2023

Community-Based Mental Health Accreditation Report

Alberta Health Services

Spring 2023 Survey
May 29 – June 2, 2023

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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 May 29 – June 2, 2023. 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, provincial, and community-based programs 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, large urban hospitals and provincial programs 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 decision will be issued that includes the organizations' accreditation award.

Community-Based Mental Health Program Assessment– Sites Visited

- Alberta Hospital Edmonton
- Arnika Centre
- COAST Program
- Crowsnest Pass Provincial Building
- Innisfail Health Centre
- Medicine Hat Provincial Building
- Melcor Centre
- Morinville Provincial Building
- Peter Lougheed Centre
- Provincial Opioid Dependency Virtual Program
- Red Deer 49th Street Community Health Centre
- St. Albert Provincial Building
- Wood Buffalo Addiction & Mental Health

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

Surveyors visited thirteen (13) community-based mental health sites/programs across all zones. The teams at all the locations were qualified, strong, passionate, and professional, no matter their size. Teams are dedicated to their work and despite the challenges and fatigue from the COVID pandemic, are committed to continuing to offer compassionate care and re-engaging the communities that they serve. Teams strive to provide evidence-based best practices and client-focused care.

Teams have been amazing while adapting to different external factors. For example, a recent environmental risk assessment required Crowsnest Pass Provincial Building to maintain an open door to address poor visibility and enhance the safety of its clients and staff. The entrance space was enhanced through the collaboration with clients and families to create a community-accessible library for mental health and substance use. The goal was to create a welcoming and safe space to support continuous community engagement. Since the enhancement, the space has experienced an increase in visitors by non-clients from the community who want to more to learn more about mental health and substance use.

As well, some teams have done an amazing job of providing walk-in and booked appointments to a diverse range and age of clients. Ensuring the health team have the continued opportunities for education as well as support for their own self-care and wellbeing is something the leadership is encouraged to keep as a priority.

The need for these programs has increased significantly since the pandemic and the physical space at some sites is limited and older. There may be opportunities to ensure the physical locations are sufficient to meet the needs and safe to provide care as the demand for service increases.

Survey Methodology

The Accreditation Canada Surveyors assessed the Community-Based Mental Health program.

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

Groups	Total number of touchpoints
Administration / Leadership	21
Client & Families	19
Physician	2
Staff	42
Other	4

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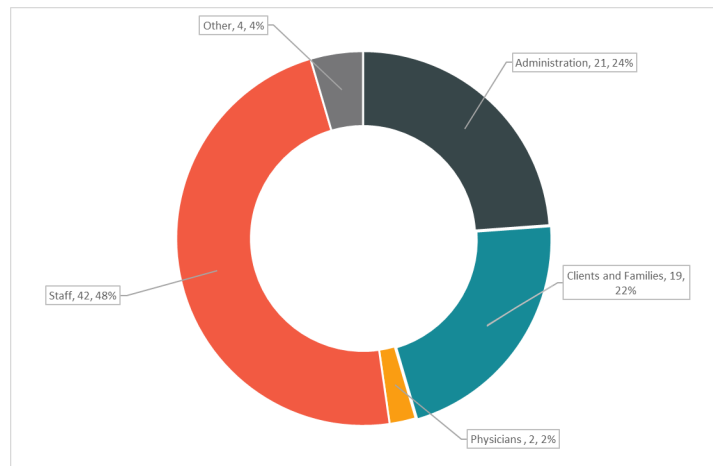
[1] "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

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

Key Opportunities

- Continue working towards standardizing services, documentation, and communication.

- Encourage ongoing, increased post-COVID engagement with community and partners.

- Enhance the visibility of Quality Improvement Boards for accessibility to clients, families, and active use by staff.

- Assess spaces that may need updating or renovations, so they are more conducive to the needs and preferences of the population served.

- Embrace client-centred care planning and establish collaborative goals with the client and family.

Areas of Excellence

- Strong collaborative teams with staff who are committed to upholding best practices and client-centred care.

- Standardized treatment approaches with regular clinical supervision and monitoring of clinical caseloads.

- Commitment towards mentorship and knowledge exchange across teams and community-based mental health sites.

- Active engagement of clients and families for feedback and program design.

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.
98% met	90% met	90% 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.
201 criteria	22 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

Community-Based Mental Health Services and Supports — 88%

Infection Prevention and Control — 90%

Intellectual and Developmental Disabilities — 95%

Leadership — 100%

Medication Management — 100%

Service Excellence — 86%

STANDARD	MET	UNMET	N/A	NOT RATED
Community-Based Mental Health Services and Supports	57	8	0	0
Infection Prevention and Control	26	3	0	0
Intellectual and Developmental Disabilities	69	4	0	0
Leadership	2	0	0	0
Medication Management	24	0	14	0
Service Excellence	65	11	0	0

Compliance by Quality Dimension
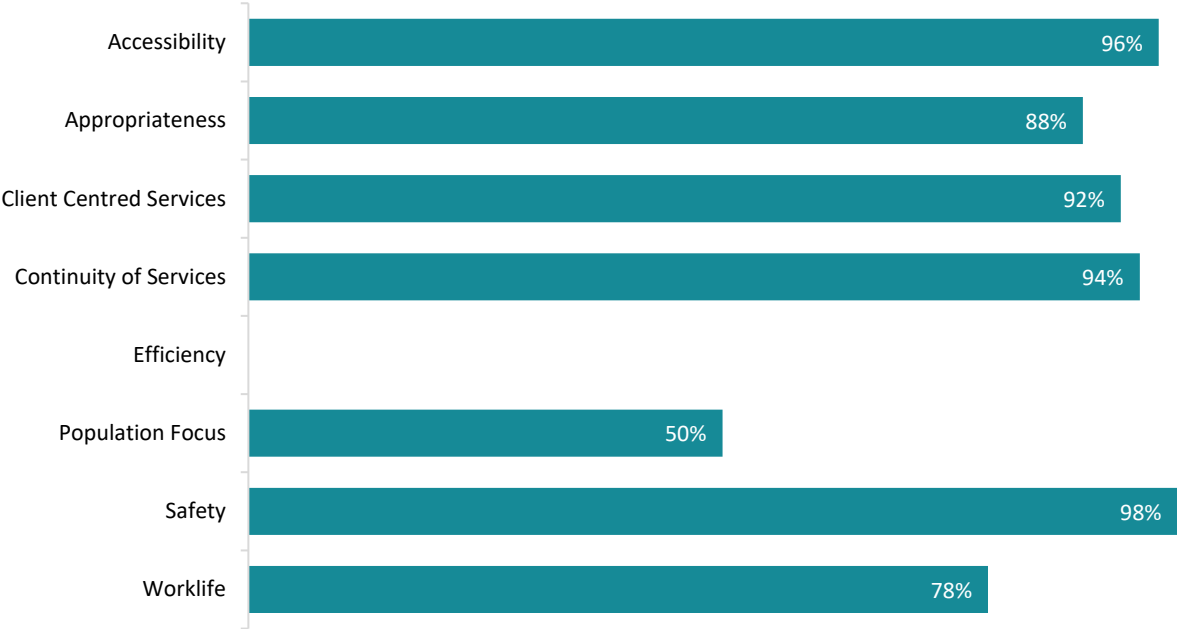
DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	22	1	0	0
Appropriateness	74	10	5	0
Client Centered Services	73	6	4	0
Continuity of Services	16	1	0	0
Efficiency	0	1	0	0
Population Focus	4	4	0	0
Safety	47	1	14	0
Worklife	7	2	3	0
Total	243	26	26	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
The 'Do Not Use' List of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Community-Based Mental Health Services and Supports	UNMET
Information Transfer at Care Transitions	Community-Based Mental Health Services and Supports	UNMET
	Intellectual and Developmental Disabilities Services	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	UNMET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
RISK ASSESSMENT		
Suicide Prevention	Community-Based Mental Health Services and Supports	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; 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.

MET 3
(100%)

There is opportunity to strengthen the responsibility for overall management of emergencies, including outbreaks at some sites. Communication flows through program management channels and for community locations with multiple programs and program managers, this may create gaps and inconsistencies in managing outbreaks and emergency response. The leadership is encouraged to review the emergency response plans with consideration to community locations and communication processes that are facility-wide and consistent across each zone.

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.

UNMET 3
(13.04%)

MET 20
(86.96%)

At Wood Buffalo Addiction & Mental Health and Morinville Provincial Building, the sites have established, well understood hand-hygiene protocols in place and conduct regular hand-hygiene audits. There are other sites that plan to start audits in the fall. The organization is strongly encouraged to review this delayed start time and infection prevention and control compliance as soon as is reasonably possible in advance of fall respiratory season.

Compliance with accepted hand-hygiene practices is not measured consistently across sites thus results are not available to make improvements to hand-hygiene practices. At Arnika Centre and Medicine Hat Provincial Building there is no evidence that results of evaluations are shared with team members, volunteers, clients, and families.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	14.1	There is a quality improvement plan for the infection prevention and control program.
Infection Prevention and Control	14.2	Infection prevention and control performance measures are monitored.
Infection Prevention and Control	14.5	Results of evaluations are shared with team members, volunteers, clients, and families.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.

MET 3
(100%)

There is little medical equipment other than vital sign measurement tools used at the community mental health & addictions sites. The teams use approved disinfectant wipes and team members are responsible for disinfecting office and common spaces within the centres. The organization is encouraged to appoint a site-based infection prevention and control champion/lead and implement a regular schedule of cleaning and disinfection.

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; Medication Management for Community-Based Organizations.

N/A 14
(36.84%)

MET 24
(63.16%)

In the sites surveyed, medication management processes varied quite a bit. There are sites that demonstrated effective, safe medication practices, and conducted medication reconciliation with appropriate documentation while other sites are not consistently completing this. For example, at the Red Deer 49th Street Community Health Centre client medications are obtained from various community pharmacies and stored in a locked room and cabinet. Client medications are stored together in plastic bins according to assigned nurse. While medications are labeled there is potential risk of error with current combined storage procedures. The team is encouraged to review the current medication administration processes to ensure safety measures (look alike) are considered.

Some sites do not have nurses employed and do not provide onsite medication administration or storage, having only allied health staff. Within this group of sites, some do complete medication reconciliation as a strategic priority in consultation with the pharmacist and notification is made to the multidisciplinary teams when medication reconciliation and a Best Possible Medication History (BPMH) is completed; and when there are any new changes to the client's prescription medications. Others, however, do not practice medication order, medication reconciliation, BPMH, and storage of any medication as part of their existing model of care. Where appropriate, allied health professionals who review medication history as part of holistic care may benefit from additional education regarding various common types of psychiatric medications prescribed.

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: Community-Based Mental Health Services and Supports; Service Excellence.
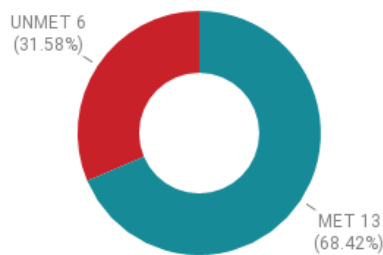
It was evident throughout the survey that the interdisciplinary care teams involve the clients and their families in care planning. It was observed and reported that clients and families felt included and respected, which aligns with best practices and Alberta Health Services' Patient First Strategy. Engagement of clients and families begins at the stage of referral and first contact with the care team.

For the most part, sites have done a good job of involving clients and families in the physical design of the clinical spaces, providing input on the clinical care needs of their loved ones, evaluating of the effectiveness of resources, space, and staffing, and identifying quality improvement opportunities. There are some sites that are collecting this type of input informally but do not yet have a systematic and strategic approach to obtaining this information while a few have yet to seek input from clients and families at all. At the unit or site level, teams are encouraged to seek out intentional opportunities to gather input from clients and families in setting measurable objectives and timelines for improvement initiatives. If appropriate, consider establishing a regional Patient & Family Advisory Committee to assist in evolving and co-designing programs and services.

The teams are encouraged to share the data analysis and trending reports with clients and families to facilitate intentional and meaningful conversations as it relates to identifying quality improvement initiatives and setting priorities.

STANDARD	UNMET CRITERIA	CRITERIA
Community-Based Mental Health Services and Supports	4.12	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.

Community-Based Mental Health Services and Supports	5.5	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.
Service Excellence	1.1	Services are co-designed with clients and families, partners, and the community.
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.
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.

MET 2
(100%)

The buildings are dated, however meet the building codes of when they were constructed. There are no obvious risks to staff safety and/or client safety as it relates to physical design. Many of the community sites have challenge of space as many of the buildings are old and the programming has grown over time. For example, at Red Deer 49th Street Community Health Centre, the child and youth walk-in are mixed with adults, creating potential risk.

The team at the Melcor Centre has doubled down with client and family inclusion in planning services and the continuous solicitation and engagement for client and family feedback has helped informed their program and space design. The creation of a welcoming and safe environment has been the result of this collaborative approach.

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.

Community-Based Mental Health Services and Supports

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Process included in this section is: episode of care.

UNMET 6
(11.11%)

MET 48
(88.89%)

Sites try to work as collaboratively as possible with the client and family to ensure that there are no physical barriers for them to access their community services. At some sites teams show flexibility in creating service plans that allow for home visits. For example, at the Melcor Centre, clients and family feedback has led to the expansion of their clinic hours to include later appointments twice weekly. This has enhanced service accessibility and reduces clients' and families' routines being disrupted during daytime hours with work, school, and/or other priorities.

Another example, at the Red Deer 49th Street Community Health Centre, there is an active street and outreach program. The team is actively engaged in establishing community partnerships that will wrap around care for the most vulnerable clients served. There continues to be a high demand for mental health and addiction services post-pandemic and a strategic review of local program needs, including other system providers, is encouraged.

STANDARD	UNMET CRITERIA	CRITERIA
Community-Based Mental Health Services and Supports	1.1	A strategy is developed to promote optimal mental health and reduce the stigma of mental illness and concurrent disorders, with input from clients and families.
Community-Based Mental Health Services and Supports	1.2	The strategy includes working with other services, groups, programs, and organisations in the community (e.g., social services, justice, etc.) to raise awareness of the resources and supports available to clients and families.
Community-Based Mental Health Services and Supports	2.2	Hours of operation are flexible and address the needs of the clients and families it serves.
Community-Based Mental Health Services and Supports	4.6	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.

Community-Based Mental Health Services and Supports	5.6	Access to spiritual space and care is provided to meet clients' needs.
Community-Based Mental Health Services and Supports	7.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Intellectual and Developmental Disabilities

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Processes included in this section are: clinical leadership, competency and episode of care.

UNMET 4
(5.48%)

MET 69
(94.52%)

The Community Outreach and Assessment Support Team (COAST) in Edmonton Zone endeavors to serve this population by enhancing the family's capacity and/or the community's capacity to provide effective and enriched supports to children, youth, and adults. Areas of enhancement include providing increased supports to families and service providers during times of crisis, developing preventative strategies to avoid the need to initiate a critical response, and empowering families and service providers with the ability to implement and maintain high quality support and service.

In 2018, COAST in Edmonton Zone was nominated for the Alberta Health Services President's Excellence Award for Outstanding Achievement in Patient and Family Centred Care. The COAST team has developed a model of care: Integrated Approach to Supporting People with Complex Needs and is commended for their outstanding commitment to systems advocacy activities that are conducted in collaboration with the person with intellectual and developmental disabilities, their family, and partner organizations. This is evidenced by the collaborative initiatives, such as the project with Wellness Integrated Support Homes (WISH) to support the discharge and transition of six (6) individuals with developmental disabilities and complex needs.

At Arnika Centre, there are collaborative partnerships in place to facilitate appropriate care for very complex needs. The team has supportive and collaborative relationships with related services, internal and external partners, and services in the community. This is important as the need and access to diagnosis and services is for a very vulnerable population. Clients are eligible for service when having an IQ below 65 prior to the age of 18, are currently over the age of 16 years and have a current mental health and/or significant behavioural concern. These eligibility criteria are established to align with funding resources; however, this can pose barriers to clients and families in need. For example, a documented IQ score may not be appreciative of sociocultural considerations.

The team is highly professionalized, dedicated, and collaborative and offer a comprehensive breadth of services including but not limited to trauma counselling, family counselling, behavioural analysis,

dialectical behaviour therapy (DBT), skills training, caregiver support, sensory room access and access to community support teams. The staff is incredibly passionate with the desire to always 'do more'. This often meant broadening the eligibility criteria or the ability to provide more outreach services. At this time, goals are often linked with the specific service or program, but it is encouraged that staff embrace client-centred care planning to establish collaborative goals with the client and family.

STANDARD	UNMET CRITERIA	CRITERIA
Intellectual and Developmental Disabilities Services	1.1	Services are co-designed with clients and families, partners, and the community.
Intellectual and Developmental Disabilities Services	4.1	Orientation to the field of intellectual and developmental disabilities is provided to new team members.
Intellectual and Developmental Disabilities Services	7.3	Goals and expected results of services are identified in partnership with the client and family.
Intellectual and Developmental Disabilities Services	7.6	Person-directed planning is used to ensure the person with intellectual and developmental disabilities and their family are the drivers in their own life and support plans.

Service Excellence

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Processes included in this section are: clinical leadership, competency, decision support, and impact of outcomes.
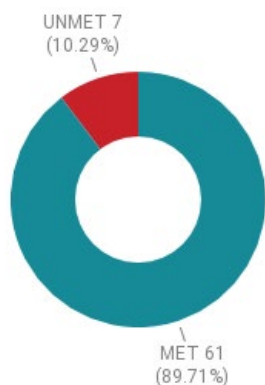
UNMET 7
(10.29%)

MET 61
(89.71%)

It was evident throughout the survey that the interdisciplinary care teams involve the clients and their families in care planning, recognize them as vital team members, and encourage them to actively participate in the care process. It was observed and reported by clients and their families that they felt included and respected, which aligns with best practices and AHS's Patient First Strategy. Engagement of clients and families begins at the stage of referral and first contact with the care team.

While clients and families are viewed as integrated team members, the level of input, how input is gathered, and how feedback is collected and shared back varies between sites. For example, at Crowsnest Pass Provincial Building, the clients and families provide continuous feedback into service and program design but at Alberta Hospital Edmonton, there was no evidence of a systematic and strategic approach to obtaining input before the development of operational plans at the unit or site level. The team is encouraged to seek out intentional opportunities to gather input from clients and families in setting measurable objectives and timelines for improvement initiatives and are encouraged to share the data analysis with clients and families to facilitate intentional and meaningful conversations as it relates to identifying quality improvement initiatives and setting priorities.

It was observed by surveyors that at some of the sites throughout AHS, team members' performance appraisals had not been regularly evaluated and documented in an objective, interactive, and constructive way due to competing priorities, unintended consequences of the COVID pandemic response, staff burnout, and change fatigue. Site leadership is encouraged to re-start this process.

Where Connect Care has been implemented it has resulted in the optimization of clinical documentation and improved visibility in the client's clinical data across multiple care teams. Additionally, clients and families have access to the My Alberta Health system. It has empowered clients and families to become advocates for their healthcare needs. This increased involvement of clients and families has empowered them to be more directly involved in their care planning and care needs.

COAST in Edmonton Zone has developed a robust standardized orientation program for all new employees, which includes mandatory reading resources that include best practices for supporting IDD in mental health through recovery-oriented care. COAST's manual is given at orientation and outlines the integrated model of wellness, developed by the program to include an outline of best practices for IDD and how they are integrated into the care model. All team members have access to the resource library for review, which contains a wealth of IDD and mental health reference books.

Shadow/mentoring opportunities with experienced team members, partners in disability services, and service providers are also available.

Wood Buffalo Addiction & Mental Health services should be commended for their level of organization, clinical supervision, and span of services, with wait times of only four (4) weeks at the most. The team uses standardized, manualized treatment approaches with regular clinical supervision and monitoring of clinical caseloads. This is a solid, collaborative team committed to evidence-based best practices, focused on clients and their families.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.2	Information is collected from clients and families, partners, and the community to inform service design.
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	3.11	Team member 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	10.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

	Follow-up Criteria		
Standard	Criteria	Site	Due Date
Community-Based Mental Health Services and Supports	4.5.1 The types of clients who require medication reconciliation are identified and documented.	• Innisfail Health Centre • Red Deer 49th Street Community Health Centre	June 28, 2024
	4.5.2 At the beginning of service, a Best Possible Medication History (BPMH) is generated and documented in partnership with the client, family, health care providers, caregivers, and others, as appropriate.	• Innisfail Health Centre	June 28, 2024
	4.5.3 Medication discrepancies are resolved in partnership with clients and families or communicated to the client's most responsible prescriber, and the actions taken to resolve medication discrepancies are documented.	• Innisfail Health Centre • Red Deer 49th Street Community Health Centre	June 28, 2024
	4.5.4 When medication discrepancies are resolved, the current medication list is updated and provided to the client or family (or primary care provider, as appropriate) along with clear information about the changes that were made.	• Innisfail Health Centre • Red Deer 49th Street Community Health Centre	June 28, 2024
	4.6 Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	• Innisfail Health Centre • Red Deer 49th Street Community Health Centre	June 28, 2024
	5.9.5 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).	• Alberta Hospital Edmonton	June 28, 2024

Infection Prevention and Control	8.6.2	Hand-hygiene compliance results are shared with team members and volunteers.	• Medicine Hat Provincial Building	June 28, 2024
	8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	• Medicine Hat Provincial Building	June 28, 2024
Intellectual and Developmental Disabilities Services	4.1	Orientation to the field of intellectual and developmental disabilities is provided to new team members.	• Arnika Centre	June 28, 2024