

2022

Northwest Health Centre

North Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022



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

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

About the AHS Accreditation Cycle

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

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2023). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

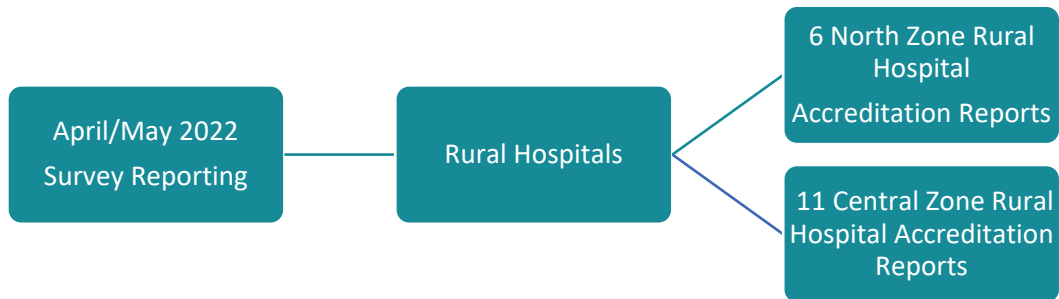
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2023), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted a new assessment method referred to as Attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

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

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



North Zone Rural Hospital Assessment – Sites Visited

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

Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre
- Drumheller Health Centre
- Hanna Health Centre
- Innisfail Health Centre
- Olds Hospital and Care Centre
- Ponoka Hospital and Care Centre
- Rimbey Hospital and Care Centre
- Rocky Mountain House Health Centre
- Stettler Hospital and Care Centre
- Myron Thompson Health Centre
- Three Hills Health Centre

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only.

Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

Executive Summary

Surveyor Observations

The team members and leaders at the Northwest Health Centre are commended for their strong commitment to the accreditation process, being “accreditation ready”, and to the quality improvement journey. They were proud to showcase their programs and services and were receptive and welcoming of accreditation. A leader greeted the surveyors saying, “We are glad that you are here. We are looking forward to your visit.” There is evidence of strong interdisciplinary teams that provide quality care to clients, residents and families. The work environment was described of as a “family.” A visiting physician described feeling welcomed at the Northwest Health Centre and being “a member of the community”. The leaders, team members and physicians are committed to facilitating health care access for the clients and communities that they serve. There are collaborative relationships with the St. Theresa General Hospital and La Crête Community Health Centre. This extends to supporting patient flow initiatives and the team members and leaders are committed to ensuring appropriate patient flow. There are processes in place to address overcapacity. There are strong linkages and collaboration across the North Zone including the medical device reprocessing department, surgical services, and infection prevention and control, to name just a few. There are supportive partnerships with the police, fire departments, and RAAPID.

The Northwest Health Centre is clean and well maintained. The facilities staff ensure the effective preventative maintenance of the facility, equipment, and systems. There are initiatives to support an energy efficient site including being selected as a part of the Hospital Energy AHS. There are wide corridors and large windows providing natural light. There is adequate parking for visitors and staff. There is limited storage throughout the facility. The housekeeping staff work hard to ensure a clean and safe environment. There are hand hygiene stations throughout the site with dedicated hand-washing sinks available. The facility received the following awards: Quality Endoscopy Program 2018, 2019, 2020 by the Canadian Association of Gastroenterology, and the Alberta North Zone Endoscopy Quality Study Award.

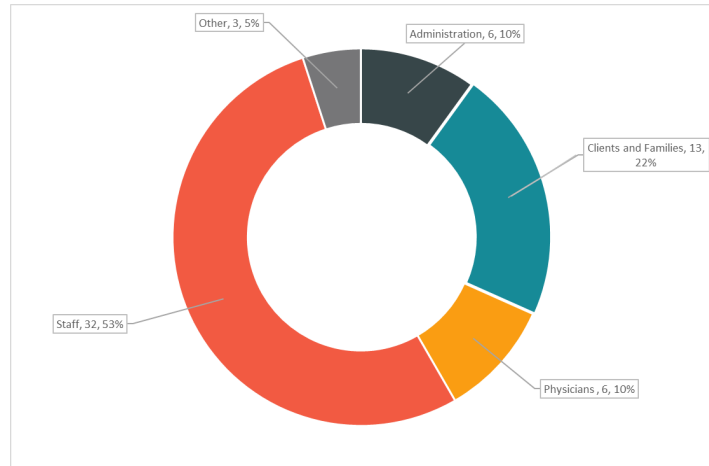
The community is very supportive of the Northwest Health Centre - this includes the support of the High-Level Hospital Auxiliary and the Northwest Health Foundation that provide equipment and resources for the facility. This includes a beautiful makeover of the palliative suite with funding from the Northwest Health Foundation. Additionally, clients, residents, and families described their appreciation for the services and programs provided including the provision of surgical services which meant that they would not have to travel long distances to access care. Furthermore, clients, residents, and families spoke highly of the care provided. They described being treated with care, dignity, and respect. People-centred care is facilitated at the Northwest Health Centre through the inclusion and establishment of clinics such as the perinatal and pediatric clinics for indigenous clients with a one stop access to potential services. The leaders are encouraged to continue to seek client, family, and community input to further strengthen programs and services.

Survey Methodology

The Accreditation Canada Surveyors spent one and a half days at the Northwest Health Centre.

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

Groups	# Of interviews
Administration	6
Client & Families	13
Physician	6
Staff	32
Other	3



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. Provide a negative pressure room to isolate patients
2. Continue to support a focus on quality improvement
3. Continue to seek client, family and community input to further strengthen programs and services
4. Continue with the planned work to move the endoscope reprocessor to the clean area in the medical device reprocessing department

Areas of Excellence

1. Providing excluded communities with quality and innovative care (e.g., prenatal and pediatric care)
2. Engaged staff (physicians and team members) providing quality care
3. Great collaboration between the site and the North Zone representatives
4. Strong community partnerships
5. Commitment to providing access to surgical services, with highly engaged physicians

Results at a Glance

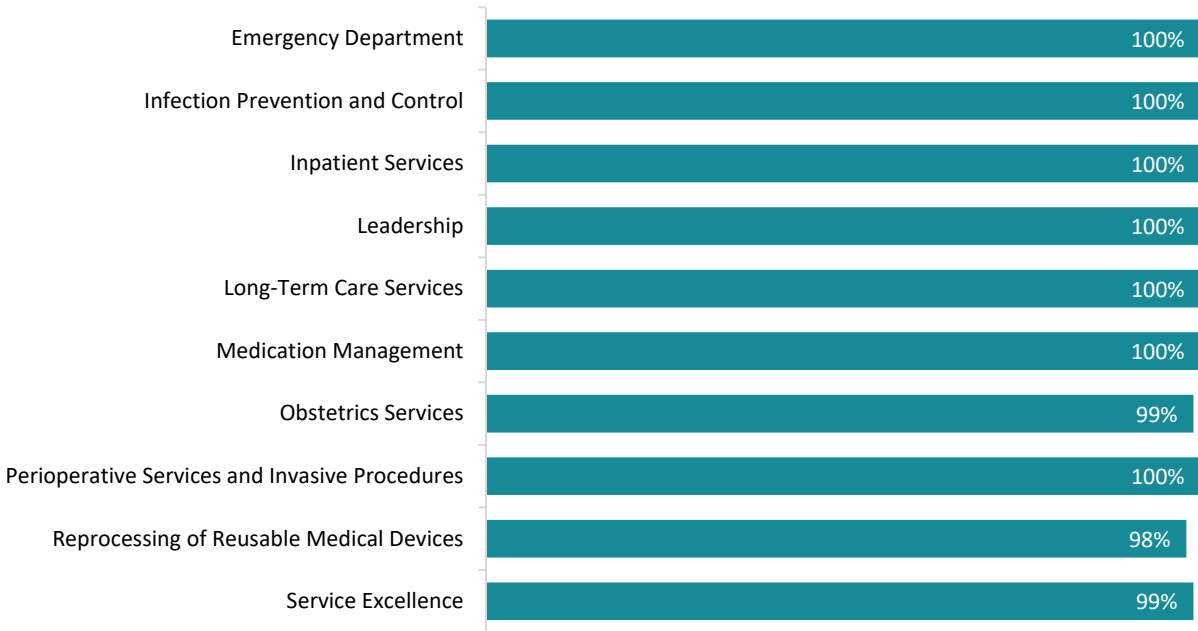
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 99% met	Overall 99% 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 116 criteria	Audited 14 Criteria		

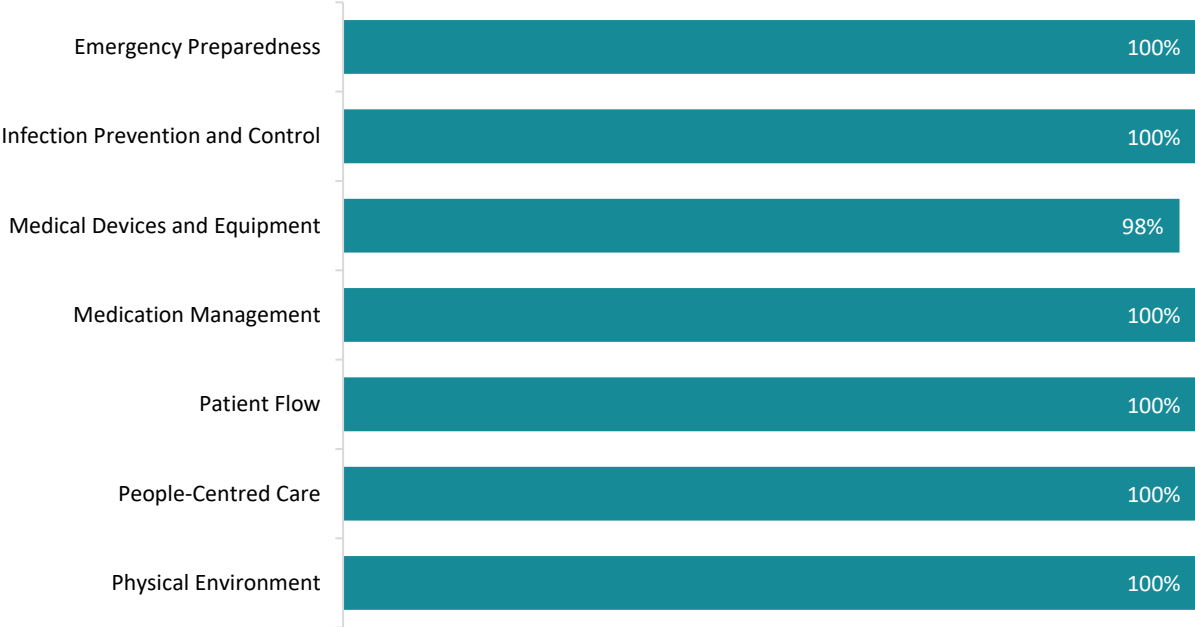
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



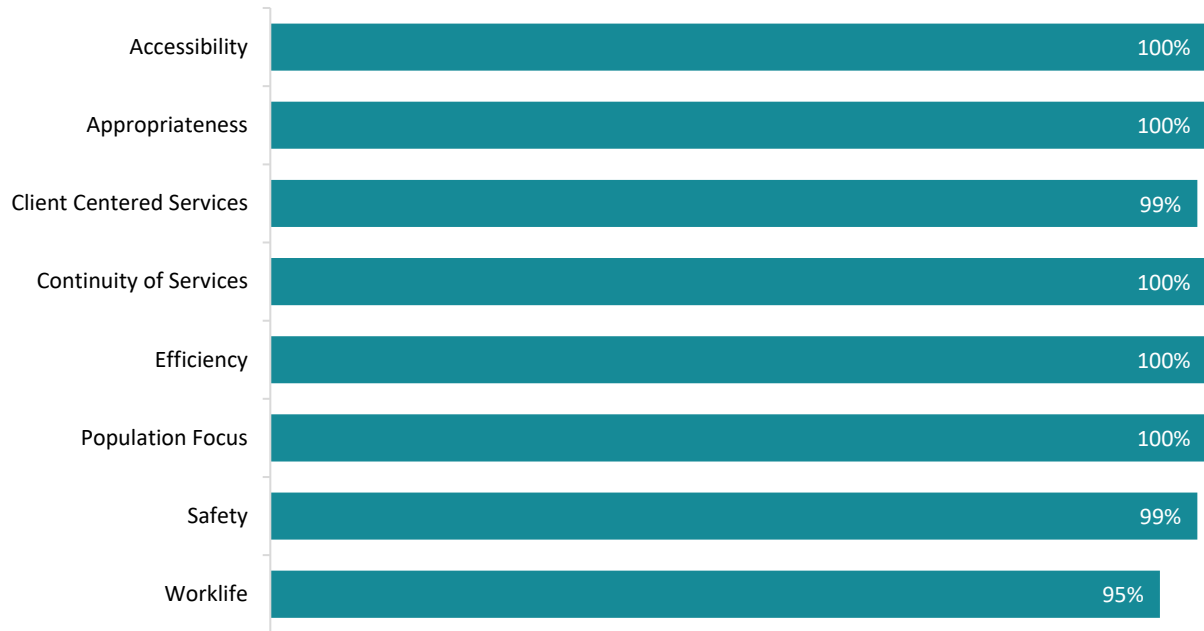
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	94	0	1	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	68	0	1	0
Leadership	9	0	0	0
Long-Term Care Services	80	0	1	0
Medication Management	82	0	7	0
Obstetrics Services	81	1	1	0
Perioperative Services and Invasive Procedures	145	0	4	0
Reprocessing of Reusable Medical Devices	88	2	1	0
Service Excellence	75	1	0	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	106	2	4	0
Medication Management	97	0	7	0
Patient Flow	19	0	0	0
People-Centred Care	54	0	0	0
Physical Environment	14	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	49	0	0	0
Appropriateness	239	0	5	0
Client Centered Services	165	1	0	0
Continuity of Services	30	0	0	0
Efficiency	6	0	0	0
Population Focus	4	0	0	0
Safety	246	2	10	0
Worklife	20	1	1	0
Total	759	4	16	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	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	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.



The Northwest Health Centre has vast experience in managing catastrophic emergencies. It is a story they have lived with in recent years. In 2019 the town was evacuated due to the northern fires; for the past two years dealing with the pandemic and a community of people who do not believe in vaccinations. The team quickly pivoted to this unprecedented challenge and should be commended for their work and commitment. Learnings from past experiences has led to the refinement and updating of emergency preparedness for not only the site but for the

entire community.

The site works with the fire department, RCMP, the forestry department, municipalities, and the community to develop their planning. Tabletop exercises aside from the above have focused on multi-vehicle crashes and plans to prepare for mass casualties. Communications are available by radio or phone and the network is supported by a team from AHS.

Backup generator testing is conducted weekly, and in the event of an overall power outage there is an arrangement for the hospital to be a priority to have connections restored. Continuity plans are addressed in the clinical operation meetings held at a frequency determined by the severity of the problem.

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 control practitioner (ICP) is located at the Northwest Health Centre. They are responsible for oversight of the Northwestern sites in the North Zone including education of hand hygiene for staff, auditing of compliance, and tracking of health associated health infections.

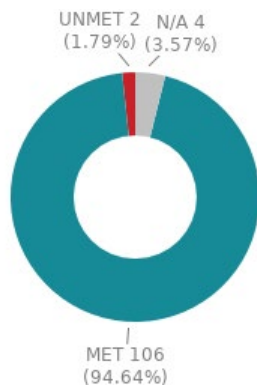
Within this area the planning, implementation, and evaluation of laundry and waste management services is also part of their portfolio. Equipment acquisition and renovations all include input from IPC. New and innovative ways of educating clients have been derived with the latest

being the creation of a word find puzzle for patients on their meal trays with hand washing techniques.

Patient and family input was requested for the method of monitoring hand hygiene. It was from these results the site and unit-based audits were transferred to the sites from IPC. With the implementation of Connect Care the infectious potential of emergency admitted patients is flagged.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.



There is a strong interdisciplinary team supporting medical devices and equipment both at the Northwest Health Centre and in the North Zone. The team members and leaders are committed to ensuring quality medical device reprocessing and the effective preventative maintenance of equipment. The Northwest Health Centre completes medical device reprocessing for hospitals and health centres such as

St. Theresa General Hospital and La Crête Community Health Centre. There is a strong orientation process and educational opportunities available for team members. A recognized

course in reprocessing and sterilization is a requirement to work in the medical device reprocessing department as there are comprehensive processes for equipment maintenance and medical device reprocessing. The medical devices and equipment are maintained by the facilities department, biomedical, or the manufacturer. Preventative maintenance records are available. Quality processes are implemented including testing of the sterilization equipment, audits, and robust documentation. An

audit of the medical device reprocessing department was completed by the North Zone and the team members were appreciative of the feedback and direction.

All medical device reprocessing is completed at the medical device reprocessing department. The physical space is clean, well-organized, and free from clutter. The department is adjacent to the operating rooms. The flexible endoscopic reprocessing occurs in the main medical device reprocessing department. However, the endoscopy procedures are completed at different days from the general surgical procedures, given the relatively small volumes of surgical procedures. The reprocessing area for flexible endoscopes has adequate space for reprocessing activities, with sinks and counters large enough for intended uses. However, one-way workflow patterns are not supported through separate clean and soiled areas. The Olympus OER Endoscope Reprocessor is in a small anteroom in the soiled area. This has been recognized by team members as a concern and plans are underway to move this equipment to the clean area. It is suggested that tape be placed on the floor delineating the clean and soiled areas. The leaders are encouraged to continue with their planned work to move the equipment to the clean area.

There is a small, engaged team of four members providing medical device reprocessing. There are hand hygiene products and sinks available to support hand hygiene. Personal protective equipment is available. The team members stated that they feel safe at work. The medical device reprocessing department has alcohol-based hand hygiene stations available however, the hand hygiene sink is not equipped with faucets supplied with foot, wrist, or knee-operated handles, or electric eye controls. The organization is encouraged to provide hand hygiene sinks using a hands-free faucet system.

STANDARD	UNMET CRITERIA	CRITERIA
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.
Reprocessing of Reusable Medical Devices	11.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.

Medication Management

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



The pharmacy team at the Northwest Health Centre includes a pharmacist and two pharmacy assistants. The pharmacy team are proud of their work in supporting the health care teams at La Crête Health Centre, St. Theresa General Hospital, and Northwest Health Centre. This includes a safe, accurate and timely drug distribution system to the facilities. The pharmacy team are responsive to the needs of the healthcare team and there are on-call processes implemented.

The pharmacy is located in a restricted area with controlled access. There is an area for medication distribution, storage, and preparation, and two offices. The pharmacy area is quiet, clean, has good lighting, and is well organized. However, there is limited space. The team members have appropriate workstations. The team members have access to policies and procedures and resource materials. Medications are safely transported to the sites in keeping with protocol and processes. Audits are completed in congruence with the processes established by the North Zone.

The pharmacy team are proud of the implementation of the Omnicell automated medication dispensing cabinets. The pharmacist reviews the usage and compliance with the medication distribution process including the incidents when overriding of the bar code scanning process occurs. In March 2022, approximately 63% of medications were scanned before removal from the automated medication distribution cabinet and approximately 64% of client's bar-coded identification bands were scanned prior to medication administration. The leaders are strongly encouraged to ensure that the barcode scanning occurs prior to removing medications from the automated medication dispensing cabinets and that client bar coded identification bands are scanned prior to medication administration to ensure medication safety.

Conditions appropriate to protect medication stability are maintained in medication storage areas. Vaccines and other medications dependent upon appropriate temperature control are stored in fridges with temperature controls which are checked and recorded on a regular basis.

The antimicrobial stewardship program is implemented with oversight at the North Zone level. There is a medication management committee supporting this program which is being revitalized. Furthermore, it is encouraged that team members be involved in the development of the revitalized program and disseminate information with frontline staff on the antimicrobial stewardship program.

Patient Flow

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



|
MET 19
(100%)

The team members and leaders are committed to ensuring appropriate patient flow at the Northwest Health Centre. The emergency department provides comprehensive services 24/7. The clients are triaged and seen within the required times based on acuity levels. There are protocols for surge capacity within the emergency department. There are no corridor beds. Clients may stay in the emergency department overnight for observation purposes. There is a smooth transition for clients who are admitted to an inpatient bed. There is timely access to diagnostic services.

There are approximately two clients waiting in an inpatient bed who require an alternate level of care. If clients require a higher level of care, transfer to another facility is quickly arranged through RAAPID, however, air transportation may be impacted by the weather. There are initiatives to support appropriate client flow including interdisciplinary conferences, leadership rounding, and discharge planning. There is a collaborative working relationship with area hospitals to support patient flow.

There is optimal flow of clients in the perioperative service. The wait lists for surgical procedures are monitored and updated. There is collaboration between the nursing team and physicians.

Currently there are no concerns with client flow at the Northwest Health Centre. The team members and leaders are encouraged to continue to implement proactive patient flow processes supporting the efficient use of inpatient beds and resources.

People-Centred Care

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



MET 54
(100%)

People-centered care is very important to the service provision of the Northwest Health Centre. A lot of work has been done and is planned to ensure healthcare is delivered and available to compromised people who live a distance away from hospital care. There are clinics set up for perinatal and pediatric indigenous peoples with one stop access to all the potential needed services.

Specific work is being done to ensure high risk perinatal women have access to the obstetrical diagnostic testing. Due to the wait time for non-stress testing, a program is being

considered to ensure the waitlist is shortened and the highest risks are seen as soon as needed. Consideration may be made to have women triaged for delivery in the obstetrical unit to help with the triage workload.

Physical Environment

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



MET 14
(100%)

Northwest Health Centre is supported by a staff of engineers. The site has three boilers, one refrigeration unit for cooling, three oxygen concentrators, one medical air compressor and one negative pressure compressor to support the site’s needs. The boilers are on contract for yearly maintenance while the more frequent maintenance of the equipment is completed by onsite staff.

Alarms set off by the boiler automatically go to the on-call engineer for the sites in the area. All emergency testing for function is completed monthly with a detailed testing

happening once per year by provincial agencies.

Initiatives to have an energy efficient site are underway as this site was selected to be part of the Hospital Energy Review conducted by AHS. As a result, the lights are being upgraded to LED and the heat and cooling systems have been upgraded.

Detailed Results by Service-Level Priority Process

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

Emergency Department

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



The emergency department (ED) at the Northwest Health Centre has eleven beds. There is an enclosed ambulance bay and a triage area. ED is open 24 hours a day, 7 days per week with approximately 15,400 clients seen annually. The area is clean and organized. Screening for COVID-19 is completed at the ED entrance. Privacy is protected during triage, which is conducted in a private room. There is telehealth capacity in the ED. There are no negative pressure rooms, however, there is a private room used for clients who present with influenza like illness. There is a private area in the ED that is

used as a short-term intervention to protect client safety. However, the private room is not designed for that purpose and when a client presents and requires placement in this room the nursing staff must remove items from this environment. There may be variability between the staff as to what constitutes a safe environment. The leaders are encouraged to ensure that a safe and secure area designed for that purpose is available for clients. As well, it is encouraged that the team work to limit access to the obstetrics and acute inpatient care areas from the ED.

There is a strong commitment to quality and safe emergency services. The leaders, team members, and physicians are proud of their work. The staffing of the ED consists of two registered nurses on a 12-hour day shift, one registered nurse on a 12-hour night shift, a physician who may be on call during the night shift, and a unit clerk. There is an opportunity to call in extra staff if the client volume increases. There are workstations for team members. The client charts are comprehensive with standardized assessments completed and Connect Care has been implemented. An automated drug dispensing cabinet supports medication management. RAAPID provides transportation for clients requiring a higher level of care and there is a strong partnership with EMS.

A nurse educator supports the education and training needs of the team. A simulation lab is available, and education and training opportunities are provided. There is a robust orientation process. The team members stated that they felt safe at work.

The clients and families were complementary of the care provided. They described being treated with care, dignity, and respect. A client stated, "I receive good care, I know what to expect. I didn't have to wait long to be seen." The clients had no suggestions for improvement.

Data on wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are collected, with regional reporting at the North Zone level. There are no patient flow issues identified.

Inpatient Services

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



The Northwest Health Centre has a 12-bed acute medical unit with one palliative care suite. Each room is single occupancy and large. In the past year, the unit saw 622 patients. One gap on the unit is the access to a negative pressure room. Having access to one would allow the acceptance of patients with infectious diseases. The unit is clean but could use some decluttering. There is a lot of signage on the nursing station window obstructing the view of the nursing desk where visitors would normally check into the unit.

Connect Care was installed at the site last year. The staff report it is easy to use and has reduced the duplication of paperwork. Readmission is considered for those who are complex medical patients. Follow-up is done by both home care nursing and the general practitioner. At this time there is a long wait for patients to be moved to a continuing care unit due to the limited number of continuing care beds within the area.

Staff stated they love working at this rural site due to the ability of working to full scope. All the staff nurses are trained in obstetrics, emergency, inpatients and to work on the long-term care unit. Northwest Health Centre is the stroke and cardiac centre for the area. Staff were proud to report very short door to needle times for stroke and a rapid door to STEMI times for cardiac incidents. During the weekdays Allied Health workers are available for physio, recreation therapy and social work. Patients state the staff are kind and respectful.

The Palliative Suite has recently been given a beautiful makeover with funding from the Northwest Foundation. The entire suite looks out to the landscape and has a private entrance to a room to prep food with a hide away bed, next to a lovely bedroom for the patient. Families are happy to have this service offered.

Long-Term Care Services

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



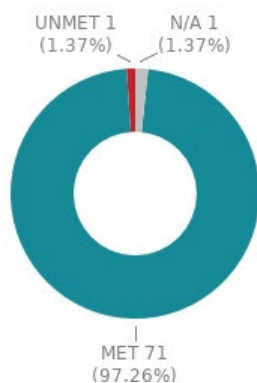
The continuing care centre located in the Northwest Health Centre at High Level Alberta hosts 10 long-term care individual rooms for residents with dementia. The unit has a home like atmosphere, although there is quite a bit of decluttering needed. The unit has a staff of one LPN 24/7, one health care aide 24/7, and a relief health care aide daily from 0900 – 1300 to assist with resident bathing. At this time there is no long-term care coordinator working onsite. There is a dedicated physician who oversees the care of the residents.

The recreation therapist has acquired a grant to research the effects of the “R Sensory Cart”. This cart has the capability to target behaviors exhibited by those with dementia, and to alleviate the behaviors. Recreation also supports a bunny who lives in the unit who brings comfort to many residents. To allow residents to take outings or to make appointments there is a community shuttle.

Food services for the past 15 years has prepared meals specifically to meet the requests of the residents. There has been an effort to provide foods based on the culture. The staffing for this service has changed within the past two weeks and there are concerns that the dining experience may be impacted for the residents.

Obstetrics Services

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



There are approximately 700 deliveries done at the Northwest Health Centre per year to support the local communities. With 4 delivery rooms and 4 post-delivery rooms, there is a full scope of obstetrical services offered from this site. There have been provisions to reach out to the local communities to allow for one-stop prenatal screening alongside with pediatric care as one example of the community work. Prenatal care is offered for close patrons at the local clinic.

The staff working in obstetrics are trained for and are given an intensive orientation to deliveries. Competencies are kept up to date with NRP and ACORN. All deliveries of high risk are air lifted by EMS to a higher level of care. In the event of a premature delivery there is Telehealth to support neonatal resuscitation, and if the parents are reluctant to have the infant leave the room there is now the capacity for Zoom interaction.

There are always two anaesthetists available for epidurals and/or caesarian sections. There are few pre-scheduled C-sections as the majority of the women delivering are preferring to have natural deliveries. There is support from the nursing staff for skin to skin at delivery and for breast feeding. The mother and infant are watched for a good latching within an hour of birth.

There may be an opportunity to support the emergency room by having prepartum assessments done in the obstetrical unit or with the aid of OB nurses to relieve the ER 4 & 5s. The other suggestion noted was to somehow consider ways to limit access for the public to the obstetrical unit. At this time there is the possibility for anyone to walk into a labouring woman, and post partem, for an infant to be taken.

STANDARD	UNMET CRITERIA	CRITERIA
Obstetrics Services	2.15	The rights of newborn babies are promoted and respected.

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 service at Northwest Health Centre provides surgical day and inpatient procedures and endoscopy. There are GP surgeons, GP anesthesiologists and visiting surgeons that provide both elective and urgent surgical procedures. The physicians describe being supported by the team members and leaders. There are two operating room teams with LPNs and RNs providing perioperative care. There is an on-call process to provide 24-hour surgical services. Team members, leaders and physicians are engaged and passionate about providing safe

and quality care to clients and families.

There are two operating rooms, a recovery area, space to have private conversations, and workstations for team members. Connect Care has been implemented. The area is clean, organized, and well maintained. However, there is limited storage for supplies. Housekeeping services clean the operating rooms following surgical cases. Some of the cleaning duties are performed by nurses during the evenings and nights. There are procedures for transporting contaminated items to the reprocessing area. The perioperative team and facilities staff have worked diligently to address this, but there are issues with the humidity levels in the perioperative area. The humidity levels are monitored consistently with alerts to the appropriate person. Protocols are developed and implemented should the humidity levels reach an unacceptable level.

The clients and families described receiving excellent care. They stated that they were prepared for what to expect during the surgical procedures. They described being treated with care, dignity, and respect. They did not have any suggestions for improvement.

There is a strong commitment to provide education and training for team members. An educator supports the learning needs of team members. There is perioperative training available for nurses. There is evidence of a strong functioning interdisciplinary team, and the work environment was

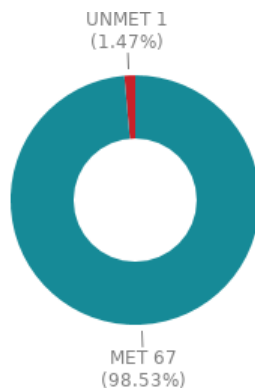
described as “supportive,” “encouraging,” and “team based.” The physicians stated that they have the resources to do the surgical procedures. A visiting physician described feeling welcomed at the Northwest Health Centre and being “a member of the community”. There is a comprehensive orientation process implemented to support team members and the team members described feeling safe at work.

The team members, physicians, and leaders are very proud of the surgical services that they provide. In particular, they are committed to improving access for clients and enabling them to receive care closer to home and minimizing the impact and cost of travelling to a larger facility. The Northwest Health Centre received the following awards: Quality Endoscopy Program 2018, 2019, 2020 by the Canadian Association of Gastroenterology, and the Alberta North Zone Endoscopy Quality Study Award.

The team is to be commended for their commitment to implementing a three-phase safe surgery checklist, with ten client records audited monthly. Posters outlining the steps of the safe surgical checklist are present in the perioperative area. A pre-procedure briefing is completed for endoscopy procedures. The medication carts used for perioperative procedures are standardized and locked. The team members stated they have the resources to do their work.

Service Excellence

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



The consistency and tenure of the leadership for Northwest Health Centre has led to solid and stable management to carry the site through the 2019 evacuation of the town and the COVID pandemic. Despite these setbacks the site has implemented and continued with CoACT, use of the patient white boards, and leadership rounding to have discussions with patients and families. A cancer surviving patient has helped to create a logarithm for those with suspected cancer.

Education for staff is available for ACLS, PALS, and NRP.

Training is monitored by the management and the nurse educator for mandatory courses available in online training. Optional education, such as palliative care education, is encouraged.

The Northwest Hospital Foundation, and site Auxiliary have been instrumental in allowing the site to purchase equipment to provide for the needs of the community. Other external sources of help have been sourced to Perinatal courses for rural sites from University of BC and the Calgary University to have nursing students perform supervised rotations in this site.

Staff and patient safety are monitored, and events are reported through the Joint Occupational Health and Safety team. Current work is being done to ensure there is a safe workplace by review of PRC/RLS and MSN events.

Current quality initiatives include review of staffing levels to ensure a reduction of adverse events for the site, and the renewal of the quality boards to track incidents.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Obstetrics Services	2.15	The rights of newborn babies are promoted and respected.	June 30, 2023
Reprocessing of Reusable Medical Devices	11.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	June 30, 2023