

2022

Valleyview Health Centre

North Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022



ACCREDITATION
AGRÉMENT
CANADA

Table of Contents

About this Accreditation Report	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited	4
Central Zone Rural Hospital Assessment – Sites Visited	4
Confidentiality.....	5
Executive Summary.....	6
Survey Methodology.....	7
Key Opportunities and Areas of Excellence	8
Key Opportunities	8
Areas of Excellence	8
Results at a Glance	9
Compliance Overall	9
Compliance by Standard	10
Compliance By System Level Priority Process.....	11
Compliance by Quality Dimension	12
Compliance by Required Organizational Practice (ROP) (AC to update Table and graphs)	13
Detailed Results: System-level Priority Processes	15
Emergency Preparedness	15
Infection Prevention and Control	16
Medical Devices and Equipment.....	17
Medication Management	17
Patient Flow	18
People-Centred Care.....	19
Physical Environment.....	20
Detailed Results by Service-Level Priority Process	21
Emergency Department.....	21
Inpatient Services.....	22
Long-Term Care Services.....	23
Service Excellence	24
Criteria for Follow-up.....	25
Criteria Identified for Follow-up by the Accreditation Decision Committee	25

About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted April 25 – May 6, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

About the AHS Accreditation Cycle

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2023). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

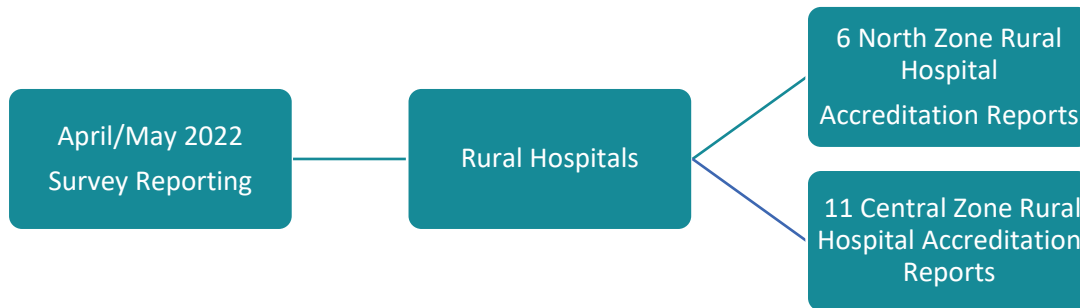
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019-2023), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted a new assessment method referred to as Attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2023, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the Spring 2022 Survey are organized as follows:



North Zone Rural Hospital Assessment – Sites Visited

- Beaverlodge Municipal Hospital
- Fox Creek Healthcare Centre
- Grande Cache Community Health Complex
- Northwest Health Centre
- St. Theresa General Hospital
- Valleyview Health Centre

Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre
- Drumheller Health Centre
- Hanna Health Centre
- Innisfail Health Centre
- Olds Hospital and Care Centre
- Ponoka Hospital and Care Centre
- Rimbey Hospital and Care Centre
- Rocky Mountain House Health Centre
- Stettler Hospital and Care Centre
- Myron Thompson Health Centre
- Three Hills Health Centre

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only.

Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

Executive Summary

The team members and leaders at Valleyview Health Centre are committed to the accreditation journey and being “accreditation ready.” They are passionate in providing quality care and the team members, leaders and physicians have a strong sense of pride in their work. A team member stated, “I love working here. We provide good care.” Although there are challenges in recruiting health professionals, many of the team members have worked at the Valleyview Health Centre for significant periods of time. Team members described the work environment as, “a good place to work,” “collaborative” and a “learning environment”. There is collaboration across the hospitals in the North Zone.

The Valleyview Health Centre was built in 1994. The team members and leaders are very proud of the site; it is clean and well maintained. There are wide corridors and natural light with an outdoor patio for residents. The housekeeping team is acknowledged for their work in ensuring a clean and safe environment. There are hand hygiene stations located throughout the site and COVID-19 screening is completed at the main entrances. The Valleyview Health Centre Foundation and Auxiliary are providing excellent support to the health centre. The team members and leaders acknowledged the benefit of this strong support and its impact on quality programs and services.

Clients, residents, and families spoke highly of the care provided. They described being treated with care, dignity, and respect. A resident stated, “I love it here. I am happy with the way things are. I receive good care.” Another client stated, “the staff are excellent”. The leaders are encouraged to continue to seek the input of clients and families.

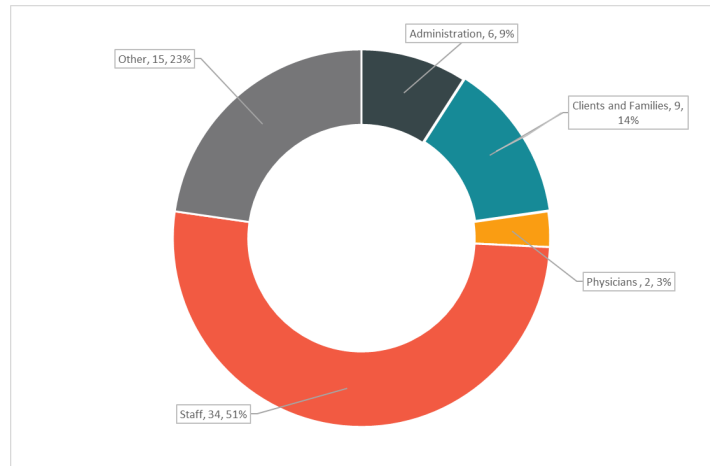
There is a strong interdisciplinary team. The team members and leaders were complementary of the support from other professionals in the North Zone including social work, pharmacy, mental health, physiotherapy, occupational therapy, palliative care, emergency planning, and infection prevention and control. In 2021, Connect Care was implemented which supports collaboration and patient safety. There is an opportunity to strengthen the auditing processes. There are quality processes implemented including interdisciplinary family rounds, huddles, and quality boards. The leaders are encouraged to continue to find ways to obtain input from clients and family to further strengthen programs and services.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Valleyview Health Centre.

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

Groups	# of interviews
Administration	6
Client & Families	9
Physician	2
Staff	34
Other	15



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. Staff and physician recruitment and retention
2. Use Connect Care to drive quality improvement (e.g., ER wait times, left without being seen)
3. Strengthen auditing processes (e.g., medication management)
4. Improve privacy at registration desk
5. Provide access to ultrasound services in a timely fashion

Areas of Excellence

6. Implementation of Connect Care
7. Engaged, efficient site leadership
8. Committed team members and physicians
9. Commitment to quality (e.g., quality board, white board, shift huddles)
10. The physical design of the facility – easy access to all clinical areas

Results at a Glance

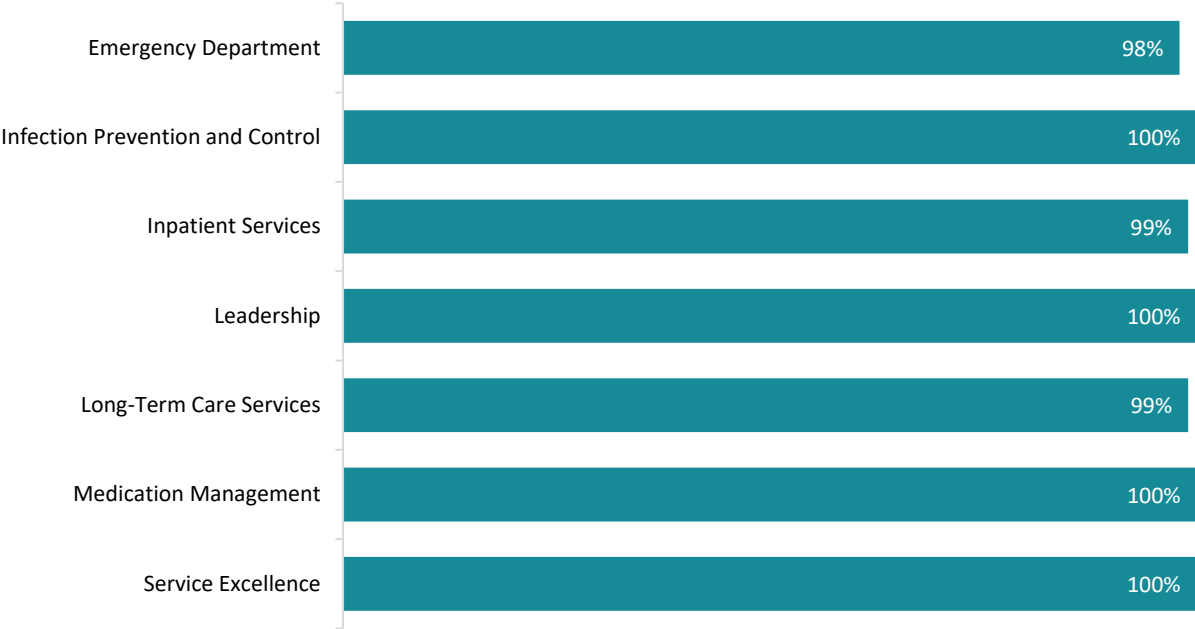
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 99% met	Overall 99% met	
Number of attested criteria			
Attested 83 criteria	Audited 17 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

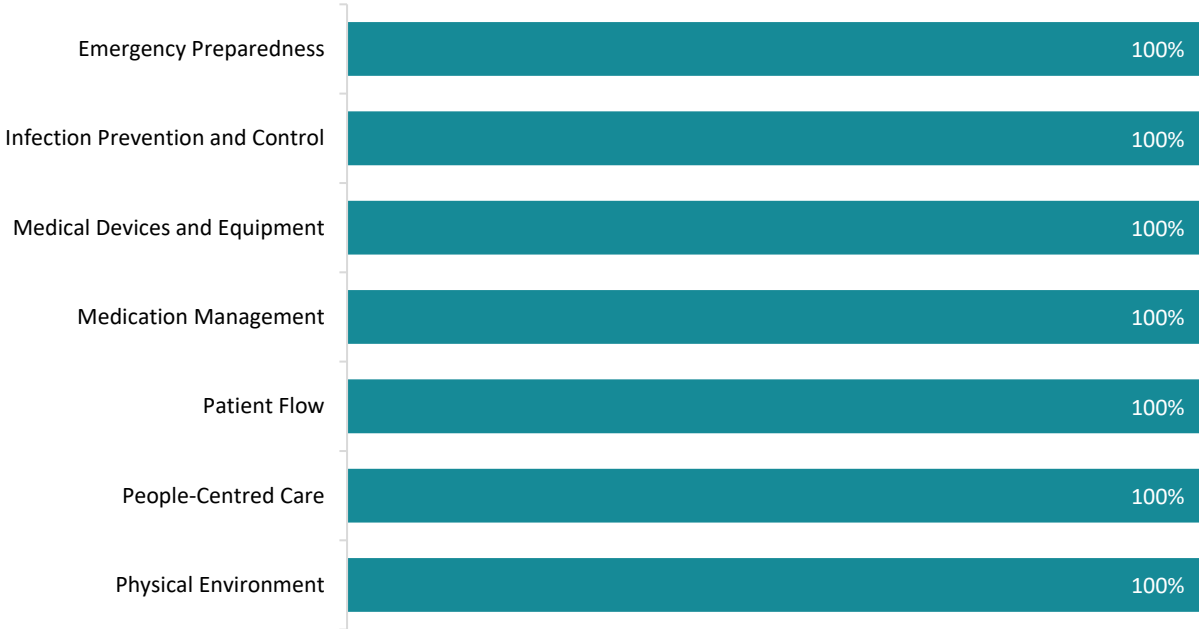
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	92	2	1	0
Infection Prevention and Control	50	0	14	0
Inpatient Services	67	1	1	0
Leadership	9	0	0	0
Long-Term Care Services	79	1	1	0
Medication Management	81	0	8	0
Service Excellence	76	0	0	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	13	0	14	0
Medication Management	81	0	8	0
Patient Flow	14	0	0	0
People-Centred Care	33	0	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	31	0	0	0
Appropriateness	143	3	12	0
Client Centered Services	114	0	0	0
Continuity of Services	17	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	129	1	12	0
Worklife	13	0	1	0
Total	454	4	25	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET

RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care Services	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.



There is a strong commitment to effective emergency preparedness processes. The team members and leaders of the Valleyview Health Centre are proud of their work in ensuring quality emergency preparedness processes. The site is to be commended for its emergency response to monthly testing of codes (code of the month) and regular fire drills. There is education for team members and leaders to support the all-hazard disaster and emergency plans including command post training. Of particular note is the work that the team members, physicians, and leaders did to

prepare for and respond to the COVID-19 pandemic. These included processes implemented to keep staff, clients, and residents safe. The team members and leaders were flexible in responding to this unprecedented event with the procurement of Personal Protective Equipment (PPE), having COVID-19 screening at entrances, implementing enhanced cleaning procedures, paying rigorous attention to hand hygiene, and managing outbreaks. There is strong support from infection prevention and control practitioners who work closely with the teams. The leaders commented on the valued input from both provincial and zone level emergency preparedness staff. The team members and leaders are encouraged to continue to test the emergency preparedness processes including code of the month testing.

There is strong collaboration with partners to support emergency preparedness including the police, fire departments, and community organizations. There are partnerships with the Town of Valleyview to ensure effective community and site-based emergency responses. This extends to providing alternate water sources if required. The team members and leaders are encouraged to continue to develop and support partnerships to ensure effective emergency responses.

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 leaders and team members are committed to infection prevention and control (IPC). They are proud of their work in implementing the IPC processes. The leaders and team members spoke highly of the onsite and remote support of the IPC practitioner. This also extends to the support provided during outbreak situations. The IPC team is involved in the planning and construction of the physical environment. The hospital acquired infection rates are tracked and the information is shared.

There is a strong sense of pride in the COVID-19 response.

There was a strong commitment to ensuring client, resident, and staff safety. There is COVID-19 screening at the health centre entrance, masks are provided, and hand hygiene completed. Education and training were provided to the COVID screener. Hand hygiene education has been provided, stations set up throughout the health centre, and auditing of hand hygiene practices is completed with the results posted. The team members stated that they feel safe at work.

The housekeeping team provides excellent cleaning throughout the facility. They have processes, policies, and guidelines to support their work. Policies and procedures are followed when transporting biomedical waste and when transporting clean and contaminated laundry. The laundry service is contracted to an external organization but the storage areas for clean and contaminated linens is separate and well organized.

The dietary department is clean and well organized. The fridge and freezer temperatures are monitored and recorded regularly. The team members and leaders stated that there have been no incidents of food borne illness reported.

Medical Devices and Equipment

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



There is a strong commitment to having quality medical equipment and devices to support client and resident care. There is a preventative maintenance program which tracks the medical equipment and documents the repairs completed. The facility maintenance team are proud of their work in ensuring medical equipment to support care. The equipment maintenance and repairs are either completed by the site or the North Zone team. The team members have stated that they

have the equipment to do their jobs.

Reprocessing and sterilization are not completed at the Valleyview Health Centre. An initial cleaning of the medical devices is completed by the nurses wearing appropriate personal protective equipment. The team members stated that they feel safe in doing this work. Following the initial cleaning, the medical devices requiring sterilization and reprocessing are placed in a secure box and transported for sterilization and reprocessing. There are some single use medical devices used, however, there are a significant number of medical devices requiring reprocessing. The leaders are encouraged to explore the use of single-use medical devices and to reduce the number of medical devices requiring reprocessing.

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.



There is a program in which there is therapeutic interchange of anti-infective agents but only some elements of the Alberta Health Services organization-wide formal antimicrobial stewardship program were identified at the Valleyview site. In Connect Care there is no automatic stop on antibiotics, however, there is a soft stop for physicians to review antibiotics. Physicians can specify in their orders to switch from intravenous to oral and are prompted to review their intravenous and oral antibiotics' orders.

Staff and physicians receive education and training in new medications when they are released. Medications are dispensed in a safe, secure, and timely manner.

Medications are dispensed in unit dose packaging. When the pharmacy is closed there is controlled access to urgently required medications. There is also a record of medications accessed through this process. Steps have been taken to limit the availability of certain heparin products and narcotic products in client service areas. With the advent of Connect Care, the use of the Do-Not-Use abbreviations has dramatically improved.

Audits of narcotic products, unfractionated and low molecular weight heparin products, and high-alert medications were evident. However, this information did not appear to be effectively transmitted to the frontline workers.

Medication reconciliation audits and concentrated electrolytes audits were visible.

With the implementation of Connect Care there is an opportunity to strengthen the auditing process for medications.

There is an extensive program for high-alert medications including policy, independent double check, and the storage and dispensing of these high-alert medications.

The medication areas, both in the pharmacy and the medication rooms on the units, are clean, mainly clutter free, well-lit, and secure.

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.



Patient flow is addressed and managed. There is a proactive approach to prevent and manage overcrowding in the emergency department in a safe and timely way. This includes assigning additional staff at certain times of the day and on certain days when it is anticipated that there would be an increase in requests for services.

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.



MET 33
(100%)

The leaders and team members are committed to supporting people-centred care. They are implementing CoACT Collaborative Care. Currently, quality boards, white boards in client rooms, hourly comfort rounds and huddles have been implemented. A committee is being established to support the CoACT initiative. There are provincial and North Zone level advisory committees which includes patient and family representatives. There have been strong partnerships established with the community including the fire and police departments and municipal councils, to name just a few. A resident council for long-term care is being re-established following the COVID-19 pandemic. The Valleyview Health Centre enjoyed the support of the Valleyview Health Centre Foundation and Auxiliary. These representatives provide input into resources, equipment, and facilities design.

The client, residents and families spoke highly of the care provided at the Valleyview Health Centre. They described being treated with care, dignity, and respect. They described the services as “excellent” and the team members as “wonderful.” They noted that they felt comfortable in asking questions and that they knew what to expect when they were discharged. The leaders are encouraged to continue to involve clients, residents, and families in the co-design of programs and services.

Physical Environment

Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership; Perioperative Services and Invasive Procedures.



The Valleyview Health Centre was built in 1994. The leaders and team members are proud of the services and programs offered at the Health Centre. There is good signage both outside and inside the facility making way finding easy and there is adequate parking. There is COVID-19 screening completed at the entrances and hand hygiene and personal protective equipment is available. There are adequate workstations available for team member interaction as

well as private spaces available for clients and team members. The corridors are wide supporting accessibility for clients. The kitchen area is clean and well maintained with regular temperature testing of the fridges. Laundry is completed by an external organization.

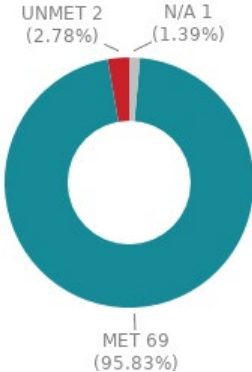
The building is clean and well maintained. The housekeeping team are committed to ensuring a clean environment for clients, residents, and staff. Preventative building maintenance is completed. There is regular testing of the back-up generators with the results documented. There are options for a backup water source if this is required. There is recycling of cardboard and plastics. There is equipment located at this site which is not in use - it may be beneficial to see if it can be used at another facility or if it may be discarded if it is no longer functional.

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.



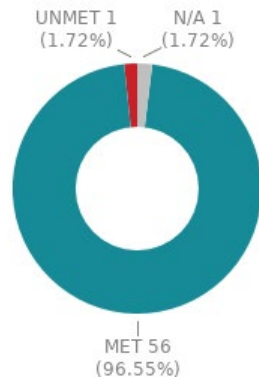
The emergency department has seven beds and there is access to the department 24 hours a day, seven days a week. There is also a room dedicated to trauma. Technology in the department includes an electronic medical record (Connect Care) with client tracking systems, client assessment tools, databases, and decision tools and waitlist systems used to support the work in the emergency department. Space is somewhat limited in the department. There are proactive processes in place to prevent and manage overcrowding in the emergency department in a safe and timely way.

Requests for imaging services, and laboratory services are efficiently obtained. However, the ability to improve the diagnostic acumen of physicians and staff is limited because of the absence of ultrasound equipment. Because of the proximity of the beds, privacy is not guaranteed. There is a seclusion room that can be used to protect the safety of the client and others in the emergency department that is not used frequently. Equipment and supplies for pediatric clients are available or accessible.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
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.

Inpatient Services

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



There is strong leadership of the inpatient services. A multidisciplinary team provides excellent care to the patients. However, there is a lack of privacy at the registration desk. The registration area was changed to the current position because of the amount of equipment, computers and monitors that had to be put in place because of Connect Care. There may be an opportunity to improve on privacy during the registration process.

Staff and physician recruitment continues to be a challenge. There has been some improvement in physician coverage with physician numbers having increased from two to four. Physicians would like to have certain specialities like psychiatry and internal medicine in the community. There is also a wish to have certain specialized diagnostic services like ultrasound in the emergency department as well as in the community. Additional education and training in certain procedures is also desired by physicians. All staff do Canadian Triage and Acuity Scale (CTAS) training, and it is recommended that staff do Advanced Cardiac Life Support (ACLS) and Paediatric Advanced Life Support (PALS) training as well.

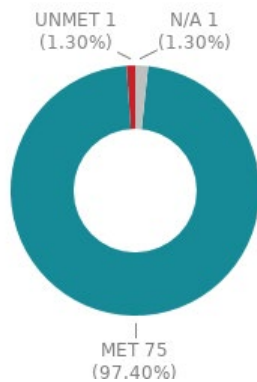
There is an appropriate mix of staff including nurses, licensed practical nurses, and physicians. Team members have the relevant competencies and training. Nursing receives training and education to maintain the competence in using infusion pumps safely. Education and training are also provided on how to identify, reduce and manage risks to patient safety. The organization has a reporting and learning system where patient safety incidents are reported, analyzed, investigated, and appropriate recommendations developed and implemented. There are trainings in areas such as workplace violence and overregulation plans and cameras to assist in the management of violence. There is an effective falls prevention and injury reduction program and there is a post-fall management algorithm for adult patients. There is a robust Venous thromboembolism (VTE) program and there is a medication reconciliation program that is adequately followed. Medication reconciliation is part of the admission for patients in Connect Care. There has been a reduction in the number of quality reports reaching the frontline workers since the implementation of Connect Care. Team members also indicate that Residential Assessment Instrument (RAI) assessments have been delayed.

There is a whiteboard in every inpatient room. The team member and physician who are responsible for the service to the patient are listed on it. There may be an opportunity to put the resuscitation code status of the patient on the whiteboard. This would aid in the communication of the patient's wishes of if for example a code blue is called on the patient.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Long-Term Care Services

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



The Valleyview Health Centre has 25 long-term care beds with 11 private and seven semi-private rooms. The home is clean, bright, and well maintained. There is natural light with large windows. Residents have personal furniture and decorations to support a home-like environment. There is a shared washroom in the semi-private rooms. There are several areas for resident interaction including a quiet area with books, a fireplace, a recreation area, a dining room, and a games area. There is a therapy dog, Sam, that visits residents. An outdoor patio is available for residents, with a

recent addition of clear plexiglass allowing residents to look out into the community environment. The purchase of a motored bike will enable residents to be taken on bike rides by team members. There is a tub room with two bathing areas. Temperature checks are completed and recorded. There is limited storage and leaders are encouraged to review the infrastructure needs of the unit, including the reduction of semi-private rooms and shared washrooms with a goal of enhancing infection prevention and control processes.

The team members and leaders are passionate about providing safe and quality care to the residents. The team members stated that they, “loved working with the residents”. The team members stated that they felt safe at work and that their safety was protected. They described being supported during this pandemic and that they have the appropriate personal protective equipment. An officer is available to support the donning and doffing of personal protective equipment. There is a strong interdisciplinary team which supports the long-term care residents including pharmacy, physiotherapy, recreation therapy, occupational therapy, and social work.

The residents spoke highly of the care provided to them. They stated that the team members are “wonderful”. A resident described living at the facility saying, “I love it here. I am happy with the way things are.” They stated that they were treated with care, dignity, and respect. There is a recreation therapist that is onsite approximately two days a week, with a full time and part time recreation therapy assistant. The recreation activities are posted on a quality board. There is a Resident Council, however, the council has not met during the COVID-19 pandemic. The leaders are encouraged to ensure that the Resident Council is revitalized and meets on a regular basis to ensure the input of residents and families.

There is a commitment to quality processes. A quality board is located on the long-term care unit. Hand hygiene audits are completed with the results posted. There are interdisciplinary family conferences. There are medication reviews completed every three months, however, the results are not documented. The leaders are encouraged to ensure that the medication reviews are documented in the resident care plan. A taped shift to shift report occurs and leaders are encouraged to review the process and make changes accordingly. Connect Care has been implemented.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	5.12	There are regular, standardized interdisciplinary reviews of each resident's medications and adjustments are made as necessary.

Service Excellence

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



Service excellence is supported by a committed and dedicated leadership team. Collaborative working relationships with both internal and external stakeholders are supported. The leaders and team members are deeply committed to ensuring quality health care services for clients, residents, and families. There are linkages and collaboration across health care facilities and within the North Zone.

The leadership team is visible and accessible. They are deeply committed to supporting the development of team members starting with a strong orientation and daily interactions with team members. There are open communication channels which make team members feel supported. A team member stated, "I stay because of my boss. This is a well-run place." The leaders are to be commended for the completion of performance appraisals. The team members stated that they feel safe at work. Staff safety resources include access to personal protective equipment, education and training, access to protective services and policies and procedures.

A collaborative interdisciplinary team supports resident and client care. The team members stated that they have the resources to do their work and there is a commitment to quality improvement. Client satisfaction surveys are completed regularly but the team members and leaders are encouraged to continue to seek opportunities to enhance the input of clients and families into the co-design of programs and services.

The team members and leaders are proud of the Valleyview Health Centre. The facility is clean and well maintained. There is natural light with artwork on the walls. The corridors are wide - supporting mobility, transportation of clients, and staff workflow. There is parking for visitors and team members. In future infrastructure planning, the leaders are encouraged to consider the provision of single resident rooms in long-term care in keeping with infection prevention and control priorities. Quality boards are visible.

The leaders are committed to using decision support to enable quality client care. The leaders and team members have access to evidence-based guidelines. Education and training are provided to the team on the use of technology including Connect Care. Care plans are developed and updated with the input of clients and families. Client records are kept up-to-date.

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	5.12	There are regular, standardized interdisciplinary reviews of each resident's medications and adjustments are made as necessary.	June 30, 2023