

2023

Inpatient Mental Health Accreditation Report

Alberta Health Services

Spring 2023 Survey
May 29 – June 2, 2023



ACCREDITATION
AGRÉMENT
CANADA

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About this Accreditation Report

Alberta Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted May 29 – June 2, 2023. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

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

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

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

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

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

Inpatient Mental Health Program Assessment– Sites Visited

- Alberta Children's Hospital
- Alberta Hospital Edmonton
- Centennial Centre for Mental Health and Brain Injury
- Chinook Regional Hospital
- Glenrose Rehabilitation Hospital
- Peter Lougheed Centre
- Red Deer Regional Hospital Centre
- University of Alberta Hospital

Confidentiality

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

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

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

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

Executive Summary

Surveyor Observations

Surveyors visited eight (8) inpatient mental health sites across the zones. The teams and leaders working in the inpatient mental health programs are commended for preparing and participating in the accreditation process using unannounced visits as the new methodology. They were welcoming and embraced the accreditation journey. A leader described accreditation as being important for quality and for validating the team's daily work.

The leaders, interdisciplinary teams, and physicians are committed to quality care for clients and their families. The clients and families stated that they were treated with care, dignity, and respect.

While clients and family members do provide input on clinical care needs of their loved ones, there is no evidence of a systematic and strategic approach to obtaining input prior to the development of operational plans at the unit or site level. At the unit or site level, the team is encouraged to seek out intentional opportunities to seek input from clients and family in setting timeframes or measurable objectives for improvement initiatives.

Engagement of clients and families begin at the stage of referral and first contact with the care team. At the Chinook Regional Hospital in Lethbridge, the client and families are viewed as integrated team members who provide continuous feedback into service and program design. Clients and families were involved in the physical design of the recent redevelopment of their inpatient psychiatric program, policy development, and the design of group therapy for their unit.

The leadership and interdisciplinary team need to continue their quality improvement journey and consider how to actively involve input and feedback from clients and families with their quality initiatives. One consideration is to create quality improvement boards so that the information can be communicated to clients, families, and team members. The initiatives can be highlighted with ways that clients and families can be involved in providing feedback.

There are infrastructure challenges at some sites including small rooms, shared bathrooms, and narrow doorways and hallways. There is also clutter and equipment in the hallways because of lack of storage space. The organization is encouraged to review the infrastructure needs for the Inpatient Mental Health program in keeping with infection prevention and control, people-centered care, and client safety considerations.

Although there were no concerns or risks highlighted at the Chinook Regional Hospital in Lethbridge as it is a newer facility, AHS is encouraged to review and evaluate the effectiveness of this approach for physical space design of all inpatient psychiatric units across the province. The physical environment underwent a full redevelopment in design collaboration with clients and families which supports the Accreditation Canada standards for people-centred care.

There is a variation in the use of physical barriers, such as plexiglass across different adult inpatient psychiatric units for their nursing stations. To ensure standardization and consistency across AHS, the organization may want to consider a review to determine best practices for this aspect of design. It is encouraged to continue the engagement of clients and families as part of a review.

COVID was a challenging time for the inpatient mental health program. However, it was observed that the leadership and interdisciplinary team members are very proud of their ability to respond to the needs of clients and families.

Performance appraisals do not regularly occur at all sites therefore, team members are not supported by leaders to follow up on issues and opportunities for growth identified through performance evaluations. The leaders are encouraged to continue the plan to complete team members performance.

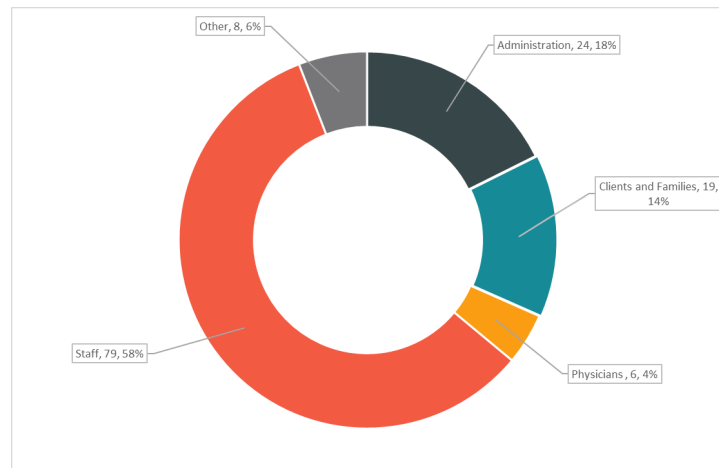
The team members, physicians and leaders are commended for their strong commitment to quality and safety. The strong commitment to excellence in care provided to the clients was supported by feedback from the clients interviewed and from interdisciplinary notes reviewed during the tracer. Staff reported being well supported by their leadership team, as well as having timely information and mentorship to do their job. All members of the team interviewed during the tracer reported feeling involved in decision making regarding their work and reported feeling listened to when they have suggestions for improvement. There was a very strong sense of camaraderie evident amongst the team members.

Survey Methodology

The Accreditation Canada Surveyors assessed the inpatient mental health program.

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

Groups	Total number of touchpoints
Administration / Leadership	24
Client & Families	19
Physician	6
Staff	79
Other	8



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

Key Opportunities and Areas of Excellence

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

Key Opportunities

- Support and promote client-centred recovery and healing by enhancing the physical environment of the units.
- Expand and standardize collection of quality improvement data and analytic tools to advance inpatient mental health and addictions service planning, including outcomes reporting.
- Create quality improvement boards for increased visibility and communication to staff, clients and families.
- Increase specialized training for staff to improve care management for the pediatric population, early psychosis, and maternal mental health.

Areas of Excellence

- Strong physician and interdisciplinary partnerships with clients and families in the co-design of care plans.
- Expanding linkages with community partners.
- Strong mentorship and preceptorship opportunities.
- Intentional focus to support client flow and timely access to appropriate services.
- Access to diverse resources and expertise both within the unit and the broader hospital (including education, recreation, and therapy).

Results at a Glance

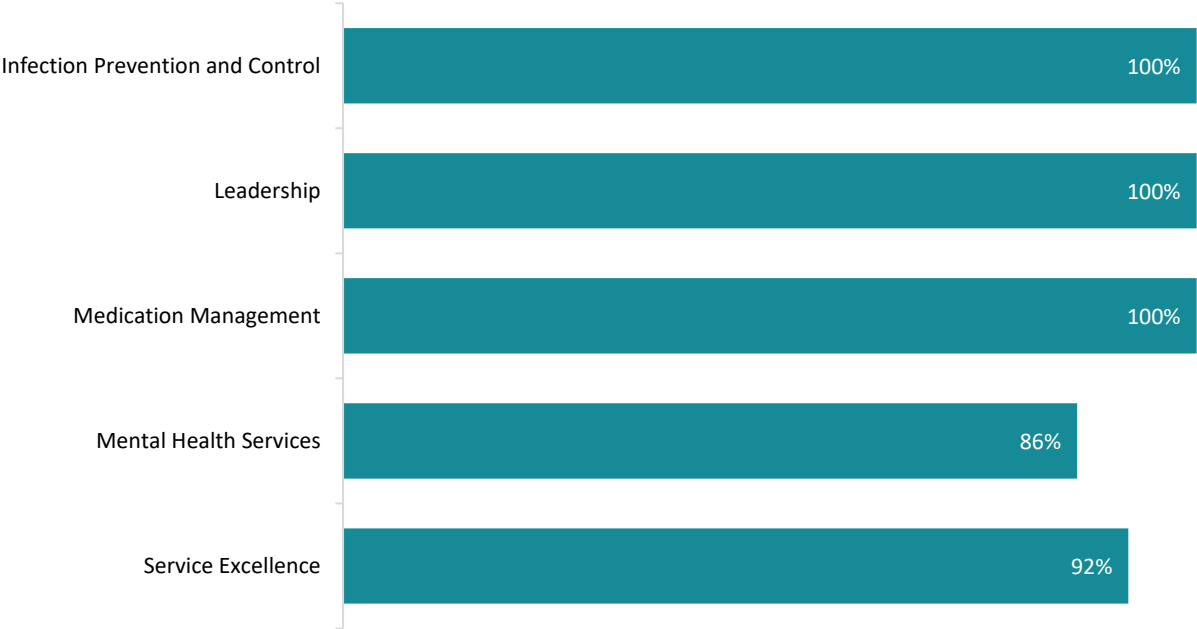
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			<p>Attestation:</p> <p>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.</p>
<p>Attested</p> <p>100% met</p>	<p>On-Site</p> <p>98% met</p>	<p>Overall</p> <p>92% met</p>	
Number of attested criteria			
<p>Attested</p> <p>127 criteria</p>	<p>Audited</p> <p>9 Criteria</p>		<p>On-site Assessment:</p> <p>Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.</p>

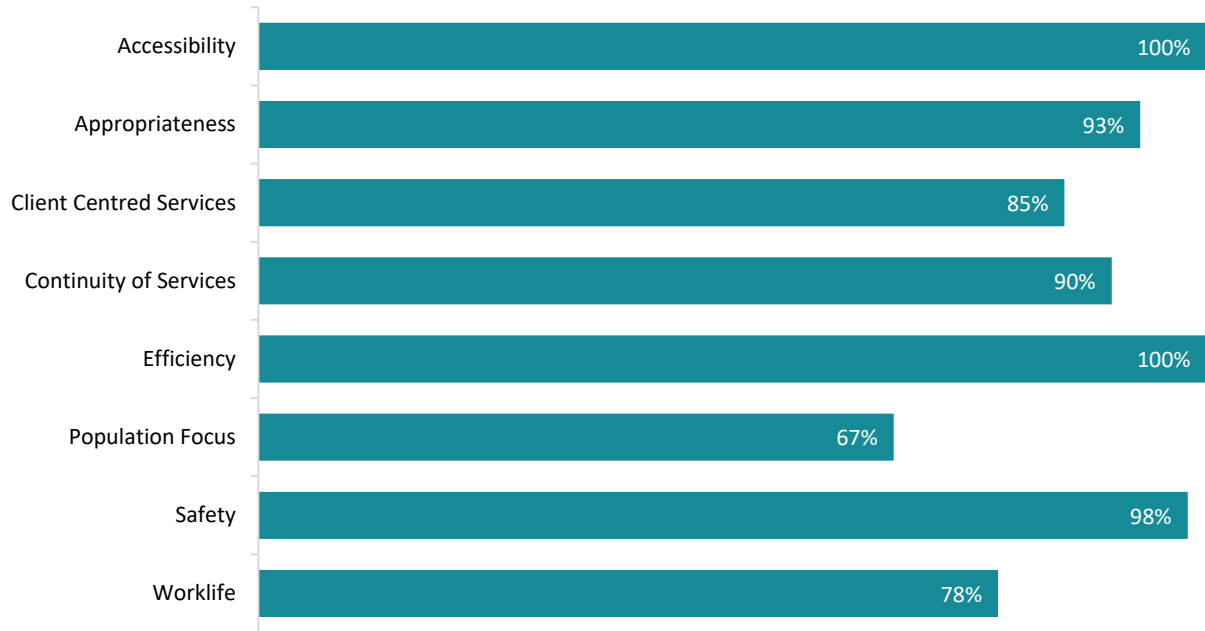
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	18	0	0	0
Leadership	2	0	0	0
Medication Management	31	0	2	0
Mental Health Services	59	10	0	0
Service Excellence	70	6	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	13	0	0	0
Appropriateness	55	4	0	0
Client Centered Services	40	7	0	0
Continuity of Services	9	1	0	0
Efficiency	1	0	0	0
Population Focus	2	1	0	0
Safety	53	1	2	0
Worklife	7	2	0	0
Total	180	16	2	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Mental Health Services	MET
The 'Do Not Use' List of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Mental Health Services	MET
Information Transfer at Care Transitions	Mental Health Services	MET
MEDICATION USE		
Concentrated Electrolytes	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	UNMET
INFECTION CONTROL		
Hand-hygiene Education and Training	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Mental Health Services	MET
Suicide Prevention	Mental Health 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; Medication Management; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

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



All inpatient service sites were observed to have access to the emergency preparedness plans and resources in both on-unit physical binders and in electronic form which can be accessed through the internal AHS Insite resource webpage. Both sources contain specific instructions regarding what to do in case of an emergency. Fan out lists are updated regularly. Fire extinguishers are in strategic areas and all new employees receive training on how to use them. Each site has a generator used as a back up.

The emergency preparedness plans are integrated into its community services. These includes regular safety drills practiced monthly. Each practice drill is followed by a tabletop exercise and changes to improve safety are discussed.

At some of the inpatient sites, it was noted by the leadership team that the COVID guidelines and restrictions have been extremely helpful in reducing code whites and code yellows. There is a concern that once the new Mental Health Act is put in place that some of these restrictions will be lifted which could create similar challenges experienced with the services prior to COVID.

Infection Prevention and Control

Priority Process Description: Providing a framework to plan, implement, and evaluate an effective Infection Prevention and Control 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.



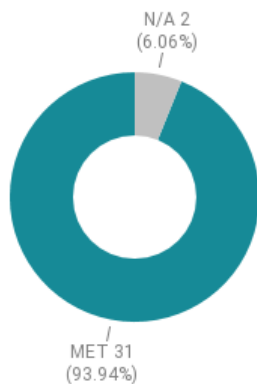
It was observed by surveyors that the Infection Prevention and Control (IPC) program at the inpatient sites throughout AHS is comprehensive. There were no areas of risk or concerns identified. The teams' response to COVID have enhanced the awareness of IPC best practices in the mitigation of risk for outbreaks involving staff, clients, and their families.

It is noteworthy that for inpatient mental health service sites, such as the Alberta Hospital Edmonton, Glenrose Rehabilitation Hospital, and the University of Alberta

Hospital that have aging infrastructure, AHS many want to review opportunities for improvement. For example, at those sites, the inpatient units were observed to have areas that were very cluttered and disorganized. It is important that these areas have clear separation between dirty and clean linens. The organization is encouraged to revisit furniture, floor covering, and infrastructure to ensure they meet current IPC standards for disinfection and cleaning.

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 interdisciplinary teams throughout the AHS were observed to work collaboratively to support the medication management process within inpatient mental health services. Most programs are supported by an assigned pharmacist.

Medication reconciliation is generally well done at most inpatient service sites. Further education and work to ensure accountability for completion and follow up is encouraged. Some services have struggled to resume required infusion

pump safety. Programs that include administration of medications via intravenous pumps are encouraged to review Accreditation Canada required organizational practices (ROP) elements to ensure they are in full compliance with standards.

Additionally, it was noted that the management of high-risk medications was a concern at several sites. The leadership are encouraged to review and establish processes to ensure alignment with best practices.

At University of Alberta Hospital, the medication room was cluttered with non-medication items, such as medical supplies. The leadership team is encouraged to review the medication storage room to ensure that the environment is organized, and the conditions are appropriate to protect medication stability in the medication storage areas.

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: Mental Health Services; Service Excellence.



It was evident throughout the survey that the interdisciplinary care teams involve the clients and their family in care planning. It was observed and reported that clients and families felt included and respected, which aligns with best practice and AHS’s Patient First Strategy. There was evidence to support that clients and their family are included in care planning, the client is recognized as a vital team member, and clients are encouraged to actively participate in the care process.

While clients and family members do provide input on clinical care needs of their loved ones, there is no evidence of a systematic and strategic approach to obtaining input prior to the development of operational plans at the unit or site level. At the unit or site level, the team is encouraged to seek out intentional opportunities to seek input from clients and family in setting timeframes or measurable objectives for improvement initiative.

Engagement of clients and families begin at the stage of referral and first contact with the care team. At the Chinook Regional Hospital in Lethbridge, the client and families are viewed as integrated team members who provide continuous feedback into service and program design. Clients and families were involved in the physical design of the recent redevelopment of their inpatient psychiatric program, policy development, and the design of group therapy for their unit. At the Peter Lougheed Centre, clients resoundingly spoke of the compassion, approachability and genuine caring that the staff provide.

The leadership and interdisciplinary team need to continue their quality improvement journey and consider how to actively involve input and feedback from clients and families with their quality initiatives. One consideration is to create quality improvement boards so that the information can be communicated to clients, families, and team members and the initiatives can be highlighted with ways that clients and families can be involved in providing feedback.

STANDARD	UNMET CRITERIA	CRITERIA
Mental Health Services	5.3	Goals and expected results of the client’s care and services are identified in partnership with the client and family.
Mental Health Services	5.13	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.

Service Excellence

1.1

Services are co-designed with clients and families, partners, and the community.

Physical Environment

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



The current electroconvulsive therapy (ECT) room at the University of Alberta Hospital was observed to be very “institutionalized and sterile” lacking privacy and it was observed to be untidy and cluttered. There are four (4) beds in the ECT room, however, the fourth bed is being used as a makeshift desk. Additionally, the hallways and clients’ rooms do not particularly cater to a therapeutic physical environment that supports wellness or recovery. Site leadership is encouraged to seek input from client’s and families as appropriate. The physical space is designed

to be safe and to respect privacy and confidentiality and it is highly encouraged to include the clients’ perspectives in planning and designing the layout and use of space to meet their needs.

There are infrastructure challenges at some sites including small rooms, shared bathrooms, and narrow doorways and hallways. There is also clutter and equipment in the hallways because of the lack of storage space. The organization is encouraged to review the infrastructure needs for the inpatient mental health areas in keeping with infection prevention and control, people-centered care, and client safety considerations.

Although there were no concerns or risks highlighted at the Chinook Regional Hospital in Lethbridge as it is a newer facility, AHS is encouraged to review and evaluate the effectiveness of this approach for physical space design of all inpatient psychiatric units across the province. The physical environment underwent a full redevelopment in design with collaboration from clients and families which supports the Accreditation Canada standards for people-centred care.

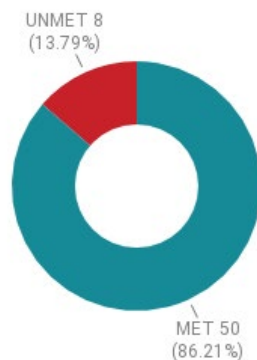
There is a variation in the use of physical barriers, such as the use of plexiglass across different adult inpatient psychiatric units for their nursing stations. To ensure standardization and consistency across AHS, the organization may want to consider a review to determine best practices for this aspect of design and is encouraged to engage clients and families as part of the review.

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.

Mental Health Services

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



Alberta Health Services (AHS) is dedicated to providing exemplary people-centered care for clients with mental health needs. With a comprehensive and compassionate approach, AHS recognizes the unique challenges faced by individuals with mental health concerns and strives to deliver personalized care that respects their autonomy, dignity, and individuality. By actively involving clients in their treatment planning and decision-making processes, AHS empowers them to take an active role in their own recovery journey. Collaborating with a multidisciplinary team of

mental health professionals, AHS ensures that clients receive holistic care that addresses their physical, emotional, and social well-being. Through a combination of evidence-based treatments, therapeutic interventions, and ongoing support, AHS endeavors to enhance the quality of life and promote lasting mental health wellness for every client in their care.

Adult services are supported by a dedicated team of physicians and allied health professionals. The Crisis Response team has also recently been incorporated in some inpatient mental health service teams. There is good evidence of partnership with clients and families at the care level, however, there appears to be little client and family input or engagement at the program, service, or zone level. The program reports that clients are more regularly experiencing episodic medical complaints. The program leadership is strongly encouraged to establish processes and tools to help identify and respond to changing physical/medical conditions.

The team within Alberta Children's Hospital excels in providing client-centered care within their inpatient mental health unit. With a steadfast commitment to prioritizing the unique needs and preferences of everyone, the unit creates a culture of collaboration and respect. The dedicated staff members go above and beyond to ensure that every child's and family's voice is heard, their concerns are addressed, and their care plan is tailored to their specific circumstances. From the initial assessment to ongoing therapy, programs and support, the multidisciplinary team works closely with the child and their family, taking into account their cultural background, developmental stage, and personal goals. One area that the team felt could be better supported is in providing appropriate programming and physical spaces for children with neurocognitive diversity and behavioural needs.

The team at the Peter Lougheed Centre consistently demonstrates people-centered care, as attested by the overwhelming feedback from clients who describe them as compassionate, approachable, and caring. Clients feel valued, understood, and empowered as the team members prioritize building genuine relationships and fostering an environment of trust and understanding. They take the time to actively listen to clients' concerns, ensuring their voices are heard and respected. The team's empathetic approach goes beyond clinical treatment, as they provide emotional support and encouragement throughout the client's recovery journey and support each other as a team. An initiative to highlight is the work to build capacity within the Psychiatric Emergency Service (PES) which is a collaborative and cross-departmental partnership intent on ensuring clients get quick access to the most appropriate care.

STANDARD	UNMET CRITERIA	CRITERIA
Mental Health Services	1.4	The physical environment is safe, comfortable, and promotes client recovery.
Mental Health Services	4.10	The client's informed consent is obtained and documented before providing services.
Mental Health Services	4.14	Clients and families are provided with information about their rights and responsibilities.
Mental Health Services	4.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Mental Health Services	6.1	The client's individualized care plan is followed when services are provided.
Mental Health Services	6.2	Any existing care plans for the client are identified and related information is collected from the client, family, and other service providers.
Mental Health Services	6.10	The client's physical activity needs are supported as part of comprehensive service delivery.
Mental Health Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients of families.

Service Excellence

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



It was evident throughout the survey that at all inpatient mental health service sites surveyed, there are strong committed leadership teams that include psychiatrists clinically leading the services. Strong interprofessional teams are very engaged. They work collectively together and have embraced the clients and their families as key members of the team, as they are actively involved from admission to discharge in identifying, revising/modifying their goals of care with direction and input from the team. It was observed and reported that clients and families felt included and

respected, which aligns with best practice and AHS's Patient First Strategy. Transition coordinators play a pivotal role in working with the client and family to support smooth and successful transitions back to the community.

While clients and family members do provide input on clinical care needs, there is no evidence of a systematic and strategic approach to obtaining input prior to the development of operational plans at the unit or site level. At the unit or site level, the team is encouraged to seek out intentional opportunities to gather input from the clients and families in setting timeframes or measurable objectives for improvement initiatives.

Clients and families are encouraged to provide regular input and feedback to the team members so that services can be adjusted and improved. One mechanism that has been successful is the implementation of client experience surveys that are completed at discharge. The results are reviewed by the leadership team to determine opportunities flagged in the reports and to determine strategies to improve and/or strengthen service delivery. These reports are generated on a quarterly basis. The feedback received is taken seriously to provide direction on improvements as well as to bolster the strengths that have been recognized by the clients and families. An example of how teams can communicate back to the clients and families about how their feedback has been used or to ask for feedback is by creating quality improvement boards.

There is a process in place for the client to know which team member is responsible for overseeing their care plan. Clients wishes and goals are factored into transition and discharge planning especially when the client feels returning home might not be the best choice for them to succeed. The team incorporates these wishes/feedback into the transitional planning.

The team uses the reporting and learning system (patient incident reporting system) to learn from incidents and make adjustments to reduce likelihood of a similar incident reoccurring.

It was reported at the University of Alberta Hospital that due to recent turnover in leadership positions, initial and re-training on the safe use of infusion pumps has not been provided to team members in the past couple of years. However, they did acknowledge that this is a high priority, and they will be

developing an education plan in the immediate future. The leadership team is encouraged to prioritize staff training and education to assist team members in maintaining their competency in using infusion pumps safely, given the variety of pump types and manufacturers, the movement of team members between services, and the use of temporary staff. At the Chinook Regional Hospital, the infusion pump training, education, and monitoring program is very well done. Perhaps the organization could leverage the success of this program and apply it more broadly.

It was observed by surveyors that at some of the sites throughout AHS, team members performance appraisals were not completed regularly in an objective, interactive, and constructive way due to competing priorities, unintended consequences of the COVID response, staff burnout, and change fatigue.

Connect Care has been implemented at select inpatient psychiatric units throughout AHS. It has resulted in the optimization of clinical documentation and improved visibility in the client’s clinical data across multiple care teams. Additionally, clients and families have access to the My Alberta Health system. It has empowered clients and families to become their own advocate for their healthcare needs. This increased involvement of clients and their families has empowered them to be more directly involved in their care planning and care needs.

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	8.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, 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	Site	Due Date	
Mental Health Services	4.10	The client's informed consent is obtained and documented before providing services.	<ul style="list-style-type: none"> Chinook Regional Hospital 	June 28, 2024
	4.14	Clients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> Glenrose Rehabilitation Hospital 	June 28, 2024
	4.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.	<ul style="list-style-type: none"> Glenrose Rehabilitation Hospital 	June 28, 2024
Service Excellence	3.8.2	Initial and re-training on the safe use of infusion pumps is provided to team members: <ul style="list-style-type: none"> -Who are new to the organization or temporary staff new to the service area -Who are returning after an extended leave -When a new type of infusion pump is introduced or when existing infusion pumps are upgraded -When evaluation of competence indicates that re-training is needed -When infusion pumps are used very infrequently, just-in-time training is provided 	<ul style="list-style-type: none"> University of Alberta Hospital 	June 28, 2024
	3.8.3	When clients are provided with client-operated infusion pumps (e.g., patient-controlled analgesia, insulin pumps), training is provided, and documented, to clients and families on how to use them safely.	<ul style="list-style-type: none"> University of Alberta Hospital 	June 28, 2024
	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	<ul style="list-style-type: none"> University of Alberta Hospital 	June 28, 2024
	3.8.5	The effectiveness of the approach is evaluated. Evaluation mechanisms may include: <ul style="list-style-type: none"> -Investigating patient safety incidents related to infusion pump use 	<ul style="list-style-type: none"> University of Alberta Hospital 	June 28, 2024

		<ul style="list-style-type: none"> -Reviewing data from smart pumps -Monitoring evaluations of competence -Seeking feedback from residents, families, and team members 		
	3.8.6	<ul style="list-style-type: none"> When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps. 	<ul style="list-style-type: none"> • University of Alberta Hospital 	June 28, 2024