

**September
2020**

Taber Health Centre
South Zone
Alberta Health Services



**ACCREDITATION
AGRÉMENT**
CANADA

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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 September 27, 2020 - October 02, 2020. 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 (2019-2022). Accreditation visits are helping AHS achieve its goal of being *#AHS Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

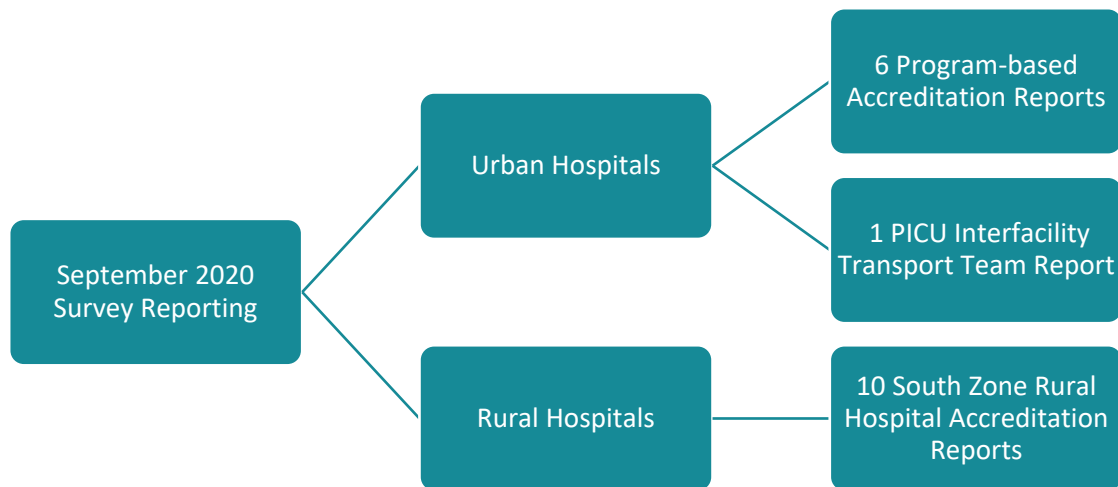
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 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 four-year accreditation cycle, in 2022, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the 2020 Survey are organized as follows:



South Zone Rural Hospital Assessment – Sites Visited

- Bassano Health Centre
- Big Country Hospital
- Bow Island Health Centre
- Brooks Health Centre
- Cardston Health Centre
- Crowsnest Pass Health Centre
- Fort Macleod Health Centre
- Pincher Creek Health Centre
- Raymond Health Centre
- Taber 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

Taber Health Centre is a 19-bed Acute Care inpatient facility with a 24/7 operating Emergency room and provides health care services to more than 8000 residents. The facility also supports a 10-bed Long-term care residence on site. Services include Lab & DI, Emergency Department, general medical and surgical admissions, and addictions and mental health.

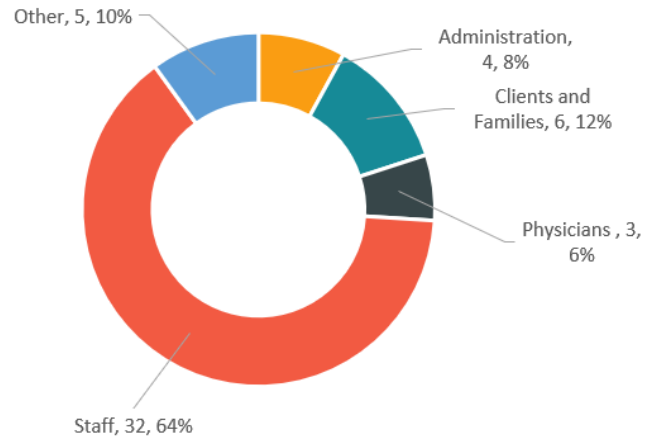
Throughout the survey, numerous pockets of excellence were witnessed at the Taber Health Centre. The leaders, physicians, and staff are engaged and committed to improving the quality of care and patient safety. Their dedication to quality and safety is illustrated through the great work that the site has undertaken to improve care while dealing with the COVID-19 pandemic. Performance reviews are conducted regularly and there is a strong commitment to professional growth and development of staff. The strong focus on driving quality improvement and patient safety are evident as they continue to implement many quality initiatives such as the CoACT program.

While continuing their efforts to improve safety and quality of patient care, the leaders are encouraged to continue to seek client, family, and community input to further strengthen planning, implementation, and evaluation of their services. The team is encouraged to investigate opportunities to establish local quality improvement initiatives and engage staff in this work. To determine the effectiveness of the various improvement initiatives, a consistent approach to outcome measurement is highly recommended. Also, developing a site based interdisciplinary safety and quality committee (that includes patient partners) is another strategy that leaders may wish to explore to support and monitor safe and quality patient care.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Taber Health Centre.

To conduct their assessment, the survey team gathered information from the following groups¹



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

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Client and Family Engagement: The leaders are encouraged to continue to seek client, family, and community input to further strengthen programs and services.
2. Optimize the integration of quality and patient safety initiatives at the front line and utilize data collected to improve care/service locally.
3. Opportunity to enhance outcome measurement and the evaluation of the effectiveness of quality improvement initiatives.
4. Develop a site based interdisciplinary safety and quality committee (including patient partners) to support and monitor safe, quality patient care.
5. Enhance the linkage between zone supports and local operations to optimize care delivery.

Areas of Excellence

1. Access to excellent care (optimal patient flow) and services focused on promoting health and wellness
2. A strong team of multi-skilled, knowledgeable, compassionate and dedicated staff, physicians, learners, and volunteers engaged in the quality journey
3. Performance reviews are regularly conducted and there is a strong commitment to staff professional growth and development
4. A strong focus on driving quality improvement in the areas of professional practice through the CoACT program
5. A clean, uncluttered, secure environment (amazing COVID-19 response)

Results at a Glance

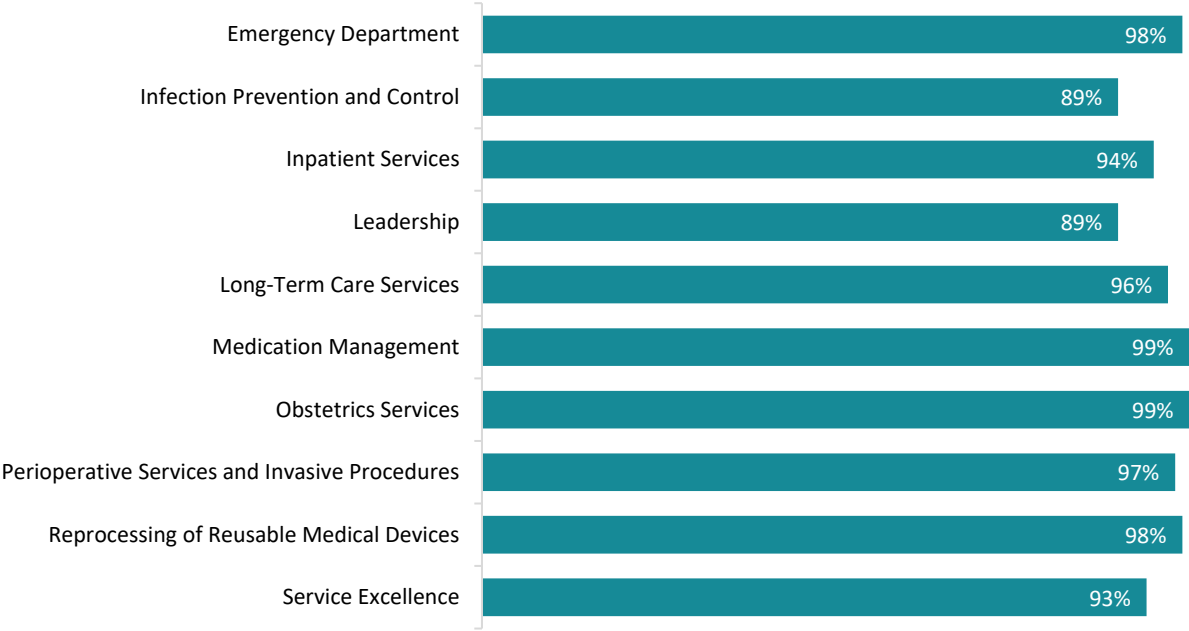
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: 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.
Attested 97% met	On-Site 96% met	Overall 96% met	
Number of attested criteria			
Attested 104 Criteria	Audited 23 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

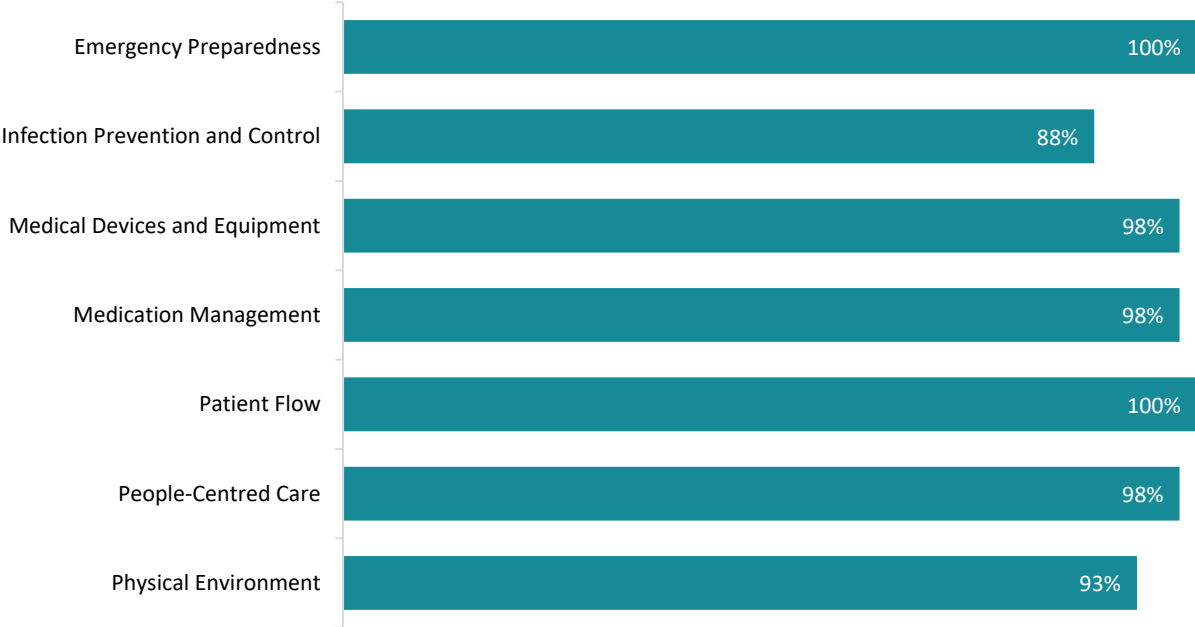
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	92	2	9	0
Infection Prevention and Control	33	4	0	0
Inpatient Services	64	4	1	0
Leadership	8	1	0	0
Long-Term Care Services	73	3	5	0
Medication Management	72	1	14	0
Obstetrics Services	81	1	1	0
Perioperative Services and Invasive Procedures	139	5	5	0
Reprocessing of Reusable Medical Devices	85	2	4	0
Service Excellence	71	5	0	0
Total	718	28	39	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	30	4	0	0
Medical Devices and Equipment	103	2	7	0
Medication Management	86	2	14	0
Patient Flow	19	0	0	0
People-Centred Care	53	1	0	0
Physical Environment	13	1	0	0
Total	311	10	21	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	47	0	2	0
Appropriateness	221	9	18	0
Client Centered Services	153	12	0	0
Continuity of Services	30	0	0	0
Efficiency	6	0	4	0
Population Focus	3	1	0	0
Safety	237	6	14	0
Worklife	21	0	1	0
Total	718	28	39	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-term care	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	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	MET
	Long-term care	UNMET
	Obstetrics Services	MET
	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	UNMET
Hand hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	UNMET
Reprocessing	Infection Prevention and Control	N/A
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-term care	MET
	Obstetrics Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
Pressure ulcer prevention	Inpatient Services	MET
	Long-term care	UNMET
	Perioperative Services and Invasive Procedures	N/A
Suicide prevention	Emergency Department	MET
	Long-term care	MET
Venous thromboembolism prophylaxis	Inpatient Services	UNMET
	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.

There are no unmet criteria for this Priority Process.



The team at Taber Health Centre is to be commended for their commitment to emergency preparedness and their response to the COVID-19 pandemic. The team is aware of and provided continuing education around the management of outbreaks and all-hazard response.

Regular fire drills are held and the strengths and opportunities arising from the drills are assessed by the team.

The team and leaders have worked hard to ensure a streamlined delivery and continuity of services throughout the COVID-19 pandemic. Appropriate measures have been undertaken throughout the site to screen patients, staff, and visitors at entry. The entire care team at Taber Health Centre is to be commended for their diligence and commitment to clients, residents, and staff safety throughout the pandemic.

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.



The Infection Prevention and Control (IPC) program at Taber Health Centre is supported by one infection control practitioner that serves the Taber Health Centre as well as five other sites within the zone. The infection control practitioner supports the site through an on-site visit once every six weeks or as urgent issues arise. Throughout the COVID-19 pandemic, staff at the site have indicated that they have felt supported by an IPC perspective. The ability of

the infection control practitioner to visit sites is reported to be influenced by AHS travel restrictions. This has presented significant challenges for the infection control practitioner and the site to advance IPC initiatives to raise awareness of infection rates, educate clients and families and ensure that site safety is maintained from an IPC perspective. The site is encouraged to continue to assess the workload of the Infection control practitioner in keeping with emerging trends and review the appropriateness and greater need for the on-site presence of the infection control practitioner.

Taber Health Centre does not have a local IPC committee where a multidisciplinary team can review the IPC needs of the site. IPC interactions with environmental services, facilities, and clinical areas are usually conducted through departmental meetings. The Infection control practitioner is involved in the planning and construction of major renovations but is not involved in small or localized renovations. This may result in a suboptimal working relationship between IPC and the facility operations team. AHS may wish to consider the benefit of establishing a local IPC committee made up of representation from environmental services, food services, facility operations, and clinical services to review IPC guidelines and ensure appropriate adoption across all operational areas.

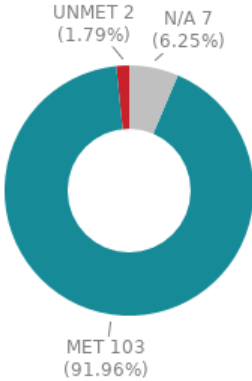
The quality of the cleaning provided throughout the facility is excellent and the environmental services team has done an admirable job keeping up with the additional workload presented by the COVID-19 pandemic. The housekeeping staff are to be commended for their exceptional work. Front-line staff noted that they feel their safety is supported and stated that they receive appropriate education on hand hygiene, personal protective equipment, and the use of cleaning products.

Hospital-acquired infection rates are tracked, and the information is shared with the site. While the IPC team reports that the units get their infection rates quarterly, staff across the site (at the unit level) were unaware of their unit-specific infection rates. The leadership team recently reinstated the hand-hygiene monitoring program following a period of inactivity due to a staff vacancy. The team has worked very hard to reimplement the hand hygiene monitoring program. While the audits are occurring and the results are posted on the Quality Boards, staff are unaware of their unit results and did not know where to find the results. The leadership team is encouraged to continue the great work in reporting hand hygiene and infection rate information at the unit level, supporting staff to understand their results, how this information could be used to improve safety and to share results with clients, families, and the community.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	2.6	The infection prevention and control team is consulted when planning and designing the physical environment, including planning for construction and renovations.
Infection Prevention and Control	14.3	Input is gathered from team members, volunteers, and clients and families on components of the infection prevention and control program.
Infection Prevention and Control	14.4	The information collected about the infection prevention and control program is used to identify successes and opportunities for improvement, and to make improvements in a timely way.
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.



Medical device reprocessing at Taber Health Centre is led by a very dedicated medical device reprocessing technician. Serving the site for many years, she is committed and dedicated to ensuring quality medical device reprocessing at Taber Health Centre. She is supported by the infection prevention and control team and the medical device reprocessing department (MDRD) at Chinook Regional Hospital. Preventative maintenance of equipment is supported through a contract with the equipment vendor

and the AHS facilities management team. The staff member reported feeling supported through ongoing education and training opportunities.

All reprocessing is centralized in the MDRD. The reprocessing area is located near the operating and endoscopy suites. There is no space for storage of the reprocessed devices in the MDRD area. The site operates in a “just-in-time” model of reprocessing, with some reprocessed packs being stored in the operating area. There is good separation from the contaminated and clean equipment reprocessing area. While access to the clean area of the MDRD is restricted, access to the decontamination area is not locked and is easily accessible. Appropriate signage is in place indicating that it is restricted space. The organization is encouraged to secure access to the decontamination area through appropriate means.

The environmental control in the MDRD is reported to be very good with no concerns related to ventilation and relative humidity.

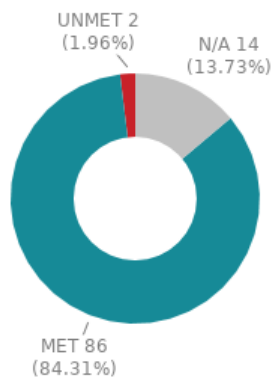
IPC audits were recently conducted and where deficiencies were identified, the staff member indicated that plans have been developed to address the issues.

Appropriate hand hygiene and the use of appropriate personal protective equipment were observed throughout the reprocessing process. Alcohol-based hand hygiene stations and hand hygiene sinks are available throughout the MDRD department. Hand-hygiene sinks are not equipped with faucets supplied with foot, wrist, or knee-operated controls. AHS is encouraged to provide hand hygiene sinks using a hands-free faucet system in the MDRD.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	3.3	Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.
Reprocessing of Reusable Medical Devices	8.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.

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.



Taber Health Centre has an onsite pharmacy which is supported by a pharmacist and a pharmacy technician. Teams have access to an on-call pharmacist for after hours. The pharmacy and clinical service area teams collaborate well and work in partnership to promote patient safety. The pharmacy has instituted best practice standards to promote patient safety. For example, high doses of narcotics, heparin and concentrated electrolytes are limited in the clinical service areas. Instead, patient-specific doses will be

provided. Taber Health Centre has an antimicrobial stewardship program which is primarily led by the pharmacist in collaboration with the physicians and nurses. Pharmacists always check the orders before medications are dispensed to the units.

The physical environment of the Pharmacy is kept well and secured. No mixing or compounding is happening in the pharmacy. Also, chemotherapeutic medications are not available in the pharmacy. Those who need chemotherapy will be referred to other hospitals.

Nurses follow best practice standards with the medication administration. They follow two person-specific identifiers while administering the medications. Staff are aware of the “Do not use” list of abbreviations. Staff would benefit from having the list posted on the unit.

Medication management standards have been met except that different concentrations of the same medication are stored close to each other both in the pharmacy and in the clinical areas. From a patient safety point of view, it would be advisable to keep these medications away from each other.

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.
Perioperative Services and Invasive Procedures	11.2	Emergency equipment and life support systems are available wherever anesthesia is administered.

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.



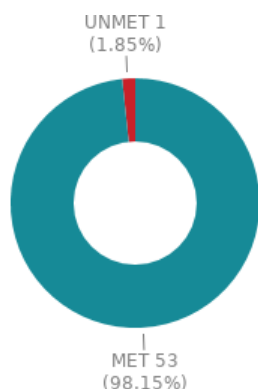
There are no unmet criteria for this Priority Process.

There are no challenges with patient flow at the Taber Health Centre. Patients arrive, are assessed for COVID-19, registered and are seen in the Emergency room in a timely fashion. Any patients who require admission to the hospital are provided with a bed almost immediately. Staff indicated that there are very infrequent cases where patients do not have ready access to a bed or one that cannot be made available quickly.

While there are protocols in place to address overcapacity, staff indicated that this was a rare event and that they could generally create capacity as needed through discharge or flex beds. The team is doing an excellent job related to patient flow and are encouraged to continue to support patient flow initiatives.

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; Service Excellence.



Clients and families indicated that they felt well supported by the team at the Taber Health Center. Served by a strong interdisciplinary team, it was clear that as clients and families received care, they were very engaged. Throughout the provision of care, clients were actively engaged and were able to provide input at the beginning and during their care journey to ensure that their perspective was heard.

The site does not have a formal mechanism to engage clients and families in the co-design of services. While client satisfaction surveys have recently been implemented at the site, there has not been an opportunity to identify trends or areas for improvement. No patient, resident or family council exists at the facility to provide feedback and input into the design of care provision and quality improvement program. While there is a patient advisor at the zone level, the diversity of the communities located in the South zone could benefit from local patient advisors. Opportunities exist to better include clients and families in the planning, design, delivery and evaluation of care provision and quality improvement activities at the site. Having a local perspective will bring a more robust community, client and family engagement to the services provided at Taber Health Centre. The site is encouraged to investigate opportunities to further enhance people-centred care and engagement at the site.

STANDARD	UNMET CRITERIA	CRITERIA
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.



The Taber Health Centre is a well-maintained facility. Clear signage for clients and families is present throughout the community to locate the hospital. Parking and other areas are open and easily identifiable. The physical environment is welcoming. There is a lot of natural light within the facility and a large campus with green space is available for clients and families. The entrance has hand hygiene stations available to support effective infection prevention and control.

COVID-19 screening assessment is conducted at all entryways into the site. Individuals entering the facility are greeted by an admission and wayfinding desk to assist them while at the facility. Private spaces for team members and client and family interactions are present throughout the facility.

Quality, health and safety boards, with information that may be of interest to clients and families are located throughout the facility. The client areas are clean and well organized. The housekeeping staff have taken great pride in their work and are to be commended for their efforts throughout the COVID-19 pandemic.

The facilities staff take pride in their work and are proactive in addressing issues. They were observed to be actively engaged in minor renovations to improve the environment. There is an opportunity for the facilities team to be more engaged with infection prevention and control to ensure that their activities best protect the client and team health and safety as they conduct minor renovations and improvements to the site.

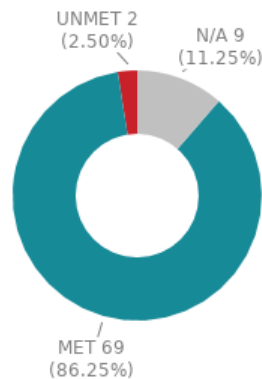
STANDARD	UNMET CRITERIA	CRITERIA
Leadership	9.3	Client and team health and safety are protected at all times and particularly during periods of construction or renovation.

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; Organ and Tissue Donation.

Emergency Department

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



The Emergency room at Taber Health Centre is a well-run department. Staff are knowledgeable and are cross-trained to work throughout the hospital. Patients are seen immediately, and the team reported no concerns with patient flow or significant wait times. On the rare occasion where there may be an issue, the emergency team is supported by staff from the inpatient unit and they report being able to address any surge. Should any additional medical coverage be required, the team has processes to call in additional medical staff.

There is limited data on the emergency room wait times and key performance indicators available and staff could not articulate metrics related to their performance. Sharing information with staff such as length of stay and wait times data will help inform them about the operations of the emergency room and opportunities for improvement.

The emergency room is well staffed by capable physicians who are readily available. It operates 24 hours a day, 7 days per week, and critical services (such as laboratory or diagnostic imaging) are available either on-site or on-call.

The team has established processes for transitioning patients from the emergency room to the acute units and information transfer is occurring between the care team members. However, mechanisms to evaluate the effectiveness of the care transitions have not been established to improve the process. Also, the team could not articulate how clients and families were able to provide input into the effectiveness of these care transitions. The organization is encouraged to continue the great work related to improving information transfer at care transitions and opportunities to further engage clients and families in that process.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.
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.



Taber Health Centre has a great inpatient program supported by dedicated leadership and staff who are inspired to work at Taber Health Centre. The building looks fresh and easy to navigate. There are single and semiprivate rooms with ample space in each room. The staffing model includes both RNs and LPNs. There is a team leader who supports the manager.

Taber Health Centre has recently started CoACT which is a collaborative initiative with a bundle of quality improvement initiative, bedside shift report, and whiteboard. This is an excellent move in the direction of safety and quality improvement. The bedside shift report is being conducted very well and staff did a great job of informing the patient, getting their verbal consent and sharing pertinent information between incoming and outgoing team members at the patient’s bedside.

Another new initiative is the use of the whiteboard, which is used for communication between patients, families, staff and physicians, is noted to be well used. One patient commented saying, “Love the whiteboard – such a good idea. Because I tend to forget things”.

While CoACT is a great initiative for improving safe and quality patient care, AHS would benefit from taking a structured systematic approach to evaluating the effectiveness of these initiatives. Evaluation and sharing the findings with the teams would help team members to be aware of the results of their actions and further support the initiatives.

We have seen staff providing excellent care with a focus on people-centred care during the tracers. They listen to patients and respect their wishes. One area for improvement would be to engage and partner with patient advisors in service planning and service evaluation at the site level. There is no evidence to support that the services are co-designed with the patients. There is merit in collaborating and partnering with patients to develop a process that works for the patients as well as for the system. Having them engaged in service planning will certainly make AHS truly a people-centred organization.

The staff are truly enthusiastic about working at Taber Health Centre. They like the community feeling of the hospital and autonomy. Staff receive education on various topics. Most education is delivered online. Staff are completing competency education every six months through the online format (My Learning Link). The educator is not available on site but transfers information via emails. There is value in providing in the moment teaching by an educator using adult teaching principles. The presence of an onsite educator is highly suggested to provide education on an ongoing basis and to sustain best practice standards.

The information about the patient's responsibilities is posted in every room. The information poster highlights the number that they can call if they have any concerns, which is great. However, the information poster does not outline the rights of patients. It would be important to outline the rights and responsibilities and staff review the information with the patients and families on admission and as needed.

The development of a site-level interdisciplinary quality council with the involvement of patient/resident advisors may be another strategy to build and sustain a health care facility that is responsive to the needs of the staff and people who reside in that community.

Another area for improvement is about evaluating the effectiveness of quality improvement initiatives. It is important to have a consistent approach to measurement strategy to evaluate the effectiveness of quality improvement initiatives. Measurement is also important for sustaining the initiative. For example, the effectiveness of the fall prevention strategies, pressure ulcer prevention strategies, VTE prophylaxis, the effectiveness of communication during transition planning. The indicators and metrics that are part of Zone level quality committee reports need to be disseminated to the frontline staff. There is a lack of understanding among nurses about the indicators and metrics. This may have an impact on the awareness and adoption of quality improvement initiatives among staff.

VTE prophylaxis policy is implemented well. Staff are aware of the program. However, staff are not aware if the program is being evaluated or what is working well about the program. Evaluating the effectiveness of the VTE prophylaxis program by auditing some charts every month would be helpful to understand if the program is working or not and the results will drive further improvements if needed.

Staff reported that they have not received education on how to apply restraints. Staff are teaching each other when there is a need. No formal education is provided. AHS may need to consider including restraint education in their staff education plan on an ongoing basis to promote patient safety.

Patients reported that staff work as a team providing excellent care. Staff responds to their needs in a timely manner, involve them in decision making and ask for their preferences. There is good interaction between patients and staff, they love the whiteboard and keeping information on it is a great reminder for them. When asked about suggestions for improving, a patient mentioned that food needs to be improved.

Taber Health Centre has good managerial support. The manager is "the Jack of all trades". The manager would benefit from having an educator and a quality improvement consultant to drive improvement initiatives and its evaluation.

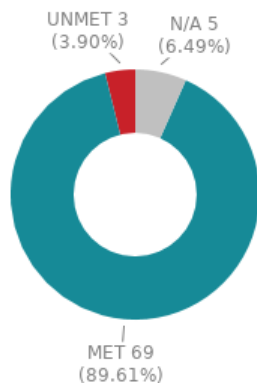
All linen carts have covers which is a great strategy from an IPC and safety perspective. During tracers, positive interaction between patients and staff was witnessed.

For translation, a telephone line is used. There are other modalities available such as video remote interpretation for AHS to consider for more efficient translation in the future.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	2.4	Education and training on the safe and appropriate use of restraints are provided to the team.
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.
Inpatient Services	4.15	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.
Inpatient Services	5.4	The assessment process is designed with input from clients and families.

Long-Term Care Services

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



There is a very strong and dedicated interdisciplinary team of nurses, health care aides, and activity workers who care for the residents of the long-term care facility at Taber Health Centre. The team is very committed to the residents and is focused on their physical and psychological well-being. Staff report receiving continuing education for the care of the clients and feel well supported by AHS in their personal and professional development. All staff indicated that they felt very well supported by AHS through the COVID-19 pandemic response.

Residents have access to the essential services through the site and there is a process to respond to immediate medical needs as appropriate. Access to laboratory and diagnostic testing is readily available at the site and staff indicated that they felt well supported.

The intake and assessment process for residents being admitted into the long-term care unit is quite robust and involves the resident and their family members. The intake and assessment process includes medication reconciliation, and an assessment of pressure injury, falls risk, and suicide risk. While the assessment process is quite robust, there are limited activities related to the evaluation of the effectiveness of some of these strategies. The organization is encouraged to continue with the great work in implementing the required organizational practices at the site and implementing robust mechanisms to evaluate the effectiveness of these strategies.

While the residents are actively engaged in the assessment, intake process, and the development of the care plan, limited information is provided to the resident and family members about their roles and responsibilities related to their care on the unit. Also, no written information is provided to the residents or family members about the services that are offered at the site, their role and responsibility for resident safety, or prevention of facility acquired infection upon admission to the facility. Taber Health Centre is encouraged to establish a resident and family advisory council to work with site leadership to develop a standardized welcome package that provides residents and families with information on the services offered, their roles, responsibilities, and rights.

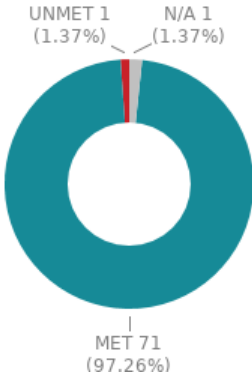
Individual care plans are developed and customized to the needs of the resident. The preferences of the residents are incorporated into the individualized resident care plan.

There is no formalized quality improvement program in the long-term care unit at the site. Key performance measures are not made available to staff consistently so that they can evaluate the effectiveness of the care that is being provided. For example, the site could report monthly on the rate of pressure injuries or falls and utilize this information to improve the effectiveness of their injury prevention strategies. The organization is encouraged to investigate opportunities to work with clients and families in the implementation of a formalized quality improvement program at the site.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	3.7	Translation and interpretation services are available for residents and families as needed.
Long-Term Care Services	3.13	Residents and families are provided with information about their rights and responsibilities.
Long-Term Care Services	8.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.

Obstetrics Services

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



The obstetric area offers services such as vaginal delivery and caesarian-section (C-section). High-risk pregnancies and pregnancies less than 37 weeks are referred to Chinook Regional Hospital. Emergency cases are handled by the on-call staff and physicians. Taber Health Centre has two birthing suites. Taber Health Centre follows best practices related to labour and delivery.

The RNs from inpatient care rotate through labour and delivery. Since the implementation of MOREob program, Taber Health Centre has initiated few quality improvement strategies such as skin to skin program.

Obstetrics service offers good education to all staff during orientation and on an ongoing basis to sustain competency to care for clients who are in labour and delivery. While offering additional education to inpatient nurses to care for labour and delivery clients, completing a competency validation checklist with staff to ensure they are competent to care for clients in labour and delivery could be considered in the future.

Falls risk assessment is conducted as part of the admission process. However, more interventions such as the use of non-skid socks, posters, and education could be implemented to prevent falls. Also, AHS could develop a consistent evaluation strategy to measure the outcomes of falls prevention interventions.

The information is posted in the rooms on general information and responsibilities. It also highlights the number that clients can call to make a complaint or report their concerns. However, it does not outline the rights of clients. Including their rights might help to empower the clients.

STANDARD	UNMET CRITERIA	CRITERIA
Obstetrics Services	2.14	Clients and families are provided with information about their rights and responsibilities.

Perioperative Services and Invasive Procedures

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



The perioperative area is open four days a week. They conduct procedures like endoscopy and C-sections. The physicians and anesthetists are available on call. Taber Health Centre can conduct procedures without having the need for a waitlist and they can accommodate patient’s requests in terms of scheduling surgery. They have two operating rooms, one of which is currently dedicated to COVID-19 positive patients.

RNs and physicians work as a great team supporting each other. Taber Health Centre follows best practices and standards. They use the safe surgery checklist diligently and achieve 100% compliance. Taber Health Centre also follows best practices for sponge count.

The interaction between nurses and patients is very positive. Nurses provide comprehensive information to patients and check their understanding before the procedure. Nurses also provide lots of

information regarding discharge planning and post-procedure safety instructions and the need for follow up with the physician before the procedure.

A standardized pressure injury risk assessment tool is not being used as part of the admission assessment in the perioperative area. Using a tool like the Braden scale would be highly recommended to assess the risk for pressure ulcers which would inform the need for instituting pressure injury prevention strategies.

Space for patient flow could be remodeled, currently, the patient walks through the changing area where the toilet is and enter the preoperative admitting area and goes out through the same area after the procedure. The changing area is very congested and only one patient can go through this change area at a time. It would be a best practice to have a separate change area with multiple stalls for changing to provide privacy. The staff change area has the same issue. Needs more space and stalls for changing.

There is no autoclave in the operating room to do flash sterilization. There is enough equipment to spare if a device fails. However, in emergencies, it would be prudent to have an autoclave on standby.

There is no crash cart available in the surgical area. They use the crash cart from the Emergency Department if needed. Having a crash cart in the OR would be beneficial for expediting a timely response to manage emergencies.

There is no evidence of informing clients about their rights or how to file a complaint or escalate their concerns regarding care or violations of their rights. There is no evidence that services and assessments are co-designed with input from clients. Clients could be engaged in developing indicators or developing a process to respond to their concerns or when their rights have been violated. Having them engaged in service planning will certainly make AHS truly a people-centred organization.

The implementation of universal fall precautions and education needs more attention from a safety perspective. Posters on universal falls prevention could be displayed on the walls to improve awareness about falls prevention. Non-skid socks could be used to prevent falls. The shoe covers are extra-large which itself poses a fall hazard.

To prevent Carbapenemase-producing organisms (CPO) transmission from splashing in the sink it is advisable not to store anything closer to the handwashing/scrubbing area. To follow critical moments of hand hygiene by everyone who works in and around the surgical area especially practicing hand hygiene before wearing gloves is recommended.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	5.15	Clients and families are provided with information about their rights and responsibilities.
Perioperative Services and Invasive Procedures	5.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Perioperative Services and Invasive Procedures	5.17	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.
Perioperative Services and Invasive Procedures	6.2	The assessment process is designed 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.



The Taber Health Centre is led by a dedicated and committed leader who is focused on engaging staff in the quality journey. She is visible and accessible throughout the facility and is actively encouraging the professional development of staff at the site. There is an active focus to integrate the operations at the site between the clinical departments. Staff spoke highly of the support and visible commitment of the manager in their growth and development.

Taber Health Centre does not have a Quality Committee at the site. While there are quality boards distributed throughout the facility in each of the clinical areas, staff had limited awareness of the information shared on them. There is an opportunity to enhance local quality improvement initiatives at the site by creating a quality council that identifies and addresses site-based quality improvement activities. Having staff representation from the different departments would allow holistic involvement and may raise the support and success of the quality improvement activities.

The site also does not have a client and family advisory council. This would be beneficial in further supporting people-centred care and present a venue where quality initiatives, results could be shared to gather input from clients and families.

There is evidence of a tight interdisciplinary team. The manager at the site is to be commended for her commitment to supporting the education and learning needs of the staff. Staff indicated that they feel

safe at work and are not experiencing any concern or anxiety related to their safety throughout the COVID-19 pandemic.

Performance appraisals are being conducted by the manager at the site and are viewed as an important tool to support the growth and development of staff.

There is a significant amount of data that is being collected by AHS focusing on the delivery of quality client care. This includes collecting and using data to support decision-making processes. However, the manager and front-line staff are not necessarily aware of all the indicators that are being collected, how to use the information to improve the quality of service and evaluate the effectiveness of local services. The organization is encouraged to identify mechanisms for the information to be disseminated to the unit level so that they can use the information to improve quality locally. This could also assist in the further engagement of clients and families as they would have access and understanding of the quality initiatives underway at the site and how they can support the work of the team.

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.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Emergency Department	5.15 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Infection Prevention and Control	2.6 The infection prevention and control team is consulted when planning and designing the physical environment, including planning for construction and renovations.	May 30, 2021
Inpatient Services	2.4 Education and training on the safe and appropriate use of restraints are provided to the team.	May 30, 2021
Inpatient Services	4.13 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Inpatient Services	4.15 A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	May 30, 2021
Long-Term Care Services	3.13 Residents and families are provided with information about their rights and responsibilities.	May 30, 2021
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.	May 30, 2021
Obstetrics Services	2.14 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Perioperative Services and Invasive Procedures	5.15 Clients and families are provided with information about their rights and responsibilities.	May 30, 2021
Perioperative Services and Invasive Procedures	5.16 Clients and families are provided with information about how to file a complaint or report violations of their rights.	May 30, 2021
Perioperative Services and Invasive Procedures	5.17 A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	May 30, 2021
Perioperative Services and Invasive Procedures	11.2 Emergency equipment and life support systems are available wherever anesthesia is administered.	May 30, 2021
Reprocessing of Reusable Medical Devices	3.3 Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	May 30, 2021

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
Information Transfer at Care Transitions		
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 valuating safety incidents related to information.	May 30, 2021
Hand-Higiene Compliance		
Infection Prevention and Control	8.6.1 Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: Team members recording their own compliance with accepted hand-hygiene practices (self-audit). Measuring product use. Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. Measuring the quality of hand-hygiene techniques.	May 30, 2021
	8.6.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	May 30, 2021
Infection Rates		
	12.2.3 Information about relevant health care-associated infections and recommendations from outbreak reviews are shared with team members, senior leadership, and the governing body.	May 30, 2021
Venous thromboembolism prophylaxis		
Inpatient Services	5.10.3 Measures for appropriate VTE prophylaxis are established, the implementation of appropriate VTE prophylaxis is audited, and this information is used to make improvements to services.	May 30, 2021
Information Transfer at Care Transitions		
Long-Term Care Services	5.19.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer -Asking clients, families, and service providers if they received the information	May 30, 2021

		they needed -Evaluating safety incidents related to information transfer.	
	Pressure ulcer prevention		
	4.8.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	May 30, 2021
	Falls prevention and injury reduction		
Obstetrics Services	3.6.1	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.	May 30, 2021
	3.6.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	May 30, 2021
	Falls prevention and injury reduction		
Perioperative Services and Invasive Procedures	6.10.1	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.	May 30, 2021
	6.10.2	Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling.	May 30, 2021
	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.	May 30, 2021