

**October
2019**

CALGARY ZONE
STRATHMORE DISTRICT
HEALTH CENTRE

Alberta Health Services



**ACCREDITATION
AGRÉMENT
CANADA**

Table of Contents

About this Accreditation Report.....	1
About the AHS Accreditation Cycle	1
Calgary Zone Suburban Hospital Assessment – Sites Visited.....	2
Confidentiality	2
Section I – Calgary Zone Report.....	3
1. Calgary Zone Executive Summary.....	3
Surveyor Observations	3
Key Opportunities and Areas of Excellence	3
2. Results at a Glance	4
Compliance Overall	4
Compliance by Standard	5
Compliance by Quality Dimension	6
3. Detailed Results: By Standard	7
Infection Prevention and Control	7
Service Excellence	8
Section II – Strathmore District Health Centre Report	9
1. Strathmore District Health Centre Executive Summary	9
Surveyor Observations	9
Survey Methodology	10
Key Opportunities and Areas of Excellence	11
2. Results at a Glance	12
Compliance Overall	12
Compliance by Standard	13
Compliance by System-level Priority Process	14
Compliance by Quality Dimension	15
Compliance by Required Organizational Practice (ROP)	16
3. Detailed Results: System-level Priority Processes	18
Emergency Preparedness	18
Infection Prevention and Control	20
Medical Devices and Equipment	21
Medication Management	22
Patient Flow	23
People-Centred Care.....	24
Physical Environment	25
4. Detailed Results by Service-Level Priority Process	26
Emergency Department.....	26
Inpatient Services	28
Service Excellence	29
5. Criteria for Follow-up.....	31

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 October 21 – 25, 2019. 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.

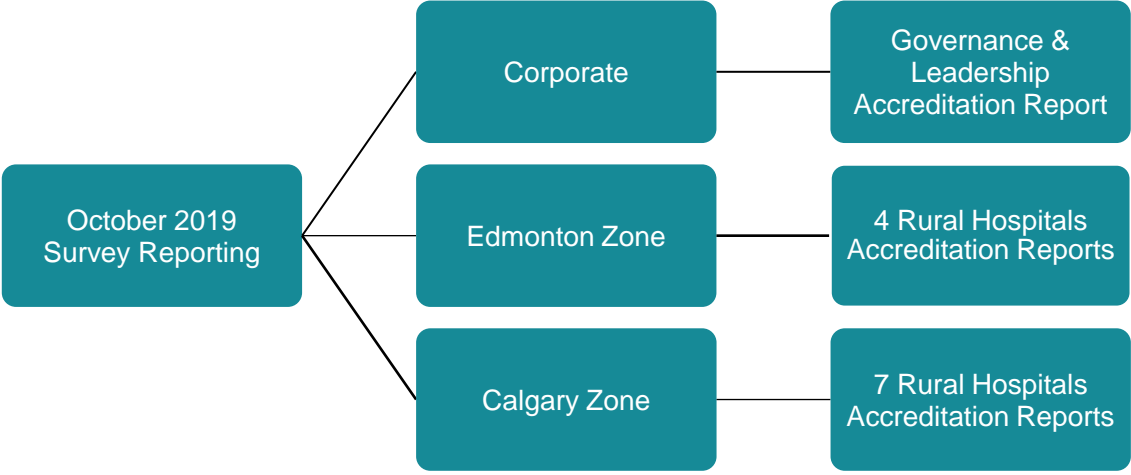
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve their goal of being #AHS Accreditation Ready every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

Site-based assessments for rural hospitals will 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 whereby specialized 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 holistic 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, interim reports will be issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle in 2022, a final report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the October 2019 survey are organized as follows:



Calgary Zone Suburban Hospital Assessment – Sites Visited

- Canmore General Hospital
- Claresholm General Hospital
- Didsbury District Health Services
- High River General Hospital
- Oilfields General Hospital
- Strathmore District Health Centre
- Vulcan 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.

Section I – Calgary Zone Report

1. Calgary Zone Executive Summary

Surveyor Observations

The Calgary zone suburban hospitals are to be commended on their partnerships with communities and municipalities. There are numerous partnerships with foundations, auxiliaries, municipalities, and towns. The rural sites have many services co-located which is very much appreciated by clients/families.

Many significant changes related to medication management have been conducted across the sites, such as unit dose delivery, standardization times for medications, and changes in standardizing and streamlining narcotic processes.

There is a culture of safety and quality. The Calgary zone suburban hospital teams feel supported and involved in the implementation of the quality and safety initiatives.

Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for this the Calgary zone suburban hospitals:

KEY OPPORTUNITIES

- 1. Work with the sites to align performance indicators with team and site objectives.
- 2. Continue to involve clients and families at all levels.
- 3. Continue to support rural hospitals in the implementation and evaluation of the Required Organizational Practices.
- 4. Work with sites to conduct emergency preparedness drills on evenings, nights and weekends.

AREAS OF EXCELLENCE

- 1. There are well established processes for staff education and training.
- 2. There is a commitment to the quality Infection Prevention and Control (IPC) program.
- 3. There are well established linkages and communication processes between the Calgary Zone and the rural sites.

2. Results at a Glance

This section provides a high-level summary of the Calgary zone suburban hospital assessment by standards, priority processes, and quality dimensions.

Compliance Overall¹

% of criteria		
Attested	On Site	Overall
100% met	90% met	94% met

# of attested criteria	
Attested	Audited
16 criteria	1 criterion

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.

On-site Assessment:

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



Fig. I.1 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	14			
Service Excellence	30	3		
Total	44	3		

Compliance by Quality Dimension

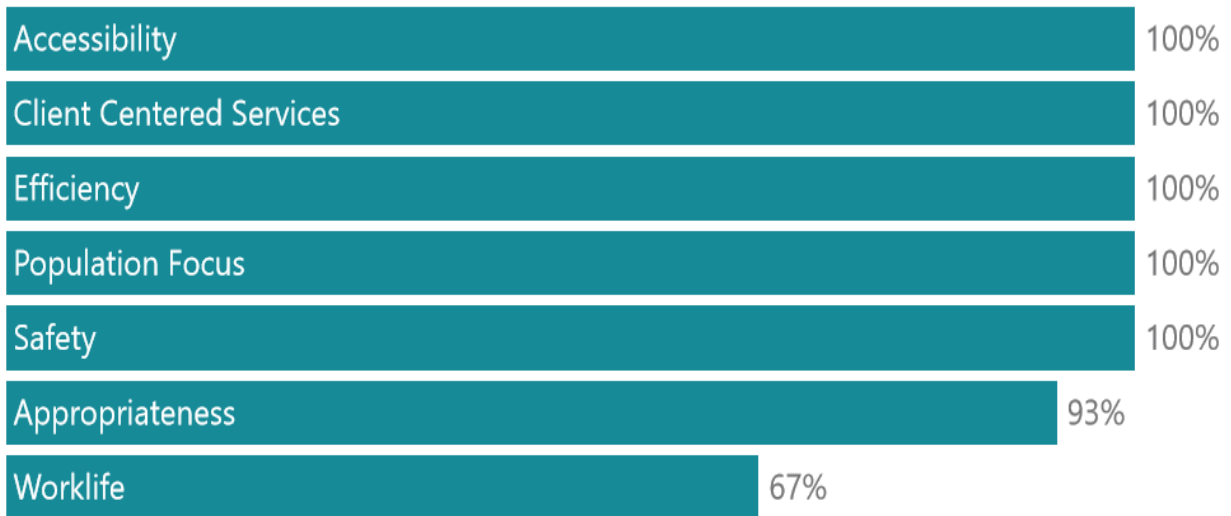


Fig. I.2 Compliance by Quality Dimension

QUALITY DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	2			
Client Centered Services	5			
Efficiency	1			
Population Focus	3			
Safety	4			
Appropriateness	27	2		
Worklife	2	1		
Total	44	3		

3. Detailed Results: By Standard

Infection Prevention and Control

All the criteria are met for this Standard.



Priority Process Description:

Measures practiced by healthcare personnel in healthcare facilities to decrease transmission and acquisition of infectious diseases.

The Calgary zone suburban hospital leadership team is to be commended for their support to the implementation of the quality Infection Prevention and Control (IPC) program. There is a strong inter-professional team supporting and guiding the IPC program including the involvement of physician leaders. The team is encouraged to continue to explore the input of clients, families, and communities in the infection prevention and control program.

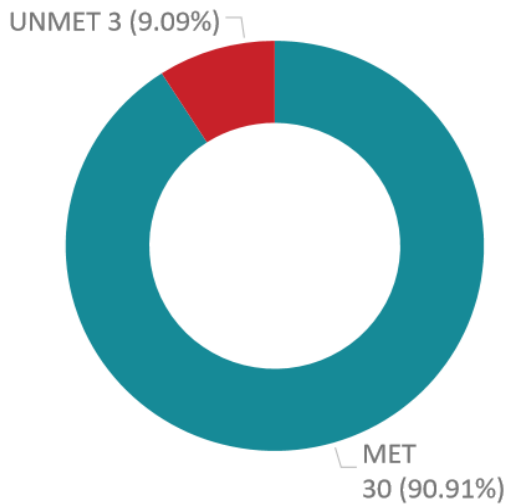
The Calgary zone suburban hospital leadership team has established communication processes to the rural sites. The team is encouraged to set up more formalized communication processes to ensure consistency in messages to all rural sites.

There is a comprehensive Antimicrobial Stewardship program throughout Alberta Health Services that offers feedback, information, and support to all sites.

The Westec Audit system ensures that daily audits are completed at all rural sites by environmental staff. Feedback is provided on the results of these audits.

The implementation of the Hand Hygiene Program has been effective. Hand hygiene audits occur, and the results are posted on the Quality Boards. The team is exploring innovative ways to audit hand hygiene including self-auditing. The team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

Service Excellence



Description of the Standard:

Addresses team management, human resources and worklife, information management, and quality improvement.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.1	Required training and education are defined for all team members with input from clients and families.
Service Excellence	5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.
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.

Clients/families are generally very satisfied with the services they are receiving. They report that staff and physicians are professional, kind, caring, and competent.

There is good evidence of ongoing training and education. Training on cultural diversity is mandatory and completed through Annual Continuing Education (ACE) Modules. Privacy training is conducted annually and is mandatory as well. Ethics training is mandatory through the ACE Modules and staff report they would be comfortable seeking more information if they felt they needed it. Staff are aware of the ethical framework and how to request an ethical consult.

An opportunity for the zone is to support rural hospitals to improve the completion of performance appraisals. Currently, these are approximately 40-50% completed and this is an area that leaders could work on.

Section II – Strathmore District Health Centre Report

1. Strathmore District Health Centre Executive Summary

Surveyor Observations

The current survey focused on seven system-wide priority processes (People-Centred Care, Medication Management, Infection Prevention and Control, Physical Environment, Medical Devices and Equipment, Emergency Preparedness, and Patient Flow) as well as five service-level priority processes (Emergency Department, Inpatient Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence). The survey took place October 21 - 22, 2019 and was conducted by two surveyors from outside of the province.

The Strathmore District Health Services team continues to work hard on their quality journey. The care they provide to the population they serve is appreciated. When asked to describe the services, words like “welcoming”, “professional”, and “excellent” were used. While the visit was unannounced, the team was welcoming, transparent, and open to the surveyors.

Patients and families reported that they appreciated having these services close to home. They worry that the hospital is a “victim of its own success”, meaning that they do such a great job that people from surrounding communities are seeking services in Strathmore rather than going “into the city”.

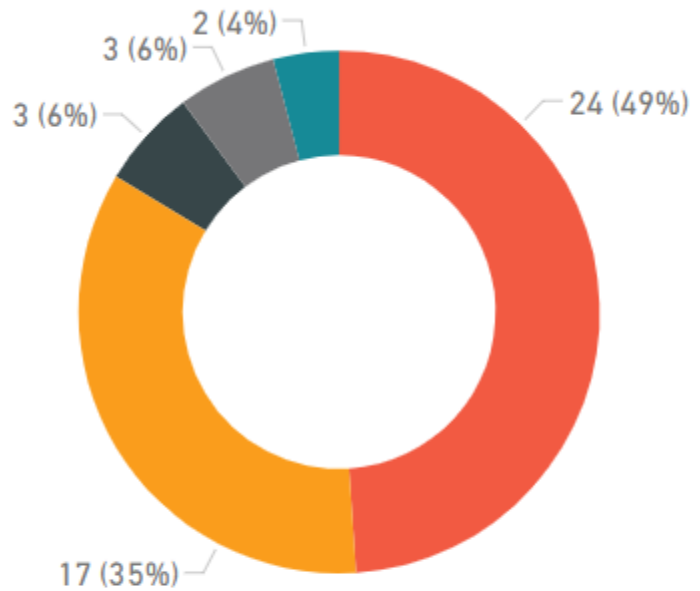
There is a great deal of trust in the physicians and staff at this site. The staff/physicians are credentialed, up to date in their ongoing education/training, and there are many good processes in place. There is a robust referral process with hospitals in Calgary and Edmonton.

Survey Methodology

The Accreditation Canada survey team spent two days at Strathmore District Health Centre.

There were 49 interviews with staff during this survey visit.

To conduct their assessment, the survey team gathered information from the following groups²:



● Staff ● Clients and Families ● Administration ● Physicians ● Others

² '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:

AREAS OF EXCELLENCE

1. Expanded overflow area; the Strathmore District Health Services team is commended for the expanded overflow area that has significantly decreased the number of admitted patients in the Emergency Department hallways.
2. Pharmacy quality improvements; significant quality improvement activities have taken place at the hospital.
3. The clinical teams have implemented a good process for gathering the “Best Possible Medication History”.
4. The Strathmore District Health Services team has implemented a good hand hygiene process across all the services.
5. Staff education and training is a priority at this hospital.

KEY OPPORTUNITIES

1. Two-client identifiers; teams need to provide education to staff and standardize the implementation of this required organizational practice.
2. Client and family engagement; teams will benefit with the formalization of a client and family-centred care strategy.
3. Emergency Preparedness; it is recommended that the site consider conducting drills, executing them on day, evening, and night shifts, as well as on the weekend.
4. Performance reviews/developmental conversations; the performance reviews or developmental conversations need to be consistent across the organization.
5. “Do Not Use” abbreviations; the medication management team needs to conduct audits, evaluate, and make process changes to ensure minimal use of the “Do Not Use” abbreviations list.

2. Results at a Glance

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

Compliance Overall³

% of criteria		
Attested	On Site	Overall
93% met	98% met	97% met

# of attested criteria	
Attested	Audited
88 criteria	17 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.

On-site Assessment:

Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

³ 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

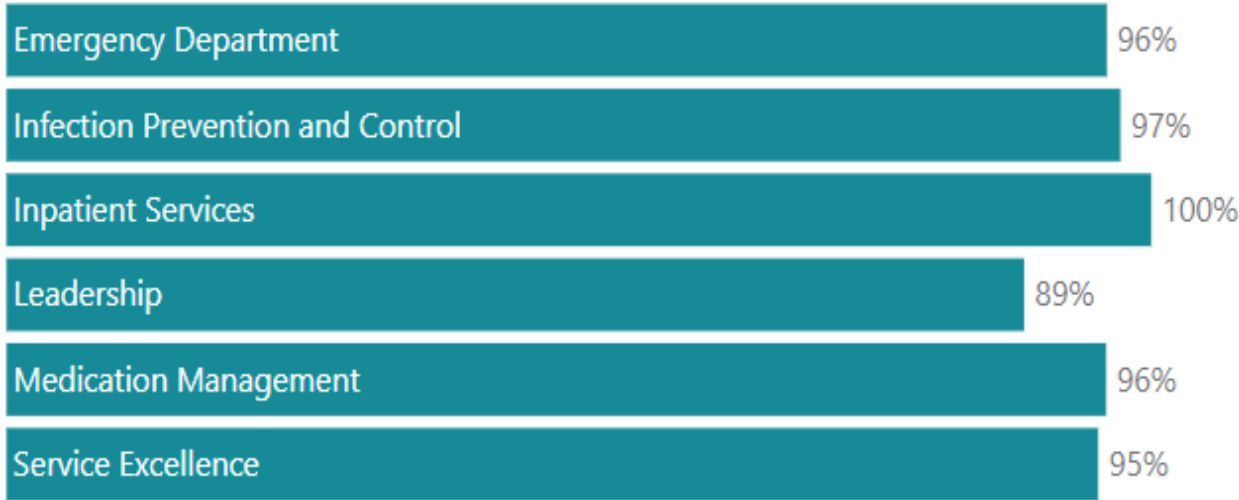


Fig. I.3 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	99	4		-
Infection Prevention and Control	36	1	13	-
Inpatient Services	66		3	-
Leadership	8	1		-
Medication Management	75	3	13	-
Service Excellence	41	2		-
Total	325	11	29	-

Compliance by System-level Priority Process

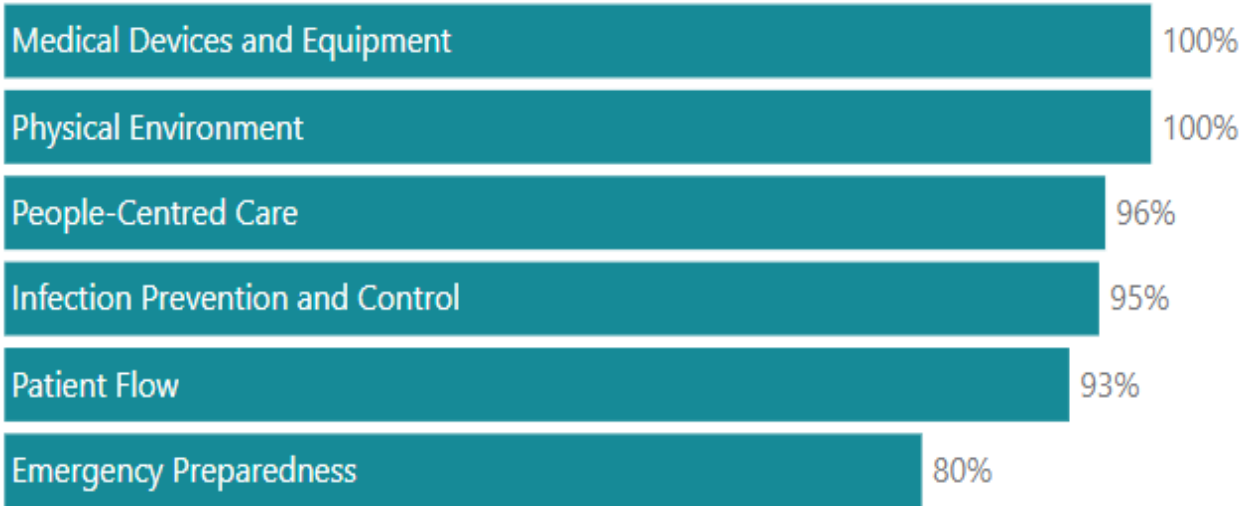


Fig. I.4 Compliance by System-level Priority Process

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Medical Devices and Equipment	14	1	13	-
Physical Environment	4			-
People-Centred Care	24	1		-
Infection Prevention and Control	21	1		-
Medication Management	75	3	13	-
Patient Flow	13	1		-
Emergency Preparedness	4			-
Total	325	11	29	-

Compliance by Quality Dimension



Fig. I.5 Compliance by Quality Dimension

STANDARD	MET	UNMET	N/A	NOT RATED
Accessibility	23		1	-
Appropriateness	97	5	10	-
Client Centred Services	72	1	2	-
Continuity of Services	12			-
Efficiency	5	1	1	-
Population Focus	1			-
Safety	106	3	15	-
Worklife	9	1	1	-
Total	325	11	29	-

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	Met
	Inpatient Services	Unmet
The 'Do Not Use' List of Abbreviations	Medication Management	Unmet
Information Transfer at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
Medical Reconciliation at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	Met
Concentrated Electrolytes	Medication Management	Met
Heparin Safety	Medication Management	Met
High-alert Medications	Medication Management	Met
Infusion Pump Safety	Service Excellence	Met
Narcotics Safety	Medication Management	Met
Infection Prevention and 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
Medical Devices and Equipment	Infection Prevention and Control	Met

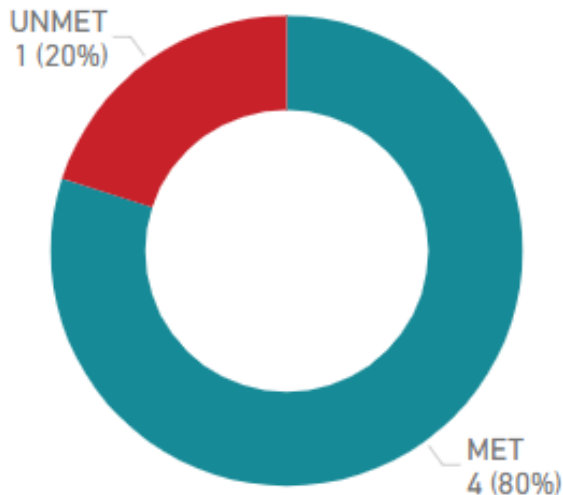
Risk Assessment		
Falls Prevention and Injury Reduction	Inpatient Services	Met
Pressure Ulcer prevention	Inpatient Services	Met
Suicide Prevention	Emergency Department	Met
Venous Thromboembolism Prophylaxis	Inpatient Services	Met

3. 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 refer 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

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership and Infection Prevention and Control.



Priority Process Description:

Planning for and managing emergencies, disasters, or other aspects of public safety.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	14.5	The organization's all-hazard disaster and emergency response plans are regularly tested with drills and exercises to evaluate the state of response preparedness.

There is a robust All-Hazard Disaster and Emergency Plan that is up to date. Staff report receiving training annually through ACE Modules. There are monthly fire drills conducted and with debriefs/reviews post-drill to identify any issues. The monthly fire drills are conducted Monday to Friday on day shifts. There are some staff who work only night shifts. In addition, there are much less personnel in the building during evening and night shifts to assist with evacuations in the event of emergencies. It is recommended that the site consider conducting rotating drills to include executing them on evening and night shifts, as well as on weekends.

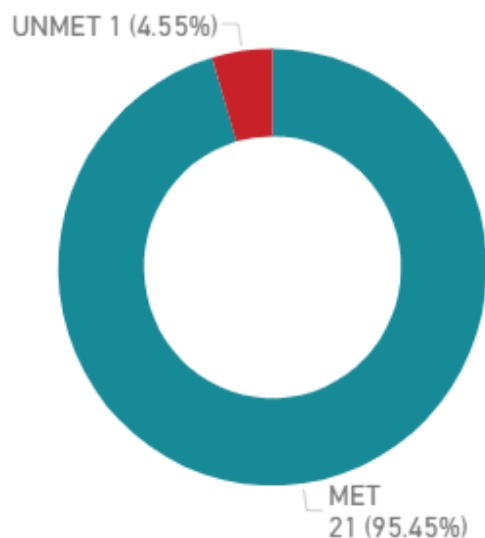
The Wheatland County and Town of Strathmore conduct a review of fire safety at the site annually, providing an external review of processes. In addition, they annually attend a fire drill and provide feedback. The fire suppression system is tested annually by the contractor.

Alberta Health Services (AHS) has an Emergency & Disaster Management (E/DM) Policy, Enterprise Risk Management Policy, as well as a Business Continuity Management Policy that are all up to date and available to all staff via InSite. There is an E/DM Steering Committee with a representative from the Calgary Zone. The representative meets with the site monthly and there is frequent communication as required. The two main concerns in this area are tornadoes and extreme weather.

There are monthly workplace safety meetings and this team reviews a disaster code each month. For orange and green disaster codes, there are subcommittees. All front-line managers and leaders who take call are required to have Incident Command System (ICS) 100 and ICS 200. The Executive Director for Calgary Zone has ICS 700.

Infection Prevention and Control

This system-level priority process refers to criteria that are tagged to the Infection Prevention and Control Standard.



Priority Process Description:

Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	2.9	Input is gathered from the infection prevention and control team to maintain processes for selecting and handling medical devices/equipment.

The Strathmore and District Health Service team is to be commended for their commitment to a quality Infection Prevention and Control (IPC) program. There is a dedicated IPC resource to provide support to the team related to education and policies, procedures, and processes at the organization. The team is encouraged to continue to explore the input of clients, families, and communities in the infection prevention and control program.

The Calgary leadership team has well established committees to provide leadership and communication processes to the sites. The local infection control team has created tools, tips, and processes that are more applicable to the rural sites and the team is encouraged to set up more formalized structures related to dissemination of information to ensure consistency in messages to this site.

Westec audits are completed daily by environmental staff to look at facility issues and assess the quality of room cleaning at all rural sites. Feedback is provided based on audits to all staff.

The implementation of the hand hygiene program has been effective. Hand hygiene audits occur, and the results are posted on the Quality Boards. The team has one of the highest compliance rates related to hand hygiene among the rural hospitals in the Calgary zone. The

team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

Medical Devices and Equipment

This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.

All the criteria are met for this Priority Process.



Priority Process Description:

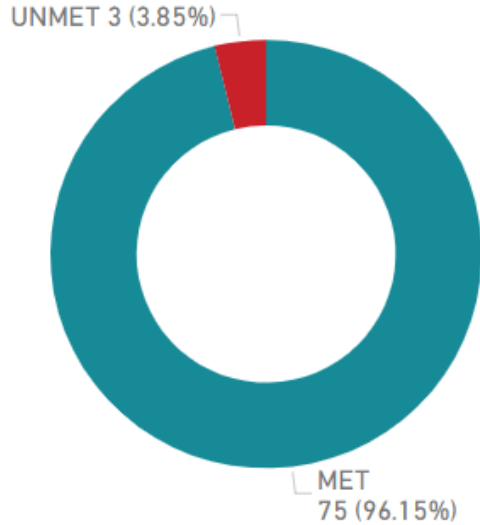
Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Cleaning and disinfecting of equipment is done in-house. Staff are educated on appropriate processes and cleaning is completed in appropriate areas.

There is no sterilization done at this site, apart from probes in the diagnostic imaging area.

Medication Management

This system-level priority process refers to criteria that are tagged to the Medication Management Standard.



Priority Process Description:

Using interdisciplinary teams to manage the provision of medication to clients.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	8.4	The pharmacy computer system is regularly tested to make sure the alerts are working.
Medication Management	8.5	Alert fatigue is managed by regularly evaluating the type of alerts required by the pharmacy computer system based on best practice information and with input from teams.
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.

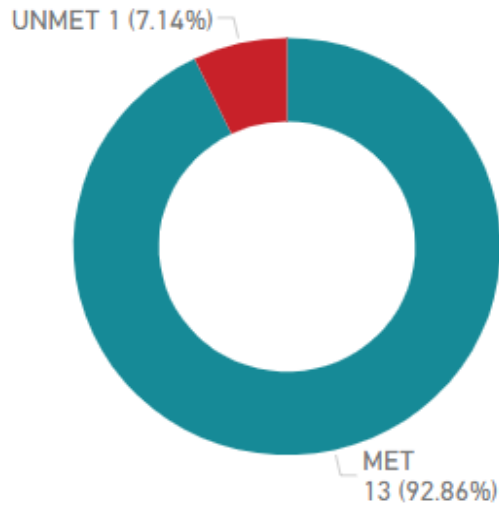
The pharmacy area at Strathmore District Health Services has recently undergone a renovation to allow for more appropriate space for not only storage of medications but better work areas for staff to ensure less disruption during work activities.

Significant quality improvement activities have taken place at the local level. They include faxing orders from the emergency department to ensure timely distribution of medications for admitted patients, and time stamped medications for timely administration of patient specific medications.

Audit processes are in place for all high-risk activities related to medication management. Audits are shared with the organization with discussion around opportunities for improvement. "Do Not Use" abbreviations were seen consistently in charts, in both documentation by nursing and physicians. The team is encouraged to continue audits and develop opportunities for improvement.

Patient Flow

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership and Emergency Department.



Priority Process Description:

Assessing the smooth and timely movement of clients and families through service settings.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.1	Client flow throughout the organization is addressed and managed in collaboration with organizational leaders, and with input from clients and families.

Strathmore District Health Services has experienced challenging occupancy issues with the growth in the population in this area. The organization has put some creative initiatives in place to enhance patient access and flow, from admission to discharge. The recent additions of the expanded overflow area have significantly decreased admitted patients remaining in the hallways of the emergency department and have been a welcomed addition for both patient/staff safety and satisfaction.

The Emergency Department has developed excellent relationships with other local community hospitals to facilitate safe transfers to other sites when occupancy is high. This relationship also exists with the Peter Lougheed Centre in Calgary Zone to ensure seamless transfer of patients who require further assessment, or higher levels of care not available at this site. The Referral, Access, Advice, Placement, Information (RAAPID) centre is a single point of contact for care providers to assist with repatriating patients to their appropriate destination.

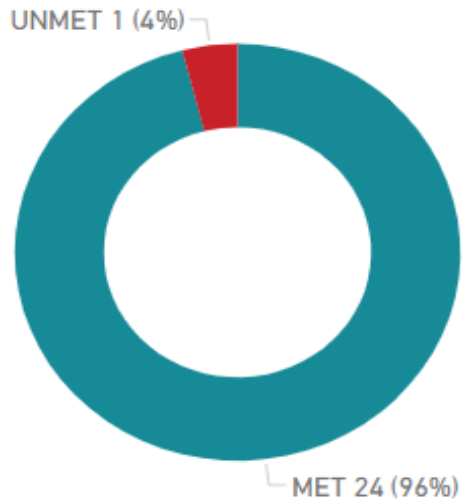
The Specialist Link Service provides clinical pathways for specialty areas and non-urgent tele-advice to physicians in the emergency department or in the hospital.

The transition nurses participate actively in discharge rounds and complex discharges from the hospital. They work creatively to ensure appropriate, timely, and safe discharges to the most

appropriate location. This process helps ensure beds are available for new admissions. The team is encouraged to continue to implement innovative programs to ensure timely discharge for all patients from this facility.

People-Centred Care

This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department, Inpatient Services, and Service Excellence.



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.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

Strathmore District Health Services' journey to People-Centred Care is in its infancy. The team has conducted various client surveys (Patient Satisfaction, Emergency Department, Food Services) and these have provided them input from the people they serve. In addition, the Prairie Mountain Patient Advisory Group has been utilized to provide input into some services. Currently, the site does not have a client/family centred care committee. They are, however, looking to implement the model currently being used at Canmore General Hospital.

Among the clients/families that surveyors met with, there was a consensus that staff/physicians were kind, caring, and welcoming. As this is a rural site, there was much informal feedback from the clients/families. The team needs to formalize a process of obtaining input from clients/families to assist with planning their services; implementing the Canmore General Hospital model will assist with this.

One of the processes implemented recently for People-Centred Care was the addition of whiteboards. While they were present in each room, at least one out of five were not up to date. The organization may wish to consider auditing the boards on a regular basis to ensure they remain up to date and useful for clients and their families.

The team is encouraged to set up mechanisms to formally obtain input from clients and families on topics such as ways to improve client flow, overcrowding, and barriers to providing care.

Physical Environment

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.

All the criteria are met for this Priority Process.



Priority Process Description:

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

While the Strathmore hospital has areas that are cluttered (particularly the inpatient unit), the site is clean; this observation was reported by several patients and family members. The space meets applicable laws and regulations. During a recent renovation project, the team met all the Infection Prevention & Control Guidelines, as well as Occupational Health & Safety Guidelines for construction.

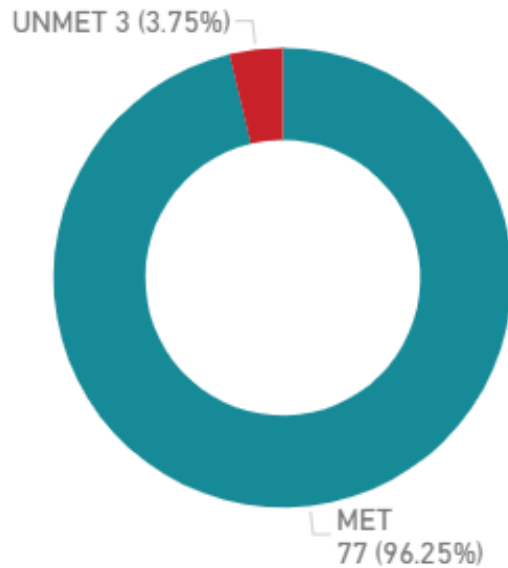
The site currently uses paper records but will be moving to electronic records in the spring of 2020. They are already working on downtime procedures for potential loss of access to electronic systems due to a lack of power or other issues.

There are backup mechanisms for electrical and water systems. They are tested regularly. Steps are taken to minimize the impact on the environment through initiatives such as: reminder notices to turn off lights when not in use; all paper is now shredded to recycle; Food Services recycles cans/bottles, and any new toilets installed are low flow.

4. 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.⁴

Emergency Department



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	7.5	Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.
Emergency Department	7.7	When death is imminent or established for potential donors, the Organ Procurement Organization (OPO) or tissue centre is notified in a timely manner.
Emergency Department	10.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.

The Strathmore hospital has 13 beds within the Emergency Department and sees approximately 20,000 patients per year. The additions of two additional overcapacity beds on the inpatient unit has provided support to the Emergency Department. There are laboratory and

⁴ Note that the calculations in this section sum all of the Service-level priority processes in an *Episode of Care* bundle. These calculations exclude Required Organizational Practices.

diagnostic imaging services on site but with limited capabilities after hours. The Emergency Department has physicians in the department twenty-four hours a day, seven days a week.

The hospital is often above 100% capacity; however, the Emergency Department has developed excellent relationships with surrounding hospitals to facilitate transfer during high occupancy times. A relationship also exists with the Peter Lougheed Centre to ensure the seamless transfer of patients requiring higher levels of care or services not offered at this site. The Referral, Access, Advice, Placement, Information (RAAPID) centre is a single point of contact for care providers to repatriate patients to their appropriate destinations. The Specialist Link Service provides clinical pathways for specialty areas and non-urgent tele-advice to physicians in the emergency department or in the hospital.

The Canadian Triage Acuity Scale is followed for all patients presenting for care in the Emergency Department. The Canadian Pediatric Emergency Department and Acuity Scale is readily available in all areas of triage, along with other resources such as the pediatric first order modifiers; easily accessible for staff when providing care.

Numerous order sets/protocols are in place for many low volume/high-risk conditions and are used regularly. The nurses are encouraged to use the Alberta Suicide Risk Assessment tool on a more consistent basis. The tool is available but not all staff are aware of it; its use will ensure more consistent assessments are being done.

The Emergency Department is currently using paper-based charts and medication administration records. This site will go live with EPIC in May 2020 and this will assist with some process improvements.

Patients and their families are very satisfied with the care in the Emergency Department and report that they prefer to travel to this site. They report the staff are professional and treat them as they would their own family members. Comprehensive triage and assessments are conducted on each visit and systems are in place to ensure re-assessments are completed if a patient's condition changes, at time of admission, or as required.

The staff participate in ongoing education provided by the nurse educator, as well as attend conferences, workshops, and in-services. Physicians report they have opportunities for ongoing education and training.

Inpatient Services

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

The Strathmore hospital has one inpatient unit with 23 funded beds and two additional overcapacity beds. There are laboratory and diagnostic imaging services on-site. In addition, there are inpatient physiotherapy, occupational therapy services, and social work. There is a nurse educator, as well, access to an Infection Prevention & Control Nurse. Physicians round on inpatients and participate in rotating un-attached patient care.

The utilization rate for beds is 109%, with the overcapacity beds frequently full as well. The inpatient unit is currently using paper-based charts and medication administration records. This site will go live with EPIC in May 2020 and this will assist with some process improvements.

Patients and their families are generally satisfied with the care on the inpatient unit. They report the staff are welcoming, professional, and kind. Comprehensive assessments are conducted on admission and repeated as required, or if the patient's condition warrants. Care plans are completed and updated.

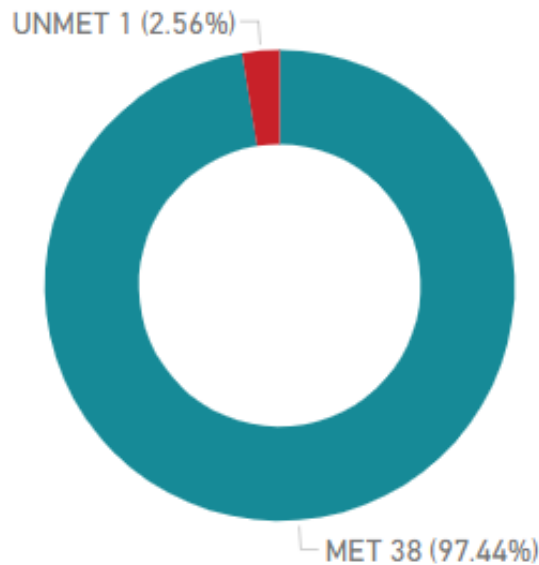
The staff participate in ongoing education provided by the nurse educator, through ACE Modules, and as well as through conferences, workshops, and in-services. Physicians report they have opportunities for ongoing education and training. Staff are credentialed, have Criminal Records Checks on hire, and maintain their competencies. Should this paragraph go to Service Excellence?

An opportunity for improvement would be the consistent use of two client identifiers. On-site, surveyors directly observed staff not using the client ID bands or seeking a second identifier. Patients report that except for the laboratory staff they are not frequently asked to show their bracelets. Families provided similar feedback; that is, not observing staff checking identification

prior to administration of medications or treatments. It is recommended that the site conduct education sessions and audit frequently to ensure the practice is embedded.

The team may wish to review their pediatric program. Currently, there are approximately 1-2 pediatric admissions per year. The team conducts education and training on the care of pediatric patients, but with a children’s hospital in Calgary, this might be an area the team looks at in terms of ensuring best practice care is delivered to children with managing so few admissions.

Service Excellence



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

The team has numerous partners (e.g. Primary Care Networks, Wademsas EMS, Wheatland County Municipality, Town of Strathmore, etc.). The home care program is co-located within the same building and there is a zone Infection Prevention & Control Nurse. The team has been collaborating with Siksika (a local Indigenous Reserve) and is the primary care provider for most of the individuals living on reserve. The team also works closely with the Peter Lougheed Centre, Foothills Medical Centre, and Tom Baker Cancer Centre in Calgary. Patients and families are satisfied with the services offered in Strathmore and understand they may need to travel to Calgary and/or Edmonton for certain tests or procedures. However, patients and families find a gap in having no extended/intermediate care beds in Strathmore; there is acute or long-term care, but nothing in between.

The team uses one type of infusion pump and they receive regular training. When staff return from leaves of absence (i.e. maternity leave) they are updated as required. One of the strengths of the team at Strathmore is that there is much collaboration between allied health, nursing, and physicians. This is of great benefit to the patients/families.

There is ongoing recognition, both formal and informal, for staff. There are long-term service awards, emails, Rose Awards, and feedback provided during informal leader rounds. The team is great at commending one another when they see something well done.

Performance appraisals are approximately 50% complete. This is an area that leaders could improve upon. Staff are aware that there is an ethical framework and know how to request an ethical consult. Ethics training is mandatory and built into the ACE Modules and staff report they would be comfortable seeking more information if they felt they needed it. There is mandatory training on cultural diversity, also completed through ACE Modules. Mandatory privacy training is conducted annually. Leaders believe there is a good culture of reporting incidents, as evidenced by an increasing number of incidents being reported, particularly near misses.

5. Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

STANDARD	CRITERIA TYPE	CRITERIA	DUE DATE
Infection Prevention and Control	Regular	2.9 Input is gathered from the infection prevention and control team to maintain processes for selecting and handling medical devices/equipment.	June 30, 2020
Inpatient Services	ROP	Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them. 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, 2020
Leadership	Regular	14.5 The organization's all-hazard disaster and emergency response plans are regularly tested with drills and exercises to evaluate the state of response preparedness.	June 30, 2020
Medication Management	Regular	8.4 The pharmacy computer system is regularly tested to make sure the alerts are working.	June 30, 2020
Medication Management	ROP	A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented. 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, 2020