

2022

**Grimshaw/Berwyn and District
Community Health Complex**

North Zone

Alberta Health Services

Fall 2022 Survey

September 18-23



**ACCREDITATION
AGRÉMENT
CANADA**

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About this Accreditation Report

Alberta Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted September 18-23, 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

- Grimshaw/Berwyn and District Community Health Complex
- Peace River Community Health Centre
- Sacred Heart Community 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

Grimshaw/Berwyn and District Community Health Complex was opened in 1985 and serves residents of Berwyn and surrounding communities. It is an older facility that has been maintained; the landscaping is exceptional. The original construction of the facility presents some challenges within the emergency room (ER), including a lack of a dedicated medication room and no visual sightline of clients in the waiting from the nursing station. In addition, the trauma/monitored bed is at the end of the corridor, away from the nursing station. The site includes the ER, which is currently experiencing a service reduction, and a 19-bed long term care (LTC) unit. The site is supported by both home care and public health, co-located at the site. There is laboratory services and diagnostic imaging (X-ray and ultrasound) available weekdays and on call. Surveyors spent one day speaking with staff, clients, and families, conducting tracers, and observing the health care team in action. The entire team was welcoming and eager to discuss their programs.

Grimshaw/Berwyn has dedicated clinical and support staff who take pride in their programs and are passionate about providing high quality health care to the community. The LTC manager has cultivated a strong program and a great working culture. The ER manager is located off-site.

The main risk identified by leadership within this site is an acute nursing staff shortage that has resulted in service reduction; the ER is open from 9 A.M. until 9 P.M. only. The main risks identified by staff are safety and security concerns regarding the ER staffing model on the night shift (1 RN) with security located in another community. As well, the entrance to the LTC unit is not locked after hours creating the opportunity for those attending the ER to wander into the area.

Client and family involvement is ongoing at the Zone level. At the site level, front line staff ensures the client is the center of the care team and that they are involved in all decision making about their care. There is an active Resident Council in LTC and the community had been involved continuously during the ER service reduction, including providing input in hours of operation. The site is encouraged to keep searching for ways to include the client and family in service and space design.

AHS investment and commitment to their intranet site, Insite, has provided staff with a wealth of current knowledge, standardized and up-to-date policies, and education resources. In addition, Connect Care has been fully implemented at this site and has provided significant standardization of assessments and available guidelines. The information system also provides many reference resources as well as electronic medication ordering and verification.

The site is to be commended for having an onsite hand hygiene champion, who completes quarterly audits and disseminates results to staff and the community. Additional hand hygiene stations throughout the facility are recommended. There are medication storage challenges in the ER and site leadership and pharmacy are encouraged to work collaboratively to ensure all medications are securely stored with required safety and alert labels and to ensure that multiple concentrations of medication are not stored close together. In addition, it is recommended that ER clients identified as being at risk for suicide are assessed. Infusion pump user guides should be readily available for all staff.

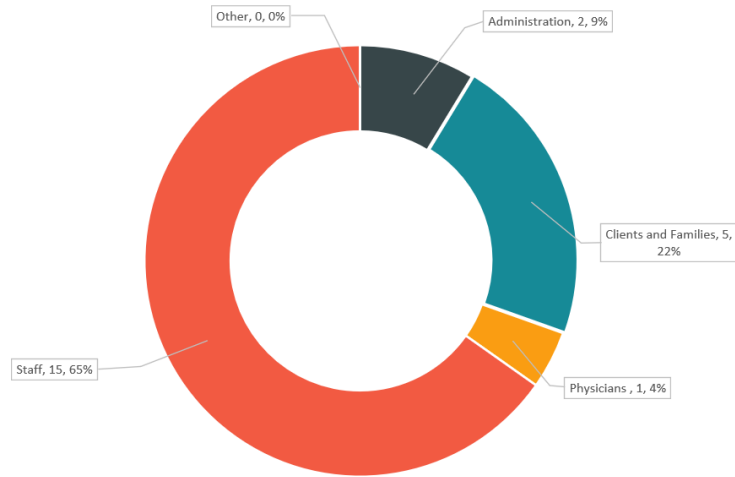
There are several quality boards in the facility, including a large and well-organized board in the waiting room. The LTC unit has several ongoing quality initiatives, including routine audits of required organization practices such as screening for falls risk and risk for suicide. Medication reconciliation is in place and process improvements are occurring based on those results. Routine post-fall huddles and behavioural care planning are used to reduce restraint use. The site is encouraged to continue to build on these successes in their journey towards continuous quality improvement.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Grimshaw/Berwyn and District Community Health Complex.

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

Groups	# of interviews
Administration	2
Client & Families	5
Physician	1
Staff	15
Other	0



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. Recruitment and retention of nursing staff
2. Review of safety and security concerns from staff regarding lack of onsite security presence after hours, particularly with only one staff in the emergency room (ER) at night as well as the long-term care (LTC) unit being locked
3. Evaluate infrastructural challenges in the ER which prevent a visual sightline to the waiting room, a dedicated medication room, a trauma bay and monitored bed near the nursing station
4. Enhance medication safety practices in the ER including securing medication carts, ensuring all medications have the required safety alerts
5. Increase number of hand sanitizing stations throughout the building
6. Standardize identification of clients at risk for suicide in the ER.

Areas of Excellence

1. Strong, knowledgeable interdisciplinary clinical teams that support each other, in both ER and LTC
2. Standardized practice and documentation made possible with Connect Care
3. Onsite hand hygiene audit champion
4. Well organized and up-to-date quality boards available for both staff and client review
5. Multiple historic photographs through the facility celebrate the connection to the community and the history of healthcare in the area
6. High praise from clients for clinical team and the care they received

Results at a Glance

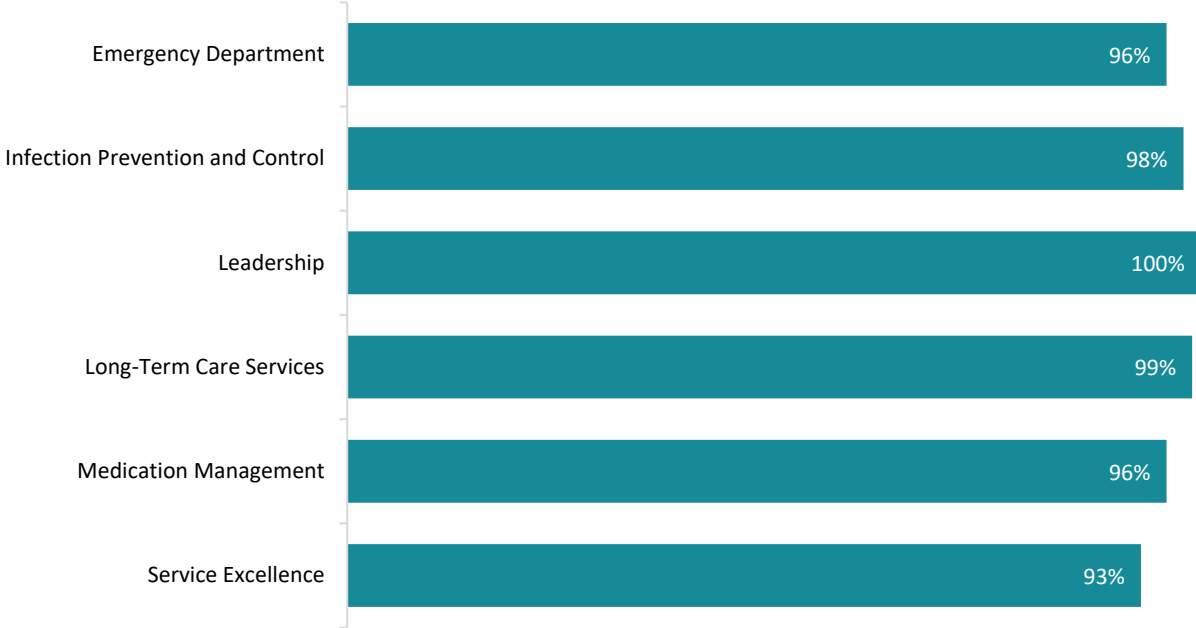
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: 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.
Attested 100% met	On-Site 95% met	Overall 96% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 83 criteria	Audited 5 criteria		

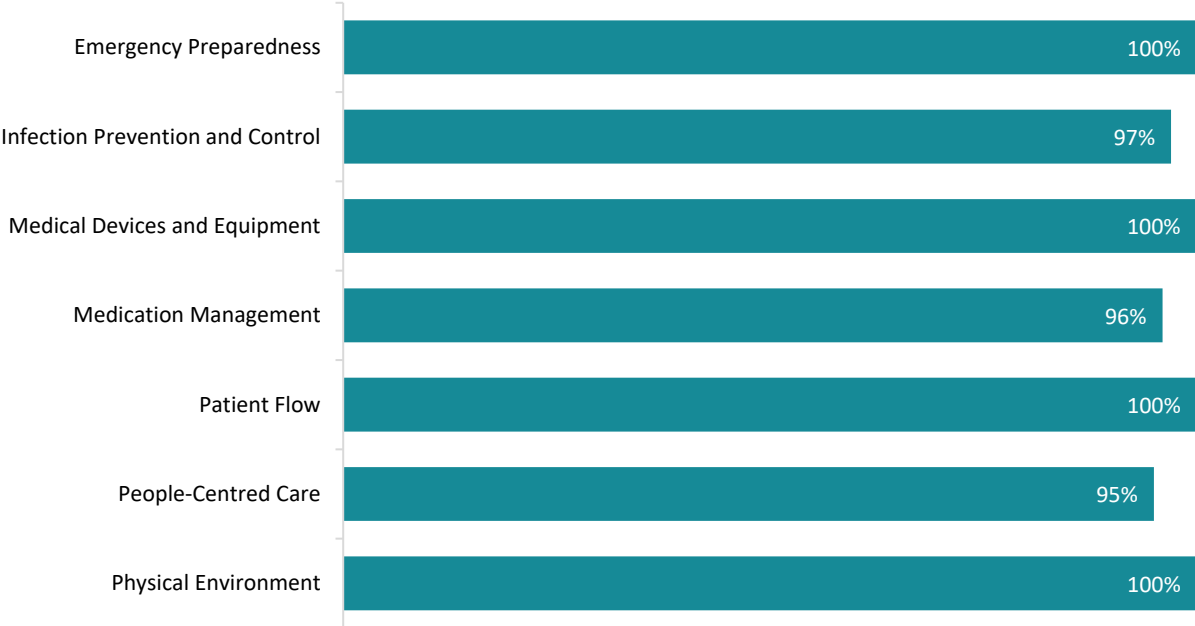
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	89	4	2	0
Infection Prevention and Control	50	1	13	0
Leadership	9	0	0	0
Long-Term Care Services	79	1	1	0
Medication Management	66	3	20	0
Service Excellence	70	5	1	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	14	0	13	0
Medication Management	66	3	20	0
Patient Flow	14	0	1	0
People-Centered Care	21	1	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	25	0	1	0
Appropriateness	121	4	15	0
Client Centered Services	81	1	4	0
Continuity of Services	12	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	107	7	15	0
Worklife	10	2	2	0
Total	363	14	37	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Long-Term Care Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Long-Term Care Services	MET
	Emergency Department	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Long-Term Care Services	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	UNMET
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	UNMET
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	Long-Term Care Services	UNMET
Pressure Ulcer Prevention	Long-Term Care Services	MET
Suicide Prevention	Emergency Department	UNMET
	Long-Term Care 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.



Grimshaw/Berwyn has site-wide engagement in emergency preparedness. There are detailed all-hazard and outbreak management plans. There is monthly drill testing of emergency codes led by department managers and a recent hazmat personal protective equipment (PPE) training session.

The Long-Term Care area experienced multiple COVID-19 outbreaks over the past two years which were managed with Infection Prevention and Control support. Throughout these outbreaks, the unit remained open and was able to continue to provide holistic care to residents.

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.



The Infection Prevention and Control (IPC) program is led by an offsite practitioner who covers multiple facilities. The practitioner makes regular site visits, partakes in the local IPC committee and is readily available to staff as a resource. The Infection Control Practitioner provides guidance on isolation precautions, outbreak management guidance and healthcare associated infection (HCAI) investigations. IPC is consulted for any construction projects and involved in environmental services and waste management programming. The IPC lead states that staff at this site are

very responsive to IPC protocols and have integrated them into their processes.

Hand hygiene education is mandatory for all staff to complete annually and is also provided as needed, during quarterly compliance audits by the onsite hand hygiene champion. The site is to be commended

on this initiative. The audit results are disseminated to the staff via multiple methods including verbal reports at the time of audit as well as posted on quality boards throughout the facility, visible to clients and families as well as staff. IPC manuals were readily available in clinical areas as well as easily accessible on Insite. The site is encouraged to provide additional hand sanitizing stations throughout the facility.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	6.1	Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.

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.

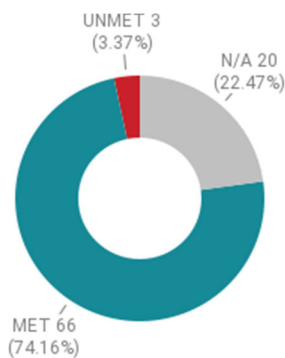


There is no reprocessing at this site and any medical device is sent to Peace River for reprocessing. Protocols for appropriate rinsing, cleaning, and transporting of soiled instruments are followed by staff. Sterile packaging was noted to be intact, stored separately and chemical indicators were noted to be present.

Appropriate PPE and hand hygiene stations are available in these designated areas, which had appropriate signage.

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.



Medication management at Grimshaw/Berwyn is supported onsite twice weekly by a pharmacy assistant and once monthly by a pharmacist. Remote pharmacy support is available at all other times. Medications are received prepackaged, predominantly in unit dose, from the regional pharmacy.

Safe medication management practices are significantly enhanced by the information system, Connect Care. It allows for CPOE and rapid remote pharmacy verification of orders, access to clinical guidelines and medication dosing and administration information, such as product monographs. There are also a robust suite of policies,

procedures, and education material (for both staff and clients) available on Insite. Staff report that both Connect Care and Insite are easy to use and invaluable tools.

Medication is unit dosed. Audits of heparin, narcotics and concentrated electrolytes stored in clinical areas are completed annually. In the ER, High-alert medications and look-alike/sound-alike medications are not labelled as such in all cases, and different concentration of the same medication were noted to be stored together. In addition, as there is no medication room in the ER, medications are stored in multiple carts and cupboards, not all of which were secured. The pharmacy team is encouraged to provide support to the ER team to address these issues to enhance safe medication practices.

STANDARD	UNMET CRITERIA	CRITERIA
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	14.2	The team regularly assesses local attitudes toward non-injectable medications and, when necessary, addresses misconceptions about the efficacy of non-injectable medications through education and training.
Medication Management	21.2	Information on how to prevent patient safety incidents involving medications is discussed with the client and family.

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.



Grimshaw/Berwyn is a small facility; while it is well laid-out, there are difficulties allowing for a flow of clients from the central entrance and registration area to the various care areas. There are separate zones in the waiting area to separate patients who have the potential to require isolation precautions (red zone) from all other patients (yellow zone). This delineation caused some confusion to patients and visitors and the site is encouraged to ensure that the community understands, as it is noted to be effective. Due

to a critical nursing shortage, ER services have been reducing to day shift only, from 0900 to 2100. Clients requiring monitoring beyond the current hours of operation, or those who require admission, are transferred to nearby by Peace River Community Health Center via EMS. This is a well-defined process and continuity of care is supported by the clients remaining in the care of the same physician at both sites.

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.



Clients and families are very much partners in their health care journey at this site and are the center of all aspects of their care. Clients and families spoke highly of the staff and the care they received in both the Emergency Room and the Long-Term Care area.

Efforts to engage clients are in place at the North Zone level. Three clients from the zone sit on the zone accreditation committee. North zone residents were engaged in design and implementation of Connect Care clinical information system wherein multiple patient/family inputs and feedback

were provided. Provincial initiatives such as Chronic obstructive pulmonary disease (COPD) and Heart benefitted from similar engagements of patients and families. There is a Patient Family Steering Team that has hosted education sessions for managers to share people-centred care expectations and strategies. At the site level, clients and families are engaged by the Infection Control Practitioner for input into programming, in LTC through a Resident’s Council, and by site leadership through the hospital foundation. The community has been actively engaged during the ER service reduction, and the hours of operation were changed with input from clients and families. The site is encouraged to continue to look for new ways to incorporate the client voice in service design and delivery.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, 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.



Grimshaw/Berwyn is an older, two-story facility with an elevator, wide hallways and doors, that has been maintained and is accessible to the public. There are multiple historic photographs through the facility which celebrate the connection to the community and the history of healthcare in the area. There is clear signage as well as ample parking for patients, visitors, and staff. The grounds are well kept, particularly in the LTC area, where strategic landscaping has created wonderful views from the resident’s windows.

The facility is very clean. The medical equipment is in good working order. There are backup systems for critical infrastructure and protocols for maintenance and renovations. The dedicated facilities, maintenance and equipment team proudly boasts 4358 days without a workplace incident and should be commended for their hard (and safe) work.

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 Emergency Room is currently experiencing a critical nursing shortage which has reduced services to being available from 0900 to 2100 only, closing overnight. There are seven treatment beds. As there is no attached inpatient unit, clients requiring admission are transferred to another facility, as are clients who required monitoring after hours. Security is located in another community.

Clients are triaged using the Canadian triage and acuity scale (CTAS). This is present within Connect Care, as are multiple standardized assessments and treatment guidelines. Clients at risk of suicide are not identified consistently. It is recommended that identification of at-risk clients be integrated into the routine assessment process. Consultation for pediatrics and other specialty services is available through the Referral, Access, Advice, Placement, Information & Destination (RAAPID) system.

The original construction of the department did not allow for a dedicated medication room, which has resulted in medications being stored in multiple different areas and carts, often unsecured. In addition, there is no seclusion room, no visual sightline to the waiting room from inside the ER and the trauma/monitored bed is at the end of the corridor, away from the nursing station, which staff report as a concern. Grimshaw/Berwyn is encouraged to evaluate the overall layout of the department for possible improvements.

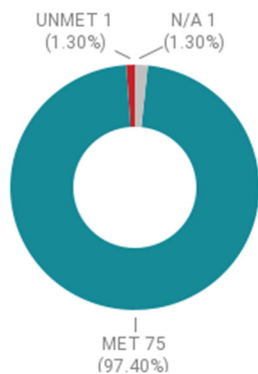
The staff are very knowledgeable and trained in CTAS as well as advanced cardiac life support (ACLS). They are a cohesive unit who support each other, with a great camaraderie between nursing and medical staff. One staff member states “the team is the reason I drive by other hospitals to work here”. They are passionate about the care they provide, and clients stated that the quality of care was excellent.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.7	There is ongoing communication with clients who are waiting for services.
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	8.9	Clients who have received sedatives or narcotics are monitored.

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 LTC unit at Grimshaw/Berwyn provides care for up to 19 residents, with a respite/palliative care bed. The unit is staffed with a mixture of Registered Nurses, Licensed Practice Nurses, and Health Care Aid staff who work together as a team to provide high quality care. They are passionate about their work and dedicated to creating an environment where residents feel at home. The rooms, washrooms, and hallways are large and accessible and very clean. Equipment is plentiful and in good condition. Back up oxygen systems are available onsite for residents who are oxygen dependant.

The unit does not lock, which presents a safety challenge especially after hours. The site is encouraged to evaluate methods to enhance security.

The unit itself is warm, inviting and feels like home. There are seasonal decorations throughout the unit, as well as a piano and a large television in the common area. Residents get to choose between two menu items each meal and are served in a social environment in the dining room if their condition allows. There is a recreation therapist onsite daily who provides multiple activities and field trips.

Connect Care provides standardized assessment tools and guidelines and allows for individualized care plans and behaviour safety plans. There are also many safety processes in place to prevent falls and pressure ulcers.

The LTC Manager is to be commended for her commitment to quality, which is evident in the multiple quality boards, routine audits of required organization practices such as screening for falls risk and risk for suicide, and medication reconciliation. Improvements to processes have been implemented based on these results. Post-fall huddles occur after each resident fall.

Residents indicated that are treated well and receive good care.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	3.14	Information and education about recognizing and reporting abuse is provided to 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.



Grimshaw/Berwyn is staffed by a dedicated interdisciplinary team who continue to provide quality health services amidst acute staffing shortages. The lack of staff, primarily nursing, was identified as the biggest risk the site faces and has resulted in reduced hours for the ER. Teamwork and a sense of community is evident. Staff are knowledgeable and well-trained with access to multiple education and training opportunities on the online learning platform, including mandatory annual continuing education (ACE). There is a structured onboarding process. The site has access to a

clinical educator which it shares with other sites. While initial key clinical certifications are offered to the team at no cost, staff express a desire to have subsequent recertifications also be covered by the organization to ensure that all staff remain trained to respond to code blue situations. Staff also report infrequent performance appraisals.

Connect Care is fully implemented at this site and leadership is to be commended, as it has been embraced by the entire team, who recognize the value and safety benefits of this platform. Leadership is encouraged to look for new ways to utilize the functions and capabilities of this new electronic system for data analysis and decision-making to enhance the care provided. Policies and procedures are readily available on Insite.

Infusion pump safety training is mandatory and offered via the electronic learning platform. AHS's commitment to infusion pump standardization throughout the province has greatly enhanced the ability of a fairly transient workforce to remain competent in the use of these infusion pumps. User manuals were not readily available to staff and the site is encouraged to provide that support.

The LTC unit is commended for its work in quality improvement. There are quality boards for both staff and residents, as well as an education board in the staff lounge that focuses on alternating topics to promote patient safety. The current focus is assessing elders for risk for suicide. Another quality initiative recently completed resulted in a change in how behavior care mapping was approached with success to reduce restraint use. Other departments in the site are encouraged to model this example.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Service Excellence	6.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients

		and families, and the information is used to make improvements.
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	4.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.	October 31, 2023
	6.7.1	Clients at risk of suicide are identified.	October 31, 2023
	6.7.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	October 31, 2023
Long-Term Care Services	4.6.6	The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	October 31, 2023
Medication Management	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	October 31, 2023
	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.	October 31, 2023
Service Excellence	3.8.1	Instructions and user guides for each type of infusion pump are easily accessible at all times.	October 31, 2023
	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	October 31, 2023
	3.8.5	The effectiveness of the approach is evaluated. Evaluation mechanisms may include: Investigating patient safety incidents related to infusion pump use Reviewing data from smart pumps Monitoring evaluations of competence Seeking feedback from residents, families, and team members	October 31, 2023
	3.8.6	When evaluations of infusion pump safety indicate improvements are needed, training is improved, or adjustments are made to infusion pumps.	October 31, 2023