

**2022**

**Stettler Hospital and Care  
Centre**  
Central Zone  
Alberta Health Services

Spring 2022 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 2020 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 Stettler Hospital and Care Centre is in the town of Stettler in east-central Alberta. The site provides healthcare services to approximately 5,600 residents that includes 24/7 emergency, some surgical services, endoscopy, obstetrics, palliative care, inpatients, and long-term care. Surveyors spent two days completing tracers, talking with staff, clients, residents, families, physicians, volunteers, and administration. There was an immediate sense of community and teamwork that continued to be observed and heard during the visit. The many communities surrounding the Stettler Health and Care Centre bring a multitude of cultural diversity. There was a clear demonstration of client partnering to ensure client wishes and cultures were respected.

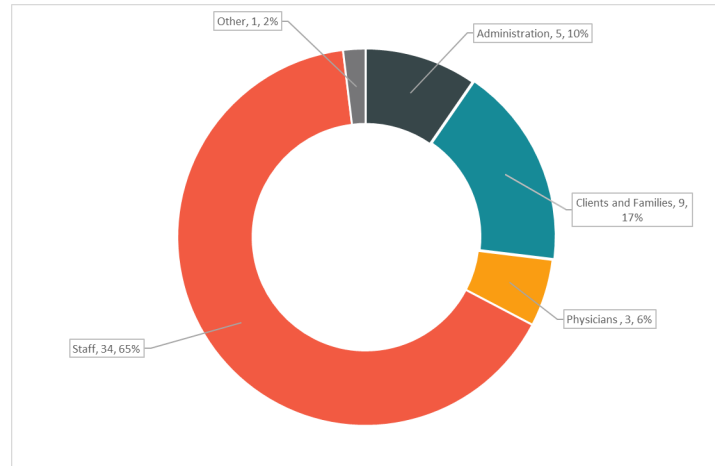
Despite challenges during the COVID-19 pandemic this site is poised with an energetic leadership team, engaged clients, residents, and families to strengthen connections within the Zone and AHS. There were exciting changes observed with a new emergency department that boasted timely access to services that was based on client feedback. It is recommended that the leadership in partnership with clients, residents, staff, and families continue to work on strengthening safety and investing in building a culture of safety.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at the Stettler Hospital and Care Centre.

To conduct their assessment, the survey team gathered information from the following groups<sup>1</sup>

Groups	# of interviews
Administration	5
Client & Families	9
Physician	3
Staff	34
Other	1



<sup>1</sup> "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

- Based on feedback from clients, residents, and staff the leadership are poised to continue investing in a culture of safety and Quality Improvement (QI) to meet standards and create a stronger culture of safety.
- Compliance with hand hygiene was not observed in some areas in particular emergency department.
- Client flow in the emergency department could be improved with input from staff and clients.

### Areas of Excellence

- Evidence of strong community relationships and community supports.
- Based on feedback from staff and clients, strong teamwork was evident.
- Recognition of staff and promotion of trust.
- Surveyors observed commitment from leadership and front-line staff in the services and care they provided.
- High interest in beginning to move forward with goals, objectives and QI activities toward care and process improvements.



# Results at a Glance

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

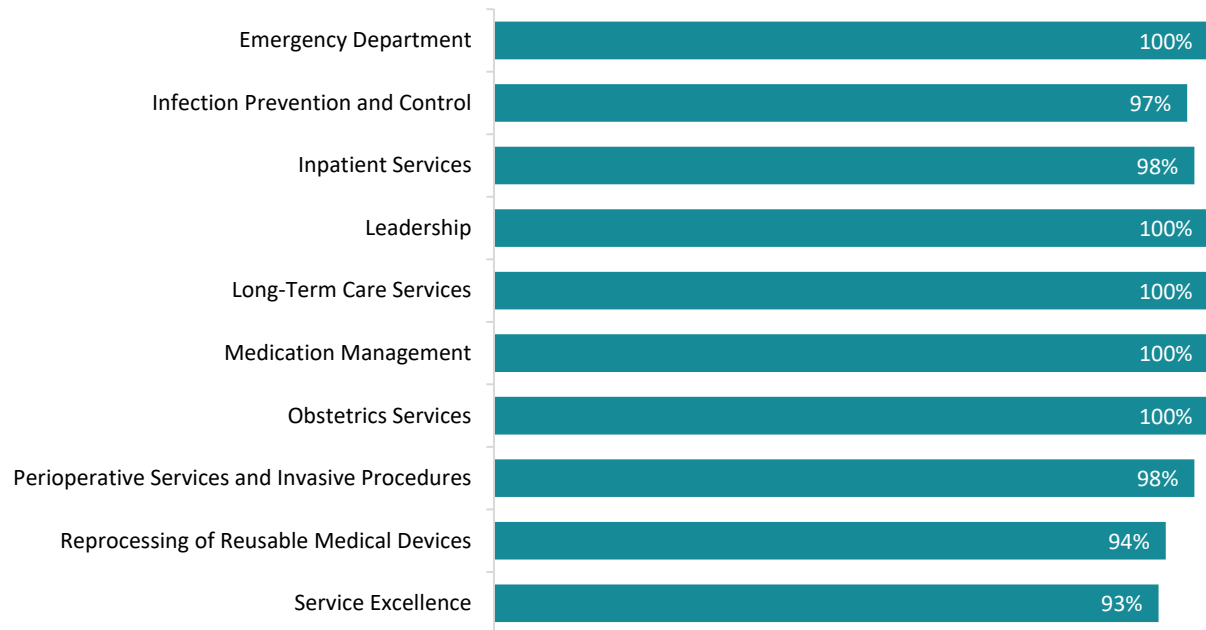
## Compliance Overall<sup>1</sup>

Percentage of criteria			<b>Attestation:</b> 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.
<b>Attested</b> 98% met	<b>On-Site</b> 98% met	<b>Overall</b> 98% met	
Number of attested criteria			
<b>Attested</b> 112 criteria	<b>Audited</b> 15 Criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

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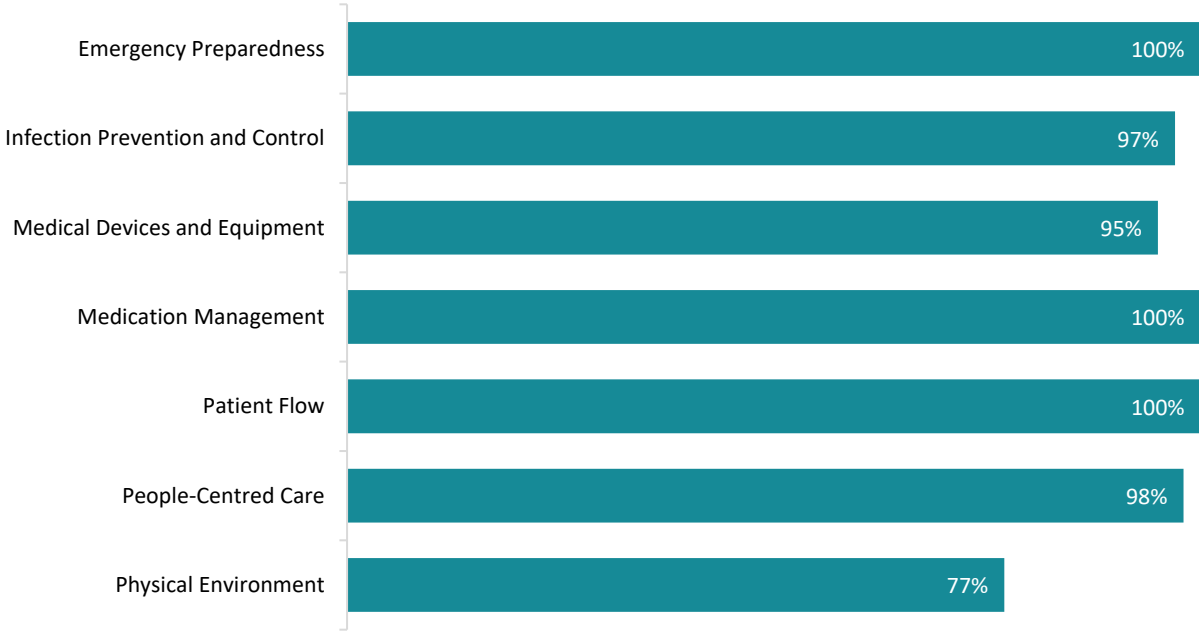
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

## Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	91	0	0	4
Infection Prevention and Control	34	1	0	2
Inpatient Services	59	1	1	8
Leadership	8	0	0	1
Long-Term Care Services	73	0	1	7
Medication Management	79	0	7	3
Obstetrics Services	78	0	1	4
Perioperative Services and Invasive Procedures	137	3	3	6
Reprocessing of Reusable Medical Devices	84	5	1	1
Service Excellence	67	5	0	4

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	31	1	0	2
Medical Devices and Equipment	102	5	4	1
Medication Management	94	0	7	3
Patient Flow	18	0	0	1
People-Centred Care	52	1	0	1
Physical Environment	10	3	0	1

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	47	1	0	1
Appropriateness	219	6	5	14
Client Centered Services	148	1	0	17
Continuity of Services	29	0	0	1
Efficiency	5	1	0	0
Population Focus	3	0	0	1
Safety	239	6	9	4
Worklife	20	0	0	2
<b>Total</b>	<b>710</b>	<b>15</b>	<b>14</b>	<b>40</b>

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	UNMET
	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	UNMET
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	UNMET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
<b>MEDICATION USE</b>		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	UNMET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET

INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	UNMET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	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	N/A
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	UNMET
Venous thromboembolism prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	N/A

# 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.**



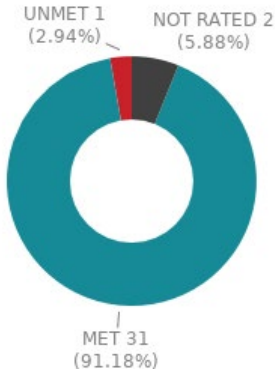
Plant Services play a vital role in Emergency Preparedness. The Manager is co-chair of the Health and Safety Committee, which assists with work involving Emergency Drills and Disaster planning. This work was evident as was a code of the month method for reviewing essential information.

It was good to see the relationship that the hospital team has with the local community. In the event of an emergency or disaster, areas of support have been planned. After hours, key staff are on call. All staff members and leaders easily

shared the role and approach of the emergency operations centre in case of disaster. The building was organized and attention to detail was evident.

## Infection Prevention and Control

**Priority Process Description: Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.**



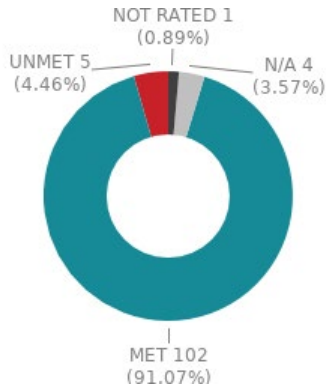
Infection Prevention and Control (IPC) is supported by an offsite Clinician. Site visits occur and after each visit a report is left with the site Manager so that all are aware of feedback and action needed. At the same time there is an effort to recognize what is going well. The IPC Lead noted her appreciation for the actions taken on the most recent areas for follow-up, such as the review and cleanup of the isolation carts. The emergency department has recently opened following renovations, and the IPC Lead attended for review with the Site Lead.

The IPC Clinicians have goals that reset every two years. As the site has new leadership, and goal setting has yet to be done, consider this an opportunity to align an IPC goal(s) with a specific Stettler Hospital and Health Centre goal(s) when plans are made.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	8.3	Team members, client, families, and volunteers have access to alcohol-based hand rubs at the point of care.

## 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.**



Surveyors interacted with multiple staff including reprocessing, health care staff, administration, and support staff. There was a real sense of teamwork and collaboration. Many staff said they enjoyed coming to work and enjoyed working at this facility. Flow in the older infrastructure was observed and highlighted by staff. Areas to focus on particularly include clear signage to designate the restricted areas and to invest in making the necessary changes to ensure flow is in one direction to eliminate the risk that staff and contaminated medical devices move in multiple

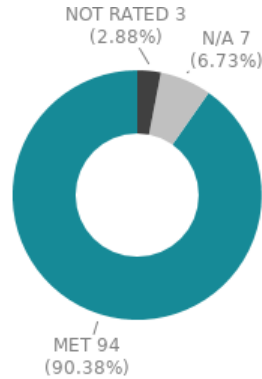
directions.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	3.1	The layout of the Medical Device Reprocessing (MDR) department is designed based on service volumes, range of reprocessing services, and one way flow of medical devices
Reprocessing of Reusable Medical Devices	3.2	The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.
Reprocessing of Reusable Medical Devices	3.3	Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.
Reprocessing of Reusable Medical Devices	3.4	The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.
Reprocessing of Reusable Medical Devices	12.2	Access to the sterile storage area is limited to authorized team members.



## 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.**

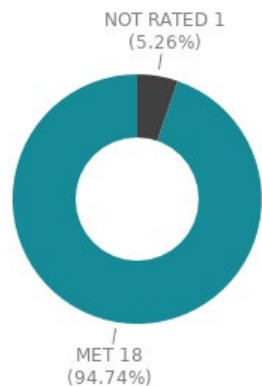


The Pharmacy team is made up of a Pharmacist, Pharmacy Tech and Assistant. The expertise is evident. It is located in an organized on-site pharmacy which has recently updated the security processes and a new door. While on site the surveyor was able to see the department, wards and attend discharge rounds where the contribution and attention from the Pharmacy was evident. After hours plans are in place when the pharmacy is closed, and unit staff did not report any concerns. The Pharmacist noted work directly with patients, families and nurses whenever needed. The unit

medication rooms are well organized and secure. There was some discussion regarding Heparin, and this has been highlighted with the relevant ROP and is easily addressed. The path of medication initiation, management and support from arrival to discharge was evident.

## 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.**

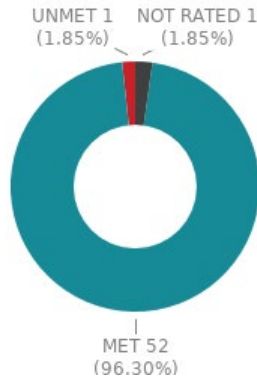


Stettler Health and Care Centre has a newly renovated emergency department that was a highlight of the visit. The conversations with staff and clients further emphasized the improved safety with the new area. Flow in this area could benefit from some further work that involves staff and clients to ensure efficiencies are achieved. Access to the sink in the triage area was impeded with several buckets some with cleaning liquids that posed a tripping hazard for clients. The flow of clients from triage took clients through a hallway where supplies were stored and not covered. Staff

indicated this was not the original flow outlined for clients and this should be explored to maximize efficiency and safety for clients leaving triage to move to the emergency room. The isolation exam rooms were clearly identified, and housekeeping staff were able to describe accurately their role in cleaning all exam rooms including those used for isolation. The areas pertaining to flow for the Perioperative services have been outlined.

## 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.**



There was evidence of a strong working relationship that actively engages clients and their families. Further some clients shared openly that their cultures were respected during care. Staff also shared several examples where collaboration with clients during the COVID-19 pandemic required critical thinking and partnerships to ensure clients and families felt their wishes were respected. This enabled care to be provided to the satisfaction of all involved while keeping everyone safe. It is an effort that some hospitals were not able to achieve. Current leaders have played a key and welcome role. Well done.

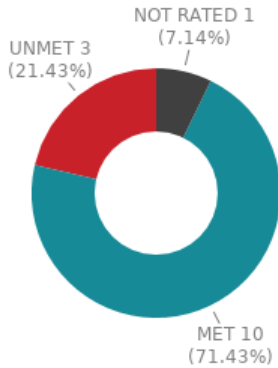
All residents and patients spoken with stated that they felt they were involved and able to participate in their care as desired.

There is a Volunteer Coordinator and volunteers though smaller in number, are once again getting involved. They provide many services to the entire facility and new projects are being considered including church.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

## 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.**



The Stettler Health and Care Centre contains older and newer infrastructure. There are areas that would benefit with additional investment in reviewing client and workflow that includes front line staff and clients. This includes the Perioperative area, especially the operating room, sterile supply, clean and decontamination areas need additional signage to ensure areas of restriction are clearly identifiable. Further flow in this area should be reviewed with staff in particular to ensure access is authorized for all points of entry.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.
Perioperative Services and Invasive Procedures	1.2	The area where invasive procedures are performed has three levels of increasingly restricted access: unrestricted areas, semi-restricted areas, and restricted areas.
Perioperative Services and Invasive Procedures	1.9	The operating/procedure room has a restricted-access area for the sterile storage of supplies.

# 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

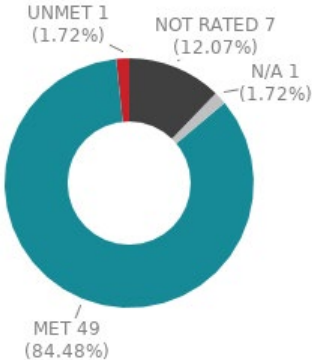
**Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.**



Clients receiving care in the Emergency Department expressed clearly being included in their care. Surveyors observed that two-client identification was not consistently completed, and staff were not able to describe the process when prompted. There are opportunities to strengthen the two-client identification to ensure the ROP is fully met. Further, processes for timely assessment by a skilled health care professional should be explored given the first point of contact is a registration clerk. There are cameras located in the department to monitor the waiting room.

## Inpatient Services

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

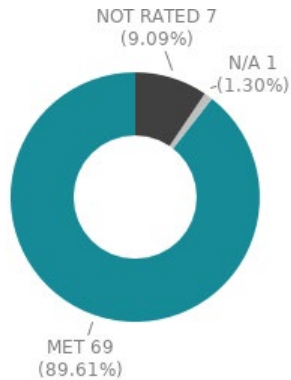


The many communities surrounding the Stettler Health and Care Centre bring a multitude of cultural diversity. There was a clear demonstration of staff partnering with clients to ensure client wishes and cultures were respected. Surveyors observed multiple interactions that involved clients that come from various cultural backgrounds. This can continue to be strengthened in some areas already noted.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.

## Long-Term Care Services

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

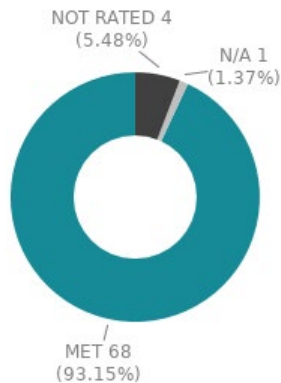


Long term care has an active Residents Council. Residents appreciate the attendance of the Manager and the interest to work with residents and family members. Work is done closely with residents, patients, families, and staff to achieve outcomes that are satisfactory to both residents and leaders/staff. This takes real effort. Examples include but are not limited to the visiting/smoking area discussions that led to tests of change, decisions, and compromise for all in LTC. This unit is an example of multidisciplinary efforts where many activities are built on group effort.

To strengthen relationships, the manager has adopted a process used at another healthcare site to “build bonds”. This involves proactive routine calls to families to “check in” versus calling only on business or in an emergency. The manager is seeing this start to make a difference in connection and relationships. As this is a time where leaders are starting to think of Quality Improvement activities, it may be of interest to follow this test of a change and measure outcomes. The QI lead may be able to assist and build that connection.

## Obstetrics Services

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



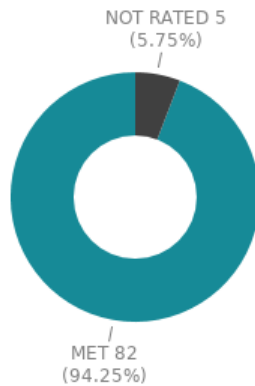
Staff and on-site leadership have a clear understanding of their roles and responsibilities including scope and what would happen should higher levels of care be anticipated or required. The process for c-sections was reviewed. On-call coverage is not scheduled however, when needed the team makes a plan and staff are available.

Patients and families reported being appreciative of remaining in the same room from admission to discharge including the size and sleeping space for support family. They were very much included in their care and any

decisions. COVID-19 continues to impact families with limitations on numbers of family members who can be present, and this negatively impacts families for various reasons such as culture.

## 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.**



Clients shared they felt the care was excellent at this site. Some had travelled distances to access care as wait times differ across the province. In instances where delays occurred staff ensured clients were made aware of the delays. The involvement of the client throughout the surgical experience was evident. Staff were knowledgeable and the safe surgery checklist was well done with clear pauses and engagement of all members of the surgical team.

It is recommended to further strengthen the effectiveness of communication during care transitions by continuing with auditing and evaluating compliance then share results with all staff and clients.

## Service Excellence

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



For the Stettler Health and Care Centre it was evident how important the community partnerships were, and this extended to both the immediate community and clients from surrounding communities who come to Stettler to access care. There was a clear respect and demonstration of care and compassion in incorporating cultural diversity into care and asking clients how they could improve their care and experience.

There is a new leadership team in various phases of orientation due to changes in areas of responsibility. Based on feedback and what surveyors observed there are strong efforts to connect and build relationships to create a culture of safety. All leaders bring a blend of experience and strength to the Stettler Hospital and Care Centre as new and longer-term staff members work together for their community. There is a feeling of energy now and all shared interest in moving QI efforts forward in organized and needed way.

Each staff that surveyors spoke with shared positive comments about working at this site. Staff provided feedback and shared things like “I love working here” “I care” “We are a great team.” Every patient and family member spoken with was very positive about staff and described people as “caring” or “having true compassion”. As one resident put it: “I have nothing but praise. You tell them!”

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.5	Quality improvement activities are designed and tested to meet objectives.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.

## Criteria for Follow-up

### Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
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.	June 30, 2023
Infection Prevention and Control	8.3	Team members, client, families, and volunteers have access to alcohol-based hand rubs at the point of care.	June 30, 2023
	8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	June 30, 2023
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.	June 30, 2023
Long-Term Care Services	4.9.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	June 30, 2023
	4.9.4	Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.	June 30, 2023
	4.9.5	Implementation of the treatment and monitoring strategies is documented in the client record.	June 30, 2023
	5.19.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	June 30, 2023
	9.3.4	When it is necessary for the previous heparin products to be available in select client service areas, an interdisciplinary committee for medication management reviews and approves the rationale for availability, and safeguards are put in place to minimize the risk of error.	June 30, 2023
Medication Management	14.7.2	The organization's 'Do Not Use List' is implemented and applies to all medication-related documentation when hand written or entered as free text into a computer.	June 30, 2023
	14.7.5	Team members are provided with education about the organization's 'Do Not Use' list at orientation and when changes are made to the list.	June 30, 2023
	14.7.6	The organization's 'Do Not Use' list is updated and necessary changes are implemented to the medication management processes.	June 30, 2023



	14.7.7	Compliance with the organization’s ‘Do Not Use List’ is audited and process changes are implemented based on identified issues.	June 30, 2023
Perioperative Services and Invasive Procedures	1.9	The operating/procedure room has a restricted-access area for the sterile storage of supplies.	June 30, 2023
Reprocessing of Reusable Medical Devices	3.2	The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	June 30, 2023
	3.3	Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	June 30, 2023
	3.4	The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	June 30, 2023
	12.2	Access to the sterile storage area is limited to authorized team members.	June 30, 2023