2022

Ponoka Hospital and Care Centre

Central Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022

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About this Accreditation Report

AHS (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 April 25 – May 6, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

About the AHS Accreditation Cycle

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2023). 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- 2023), 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 and Service Excellence. 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 a new assessment method referred to as Attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization's knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2023, an overall report will be issued that includes the province's overall accreditation award.

The accreditation reports for the Spring 2022 Survey are organized as follows:

| April/May 2022 Survey Reporting | — | Rural Hospitals | | 6 North Zone Rural Hospital Accreditation Reports |
| | | | | 11 Central Zone Rural Hospital Accreditation Reports |
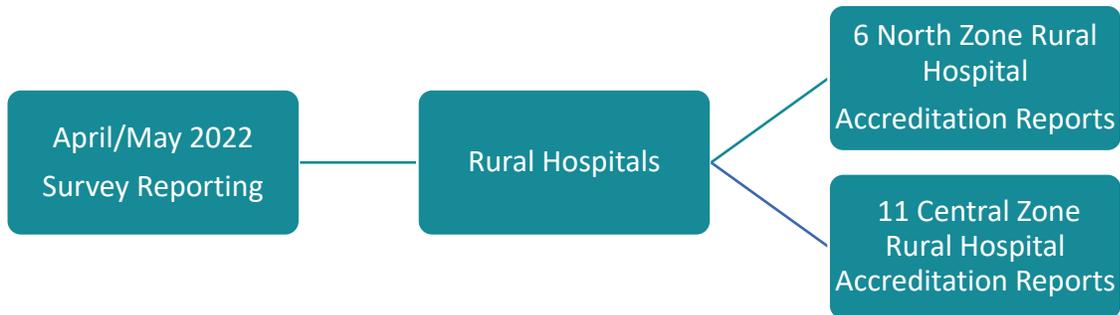
North Zone Rural Hospital Assessment – Sites Visited

- Beaverlodge Municipal Hospital
- Fox Creek Healthcare Centre
- Grande Cache Community Health Complex
- Northwest Health Centre
- St. Theresa General Hospital
- Valleyview Health Centre

Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre
- Drumheller Health Centre
- Hanna Health Centre
- Innisfail Health Centre
- Olds Hospital and Care Centre
- Ponoka Hospital and Care Centre
- Rimbey Hospital and Care Centre
- Rocky Mountain House Health Centre
- Stettler Hospital and Care Centre
- Myron Thompson Health Centre
- Three Hills 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 culture of the site is apparent upon walking into the facility. It is welcoming, inclusive and with a cohesive team committed to a high standard of care.

The site is well resourced with Physiotherapists, Occupational Therapists, Pharmacist and Clinical Lead. This has allowed the site to be very active in doing audits and making improvements.

The interdisciplinary team has embraced the Collaborative Care Model and implemented numerous initiatives with plans to continue following the Central Zone Roadmap.

Stable leadership with adequate resources allows this site to shine. The staff are engaged, and they are meeting their Required Organizational Practices. The leadership team at this site is encouraged to reach out to some of the other sites and assist with mentoring new leaders.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Ponoka Hospital and Care Centre.

To conduct their assessment, the survey team gathered information from the following groups[1]

Groups	# of interviews
Administration	2
Client & Families	7
Physician	2
Staff	19
Other	2

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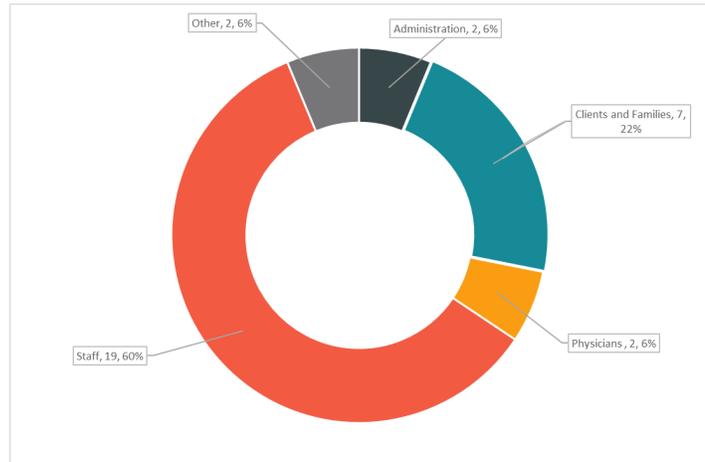
[1] "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Implementation of Electronic Health Record (Connect Care) planned for Fall 2022.

2. Review/Refresh some areas Emergency Response Manual.

3. Security.

4. Patient and Family engagement in local changes.

5. Development of goals and objectives.

Areas of Excellence

1. Implementation and Embracing Collaborative Care.

2. Caring and Committed Staff.

3. Indigenous Health Coordinator on site to support patients/residents.

4. Implementation and Engagement of Staff in Long Term Care related to Comfort Care Rounds.

5. On site Pharmacy presence.

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria			Attestation:
Attested	**On-Site**	**Overall**	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.
100% met	98% met	99% met	
Number of attested criteria			On-site Assessment:
Attested	**Audited**		Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
103 criteria	25 Criteria		

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

Compliance by Standard

Standard	Percentage
Emergency Department	95%
Infection Prevention and Control	100%
Inpatient Services	100%
Leadership	89%
Long-Term Care Services	100%
Medication Management	100%
Obstetrics Services	98%
Perioperative Services and Invasive Procedures	99%
Reprocessing of Reusable Medical Devices	100%
Service Excellence	97%
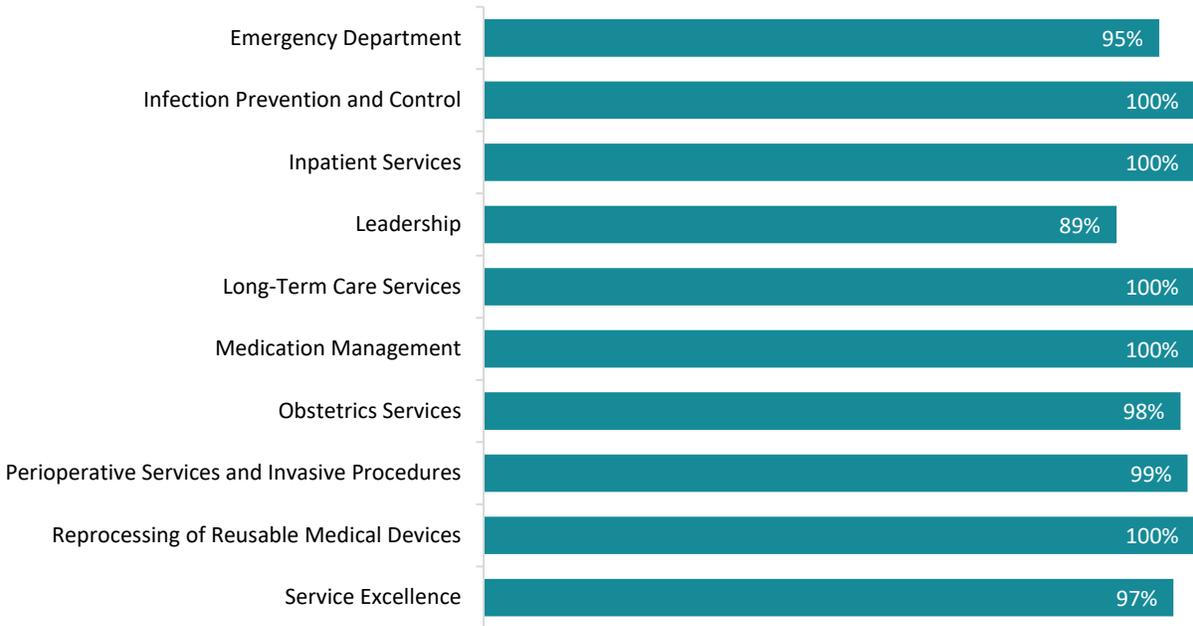
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	89	5	1	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	68	0	1	0
Leadership	8	1	0	0
Long-Term Care Services	80	0	1	0
Medication Management	82	0	7	0
Obstetrics Services	79	2	1	1
Perioperative Services and Invasive Procedures	130	1	4	14
Reprocessing of Reusable Medical Devices	90	0	1	0
Service Excellence	73	2	1	0

Compliance By System Level Priority Process

Priority Process	Compliance
Emergency Preparedness	100%
Infection Prevention and Control	100%
Medical Devices and Equipment	100%
Medication Management	100%
Patient Flow	89%
People-Centred Care	98%
Physical Environment	100%
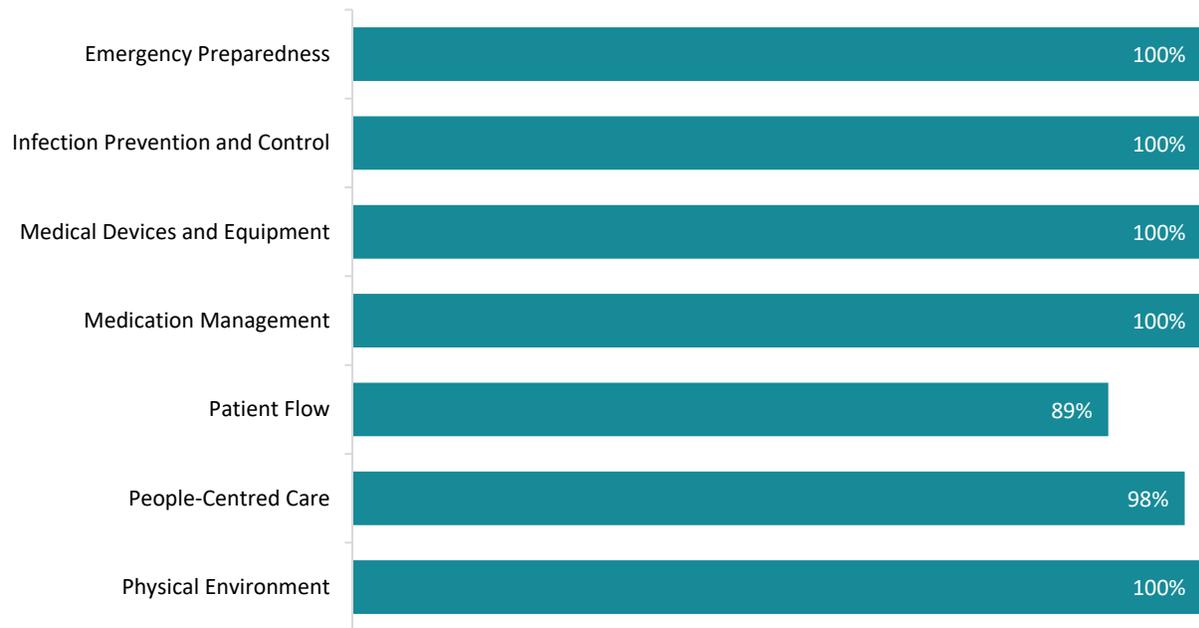
PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	107	0	3	2
Medication Management	88	0	9	7
Patient Flow	17	2	0	0
People-Centred Care	52	1	1	0
Physical Environment	14	0	0	0

Compliance by Quality Dimension

DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	47	2	0	0
Appropriateness	227	7	7	3
Client Centered Services	162	2	1	1
Continuity of Services	30	0	0	0
Efficiency	6	0	0	0
Population Focus	4	0	0	0
Safety	239	0	8	11
Worklife	21	0	1	0
Total	736	11	17	15

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	NOT RATED
	Perioperative Services and Invasive Procedures	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET

INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	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 refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

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.

MET 7
(100%)

There are regular tabletop drills for various scenarios as well as monthly fire drills. Results are reviewed with site leads.

Emergency Response Manuals are available and accessible on all units. Some areas of the manual such as Code Green and Facility Evacuation Plan have not been updated in several years. Consideration should be given to review and ensure they remain applicable.

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.

MET 34
(100%)

There is a zone representative for Infection Prevention and Control (IPC) at Ponoka Hospital and Care Centre. The zone representative visits the site at least once weekly but was not on site during the accreditation visit. This resource is appreciated by the staff and easy to reach for questions.

At the time of the site visit there was evidence of hand hygiene rates on all huddle boards on units. Staff in all areas of the hospital receive education during orientation and yearly education related to hand hygiene.

Staff in areas visited were knowledgeable about infection control practices. There have been no recent outbreaks other than COVID on the long-term care unit during the winter months.

The COVID-19 pandemic has elevated the focus on IPC practices and the multiple changes in knowledge about this virus has led to a robust multi-disciplinary team serving the province, with input at all levels to deliver client friendly messages to the public, staff and patients/clients and families in health care facilities.

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.

NOT RATED 2 (1.79%)
N/A 3 (2.68%)
MET 107 (95.54%)
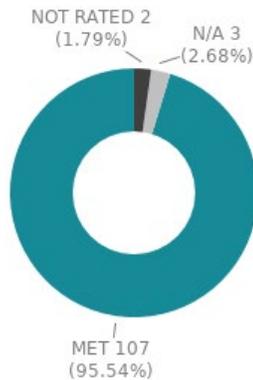
This area is a well thought out process, going from clean to dirty. The staff are knowledgeable and committed to the program. The area is clean and well kept, maintenance logs are complete, quality controls are complete. There is one Steris machine that has randomly failed its diagnostic and this should be escalated to a high priority equipment purchase.

The process for delivering clean scopes and removing dirty scopes from the OR theater follows clean to dirty. Cleaning of the scope cupboard is done weekly while all the scopes are out in use.

Acquistion of new devices are done through capital equipment management. Biomed and facility staff work together to ensure all equipment is working.

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.

NOT RATED 7 (6.73%)
N/A 9 (8.65%)
MET 88 (84.62%)
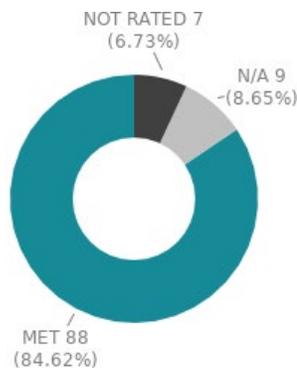
The site staff include one pharmacist, a pharmacy technician and a pharmacy assistant. There is a good supply of stock medications, appropriately labeled and identified as high alert, and as may be toxic. The pharmacy department was well organized and set up to allow for safe workflow. High alert medications, and look alike, sound alike medications are appropriately labelled.

The pharmacist is active on the LTC and the Inpatient unit, and the Emergency Department when required. This includes review of Best Possible Medication History for all admitted patients. The pharmacist participates in team huddles and rounds on inpatient units and in the long-term care area.

The pharmacy is secured with locked swipe access and only pharmacy staff have access. Systems are in place for entry in an urgent situation. The night cupboard is locked, and good systems are in place to track medications removed from the night cupboard to ensure appropriate restocking. Appropriate nursing staff have access to the night cupboard when required.

Audits are completed including Do Not Use Abbreviation Audits and results are available on huddle boards in key patient areas. Alberta Health Services is currently conducting a more detailed audit that will provide individualized physician feedback. The team is encouraged to share this feedback when available through the pharmacist present on site.

The upcoming introduction of the EMR Connect Care is eagerly anticipated and preparations are evident.

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.

UNMET 2
(10.53%)

MET 17
(89.47%)
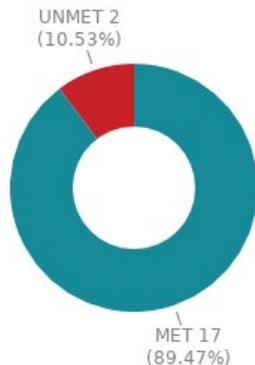
Patient flow is managed on a daily basis. The manager was able to articulate how they had opened a number of beds in order to assist Red Deer Regional Hospital with their flow issues. This allowed Red Deer to continue to operate as a referral center.

The one issue identified was the ambulance wait times for patient transfers for consults, or diagnostic tests. Previously, there was a patient transport system that was not part of the Emergency Medical Services, thus allowing the EMS group to respond to urgent calls.

There are times patients will wait in the Emergency Department for up to two days for admission to Ponoka Hospital. There was no perceived delay in getting higher level of care transfers for patients to a referral center.

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.
Leadership	13.1	Client flow information is collected and analyzed in order to identify barriers to optimal client flow, their causes, and the impact on client experience and safety.

People-Centred Care

Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Long-Term Care Services; Obstetrics Services; Perioperative Services and Invasive Procedures; Service Excellence.
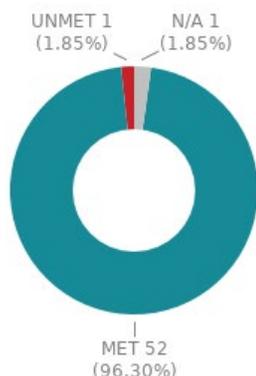
A formal Patient and Family Advisory Council is in place at the Central Zone level. The Ponoka Hospital and Care Centre has a process for follow up on patient and family concerns. The team is encouraged to track and trend concerns for any overall improvements that could be made at the site level.

At the care team level this site has embraced Collaborative Care in the inpatient units and in the long-term care area. The teams have implemented numerous initiatives to engage patients in their care. Comfort Rounds, Bedside Shift Report, Care Hubs and Care Huddles along with use of whiteboards in patient rooms are embedded into daily practice. Patients spoke very positively related to their care and involvement in care decisions.

The presence of an Indigenous Health Coordinator on site has provided support for patients in the acute care hospital and long-term care setting.

Resident and Family Council meetings are held regularly with input from residents and families. Changes have been made to improve care related to suggestions made at the meetings.

The site is encouraged to consider creative ways to further engage patients in planning and service design at the local site level.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, 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.

MET 14
(100%)

Ponoka Heath and Care Centre is an older building however the physical plant is well maintained. Physical plant areas are well organized and preventative maintenance is done on all equipment. Online systems contain alerts to ensure follow up and regular preventative maintenance is completed.

Signage for the hospital is appropriate and units are organized, neat, clean with minimal clutter in hallways.

Capital Investments have been made to maintain the physical plant with plans underway for replacing the humidifier that is currently not functional at the site.

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.
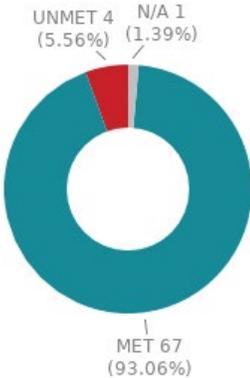
The Ponoka Hospital Emergency Department is a busy site seeing between 1100 and 1300 visits per year. The Department itself is small, with narrow hallways and lots of equipment stored in various areas. There are poor sight lines within the department to the rooms and to the waiting room. The Emergency Department is card access only which provides some measure of security. Security, according to staff, is frequently not present at the facility.

The Department is staffed with 2 RNs and 1 LPN and 1 physician. The unit has designated one of the rooms as a quiet room for Mental Health patients.

Staff have noted there is a mobile mental health unit based in Maskwacis. Staff believe this has been a good support for the community and believe that visits due to mental health issues have decreased since its inception. Staff would like to see a review and evaluation to determine if admissions to the Emergency Department has in fact decreased with the advent of the Mobile Critical Response Team in Maskwacis.

The Department is encouraged to look at reviewing a pediatric triage tool to implement in the department. The tool can be very helpful by providing the norms for each age grouping making it easier for staff to recognise a deterioration in the pediatric patient status.

Staff are also encouraged to review triage guidelines and reminded patient triage is done upon entry into the department.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	3.2	All clients who present at the emergency department are evaluated.
Emergency Department	4.3	A triage assessment for each client is completed and documented within established timelines, and in partnership with the client and family.
Emergency Department	4.4	A triage assessment for each pediatric client is conducted within established timelines, and in partnership with the client and family.

Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, 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.

N/A 1
(1.72%)

MET 57
(98.28%)
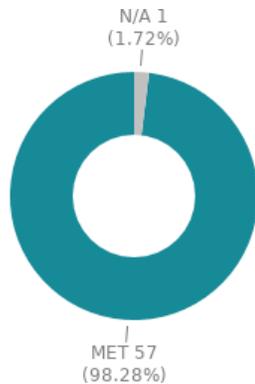
Inpatient services consist of a variety of medical admissions with limited order sets available. A very small number of stable pediatric admissions take place each year and order sets are available to ensure safe quality care for this patient group. Education for this low volume care is in place for staff on the inpatient units.

Family physicians in the community provide physician care to the patients on the inpatient units.

The site manager and clinical leads at Ponoka Hospital have extensive knowledge and experience is evident. The atmosphere at the facility is pleasant and bright with a cohesive interdisciplinary team environment.

Daily huddles and rounds are conducted and information on the huddle boards is relevant. There are several local improvement initiatives that align well with the Required Organizational Practices and regular audits are conducted and shared with the team.

At the care team level this site has embraced Collaborative Care and have implemented numerous initiatives to engage patients in their care. Comfort Rounds, Bedside Shift Report, Care Hubs and Care Huddles along with whiteboards in patient rooms are embedded into daily practice. Patients spoke very positively related to their involvement in care decisions.

Paper based charting is in place which results in documents been in different locations on the unit. The upcoming introduction of the EMR Connect Care is eagerly anticipated and preparations are evident.

Long-Term Care Services

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

N/A 1
(1.72%)

MET 57
(98.28%)
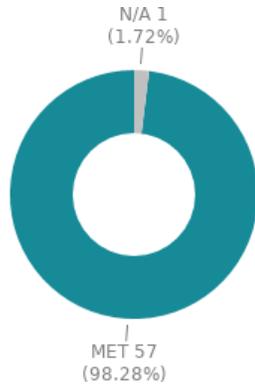
The long-term care unit is within the Ponoka Hospital and Care Centre. There are 28 residents within this area in rooms that have adequate space in both the single and double rooms.

The residents are supported and cared for by an interdisciplinary team that is shared with the hospital. The team includes occupational therapy, physiotherapy, social work, pharmacy, nursing, medicine, recreation, and others. During the height of the COVID-19 pandemic another category of staff was added to support residents which was appreciated by both the staff and residents at this facility.

Comfort Rounds are completed and embedded into everyday practice. Resident Council meetings are held regularly with good attendance and input from the residents.

Family members are encouraged to participate in the care of their loved ones. Every resident has an extensive assessment intake process which includes psychosocial needs and advance directives for care. The multidisciplinary team meets on a quarterly basis to discuss any changes to the status of residents and case conferences including family members are organized when the need arises. Comprehensive Care plans were in place for all residents.

There was a medication cart that was not locking during the visit and the team was encouraged to ensure this gets fixed given the nature of the residents that they service.

Obstetrics Services

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

NOT RATED 1
(1.37%)
UNMET 2
(2.74%)
N/A 1
(1.37%)

MET 69
(94.52%)
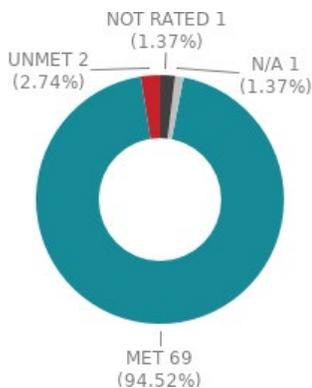
At the time of the visit there were no Obstetrical patients. There is a good process for OBS Triage in the ED and then transfer to the labour room. The clinical lead is passionate about maintaining Obstetrical services in Ponoka and works with staff for them to feel comfortable in the delivery phase. There is a robust education program for new staff to the site.

There are clear criteria as to what type of deliveries and patients are appropriate for labouring and delivering in Ponoka.

STANDARD	UNMET CRITERIA	CRITERIA
Obstetrics Services	2.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Obstetrics Services	8.8	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.

UNMET 1 (1.15%)
NOT RATED 5 (5.75%)
MET 81 (93.10%)
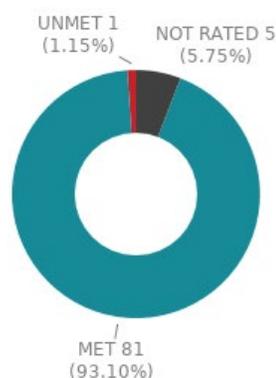
This site has a well utilized endoscopy service. The anesthetist travels to other sites as well to do the endoscopy sedation.

The equipment is newer and allows the surgeon to know how the scope is progressing along the bowel. The room is of sufficient size. The staff do the initial clean within the OR, then the scope is placed in a bin and taken to the dirty side of MDR.

There is the ability to do more ORs but that is not yet happening. The surgeon keeps his waitlist, and forwards to the hospital the slate that will be done.

The site will also do Caesarean Sections, either booked or emergent.

The perioperative program appears to be mostly endoscopy.

STANDARD	UNMET CRITERIA	CRITERIA
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.

UNMET 1
(1.47%)

MET 67
(98.53%)
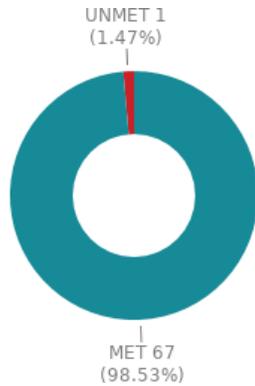
Ponoka Hospital and Care Centre local leadership ensure that orientation and education are comprehensive and appropriate. Manual records are maintained to track all required education and ongoing mandatory education.

Incidents are reported and follow up is complete when a risk is identified.

Staff indicated that performance reviews were conducted along with regular feedback from the site leadership

At the care team level this site has embraced the Collaborative Care and have implemented numerous initiatives to engage patients in their care.

Some guidelines and order sets are available for common conditions at this site. The team is encouraged to continue to develop best practice guidelines with the upcoming implementation of the electronic health record.

The upcoming introduction of the EMR Connect Care is eagerly anticipated and preparations are evident.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	10.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	4.3	A triage assessment for each client is completed and documented within established timelines, and in partnership with the client and family.	June 30, 2023
Emergency Department	4.4	A triage assessment for each pediatric client is conducted within established timelines, and in partnership with the client and family.	June 30, 2023
Emergency Department	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, 2023