

**2022**

Peace River Community  
Health Centre  
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

- Peace River Community Health Centre
- Grimshaw/Berwyn Community Health Complex
- 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

Peace River Community Health Centre is a full-service community health centre with Emergency Room (ER), Operating Room (OR), Acute inpatient, Hemodialysis, and Chemotherapy. Services on site include Physiotherapy, Occupational Therapy, Speech/Language, Respiratory Therapy, Recreation Therapy and Medical Social Work. The site has capacity for 11 Emergency beds, 1 Palliative care bed and 30 Acute care [Medical-Surgical] beds. At the time of the visit, twenty of the Acute care beds were closed due to staffing challenges. A forty bed Long Term Care facility is adjoined. Home Care, Public Health services and Health Promotion are housed onsite. Pharmacy services are available onsite.

The health centre has access to approximately sixteen physicians – some in local practice and others visiting, and approximately 350 health professionals.

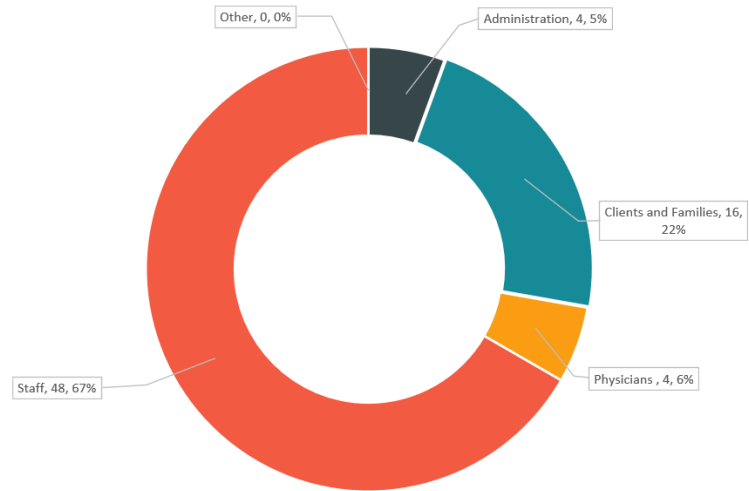
The site was opened in 1999 and long-term care added in 2003. The facility is aesthetically pleasing and well maintained. Staff and physicians are caring and focused on the safety and needs of their patients, residents, clients, and their families. Teamwork is evident despite the constant recruitment and retention challenges that often require staff to work short or extra shifts. This has impacted morale and further exacerbated retention of staff. The Peace River Community Health Centre is encouraged to further implement a culture of continuous quality improvement and people-centred care.

## Survey Methodology

The Accreditation Canada Surveyors spent three days at Peace River Community Health Care Centre.

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

Groups	Total # of interviews
Administration	4
Client & Families	16
Physician	4
Staff	48
Other	0



<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. Develop a culture of sharing results to recognize good work and stimulate meaningful quality improvements
2. Develop and implement an action plan to adopt and advance people-centred care at the site/community level
3. Enhance recruitment, retention, and recognition efforts to raise staff morale
4. Start regular and ongoing performance reviews, development conversations, and mentoring
5. Increase the support and incentives for training and education
6. Address the ant problem in long term care unit

### Areas of Excellence

1. Staff are compassionate and caring with excellent teamwork
2. Hand hygiene rates exceed provincial average and targets
3. Facility is well maintained and efforts to make home-like environment in long term care is recognized
4. Recreation program in long term care is very strong and commendable
5. Range of services accessible to communities



# Results at a Glance

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

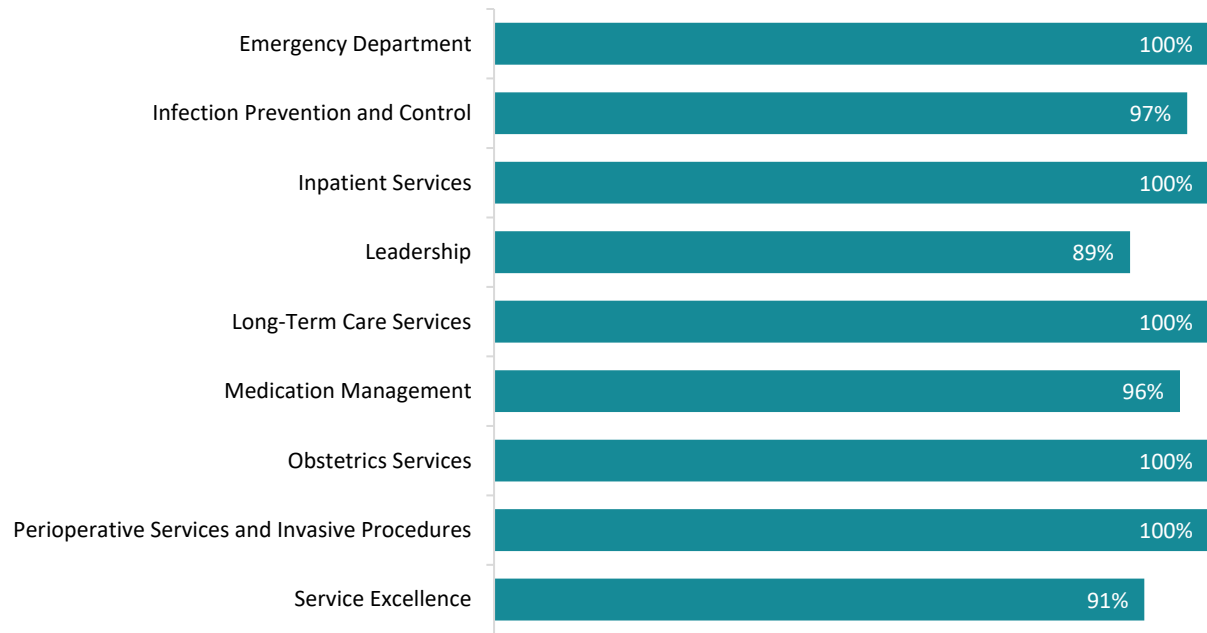
## Compliance Overall<sup>1</sup>

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> 100% met	<b>On-Site</b> 98% met	<b>Overall</b> 98% 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> 94 criteria	<b>Audited</b> 23 criteria		

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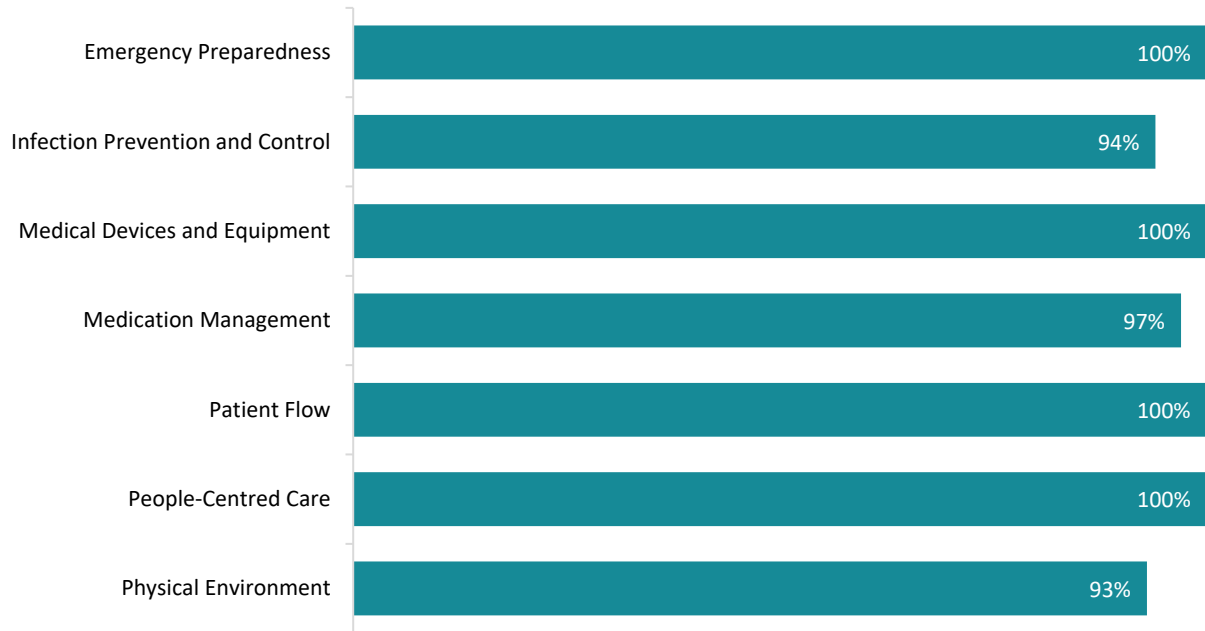
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

## Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	94	0	1	0
Infection Prevention and Control	62	2	0	0
Inpatient Services	69	0	0	0
Leadership	8	1	0	0
Long-Term Care Services	81	0	0	0
Medication Management	79	3	7	0
Obstetrics Services	82	0	1	0
Perioperative Services and Invasive Procedures	147	0	2	0
Service Excellence	68	7	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	32	2	0	0
Medical Devices and Equipment	47	0	1	0
Medication Management	94	3	7	0
Patient Flow	19	0	0	0
People-Centered Care	54	0	0	0
Physical Environment	13	1	0	0

### Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	45	0	0	0
Appropriateness	211	3	6	0
Client Centered Services	165	1	0	0
Continuity of Services	30	0	0	0
Efficiency	4	0	0	0
Population Focus	3	1	0	0
Safety	222	5	5	0
Worklife	10	3	1	0
Total	690	13	12	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
	Emergency Department	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	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

INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care Services	UNMET
	Perioperative Services and Invasive Procedures	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	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.**



Emergency and Disaster response plans are accessible on Insite and within yellow binders in each area. These plans are updated regularly. Changes and updates are submitted and approved provincially and then updated at the site. Recent changes to the format have been well received and should be easier to use when responding. The organization's leader is commended for developing a local "Verbal Threat Guide" in conjunction with Alberta Health Services Protective Services.

The organization has developed partnerships with the community agencies involved in emergency and disaster preparation. There has also been excellent support from the Emergency Disaster Management group at AHS.

Business continuity processes exist, and the site has back-up power generation capacity.

Regular drills occur and are assessed for learnings and reports regularly submitted to AHS.

## 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.**



A well-trained team of Infection Prevention & Control professionals provide support to the Peace River facility. The team is connected to provincial working groups that strive for consistency and standardization. The group is accessible to the sites and there is usually daily contact.

The IPC group has multi-year plans that are reviewed every two years. Key measures are tracked, reported. Sites are expected to follow up with action plans to address gaps. Site based reviewers are trained and audits using iPads are directly linked to the clinical information system which

generates quarterly reports.

Infection Control Practitioners were substantially involved in the design and set up of Connect Care information system. Screenings and alerts are flagged, and precautions populated in the system for users. IPC is also involved in matters such as construction and renovations, environmental services, reprocessing, as well as device and equipment selection and maintenance.

IPC policies and procedures are accessible online. Site reviews of compliance occur regularly, and reports are forwarded to the site manager. A new policy related to smallpox has been recently developed with input from partners. There was a missed opportunity to involve clients and family members in this activity and the new IPC lead at the site is aware of the benefits and expectations of proactive engagement of clients and families.

IPC provides a variety of education programs relation to infection prevention and control. IPC also works in conjunction with Nursing Educators.

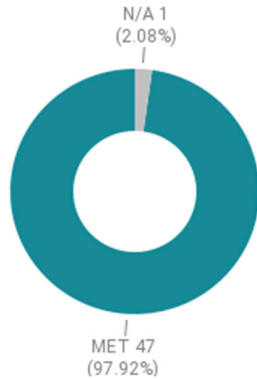
IPC efforts are appreciated and welcomed by staff, who indicated that IPC was prompt and supportive. The new manager is encouraged in his efforts to further patient and family engagement in new initiatives that are planned. It is further suggested that the IPC and site management recognize and celebrate with staff and the public, the high scores on hand hygiene audits which consistently exceed the provincial average and benchmark.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	8.3	Team members, client, families, and volunteers have access to alcohol-based hand rubs at the point of care.
Infection Prevention and Control	14.3	Input is gathered from team members, volunteers, and clients and families on components of the infection prevention and control program.



## Medical Devices and Equipment

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

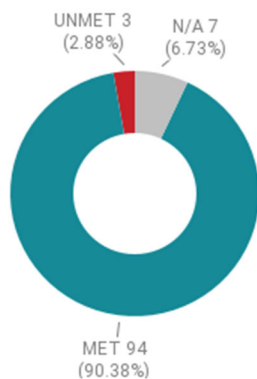


Peace River Community Health Center completes the full cleaning and reprocessing of all their equipment and scopes on site. Staff are very proud of the work that they do. There is an elevator to bring down the soiled equipment from the OR and endoscopy suites. The soiled equipment from the units is collected in covered bins and taken to the medical device reprocessing (MDR) area. The staff in the department has certification in MDR. At this time there is effort being made to find casual staff to work in MDR for vacation relief.

The working surfaces of the MDR are all stainless steel in both the soiled and clean sides. There is a pass-through window to move the precleaned scopes to the clean side. Binders contain photos of equipment assembly and standard operating procedures (SOPs). There is a budget to update the MDR awaiting approval to commence with plans to update the pressboard cupboards, and hopefully replace the hopper disposal system as well as update the washer, which needs replacement. The ultrasonic cleaner is also in need of replacement. Staff are hopeful the computerized system for the central sterile supply department will be installed with the update.

## 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.**



Medication management is very well done in this facility. The facility hosts a fulltime pharmacist, two technicians and three aids. Medications are ordered from McKesson Distribution, three times a week. The AHS pharmacy list is adhered to. The aids ensure the expired medications are removed from service, and the areas are as clean as possible. The technicians are diligent with packaging medications into single dose packages and performing audits of high alert medications stock then document in the shared drive. The pharmacist reviews all the orders through the

Connect Care system prior to delivery to the client. The pharmacist checks each chart individually for the appropriate use of venous thromboembolism (VTE) prophylaxis. There are times when the nurses are unable to deliver meds to the client as quickly as they would prefer. This is due to the Connect Care system being locked while the pharmacist ensures the order is safe. This was noted by nursing as a potential quality initiative.

Access is limited to the main pharmacy storage area. The medication carts in acute care and long-term care are locked, as well as the doors to access the medication room. Unfortunately, due to the multi-use medication room in the emergency unit, this med room is kept unlocked. At the same time due the multi-use purpose of this room, the area is also used as a kitchen, creating a lack of clean counter space. The site is encouraged to dedicate counter space to medication only if there are no alternatives. While the site still has a few multi dose vials, insulin is labeled for individual patient use. Medication administration is done well at the bedside, with documentation in Connect Care. This pharmacy team is extremely engaged. Keep up the good work.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.
Medication Management	12.5	Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.
Medication Management	16.1	Medication preparation areas are regularly cleaned and organized.

## 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.**



This site uses all the available tools to manage patient flow. However, there is a long wait for transport of critical patients needing higher levels of care (4-5 hours) and longer for those needing mental health support (12 hours). Due to these delays, the overall flow of clients is hindered leading to a bottleneck in the acute care in patient units and then into the emergency. Daily quick rounds are done with the entire team of health care professionals to strategize discharges from the unit.

## 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.**



The care and support provided to patients, residents, clients and families at the site is commendable on a number of levels. The facility offers a myriad of critical services and programs that are appreciated by the populations served. The facility is well maintained and aesthetically pleasing. Significant efforts have been made to create a home-like and culturally sensitive environment in which to live and receive care. Staff interactions with people are caring, compassionate and respectful. Patients, residents, clients and families interviewed are appreciative of staff.

Staff involve clients in care planning, offering choices and making decisions about their care. Discharge planning and transitions planning is undertaken with patients and families.

There are avenues for clients to share complaints, concerns and commendations. The site offers satisfaction surveys and there are feedback boxes at the site. Issues are followed-up with clients. There is literature and signage identifying expectations and responsibilities for healthcare workers, patients and families. People centred care (PCC) is part of the staff orientation and is an agenda item on the staff's Annual Continuing Education courses.

Within the larger North Zone, PPC has been identified as a priority. Regional health centres have Patient Advisory Committees for health delivery areas. The Grand Prairie Regional Hospital was co-designed with significant engagement of patient and families, and the Wisdom Council made up of indigenous elders.

Three clients from the North Zone sit on the North 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 COPD and Heart failure 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. A North Zone Boot camp for managers has been held stressing importance of a PCC approach. A key initiative from this has been Leadership Rounding where leaders are expected to be out on floors soliciting input. It appears the Zone leadership has a vision of advancing PCC at all sites.

Several key criteria related to PCC are currently not being met at the site. Peace River Community Health Centre is encouraged to develop a PCC action plan in collaboration with patients and families, staff and Zone supports. The plan should include key components of PCC such as a Patient Advisory Committee, education and supports for patients and families engaging with the site, opportunities to be involved in

the co-design of services and space at the site, as well as membership on committees. Site leadership is encouraged to become increasingly proactive with PCC and seek meaningful engagement opportunities and training for patients and families as well as staff and physicians that may help overcome some of the perceived or real hesitation regarding involvement in the operations and directions of the site.

## 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.**



This site has a very strong and self-directed maintenance department. The building does not look its 23-year age. It is in good repair, and the systems are well maintained. As problems start to arise, the systems are replaced. The maintenance department does the installation, routine checks, and maintenance on the systems, including the boilers, generators, and environmental systems. Airflow is to standard with Hepa filters. Fire and safety inspections are completed as directed by AHS. Recent green initiatives include changing all the lights to LED, and low flow flush

toilets. Projects in the near future include upgrade for the chiller, the nurse call system, and the building management system. The one concern noted is the inability to secure the emergency room (ER) from the rest of the hospital. There may be consideration placed to have a card locked door or fire doors between the ER and the acute service area.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	9.1	The physical space meets applicable laws, regulations, and codes.

# 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 Peace River Community Health Center provides care to approximately 9,000 clients per year. The emergency is very busy and during the survey visit it was noted the waiting room was full, the six stretchers to hold clients was full, as well as all the examination rooms. This is a designated Stroke Treatment Center that is proud of the door to needle time for embolitic strokes to be less than 30 minutes. All hemorrhagic strokes are stabilized and then sent onto the most appropriate higher level of care. There are staffing shortages in this area, notably there has not been a

dedicated ER manager in the role for a year.

Nurses in the ER are cross trained with the inpatient unit. There is an active education program to cross train nurses to both areas. The unit is experiencing an increase in the number of clients present with mental health issues. The unit is not equipped or staffed to deal with "Form 1" clients so they are transported to Grand Prairie. While they wait for transport a security guard will come in to ensure they do not have an opportunity to harm themselves or others. There is opportunity to isolate the ER from the rest of the hospital to mitigate safety risks. Staff feel well trained and come into work because of the care of their peers. The staff are supported by a very involved clinical nurse educator.

## Inpatient Services

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



Peace River Community Health Centre opened in 1999 and a long-term care facility was then added in 2003. The facility is remarkably well maintained and very clean. There is an abundance of information and education materials clearly visible and accessible for patients and visitors. Recognition and support for Indigenous peoples are prominently displayed throughout the facility.

Staff on the inpatient unit speak highly of working together as a team to provide care and service. Staffing is comprised

of a combination of new and experienced staff. Many staff members indicated they were happy to be able to work at the site. Nursing staff however, were less pleased and feel as though morale has rarely been lower primarily due to insufficient staffing resources. Communication between nurses, physicians and administration was also cited as an area to be strengthened. Family members of inpatients also commented that communication could be strengthened specifically around explaining matters to patients and families. Several frontline and management positions remain vacant and staff felt more could be done to advertise vacancies and recruit new personnel.

There is access to many education and training experiences. Clinical educators are active and highly responsive. Required organizational learnings are identified. Training records are maintained. Performance reviews in nursing are rare and many staff could not recall when their last review or developmental interview had occurred. Allied health staff did indicate they receive regular reviews.

Rapid rounds comprising of a multidisciplinary team of health providers are held each morning and all patients are discussed. It was impressive to see how well prepared staff were at the meeting, particularly on a Monday morning. Clearly this event is seen as important. Staff interactions were cordial and professional.

Several key safety practices were evident. A post fall huddle occurs and instances are tracked to support learning and improvement. Infection Prevention and Control (IPC) is a shared service within the zone and staff indicated that support is easily accessible and appreciated. Regular IPC audits occur and are reported. Hand Hygiene rates are higher than the provincial average at PRCHC.

Quality Boards for service areas exist however, current quality improvement reporting is not evident for all services and several Boards appear to have been taken over by COVID-19 materials. Staff and managers admit that quality improvement initiatives have fallen off as a result of the COVID-19 pandemic. Engagement of patients and families is not well developed and often reactionary. Peace River is encouraged to renew its commitment to quality improvement and proactively establish a Patient Advisory Committee to support patients and families in becoming more active in all aspects of the health centre's operation.

## 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 Sutherland Place long term care unit was established in 2003 and adjoins the Peace River Community Health Centre. A new manager has recently been appointed to fill a void in management that has existed for some time. The site is aesthetically pleasing and considerable effort has been undertaken to ensure the environment is home-like for residents.

A comprehensive orientation process exists for new residents and family members. There are yearly family conferences however the organization is proactive in arranging meetings should changes in the resident's health status change. Standard assessment tools

are used. The Connect Care information system has been a welcome addition to facilitate standardization of assessments and care provision.

There is a provincial hotline to report resident abuse and handle complaints. Site follow-up is initiated and investigated. Staff also receive annual training in abuse recognition and prevention.

Performance reviews have not been undertaken in several years due to the lack of consistent management. New management is encouraged to begin engaging staff in conversations about performance and review.

Site annual resident and family satisfaction surveys are provided and results reviewed by the Manager. The site is encouraged to quantify these results for trending and sharing with staff. Reporting and Learning System (RLS) incidents are also reviewed and shared with staff. Regular conferences between the site Pharmacist and Nursing occur.

Concerns were shared by management, staff and residents of an ongoing issue with ants in the long term care facility including resident rooms. Efforts to address the situation have been made and the site is encouraged to continue to work with pest control experts to identify the root cause of the issue and pursue eradication.

## Obstetrics Services

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



Located in the acute side of the Peace River Community Health Centre is a three-bed delivery unit, having delivered 383 infants in the past year. The operating room can perform emergency caesarian sections 24 hours per day/ 7 days per week. There is one nurse daily assigned to the unit who also works in the inpatient unit until a delivery is needed. Many of the inpatient nurses are cross trained in Obstetrics. The unit is designated a Level 1B birthing unit. While the Obstetrics unit was intended to provide the post-delivery care, due to the number of deliveries, post care is

provided in the inpatient unit. Standardized AHS processes are used, and there is a focus from the clinical nurse educator (CNE) to keep the skills and education current for staff. Recent in-service and education has focused on postpartum hemorrhage (PPH). There has been a PPH cart assembled with the algorithms and supplies needed to treat it. The Clinical Nurse Educator delivers the neonatal resuscitation program (NRP) training for staff and surrounding health care centers and is scheduled to become an Acute Care of At-Risk Newborns (ACORN) instructor for the north Zone.

While there are universal falls prevention in place, it is suggested to repost the falls prevention signs for parents. These were removed due to the recent pandemic. For infant transports there are long waits of 4-5 hours.

## Perioperative Services and Invasive Procedures

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



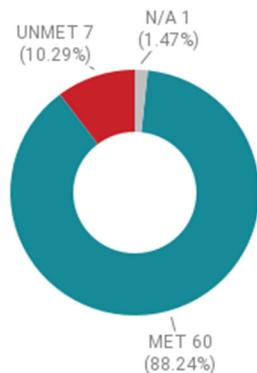
Peace River Community Health Center has performed 148 surgeries and 926 endoscopies in the past year. The unit has two operating rooms (ORs). The rooms are not used at the same time but are used back-to-back to decrease the turnaround time for surgeries. There is a separate endoscopy suite. The OR is prepared to perform emergency caesarian sections at any time. The staff demonstrated teamwork and compassionate care for both patient and staff members. Documentation is completed in the I-Connect system. Staff have learned to use this system, and while they

are aware of the short comings, prefer it to the paper system due to the checks in care provided by the software. Transition from OR to recovery room is seamless and supported by the same nurses.

The site is encouraged to review monitor screens in the OR and in Pre-Operative areas that are not in proper working order. The messaging is reversed with the private screen being displayed to the public, and the public screen displayed in the OR. The doors to the Day Care areas are not closed, to prevent visitors from entering, and the double doors do not completely close. Patients who will need to walk to the OR table could be provided with non-slip socks, rather than be barefoot. One of the initiatives the OR is participating in is the Alberta Surgical Wait-time Initiative (ASI). Every other Monday there are additional surgeries provided to help decrease the surgical wait time. This has created a crowded storage room, and there may be solutions sought to find alternatives such as the rolling storage shelves.

## Service Excellence

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



Information on available services is shared with patients/clients, residents, and family members and options for care are provided. Consent is obtained and documented. Staff seek out substitute decision makers when needed. Allied Health providers work with nursing and physicians to ensure client's needs and wishes are understood.

Numerous education and training opportunities exist for staff. Annual Skill days ensure basic training requirements are met. Credentials are tracked and are up to date.

Charting is complete and up to date. Clients can access their records that have migrated from paper to Connect Care platform.



Patient safety incidents are recorded and reported. Risks are assessed and greatest risks are identified to be a lack of staffing and Obstetrical services.

Patients and family members from the North Zone are involved in many provincial and zone initiatives. Peace River Community Health Centre is encouraged to become more proactive in inviting patients and families into opportunities for meaningful involvement in all aspects of the site’s operations. An action plan created with patients and family members is encouraged as a first step.

There is opportunity to reinsate quality improvement initiatives. Indications from staff and management are that COVID-19 has stalled the early progress that was being made in quality improvement including limited staffing resources in particular nursing. Monitoring of quality improvement indicators is not apparent. Quality Boards exist however many are used for sharing information on COVID-19.

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	5.3	Team members are recognized for their contributions.
Service Excellence	10.4	Team members are recognized for their contributions.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard	Criteria		Due Date
Long-Term Care Services	4.8.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	October 31, 2023