

**JUNE  
2021**

# St. Therese – St. Paul 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.

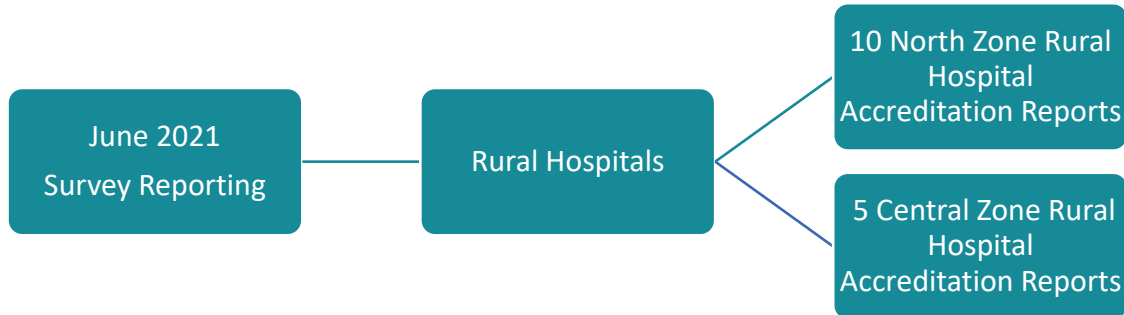
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 St. Therese - St. Paul Healthcare Centre provides a full range of services to a catchment area comprised of over eighteen thousand people. The facility is vintage (circa 1960s) yet despite its age and structural limitations it is clean and well maintained. Surveyors were advised upgrades are being planned. There are several experienced new managers recently hired who appear to be keen to make improvements and provide support to clients and providers. The COVID-19 response is well implemented by staff and teams.

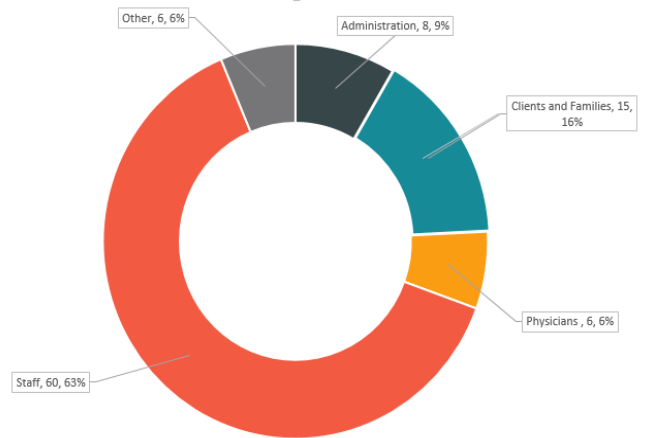
Patients report staff to be friendly and hard working. Observations of staff interactions with clients and family members during the survey supported this and showed that staff were knowledgeable and engaged. There is a high percentage of mental health and addiction clients presenting to the Emergency Department and it is necessary to maintain a high presence of security. Staff reported feeling safe given the proximity of security on the site.

Surveyors heard from multiple sources during their visit, of challenges related to physician co-leadership and physician practices that are widely known, disruptive to patient flow, contribute to lengthy waits and patients choosing to visit other facilities. Further investigation of these issues is encouraged. The facility is also challenged by significant staff turnover which creates vacancies and shortages and requires ongoing orientations to new staff. It has been more than three years since the last audit of the Medical Device Reprocessing Department by Infection Prevention and Control. Quality Improvement [QI] is sporadic, informal, and often viewed as the exclusive purview of managers. Support is needed to work with managers to broaden involvement in QI throughout the site. New QI initiatives would provide excellent opportunities to engage clients and family members and lay a foundation for the establishment of a strategy for the launch of a Person-Centered Care approach. Several opportunities exist for improvement particularly with respect to the transfer of information and documentation. Zone supports vary and an example is the confusion that exists regarding responsibilities for updating of infusion pumps and the reporting structures for groups such as pharmacy and biomedical. Performance reviews require greater priority for completion. Finally, as the organization emerges from COVID-19, it is recommended opportunities for teambuilding and culture enhancement should be explored.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at St. Therese - St. Paul 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. Encourage Physician co-leadership and communication
2. Explore ways to bring in and retain staff
3. Complete MDR audits [IPC] in a timely manner
4. Implement strategies to maintain a smooth patient flow
5. Conduct performance reviews in a timely manner

### Areas of Excellence

1. Staff are knowledgeable, hardworking & engaged
2. There is excellent security support
3. Creation and implementation of the Crisis Response Team at the Emergency Department
4. All staff at the site are committed to maintaining Infection Prevention and Control practices
5. Collaboration of all (food services, recreation, etc.) contribute to the quality life of residents in Long-Term Care



# Results at a Glance

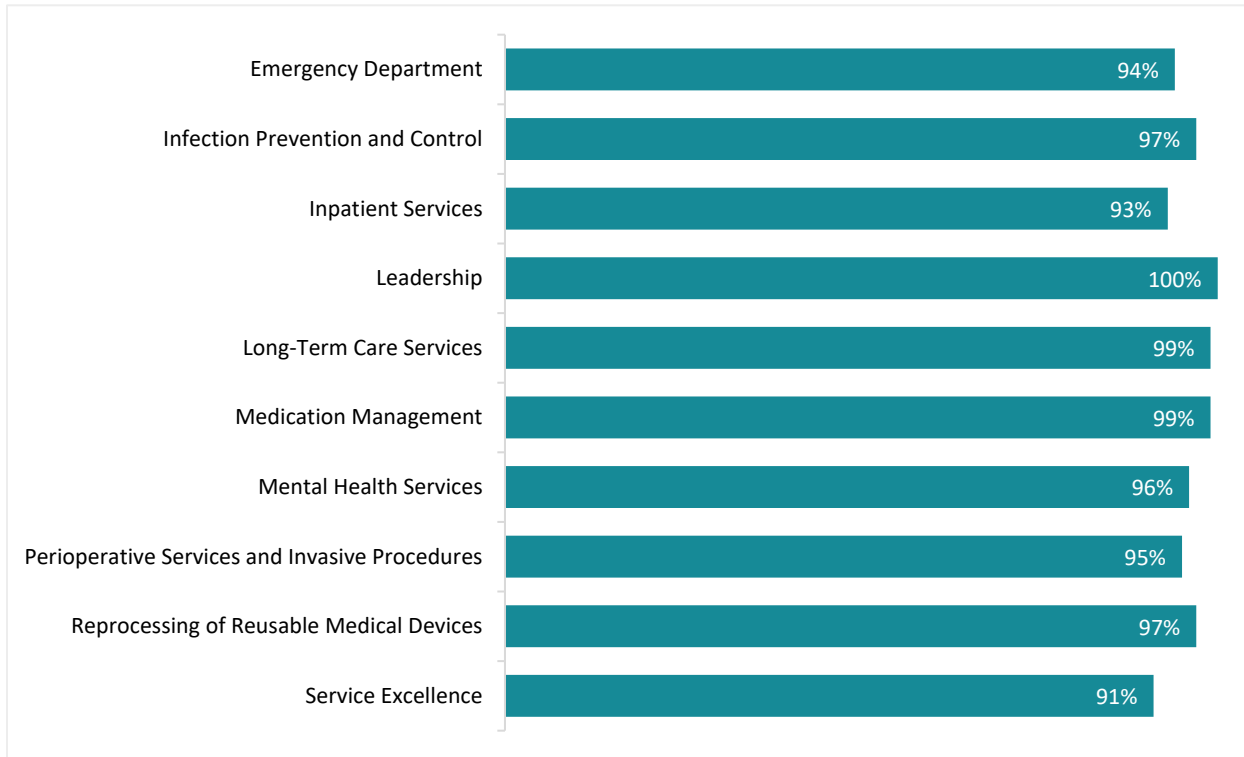
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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

Percentage of criteria			<b>Attestation:</b> 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.
<b>Attested</b> 99% met	<b>On-Site</b> 95% met	<b>Overall</b> 95% met	
Number of attested criteria			
<b>Attested</b> 112 criteria	<b>Audited</b> 22 Criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

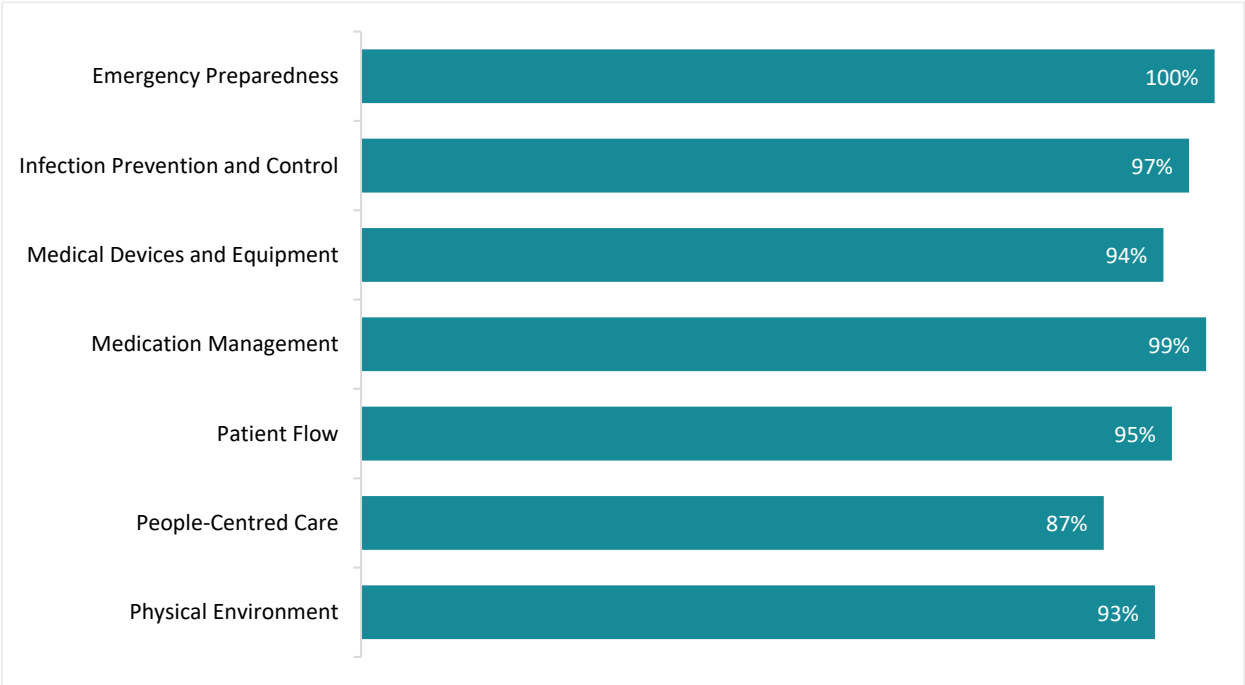
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

## Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	89	6	0	0
Infection Prevention and Control	36	1	0	0
Inpatient Services	63	5	1	0
Leadership	9	0	0	0
Long-Term Care Services	79	1	1	0
Medication Management	80	1	6	0
Mental Health Services	66	3	0	0
Perioperative Services and Invasive Procedures	139	7	3	0
Reprocessing of Reusable Medical Devices	88	3	0	0
Service Excellence	69	7	0	0

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	33	1	0	0
Medical Devices and Equipment	103	6	3	0
Medication Management	95	1	6	0
Patient Flow	18	1	0	0
People-Centred Care	48	7	0	0
Physical Environment	13	1	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	44	3	0	0
Appropriateness	221	8	4	0
Client Centered Services	162	8	0	0
Continuity of Services	29	3	0	0
Efficiency	5	1	0	0
Population Focus	5	0	0	0
Safety	234	8	6	0
Worklife	18	3	1	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
	Mental Health	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	MET
	Mental Health	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	UNMET
	Long-Term Care	MET
	Mental Health	MET
	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

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	MET
	Mental Health	MET
	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
	Mental Health	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.**



The organization has had a relatively successful COVID-19 response.

There is a predetermined schedule of practices for the various codes identified in the emergency preparedness planning, for which each department is responsible on a rotational basis. Practices include table discussions, and, in the case of Code Red, drills. Drills are observed and documented and corrections and improvements are made

when needed. Regular fire drills and testing of the fire alarm system take place monthly.

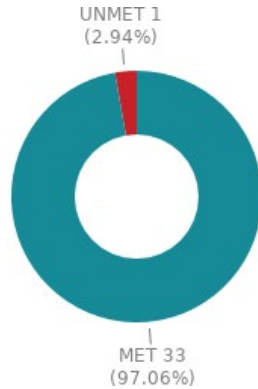
When the current pandemic situation permits, the organization is encouraged to resume the drills, including the various evacuation procedures in collaboration with the Fire Department to ensure staff are well versed.

The municipality Emergency Services Coordinator indicates good collaboration with the St. Therese – St. Paul Healthcare Centre and expresses the need to pursue discussions and planning work when the pandemic situation permits.

The St. Therese – St. Paul Healthcare Centre is encouraged to formalize agreements with community partners in case of a major disaster where relocation of patients and residents may be necessary.

## 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 the following standards: Infection Prevention and Control.**



The site receives support from a Zone Infection Control Practitioner (ICP) who visits once a month. This resource collects, compiles, and publishes data related to nosocomial infections and other outbreaks.

Precautions to prevent the propagation of COVID-19 are standardized across Alberta Health Services. General support staff including housekeeping, food services and laundry are very committed to the application of these precautionary measures.

A hand hygiene audit was completed recently, and results have not yet been disseminated to all teams.

Although the ICP provides support remotely, the organization is encouraged to explore the feasibility and the potential benefits of increasing that presence on-site.

Hand-hygiene rates are good and numbers of observations during audits has increased with the addition of extra resources and attention.

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

## 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.**



Three staff work in the Medical Device Reprocessing (MDR) unit and they have all maintained appropriate credentials.

Daily testing for sterile equipment occurs and results are shared with management weekly. There has not been an Infection Prevention and Control audit in over three years. There is an audit scheduled for the summer. It is recommended this audit proceed if possible. Staff are doing excellent work, however, key performance indicators [KPIs] are not top of mind. It is recommended that KPIs be



developed and/or shared with staff in a visual way to facilitate tracking and potential for quality improvements.

Several infrastructure issues are evident and known to Facilities Maintenance & Engineering and management. These include open pipes over sterile equipment/areas; sink faucets that are not hands-free; a large window with a vacuum seal broken and challenges with adequate space to maintain separation of sterile and soiled materials/instruments. The tray cart for soiled scopes was not closed when transporting soiled equipment. The process to deliver soiled scopes from day surgery to MDR is suboptimal and poses potential risks.

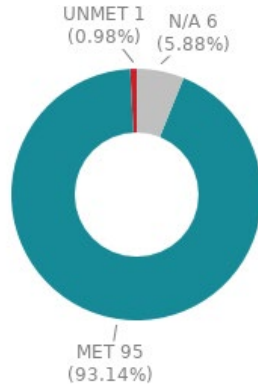
There are also challenges with the lack of initial cleaning of equipment coming from the units to MDR. MDR staff have brought these concerns forward with examples to the unit manager.

The team is encouraged to address these challenges as soon as possible.

STANDARD	UNMET	CRITERIA CRITERIA
Perioperative Services and Invasive Procedures	2.8	Contaminated items are appropriately contained and transported to the reprocessing unit or area.
Perioperative Services and Invasive Procedures	2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.
Perioperative Services and Invasive Procedures	2.10	When transporting contaminated equipment and devices, applicable regulations are followed; environmental conditions are controlled; and clean and appropriate bins, boxes, bags, and transport vehicles are used.
Reprocessing of Reusable Medical Devices	3.6	The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work services that are easy to clean, non-absorbent, and will not shed particles or fibers.
Reprocessing of Reusable Medical Devices	8.2	The reprocessing area's designated hand-washing sinks are equipped with faucet supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.
Reprocessing of Reusable Medical Devices	9.2	Point of use cleaning of a device or equipment is performed as part of the decontamination process and occurs immediately after use and prior to decontamination in a Medical Device Reprocessing (MDR) department and following manufacturers' instructions.

## Medication Management

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



The St. Therese – St. Paul Healthcare Centre benefits from the presence of one-and-a-half pharmacists, on-site Monday to Friday during the day shift. The pharmacists participate very actively in clinical activities such as rounds in the acute care units as well as quarterly anti-psychotic reviews of Long-Term Care residents.

This facility does not have a ventilation hood and therefore does not engage in sterile medication preparations.

Medications are stored in alphabetical order, and no separation was observed with potentially sound-alike look-alike products.

In addition to the current “call” system, the site is encouraged to evaluate the possibility and strategies to offer pharmacy support to clinicians on a 24/7 basis.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.

## 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 significant challenges to achieving optimal patient flow at the facility. At the time of the survey, approximately eighty percent of acute care beds were occupied by people best served in a non-hospital setting. The facility is also subject to high levels of re-admissions. Staff shared examples of patients being held in seclusion for more than three days and not seen by a physician. It is recommended the organization initiate a thorough review of patient flow issues to identify the root causes and factors contributing to the bottlenecks that continually plague patients, staff and

providers. It may be beneficial to review areas such as physician practice, reasons for nursing shortages, and community support for transition and restorative beds.

The Transition Coordinator who works on-site, but is part of the Community Services Team, has been a tremendous addition and support to patients receiving care in the best possible environment. However, not all providers support this work and it is recommended their reasons be explored and validated. There may be a need for physician management to become more actively engaged.

Ambulance partners indicated they experienced very few issues with off-loads and the organization was regarded as one of the best for facilitating off-loads.

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

### People-Centred Care

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



Most residents and patients interviewed expressed having opportunities to participate in their care, and that their preferences and wishes are respected in the development of individual care plans.

Teams are encouraged to develop, with input from clients and their families, objectives and improvement initiatives.

In addition, the organization is encouraged to pursue the development of strategies to share quality indicators with their staff, clients and families to continue to build their

capacity to be able to participate in organizational quality improvement activities and other decision processes driven by data.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	6.19	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
Emergency Department	6.21	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.
Emergency Department	9.1	Clients and families are actively engaged in planning and preparing for transitions in care.
Inpatient Services	3.5	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.
Inpatient Services	5.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
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.

**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 facility was built in the 1960s and has challenges, particularly with asbestos and four bed rooms on the inpatient unit. Facilities Management & Engineering staff have received asbestos abatement training and are aware of the need to test areas prior to any repairs. Several significant upgrade projects are to commence including boiler/chiller replacement, security doors and swipe card system, and increased room numbers in the ER. These will be a significant addition to the site.

The environment (internal and the external grounds) is clean, and housekeeping takes pride in their work. There are areas of excess clutter and it is recommended a quality improvement project utilizing Lean methodologies be undertaken for equipment and storage of supplies in several areas throughout the facility. Zone Quality Improvement Consultants may be a possible resource to help this initiative. Recycling of cardboard occurs and there are efforts to minimize use of chemicals.

Maintenance logs are visible, neatly completed and up to date. The team lead on the site is commended for the development and use of a spreadsheet for scheduling and tracking all inspection activities. The Facility Maintenance & Engineering manager visits regularly and undertakes a thorough review of operations.

There is a backup fuel-fired power generator on-site, however, approximately only between eight to ten hours of fuel is maintained on-site. Standard backup capacity for hospitals is significantly higher than the amount maintained and it is recommended the current practice be reviewed and industry standards achieved.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.

## Detailed Results by Service-Level Priority Process

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

### Emergency Department

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



The Emergency Department (ED) can be very busy. A high percentage of those presenting are mental health and addiction patients that require extra security. Contracted security has a strong and needed presence in the facility and ED staff feel very safe as a result. Patient flow issues exist and psychiatric physician practices and nursing shortages were suggested to be contributing factors to bottlenecks and longer wait times. There is a new manager recently appointed and this should help bring stability to the unit after not having one for the past year. The new manager is

encouraged to work with the medical leadership to address longstanding physician issues. Physicians' coverage is provided by locums and local physicians on an on-call basis. Staff reported that most on-call physicians are responsive. There is limited to no overlap of shifts which creates challenges in handovers and weak transfer of information.

New management is encouraged to undertake an audit of charts in consultation with staff and establish baseline and strategies for improvement.

There has been some cross-training of ED and Operating Room (OR) staff that appears to be working well. Support from Laboratory and Diagnostic Imaging was identified as excellent and highly efficient and effective. All staff indicated they received a thorough orientation to the unit and there is access to training opportunities.

Clients interviewed during the survey spoke of very long wait times and many choose to go to a neighbouring facility where wait times are shorter.

Redesign of the ED is needed and may become a reality soon. It is strongly recommended that client and family advisors be engaged in the planning and implementation so the voice and needs of clients are heard at the start and throughout the project.

Medication challenges exist. Look alike/sound alike medications were found side by side in the drug cupboards. There are also several places where medications are stored on the unit. At least one expensive drug is stored in an unlocked area out of view of the staff and accessible by clients and family members. This should be reviewed by management and pharmacy and rectified as soon as possible.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	6.2	The assessment process is designed with input from clients and families.
Emergency Department	10.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.

**Inpatient Services**

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



A shortage of nurses has resulted in a temporary closure of ten out of thirty acute care beds. The manager on the unit has been in her position for approximately five months. The manager is supported with audit results in most high-risk and patient safety areas. A baseline has been established and the manager has begun to consider strategies for improvement.

The Quality Improvement (QI) program needs to be well established and entrenched in the practices. Although there are several examples of informal QI initiatives that have

been put in place by management, it is recommended that a more formal and pervasive QI program be introduced, and expectations set for staff to become more engaged. In line with People-Centred Care, clients and family members should also be part of the QI teams.

A quality board exists on the unit, has been updated and does report on several key indicators. It is recommended that the performance indicators be enlarged to draw staff’s attention to the results. Hand hygiene audits are done, reported, and results shared. There have been dedicated resources, albeit limited, to support the auditing and improvement efforts and this will serve the unit well when QI is refreshed.

There is a high percentage of patients on the units awaiting transfer or discharge and needing supports either at home or in the community such as transition and restorative care beds. The site is fortunate to have a Transition Coordinator, a former acute care nurse from the facility who now works through the Community Support Team, facilitating patient discharges to the appropriate places and with supports. Despite her best efforts, there are a high number of readmissions caused by lack of resources in the community and some physician practices. The nursing staff is usually quite busy and is focused more on immediate care and not transitional matters. Recreation therapy is significantly lacking for these longer stay patients and it is recommended that the unit explore using volunteers to supplement the psycho-physical activity needs of patients on the unit who seem to spend considerable time in bed. Leadership is encouraged to ensure that physicians are responding in a timely manner to patient and staff requests.

Rehabilitation was active on the unit and engaged patients with a friendly and supportive demeanour.

Several patients did indicate they felt informed about their care and did have opportunities to have their questions answered. Several rooms did not have the white boards updated. One patient indicated that there was concern with air quality, particularly given that her respiratory functions were compromised. Attempts were made to temporarily circumvent the HVAC system however a proper fix with filters should be explored.

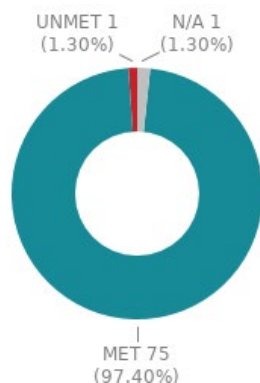
The unit was generally clean and well-kept with surprisingly little clutter in the corridors given the age of the facility. The storage area for medications on the unit is outdated and the door to the area was frequently left open, despite two signs on the door stating the need to keep the door always closed. The pharmacy staff is knowledgeable and active on the unit.

There are several policies found on the unit that are outdated and in need of review. In addition, several staff indicated it has been some time, if at all since their last performance review. Management is encouraged to establish goals for the unit in conjunction with staff and client/families and use these to assess the performance of staff and the unit in general.

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.
Inpatient Services	6.1	The client’s individualized care plan is followed when services are provided.

### Long-Term Care Services

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



Being an auxiliary wing attached to the hospital, the Long-Term Care services team has access to essential services on a 24/7 basis. This unit admits its residents upon referrals from the centralized placement coordinators within the North Zone. This centralized placement team is, in collaboration with the home care teams, responsible for the management of the waitlists.

Residents and families interviewed expressed that the staff maintain respectful relationships with residents. Residents and their families are encouraged to participate in their care plan. Changes in a resident’s condition are monitored and managed mostly in partnership with the resident and their families. However, one of the families interviewed indicated that sometimes they



might have received information about the resident a bit late, sometimes after medical interventions have been performed.

The team offers a variety of activities, including special meals and special holiday celebrations. Recreation and food services staff collaborate in the realization of these activities.

A Resident Council exists and will resume its activities in the near future after a pause due to COVID-19.

Although restraint use is documented in residents’ individual files, the team is encouraged to develop indicators for overall restraint use on the unit as a measure of quality and vigilance to ensure that their use is closely monitored.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	4.2	The assessment process is designed with input from residents and families.

### Mental Health Services

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



The Mental Health Services team has a very dedicated and engaged staff and has been recently designated to receive patients from other areas in the North Zone. A high volume of patients with mental health difficulties presents at the Emergency Department (ED) at this site, creating pressure both at the ED as well as on the mental health unit to maintain patient flow. In certain situations, some patients undergoing detoxification have had to be transferred to the mental health department’s isolation rooms to complete their treatment, a situation that requires careful

reassessment.

This team is experiencing difficulties in recruiting and maintaining a full complement of staff and reports approximately 30-40% of their nursing positions currently being vacant. This situation limits the team’s capacity to take on mental health patients awaiting beds in the ED. To help palliate this, the team has created a Crisis Response Team (CRT) which provides additional support to mental health patients in the ED .

The team has initiated efforts to improve communications between its staff and the treating psychiatrists. One of the physicians interviewed has also expressed that additional team building activities would be beneficial to enhance teamwork by allowing staff and physicians to further develop and deepen their professional, interpersonal, and interprofessional dynamics.

STANDARD	UNMET CRITERIA	CRITERIA
Mental Health Services	7.5	Admission or transition of clients to and from alternate levels or community services is facilitated by the team in collaboration with partners.
Mental Health Services	7.8	The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.
Mental Health Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

**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.**



Day surgical services were surveyed given the availability of patients. The day was running significantly behind with at least two patient procedures over five hours delayed. Despite the disappointment in delays, patients gave high praise for the nursing staff who they perceived were quite busy. Patients also indicated they were well informed of their procedure and had opportunities to ask questions and provide informed consent. Written materials were provided to the patient by the surgeon. The surgical team was friendly, engaging and reassuring to patients. A timeout

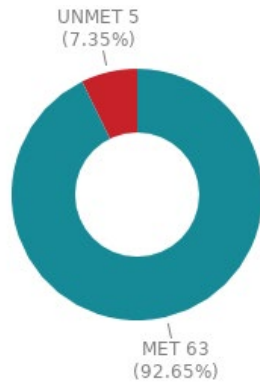
prior to the procedure was witnessed and recorded. The surgical suite is not large and there were several tubes along the floor that posed a tripping risk. It was shared that there were attempts to change the layout of the area but that has yet to happen and it is suggested it be revisited to remove the clutter of tubing.

A sterile environment was maintained however, there were concerns observed in how the soiled scope was returned to Medical Device Reprocessing service.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	6.2	The assessment process is designed with input from clients and families.
Perioperative Services and Invasive Procedures	12.8	Soiled linen, infectious material, and hazardous waste are handled appropriately.
Perioperative Services and Invasive Procedures	15.17	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

## Service Excellence

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



Staff at this site demonstrate a very inclusive multidisciplinary and collaborative approach to patient care, offering opportunities for patients and their families to be involved in their care.

The site is encouraged to ensure that the policies and procedures aimed to prevent workplace violence are known and applied by all staff.

Patient records continue to be kept in paper format. The organization is encouraged to pursue deployment of electronic patient records to facilitate timely and ease of access.

This facility is encouraged to continue to explore opportunities to seek input from and involve clients and their families in quality improvement activities. This includes increasing the dissemination of objectives, as well as key performance indicators to enhance the capacity of clients to contribute.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.
Service Excellence	2.7	A universally-accessible environment is created with input from clients and families.
Service Excellence	3.11	Team members performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Service Excellence	5.3	Team members are recognized for their contributions.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	6.19	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	June 30, 2022
Emergency Department	6.21	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.	June 30, 2022
Inpatient Services	6.1	The client's individualized care plan is followed when services are provided.	June 30, 2022
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	June 30, 2022
Perioperative Services and Invasive Procedures	2.8	Contaminated items are appropriately contained and transported to the reprocessing unit or area.	June 30, 2022
Perioperative Services and Invasive Procedures	2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	June 30, 2022
Perioperative Services and Invasive Procedures	2.10	When transporting contaminated equipment and devices, applicable regulations are followed; environmental conditions are controlled; and clean and appropriate bins, boxes, bags, and transport vehicles are used.	June 30, 2022
Perioperative Services and Invasive Procedures	12.8	Soiled linen, infectious material, and hazardous waste are handled appropriately.	June 30, 2022
Reprocessing of Reusable Medical Devices	3.6	The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	June 30, 2022
Reprocessing of Reusable Medical Devices	9.2	Point of use cleaning of a device or equipment is performed as part of the decontamination process and occurs immediately after use and prior to decontamination in an Medical Device Reprocessing (MDR) department and following manufacturers' instructions.	June 30, 2022

Follow-up ROPs			
Standard	ROP - Test of Compliance	Due Date	
Emergency Department	<b>Information Transfer at Care Transitions</b>		
	8.17.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	June 30, 2022
	8.17.4	Information shared at care transitions is documented.	June 30, 2022
	8.17.5	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
Inpatient Services	<b>Falls Prevention and Injury Reduction</b>		
	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
	<b>Pressure Ulcer Prevention</b>		
	5.9.5	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>		
	6.18.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	June 30, 2022
	6.18.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 30, 2022
	6.18.4	Information shared at care transitions is documented.	June 30, 2022
	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

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>	
7.11.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	
	June 30, 2022	
7.11.4	Information shared at care transitions is documented.	
	June 30, 2022	
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	