

**JUNE  
2021**

# Elk Point Healthcare Centre

North Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



ACCREDITATION  
AGRÉMENT  
CANADA

# Table of Contents

About this Accreditation Report .....	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey .....	4
Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey .....	4
Confidentiality.....	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	7
Key Opportunities and Areas of Excellence .....	8
Key Opportunities .....	8
Areas of Excellence .....	8
Results at a Glance.....	9
Compliance Overall .....	9
Compliance by Standard .....	10
Compliance By System Level Priority Process.....	11
Compliance by Quality Dimension.....	12
Compliance by Required Organizational Practice (ROP).....	13
Detailed Results: System-level Priority Processes .....	15
Emergency Preparedness .....	15
Infection Prevention and Control .....	16
Medical Devices and Equipment.....	16
Medication Management .....	17
Patient Flow .....	18
People-Centred Care.....	19
Physical Environment.....	20
Detailed Results by Service-Level Priority Process .....	21
Emergency Department.....	21
Inpatient Services.....	22
Long-Term Care Services.....	23
Service Excellence .....	24
Criteria for Follow-up.....	26
Criteria Identified for Follow-up by the Accreditation Decision Committee .....	26

## 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 June 14, 2021 – June 25, 2021. 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 regarding sites and services 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 *accreditation ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

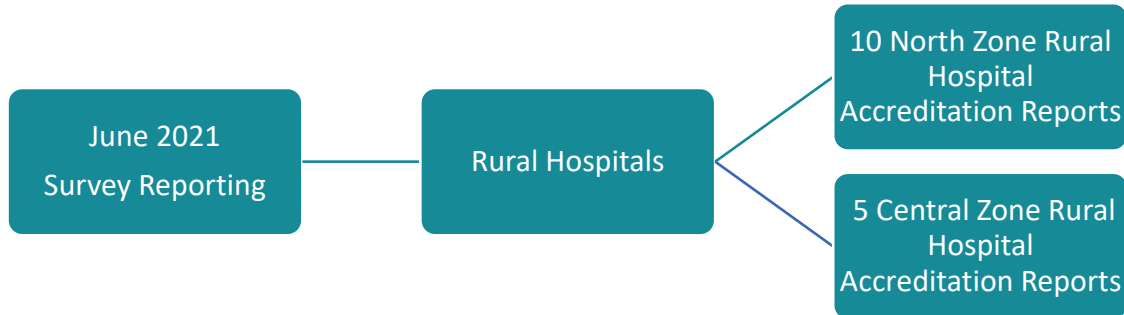
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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, Service Excellence and Leadership. 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 new assessment methods offered by Accreditation Canada. Pre-survey attestation requires sites/teams to conduct a self-assessment against specified criteria within the standards and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are validated by Accreditation Canada during the on-site survey and are used to inform an accreditation decision at the end of the four-year accreditation cycle. The second assessment method is unannounced on-site surveys. This method requires all sites and services to participate in pre-survey attestation and engage in the accreditation process to ensure the standards have been implemented and they are *accreditation ready* at all times.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. AHS's accreditation award will be granted at the end of the accreditation cycle.

The accreditation reports for the Spring 2021 Survey are organized as follows:



### North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Boyle Healthcare Centre
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- George McDougall - Smoky Lake Healthcare Centre
- Hinton Healthcare Centre
- Slave Lake Healthcare Centre
- St. Therese - St. Paul Healthcare Centre
- Wabasca/Desmarais Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow - Lac La Biche Healthcare Centre

### Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Coronation Hospital and Care Centre
- Daysland Health Centre
- Vermilion Health Centre
- Viking Health Centre
- Wainwright 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

Elk Point Healthcare Centre is commended for preparing and participating in the Qmentum accreditation program. The leaders and team demonstrated a strong commitment to the quality journey. Leadership, although relatively new in their roles, have implemented significant change and continue to plan for further quality and patient safety improvements. Collaboration of acute, long term care and home care within one facility has created strong coordination of care for patients/residents and their families.

The Elk Point Healthcare Centre is a rural hospital offering emergency services, inpatient and outpatient services as well as Long-Term Care. The acute care portion of the facility is located on the first floor of the fully accessible building and thirty Long-Term Care beds are situated on the second floor with two elevators providing accessibility to this floor. The Healthcare Centre is a bright, clean, and uncluttered facility. Most patient/resident rooms are single rooms with just a few double occupancies in Long-Term Care. Each patient/resident room has a window allowing for good lighting as well as the opportunity for the patient/resident to see the outdoor activity.

There is a strong culture of collaboration internally amongst the various departments, as well as externally with home care and other community agencies. All departments come together on a quarterly basis for an operational team meeting aimed at understanding and supporting each other in the delivery of safe, quality care across the organization. This collaboration has extended to having each department take responsibility to lead a mock code drill, which are carried out monthly. Implementation of the CoACT program is also increasing collaboration between teams and patients/residents.

There is a growing culture of change as the previous ways of doing things are revisited. Space and equipment dedicated to programs no longer being offered are being repurposed or removed. The leadership are commended for their work in decluttering the facility, implementing new processes, and embracing the potential of further changes to their programs and services.

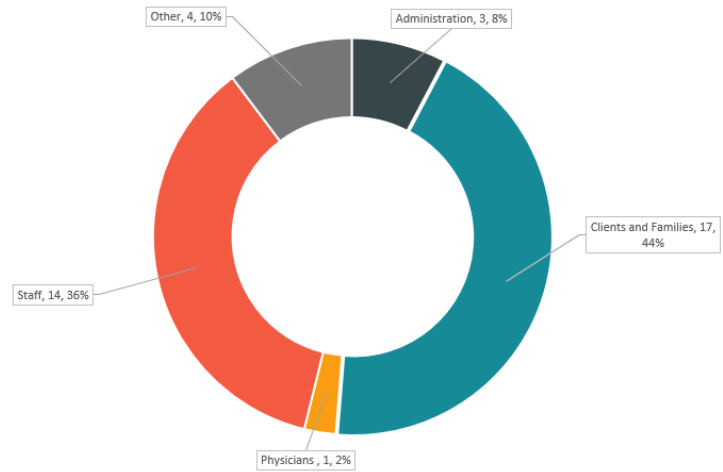
The quality improvement program is gaining momentum and the site is encouraged to further engage patients/resident and their families in the identification and monitoring of quality indicators.

Patients/residents and their families spoke highly of the care provided at the Elk Point Healthcare Centre. They described being treated with respect and compassion. The team is commended for the quality of care they provide and the commitment to patient safety.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at Elk Point Healthcare Centre.

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



---

<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

1. Engage patients and families to create better People-Centred Care
2. Explore options on how to retain/recruit physicians and staff
3. Explore options on how to better utilize Emergency Department physical space
4. Transition away from entrenched processes/equipment to better/more informed/efficient processes/equipment
5. Explore methods of measuring patient satisfaction

### Areas of Excellence

1. New, dynamic leadership implementing changes
2. There is a wonderful culture of collaboration amongst many of the departments
3. There are well-coordinated and organized emergency preparedness response plans
4. There is a great support system from the zone level
5. The physiotherapy department has a large and well supplied space suitable for a rehabilitation program



## Results at a Glance

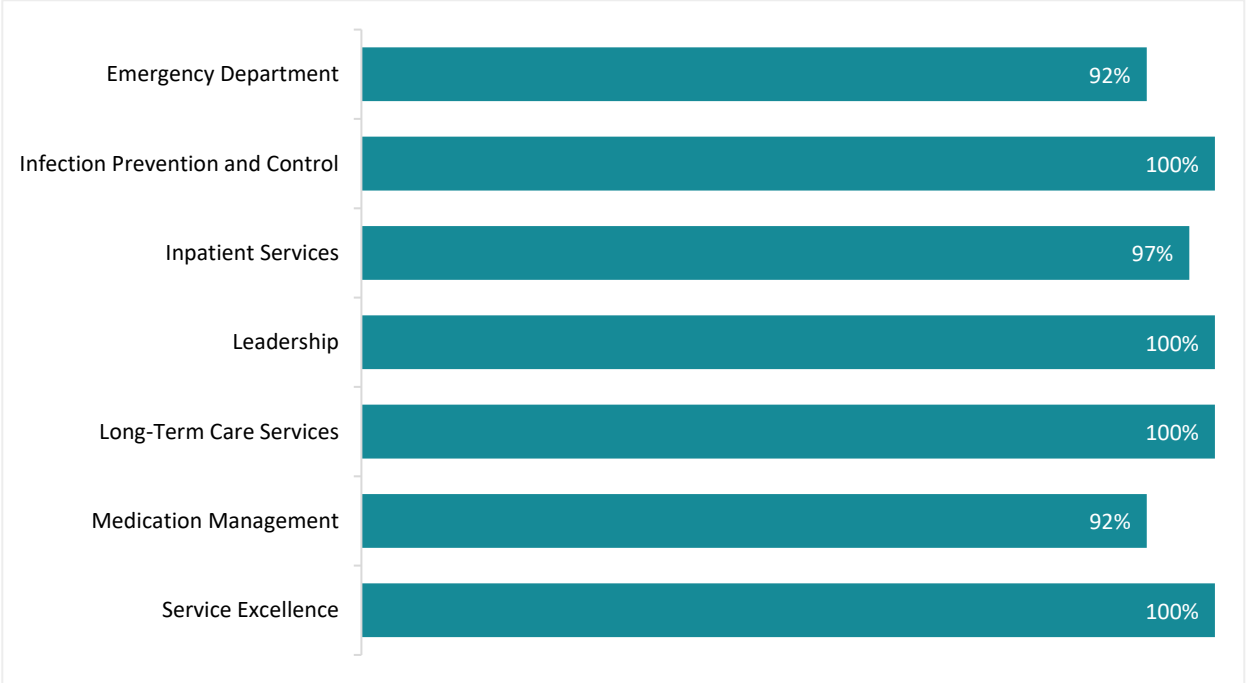
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

### 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> 99% met	<b>On-Site</b> 96% met	<b>Overall</b> 96% met	
Number of attested criteria			
<b>Attested</b> 88 criteria	<b>Audited</b> 12 Criteria		<b>On-site Assessment:</b>  Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

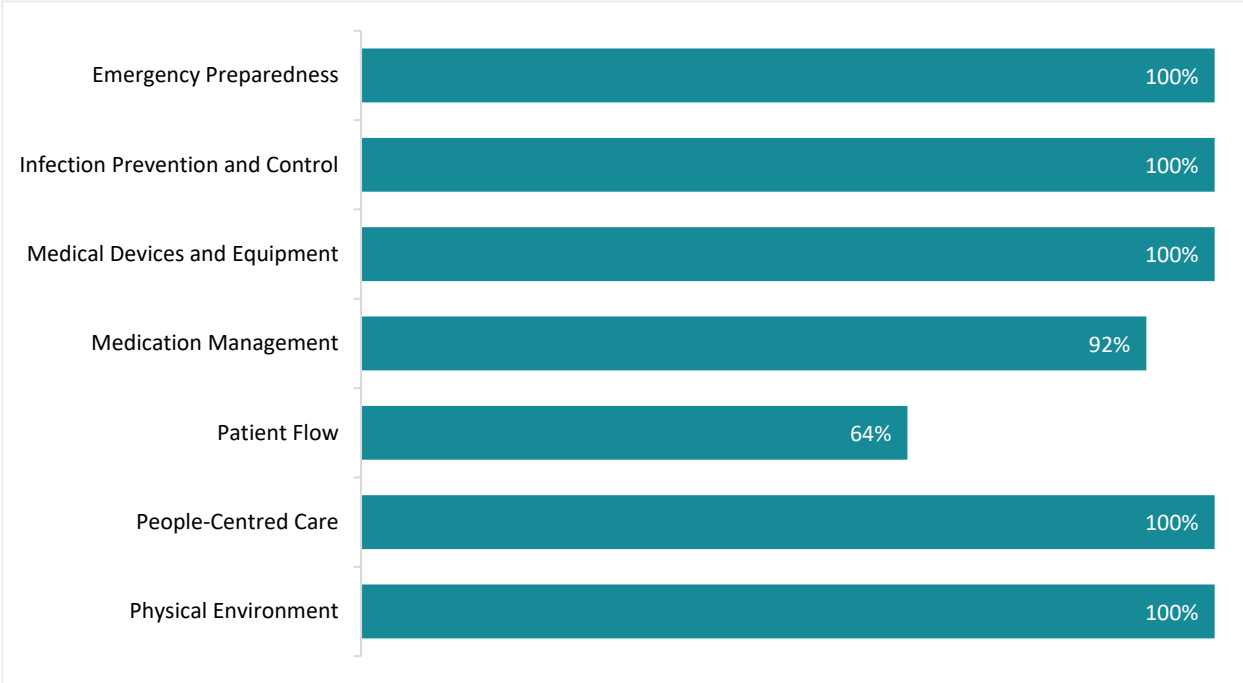
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	87	8	0	0
Infection Prevention and Control	46	0	18	0
Inpatient Services	65	2	2	0
Leadership	9	0	0	0
Long-Term Care Services	80	0	1	0
Medication Management	72	6	9	0
Service Excellence	76	0	0	0

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	9	0	18	0
Medication Management	72	6	9	0
Patient Flow	9	5	0	0
People-Centred Care	33	0	0	0
Physical Environment	4	0	0	0

### Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	27	4	0	0
Appropriateness	142	4	12	0
Client Centered Services	112	0	1	0
Continuity of Services	17	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	117	8	16	0
Worklife	13	0	1	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	MET
	Long-Term Care	MET
<b>MEDICATION USE</b>		
Antimicrobial Stewardship	Medication Management	UNMET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	UNMET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
<b>INFECTION CONTROL</b>		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
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.**



The Elk Point Healthcare Centre has well-coordinated and organized emergency response plans. There is an established Information Management System and information/tools are kept in designated areas that are well signed. The site leaders are commended for their process of having each discipline/department lead a different mock code exercise each month thereby creating engagement in emergency response planning across the site. Post drill huddles are used to identify changes needed to enhance the

response.

The site has a plan in place to deal with loss of power and has a plan should water supply be interrupted or if there is a loss of telephone communication.

The teams within the hospital and Long-Term Care area have access to the provincially established policies and procedures regarding outbreak management. Leaders describe having very good support from the Infection Prevention and Control (IPC) zone lead who is readily available to them. The IPC lead carries out surveillance for health-associated infections and alerts the site of anything untoward. Should an outbreak occur, the interdisciplinary team (including public health) will meet daily to review data and potential spread. The site did not experience any outbreaks throughout the pandemic although COVID positive patients were cared for at the facility. The team felt the protocols and procedures worked well and the education was available to them as needed. The site is commended for their hard work to keep patients and staff safe throughout the pandemic.

## 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.**



MET 34  
(100%)

**There are no unmet criteria for this Priority Process.**

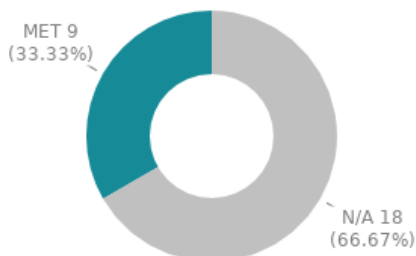
The site does not have a dedicated Infection Control Practitioner (ICP) in-house but receives very good support from their zone ICP. Those interviewed felt they are very well supported because their zone resource is very responsive. Throughout the pandemic daily huddles were held when needed and education and training were readily available.

The facility is clean and tidy with opportunities for hand sanitation throughout. Hand sanitizers and hand washing sinks are found within the patient/resident rooms and staff were witnessed cleaning their hands frequently. Hand hygiene audits are conducted and results are posted on the quality boards. To date the results have demonstrated good compliance with hand hygiene routines. Staff were seen to be wearing personal protective equipment appropriately, maintaining physical distance, and supporting one directional flow in key areas. Screening of staff, patients and visitors is occurring at all entrances.

Compliance with infection prevention and control policies and procedures is monitored through daily observations by the leaders as well as planned audits throughout the site. The site is commended for investing in staff to support regular auditing.

## 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.**

Medical devices are not reprocessed at the site. All medical device reprocessing is done at a larger facility and trays are delivered as they are needed. Following use of a tray, the department which has utilized the equipment, primarily Emergency Department and Home Care, are responsible to clean the equipment and place it in a central area to be couriered back to the reprocessing facility. Cleaning of the used instruments is conducted in an appropriate space.

The healthcare centre is well-resourced in terms of equipment and the leadership team indicated that they have been successful in obtaining funds when a need has been identified. There are some older pieces of equipment no longer in use and plans are in place to have these removed from the site.



## 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 pharmacy and medication management program are managed by an experienced part-time pharmacy technician and a remote pharmacist who is on-site one day a week. Virtual support is utilized when the pharmacist is not on-site. During visits, the pharmacist is engaged in interdisciplinary rounds and provides support and advice to other team members.

The pharmacy may benefit from a reorganization to streamline processes and physically accommodate the changing technologies that have become central to this

department. There are opportunities to reclaim space which will provide more storage options for items such as patient medications. It is recommended that policies around food and drink in the pharmacy and security areas be reviewed.

Pharmacy labels throughout the facility vary in type and size. The use of TALLman lettering is inconsistent. Some labels are curled and hard to read. It is recommended that the pharmacy team review all medication storage and relabel all medications with one label type, size, and font to include TALLman lettering in accordance with AHS policy.

The facility has a DOCUmed dispensing cabinet and has recently implemented a night cupboard. It may be challenging for staff having medication held in multiple locations. The team is encouraged to look into and streamline the processes regarding overnight medication dispensation.

The antimicrobial stewardship program is in place and has made progress with continued education for physicians and staff. The team is encouraged to continue these efforts as new physicians and clinical staff join the site to ensure that the program continues to improve. VTE and Do Not Use abbreviation audits are on-going and staff are receptive to feedback.

Large multi-use vials are stored in the client service areas with the label "single use only". While the intent is for one patient only to be served by this vial to decrease the risk of cross-contamination, the wastage is high, and staff may be tempted to utilize the vial for more than one patient. If these medications are required, then acquisition of single use vials is recommended.

The pharmacist and pharmacy technician have significant changes ahead as the site changes after-hours medication access and prepares to implement Connect Care. Additional support for these part-time positions may be required to facilitate these changes and mitigate risk during transition periods.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.
Medication Management	12.5	Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.
Medication Management	12.8	The use of multi-dose vials is minimized in client service areas.
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.
Medication Management	19.3	The system for dispensing medications when the pharmacy is closed is regularly evaluated and improvements made as needed.

**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.**



Elk Point Healthcare Centre has struggled with obtaining physician coverage and has had to close the emergency department intermittently. At the time of the survey, the department was closed for 24 hours prior to arrival, opened for 24 hours the first day of the survey and closed for 24 hours on the second day of the survey. Although the team informs the municipality, advises the community through radio and social media, covers the H signs and post signs at the entrance to the emergency, this intermittent closure is a high risk for patients requiring emergency care.

The inpatient unit has five of the twelve beds designated for St Paul patients to assist in managing the overcapacity problems at that site. The facility does have a procedure for bringing in more staffing support but otherwise does not have a detailed overcapacity plan for the emergency or inpatient departments. While their overcapacity plan is still in development in conjunction with other sites, their role in providing overcapacity relief for other sites is well developed.

Evaluating the services provided at Elk Point Health Centre to align with other AHS facilities may optimize patient flow and prioritize staff and other resources to best support patients, families and the community.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.4	There is access to the emergency department 24 hours a day, seven days a week.
Emergency Department	2.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.
Emergency Department	2.11	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.
Emergency Department	2.12	Protocols are followed to manage clients when access to inpatient beds is not available.
Emergency Department	2.13	Protocols to manage overcrowding and surges are followed before requesting aid from alternative health care sites or diverting ambulances.

**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.**



The Elk Point Healthcare Centre provides key services in a relatively small community. Patients/residents and families are often known to their care providers, creating the groundwork for engagement and collaboration. Formal discussions with the community regarding input on programs and services occurs through an inter-agency group that meets quarterly. This group includes representation from the healthcare providers, community residents and the municipality.

Input is gathered from patient and family advisory councils at the zone level on various standard structures and processes that apply across the region. In addition, the hospital is encouraged to develop an internal group of former patients and family advisors to obtain the voice of the patient to co-design space and gather input on hospital-wide program specific structures and processes. Further engagement of patients/residents and their families in the development and monitoring of quality improvement initiatives is also encouraged.

Patients/residents and their families spoke highly of the care received and indicated they felt engaged in their own care. Family members are routinely included when the patient/resident is being discussed by the interdisciplinary team.

A very comprehensive admission is conducted upon the resident's admission to Long-Term Care and the resident and family are given detailed information outlining services that are available and how to raise any concerns they may have throughout the resident's stay. Care witnessed was respectful, culturally sensitive, and compassionate.

## Physical Environment

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

**There are no unmet criteria for this Priority Process.**



The Elk Point Healthcare Centre is a bright, clean, and uncluttered facility. Most patient/resident rooms are single rooms with just a few double occupancies in the Long-Term Care area. Each patient/resident room has a window allowing for good lighting as well as the opportunity for the patient/resident to see the outdoor activity. The Long-Term Care area is very home-like and residents have been able to decorate their room with their personal belongings.

The facility has a considerable amount of unused space and there is consideration for some new programs. The team is encouraged to look at the potential to support other programs such as restorative care for those following an acute hospitalization yet not well enough to return to their residence in the community.

A physician's clinic is located at the end of a corridor within the acute care area which provides good access for the physician to support an emergency within the inpatient area, however, it is suggested that the door that separates the clinic from the inpatient unit be secured with a keypad lock to ensure that ambulatory patients do not inadvertently enter the inpatient unit.

The Emergency Department is not particularly conducive to support the volume of patients currently being seen. This has resulted in a lack of privacy and some challenges with patient flow through the department.

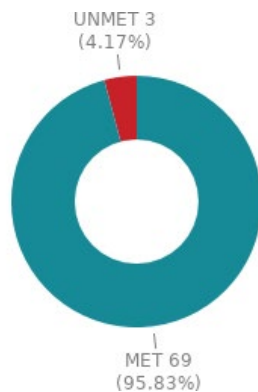
The healthcare centre is encouraged to look at increasing signage to support wayfinding. Consulting current and previous patients and their families may provide good ideas on how to increase wayfinding.

## Detailed Results by Service-Level Priority Process

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

### Emergency Department

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



The Elk Point Healthcare Centre Emergency Department provides services to the local and outlying communities as well as receiving overflow from surrounding emergency departments with longer wait times. There are four treatment rooms and a procedure room in the department.

The Emergency Department is supported by an on-call physician who concurrently covers the inpatient beds, long-term care, and outpatient practice. The community currently has one full-time physician as a longstanding community physician moves into retirement. The

recruitment of two family physicians is in progress. The community is reliant on locum physicians who have provided critical community coverage but are not consistently available for emergency coverage. The nurses are experienced and the collaboration and support with the inpatient staff supports quality care and the ability to respond to acute care emergencies or high patient volumes.

At the time of the survey, Elk Point Healthcare Centre did not have consistent physician coverage for the Emergency Department and was forced to close intermittently for 24-hour periods. The site works to publicize closures, but this remains a risk.

The Emergency Department does not have a dedicated triage area. Patients are triaged and treated in the same room, which works well when volumes are low but creates challenges when volumes are high, leaving untriaged patients in the waiting area. The team has been creative in managing potential COVID-19 cases by utilizing the enclosed emergency entrance as an additional assessment area and minimize the risk of bringing an infectious disease into the hospital.

The nursing station is centrally located in an open area in the middle of the department and tends to invite congregation by EMS, police, patients, and families. From an infection prevention and control perspective, a plexiglass barrier could be erected to reduce risk. Erecting a barrier should also be considered to improve privacy as the emergency nurse uses this space to verbally communicate with the on-call physician and annotate charts. A barrier may help improve both the visual privacy of the chart and mitigate the ability to overhear patient information being relayed at the desk.

Two of the four patient rooms in the Emergency Department have doors while the other two rooms have curtains. The site may consider adding doors to these spaces to improve privacy for the patient in the room as well as for the staff working at the central desk.

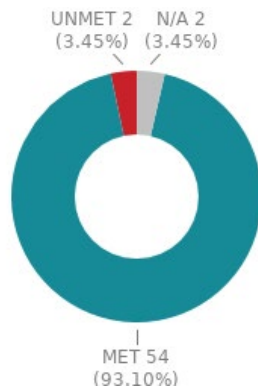
The nursing staff have excellent processes to complete medication checks of the crash cart and advise the pharmacy team when medications are approaching expiry dates. This process could be facilitated by utilizing standardized crash cart medication trays that are replaced in their entirety after use. This would minimize workload for front-line staff and streamline processes for ensuring an appropriately stocked crash cart.

The Emergency Department has recently undergone a decluttering exercise and their efforts show. The department is neat, clean, and uncluttered. A review of labeling could also be of benefit to ensure accuracy and help direct casual staff and locum physicians to where required items can be found.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

## Inpatient Services

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



The inpatient unit has 12 single rooms with private bathrooms, including a palliative care room. They do have an additional observation room next to the nursing desk which can be utilized if required. Two of the patient rooms have a ceiling lift. The glassed area in front of the nursing station has been repurposed as the outpatient infusion room and provides an observable space to monitor infusions while still separating patients from the inpatient activity. The physiotherapy department has a large and well supplied space suitable for a rehabilitation program.

The interdisciplinary team of nursing, physician, physiotherapy, and pharmacy impress with their strong culture of collaboration. The team has recently implemented new procedures to support quality care. They demonstrate strong communication and a willingness to modify procedures in line with best practice recommendations. The interdisciplinary team conducts rounds daily and present a collaborative approach to care for their patients.

Care boards are utilized in the patient rooms. During interviews, patients frequently referred to the board and appreciated the ability to orient themselves. The quality board is positioned next to the nursing station and the team has done an excellent job in implementing processes, auditing their ROPs and openly presenting their results. The nursing team utilizes a standardized tool to facilitate the passage of information between shifts. Moving the handover to the bedside to involve patients and families in this process may be considered by the team.

The team has excellent support and resources for palliative care and are working on standardized order sets which will help to streamline care for this patient population. Geriatric and pediatric supports are also available from other sites.

The Elk Point Healthcare Centre previously had operating rooms and pediatric facilities which are no longer used for inpatient care. The former operating rooms and other underutilized spaces provide opportunity for supporting future facility requirements.

The site has done a great job in implementing a quality program and engaging staff to pull and share the audit information with staff, patients and families. Further developing this program to promote conversation and involve staff to identify quality improvement initiatives is recommended.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.1	Services are co-designed to meet the needs of an aging population, where applicable.
Inpatient Services	6.5	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.

### Long-Term Care Services

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



**There are no unmet criteria for this Priority Process.**

The thirty bed Long-Term Care (LTC) unit is located on the second floor of the healthcare centre. The entire floor is dedicated to resident care and the necessary support services. The design of the unit includes three pods of ten beds each moving out from a central hub. In the central hub, a large dining room and living room provide areas for residents to come together to eat and enjoy social activities. These areas are adjacent to a central nursing station

providing good visibility and supervision. The entire floor is decorated with pictures and large plants creating a homelike environment.

New residents being admitted undergo a very comprehensive assessment and the information obtained is used to create a care plan that is shared with the interdisciplinary team. Medications are reconciled on admission and each resident’s medications are reviewed with the pharmacy technician on a monthly basis. The admission assessment also includes baseline data regarding the resident’s risk for falls, skin status, mental health status (including any risk of suicide), as well as oral health. Each resident's care is reviewed annually with input from the resident, family and interdisciplinary staff. These interdisciplinary care conferences are also held when the resident’s condition changes. The LTC unit is encouraged to bring staff in as quickly as possible to support new resident admissions thereby facilitating patient flow from acute to LTC.

Care is provided to the residents by an interdisciplinary staff including nursing, rehabilitation assistants, recreation therapists and a dietitian. The team appears to work well, supporting each other as needed.

Although the unit does have strong interdisciplinary support, there is a lack of physician coverage on the unit. The leadership team is encouraged to request physician presence on a regular basis as well as when requested by a resident or their family. Nursing staff interviewed indicated they had regular performance reviews and the leadership team is encouraged to have this happen for all disciplines. Educational opportunities include the mandatory learning as well as courses or presentations aimed at further professional growth and development. Staff appear to be caring and compassionate and several indicated the residents felt “like family”. The management in LTC is very energetic and has made significant changes in a short while, with plans for further changes and improvements. The LTC area is to be commended for the work they have done in closing the loop on their initiatives, reviewing results of audits, and changing their interventions accordingly.

There is an active Resident Council where discussion is had as to what is working well and what needs to be improved. The views of residents are sought both individually as well as a group. The unit is encouraged to engage the Council and family members further in quality and patient safety initiatives. The quality board is very visible for residents and family members to see the results of the initiatives underway.

Family members interviewed indicated they feel included in the care of their family member, they are kept well informed and greatly appreciate the efforts of the staff to keep their loved one safe and receiving quality care, particularly during the past year and a half of the pandemic. The unit is commended for the caring and compassionate culture that has been created to support residents and their family members.

## Service Excellence

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



**There are no unmet criteria for this Priority Process.**

The Elk Point Healthcare Centre is a rural hospital offering emergency services, inpatient and outpatient services as well as Long-Term Care. With acute care, Long-Term Care and Home Care services all in the same facility, collaboration is easier and more readily accessible.

The site participates in inter-agency meetings that are held quarterly to address gaps in services or changing needs.

Included in these meetings are the healthcare providers,

community residents and municipal leaders. The healthcare centre is encouraged to also develop an internal patient and family advisory council to support the acquisition of feedback on program and service design.

The Long-Term Care management describe receiving great support from leaders at the zone level, including the Quality Consultant and IPC representative. In addition, there appears to be good collaboration within the site by the site leads for the different disciplines. All discipline leaders meet monthly for their Healthcare Operational Team meetings.



In addition to mandatory education, staff also indicated they have access to other learning opportunities for their professional development. The team appears to work very collaboratively, assisting each other if one area is busier than another.

Falls, hand-hygiene, and medication reconciliation are currently the key focus for quality improvement and safety initiatives.

In preparation for ConnectCare, the site has implemented several actions to support enhanced collaboration of the team and patients/residents including comfort care huddles, white boards in the patient/resident rooms and rapid rounding to support interdisciplinary and patient/resident and family communication. Staff spoke highly of these activities and have found them to be very useful.

Patient safety incidents are reported and followed-up by the manager of each area. Some trending of incidents occurs at the zone level which reports back if further intervention is required. Major risks to the site currently are the shortage of Registered Nursing (RN) staff and physicians. The shortage of physicians has resulted in the need to close the Emergency Department on certain days as there is no physician to provide coverage. Plans are underway to have two additional physicians join the site shortly. The nursing shortage is being mitigated by having registered staff float throughout the site and support where it is most needed.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	2.4	There is access to the emergency department 24 hours a day, seven days a week.	June 30, 2022
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.	June 30, 2022
Inpatient Services	6.5	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.	June 30, 2022
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.	June 30, 2022
Medication Management	12.5	Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.	June 30, 2022
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	June 30, 2022
Medication Management	12.8	The use of multi-dose vials is minimized in client service areas.	June 30, 2022

Follow-up ROPs			
Standard	ROP - Test of Compliance	Due Date	
Emergency Department	<b>Information Transfer at Care Transitions</b>		
	8.17.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 30, 2022
	8.17.4	Information shared at care transitions is documented.	June 30, 2022
	8.17.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer; Asking clients, families, and service providers if they received the information they needed; Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	June 30, 2022
Medication Management	<b>Antimicrobial Stewardship</b>		
	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2022
Medication Management	<b>High-Alert Medications</b>		
	2.5.6	Client service areas are regularly audited for high-alert medications.	June 30, 2022