

**September
2020**

Raymond 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.

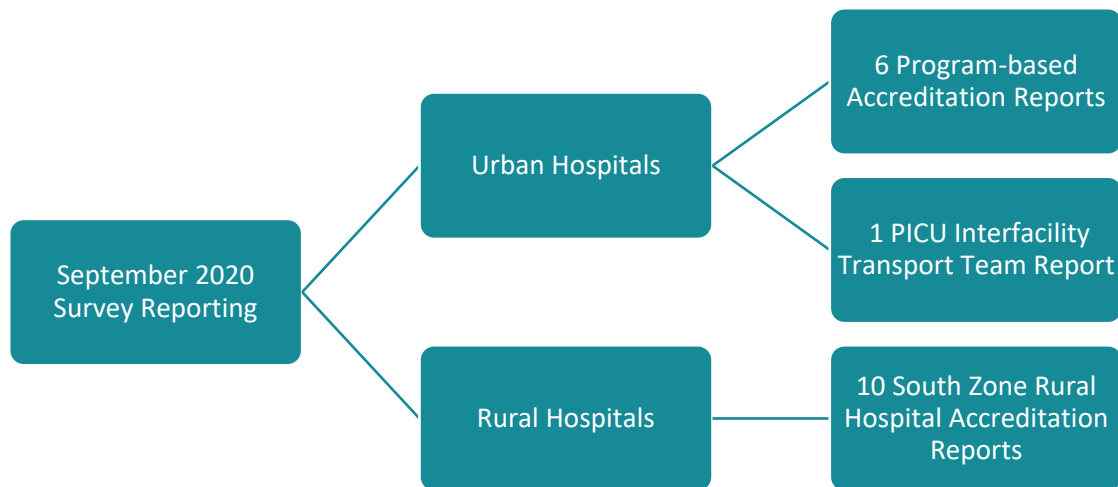
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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

The Raymond Health Centre provides health services to approximately 4202 residents. It is an acute and continuing care facility that provides 24-hour emergency, obstetrics, palliative care, public health and home care services.

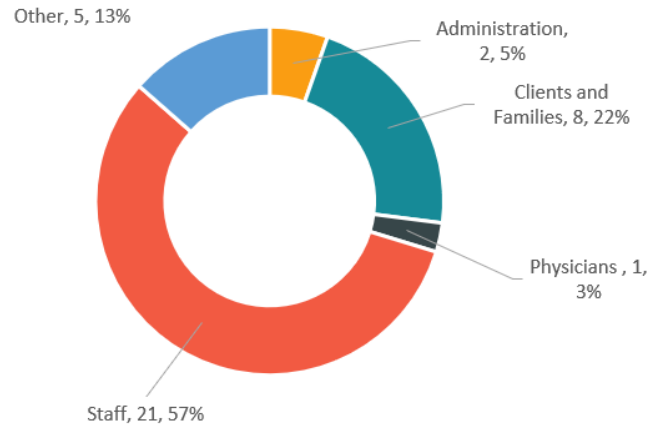
During the survey, many pockets of excellence at Raymond Health Centre were observed. The leaders, physicians, and staff are engaged and committed to quality and patient safety. The leadership commitment to ongoing learning and improving safety and quality is evident in their willingness to undergo accreditation during the pandemic. Lastly, their drive for quality improvement is demonstrated as they are implementing many initiatives through the CoACT program.

In 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 programs and services. The leaders may need to continue engaging staff to establish local quality improvement initiatives. While implementing quality improvement initiatives the leaders are encouraged to enhance outcome measurement and evaluation of the effectiveness of the initiatives. Developing a site based interdisciplinary safety and quality committee (including patient partners) to support and monitor safe, quality patient care is also encouraged. Lastly, there are opportunities to conduct performance reviews to support professional growth and development of the staff.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Raymond 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. Continue to conduct performance appraisals to support professional growth and development of staff.
2. Continue to seek client, family and community input to further strengthen programs and services.
3. Optimize the integration of quality and patient safety initiatives at the front line and utilize data collected to improve care/service locally.
4. Enhance the linkage between zone supports and local operations to optimize care delivery.
5. Opportunity to "de-clutter" the site.

Areas of Excellence

1. Excellent access to care and services focused on promoting health and wellness (including patient flow).
2. Strong multidisciplinary team who is compassionate and dedicated to the care of clients and families.
3. CoACT – Enhancements to collaborative interdisciplinary practice.
4. Emergency preparedness - Regular drills undertaken with debriefings that identified opportunities for improvement.
5. Clean, well-maintained facility.

Results at a Glance

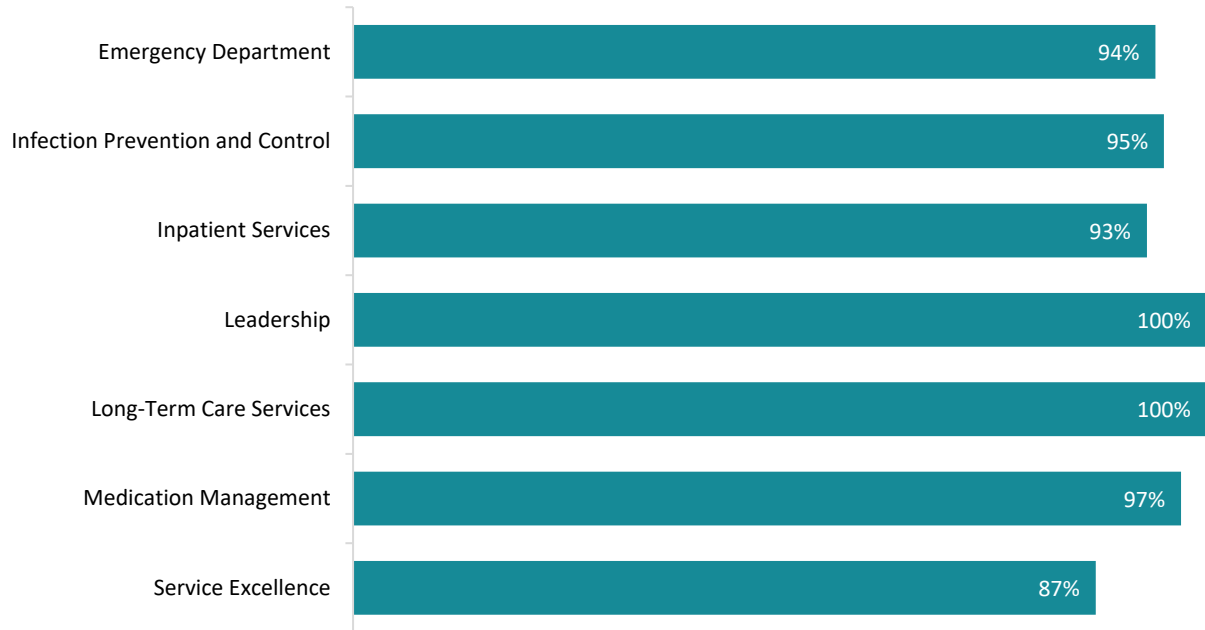
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 100% met	On-Site 93% met	Overall 94% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 82 Criteria	Audited 13 Criteria		

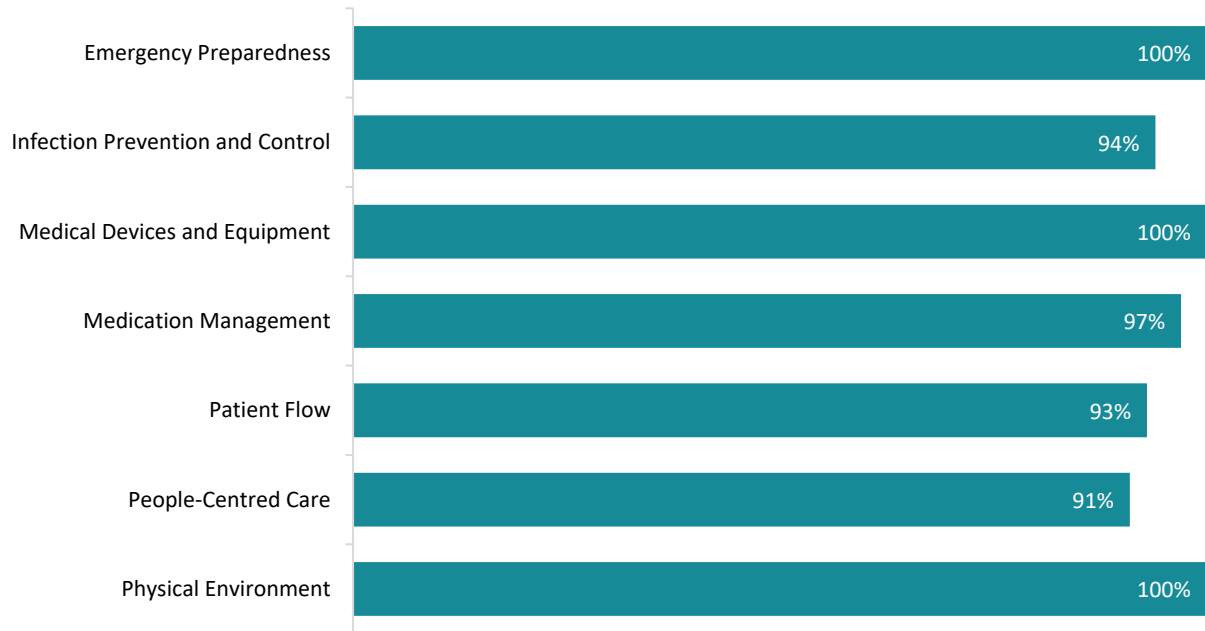
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	88	6	9	0
Infection Prevention and Control	39	2	23	0
Inpatient Services	63	5	1	0
Leadership	9	0	0	0
Long-Term Care Services	76	0	5	0
Medication Management	72	2	13	0
Service Excellence	66	10	0	0
Total	413	25	51	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	32	2	0	0
Medical Devices and Equipment	4	0	23	0
Medication Management	72	2	13	0
Patient Flow	13	1	0	0
People-Centred Care	30	3	0	0
Physical Environment	4	0	0	0
Total	162	8	36	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	30	1	0	0
Appropriateness	130	8	24	0
Client Centered Services	102	11	0	0
Continuity of Services	17	0	0	0
Efficiency	3	0	4	0
Population Focus	3	1	0	0
Safety	117	2	22	0
Worklife	11	2	1	0
Total	413	25	51	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
The 'Do Not Use' list of Abbreviations	Medication Management	UNMET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	UNMET
	Long-Term Care	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	UNMET

Pressure ulcer prevention	Inpatient Services	UNMET
	Long-Term Care	UNMET
Suicide prevention	Emergency Department	MET
	Long-Term Care	MET
Venous thromboembolism prophylaxis	Inpatient Services	UNMET

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.



MET 7
(100%)

Emergency preparedness at the Raymond Health Centre is well done and the team's response to the COVID-19 pandemic has been excellent. Staff, clients and families all reported feeling safe while in the facility. The team is aware of the all-hazard response and is regularly involved in mock exercises.

Regular fire drills are held with the strengths and opportunities arising from the drills being assessed by the team. The facilities team member who oversees the fire drills takes a hands-on approach in working with the units in understanding how to respond to a fire and opportunities for improvement are identified through the drill.

The team has worked very hard to ensure optimal delivery and continuity of service throughout the pandemic. Appropriate measures have been undertaken to screen patients, staff, and visitors who may be visiting the facility. The entire team at Raymond Health Centre is to be commended for their commitment to clients, residents, and staff safety.

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.



Infection Prevention and Control (IPC) at Raymond Health Centre is supported by one infection control practitioner (ICP) that serves five sites in total within the zone. The infection control practitioner reports being able to visit the site once every five weeks or as urgent issues may arise. The ICP shared that the possibility of the more than usual visits to the site is because of living in the rural area. AHS travel restrictions limit the number of in-person visits that zone led programs like IPC can conduct at the sites.

Team members report that while they feel supported through the COVID-19 pandemic, the restriction on travel is leading to a sub-optimal working relationship between IPC and the site. AHS is encouraged to review the travel restriction policy, assess the workload of the infection control practitioner in keeping with emerging trends, and evaluate the appropriateness and need for the on-site presence of the infection control practitioner.

The site does not have a local IPC committee where a multidisciplinary team can review the IPC needs of the site. The interaction of the infection control practitioner with environmental services, facilities, and clinical areas is usually conducted in an ad hoc manner through one-on-one discussions or departmental meetings. The infection control practitioners are involved in any renovation or construction activities occurring on-site. The facilities staff are aware of the need to engage the infection control practitioner in any activities that may require collaboration to ensure that the physical environment remains safe for staff, clients and families.

The site may wish to consider the benefit of establishing a local IPC committee made up of representation from environmental services, food services, facility operations, clinical services, etc. to review IPC guidelines and ensure appropriate adoption across all operational areas.

The cleaning staff at the site are dedicated to the work that they do to ensure the safety of the environment. They have done an admirable job in keeping up with the additional cleaning workload presented by COVID-19 and should be commended for their exceptional work.

Hospital-acquired infection rates are tracked, and the information is shared with the site quarterly. Staff across the site are unaware of the infection rates. Hand hygiene monitoring is underway but was only recently reinstated at the site. Audit results are posted on the Quality Boards, but staff have limited awareness of their unit-specific scores. The team at Raymond Health Centre is encouraged to continue reporting hand hygiene and infection rate information at the unit level, supporting staff to understand the results, how they can use this information for IPC improvements and look at opportunities to share results with clients, families, and the community.

STANDARD	UNMET CRITERIA	CRITERIA
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	14.5	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.



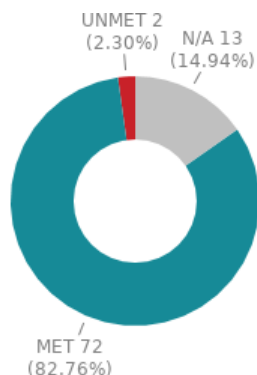
There are no unmet criteria for this Priority Process.

The reprocessing and sterilization of medical devices and equipment for the Raymond Health Centre is supported through Chinook Regional Hospital. Instruments requiring reprocessing are packed up in appropriate containers and shipped to Chinook Regional Hospital for cleaning and sterilization. There are no endoscopy services on-site, so no reprocessing of endoscopes is occurring locally.

Cleaning or disinfecting of devices and equipment is undertaken by housekeeping, health care aides or nursing staff. Staff indicated that there is a lack of clarity of who is responsible for the cleaning of certain devices and equipment. For example, the housekeeping staff articulated that it is their responsibility to clean the IV pump poles, but not the actual pump itself. This could lead to a lack of clarity as to whether a device has been cleaned and disinfected fully. If the device is cleaned and disinfected by nursing, they identify it as being cleaned using visual cues. This is not the case if cleaned by housekeeping. The organization is encouraged to review the cleaning and disinfecting practices at the site to ensure that the standard operating procedures are being followed and that there is role clarity across the interdisciplinary team.

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.



Raymond Health Centre has a well-run pharmacy. The pharmacy is supported by a dedicated pharmacy team that includes a pharmacist and a pharmacy technician. The pharmacy team maintains a collaborative relationship with the physician and nursing team.

Best Possible Medication History and Medication Reconciliation are found completed. The antimicrobial stewardship program is implemented and monitored by the pharmacist in collaboration with the nurses and the physician. The high-alert medications are stored and labelled appropriately. Also, the concentrations of high-alert medications are noted to be within the safe range. The narcotic medications are kept locked up both in the pharmacy and in the clinical service area. Nurses follow best practices related to medication administration following the two-person identifiers. The ‘Do Not Use’ list of abbreviations has been implemented and audited monthly. There is an opportunity to reinforce with physicians the expectations not to use abbreviations on the list.

Allergies are documented on admission on the admission assessment form. Multidose vials were found in use in the medication storage areas in the clinical areas. Naloxone, haloperidol, Lasix (opened and labelled months ago-June and August 2020). For safety reasons, the use of multidose vials is discouraged. Storing concentrations of the same medications in the same tray with dividers and with no cover. This may lead to mixing up of the medications and the pharmacist or technician could grab a wrong dose as it is kept close to each other. The same concentrations are coded with different colours which is another safety feature noted that may prevent errors in dispensing medications.

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.
Medication Management	12.8	The use of multi-dose vials is minimized in client service areas.

Patient Flow

Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership.



The team is doing an excellent job related to patient flow and are encouraged to continue to support patient flow initiatives. 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.

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 in either the emergency department or the inpatient areas. However, staff also expressed concern that occasionally there are not enough rooms to put everyone in the emergency department and in those situations non-emergent patients would be asked to wait in the waiting area. There is no formal process to obtain input from clients and families for addressing the barriers in the emergency department. Leaders are encouraged to seek feedback from patients and staff to improve patient flow in the emergency department.

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

People-Centred Care

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



Clients and families indicated they felt well supported by the team at the Raymond Health Center. In discussions with patients, residents, and family members, they felt engaged in their care by the team at the Raymond Health Centre. Throughout their care journey, clients were engaged and able to provide input into their care 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. There are no formalized methods to collect feedback from the community on the quality of and services being offered by the site. Staff indicated that a patient, resident and family council exists but that it has not been active for many years.

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 the Raymond Health Centre. AHS is encouraged to investigate opportunities to further enhance people-centred care and engagement of clients, residents and families at the site.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

Physical Environment

Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.



There are no unmet criteria for this Priority Process.

The physical environment at the Raymond Health Centre is clean and provides a pleasant environment for clients, residents, families and staff. The facility maintenance team does a good job of addressing any issues that may arise and they have a good process to undertake preventative maintenance activities as well as any immediate demand maintenance requirements.

There is a recycling program on-site.

Emergency testing of the backup system is completed weekly. Staff reported that the systems are also tested regularly as the site has fluctuating power surges (because of weather) throughout the year.

The environmental staff are diligent in their cleaning of all surfaces and they have taken extraordinary measures to ensure client, family and staff safety throughout the COVID-19 pandemic.

As the clinical services and operations have evolved over time, the site has benefited from vacated space that is being used to store equipment and other supplies. Raymond Health Centre may benefit from a review of the equipment and supplies stored on-site to declutter some of the space and possibly repurpose it for other needs. The site is encouraged to assess the utilization of the space to optimize its use.

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 department is led by a committed leadership team with the support of engaged staff and physicians. Patients report receiving care in a timely manner. For example, a two-year-old child was brought to the Emergency department after ingesting 10 Claritin pills. The Emergency department team called poison control within 10 minutes of arrival and took direction from them. Another patient expressed gratitude for the good care he received at Raymond Health Centre. Patients are informed

about their condition and plan of care. The patient reported that staff are friendly, on the other hand, another patient who came in with a migraine was not so happy with the care as they were in the Emergency department for seven hours. The concerns were related to the delay in receiving care and attention from the team.

AHS provides annual skills day which helps to standardize the knowledge and skills of all staff. Staff at Raymond Health Centre receives good orientation and training upon hire. Staff in the inpatient areas receive education to work in the emergency department. Since staff are cross-trained it would be advisable to have an educator available on-site to provide in-the-moment teaching on the units.

A staff member in the Emergency department stated they have not received any education on violence prevention education. Another staff member mentioned they had to do violence prevention education as it was mandatory. It would be advisable to ensure all emergency department staff (high-risk area) receives education on violence prevention education. A staff member also mentioned that they are not receiving education to deal with patients with mental health and addiction issues. Some components of mental health and addiction are included in the annual skills day. However, ongoing education on mental health and addiction may be needed to maintain the skills and knowledge in this area.

There is no formal process to obtain input from clients and families for addressing the barriers in the emergency department. Staff expressed concern that there are not enough rooms to put everyone in the Emergency department. The medication room is also not big enough. AHS may want to consider engaging patients and families and staff and address the barriers and brainstorm ideas to create an efficiently functioning emergency department for their community.

There is no evidence of informing patients of their rights and responsibilities. Additionally, there is no evidence of providing information to clients about how to file a complaint or report violations of their rights. If clients have concerns they will be directed to the site leader/manager. If they have complaints they are directed to call a central number. However, this information is not being shared with patients on admission through the orientation process and there is no evidence that there is a process that has been developed in collaboration with patients and families to address their concerns.

The Emergency department follows a standardized assessment process. There is no evidence that the assessment process is designed with input from clients and families. Staff in the emergency department communicate with patients throughout their stay about their care. However, there is no evidence that the effectiveness of communication is evaluated and improvements are made based on feedback received. AHS staff follows a standardized approach to discharge planning. However, there is no evidence that the effectiveness of transition is evaluated. Evaluation could be done through audits or telephone calls or surveys.

When asked about recommendations for improvement, a physician commented that he would like to see hospitalists being available to run the hospital which he thinks might help to provide more continuity and thus reduce the length of stay.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.
Emergency Department	5.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Emergency Department	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.
Emergency Department	6.2	The assessment process is designed with input from clients and families.
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.



Raymond Health Centre is led by a committed leadership team and an enthusiastic group of staff and physicians who want the best for their patients. Patients had positive feedback about the experience at the hospital. Staff who have worked there for several years comment on the teamwork and community spirit that attracts them to continue to work at Raymond Health Centre. The inpatient care areas are well kept.

The team conducts fall risk screen on admission in the emergency department. The use of fall prevention strategies could be reinforced. There is evidence of using a standardized risk assessment tool for pressure injury prevention. There was no evidence of evaluating the effectiveness of pressure injury prevention. The team does not know how many pressure ulcers have happened to inform further improvement initiatives. The leadership team stated that they are collecting data on VTE but they are not aware of the results. Currently, there is no measurement happening to evaluate the effectiveness of communication or using the information to make improvements.

AHS is conducting many quality improvement initiatives which is an excellent movement in the right direction of promoting a safe environment for patients. Adding measurement strategies to evaluate the effectiveness of quality improvement initiatives would be an important milestone for the patients.

Patients are given information about their responsibilities during admission using the "placemat" (laminated orientation sheet). However, rights are not included in information sharing. The orientation document outlines how to make a complaint using the central line.

It was observed that multidose vials are being used on the unit (Naloxone, Haloperidol, Furosemide). Some bottles were opened months ago (June and August 2020) and still available in the medication room. The use of multidose vials should be minimized.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.1	Services are co-designed to meet the needs of an aging population, where applicable.
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.
Inpatient Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, 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 are no unmet criteria for this Standard.

There is a very dedicated multidisciplinary team of nurses, health care aides, and an activity worker who care for the five residents of the long-term care unit at the Raymond Health Centre. The team is very committed to the residents and this is evident in their daily interactions. Staff feel supported through the ongoing education that they receive through AHS. The residents, families and staff all indicated that they felt well supported by the organization throughout the pandemic. The residents and families are very

appreciative of the efforts taken by staff to support the safety of the residents and the ability to connect with their loved ones through the pandemic.

Residents have access to the necessary medical services on-site. Access to the laboratory and diagnostic imaging is available and staff indicated that they felt supported should there be a need for diagnostic testing.

The intake process for residents being admitted into the long-term care unit includes all the appropriate assessments including medication reconciliation, and an assessment of pressure injury, falls risk, and suicide risk. Residents and families are provided with a welcome package that articulates the services on-site, their rights and responsibilities and addresses other questions that they may have as they move into their new home.

The assessment process is quite robust but could benefit from an ongoing evaluation of the effectiveness of harm reduction strategies. Raymond Health Centre is encouraged to continue implementing the required organizational practices at the site and identifying mechanisms to evaluate the effectiveness of the various harm reduction strategies.

No formalized quality improvement program exists in the unit. Staff are unaware of any key performance indicators that may be measuring the effectiveness of services. There may be an opportunity for the site to establish a quality board on the unit to allow staff to better understand their quality improvement activities, key performance metrics, and how they are performing against their plan.

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. While menu planning is done at a provincial level, residents indicated that the team is very responsive to their needs should they not like the meal of the day.

While the staff indicated that Raymond Health Centre has a resident and family advisory council, this council has not met and appears to be inactive. The site is encouraged to re-establish the resident and family advisory council to work with site leadership to identify opportunities for improvement and broader engagement.

Service Excellence

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



The Raymond Health Centre is led by a new (to the site) leader who is focused on promoting the quality journey for the site. Information is collected about the services and activities delivered by the facility to the community. Informal communication with the community assists leadership in identifying emerging clinical needs. Staff are engaged and focused on providing the best possible care for the needs of the community. The site manager is committed to engaging staff in the quality journey and is visible

throughout the facility.

The site does not benefit from a local quality committee. While there is a quality board outside the manager's office, the site might benefit from having unit-specific quality boards in each of the clinical areas. Staff had limited awareness of the quality board and were not aware of any of the information on the board and how it applied to their day-to-day work.

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.

The site also does not have an active client and family advisory council. This would be beneficial in further supporting people-centred care and providing a venue where quality initiatives, indicators, and

broader community feedback could be provided to improve the services at the site.

Performance appraisals are not being regularly conducted at the site. Several staff reported that they had not had a performance review for multiple years. The organization is encouraged to conduct regular performance appraisals to support the personal and professional growth and development of staff at the site.

Significant data is being collected by AHS focusing on the delivery of quality client care and this information is available to the manager through the Tableau system. 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 quality and evaluate the effectiveness of local services. AHS is encouraged to continue to identify opportunities to better disseminate the information to the unit level so that they can use the information to improve quality locally.

STANDARD	UNMET CRITERIA	CRITERIA
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	10.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.
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
Emergency Department	5.16 Clients and families are provided with information about how to file a complaint or report violations of their rights.	May 30, 2021
Emergency Department	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
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
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
Medication Management	12.8 The use of multi-dose vials is minimized in client service areas.	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 -Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	May 30, 2021
	Hand-hygiene Compliance	
Infection Prevention and Control	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
	Pressure ulcer prevention	
	5.9.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.
		May 30, 2021
	Venous thromboembolism prophylaxis	
	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	
Inpatient Services	6.18.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer -Asking clients, families, and service providers if they received the information they needed -Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system
		May 30, 2021
	Falls prevention and injury reduction	
	4.6.6	The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.
Long-Term Care Services		May 30, 2021
	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
	The 'Do Not Use' list of Abbreviations	
Medication Management	14.7.5	Team members are provided with education about the organization's 'Do Not Use' list at orientation and when changes are made to the list.
		May 30, 2021