

**JUNE  
2021**

# Hinton 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.

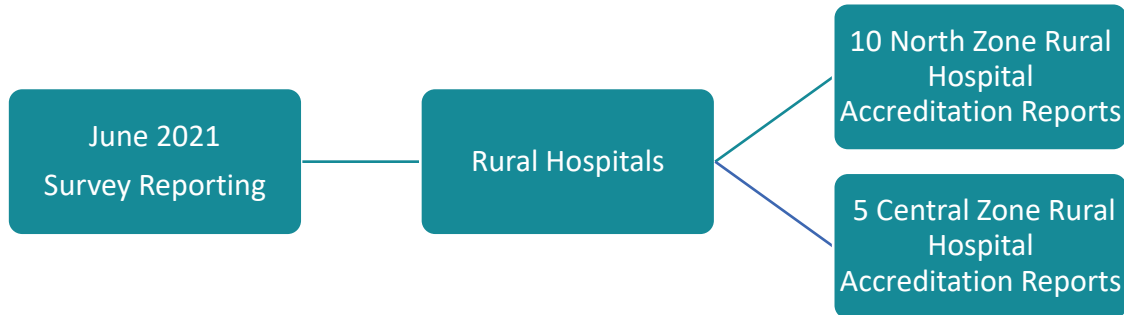
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 Hinton Healthcare Centre provides a range of health services that includes a 24/7 Emergency Department (ED), a number of surgical, diagnostic services, and inpatient care. It is also home to the Hinton Community Cancer Centre, which was not part of this survey. The facility is set in a tranquil area and has several views that are peaceful and inspiring. The physical plant itself has served the community well for over five decades with space and upkeep being a significant challenge. Management and staff have been quite creative in their use of existing space, however, there needs to be a significant review of space usage and overall facility planning. In the interim, it is suggested that a methodology such as LEAN 5S which provides a methodology for organizing, cleaning, developing, and sustaining a productive work environment could be used to remove clutter and maximize existing space. The current setup has some risks for patient and staff safety.

While the facility's COVID-19 response has been thorough and comprehensive, there are infection prevention and control concerns in several areas that precede COVID-19.

Despite the challenges with the facility infrastructure and its use, the quality of care provided was of high quality. Overall, staff demonstrated a commitment to their patients' knowledge in their roles and friendliness in their approach. They are deservedly proud of their efforts and of a collaborative approach as their default position. A sense of teamwork among staff and physicians is quite strong and worthy of commendation. Documentation was noted as being thorough and complete.

Clients and family members spoke highly of staff and access to a range of services within a reasonable period of time. Currently, there are a relatively high number of alternate levels of care (ALC) patients. Management and staff are exploring options to facilitate patient flow to the extent possible. While clients and family members are informed and involved in making decisions about their care and treatments, the hospital needs to better understand the philosophy, tenets, and expectations related to fully achieving person-centred care. This will require leadership to set expectations and follow through with proactive and meaningful engagement of clients and families.

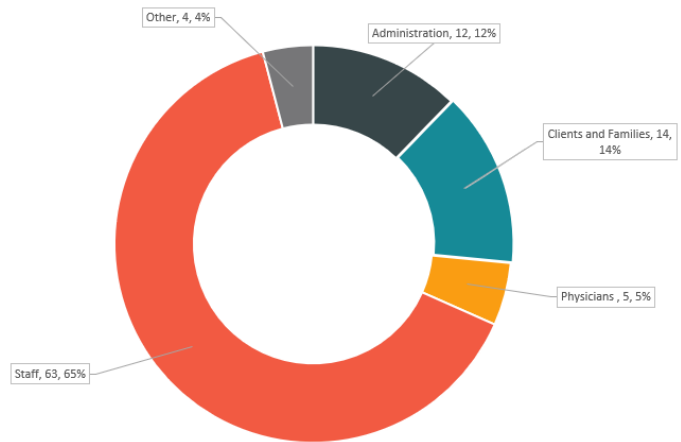
Although the quality of care observed during the survey was found to be quite good, and physicians appear to be maintaining quality assurance activities, there is a need to pursue a more comprehensive strategy towards continuous quality improvement (QI), performance measurement and reporting. COVID-19 may have interfered with earlier limited efforts at QI, however, it should be implemented in a consistent approach that involves and resonates with staff and physicians.

Site supports are strongly encouraged to undertake a review of the current state of QI versus the expected and desired state and facilitate a "re-boot" of QI in a way that ensures client and family members, and frontline staff understand and actively pursue expected best practices in QI. There are limited examples of efforts to pursue QI, and they appear to be very much driven by individuals. They are proof that improvement work is possible, and will no doubt be championed and a resource for the site when it embarks on needed larger scale QI initiatives. New and existing management at the site appear to be eager to embark on this journey and that augurs well for the centre.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at Hinton 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. Ensure alignment to Infection Prevention and Control practices regarding the storage of equipment and medical devices
2. Declutter and re-purpose spaces to enhance patient flow within the site
3. Review space usage and carry out a revised plan of the facility
4. Work on implementation of the Person-Centred Care philosophy
5. Re-boot of the quality improvement plan and initiatives across all teams

### Areas of Excellence

1. High-quality care
2. Strong collaboration and teamwork among staff and physicians
3. Complete documentation (client and staff files)
4. Strong pharmacy team with a consistent presence on the various units
5. Staff education and training and an active nurse educator



# Results at a Glance

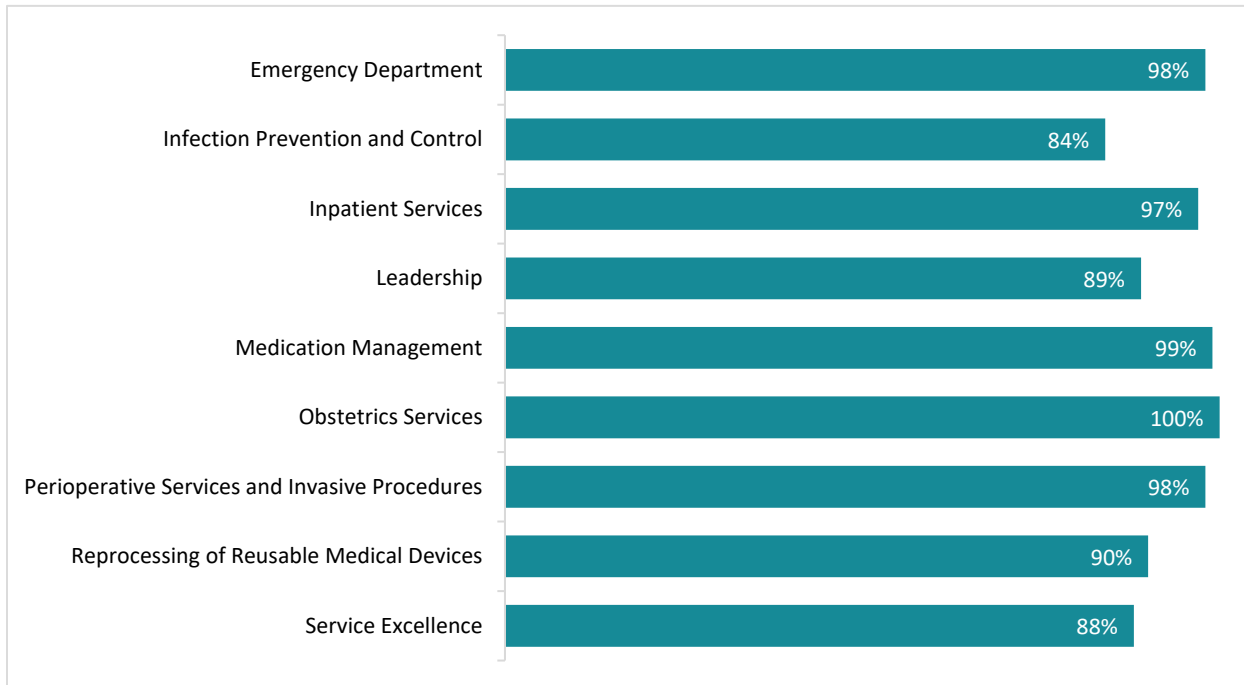
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

## Compliance Overall<sup>1</sup>

Percentage of criteria			<p><b>Attestation:</b></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><b>On-site Assessment:</b></p> <p>Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.</p>
<p><b>Attested</b></p> <p>96% met</p>	<p><b>On-Site</b></p> <p>95% met</p>	<p><b>Overall</b></p> <p>95% met</p>	
<p><b>Attested</b></p> <p>110 criteria</p>	<p><b>Audited</b></p> <p>16 Criteria</p>		

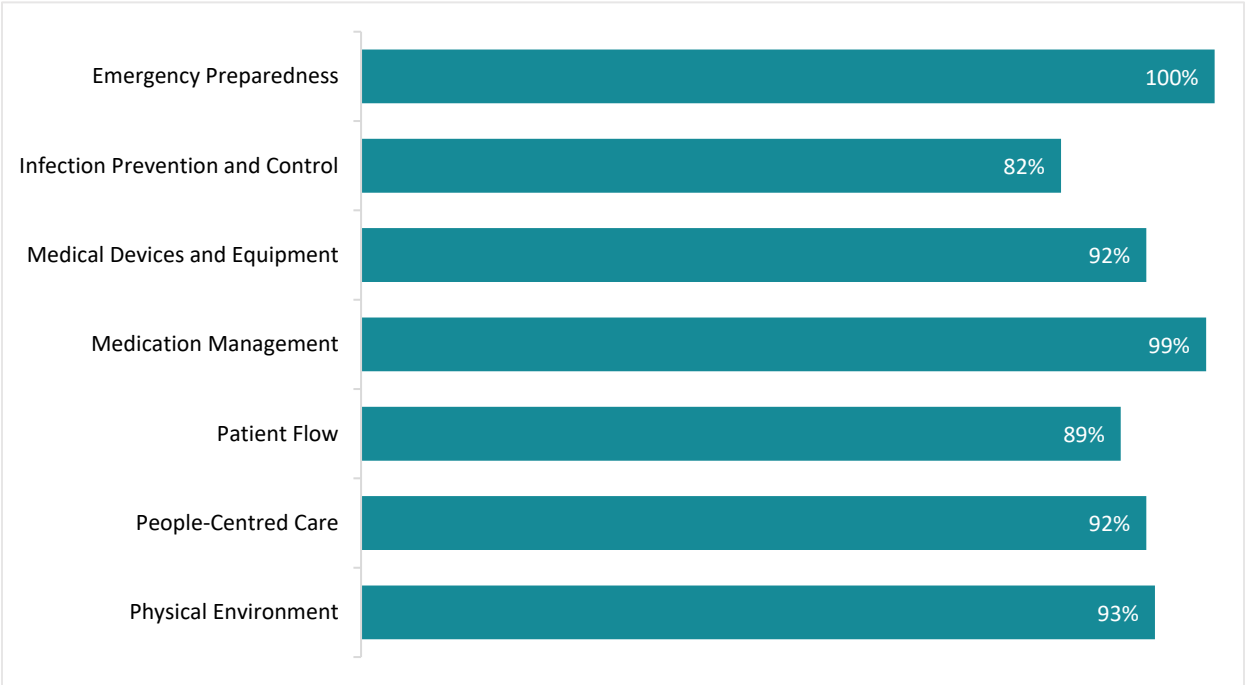
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

## Compliance by Standard



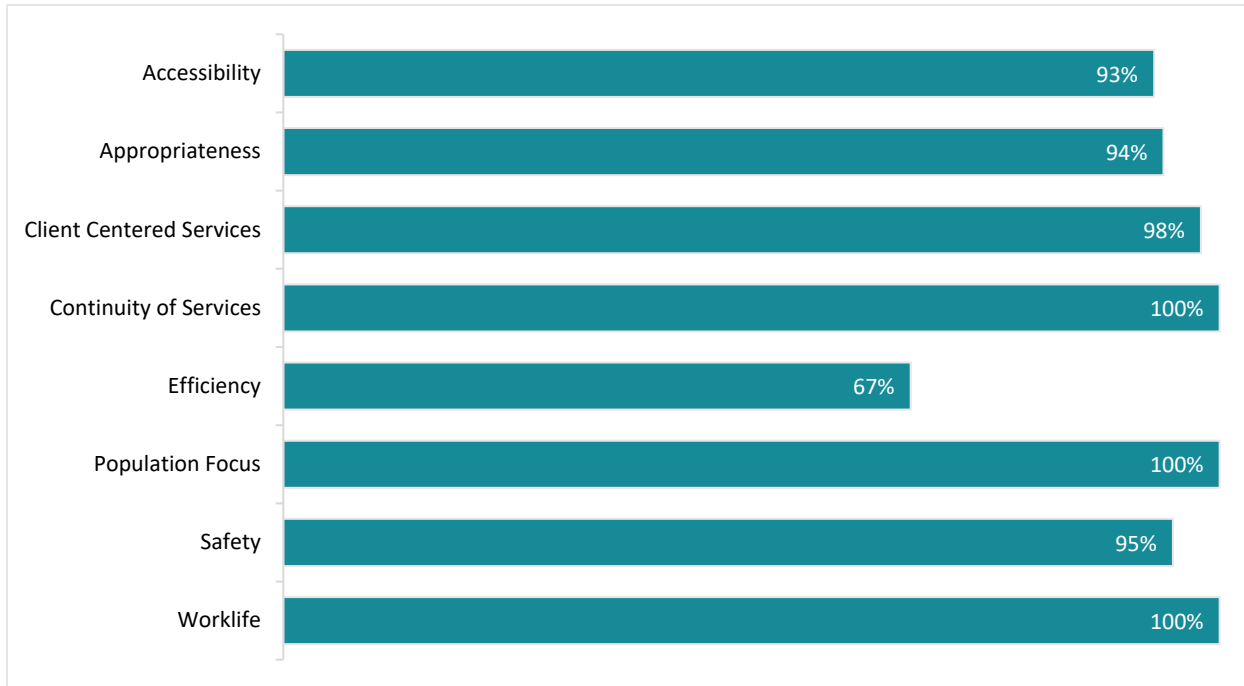
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	2	0	0
Infection Prevention and Control	31	6	0	0
Inpatient Services	67	2	0	0
Leadership	8	1	0	0
Medication Management	80	1	6	0
Obstetrics Services	83	0	0	0
Perioperative Services and Invasive Procedures	144	3	2	0
Reprocessing of Reusable Medical Devices	81	9	1	0
Service Excellence	64	9	0	3

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	28	6	0	0
Medical Devices and Equipment	100	9	3	0
Medication Management	95	1	6	0
Patient Flow	17	2	0	0
People-Centred Care	45	4	0	1
Physical Environment	13	1	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	41	3	0	0
Appropriateness	206	14	2	1
Client Centered Services	129	2	0	1
Continuity of Services	25	0	0	0
Efficiency	4	2	0	0
Population Focus	3	0	0	1
Safety	221	12	7	0
Worklife	22	0	0	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	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
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Obstetrics Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
<b>MEDICATION USE</b>		
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
<b>INFECTION CONTROL</b>		
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	MET
	Obstetric Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
Pressure Ulcer Prevention	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	UNMET
Suicide Prevention	Emergency Department	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.**



Partner agencies and the site are engaged with community emergency and disaster management (EDM) activities. Partners indicated that the Hinton Healthcare Centre is active in community EDM planning efforts and are good partners. A designated person is responsible for conducting site threat assessments and coordinating drills and simulations. These are conducted regularly, logged electronically and are accessible. Regular EDM meetings occur in the community and also within the site. Key risks

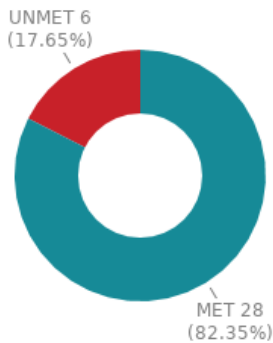
are identified and assessed.

The site has an Emergency Response Manual that is accessible in paper copy and electronically. However, the manual is outdated. It is strongly recommended that leadership ensure the plan is reviewed to be current and aligned with any changes in personnel, roles, and updated practices.

Simulations and an actual emergency last year have helped prepare the staff. Debriefs occurred and lessons learned were discussed.

## 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.**



During the survey, there was an auditor completing audits related to hand-hygiene on the inpatient unit. The quality board on the inpatient unit was very clear and demonstrated adherence to Infection Prevention and Control (IPC) hand-hygiene standards.

Throughout the building, despite the age of the facility, it was evident that the housekeeping staff are doing a good job with the cleaning. During the site tour and in speaking with the housekeeping staff there is a dedicated and committed team in place to keep the site clean. The cleaning staff describe the ability to obtain the necessary supplies and solutions for cleaning and have a clear process for cleaning rooms, hallways and units that are aligned with good IPC standards.

An area that needs further attention is the focus on clutter throughout the building. There is a need to keep spaces free of clutter and remove items that are either broken or unclean. At the main entrance to the lower level, there were items left that do not belong in this open public space and are safety hazards (i.e., commode, wheelchairs, fan, and walking canes). There are items in the kitchen that need to be removed to ensure alignment to IPC practices (dry food areas also serve as storage space for Christmas decorations; in the main kitchen area, staff have set up a table and chairs for their breaks and eating area. This should be removed to maintain good IPC practices).

The open areas in the basement with the Medical Device Reprocessing Department MDRD and housekeeping need to be separated to ensure clean areas are protected from areas that are considered non-clean. Staff expressed that the opening of the housekeeping doors brings in dust to the area where the clean reprocessed trays are kept. As well, in an alcove near the MDRD entry areas, staff are using this space to keep equipment that is unclean and it is not clear if the items are broken, needing repair or are being used.

The physiotherapy area presents many hazards as there is too much equipment in the space and presents safety concerns for staff and patients. There are boxes left in the corridor, cleaning solutions open on the shelf, visible to visitors and staff who walk past these areas. As well, there is a multipurpose room in the physiotherapy department that is used for items related to ortho and this needs to be revised with an effort to clean properly, declutter, and ensure that the room is safe and available to use when needed. The physiotherapy area needs to have guidelines for cleaning equipment and ensure that soiled equipment is not left in the main lobby lower level.

Equipment cleaning is an area where team members would benefit from a clear policy and procedure on who is responsible and accountable for cleaning. Both housekeeping and nursing have expressed the



need to have a clear policy and standard operating practices on who cleans wheeled equipment such as vital signs machines, oxygen tanks that are removed from rooms, wheelchairs, commodes, walkers, and mobile equipment. The team has tried various practices in the past that label items as clean or dirty and this has not worked well. There is a need and desire amongst front-line caregivers and housekeeping staff to clarify who is responsible for cleaning various pieces of equipment.

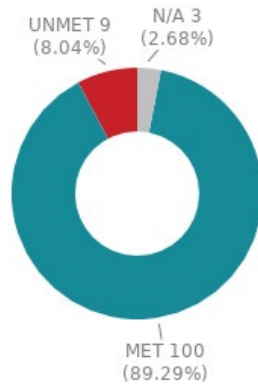
Separation of clean and soiled functions needs to be further reviewed and designated spaces given on the units for soiled utility, clean spaces and storage. On the patient care floor, there is only one space designated for a soiled utility that is a distance away and not practical for all care services. Care teams are encouraged to review their care areas with the optic of designating spaces for soiled and clean for each service. (e.g., acute inpatient, emergency, surgery). The maintenance areas that support the facilities are also encouraged to review their areas and ensure they are clean, and dust and debris removed.

There is an opportunity to review the process in place to support the site as the leadership on-site expressed that they need more on-site involvement and planning with the IPC team. The current responsible Infection Control Practitioner has not been on-site for an extended period and most of the communication is through phone calls and providing direction on what is needed. The site will benefit from having more on-site support. There is an opportunity for reviewing the current IPC processes with the goal of developing good IPC planning that ensures adherence to standards daily.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	2.6	The infection prevention and control team is consulted when planning and designing the physical environment, including planning for construction and renovations.
Infection Prevention and Control	2.7	Input is gathered from the infection prevention and control, and the occupational health services teams to maintain optimal environmental conditions within the organization.
Infection Prevention and Control	2.9	Input is gathered from the infection prevention and control team to maintain processes for selecting and handling medical devices/equipment.
Infection Prevention and Control	9.2	Roles and responsibilities are assigned for cleaning and disinfecting the physical environment.
Infection Prevention and Control	14.1	There is a quality improvement plan for the infection prevention and control program.
Infection Prevention and Control	14.4	The information collected about the infection prevention and control program is used to identify successes and opportunities for improvement, and to make improvements in a timely way.

## Medical Device Reprocessing

**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.**



The Medical Device Reprocessing (MDRD) area completes all activities related to reprocessing of instruments and scopes on site. The department is comprised of two main locations, the main MDRD in the lower level, and an area to reprocess scopes adjacent to the procedure room.

The department has had good oversight and recently there has been a change to have the lead Medical Device Reprocessor report to the site lead at Hinton Healthcare Centre. This is seen as a positive change for the staff and

enables them to have support when escalation is needed along with daily oversight. Staff in the department take pride in their work and maintain good adherence to the standards associated with reprocessing.

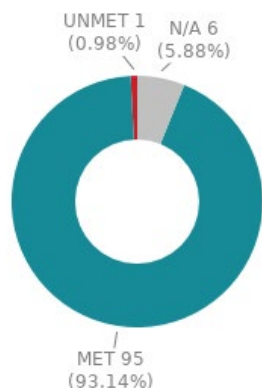
The department is well organized with good flow in the main MDR with soiled and clean spaces clearly separated and pass-through windows. The challenging area is the endoscopy space as it is housed in the old labour area of the hospital. The site would benefit from a review of the endoscopy space and consideration for future planning to have an endoscopy area that is aligned with current best practice design with attention to the flow of scopes for reprocessing. Currently, the window from the endoscopy room to decontamination is small and does not function for staff; it is open to a corridor where the scopes need to pass on their way to a second small room where the Steris machine is housed. This setup is challenging and causes extra work for staff as they work to meet the reprocessing standards.

The cabinets for housing the scopes do not contain a HEPA filter. The team echoed the need for certain capital items for the operating room as they often need to reprocess certain instruments twice per day to support patient care and this is challenging (i.e., resectoscope).

<b>STANDARD</b>	<b>UNMET CRITERIA</b>	<b>CRITERIA</b>
Reprocessing of Reusable Medical Devices	3.1	The layout of the Medical Device Reprocessing (MDR) department is designed based on service volumes, range of reprocessing services, and one way flow of medical devices
Reprocessing of Reusable Medical Devices	3.2	The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.
Reprocessing of Reusable Medical Devices	3.3	Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.
Reprocessing of Reusable Medical Devices	11.2	All flexible endoscopic reprocessing areas are physically separate from patient care areas.
Reprocessing of Reusable Medical Devices	11.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.
Reprocessing of Reusable Medical Devices	11.6	Before beginning high level disinfection, each flexible endoscopic accessory is cleaned, rinsed, and dried according to the manufacturers' instructions for use.
Reprocessing of Reusable Medical Devices	11.8	Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.
Reprocessing of Reusable Medical Devices	12.1	The Medical Device Reprocessing (MDR) department has an appropriate storage area for sterilized medical devices and equipment.
Reprocessing of Reusable Medical Devices	12.2	Access to the sterile storage area is limited to authorized team members.

## 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.**



Medications appear to be very well managed. Pharmacy staff work as a team, are readily accessible and have a strong presence on the various units. Supplies are available and well organized. Staff are aware of the challenges and implications of being a rural site and the need to ensure the security of supply.

Chemotherapy drugs are shipped from off-site and are not prepared or stored locally. Staff have indicated this is working relatively well. There is also no compounding done at the site.

The Pharmacy is very clean, tidy, and well lit. Medications are secured appropriately, regular audits are conducted, and records are maintained. High-alert medications are labelled and easily identified. Appropriate exemption documentation exists for storage of high-risk medications in client service areas. There is a process for the disposal of expired medications.

Staff and physicians feel medication management could be enhanced with the acquisition of an “Omni cell” type dispensing unit such as exists at other sites in the zone. This request is supported and worthy of serious consideration.

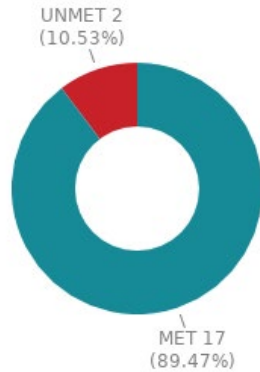
Physicians and staff feel well supported by the Pharmacy team. Pharmacy team members are proactive, knowledgeable and keep up-to-date on new drugs and best practices. There is a strong antimicrobial stewardship program at the site and the clinical pharmacist is engaged on a committee at the zone level. There are proactive medication reconciliations and charts that reflect attention to this required organizational practice. Client education is provided by the clinical pharmacist.

Adverse drug reactions are recorded and reported for physician follow-up.

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.**



The Hinton Healthcare Centre invokes several strategies to facilitate patient flow and avoid bottlenecks. Currently, there is a high number of alternate levels of care patients that are problematic for clients and managers and will require ongoing leadership involvement and re-allocation of staffing. There is a regular and ongoing evaluation of strategies to address the issue.

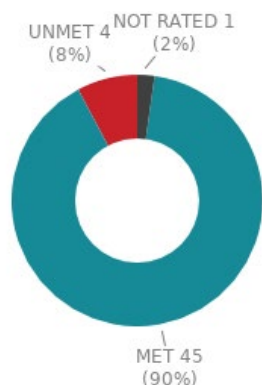
Information flows between units and services. Standard communication tools exist and are largely used. The IDRAW tool is relatively new and some charts that were reviewed revealed that the form was partially completed. Leadership will need to continue efforts at setting expectations for compliance.

Patients interviewed indicated satisfaction with access to outpatient and emergency services. Surgical patients were also pleased with how their episode of care was scheduled and conducted.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.2	A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.
Emergency Department	2.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.

## People-Centred Care

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



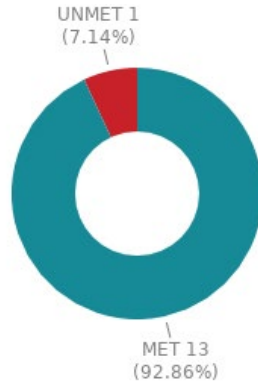
Hinton Healthcare Centre exists to support the care needs of individuals and families from within the community. The site provides good services and in speaking with patients and families there are positive views on the care. The Person-Centred Care approach is an area where the site will need to continue to advance as they shift focus to ensuring that patients are mutual partners in all aspects of care. Currently, this approach has focused mainly on the delivery of care and services and the site has reached out to gain perspectives on satisfaction with care.

The new site leadership along with the medical lead and staff have an opportunity to embrace the People-Centred Care approach and expand their knowledge. This approach to care will require a shift where patients are not only at the center of care delivery but need to be included in planning, delivering and evaluating all aspects of care. Committees at all levels will need to consider the involvement of patients and families and include them in reflective learnings to bring the voice of the patient into the discussions.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	6.1	Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.
Perioperative Services and Invasive Procedures	6.14	Each client's preferences and options for services are discussed as part of the assessment, in partnership with the client and family.
Service Excellence	9.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.
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.**



The Hinton Healthcare Centre has a long history in the community and was built over 50 years ago. The site has expanded services and support to the town of Hinton and surrounding communities.

The site has commenced upgrades to the Cancer Program, which has created extra spaces for treatment in a more modernized space. Leadership is encouraged to continue planning for the site as several areas could benefit from upgrades to support patient care and flow for patients, especially in the MDR area, endoscopy, and the operating

rooms.

The endoscopy area is housed in a space that was designed for labour and delivery and the design for reprocessing of endoscopy is challenging, preventing the good flow of the scopes for reprocessing. The MDR clean area at the lower level is shared with housekeeping that is open with multiple functions occurring that are not clean, and this would not align with infection control practices. The housekeeping area is used for administration, storage for floor equipment and this is not considered clean.

The site is currently undergoing activities to upgrade the generator as it has reached its life span. Ongoing investments will need to continue to replace aged equipment and capital for the site. There is limited space as well and the site needs to consider completing lean processes in certain areas as spaces are cramped, cluttered, and not aligned with best infection prevention and control practices. Areas need to be de-cluttered, items that are not needed removed, materials and boxes lifted from the floor. In the kitchen area, decorations in the dry food area need to be removed and the staff lunch area removed from the main kitchen. Staff in units are encouraged to ensure their supply rooms are in order, and unorganized materials on the floor are removed. An example of this would be in the emergency department storage area.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	9.10	Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.

# 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) functions as a collaborative team. Physicians and staff appear to be working well together. Staff and physicians feel safe working at the site. Some staff share shifts between the ED and the acute care unit which fosters collaboration and understanding of each unit’s challenges. Equipment appropriate for a 24/7 ED is available, including equipment for paediatric patients.

Medication reconciliation is well done, and charting is thorough. The ED has access to all needed support such as pharmacy, laboratory, Diagnostic Imaging, and specialist consultants. Housekeeping supporting the ED is thorough and pride of effort is noticeable. The site is encouraged to pursue the acquisition of an “Omni-cell” type medication dispensing system and seek ways to enhance the lines of sight toward patients presenting. Staff and physicians have indicated there is good access to training and continuing medical education. Clinical practice guidelines are used and reviewed as new evidence emerges. Quality boards and visual management are well done. Triage nurses use standard assessment tools. Canadian Triage & Acuity Scores (CTAS) are assigned, and the use of two-patient identifiers was observed. The clinical pharmacist is involved in pain management.

## Inpatient Services

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



Patients in the inpatient unit expressed satisfaction with the care and service provided. They indicated they felt safe at the facility and were very pleased with the nutritional services provided. Families indicated they felt welcome at the site. Clients also felt well informed of their care plan and status. They had the opportunity to be significantly involved in care decisions.

Charts were complete and up to date. Staff indicated their orientations were thorough and they avail of training opportunities provided online or in-person when they are offered. Pride in their work was evident when



interacting with staff and patients. Housekeeping services are active on the unit. The rooms appear clean and well kept. There are no rooms specifically designed or appointed for children or adolescents. Longer stay and high acuity children are transferred to more appropriate care sites.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.1	Services are co-designed to meet the needs of an aging population, where applicable.
Inpatient Services	5.4	The assessment process is designed with input from clients and families.

## 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.**



The Obstetrical program has been scoped to provide a needed service to the community. There are two dedicated rooms and one backup room used for labour and delivery, and the main operating room is used for c-sections. The site has three physicians, who are general practitioners and have completed additional training to support vaginal deliveries as well as c-sections on-site. The two labour and delivery rooms are embedded into the acute care unit and the staff

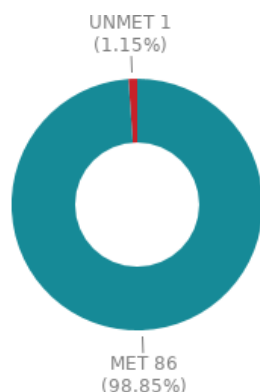
received ongoing training and education from the educator to keep them updated on their skills and knowledge in this area. The program has participated in the MORE OB program and discussions are underway on how to revitalize the program and ensure good engagement is received from all members of the team. The goal is to ensure that all team members who participate in the Obstetrical program see this as an expectation rather than an area that they can opt out of. This engagement is important to ensuring the program has and maintains a high focus on quality care and people-centred care.

The site has dedicated quarterly meetings that focus on obstetrics as well as morbidity and mortality rounds. The site medical lead, along with colleagues and the site lead, are pleased to have this quality focus and are working on efforts to increase the focus on quality and safety for the site. The site needs to have more on-site involvement with theZone Quality Improvement team. This role currently has limited involvement with the site.

During the on-site visit, there were no obstetrical patients either in labour or booked for c-section. There was an opportunity to meet with a family who had a baby in recent days and had follow-up for bilirubin testing. The parents were extremely grateful and positive to the staff and their local physician who supported the delivery and said their experience was amazing.

## 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 are well established, and the team is very cohesive in their approach to providing surgical care to the community. Over the past year, there have been changes which have led to staff reductions. Staff continue to adjust to these changes and express the need for additional resources to support the stocking and supply replenishment that currently requires a registered staff to complete. The program recently had two of its surgeons resign, which has left a gap in surgical support, however, a process is underway to hire replacements.

Over the past year, the leadership at AHS in the North Zone undertook a review of the surgical program to identify areas for improvement and alignment to other similar programming across the province. The results of this were very beneficial in identifying system and process issues that needed to be addressed. The site lead and the zone director have commenced undertaking this process, however, it is a challenge to make changes and improvements to programs.

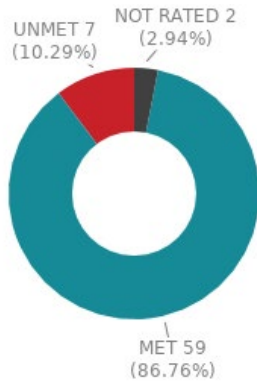
The surgical services and the approach to people-centred care have evolved and changed over time and AHS is committed to advancing this approach. The staff at the site are commencing their journey to fully evolve and embrace People-Centred Care and this is important work for everyone to see the patient and their families as equal partners in the care journey. This new philosophy and approach will require time and education for staff to fully embrace and bring in the voice of the patient into their care.

The site is aged, and the layout of the surgical services would benefit from the modernization of the rooms, recovery and pre-surgical area. With the COVID-19 pandemic, the surgical admissions area required changes, and one of their stretcher spaces was given to the Emergency Department. As well, the team indicated that there is a shortage of basic equipment such as stretchers, IV poles, and vital signs monitoring equipment. The team needs to complete site sweeps every day to gather equipment to start their procedures. Currently, both the surgical team and MDR staff have expressed the need for capital to purchase certain pieces of equipment (i.e., resectoscope).

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	5.4	The client's wishes regarding family involvement in their care are respected and followed.

## Service Excellence

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



The site is a welcoming environment, and most team members interact with empathy and professionalism. There was an example observed where nursing staff could have been more empathetic with a patient and family member when they presented for a surgical procedure. Clients and family members are involved in their care.

Required education and training are outlined for members of the team and a nurse educator resource is quite active in facilitating training and follow-ups. Qualifications, credentials, and competencies are maintained and verified.

Access to resources and support for ethical decision-making is available and staff felt supported when ethical issues arose. Required organizational practices are well known and are largely met except for the need to regularly evaluate the effectiveness of the program. There is a need for facilitated support within the site to build and maintain the capacity for evaluation and quality improvement.

Staff and physicians appear to be working as an organized team and silos are disappearing. Staff and physicians spoke of a collaborative environment, and it is clear they take pride in their work. Evidence-informed guidelines are used, and a disclosure policy exists and is followed.

Standardized assessment and information transfer tools exist and are well used. Client records are accurate and up-to-date. Privacy and confidentiality are respected. Records are securely stored; however, storage space is becoming problematic. There is concern about the existence of “shadow” records in the surgery program. It is recommended that this practice be reviewed to avoid duplication, inefficiency and potential risks to clients and potential medico-legal implications.

A consistent approach to quality improvement needs to mature within the facility. Pockets of improvement activities exist but are very limited. Efforts are made to share ongoing performance results, but a quality improvement refresh is highly recommended. Several indicators of quality do exist but are not consolidated and shared with frontline staff. Tasks to improve quality and safety exist in some areas. The use of key performance indicators (KPIs) is very limited.

<b>STANDARD</b>	<b>UNMET CRITERIA</b>	<b>CRITERIA</b>
Service Excellence	1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.
Service Excellence	2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
Service Excellence	9.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.
Service Excellence	9.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.
Service Excellence	9.4	Safety improvement strategies are evaluated 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	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard		Criteria	Due Date
Infection Prevention and Control	2.6	The infection prevention and control team is consulted when planning and designing the physical environment, including planning for construction and renovations.	June 30, 2022
Infection Prevention and Control	2.7	Input is gathered from the infection prevention and control, and the occupational health services teams to maintain optimal environmental conditions within the organization.	June 30, 2022
Leadership	9.10	Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.	June 30, 2022
Reprocessing of Reusable Medical Devices	3.2	The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	June 30, 2022
Reprocessing of Reusable Medical Devices	3.3	Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	June 30, 2022
Reprocessing of Reusable Medical Devices	11.2	All flexible endoscopic reprocessing areas are physically separate from patient care areas.	June 30, 2022
Reprocessing of Reusable Medical Devices	11.6	Before beginning high level disinfection, each flexible endoscopic accessory is cleaned, rinsed, and dried according to the manufacturers' instructions for use.	June 30, 2022
Reprocessing of Reusable Medical Devices	11.8	Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.	June 30, 2022
Reprocessing of Reusable Medical Devices	12.2	Access to the sterile storage area is limited to authorized team members.	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	
Obstetrics Services	<b>Falls Prevention and Injury Reduction</b>		
	3.6.3	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
	<b>Information Transfer at Care Transitions</b>		
	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
	<b>Surgery Checklist</b>		
5.6.5	Results of the evaluation are used to improve the implementation and expand the use of the checklist.	June 30, 2022	
Perioperative Services and Invasive Procedures	<b>Falls Prevention and Injury Reduction</b>		
	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
	<b>Pressure Ulcer Prevention</b>		
	6.11.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	<b>Information Transfer at Care Transitions</b>		
	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
<b>Surgery Checklist</b>			
9.3.5	Results of the evaluation are used to improve the implementation and expand the use of the checklist.	June 30, 2022	