

2022

# Hanna Health Centre

## Central Zone

### Alberta Health Services

Spring 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.

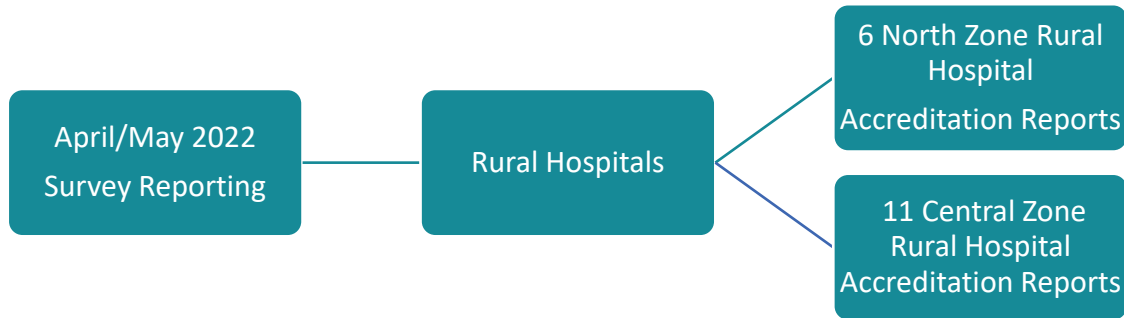
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 Spring 2022 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

Hanna is a town in east-central Alberta comprised of approximately 2600 residents. The Hanna Health Centre provides a range of healthcare services including a 24/7 emergency department, inpatient unit, palliative care, and long-term care. The sense of community and teamwork was immediately demonstrated and continued throughout the survey visit. During tracer activities that included a multi-disciplinary team of staff including pharmacy, nutrition, allied health, nursing, administration, and support staff, the focus on patient and quality care was voiced.

Strengths include strong evidence of adherence to Infection Prevention and Control (IPC) guidelines, client and family engagement, teamwork, and demonstrated connections to resources in AHS. Hanna Health Centre is encouraged to strengthen quality improvement and continue building a culture of safety.

Surveyors had the opportunity to meet and work with site leadership who demonstrated commitment to the hospital, safety, and improvement at a high level. Given the rates of turnover, COVID-19, and the high use of contract nurses, there is a great deal resting on each leader. As the pandemic experience evolves, and leadership stabilizes, it is important to begin to delegate and involve others in the many areas the leaders are responsible for.

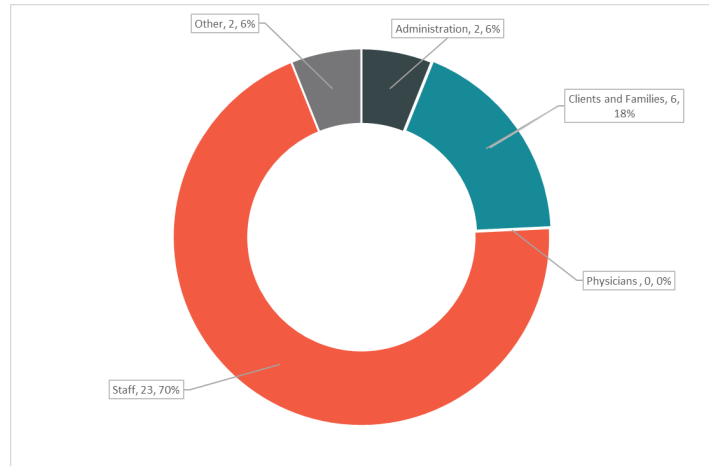
The site has done a good job with overall key poster placement, some of which have highlighted ROPs. Efforts on this work should continue to ensure all ROPs are in place (e.g., Suicide Prevention/Assessment and processes as per AHS Policies). Much of this needed work is not onerous to complete but will require follow up and evaluation, to ensure that efforts are maintained.

## Survey Methodology

The Accreditation Canada Surveyors spent one day at Hanna Health Centre.

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

Groups	# of interviews
Administration	2
Client & Families	6
Physician	0
Staff	23
Other	2



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<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. Continue to work on key and required areas of practice to ensure safety, quality, and improvement, and disseminate the work to frontline staff
2. Explore innovative quality improvement work (e.g., oral care practices in LTC and expanded scope of practice for pharmacy technician)
3. Continue to work with recruitment toward permanent nursing hires and reduce the use of contract staff

### Areas of Excellence

1. Strong use of resources both locally and throughout AHS (e.g., Infection Prevention and Control RAAPID access, and the Zone Quality Lead)
2. Leaders supporting leaders – at the site level, locally, and organizationally
3. Visibility of posted information (e.g., the IPC hand hygiene campaign is very engaging and well displayed)



# 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> 99% met	<b>Overall</b> 99% met	
Number of attested criteria			<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
<b>Attested</b> 91 criteria	<b>Audited</b> 10 Criteria		

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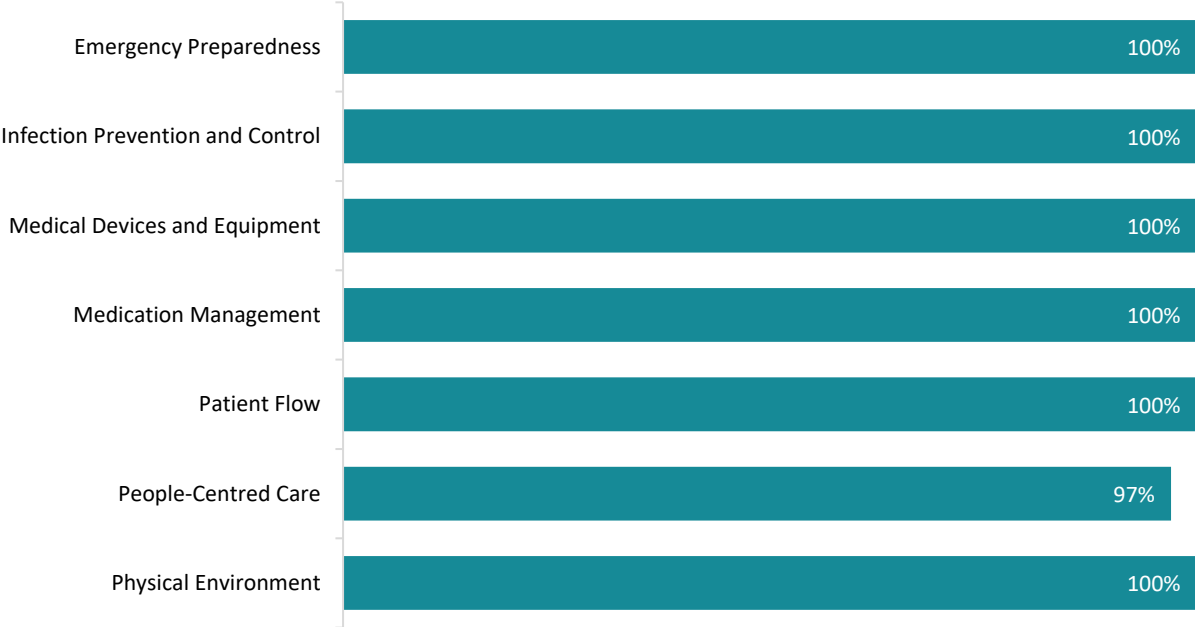
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	89	1	0	5
Infection Prevention and Control	46	0	16	2
Inpatient Services	62	0	0	7
Leadership	8	0	0	1
Long-Term Care Services	69	0	0	12
Medication Management	81	0	7	1
Service Excellence	68	4	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	32	0	0	2
Medical Devices and Equipment	11	0	16	0
Medication Management	81	0	7	1
Patient Flow	13	0	0	1
People-Centred Care	32	1	0	0
Physical Environment	4	0	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	31	0	0	0
Appropriateness	134	5	9	10
Client Centered Services	97	0	0	17
Continuity of Services	16	0	0	1
Efficiency	3	0	0	0
Population Focus	3	0	0	1
Safety	126	0	13	3
Worklife	13	0	1	0
<b>Total</b>	<b>423</b>	<b>5</b>	<b>23</b>	<b>32</b>

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	UNMET
	Inpatient Services	UNMET
	Long-Term Care Services	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
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
<b>MEDICATION USE</b>		
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
<b>INFECTION CONTROL</b>		
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
Reprocessing	Infection Prevention and Control	MET
<b>RISK ASSESSMENT</b>		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
Pressure ulcer prevention	Inpatient Services	MET

	Long-Term Care Services	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	UNMET
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.**

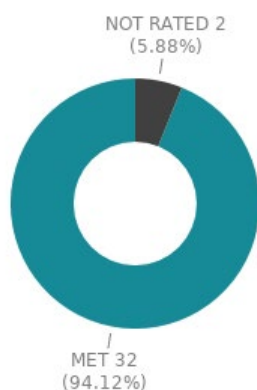


The Hanna Health Centre provides evidence of rigour around fire drills. During the onsite tracers there was a live fire drill. It was interesting to see consideration and effort to involve people who had not recently participated in a drill. It was observed that staff were well aware of their roles in the process and that they responded in a timely way. There was a debrief of the exercise immediately following, with findings entered into a database for reporting and future tracking/reference.

While all codes are practiced on a monthly rotation, it was uncertain when a tabletop or mock disaster had last been completed. It is recommended that the site participate in a tabletop exercise or mock disaster so that health centre staff have current awareness of their place in the larger interagency process.

### 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.**



It was observed that thoughtful and deliberate steps had been taken to incorporate the lessons learned from the pandemic into the infection prevention and control (IPC) program onsite. Screening processes were in place, hand sanitizers were readily available in administrative and care areas, and distancing and isolation procedures were evident. There was evidence that quality monitoring is in place for metrics related to things like hand hygiene. Efforts are underway to continue close work in all areas of IPC and a recent 'walk about' yielded a report with next steps on

which work is now underway. This was very well done. There was appreciation from staff about the IPC visits and the ability to call at any time and receive help.

## Medical Devices and Equipment

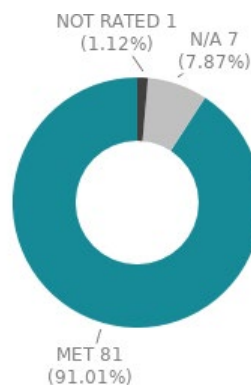
**Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.**



Medical devices and equipment were reviewed with infection prevention and control. Services offered at the site do not include endoscopy or sterilization. Attention has been paid by the interprofessional team on care cleaning and organization of all equipment. It is considered the duty of the whole team with clear expectations and cleaning stations. The system works well and set up was observed in numerous spots throughout the facility.

## 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 knowledge, skills, and commitment of the multidisciplinary team involved in medication management was a highlight of the survey visit. The organization of medication, clear labelling of medications, and quality checks in place was demonstrated thoroughly. The pharmacy and medication carts were well organized and all required measures were in place to secure high-risk medications. The sense of team and multi-disciplinary collaboration was observed during a rapid bed rounding that included pharmacy. Multiple disciplines gathered to discuss

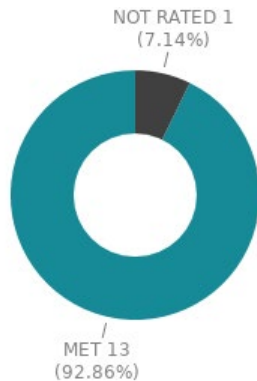
inpatients from admission to preparing proactively for discharge. Processes to ensure safe storage and access to medications were clearly outlined including how after hour access would occur and measures to ensure safety are maintained. Opportunities to explore and further continue on the path for meeting this priority process include expanding the role of the pharmacy technician in the process for Best Possible Medication History upon admission. Further, exploring of the scope of practice for the pharmacy technician in terms of taking verbal orders was raised as an opportunity to create efficiencies in a small yet resourceful rural health care facility. During the tracer, it was observed that the clinical



pharmacist and pharmacy technician are well connected to the AHS structure and community pharmacies to ensure compliance with the standards.

## 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.**



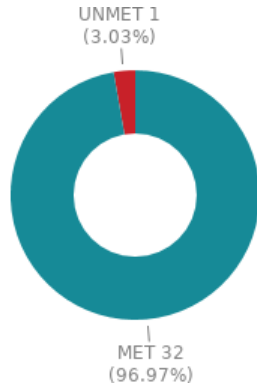
Surveyors completed a tour of the Hanna Health Centre and, despite older infrastructure, available space was creatively and notably utilized in an organized manner. Clients said that signage on the outside of the site was clear and easy to follow. Further, to counter healthcare and human resource challenges, multi-pronged approaches were outlined including temporary bed closures, changes in model of care and skill mix, and the use of contracted healthcare staff. Though these changes have been challenging, the overall flow was working and wait times in areas like the emergency

department were not observed or described by staff as a routine experience. Staff are also able to outline how to manage admissions and coordinate discharges when the number of admitted patients is rising. Further, staff outlined clear processes in terms of referrals to other centres based on the client's care needs. This included after hours use of the RAAPID line-

It was observed that the AHS CoACT program for patient-centered care is gradually being implemented, although elements of it such as bedside rounding have been on hold during the pandemic. During the multidisciplinary rounds excellent interdisciplinary collaboration and planning was observed.

## 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.**



Patient tracers and discussions with a variety of staff demonstrated clear priorities for person-centered care. There were multiple boards that included visuals and posted information and patients described consistently being welcomed as part of their care through emergency, ambulatory, inpatient, and long-term care.

Patients and family members were very positive and complimentary about the staff and services. All the clients shared that they felt they had a voice, could easily share their wishes for care, and were listened to.

During a call with the Patient Advisory Council senior consultant, the role of the Council at the AHS level was discussed as well as how the Council might assist local communities. Given staffing challenges at times, when taking on a new project the site may wish to call on this resource to help with patient and family engagement.

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 facility was well taken care of inside and out. This work takes effort from several departments including Plant and Maintenance, Housekeeping, Laundry and Healthcare staff. In long-term care (LTC), a family member shared his appreciation for the level of cleaning and that when Maintenance is needed they come “really quickly”. On the tour of the site there is one door that does not self-lock or have an alarm. While it has some distance from the main LTC area, it would be beneficial to review the risk for elopement or harm to residents.

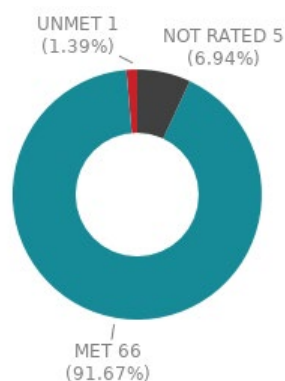
Any products or supplies that require special storage or attention have designated areas of storage with assigned accountability. More than one Environmental services employee shared their commitment to the site openly. “I love it here, I love cleaning,” and “I do it for the people.”

## 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.**



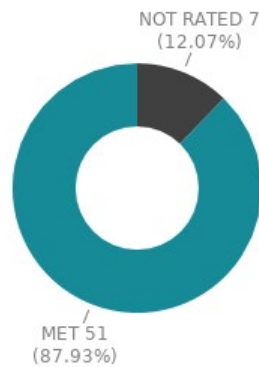
There is a clear demonstration of innovation to create flow for clients and families accessing emergency care. The change in model of care may warrant further exploration through a quality improvement lens. The impact and ability for one Registered Nurse to provide timely care to acute, ambulatory, and the emergency department will require ongoing evaluation and close monitoring to ensure standards continue to be met.

The emergency room had a dedicated isolation room set up for care of an infectious patient that was well organized, displayed clear signage, and supplies readily available for a deteriorating patient in covered containers. This demonstrated planning, coordination, and creativity.

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.

## Inpatient Services

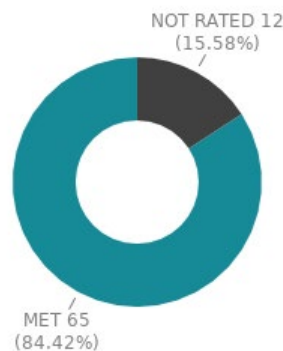
**Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.**



Surveyors participated in an active rapid bed rounding that involved participants from multiple disciplines including allied health, nursing, and a dietician. This occurred in a room and did not involve clients, however, staff communicated prior to the COVID-19 pandemic these occurred with clients at the bedside. These are worthwhile daily communication opportunities that could be strengthened if returned to the bedside and include clients and families.

## Long-Term Care Services

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



This long-term care (LTC) unit provides services to Hanna and the surrounding areas. For some residents it is a short stay until they get a space closer to their home community, and for others it is their last home. The staff rise to this challenge and work hard to provide client-centred care to all with a turnover rate that not all LTC facilities face. The leadership works hard to source and provide needed education. This may come from AHS or alternate providers if needed. Staff were positive about education opportunities.

All staff said, in a variety of ways, that their favorite thing about the Hanna Health Centre and their job was the residents and getting to know them really well. Even with the pandemic, staff felt they still had time to do their best for residents.

## Service Excellence

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



As the Hanna Health Centre continues to move forward in this challenging time, there is a sense of readiness for the work ahead. Relationships with organizational level supports are being utilized and as needs are identified the teams work to address them. As seen, this can range from the required move to Connect Care; the efforts to ensure ROPs and current procedures are being followed; to the work to recruit more permanent staff members.

At the same time, surveyors consistently heard two key themes. First, that clients, residents, and family members felt cared for, listened to, and were able to share and give voice to thoughts and wishes - they felt respected. And second, that staff care about their work and those they serve. There are many employees who have been there many years because they “love the people”, and this is directed at both patients and staff.

It is this culture, spirit, and caring that will continue to move Hanna Health Centre forward in a positive way to tackle and accomplish the excellence of care they are capable of.

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	10.8	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	8.6.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	June 30, 2023
Inpatient Services	6.2.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	June 30, 2023
Long-Term Care Services	4.9.1 Clients at risk of suicide are identified.	June 30, 2023
	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
Medication Management	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