters three and four depicted satisfactory compliance of those observed, however, the numbers of observations were less than half of the targeted numbers.

There is no widespread awareness of infection and hand hygiene rates among the frontline workers. It is recommended that the auditing program be re-energized, and results shared widely. There may be opportunities to engage volunteers with assistance in audits.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	14.3	Input is gathered from team members, volunteers, and clients and families on components of the infection prevention and control program.
Infection Prevention and Control	14.5	Results of evaluations are shared with team members, volunteers, clients, and families.

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: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.



There are no unmet criteria for this Priority Process.

The Medical Device Reprocessing (MDR) area is well designed and has aligned operational processes that support the work of the healthcare centre. The layout of the department is well designed with consideration to the flow of instruments and clear separation of soiled and clean areas. The leadership of the department has been consistent for decades and it is clear that there are well-established processes for monitoring and auditing the

equipment to ensure that quality services are provided. The new site has been designed to meet the standards related to reprocessing areas with attention to the separation of clean and decontamination.

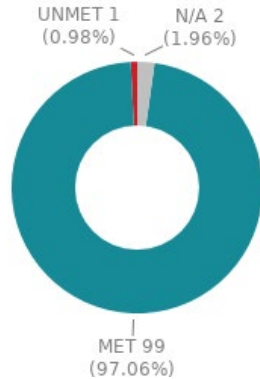
Recently, the department has been further supported with a North Zone lead for MDR and this has been very beneficial in helping the small team work to standardize their processes across the site. The additional new programs that are being introduced, such as cataracts and obstetrics/gynecological services, have provided the department with opportunities to expand and hire new part-time staff that have been valuable to the MDR in creating capacity and advancing the services.

The MDR is an area that has a strong focus on quality and safety. There are daily audits and checks in place that are documented regarding the functioning of the equipment to ensure the operating room, the emergency departments, the units at the hospital, and the endoscopy services have the equipment they need to perform the necessary surgeries and treatments.

The lead MDR staff is pleased with the services and partnerships with departments and services in the hospital and everyone works together for patient care. One of the concerns that has been raised is the water in the Edson Region and often there is material (i.e., white dry matter) that appears on the equipment post reprocessing. This issue has been long-standing; however, the department would like further intervention and assessment to determine if anything can be done to address this issue.

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.



Pharmacy staff participate as valued members of the care team and are commended for their accessibility, particularly after hours. An Omni dose dispensing system is in place and is a significant tool in ensuring medication safety. Regular audits are conducted, and staff alternate the auditing.

The Pharmacy is well laid out with appropriate storage space, equipment, lighting, security, and spill kit. Staff members are highly knowledgeable.

High-alert medications and narcotics are properly identified and stored. A list of “Do Not Use Abbreviations” is pervasive in the work area and appropriate labeling of medications takes place.

The pharmacist works with the care team daily to assist with education and medication reconciliation. An antimicrobial stewardship program is in place. Medication reconciliation was well done in the charts observed, with one exception in long-term care.

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.



There are no unmet criteria for this Priority Process.

Patient flow issues were not apparent during the onsite survey. Flow appears to be well-managed. However, several inpatient beds are closing due to the unavailability of staff and that may negatively impact capacity.

There is a collaborative approach within the facility to manage admissions, transfers, and discharges. Often information is shared ahead of admissions and transfers.

Efforts have been made to ensure clients and family members are informed of options when transitioning through care. Efforts are also made to avert re-admissions when preparing for discharges.

Ambulance offloading and wait times are highly efficient and ambulance partners appreciate the capacity of the site to promptly accept patients.

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; Long-Term Care Services; Obstetrics Services; Perioperative Services and Invasive Procedures; Service Excellence.



Patients appeared to receive timely and very good care at the facility. Patients interviewed during the survey were highly appreciative of the staff, facility, and ease of accessibility to care and treatment.

Client involvement and choice concerning their wishes and decisions related to palliative and end of life care is impressive.

A Resident Council is quite active within the long-term care setting and regular meetings occur. While efforts to ensure client choice and involvement in care were evident and are

commended, the organization needs to fully adopt a philosophy and mechanisms to embrace the principles of people-centered care (PCC). It is recommended that management and staff pursue a greater understanding of the expectations and benefits of PCC and begin a concerted effort to proactively recruit patient and family advisors and support their integration into committees at the site and ensure input and feedback from the perspective of clients and family members are attained. The success of the volunteer program servicing long-term care could be leveraged to help with recruitment and orientation.

Concerning patient and family involvement in care, opportunities exist at the site to advance the engagement of former patients and family members into the planning and evaluation of services at the site program level. The role of the patient advisor has grown to become an essential role in hospital and healthcare, and this would be beneficial at the facility. Over the past fifteen months, the impact of COVID-19 has been challenging and many activities have taken less priority. However, there are opportunities as the situation improves to re-engage families and former patients in ways to improve processes related to patient-centered care.

Efforts within the zone and provincial health system have shown advancement in PCC and could serve as a model for the site to embrace a much more proactive approach to PCC. The site has seen a change over in leadership at the middle management level and there are opportunities to further collaborate with the quality lead for the North Zone to advance the focus on quality. This work can incorporate patients and families along with staff and leadership to evolve together with quality and safety focus within programs and in re-design work.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	4.3	Goals and expected results of the resident's care and services are identified in partnership with the resident and family.
Long-Term Care Services	4.18	A comprehensive and individualized care plan is developed and documented in partnership with the resident and family.
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients 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.

There are no unmet criteria for this Priority Process



The Edson Healthcare Centre is modern and aesthetically pleasing to staff, patients, and families who visit the site. There has been a good use of light throughout the building and all inpatient rooms have windows. This level of light has an impact on clients and families in promoting healing. As well, the site is clean in the services areas and there is a sense of pride in the healthcare centre.

The site has good systems in place for the necessary services with good functioning electrical, mechanical, ventilation, etc. for the volume of care provided at the site. During the on-site survey, it was evident that the site had sufficient space to support patient care and there was an opportunity to grow services to reduce pressure in other areas of the province. The centre recently added cataracts to its procedure list and is now working to expand services such as gynecological services. Staff are pleased to be able to grow their program and offer services locally. There are discussions regarding the opening of the second operating room which the site can operationalize as well. One of the challenges that will need to be focused on is the staffing concerning recruitment and retention as six beds were recently closed due to staffing shortages.

The site has limited storage spaces and it was noted that several areas could benefit from lean work to reduce clutter and better organize their spaces (e.g., biomedical, storage room for equipment, and pharmacy).

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.



There are no unmet criteria for this Priority Process.

The Emergency Department (ED) has seen a decrease in visits as a result of the pandemic. Evidence-based care pathways are used. Patients accessing the service during the survey spoke very highly of their care and the competency of their providers. A standard and comprehensive triage process followed initial registration and the use of a two-patient identifier was witnessed. Pain, risk of falls, and suicide are assessed. Staff felt safe and secure and demonstrated ways to signal for help if needed. Efforts to

respect privacy and confidentiality are made. Ambulance services are provided by an external partner. Representatives of the ambulance service spoke highly of the support they receive when bringing patients to the ED. Off-load times are excellent and staff members are helpful.

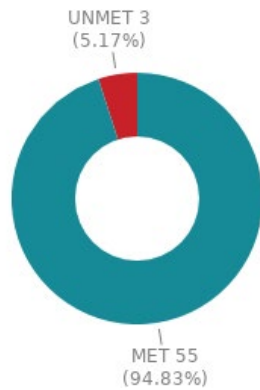
The staff and physicians worked well together. Concern was expressed by both about insufficient staffing levels in the ED. While there is access to training and continued medical education, it was noted that Advanced Cardiac Life Support (ACLS) training is not a required credential for working in the ED. The current policy recommends ACLS and it is understood that initial efforts are underway within the zone to explore making ACLS a requirement for physicians working in rural health centres. This initiative is supported and encouraged.

Staff and physicians have advised there are timely responses for laboratory, diagnostic imaging, and specialist consultations.

Quality improvement activities need to be well developed in the ED. Indicators are pervasive and those that are tracked are not communicated to staff and physicians regularly in a way that generates attention and interest.

Inpatient Services

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



The Edson Healthcare Centre has 24 acute care inpatient beds that support a variety of care services ranging from medicine, surgery, obstetrics, palliative, etc.

The team is composed of a variety of multidisciplinary professionals, many of whom cover care across several sites (e.g., Jasper, Hinton, and Edson). The team is pleased with the composition of staff who include nursing, social workers, occupational therapy, physiotherapy, respiratory therapy, physicians, and dieticians. In addition, other roles such as quality and ethics are available to the site on an as-needed

basis. The unit is well laid out and there is good space for providing patient-centered care in the patient's rooms which are designed to support care.

During the morning rounds, the team demonstrated a cohesive approach to reviewing the overall needs of their patients and family members. The focus for the team is clearly on discharges and transitions as many of the patients are admitted to inpatient units and sent to other larger referring hospitals for care and treatment. The team members describe their role in really reviewing and looking at care options and making the connections and referrals for care mostly external to the hospital. Also, when these clients go through treatments or diagnostics in other locations, they often return to Edson Healthcare Centre for ongoing support and follow-up. Physicians from primary care in the community have privileges in the hospital and follow-up with their patients. In addition, the acute inpatient unit is supported by the emergency room physician who is on-site should the need arise with patients.

The Edson Healthcare Centre frontline team crosses over many services and departments to ensure that they meet the needs of the patients and families who come to them for care. Staff rotate across acute care, perioperative services, emergency, and several staff members work part-time or casually in long-term care. As well as on the acute care unit, they provide care to acute medical and surgical patients, obstetrics, palliative, along with supporting adults and children. The need for education and support for staff in their initial orientation and ongoing learning is a critical area in supporting quality care. The site has been without an educator and has hired a .4FTE that will start in August. Given the nature of the different services and the population served, the education support will be very beneficial. In some cases, basic or mandatory education is unable to be completed, as well as challenges regarding staffing shortages, which could risk the care of the clients.

The inpatient unit is currently struggling with recruitment and retention of staff and six of the acute inpatient beds had to be closed. In speaking with staff, this is common and there have been other beds closed in the province for a similar reason. They have a new manager on site since January 2021 who is learning and growing into her new role. There is an opportunity to have more education and quality support on-site to support the nurses and recently hired managers in their education, especially as this relates to quality and safety. While there is a quality board on the unit, there is limited focus on the

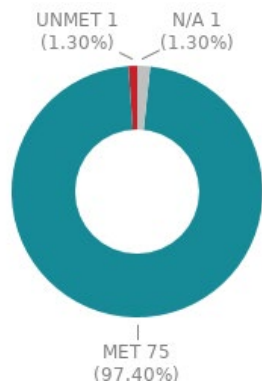
board and when asked about performance and indicators there was an obvious gap in knowledge with staff working on the unit and the unit performance concerning the indicators.

The ROPs related to pressure ulcers, communication, and falls have a focus at the healthcare centre, however support is needed to review the effectiveness of these ROPs and determine opportunities for improvement. In the past year, leadership has been limited with one of the key management roles being vacant and the site responsibilities with COVID-19 have prevented the ability to complete audits and focus on these areas related to the ROPs. The site would benefit from a review of the quality activities and the development of a plan to bring the quality focus to life in the various departments. Staff members should increase involvement in their team quality indicators to embrace the quality performance and journey.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	2.2	Education and training are provided on the organization’s processes to identify, escalate, or change the level of care a client is receiving.
Inpatient Services	2.3	Education and training are provided on established clinical care pathways.
Inpatient Services	2.4	Education and training on the safe and appropriate use of restraints are provided to the team.

Long-Term Care Services

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



There is a very active Resident Council that meets regularly. The organization is open and encourages resident and family involvement. There are strong volunteer and recreation programs. Residents had a choice in food and felt the meals were acceptable. The new facility has created a very aesthetically pleasing environment and resident rooms are large, well-appointed, and decorated according to the wishes of residents. Unfortunately, the design of the new space has presented challenges for the staff, model of care, and distances staff have to navigate to check on residents.

The nighttime staffing complement was deemed very stressful by staff interviewed during the survey. Residents also expressed disappointment over the end of the Comfort Care Aides program, which was highly valued by residents.

Charting deficiencies were noted when chart reviews were conducted. Goals of care sheets were often blank and interdisciplinary team conference checklists were not completed.

Minutes of staff meetings indicated that updates on care plan posters were not completed on a timely and consistent basis. During visits to residents’ rooms, it was noted that care plan posters were largely incomplete or out of date. It is recommended that the units (management, staff, residents, family

members, and advisors) undertake a quality improvement project focused on charting and sharing information. Zone Quality Facilitators could be a resource for this important initiative.

It was also reported that staff had not received timely performance reviews and felt their efforts were not recognized.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	5.13	Resident progress toward achieving goals and expected results is monitored in partnership with the resident, and the information is used to adjust the care plan as necessary.

Obstetrics Services

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

There are no unmet criteria for this Priority Process.



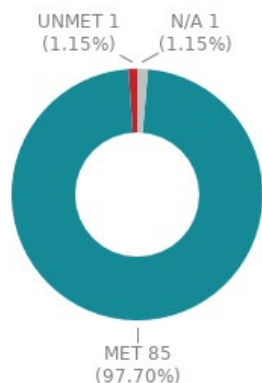
Obstetrics Services provides a vital service to the community with the ability to complete natural births and caesarian-sections. The acute ward has two birthing rooms that are used regularly to support care. The specialized General Practitioners are able to complete vaginal deliveries. They are also trained to complete c-sections. The operating room has one room and the capacity for a second room and this room is shared with surgical services for c-sections. Staff in the healthcare centre work with both surgical and

obstetrical patients and rotate across various service areas based on education, orientation, and desire to work in the multiple service areas.

In the event of complications on-site, the team has support available in other centres such as Edmonton. Overall, the services provide a needed service to the community.

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.



The Perioperative Services and Invasive Procedures provide a variety of procedures and surgeries for the local community and patients who come from outside the community as the waits for care are lower. The hospital recently added cataract procedures two days a month and is working to include obstetrical/gynecological procedures. The site has beautiful spaces and rooms for small procedures and an endoscopy room.

The program has the capacity and is encouraged to explore opportunities to increase procedures at the site while

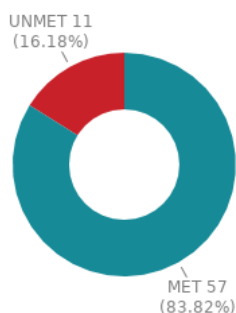
increasing time for more specialized procedures.

The team needs more on-site educational support to enhance the quality performance and gain an understanding of how the program is progressing and areas that need further improvements. Overall, there is a very good team functioning in the Perioperative Services and the senior staff are pleased with the support from the specialized GPs.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	9.4	Procedure-specific care maps or guidelines are used to guide the client through preparation for and recovery from the procedure.

Service Excellence

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



In relation to patient and family involvement in care, opportunities exist at the site to advance the engagement of former patients and family members into the planning and evaluation of services at the program level.

Over the past fifteen months, the impact of COVID-19 has been challenging and many activities have taken less priority. However, there are opportunities as the situation improves to re-engage families and former patients in ways to improve processes related to patient-centered care.

The site has seen a change over in leadership at the middle management level and there are opportunities to further collaborate with the quality lead for the North Zone to advance the focus on quality. This work can incorporate patients and families along with staff and leadership to evolve

together with the quality and safety focus within programs and in re-design work. There is a need to have stronger education supports and quality to advance the care for patients and families.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.7	A universally-accessible environment is created with input from clients and families.
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	5.3	Team members are recognized for their contributions.
Service Excellence	6.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.
Service Excellence	9.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.
Service Excellence	10.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.5	Quality improvement activities are designed and tested to meet objectives.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Inpatient Services	2.2	Education and training are provided on the organization's processes to identify, escalate, or change the level of care a client is receiving.	June 30, 2022
Inpatient Services	2.3	Education and training are provided on established clinical care pathways.	June 30, 2022
Inpatient Services	2.4	Education and training on the safe and appropriate use of restraints are provided to the team.	June 30, 2022
Long-Term Care Services	4.18	A comprehensive and individualized care plan is developed and documented in partnership with the resident and family.	June 30, 2022
Service Excellence	6.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	June 30, 2022
Service Excellence	9.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	June 30, 2022

Follow-up ROPs			
Standard		ROP - Test of Compliance	Due Date
Emergency Department	Information Transfer at Care Transitions		
	8.17.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 30, 2022
Inpatient Services	Falls Prevention and Injury Reduction		
	5.8.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Pressure Ulcer Prevention		
	5.9.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions		
	6.18.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer - Asking clients, families, and service providers if they received the information they needed - Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)	June 30, 2022

Long-Term Care Services	Medication Reconciliation at Care Transitions		
	4.5.1	Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with the resident, family, health care providers, or caregivers (as appropriate).	June 30, 2022
	Falls Prevention and Injury Reduction		
	4.6.6	The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions		
5.19.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 30, 2022	
5.19.5	The effectiveness of communication is evaluated, and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer. Asking clients, families, and service providers if they received the information they needed. Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	June 30, 2022	
Obstetrics Services	Falls Prevention and Injury Reduction		
	3.6.3	The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions		
4.16.5	The effectiveness of communication is evaluated, and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer -Asking clients, families, and service providers if they received the information they needed - Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	June 30, 2022	

Perioperative Services and Invasive Procedures	Falls Prevention and Injury Reduction		
	6.10.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Pressure Ulcer Prevention		
	6.11.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions		
7.11.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer - Asking clients, families, and service providers if they received the information they needed - Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)	June 30, 2022	