

**September  
2020**

# Crowsnest Pass Health Centre

South Zone

Alberta Health Services



**ACCREDITATION  
AGRÉMENT**  
CANADA

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## 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 September 27, 2020 - October 02, 2020. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

### About the AHS Accreditation Cycle

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

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

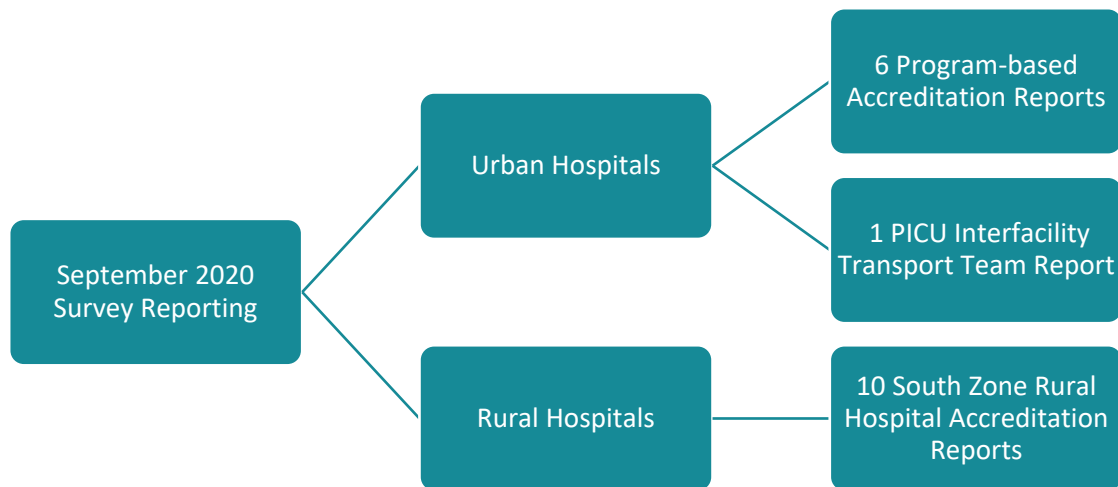
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 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 four-year accreditation cycle, in 2022, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the 2020 Survey are organized as follows:



### South Zone Rural Hospital Assessment – Sites Visited

- Bassano Health Centre
- Big Country Hospital
- Bow Island Health Centre
- Brooks Health Centre
- Cardston Health Centre
- Crowsnest Pass Health Centre
- Fort Macleod Health Centre
- Pincher Creek Health Centre
- Raymond Health Centre
- Taber 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

The Crowsnest Pass Health Centre staff although surprised by our unannounced visit, quickly adjusted to our presence. They were very welcoming and excited to share and answer questions related to the great work that they do as well as opportunities that they have identified for improvement. Crowsnest Pass Health Centre is a 16-bed Acute Care Centre. Services provided include a 24-hour emergency department along with surgical, including endoscopy and obstetrical services. There is a 58-bed Long-term Care facility adjacent to the Centre.

Crowsnest Pass Health Centre has operationalized the hub and spoke model, that AHS envisioned for the province, intended to add efficiency and high-quality care at the rural site level in a fiscally responsible manner. The manager is commended for her leadership in cascading the provincial and zone policies and initiatives at this site. Site leadership is strong, and the staff feel supported. Staff spoke positively about the team culture.

The Centre has good signage. Wayfinding is easy and all locations are well marked. The patient rooms are bright, and all have windows with lovely views. There are many single rooms in Acute and Long-term Care Areas. The foundation provides significant support to the site by purchasing equipment and supporting renovations.

Staff felt well supported by the Manager and Zone through the COVID-19 crisis and were provided with regular information updates and required PPE.

The surgical program operates approximately 16 days per month. Currently, surgical services have been on hold due to the unavailability of surgeons and anesthesiologist on site.

There are nurses scheduled to work on the days that surgery would normally have been scheduled.

While there is an obstetrical program onsite, less than 30 deliveries occur in a year. This poses a challenge for the RNs to keep up their skills and competencies.

Physicians spoke positively about the support they receive from the Office of Medical Affairs.

Infection Control and Prevention is well understood by the teams. Hand Hygiene results are audited and posted.

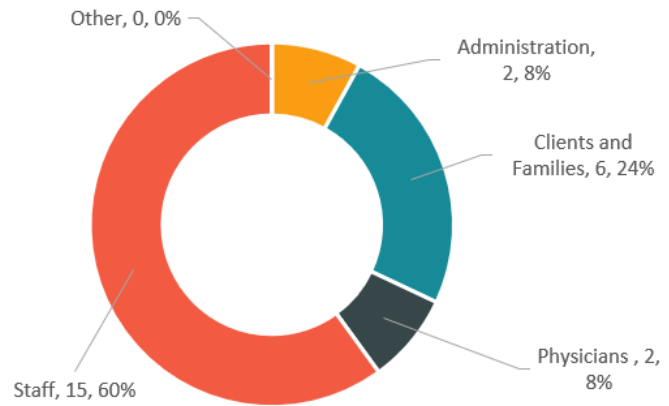
The Emergency Department has seven beds and sees approximately 500-700 visits per month. Staff use standardized assessment processes. AHS policies and procedures are operationalized at the site level.

The staff at the Long-term Care provide excellent quality care for their residents. The level of quality and safety has been increased significantly since the hiring of an Assistant Head Nurse who can commit dedicated time to work on quality initiatives and teaching to meet best practice standards of Long-term Care as well as Accreditation Canada standards.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at Crowsnest Pass Health Centre.

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



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<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. Stabilize the physician resources to support the Surgical and Obstetrical Programs
2. Visual performance data for quality improvement
3. Performance reviews

### Areas of Excellence

1. Data collection and evaluation of ROPs
2. Strong site leadership (Manager and Assistant Head Nurse)
3. Teamwork
4. Wayfinding and signage
5. AHS policies operationalized at the site level
6. Patient Communication Boards

# Results at a Glance

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

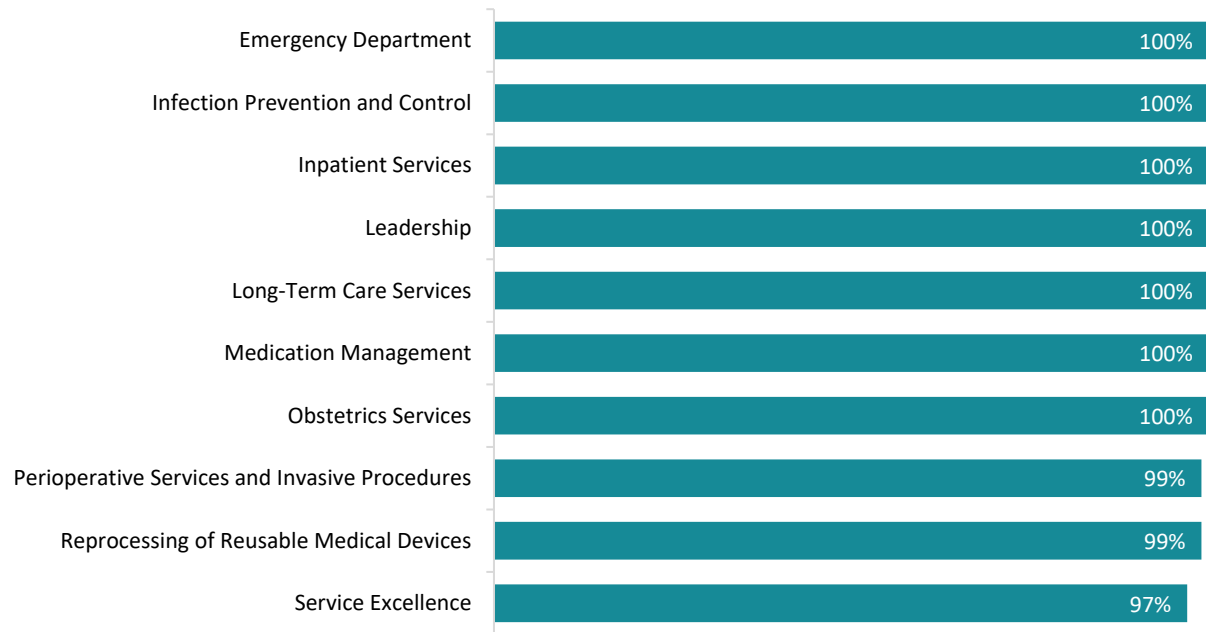
## Compliance Overall<sup>1</sup>

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> 99% met	<b>Overall</b> 99% met	
Number of attested criteria			
<b>Attested</b> 103 Criteria	<b>Audited</b> 25 Criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

<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)*.

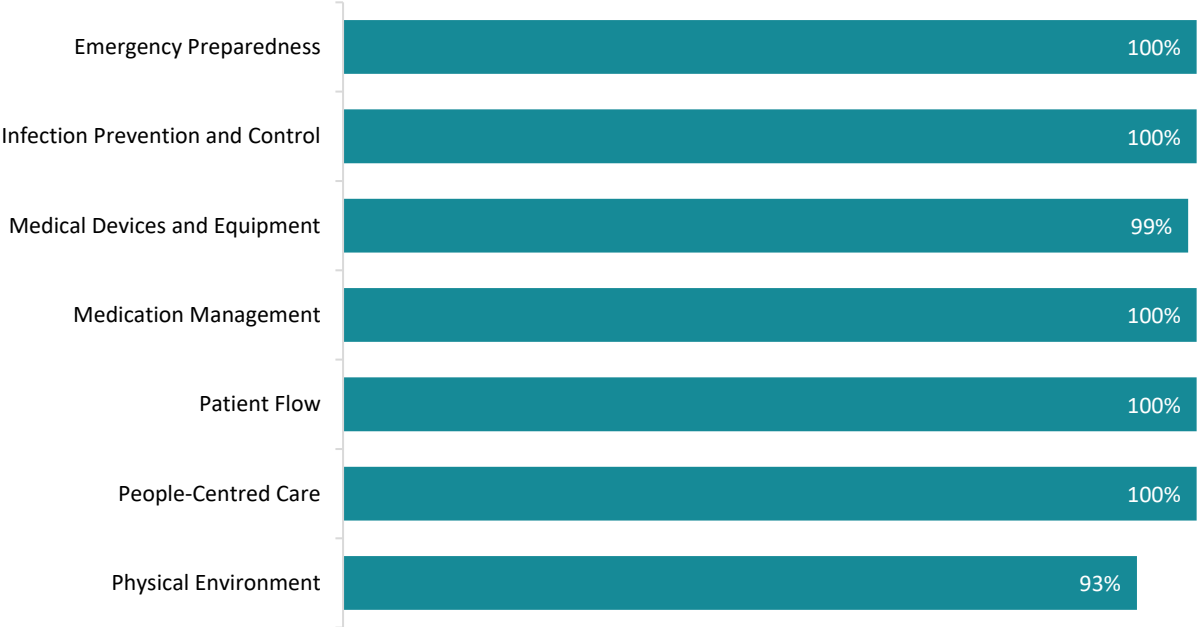


## Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	95	0	8	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	69	0	0	0
Leadership	9	0	0	0
Long-Term Care Services	81	0	0	0
Medication Management	77	0	10	0
Obstetrics Services	83	0	0	0
Perioperative Services and Invasive Procedures	146	1	2	0
Reprocessing of Reusable Medical Devices	89	1	1	0
Service Excellence	74	2	0	0
Total	760	4	21	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	108	1	3	0
Medication Management	92	0	10	0
Patient Flow	19	0	0	0
People-Centred Care	54	0	0	0
Physical Environment	13	1	0	0
Total	327	2	13	0

### Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	49	0	0	0
Appropriateness	241	0	7	0
Client Centered Services	165	0	0	0
Continuity of Services	30	0	0	0
Efficiency	6	0	4	0
Population Focus	4	0	0	0
Safety	247	1	9	0
Worklife	18	3	1	0
Total	760	4	21	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-term Care	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	Emergency Department	MET
	Inpatient Services	MET
	Long-term Care	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-term Care	MET
	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	N/A
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-term Care	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-term Care	MET
	Perioperative Services and Invasive Procedures	MET
Suicide prevention	Emergency Department	MET
	Long-term Care	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.**

**There are no unmet criteria for this Priority Process.**



There is a robust Emergency Preparedness Plan. The policies in the binder need to be updated to ensure that they reflect current best practices. A code of the month is completed during the monthly Occupational Health & Safety meetings. Site-specific response plans are completed, and each site has its specific Incident Management System which includes the site commander and other positions in the Incident Management System structure. The team did express that the travel restriction has presented a barrier to performing

live mock drills. An updated list of all staff contact information is available with the site-specific Incident Management System documents for ready access in an emergency.

### 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.**

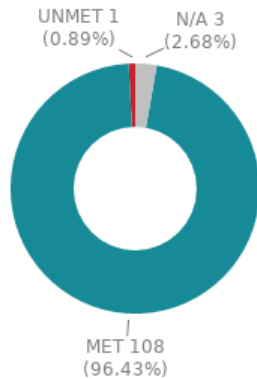
**There are no unmet criteria for this Priority Process.**



Infection Prevention and Control is well understood by the teams. Hand Hygiene results are audited and posted. The site is supported by a Practitioner from Lethbridge and staff indicate that she is available and responsive to their needs. During COVID-19, Infection Control Practitioners were readily available to answer questions and keep the site updated on the many changes. Facility maintenance connects with Infection Prevention and Control for renovations. There is no negative pressure room on site.

## 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.**



The Medical Device and Equipment department supports the site, the physician’s clinic and Pincher Creek Health Centre. The clean and dirty areas are well marked and separate. Staff working in the area are knowledgeable. Policies and procedures and Standard Operating Procedures are all in place. Staff have not had a recent performance review. Staff rotate between the Medical Device Reprocessing (MDR) department and the Endoscopy reprocessing area. While all the standards are met regarding

Endoscopy reprocessing, the clean and dirty area is not adjacent to each other. At this time, they do not go through a patient area, but if this should change it could be an area of concern.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	5.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

## 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.**



**There are no unmet criteria for this Priority Process.**

Medication Pharmacy service is centralized at Chinook Regional Hospital with a satellite pharmacy on site. The Zone model works very well and is efficient and seamless. The pharmacy staff (pharmacist and assistant) are very committed to providing the best pharmaceutical care and medication management support for the site. The pharmacist is included in the multidisciplinary patient care rounds and medical affairs meetings.

Medication Reconciliation is a shared responsibility and the pharmacist ensures that a final check of all discharged medication prescriptions is reviewed and communicates any pertinent changes to patients' community pharmacies.

The pharmacy and medication rooms are clean, bright and space is adequate to provide the service needs. Intravenous medication is prepared by nurses in the medication room. The National Association of Pharmacy Regulatory Association (NAPRA) standards require that all sterile preparations be done in the appropriate sterile environment. Although most large volume parenteral medications are obtained from Chinook Regional Hospital, the organization is encouraged to continue to work on a plan to meet the NAPRA standards for all Intravenous preparations for patient safety.

Best practice requires that medications be stored in a medical-grade refrigerator to ensure the integrity of medications is maintained by having controlled temperature. Replacing the refrigerator in the inpatient medication room should be considered on the minor capital list.

## 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.**

**There are no unmet criteria for this Priority Process.**

There are systems and processes in place to address variations in patient flow. The site works closely with the other rural sites.





## People-Centred Care

**Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Long-Term Care Services; Service Excellence.**



**There are no unmet criteria for this Priority Process.**

There is a pool of patient and family advisor volunteers who sit on many quality initiative committees. Some examples of initiatives that they were involved in include standardization of orders, sleep room, wayfinding, patient placement and collaborative care model. There is a dedicated Patient/Family Advisor on the quality council who is very active and committed to ensuring people-centred care is at the heart of all services provided at rural sites. The CoACT program philosophy helps drive the Quality Council and is

embedded in clinical and non-clinical services. The Patients Bill of Rights brochure is made available to all patients.

## 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.**



The physical environment is well maintained. Wayfinding is made easy by the large, clean font and clear signage throughout the facility. Facility Maintenance could not confirm that there were 20 complete air exchanges per hour and no evidence was provided therefore this standard could not be validated for rating and is considered not met.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.

## 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; Organ and Tissue Donation.

### Emergency Department

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



**There are no unmet criteria for this Standard.**

The Emergency Department has seven beds and sees approximately 500-700 visits per month. The staff are cross-trained and work in other areas of the health centre. Emergency staffing is one RN per shift with the ability to pull in additional resources if required. Staff were aware of AHS policies and procedures and were clear on how to operationalize them at the site. They knew who to call for help. The relationship with the physicians was described as excellent. While there is no seclusion room for mental

health patients there is a room where they can be safely placed until a disposition is determined.

### Inpatient Services

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



**There are no unmet criteria for this Standard.**

Patients and families were pleased with the high level of quality care provided to their loved ones. They spoke about their involvement in care planning and decision making.

Staff work in a multidisciplinary team and both the dietitian and pharmacist shared that they are extremely happy with their work-life since they have the opportunity to work to their full scope of practice with the medical and nursing staff for optimal patient care. Patients and family members who

were interviewed were also pleased with their involvement in the decision making of care.

Given that the nurses are crossed trained in all areas they could be called to assist in emergency or long term care due to increased workload.

## Long-Term Care Services

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



**There are no unmet criteria for this Standard.**

The Long-term Care at Crowsnest Pass Health Centre is spacious, clean and residents were observed to be appropriately physically distanced. One resident commented that she has been there for three years and had no complaints. She shared that she felt very safe with the changes implemented when the COVID-19 pandemic began and continues to feel safe.

The Chief Medical Officer of Health Order 29-2020, which outlines conditions that must be met to allow visitors to a long-term care centre (includes visiting restrictions and safe practices, hand hygiene and relevant PPE), was implemented. Families and patients who are able, are very much involved in care and end of life decision making.

The Assistant Head Nurse and Manager have made many changes over the last year to ensure quality and safe care for all residents. They are both extremely passionate about senior care and are proud that at least three residents have been discharged home in the last year attesting to the fact that "discharge home" is a goal that could be achieved for appropriate residents.

Antipsychotic use has been decreased significantly in the last year. The Assistant Head Nurse was instrumental in creating a shared folder for all the staff which includes all the documents, policies and forms needed to provide care for residents in the long-term care which makes it extremely efficient for staff to access what they need just in time.

## Obstetrics Services

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



**There are no unmet criteria for this Standard.**

While there is an obstetrical program on-site, less than 30 deliveries occur in a year. This poses a challenge for the RNs to keep up their skills and competencies. There is back up support from the OR should a low-risk Caesarian-Section (C-Section) be required. There are clear guidelines in place for the acceptance of obstetrical patients. There is back up available at Pincher Creek Health Centre if required.

## 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.**

**There are no unmet criteria for this Standard.**



The surgical program has been on hold due to the unavailability of surgeons. Fluctuations of the surgical program are related to surgeon or anesthesia availability. There are nurses scheduled to work on the days that surgery would normally be scheduled. This program also supports the Obstetrical program by providing low-risk C-Sections.

Endoscopy is performed on non-surgical days.

## Service Excellence

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



Patients and families are truly partners in care. They expressed satisfaction with the care provided and the professionalism and empathy shown towards them by the staff. The manager is present and very supportive of the staff and is a strong advocate for the needs of the facilities.

There are many learning modules both mandatory and non-mandatory and staff feel their educational needs are met. There is an annual rural skills day offered over several days making it convenient for some to attend at different times

without compromising staffing on the unit. A few newly hired staff commented positively on the onboarding program and that adequate time was given to shadow with a senior nurse before being expected to work on their own.

Care is provided in a multidisciplinary manner and there are great teamwork and communication.

Quality Initiatives developed at the Provincial and Zone levels are cascaded down at the site level. Data is collected for the many change initiatives and this is used to determine trends and evaluated to determine whether the changes are making improvements. There is a Quality Board where information is shared. The Manager is encouraged to use visual management to share the data and evaluations to help staff link the work to quality improvement activities.

Although staff shared that they receive timely feedback by emails and verbally, there is a need for the manager to spend focused time with staff on performance and career development in a structured

manner so staff feel that interest is invested in them. Good performance appraisals are a helpful retention strategy.

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.

## Criteria for Follow-up

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

There are no criteria or Required Organizational Practices identified for follow-up at this time.