George McDougall – Smoky Lake Healthcare Centre

North Zone

Alberta Health Services

Spring Survey
June 14 - 25, 2021

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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 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:

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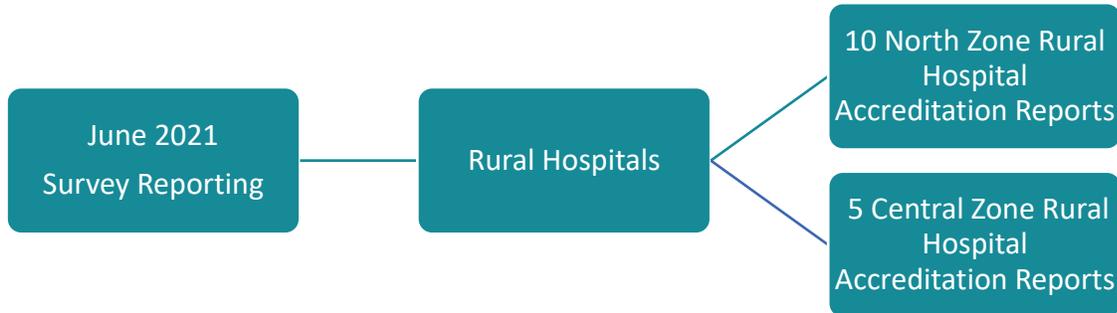
North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- 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

This facility was built in the 1980s and is well maintained and kept very clean. There is very limited clutter in corridors. The facility serves a diverse population that includes high proportions of elderly, Indigenous, and Hutterite communities. Patients and residents benefit from well-kept grounds and pleasing vistas. A physician clinic is part of the site. Staff and physicians appear to work well together.

There is timely access to services. The site receives regular Infection Prevention and Control (IPC) as well as biomedical engineering support. There are several examples of staff being cross trained in clinical and support roles. Staff are commended for their resiliency and decision-making capacity that comes from working in rural sites with minimal on-site supports that would be available in larger Centres.

Hand hygiene rates are consistently high and an informal quality improvement project which resulted in staff being trained in self-auditing has proven successful. This has been shared provincially and the teams were recognized as hand hygiene champions.

Standard assessments and order sets are utilized, and care is evidence-based.

Alternate level of Care [ALC] patients are ongoing challenges, however, there is some indication that lengths of such stays have declined over the past few years.

Significant growth opportunities exist in the areas of person-centred care, quality improvement with the use of key performance indicators, audits, widespread reporting of results, and targets for improvement.

There are ongoing recruitment challenges. As a result of COVID-19, the organization has strong screening protocols in place that are adhered to.

Challenges common to rural sites exist such as: management's time to juggle demands, recruitment, auditing, pursuance of quality improvement initiatives, access to management and resources that are off site, standardizing and formalizing practice requirements (such as documentation, medication reconciliation and best prescribing practices), time and support for evaluation of practices and programs, as well as all the daily operational matters that inevitably arise.

Major projects appear to be managed centrally in a top-down fashion. Local teams express the desire to be consulted and be able to contribute and anticipate potential impact on their daily operations (e.g., repairs that are needed to the roof of the facility).

The management group responsible for the site meet regularly and appear to be a cohesive group. The implementation of ConnectCare holds promise for many aspects of operations however, there will be significant change management requirements.

Survey Methodology

The Accreditation Canada Surveyors spent two days at George McDougall – Smokey Lake Healthcare Centre.

To conduct their assessment, the survey team gathered information from the following groups[1]

Other, 3, 8%

Administration, 4, 10%

Clients and Families, 6, 16%

Physicians , 0, 0%

Staff, 25, 66%

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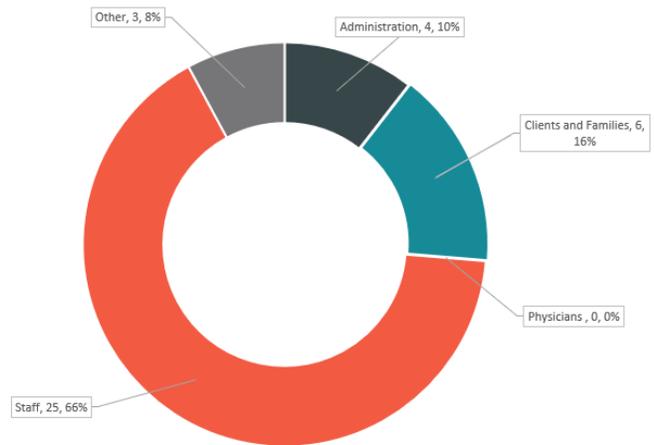
[1] "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Standardize and document transfer of information

2. Identify and implement ways to improve People-Centred Care

3. Conduct evaluations of programs and processes regularly

4. Create formal quality improvement initiatives and involve front-line staff in projects and activities

5. Explore having a full-time security presence

Areas of Excellence

1. Great collaboration and teamwork - general support staff are very engaged and contribute actively to Infection Prevention and Control (IPC) activities

2. The facility is well maintained despite age

3. Good utilization of staff competencies shows their resiliency and strong decision-making capacity

4. The site's hand hygiene audit results are consistently high – training and auditing is done very well

5. Strong response to the COVID-19 pandemic

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria			Attestation:
Attested 99% met	**On-Site** 95% met	**Overall** 96% met	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.
Number of attested criteria			On-site Assessment:
Attested 89 criteria	**Audited** 17 Criteria		Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

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

Compliance by Standard
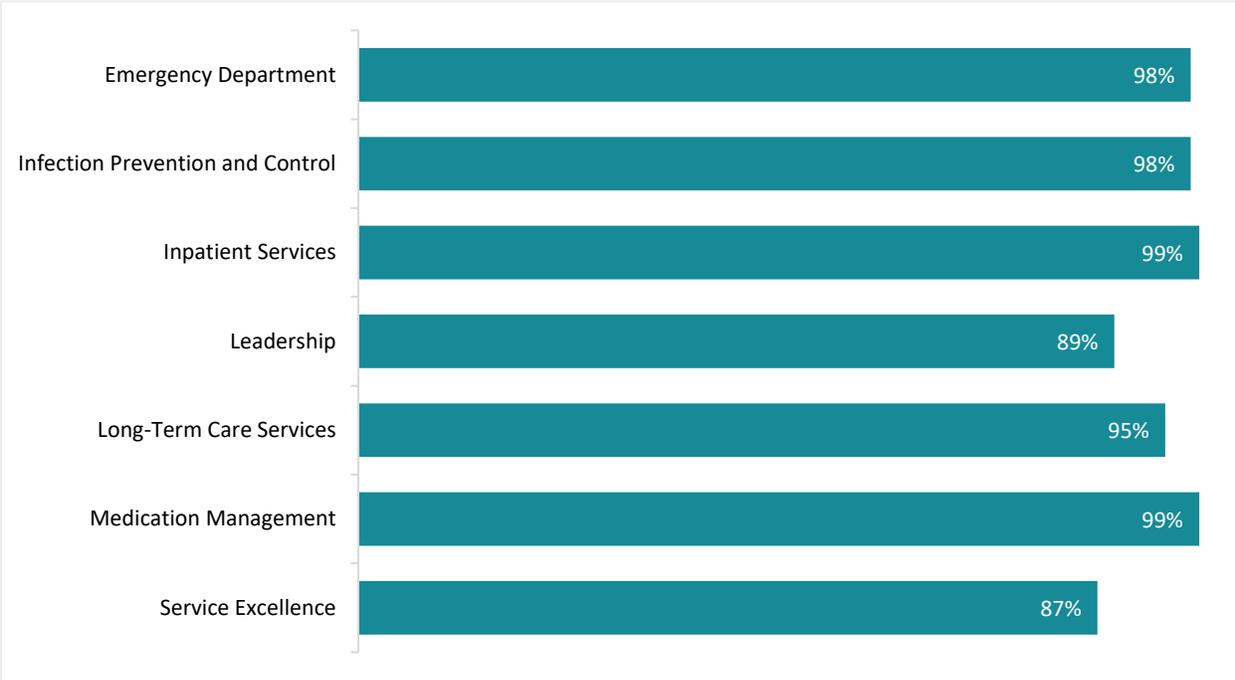
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	2	0	0
Infection Prevention and Control	52	1	11	0
Inpatient Services	67	1	1	0
Leadership	8	1	0	0
Long-Term Care Services	76	4	1	0
Medication Management	81	1	5	0
Service Excellence	66	10	0	0

Compliance By System Level Priority Process
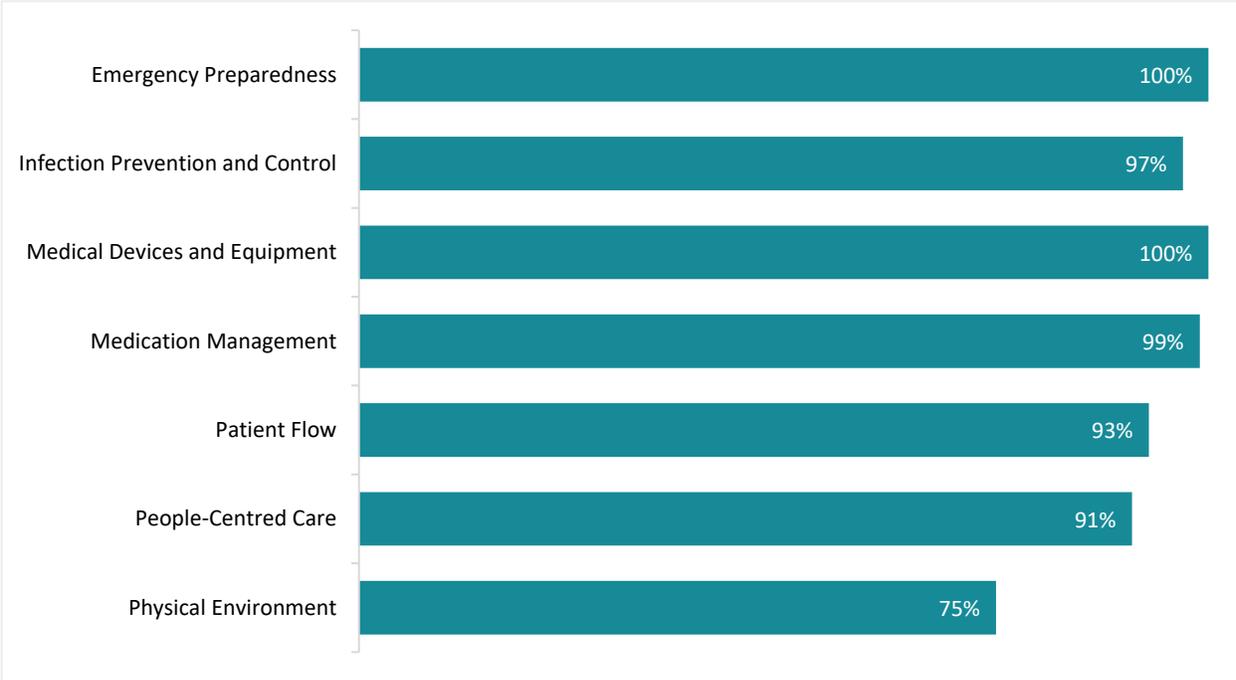
PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	33	1	0	0
Medical Devices and Equipment	16	0	11	0
Medication Management	81	1	5	0
Patient Flow	13	1	0	0
People-Centred Care	30	3	0	0
Physical Environment	3	1	0	0

Compliance by Quality Dimension

Dimension	Percentage
Accessibility	84%
Appropriateness	96%
Client Centered Services	99%
Continuity of Services	100%
Efficiency	100%
Population Focus	75%
Safety	97%
Worklife	77%
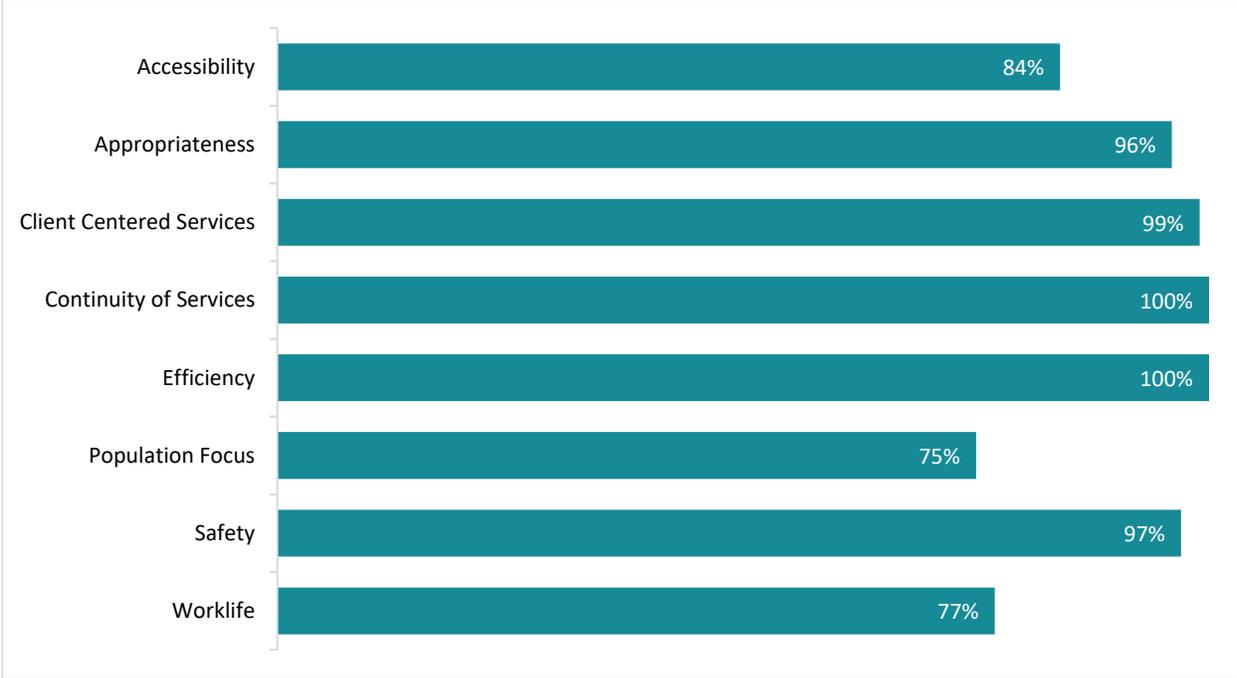
DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	26	5	0	0
Appropriateness	144	6	8	0
Client Centered Services	112	1	0	0
Continuity of Services	17	0	0	0
Efficiency	3	0	0	0
Population Focus	3	1	0	0
Safety	128	4	9	0
Worklife	10	3	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
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	UNMET
	Long-Term Care	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene 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	UNMET
	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.

MET 7
(100%)

The site has demonstrated a very robust pandemic response, applying procedures standardized across Alberta Health Services [AHS].

There is evidence that emergency codes are regularly practiced on a rotational basis according to a pre-determined schedule, and various departments are identified as being responsible to ensure the execution of these exercises. Staff interviewed (including support staff) indicated that evacuation drills were carried out. They demonstrated very good knowledge of their expected duties during emergency evacuations.

The local fire chief also works at the site, providing opportunities to participate in and observe fire drills. The site is encouraged, nevertheless, to formalize a process with the fire department to ensure that said fire department participates and provides feedback periodically on the fire drills and exercises.

Maintenance staff expressed concerns regarding the emergency generator, stating that they have experienced unexpected equipment failures over the past few months. The site is encouraged to examine possible contingency plans in order to ensure that critical equipment and services can be maintained in case of a major power outage.

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.

UNMET 1
(2.94%)

MET 33
(97.06%)
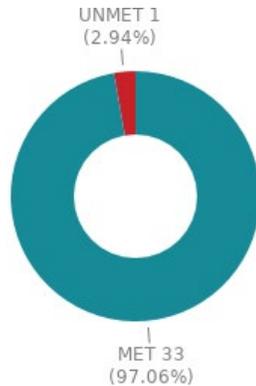
The site is well supported by the Zone for Infection Prevention and Control [IPC]. Despite being located off-site, the Infection Control Practitioner (ICP) is knowledgeable about the operations, tracks appropriate indicators and infection rates and is highly accessible to management and staff.

Support staff and managers were highly knowledgeable and active in infection prevention and control requirements. Their interest, practice, and well-kept workspaces were noticeable and commendable. The staff were recognized for their unique hand-hygiene initiative which involved many staff members being trained as auditors and then self-reporting. This has raised staff's mindfulness and resulted in high numbers of observations and compliance rates. The site is commended for this initiative and is encouraged to share this approach more widely with AHS.

There is a high volume of testing given their high proportion of elderly and experiences with a COVID-19 outbreak late December and early January. Staff were clearly impacted by the outbreak of the pandemic and demonstrated great resilience. Quick and effective supports were provided to the site by appropriate Zone and provincial groups during the outbreak. Many admissions are under "precaution" until test results are received.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	14.3	Input is gathered from team members, volunteers, and clients and families on components of the infection prevention and control program.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.

There are no unmet criteria for this Priority Process.

There is no medical device reprocessing carried out on-site; equipment is shipped and returned. Appropriate tracking of equipment sent out is in place. The staff responsible is experienced, knowledgeable and trained for their role. The space for handling cleaned supplies is adequate and well maintained. There is appropriate air flow and soiled/clean separation is maintained. Given the status of no on-site reprocessing, it has been some time since the last IPC audit of the area, however, this is a relatively low risk. The ICP is knowledgeable about the site and provides ready support when needed.

N/A 11 (40.74%)
MET 16 (59.26%)

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.

UNMET 1 (1.15%) N/A 5 (5.75%)
MET 81 (93.10%)
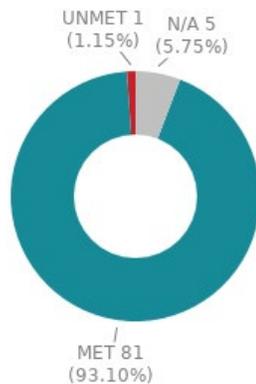
Medication management at this facility is generally well done. A review of charts during the survey indicated that medication reconciliation is completed and documented. The pharmacist and pharmacy technician are knowledgeable and active in all aspects of care. Providers have accessibility to pharmacy consultations and services during the day and after-hours. There is regular consultation between pharmacy staff and the Zone pharmacy lead. Storage of medications is well organized and secure. High-alert medications are identified. Pharmacy staff receive access to continuing education and are aware of best practices in medication management.

It is recommended that the site continue its discussions with the Zone pharmacy program regarding the storage and placement of look-alike/sound-alike medications to ensure optimal separation and safety. Expired medications are handled appropriately. Documentation of medications is accurate and complete.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.

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.

UNMET 1
(7.14%)

MET 13
(92.86%)
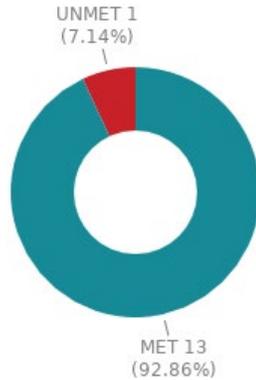
Discharge planning begins on admission. Clients and family members are involved in the plan of care with the physician and the team.

Ongoing challenges exist with Alternate Level of Care [ALC] patients on the unit. The site works closely with their Home Care staffing liaison who works on-site. Daily meetings occur and are attended by the lead nurse. Despite these efforts, nearly half of inpatient beds were designated as requiring alternate levels of care. Surveyors were advised that there have been improvements in length of stay in recent months and it is recommended this be pursued. Physicians help facilitate appropriate discharges from acute care. It is recommended that objective criteria are used to determine admission to long-term care.

An informal quality improvement initiative involving identifying anticipated date of discharge was undertaken, yet results were not widely shared throughout the site. Transfers were witnessed and handled appropriately.

STANDARD	UNMET CRITERIA	CRITERIA
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.

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.

UNMET 3
(9.09%)

MET 30
(90.91%)
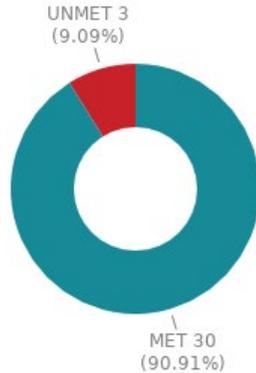
Patients and residents interviewed feel that their preferences and objectives are heard and taken into account when formulating their individual treatment and care plans. They feel that they are provided opportunities to be involved in their care.

The site is encouraged to continue to provide opportunities to inform their clients on some of the key performance indicators, thereby building capacity for their clients to participate in activities at various levels, including quality improvement activities and decisions driven by data.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	1.7	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.
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.
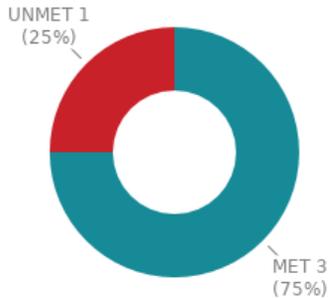
The site offers clean, bright, and uncluttered space. The facilities maintenance team has recently undergone many personnel changes, and the new team is in the process of revamping processes and procedures.

The team is encouraged to continue their efforts to formalize written maintenance procedures, to ensure that personnel have clear instructions and guidelines to properly provide maintenance and support to equipment in place.

The site is also encouraged to involve frontline personnel in the planning of major projects (e.g., renovation of the roof) so that people who know the particularities and everyday functioning of the building can contribute to the planning and anticipate potential issues related to the various projects, thereby preparing contingency and mitigation strategies to minimize risk.

The facility currently has no formal security personnel. Given the 24/7 nature of its operations, as well as its remote location, the site is encouraged to evaluate the possibility of improving security especially for off-peak periods such as evenings, nights and weekends. The parking lot is well lit at night. Staff are tired from the challenges of the past year, yet feel safe in the facility.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	9.10	Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.

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.

UNMET 1
(1.39%)

MET 71
(98.61%)
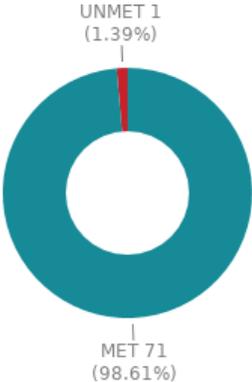
There is 24/7 emergency service situated on a busy highway. There is physician availability and stability. Staff are well trained and during slower times nursing staff work between the Emergency Department [ED] and the acute care inpatient unit. There is access to training appropriate for EDs such as Canadian Triage & Acuity Scale (CTAS) Triage and Advanced Cardiac Life Support. The transfer of information when patients are admitted from the ED is not always fully documented or standardized. The size and layout of the facility supports a high level of collaboration among services.

Patients presenting at ED were limited in number during the survey visit. Those who did present were registered, triaged, and seen promptly and had diagnostics completed without delay. The on-call physician responded promptly. The two-client identifier was used, and appropriate assessments were completed. The physician involved the patient in the plan of care. Patients shared that they feel safe and are pleased with levels of access to services. The area is well laid out and kept clean. There is no seclusion room available and no security on-site, however, staff have access to panic buttons and the local RCMP are known to respond quickly when contacted. It was noted that one of the medication cupboards in the ED was slightly disorganized. Staff have access to many training opportunities.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.

Inpatient Services

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

UNMET 1 (1.72%)
N/A 1 (1.72%)
MET 56 (96.55%)
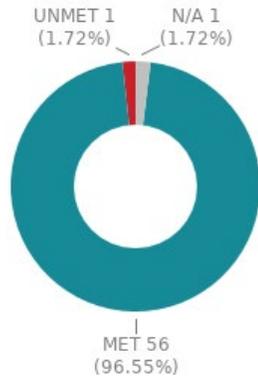
Patients and family members reported being highly pleased with the care and service provided on the unit. They shared that they were highly involved in their care, were informed, and had the ability to make choices. Family members were welcomed as supports and they also had high praise for the staff and physicians for their accessibility and compassion. Whiteboards in the rooms were complete and updated daily. The name of the care provider is listed. When transfers were needed to other sites, such as for chemotherapy services, all appropriate arrangements were made and usually went quite smoothly. This type of transfer was observed, and the transferring nurse did an excellent job with transfer of information to the ambulance attendants using the transfer document. Appropriate sign off occurred.

Several charts reviewed did not always have signatures of the ambulance service and there were no examples where the receiving site signed the transfer back document. It is recommended that this be brought to the attention of the staff and the ambulance operators so they can ensure documentation at all transfers is standardized, complete and appropriately documented. It is recommended that a quality improvement initiative with support from management and Zone facilitators be organized on information transfer practices. This would also be an excellent opportunity to involve clients and family members, to obtain their perspectives and help launch People-Centered Care initiatives which have not been part of the site's culture and approach yet.

Charts were thorough and neatly completed. There is regular monitoring of pressure ulcers.

Staff often work between units depending on activity in the ED. While this clearly facilitates continuity of care, transfer of information is often not standardized or documented because it is the same staff member.

The Zone Infection Control Practitioner maintains close contact with the site and receives regular updates of infections and audits. There have been no significant or unusual levels of *C. difficile* and MRSA infections. Testing of patients for COVID-19 being admitted is widespread and admitted clients undergo precautions until test results are received.

Patients are pleased with meals and have menu choices. Concern was raised about the high costs of transportation to appointments and treatments and one patient advised that the ambulance ride was rough, and that ambulance should have air suspension to make it easier on older and infirm patients.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.1	Services are co-designed to meet the needs of an aging population, where applicable.

Long-Term Care Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.
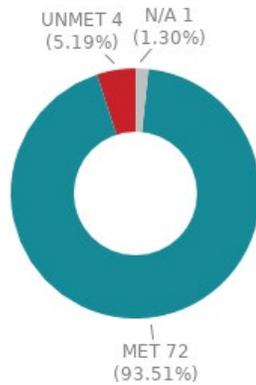
The Long-Term Care staff demonstrate good relationships with residents and their families. Residents express satisfaction and feel safe, many stating that this facility was their first choice despite being farther from their home.

At the time of the survey, the department had three vacant beds.

The team has recently undergone an improvement activity, reducing the use of mechanical restraints by 70%. The use of mechanical and chemical restraints has continued to be monitored since the implementation of this project, and the use is regularly reviewed by a multidisciplinary team.

The team is encouraged to establish department objectives, with input from staff and clients, , and to involve its staff and residents in the identification and the implementation of activities to achieve these objectives.

The team is also encouraged to implement objective and clear acceptance/admission criteria to ensure transparency and equity to all who request admission to this department.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	2.2	There is a process to respond to requests for services in a timely way.
Long-Term Care Services	2.4	Defined criteria are used to determine when to initiate services with residents.
Long-Term Care Services	6.2	The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.
Long-Term Care Services	8.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.

Service Excellence

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.
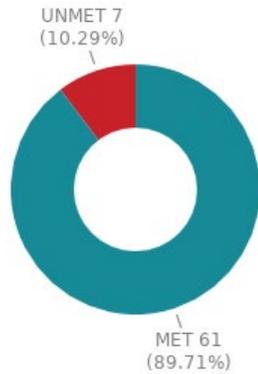
The site is encouraged to pursue the identification of performance indicators and evaluations with consideration of the needs and context of this site. In addition, the site is encouraged to explore other strategies to disseminate data provided by the Zone Quality Improvement group to staff and clients to educate and build their capacity to contribute.

The site has made attempts to resume employee performance appraisals. They are encouraged to actively pursue this as employees are eager to receive feedback for their work.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
Service Excellence	2.7	A universally-accessible environment is created with input from clients and families.
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	5.3	Team members are recognized for their contributions.
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	Due Date
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.	June 30, 2022
Leadership	9.10	The physical space meets applicable laws, regulations, and codes.	June 30, 2022

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
Emergency Department	**Information Transfer at Care Transitions**	
	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
Inpatient Services	**Falls Prevention and Injury Reduction**	
	5.8.3 The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions	
	6.18.1 The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	June 30, 2022
	6.18.2 Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 30, 2022
	6.18.4 Information shared at care transitions is documented.	June 30, 2022
	6.18.5 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