

**September
2020**

Bow Island 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.

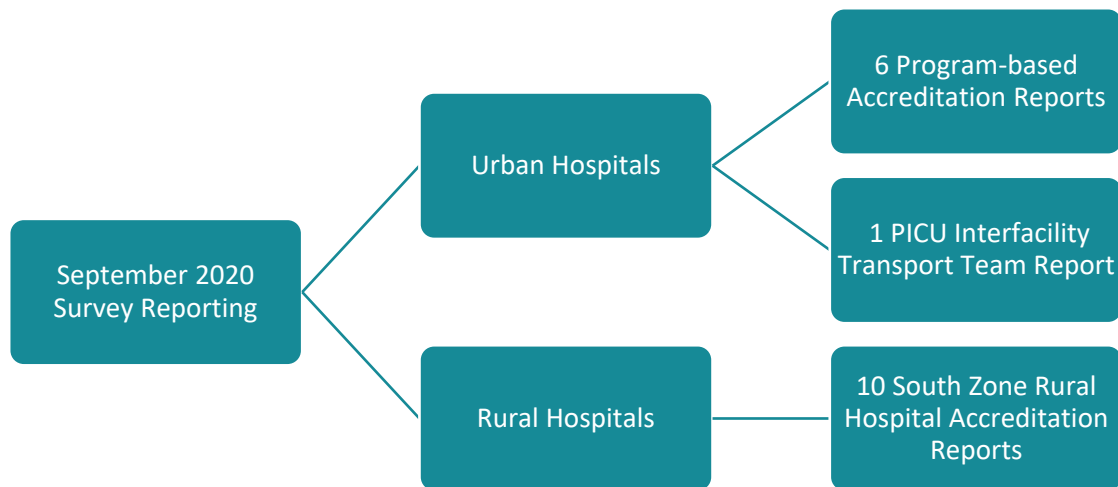
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 Bow Island Health Centre is located in the southeast corner of Alberta and serves a rural population of about 7,000 people. The well-equipped five-bed emergency department was updated along with plant services in 2012. A large ambulance bay directly connected to the care area facilitates patients offload efficiently and under cover; protecting clients from inclement weather. The bay is used by EMS services as well as private vehicles.

The acute care medical unit was updated in 1970; there are 10 funded beds with a surge capacity of an additional four beds. A 20-bed Long-Term Care is located in the original 1959 wing containing eight double occupancy, four private and one palliative care suite.

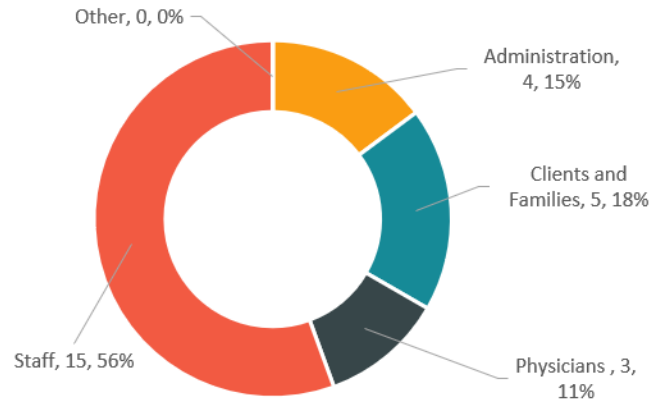
Long service staff and the Elders know each other from the community creating a wonderful home-like setting for the residents combined with professional and compassionate nursing care. A site manager oversees the Emergency Department, Acute Care Unit, Long-Term Care Unit and the neighbouring Alfred Egan home. A Team Leader supports operations for the acute care hospital services.

A supportive Health Centre Foundation provides annual funding for staff education, two student scholarships, the biomedical engineering laboratory and much-needed equipment.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Bow Island 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. Use of data collected centrally to improve care and services locally
2. Increase on-site operations support for rural pharmacy
3. Increase communication/education on resources for patients with chronic disease
4. Engage/Create local Quality Committees
5. Promote the co-design of enhanced patient care services through AHS and Rural site networks.

Areas of Excellence

1. Compassionate/dedicated/multi-tasking staff in all divisions Acute, Emergency Department and Long-Term Care
2. Interdisciplinary teamwork
3. Professional and operational remote support from Medicine Hat pharmacy and Infection Prevention and Control
4. Staff Recognition Programs
5. Quality Improvement Outcomes - specific indicators
6. Patient flow and emergency department performance metrics
7. Staff safety and security

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 98% met	On-Site 97% met	Overall 97% met	
Number of attested criteria			
Attested 87 criteria	Audited 10 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

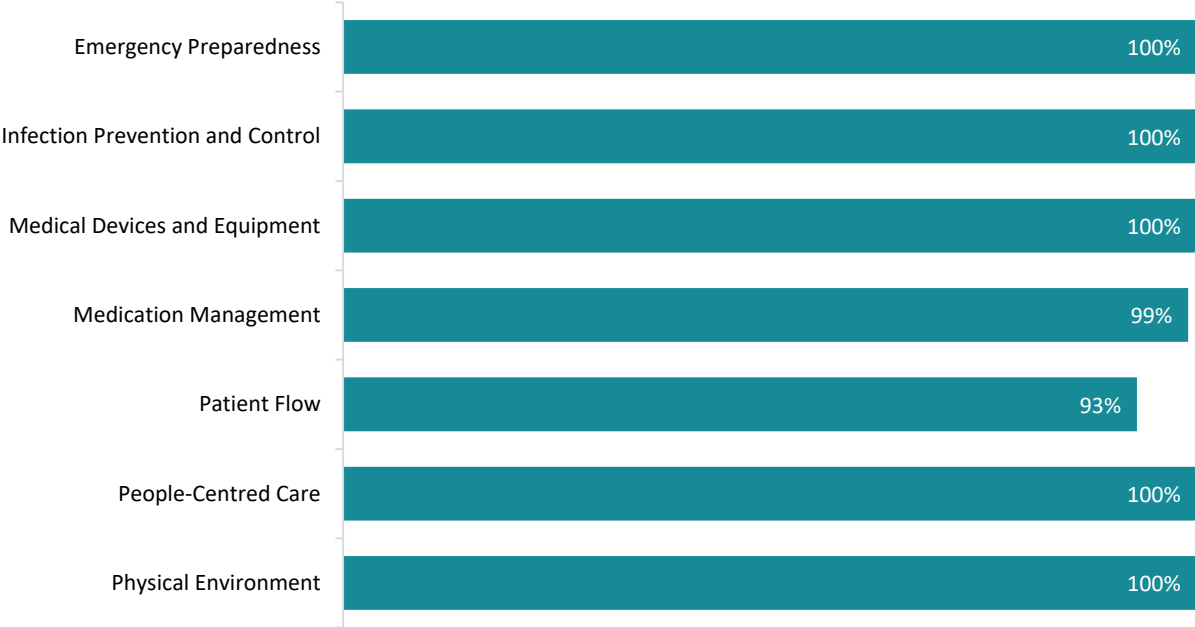
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	88	6	9	0
Infection Prevention and Control	48	0	16	0
Inpatient Services	65	4	0	0
Leadership	9	0	0	0
Long-Term Care Services	75	1	5	0
Medication Management	69	1	17	0
Service Excellence	75	1	0	0
Total	429	13	47	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	11	0	16	0
Medication Management	69	1	17	0
Patient Flow	13	1	0	0
People-Centred Care	33	0	0	0
Physical Environment	4	0	0	0
Total	171	2	33	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	29	2	0	0
Appropriateness	137	4	21	0
Client Centered Services	111	2	0	0
Continuity of Services	17	0	0	0
Efficiency	3	0	4	0
Population Focus	4	0	0	0
Safety	116	4	21	0
Worklife	12	1	1	0
Total	429	13	47	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	UNMET
	Inpatient Services	UNMET
	Long-term Care	UNMET
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
Safe Surgery Checklist	Obstetrics Services	
	Perioperative Services and Invasive Procedures	
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	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 Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-term Care	MET

Pressure ulcer prevention	Inpatient Services	MET
	Long-term Care	MET
Suicide prevention	Emergency Department	MET
	Long-term Care	MET
Venous thromboembolism prophylaxis	Inpatient Services	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.



Emergency Preparedness manuals appear to be a work in process with the content of local protocols being at various levels of updating. It was noted the manuals have consistent in content sections.

There is communication with the biomedical lab and public health should there be concerns from the units. There are clear guidelines on outbreak protocols and processes to manage these. At this time there is active monitoring of staff coming into the hospital, and patients going into the emergency department.

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.

There are no unmet criteria for this Priority Process.



The site is supported by an infection control practitioner who also supports three other sites in the southeastern quadrant. Prior to the pandemic, there were monthly visits to each site. The entrance is manned by a staff person to ensure entrants to the site are symptom-free wash their hands and don a mask. Despite the pandemic, hand hygiene audits continue to be conducted with results posted on the units. There has been a 60 – 70% increase in handwashing for the second quarter. IPC works with the site leads to monitor potential outbreaks of all types.

While all of the criteria are met, there is clutter at the nursing station and in the medication rooms. The suggestion would be to ensure all information is current, within 30 days, and or is laminated. Opportunities could be considered for the storage of used binders and outdated policies should be discarded.

The hallway in LTC is currently used for storage of the elder wheelchairs, these are cleaned nightly. Looking into alternate storage for the wheelchairs not used daily is recommended such as the library in the back hallway. Work is in progress to remove linen carts from the hall.

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.



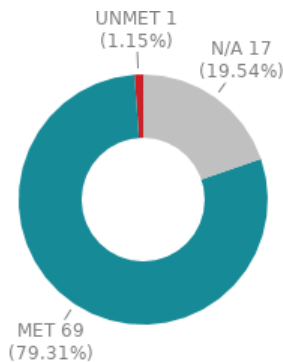
There is no medical device reprocessing at this site. All equipment is cleaned post-use and then shipped in closed containers to Medicine Hat Medical Device Reprocessing Department (MDRD) where the cleaning is completed and sterilization is done.

In the emergency department used instruments are placed into a sink, sprayed with a cleaning solution, rinsed and placed into a covered container for transfer to the “cleaning room”. In the cleaning room, there are standard operating

procedures (SOP) posted for further precleaning and removal of foreign matter. The items are then placed into a covered container for sterilization in Medicine Hat with the list of supplies contained. Should an item be deemed unfit for reprocessing an email is sent back to the cleaning person with an explanation of why and a request to replace it.

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.



The main medication stock room is an unmarked room located in the service corridor and is secured with badge entry. There are three medication rooms to support clinical care in the Emergency Department, Acute Care and Long-term Care units. Narcotics are further secured in cabinets accessed through keypad entry accessible by authorized staff.

The pharmacy assistant manages the inventory including ordering, stocking shelves, tracking, labelling, and safe medication disposal. Medications in each room are stocked relative to the specific patient population needs. The medicine rooms house the medicine cart when it is not in use and labelled bins of medications organized in red/yellow/blue bins using a standard lettering convention. The clinical medication rooms are small and overcrowded resulting in cluttered space that does not promote efficient workflow, safe practice or ergonomic conditions. There is an opportunity to improve patient safety through the reduction of medication errors and improve staff satisfaction through improved ergonomics and efficiency.

Formulary additions are easily facilitated provided they reside on the AHS approved formulary. New secure disposal barrels for discontinued/wasted medications and sharps are in place in each medication room. The pharmacy assistant and clinical staff appreciate the responsive consultative support from the Medicine Hat pharmacy as well as the reliable delivery of medications.

Unit dose medication administration is performed using the Medication Administration Record (MAR). Patients in the acute care inpatient unit did not have armbands and the use of two-person identifiers before administration of the medication was not used. Some patients were self-administering their drugs i.e., eye drops/Spireva®.

Physicians use the Bugs and Drugs app and have access to consultation with microbiologists and pharmacists for clinical decision making. They are aware of the antimicrobial stewardship program and receive bulletins from the AHS pharmacy.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.2	Medication storage areas are regularly cleaned and organized.

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 typically beds available in the 10-bed acute care medical unit and patients are promptly admitted. The Emergency Department and Inpatient team has infrequently needed to surge into the four available unfunded beds. A long-term care unit is part of the hospital facility providing access to care for patients who qualify.

Physicians provide care in the Emergency Department, the inpatient unit and primary care in their Office/Clinic setting.

This consistency and clinical partnership minimize handoffs, centralizes patient records and give clients confidence in the system. Good post-discharge programs exist with follow up in the doctor’s primary care office. The Bow Island Health Centre Emergency Department team designated one treatment room for managing patients suspected of COVID-19.

The RAAPID system responds promptly to requests for a consult and inter-hospital transfer.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.8	Standardized processes and procedures are followed to coordinate timely inter-facility client transfers and transfers to other teams within the organization.

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.



There are no unmet criteria for this Priority Process.

People-centred care is the foundation of care provision. Families are included as much as possible and are included in the quarterly RAI assessment interviews with the multidisciplinary team. Families are asked to confirm the goals of care and the care plan. The patient advisor for the Southeast quadrant represents 4 sites.

There is a very active health foundation working with the site. Every year the foundation provides money for staff education and attendance to the Rural conference held in Banff. Much equipment has been purchased in the past two years to ensure proper hospital-grade equipment and furniture are available for staff, patients and elders.

Before the pandemic, there was an active Resident/Family council. Input continues to be received from patients and families in the form of complaints and compliments. Data on volumes are used to inform service design. At the time of the survey, the patient and elder whiteboards were not completed. This is a great way to communicate with family members and or friends who visit.

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.

Facilities management requires a class 5 engineer and leadership is currently in the process of recruitment for the position. Records are available and posted of site safety inspections. Routine testing of backup systems is carried out on a weekly schedule. There are green initiatives in place such as recycling of paper and plastics, installation of hot water plates, changing to smart lighting and hands-free taps

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 patient care area is spacious, well-stocked, equipped and organized. The team is prepared for a broad spectrum of adult and pediatric emergencies. RN's manage the Emergency Department 24/7, Emergency Department physicians work day shifts and are on call after hours. The RN's and LPN's are very skilled and adaptable as they work in the Emergency Department and Acute care unit. The medical and clinical teams are dedicated, often coming in when called for an emergency requiring more support.

The Emergency Department /Hospitalist physicians report a good rapport with the surgeons, specialists and pediatricians in Medicine Hat – they have accessibility to a wide range of specialists for consult. On-site access to Laboratory and limited Diagnostic Imaging is 24/7 and reports are timely and delivered electronically. The Emergency Department physicians would like to explore the efficacy of on-site ultrasound for obstetrical and medical emergencies. On-site access would improve their clinical decision making for patients seen in the Emergency Department and the inpatient unit. Many outpatients seen in their clinics are referred to Medicine Hat – obstetrical patients make 2-3 trips per pregnancy, this travel can be a barrier to care for some patients.

The Emergency Department does not have a room that meets the construction standards for safe and secure seclusion of patients who require monitoring for self-harm and/or aggression. The team should consider what options they have for creating this safe space.

The Emergency Department team does not have a protocol that organizes roles and responsibilities during resuscitation and had identified this gap recently during an actual intervention – the team will be working on a site-specific plan.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	3.5	Equipment and supplies that are appropriate for pediatric clients are available and accessible.
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.
Emergency Department	8.4	An established procedure, such as the use of armbands, is used to identify clients in the emergency department.
Emergency Department	8.5	Assigned roles and responsibilities are adhered to during the resuscitation of clients.

Inpatient Services

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



The inpatient unit provides comprehensive and compassionate care. Patient Charts are difficult to navigate as they do not follow a consistent order.

Several new programs have increased patient safety and satisfaction. Comfort rounds are conducted every two hours where nurses check on each patient and document the time and activities undertaken. A review of the recent reduction in falls on the unit may well be due to this program. Patients report that the response to their call bell is prompt.

Whiteboards are located in each patient’s room and relay who the patient’s RN and Physician are in addition to other pertinent information. Patients interviewed loved this easy way of sharing information with them. The team uses the IDRAW form to communicate with each other about patient transitions and a program called Greensleeves supports sharing the Goals of Care with patients and families. Each patient gets a green folder upon discharge that contains their history and health care goals.

Nurses are adaptable and multi-task; the service delivery model of combined Emergency Department and Acute care assignments is fiscally responsible and effective. They make good use of the AHS Insite resources. A palliative care suite is available when needed with room for the patients and space for the family to gather during their loved ones last hours.

The team is aware of the need for falls safety and has met the goals of creating a safe patient environment including lifts. While patient mobility is noted on the whiteboard the visual alert (stickers)

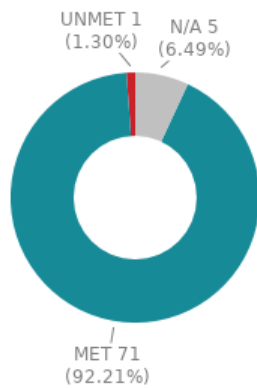
typically posted in patient’s rooms and on charts for patient travel are not currently in use and should be considered for reinstatement. The Falls Risk checkbox on the whiteboard was also not used consistently.

Clinical staff are cautioned to maintain vigilance with using the double patient identification practice – familiarity with the site and patients can erode the use of best practices. Inpatients did not have armbands; and consequently, the practice of checking two patient identifiers was not performed prior to medication administration.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.3	Equipment and supplies appropriate for pediatric clients are available and accessible.
Inpatient Services	2.5	Education and training on when clients need to be accompanied when receiving service in another service or location is provided to the team.
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.
Inpatient Services	6.11	A process to monitor the use of restraints is established by the team, and this information is used to make improvements.

Long-Term Care Services

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



This homelike Long-term Care is located in the oldest part of the Bow Island Health Centre. There is capacity for 20 beds with eight rooms for shared accommodation and four single rooms. There is a warm bright family room and a large shared dining room with designated seating. The hallway in Long-term Care is used for storage of wheelchairs, clean and soiled linens. There is an opportunity to seek alternate storage options for the wheelchairs not being used daily.

The library seems to be housing a lot of unused stuff which may offer the closeness needed. There is work being done to organize better alternatives for the linens.

Elders are treated kindly and with respect. There are standardized charts organized in an identical manner. The charts contained standardized admission documentation including history and a detailed checklist of admission assessments. During orientation, the family and elders sign off on the care plan and the goals of care. All elders have a completed green sleeve and have a designated alternative decision-maker. At this time two designated visitors are allowed to visit with their relatives in care. Also

noted was the lack of information on the whiteboards used to communicate with the visiting family and or friends.

Two years ago, the continuing care staff received all of the required training to enhance competencies for elder care including the use of restraints and recognizing abuse. There is a Resident Council, which has been on hold during the pandemic. Church services have been on hold as well.

At the end of the hall is a mural of a bookshelf on the fire escape. This is a good diversion technique while at the same time creating a less clinical space.

At this time dental care is done when it is deemed needed by medical staff. Family and or friends take the elder to dentist appointments. An opportunity might be to determine the availability of a dental hygienist to visit for yearly cleanings if families are interested.

It is heartening to see that handwashing improved by over 60% compared to pre-COVID in January 2020. Falls are reduced as well with every two-hour comfort rounding.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	2.6	Residents and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.

Service Excellence

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



Evidence of service excellence is available on multiple poster boards at the site with lists of quality improvement strategies. Action on quality projects includes the CoACT committee and Comfort rounds in Long-term Care and on acute medical. During the pandemic, the CoACT committee has been on pause, but there is a talk to bring it back into focus. Comfort rounds have continued and are demonstrating positive results with a reduction in fall incidents.

None of the staff have received a performance appraisal within the last two years. The staff are recognized at a yearly luncheon for not only time served, but for educational achievements, project work, and champions in care.

The manager produces a weekly newsletter with information from AHS on policy, medication and general news of interest to the staff at Bow Island Health Centre. An opportunity may be to include a summary of the dashboard information provided by AHS on Bow Island Health Centre specific data.

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 ROPs			
Standard	ROP - Test of Compliance		Due Date
	Client Identification		
Emergency Department	8.6.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	May 30, 2021
Inpatient Services	6.2.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	May 30, 2021
Long-Term Care	5.2.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	May 30, 2021