Slave Lake Healthcare Centre

North Zone

Alberta Health Services

Spring Survey
June 14 - 25, 2021

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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 June 14, 2021 – June 25, 2021. 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 regarding sites and services 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 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 (2019-2022), 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, Service Excellence and Leadership. 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 new assessment methods offered by Accreditation Canada. Pre-survey attestation requires sites/teams to conduct a self-assessment against specified criteria within the standards and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization's knowledge. These ratings are validated by Accreditation Canada during the on-site survey and are used to inform an accreditation decision at the end of the four-year accreditation cycle. The second assessment method is unannounced on-site surveys. This method requires all sites and services to participate in pre-survey attestation and engage in the accreditation process to ensure the standards have been implemented and they are *accreditation ready* at all times.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. AHS's accreditation award will be granted at the end of the accreditation cycle.

The accreditation reports for the Spring 2021 Survey are organized as follows:
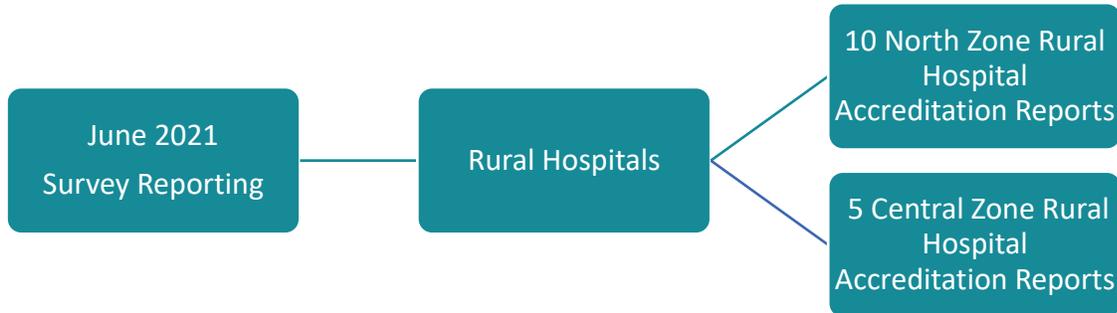
North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Boyle Healthcare Centre
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- George McDougall - Smoky Lake Healthcare Centre
- Hinton Healthcare Centre
- Slave Lake Healthcare Centre
- St. Therese - St. Paul Healthcare Centre
- Wabasca/Desmarais Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow - Lac La Biche Healthcare Centre

Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Coronation Hospital and Care Centre
- Daysland Health Centre
- Vermilion Health Centre
- Viking Health Centre
- Wainwright 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

Slave Lake Healthcare Center is a lovely example of complete health care in one location. Combined with the acute services including medical inpatients, obstetrics with caesarian capability, emergency, and hemodialysis services, is a long-term care unit, palliative care, outpatient laboratory, and a medical imaging department. Through the front door, there is a primary care clinic containing public health, home health, and mental health services. This site serves a hub of clients within a two-hour driving radius. There are currently investigations happening with input from the community to return to the services held in this site prior to the fire of 2011 by increasing the surgical capacity and reopening the audiology service. Additionally, they are investigating the addition of an IV clinic for the delivery of cancer care medications.

Despite the building being 30 years old, it has been very well maintained and is in pristine condition. The services are well equipped. The medical reprocessing area is very clean, tidy, and organized. Staff members are caring and compassionate, with many of them having over 30 years of working at this site.

The facility looks spacious with uncluttered hallways that add to the safety of patients and staff.

With regards to patient safety, staff and leaders are committed to implementing best practices such as fall prevention, VTE prophylactic measures, information transfer during the transition, medication reconciliation, etc. The leaders are committed to measuring the effectiveness of these ROPs (Required Organization Practices). They are encouraged to share the audit results with staff regularly and use the results for further improvement.

Patients are appreciative of the good care they receive from the staff at Slave Lake Healthcare Centre. Patients are served with respect and dignity by staff introducing themselves at the beginning of the shift and explaining the procedures beforehand. A patient highlighted the excellent services offered by the Indigenous Wellness Liaison for the Indigenous population. The consistent use of patient whiteboards is highly recommended to promote communication between patients, families, and team members.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Slave Lake Healthcare Centre.

To conduct their assessment, the survey team gathered information from the following groups[1]

Other, 0, 0%
Administration, 6, 14%
Clients and Families, 5, 12%
Physicians , 3, 7%
Staff, 29, 67%

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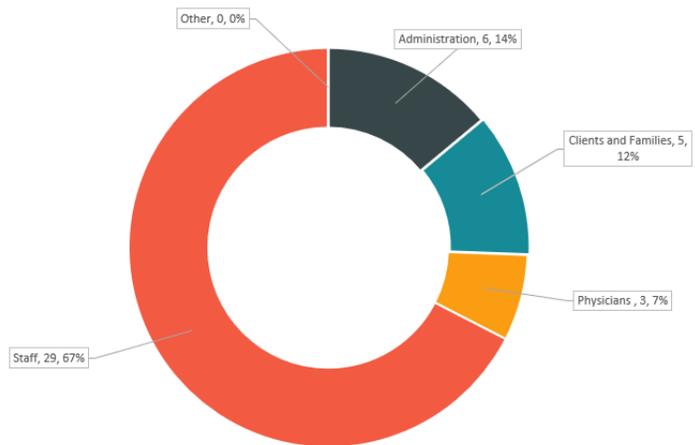
[1] "Other" interviewees refer to individuals such as students or volunteers

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. Improve the pattern for the patient and staff flow through the emergency department to increase efficiency and patient safety. There is a lot of traffic through the emergency department and medicine hallways due to the Outpatient laboratory.

2. The use of medication night cupboard needs to be restricted for a certain time of the day with a limited supply of medications.

3. Emergency and admitting identification, strongly suggest a review of the two patient ID processes for arm banding, triaging, and provision of medication.

4. Long-term care and quality improvement matrix need to be updated on a regular basis with key indicators.

5. Review strategies to ensure staff are aware of available education for mental health and pediatric emergencies.

6. Falls education for new hires and student nurses.

Areas of Excellence

1. Interaction with community groups and the public engagement for feedback and improvement suggestions and ensuring specialized services are available for individuals choosing to live in the Slave Lake community.

2. The Slave Lake Healthcare Centre model of care is from birth to death.

3. Focus on improvement of the quality initiatives, activities, audits, and sharing while working to regain the services this health care centre provided prior to the fires.

4. The leaders and staff demonstrate passion and enthusiasm for providing safe and quality care for patients and families.

5. Person-centered care is demonstrated by everyone working in long-term care.

6. Best practices related to infection prevention and control practices are maintained on the units.

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria			Attestation:
Attested	**On-Site**	**Overall**	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.
100% met	98% met	99% met	
Number of attested criteria			On-site Assessment:
Attested	**Audited**		Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
93 criteria	24 Criteria		

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[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

	Compliance
Emergency Department	97%
Infection Prevention and Control	100%
Inpatient Services	97%
Leadership	100%
Long-Term Care Services	98%
Medication Management	98%
Obstetrics Services	100%
Reprocessing of Reusable Medical Devices	100%
Service Excellence	100%
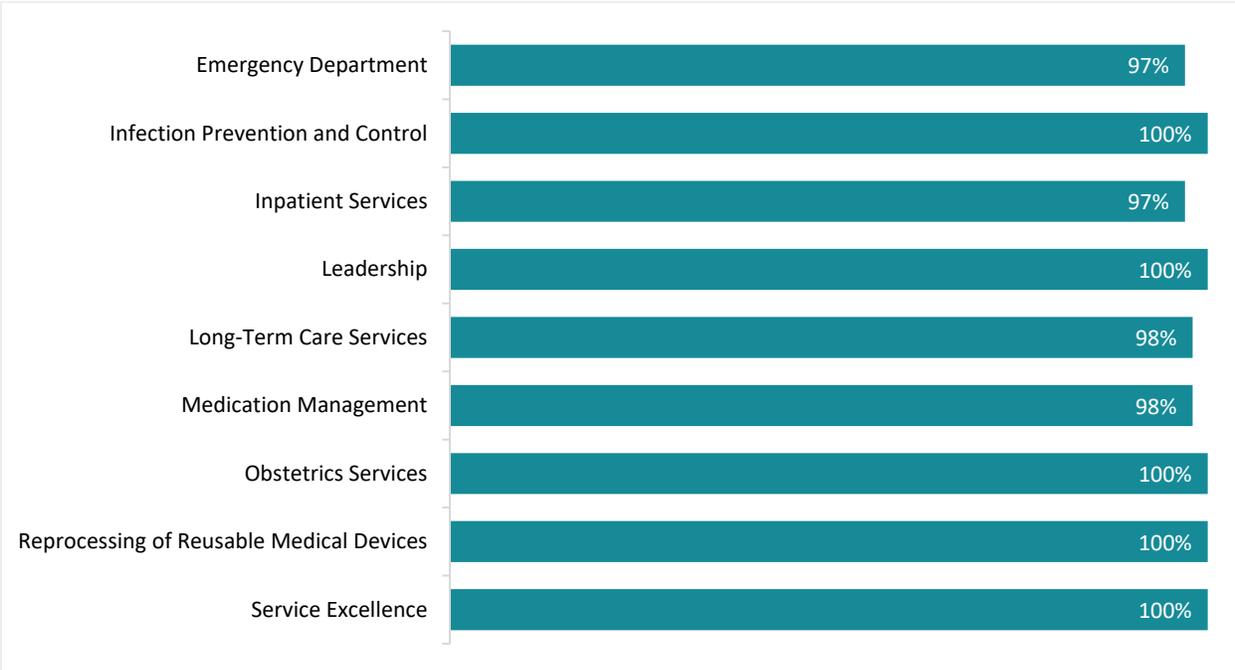
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	91	3	1	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	65	2	2	0
Leadership	9	0	0	0
Long-Term Care Services	78	2	1	0
Medication Management	78	2	7	0
Obstetrics Services	81	0	2	0
Reprocessing of Reusable Medical Devices	78	0	13	0
Service Excellence	76	0	0	0

Compliance By System Level Priority Process

Emergency Preparedness	100%
Infection Prevention and Control	100%
Medical Devices and Equipment	100%
Medication Management	98%
Patient Flow	100%
People-Centred Care	100%
Physical Environment	100%
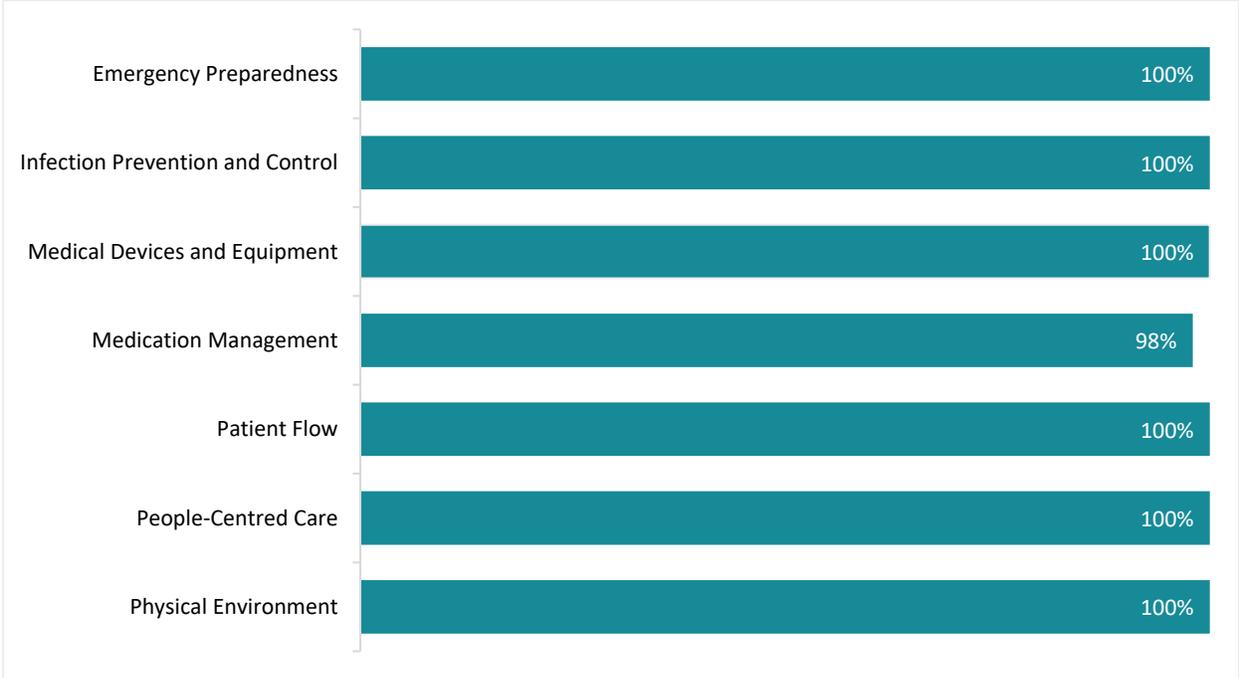
PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	78	0	13	0
Medication Management	78	2	7	0
Patient Flow	14	0	0	0
People-Centred Care	43	0	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension

Accessibility	98%
Appropriateness	98%
Client Centered Services	98%
Continuity of Services	100%
Efficiency	100%
Population Focus	100%
Safety	99%
Worklife	100%
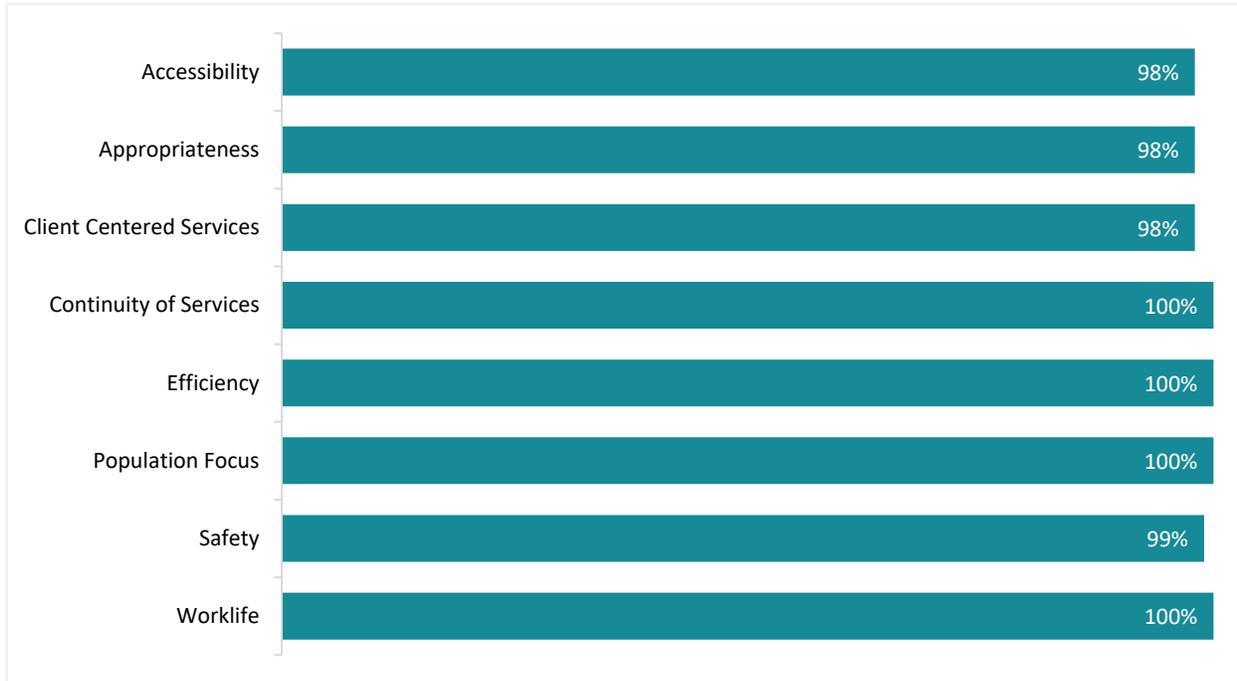
DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	42	1	0	0
Appropriateness	191	4	14	0
Client Centered Services	135	3	1	0
Continuity of Services	22	0	0	0
Efficiency	5	0	0	0
Population Focus	4	0	0	0
Safety	173	1	10	0
Worklife	21	0	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	UNMET
	Inpatient Services	MET
	Long-Term Care	UNMET
	Obstetrics Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
	Obstetrics Services	MET
Safe Surgical Checklist	Obstetrics Services	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	MET
	Obstetrics Services	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	UNMET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	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

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

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

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 are no unmet criteria for this Priority Process.

The site is compliant with all the criteria for this priority process.

They are very proud of the fact there has not been a COVID-19 outbreak at this site.

Infection and prevention control assists with the monitoring of any outbreaks and there are written protocols for outbreaks. Facilities management has processes in place for extended loss of power**.**

MET 7
(100%)

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.

There are no unmet criteria for this Priority Process.

There is a strong commitment to adhere to infection prevention and control practices (IPC) at Slave Lake Healthcare Centre. Strategies to prevent transmission of COVID-19 are seen throughout the building.

Posters on hand hygiene and personal protective equipment (PPE) use are noted in the clinical care areas. Although the IPC clinician is supporting virtually, site leaders feel supported by the IPC clinician for setting priorities and promoting best practices with regards to preventing Antibiotic-resistant organisms (ARO's) and COVID-19.

MET 34
(100%)

The ARO rates are tracked and posted on the quality board for everyone to see. Hand hygiene results are also found on the quality board and staff are aware of the hand hygiene results. The quality of the cleaning done at Slave Lake Healthcare Centre is exceptional. Housekeeping staff follow the cleaning guidelines set for isolation rooms and housekeeping completes the cleaning log posted outside each room which potentially will boost the confidence of patients and families in the cleanliness of the hospital environment.

Staff appreciated the training and resources that were available during COVID-19 to promote PPE practices. PPE supplies are available to staff near the patient care areas. One patient stated that they were not told about the importance of hand hygiene to prevent hospital-acquired infections on admission or during the stay. Leaders are encouraged to make sure all patients receive education about hand hygiene on admission and throughout the stay.

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: Reprocessing of Reusable Medical Devices.

N/A 13
(14.29%)

MET 78
(85.71%)
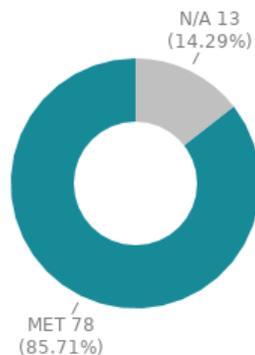
**There are no unmet criteria for this Priority Process.**

The reprocessing department is a gem on its own. There is one full-time employee who manages the solutions, ordering, cleaning, and monitoring of the procedures.

The space is new with cleanable surfaces and a well-ordered inventory. Logs of quality checks, binders of Standard Operating Procedures (SOPs) are well organized without any tattered corners.

The soiled items are transported in covered bins from emergency department, medicine, obstetrics, and the operating room (OR). The path of the equipment is one-way and from the soiled area flows without interruption to the sterile supply room in the OR, or back to the units.

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.
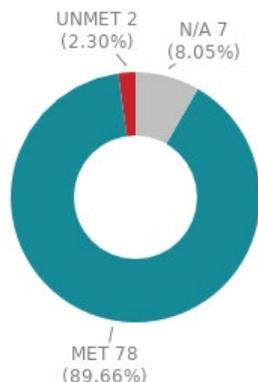
At Slave Lake Healthcare Centre, a pharmacist and a technician oversee the pharmacy operation. An antimicrobial stewardship program is in place. However, leaders are not sure if the program is being evaluated for its effectiveness. Leaders are encouraged to review the effectiveness of the antimicrobial stewardship program in association with pharmacy and physicians.

Medication reconciliation is being done upon admission and discharge. There is an opportunity to make improvements to how Best Possible Medication History (BPMH) is documented on the medication reconciliation form. Instead of opting for "see pharmacist" it is advisable to write the full details of the medication, dose, route, etc. to avoid medication error.

There is awareness among staff about the 'Do Not Use Abbreviation' list and high-alert medications. It is suggested to post the results from audits to improve awareness among staff. The pharmacy looks well-lit and clean, and only accessed by authorized staff.

The process of using the night cupboard needs to be revisited. Currently, the night cupboard is being used as a ward stock cupboard which has risks associated with patient and staff safety and it also adds to the workload of nurses. Staff also expressed concern about this practice. Also, look alike/sound alike medications are stored in the medication room next to each other, for example, Enoxaparin 60mg and 80 mg are stored next to each other and both are orange shades. The team needs to review AHS policy on look alike/sound alike medication and apply it consistently in the pharmacy and clinical service areas.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.
Medication Management	19.1	When the pharmacy is closed, designated team members are provided with controlled access to a night cabinet or automated dispensing cabinets for a limited selection of urgently required medications.

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.

MET 14
(100%)

There are no unmet criteria for this Priority Process.

There is a constant flow of information with respect to the number of discharges for inpatient medical beds with the emergency room nurse.

Staffing numbers is currently a concern, and the number of beds has been reduced. There are processes in place to deal with increases in admission needs.

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; Service Excellence.

MET 43
(100%)

There are no unmet criteria for this Priority Process.

The leaders and staff demonstrate passion and enthusiasm for providing safe and quality care for patients and families. The staff and leaders make sure patients are treated with respect in accordance with the people-centered care they strive to achieve. The team is focused on providing culturally appropriate care by making sure rituals are carried out in accordance with the beliefs of the residents.

The leaders are encouraged to seek the feedback of patients and incorporate their feedback into designing the space of the site. One patient would like to have an outdoor patio for patients to spend time outdoors when the weather is appropriate. Additionally, having interpreter service available in the commonly used language "Cree" would strengthen the concept of people-centred care at Slave Lake Healthcare Centre. Lastly, incorporating the voice of patient partners at the site level quality improvement initiatives is recommended.

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.

There are no unmet criteria for this Priority Process.

All criteria are met for this priority process.

The person who is in charge of the facility's maintenance for this area is retiring.

There are good strategies and processes to ensure the maintenance of the building, and environment set out by Alberta Health Services.

The persons working in this area are very attentive to the

MET 4
(100%)

policies, process, and requirements.

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.
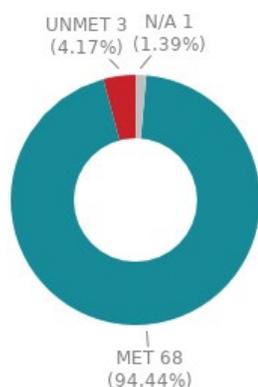
The emergency department (ED) is staffed during the day with an RN and LPN for 16 hours per day. The night shift is staffed with one RN. Patients access through the ED doors or through the EMS drive-through entrance. With the exception of a trauma patient, clients are screened by the COVID-19 screener and then placed into an empty room. The nurse will then triage the client for the appropriate service and move them to the best place for treatment.

The inability of the nurse to view the clients sitting in the waiting room impedes the flow of patients. This is a blind spot from the nursing station. If the screening clerk does not let the nurse know a new person has come in, there may be a gap in service provision. If there is a renovation planned in the future, the design can review the efficiency of the ER patient flow and triage process.

This community has a high ratio of mental health and substance abuse population. While there are processes to monitor those at risk for suicide and harm to others, there may be a need to provide staff with more information/education on mental health.

The ED has a spacious trauma room and is well equipped for adult trauma. Because of the limited pediatric trauma and serious illness, it might be an idea to investigate the "Broselow" system of supplies for stabilization while awaiting STARS.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.
Emergency Department	8.4	An established procedure, such as the use of armbands, is used to identify clients in the emergency department.
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.

Inpatient Services

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

UNMET 2 (3.45%)
N/A 2 (3.45%)
MET 54 (93.10%)
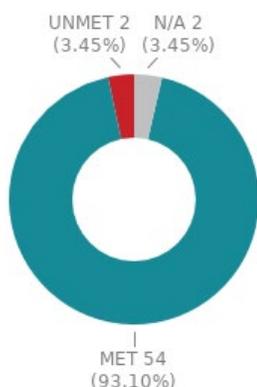
The inpatient units at Slave Lake Healthcare Centre consist of 25 acute care beds including two beds for babies. The hallways are spacious, and rooms look uncluttered. The housekeeping staff work diligently in cleaning the rooms and other spaces according to the protocol. The housekeeping staff keep a cleaning log outside each room indicating that they have cleaned the room. This will potentially boost the confidence of patients and families in the cleanliness of the hospital.

Staff demonstrated good hand-hygiene practices while providing the care. There is a whiteboard in every room and leaders are encouraged to make sure these boards are completed with the key information on an ongoing basis to improve communication and continuity of care.

Two patients commented on the excellent care they receive from everyone at the site. They mentioned that nurses make sure they are administering medications to the right person by checking the identity of patients. The leaders are commended for conducting the patient satisfaction surveys and posting the results in the public spaces. Patients would like to see some improvement to the food being served and an outdoor patio. The leaders are encouraged to seek the feedback of patients and families in making improvements to the design and space of the hospital.

There is a good system of following up with incident reports to make improvements and to prevent future errors. The leaders are committed to improving the safety and quality by auditing for compliance with the incident reporting and sharing the results with staff. Leaders are encouraged to continue sharing the results for everyone's awareness and for improving the care they provide to the clients.

The leaders are encouraged to make sure all staff members receive training on safety practices, such as fall prevention, and pressure ulcer prevention, as there is a gap in the knowledge among staff during the survey visit. The leaders are encouraged to ensure bed alarms for all beds as a way of preventing falls and potentially reducing the use of security watch.

The patients have not been told about their rights and responsibilities on admission. Patients are reminded about their rights and responsibilities over the course of their stay as the need arises. Also, there is an opportunity to provide education to patients on admission about hand-hygiene and other safety measures such as falls prevention.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.
Inpatient Services	4.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.

Long-Term Care Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.
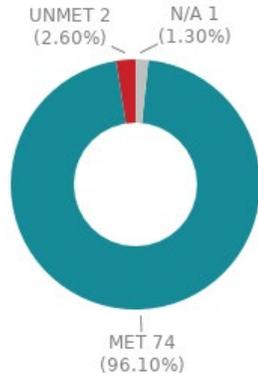
At Slave Lake Healthcare Centre there are sixteen residents who receive amazing care from dedicated and caring staff.

The leaders and staff in the Long-Term Care (LTC) area are committed to providing person-centered care to all residents. Staff demonstrate a kind and caring approach to residents while feeding them and interacting with them.

Staff do a comprehensive admission assessment incorporating all related best practices (e.g. screening for falls, pressure ulcers, suicide, and abuse, etc.). The leaders are encouraged to share the results of audits with staff to get their buy-in for future quality improvement initiatives. The leaders make sure the monthly Resident Council is conducted for the benefit of residents, families, and staff. The quarterly care rounds and annual patient family team care rounds are excellent ways of demonstrating a commitment to providing quality care to residents. One resident who was interviewed during the survey commented on the good care received at the centre.

All staff receive education upon hire and are committed to completing required annual online learning. Inservice's are offered on key topics as needed and staff members are encouraged to attend.

Staff use IDRAW during shift change and other tools during the transition between different programs. The use of comfort care aide for spending time with the residents and for nail care is noteworthy as it adds comfort to the life of residents in LTC.

Staff and leaders follow excellent post-fall monitoring ensuring the safety of residents. They also have good monitoring practices following the use of restraints. The leaders are encouraged to invest in bed alarms for all beds to promote patient safety.

Staff will be encouraged to always check two-client specific identifiers before any procedure or medication administration for promoting safety.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	3.13	Residents and families are provided with information about their rights and responsibilities.
Long-Term Care Services	8.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.

Obstetrics Services

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

N/A 2
(2.74%)

MET 71
(97.26%)
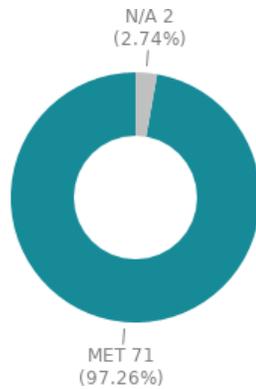
There are no unmet criteria for this Priority Process.

This is a 24-hour service providing deliveries for an average of 140 deliveries per year. One room is designated for deliveries. There is access to an operating room and two anaesthetists.

Six of the full-time staff have received extended training in obstetrics and have had experience for a week in the tertiary hospitals. The length of stay for normal vaginal deliveries without medical or social concerns is 24 hours, and for those who have caesarian sections or who have other health concerns, it is 72 hours.

Documents of the pregnancy are started in the physician notice of birth (PNOB). These are available when the woman presents for delivery. There is a suite of preprinted orders completed by the GP pre-delivery and post-delivery. Standardized tools are used for the documentation.

Discharge readiness is documented longhand for maternal education and infant feeding. Post-delivery follow-up is arranged with public health who will arrange to call the mother within 72 hours of discharge to discuss how things are progressing.

Service Excellence

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

MET 68
(100%)

There are no unmet criteria for this Priority Process.

The term service excellence fits the Slave Lake Healthcare Center leadership to a "T." Patients and families are involved in decisions, discussions, focus groups, town halls, and interviews. The leadership is involved in the Tri-Council meetings and the council for the Friendship Center to help with the "urban outdoors people".

There is current work in progress to restart the services available prior to the 2011 fires such as OBGYN surgery, endoscopies, and the audiology service.

Quality improvement is very important to leadership, and there is continuous monitoring of pressure ulcers, VTE, and medication audits are completed and logged into Tableau. Close monitoring of the Reporting and Learning System is the focus of the most current QI project to improve the medication

management of the night cupboard. The quality board is changed at least monthly to continuously allow staff to see how the site is performing with monthly audits.

The auxiliary is vested in this site and ongoing projects. The auxiliary assists in the funding of equipment, and renovations approved by the leadership.

It is very impressive that all staff receive performance appraisals yearly. The model is moving towards having a continuation of these happening weekly at a regular time rather than a blitz once per year to have this become more of a rolling process and not an event.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.	June 30, 2022
Emergency Department	8.4	An established procedure, such as the use of armbands, is used to identify clients in the emergency department.	June 30, 2022
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.	June 30, 2022
Inpatient Services	4.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	June 30, 2022
Long-Term Care Services	3.13	Residents and families are provided with information about their rights and responsibilities.	June 30, 2022
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	June 30, 2022

Follow-up ROPs		
Standard	**ROP - Test of Compliance**	**Due Date**
Emergency Department	**Client Identification**	
	8.6.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	June 30, 2022
Inpatient Services	**Pressure Ulcer Prevention**	
	5.9.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	Venous Thromboembolism Prophylaxis	
	5.10.3 Measures for appropriate VTE prophylaxis are established, the implementation of appropriate VTE prophylaxis is audited, and this information is used to make improvements to services.	June 30, 2022
Long-Term Care Services	**Falls Prevention and Injury Reduction**	
	4.6.6 The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Pressure Ulcer Prevention	
	4.8.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	Client Identification	
	5.2.1 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, 2022
Medication Management	**Antimicrobial Stewardship**	
	2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2022