September 2020

Cardston 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*AccreditationReady* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

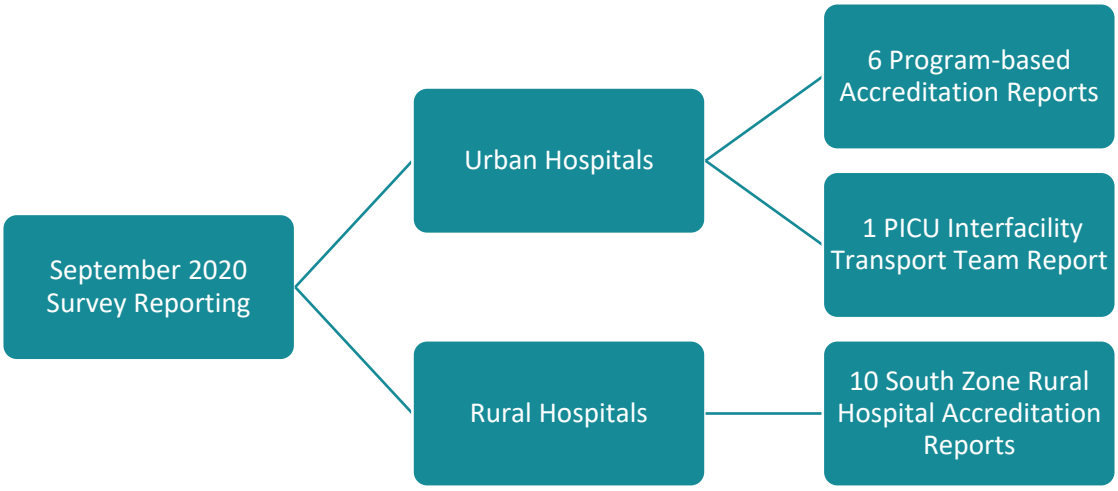
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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

Cardston Health Centre is commended on preparing for and participating in the Qmentum Accreditation program in this time of COVID-19. Congratulations are extended to the organization for the work it has done to prepare for this survey visit. Cardston Health Centre is fully cognizant of the role it plays in providing health care services close to home including Inpatient Services, Day Surgery, Emergency Medicine, and Long-Term Care.

Patient care is the interprofessional team's responsibility and staff and physicians place the needs of patients, residents and families at the centre of what they do. They are value-driven and work in collaboration with their community partners and other stakeholders to ensure that care is provided as close to home as possible. The team is dedicated and committed. The family physicians work in the medical clinic but also provide inpatient care, they assist and support the perioperative team at the site, cover the emergency department care and manage patients without a family doctor. These family physicians are supported by a variety of clinical specialists. While the latter is challenging to recruit and retain, the hospital has been very successful in this endeavour due to the strong support of its leadership.

Mental health resources are identified as a specialty that needs to expand. However, this is a global issue for most health systems. The hospital is working to leverage partnerships and community resources to meet these ever-increasing care needs.

Patient satisfaction is high; patients told surveyors that not only is the patient care outstanding, but also the quality of food is stellar. Staff and physicians include patients and families in assessments and care planning activities. Education is a priority for the interprofessional team. Staff ensure that patients are well prepared to manage their care outside of the hospital, and transitions to care partners while not perfect, are good.

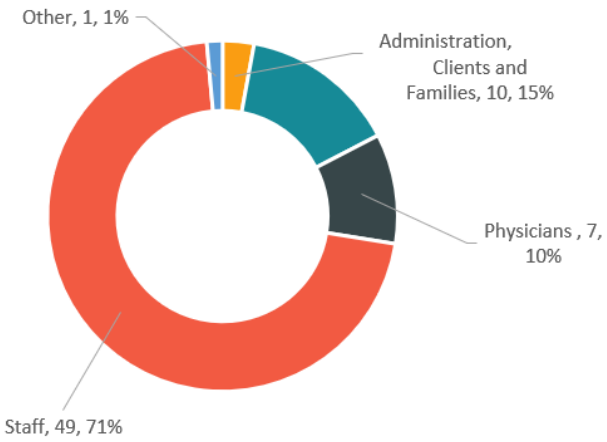
As with all organizations, there are some challenges, such as gaps in safe medication practices, auditing, high-risk medication and medication storage. Budget and funding pressures over the last several years are affecting working capital and capital projects and have increasingly made it difficult for the organization to meet service expectations and update the ageing infrastructure.

As Cardston Health Centre is located close to one of the largest First Nations Reserves in Alberta, the Blood Tribe, the leaders are encouraged to continue to strengthen partnerships with indigenous people, communities, and their health organizations to further develop and support culturally safe services.

Survey Methodology

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

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



[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. Continue moving forward on client and family engagement in quality improvement initiatives.
2. Review the issue of risk associated with travel restrictions of the Zone leads' related to infection prevention and control and education support.
3. Strengthen the "Let's Talk" engagement with site staff.
4. Roll out the tools, processes and procedures to fully implement CoACT.

Areas of Excellence

1. Engaged and committed staff
2. Good succession planning for Operating Room Nurses
3. Availability of Clinical Pharmacist
4. Cardston Quality Improvement Council (C-QuIC) project work which is showcased
5. Patient, resident and family centred focus in all areas reviewed
6. Integration of the Indigenous Liaison on the clinical team

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		
Attested 99% met	On-Site 98% met	Overall 98% met
Number of attested criteria		
Attested 110 Criteria	Audited 18 Criteria	

Attestation:

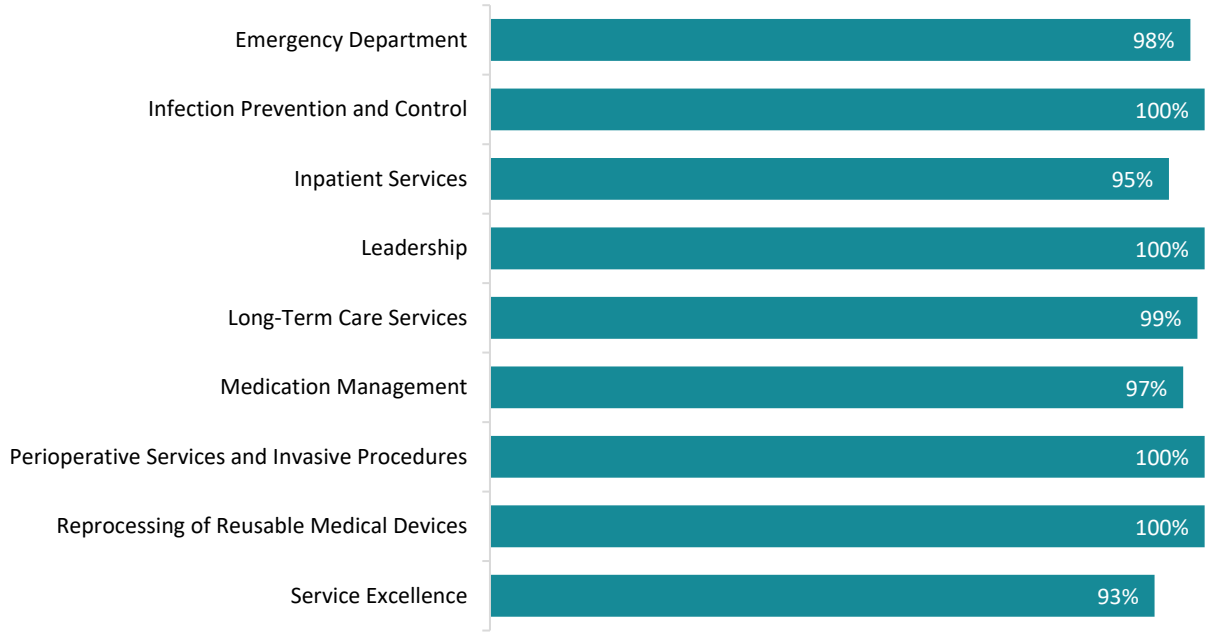
A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization's knowledge. This data is used to inform an accreditation award.

On-site Assessment:

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

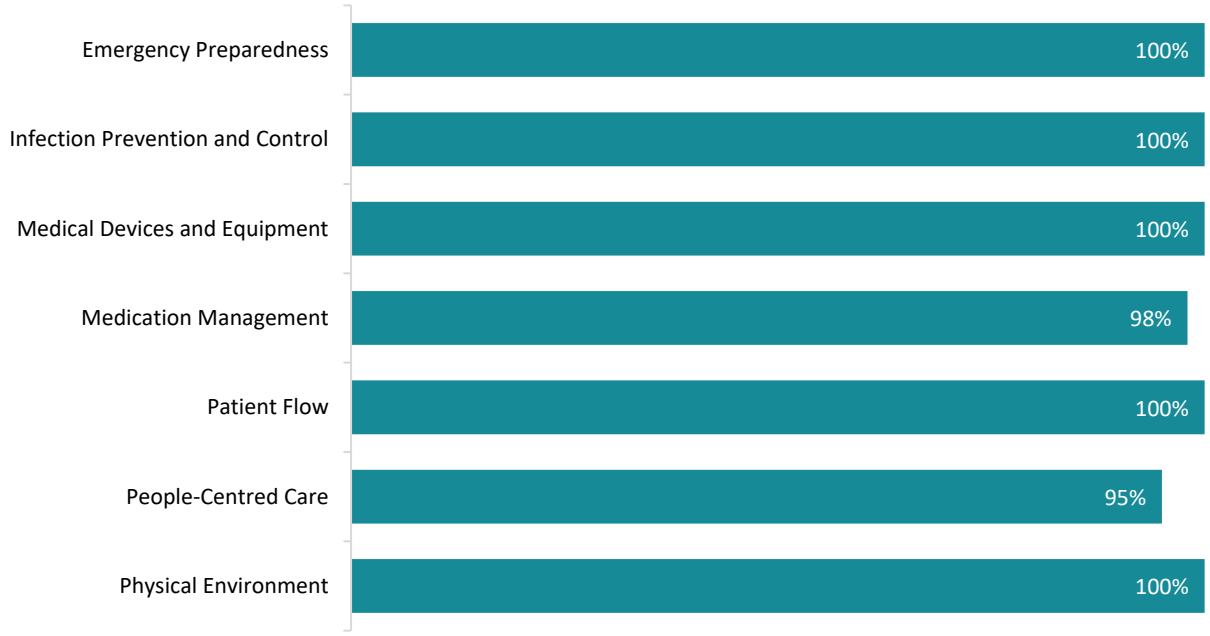
[1] In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance' 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	9	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	61	3	5	0
Leadership	8	0	1	0
Long-Term Care Services	79	1	1	0
Medication Management	75	2	10	0
Perioperative Services and Invasive Procedures	147	0	2	0
Reprocessing of Reusable Medical Devices	90	0	1	0
Service Excellence	70	5	1	0
Total	659	13	30	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	109	0	3	0
Medication Management	90	2	10	0
Patient Flow	19	0	0	0
People-Centred Care	42	2	0	0
Physical Environment	13	0	1	0
Total	314	4	14	0

Compliance by Quality Dimension

DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	39	1	1	0
Appropriateness	203	6	12	0
Client Centered Services	136	2	1	0
Continuity of Services	25	0	0	0
Efficiency	6	0	4	0
Population Focus	4	0	0	0
Safety	227	2	11	0
Worklife	19	2	1	0
Total	659	13	30	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care	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
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	UNMET
	Long-Term Care	UNMET
	Perioperative Services and Invasive Procedures	UNMET
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	N/A
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care	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.

Education is provided to support the disaster and emergency response plan. Emergency colour codes were well understood by staff. Staff in the clinical areas and the Facility Maintenance Engineer validated that Code Red drills are regularly conducted on all shifts. Given the high number of casual staff working at this hospital, the attention given to drills, tabletop exercises, etc. across all codes is applauded. An “all hands on deck” response to calls of a Code Blue and a Code White approach is in place. Security personnel are on-site 24/7 and also respond to Code White.

Fire safety is a priority due to the age of the various sections of the hospital; the Facility Maintenance Engineer and his team are to be commended for the attention to the physical environment of the ageing infrastructure. Education for patients, families and visitors about fire safety was not apparent; Cardston Health Centre leadership may wish to include fire safety and fire prevention information for patients and visitors.

The policies in the onsite Emergency Response Plan binder need to be updated; policies were last reviewed 6 to 8 years ago.

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.

All staff encountered during the onsite survey expressed a commitment to accomplishing their roles and assigned tasks despite the challenging circumstances of the pandemic. Family members visiting the long-term care service reported being screened at the main entrance before proceeding to the unit.

Although COVID-19 screening protocols for all staff and visitors were found to be in place, febrile screening on entry to the site and confirmation of "Fit for Work" status needs to be applied consistently across the hospital. Infection Control Practitioners (ICP) should reinforce the importance to wear masks consistently across all areas.

All care providers observed during the survey in all areas visited were seen to be washing their hands following the "5 Moments" of handwashing. Alcohol-based sanitizers were readily available, as well as handwashing stations.

The Site-Based Reviewer role was vacant for over one year; however, this position has now been filled, and she will be taking the AHS required training for Reviewers/Auditors.

The Hand Hygiene Coordinator shared that there is a great opportunity for learning from Infection Prevention and Control (IPC) best practices at other rural sites, specifically about recruitment and retention of Site-Based Reviewers and embedding of standardized data collection into a day-to-day workflow.

Given the requirement for a comprehensive package of preventive measures and the IPC protocols needed in response to the pandemic, it is recommended that the Hand Hygiene Coordinators (HHC) and the Zone Leads establish resources to address completion of the hand hygiene audits and issues related to continuous data collection of this key performance indicator.

Both, the ICP and HHC attend the site monthly meetings to participate in departmental and Workplace Health meetings. There is acknowledgement by the ICP and HHC that more visibility onsite would be helpful, especially during the pandemic. However, this team accomplishes a great deal by attending regional and provincial forums and data quality sessions. The Site-Based Hand Hygiene Reviewers and Site Managers participate in the Hand Hygiene South Zone Forum.

Annual IPC continuing education is available for all staff, and now as a part of the COVID-19 response, sessions have been added on personal protective equipment, donning and doffing; these sessions are done virtually. When the ICP and HHC are onsite, they attend inter-departmental meetings, they circulate on the units, and they make themselves available to answer questions, review current cases, and discuss possible case scenarios. An example of ICP and HHC consultations include issues related to

COVID-19 fears, such as meal delivery to isolation rooms, and supporting Long-term care units when MRSA or residents with C-Difficile are admitted to the unit.

There is good collaboration between the ICP and Facilities Management and Engineering as well as staff in the dietary, long-term care, laundry, housekeeping and reprocessing areas. Facilities Management contacts the ICP for any projects that involve construction.

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.

There are no unmet criteria for this Priority Process.

The Central Sterile Reprocessing (CSR) department staff are qualified. There is one full-time staff member (with casual replacement) who is knowledgeable, well trained and efficient. It was evident that she had an unrelenting focus on trying to meet and exceed standards in this area. Staff education and knowledge of medical device reprocessing requirements are excellent and the staff member that was interviewed was proud of her job.

Engineering provided evidence of ongoing preventive maintenance records and tracking systems. Reports are produced and circulated to the appropriate department and committees regularly. A well-established system was observed for reporting problems with instruments and equipment in the Operating Room and Central Sterile Reprocessing.

All the reprocessing function has been centralized to the Central Sterile Reprocessing in a physical space that has been laid out to ensure that there is a barrier between the contaminated area to clean to sterility to high-level clean storage. All areas have separate monitoring for temperature, humidity, ventilation and negative or positive air exchange depending on the area.

The management of endoscopic instruments meets the standards—primary cleaning, transport, scope washer application, and storage. The scopes are labelled, and their usage can be traced to a patient by appropriate “tagging” and documentation. There is no flash sterilization performed within any of the departments. The organization utilizes several acceptable visible external sterilization /reprocessing test indicators and follows manufacturers' instructions for cleaning, disinfecting, and reprocessing diagnostic devices and equipment.

Life cycle maintenance is in place for all types of equipment. Each equipment has a documented maintenance log. The team recognizes that many equipment and devices exceed expected life cycles as available budgets are limited and do not meet the needs of the programmed replacement cycle for all equipment.

Hands-free handwashing stations and sinks were not observed in the Central Sterile Reprocessing. There is a sink directly outside of the department that staff say they use for handwashing. An instrument tracking system as well as the capacity to have computerized standardized operating procedures ideally

projected on flat screens would enhance the work of the department. The latter would make document control less labour intensive and inefficient.

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 is one full-time pharmacist and a pharmacy assistant at the Cardston Health Centre. The Pharmacist functions as a clinical pharmacist while the pharmacy assistant is tasked with most of the medication distribution as it is received from Chinook Regional Hospital. The majority of medications are prepared at Chinook Regional Hospital and transported to Cardston Health Centre.

Medication management is well organized in the main pharmacy. The main pharmacy area is clean and organized with good lighting. It is locked with swipe card access. The pharmacy team is passionate and committed to making medication safety a reality and supporting patients and clinicians. It is recommended that the team evaluate the program to ensure effectiveness and accuracy. The evaluations have historically been performed by the pharmacist at Chinook Regional Hospital but have ceased since COVID-19 and the implementation of the AHS travel restrictions.

Medication management for the Perioperative Service is well controlled. All intra-operative medication provision meets standards and the administration of prophylactic antibiotics is appropriate.
It is recommended that the location of the medication storage cupboard in the emergency department be reviewed. It is positioned in the clinical area in full view of anyone being triaged, walking in the department, or from some of the stretchers. It was noted that the locking mechanism was difficult to either open or lock, and in a hurry, the tendency would be to leave it open.

In the night medication cupboard and emergency room medication area, there are various strengths of the same drug in the same bin. In one case, there were two strengths of the same medication in the same division. It is recommended that the organization review how medications are stored in these 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	19.3	The system for dispensing medications when the pharmacy is closed is regularly evaluated and improvements made as needed.

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.

Patient flow has not been identified as a priority for the site at this time, as bottlenecks rarely occur. There are 19 funded inpatient beds, but the hospital has the capacity for 24 should they have the need.

No patient flow issues were identified for Perioperative Services. The Operating Room is utilized Tuesday to Friday. Endoscopy is currently under-utilized, providing services only twice a month.

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.

Across all areas the focus by staff on their patients and their families was evident. Patients expressed gratitude for the care.

The “Changing the Conversation” initiative designed to explore how staff speak with each other to address racism and other topics is an excellent example of how a grassroots effort can spread at best or leading practice. The team is encouraged to conduct a short survey to gather feedback

from staff about the impact of the initiative on changing attitudes and narratives, for example, to evaluate the outcomes of the initiative.

The role of an Indigenous Liaison is embedded in the care team and is impressive. Team members spoke highly of the individual and the role, noting that the Indigenous Liaison helps to ensure effective communications and care planning between indigenous patients and the care team. The close working relationship with the Social Work Department was described with gratitude by the Social Worker and by patients. The Indigenous Liaison can communicate in mother tongue with many of the Indigenous patients in the Cardston Health Centre, providing health literacy support and supporting case management and discharge planning. The Indigenous Liaison also provides education for the staff and teams to enhance the Indigenous Cultural Sensitivity training available through AHS.

During the survey visit, a patient left the inpatient unit against medical advice. The interactions between the patient and the LPN (licensed practical nurse), were truly exemplary and illustrated real patient-centred care. The patient was treated with dignity and her choice(s) were respected; she was engaged and involved to consider options to ensure that she as a patient would remain safe after leaving the site. Options were presented in language that was easy to understand and the focus was on “what mattered” to the patient.

There is a commitment to increasing the engagement of families through the newly created Family Council in the Long-Term Care home. To move forward on its people-centred journey the site is encouraged to consider providing education to families (and able residents) on how their voices can play a pivotal role in quality improvement, as well as training staff to expand their perception around the role of families and residents as members of the care team. The same opportunity will present itself when the site includes a patient partner on the Quality Improvement Council. The International Association of Public Participation (IAP2) spectrum or other frameworks would provide excellent resources to support this journey of patient partner engagement and learning about when to inform, consult, involve, collaborate, and empower.

AHS conducts post-discharge patient experience of care/satisfaction surveys with a random sample of patients discharged from every inpatient unit in Alberta; the results of these surveys are available for leaders, however, the results are not posted at the site for staff and visitors to see and to promote a focus on opportunities for improvement. A potential role for the new Cardston Quality Improvement Council and the soon to be recruited patient partner could be to translate the survey results into information that can be presented via infographics or posters and used to promote engagement, to focus improvement efforts on what matters to patients, and to measure if changes made in relation to low scores improve over time.

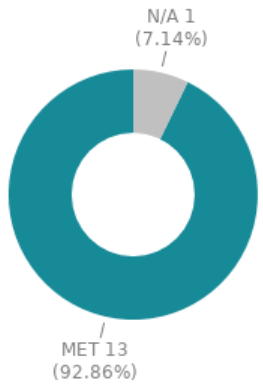
There is no program in place to conduct routine post-discharge follow up calls with a sample of patients at the Cardston Health Centre. Evaluating transitions is an opportunity to verify that patient, resident and where appropriate, family needs were met, and concerns or questions addressed.

The leaders and staff are encouraged to explore a routine collection of patient-reported outcomes (PROs) to better understand how to incorporate patient preferences and values into treatment choices at the individual and the population level.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

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.

The physical infrastructure of the Cardston Health Centre dates to 1959. Notwithstanding the age of the physical plant, the Facilities Management and Engineering personnel keep the buildings and mechanicals well maintained.

Unexpected issues do occur, such as a burst pipe recently that poured hot water into the Emergency Department trauma bay, necessitating a complete shutdown of the Emergency Department. The most significant risk to the physical plant/infrastructure on this site was the circulating steam, which is reaching the end of its expected life cycle. Capital investment to replace the steam boilers will be required. Aside from this, the Facilities Management and Engineering lead and his team are to be commended for their proactive maintenance of the entire electrical, steam, hot water, telephone/cables, backup generator, laundry, Central Sterile Reprocessing, and kitchen equipment. The Facilities Management and Engineering also manage fire drills.

Ageing facilities do present challenges in the clinical spaces to the delivery of efficient services. For example, ambulances do not fit into the ambulance bay. Well-equipped seclusion rooms are badly needed in the Emergency Department, especially considering the high rates of patients with mental health and substance use who are presenting with complaints, as well as of the high rates of workplace violence on this site. Improvement and increased efficiencies in the flow of patient care are also limited in the current physical space.

The clinical spaces at the site are not ideal for privacy/confidentiality. The inpatient rooms present geospatial limitations when staff must provide patient care in small spaces that must accommodate modern patient equipment needs.

Another opportunity for improvement at Cardston Health Centre is the waste diversion, which currently is restricted to the recycling of pop cans and paper/cardboard.

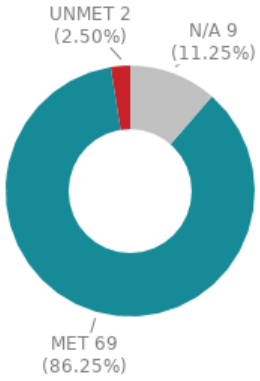
Cardston Health Centre leaders and staff have done a good job of creating a warm, inviting environment for patients and families within the limitations of space and the ageing infrastructure. Overall, the public and patient areas are clean and orderly.

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.



The Emergency Department at Cardston Health Centre is accessed by a large and well-signed doorway adjacent to the main entrance of the hospital. After the febrile screening, patients are registered efficiently and referred to triage. Signage indicating where the triage window is would be helpful to patients and visitors, for wayfinding. Adult patients are triaged using the CTAS scale. Patients are also informed of the anticipated waiting time. The use of the pediatric triage assessment form depends on the staff member who is triaging.

All team members complete core competency training annually which also includes specific components for the Emergency Department. There is a collaborative team approach with staff supporting each other.

The Emergency Department operates 24/7 with the staffing of two Registered Nurses (RNs) on days and evenings, and one RN overnight. If more staff is needed at any time, the Emergency Department has several options: “borrow” from acute care; call in extra staff; or call EMS for support. Physicians operate on an “as needed basis” in the daytime and on-call overnight. Annual Emergency Department visits are approximately 13,000. There is a high volume of CTAS 1-3. The top three reasons for Emergency Department visits are seizures from post substance ingestion; overdose; and pancreatitis/GI as reported by the staff.

The clinical area of the Emergency Department is divided into six bays and one cardiac room and they are situated in a semicircle around the workstation. The entire waiting room is only seen from the triage window and to a lesser degree from the workstation. Should the RN(s) be busy with patients, no one can see the patients in the waiting room. Also, patients/families sitting in the waiting room can hear the conversation that occurs between the Triaging Nurse and the patient. The organization is encouraged to review the lack of visibility of the waiting room and the lack of privacy during the triage assessment.

There is one area that the staff described as their "seclusion room", a room with an opening in the wall at the workstation where staff could monitor the patient. However, as Cardston Health Centre Emergency Department had more episodes of violence than all other rural sites, this is not a secure area that would protect the safety of the patient, staff, or others in the department. The Manager indicated

that there is a plan to enclose the workstation in tempered glass and each end of the workstation would have swipe access. This would serve as a "safe room" for staff. The organization is encouraged to implement the plan at its earliest convenience.

Staff verbalized that they do a suicide risk assessment when patients indicate that they are having "mood/anxieties issues" but the response varied depending on the staff that was interviewed. In addition, the current standard Emergency Room Treatment and Assessment form does not include suicide risk as an assessment criterion. It is recommended the Emergency Department team develop, implement, and evaluate a consistent approach to the assessment of suicide risk.

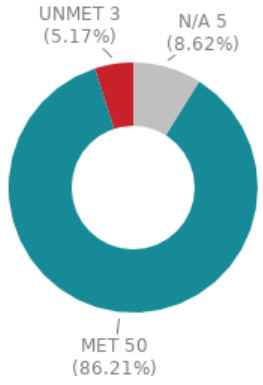
It was noted that there was a standardized transfer sheet completed when clients were transferred out of the hospital, however, no such standardized forms were utilized during shift reports or transfers from Emergency Department to the inpatient beds. Verbal reports were provided for both. While there is not a standardized tool (checklists) for the transfer of information among team members, based on the size of the department and staffing, it may be sufficient for verbal reporting. The organization is encouraged to evaluate the effectiveness of the communication strategies used.

An area of potential improvement is to look at a more formal process for input of patients and families in the services provided by the emergency room team and ensure their perspective is included.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.2	A standardized pediatric-specific tool is used to conduct the triage assessment of pediatric clients.
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.

Inpatient Services

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



A highly engaged, passionate, patient- and family-focused interdisciplinary team provides care to patients admitted to the Inpatient Service at the Cardston Health Centre. The flow of patients to the unit is most often from the Emergency Department with smaller numbers of elective admissions or transfers from Lethbridge. The Unit Manager new to the role in a full-time capacity demonstrates great pride and support for the work of her team and the innovations being undertaken by the Cardston Quality Improvement Council. Enhancements to collaborative interdisciplinary practice were noted.

Workflow is expected to be optimized further with the implementation of Connect Care. Collaboration among care providers was noted and a key strength of the interdisciplinary team is the thorough orientation provided to new hires and the ongoing education. Staff consistently reported having received education on the use of infusion pumps. The Collaborative Care Team (CoACT Team) has made significant strides in working toward the vision of patient safety through comfort rounds, bedside whiteboards, and team huddles. The new Quality Council provides another mechanism for the team to shine in the projects being undertaken. The Patient Orientation Placemat is almost "hot off the presses" and will serve as an excellent tool to provide information to patients and families, including the promotion of hand hygiene and explaining the purpose of the White Boards (an initiative of the Quality Council). The White Boards are now posted at each bedside to inform the patient of "today's" date, their care team member names, any upcoming appointments, the patient's personal goals for the day, the estimated length of stay or discharge date. The ability of patients and families to write comments and questions on the new whiteboards is an example of the focus on patient and family centred care.

The Patient Safety Review Working Group is another example of a collaborative quality improvement effort that engaged nursing, pharmacy, unit clerk and site lead; the outcome was the standardization of forms to avoid missing bloodwork and the project closed the loop by having the nurses report to the Quality Council.

Performance evaluations are not consistently done, though the Lead articulated she believes this to be important and is planning to conduct evaluations once settled into her new role. Allied health services are available to the Inpatient Service by referral; reporting for professional guidance is through Lethbridge.

The physical layout of the unit meets standards; however, the team reporting room is very small, presenting challenges to conducting case conferences during the pandemic. The unit appeared clean and uncluttered with organized storage areas.

Patient feedback provided during the survey visit was very positive. Two patients interviewed expressed gratitude for the involvement of the Indigenous Liaison and the excellent collaboration between the Indigenous Liaison and the Social Worker; the Social Worker, in turn, expressed gratitude for the involvement of the Indigenous Liaison and how much she valued the collaborative approach to meeting patient needs and promoting cultural safety.

Significant work is occurring to implement safety practices related to pressure ulcers, falls prevention, prevention of VTE with standardized assessments upon admission. The key next step for the teams is to audit and monitor their results and then to make improvements.

Medication reconciliation is well done on admission, transfer and discharge. Medication incidents are documented through the safety reporting system and staff and the site leader report each incident is individually followed up. During the tracer, a medication error occurred, and discussions witnessed between the Pharmacist, Physician, Nurse and Pharmacy Assistant provide reassurance that processes were followed to both ensure patient well-being and to define key learnings from the incident; the incident was reported.

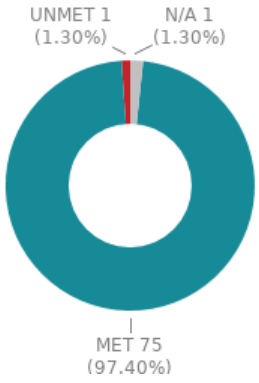
Medworxx is updated and used by the care team. A monitor hangs in the report room and is available to teams during rapid rounds. Some documentation tools are in place to support the flow of information; mostly these are standardized forms across AHS.

Although AHS conducts post-discharge patient experience of care/satisfaction surveys with a random sample of patients discharged from every inpatient unit in Alberta, the results of these surveys are not posted at the Cardston Health Centre to promote learning and to improve transition planning. Evaluating transitions is an opportunity to verify that client and family needs were met, and concerns or questions addressed.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	3.4	When the team is unable to meet the needs of a potential client, access to other services is facilitated.
Inpatient Services	4.12	Ethics-related issues are proactively identified, managed, and addressed.
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 Cardston Long-Term Care home is a fourteen-bed facility co-located in the Cardston Health Centre. The site leader for the Cardston Health Centre also provides oversight to the Long-Term Care home. All clinical and non-clinical staff encountered during the visit exhibited a caring attitude for their residents. Family members expressed gratitude for the consistency of staffing, noting that consistency of staff is better for their loved ones and better for them as family members because they know the staff and the staff knows them. Families reported that they are invited to attend an annual case conference that includes the interdisciplinary team; families can attend in person or by phone. Families indicated the meetings and discussions are helpful. Families like being able to write on the whiteboard in their loved one's room.

The site leader is committed to developing a quality improvement culture across the centre. An example in the Long-Term Care home is the implementation of comfort rounds every two hours during the day and evening to ensure residents are provided with supportive care. Family members indicated that they

find the comfort rounds “reassuring”. However, one family member did mention she worries the binders placed outside of her mother’s room, intended for point of care documentation, raise privacy concerns for her.

There is a commitment to promote family engagement through the newly created Family Council, which is primarily focused on increasing the range, quality and number of activity programs and options for families. Understandably, recreation and activity programming has been limited due to COVID-19; however, residents, families and staff indicate that while the recreation services provided pre-COVID-19 are valued, more activities during evenings and on weekends would be a welcome improvement. When asked what would be needed to improve their life at the centre, all responded with the desire for more recreational activities. Other health professional availability is limited and shared with the acute care inpatient unit. Allied health professionals, such as Physical Therapist and Occupational Therapist, report to and receive guidance from a professional practice leader based in Lethbridge.

The Long-Term Care home is encouraged to consider providing support to formalize the Family Council’s work and to expand the scope of the issues they address; this will no doubt evolve over time. The staff and leaders are encouraged to consider opportunities for regular dialogue with families as a steppingstone to subjects, such as service design and quality improvement. To move forward on its people-centred journey the team is encouraged to provide education to families and residents on how their voices can play a pivotal role in quality improvement, as well as training staff to expand their perception around the role of families (and residents as applicable) as members of the care team. Formal resident and family satisfaction surveys or "question of the day" for monitoring the effectiveness of the initiatives would provide valuable data to base quality improvement efforts.

Residents enjoy a home that is clean and uncluttered with generous common areas and a lovely covered patio. During visitor restrictions due to COVID-19, families were able to have “window visits” in this patio area. Families reported being well supported during COVID-19 visitor restrictions. Visitors are screened at the main entrance before proceeding to the Long-term care home. One family member stated “*Staff was absolutely amazing. Once or twice a week they would call to let me have Facetime with Mom. I felt absolutely reassured she was safe.”*

Visitor restrictions have eased, and residents are now permitted two designated visitors, and there is some flexibility even within the AHS guidelines for visits. Families reported that visits while balancing risk and quality of life are sometimes stressful. As one family member stated, “*Going to see her for just 20 minutes, wearing a mask and not being able to hug her … it’s pure torture for her and for me. I keep my distance, but I can’t explain to her why I can’t give her a hug*.”

Utility rooms are well organized, and dedicated recreation space is available with a kitchen (currently closed due to COVID-19 restrictions). A Snoezelen Room that provides a therapeutic environment for delivering high levels of stimuli to residents with dementia is a wonderful asset to the home.
When hypothetical ethical dilemmas were presented to care providers, they were unable to reference the organization's ethical decision-making framework to guide their ethical decision-making. The team is encouraged to provide training and access to the ethical resources available to the organization to assist staff on how to handle ethical issues, as residential care for frail older adults and individuals with complex conditions are prone to raise ethical dilemmas.

The site leader indicated the care home has little to no waitlist. Because of the proximity/adjacency of the home to the hospital and the good fortune that the nurses also work or have worked in the acute inpatient unit of the hospital, the level of acuity of residents does include IV starts. As well, residents who require dialysis can be admitted.

The home is challenged when residents are admitted with complex behavioural and mental health issues. The Cardston Health Centre is encouraged to increase formal supports from Lethbridge regarding psychiatric consultation and care.

Medication reviews are conducted regularly (for case conferences) and as needed by the solo clinical pharmacist; there are residents with complex behavioural needs that involves setting a balance between the safety of other residents and the best medication profile for the resident. These issues are discussed during the medication reviews.

Mechanical lifts are available, and protocols and training are in place to ensure proper and safe use. The Unit Clerk was able to demonstrate the range of mandatory education programs that staff working in the long-term care home must fulfill annually and how she tracks this information to ensure compliance.

Families and residents are not aware of a formal process to bring forward complaints, reporting that they deal with the nurses and other staff individually. Some family members reported being pleased with the attention paid to the grooming and cleanliness of their loved ones. One family member commented on the manicures provided to her mother by a care aide and how much this simple gesture served to boost her mother's spirits and her sense of how well her mother was cared for in the home. On the other end of the continuum, another family member expressed concerns about the care of her loved one, and took her concerns to the very responsive site leader, facilitating changes that have led her to feel optimistic about the future and the potential for a positive culture change. The development of a formal complaint process developed with input from families and residents could be a joint initiative with the Family Council and it will help the teams to understand the issues and make the appropriate changes.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	3.12	Ethics-related issues are proactively identified, managed, and addressed.

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.

Staff are engaged, knowledgeable, and supportive of team efforts to deliver safe, quality care in the Operating Room (OR). There is evidence of good teamwork, communication and collaboration. There are two operating room suites at the Cardston Health Centre; however only one is in use. The OR operates Tuesday to Friday with mostly Day Surgeries consisting of podiatry, dentistry, and minor general surgery. Endoscopy is performed approximately twice a month. The OR rooms are adequate in size for the types of surgeries that are performed; however, they would be considered small by current standards.

Documentation of consent was complete, and patients acknowledge a robust consenting process with their physicians. Patients are provided with verbal and written information before admission and at discharge. There is a process in place to ensure that consultations and investigations done preoperatively are available to the team on the day of surgery. Medication reconciliation is conducted across transitions and charts reviewed during the on-site review were complete in that regard.

Standardized health information is collected on each patient at appropriate points along their journey through perioperative services. The information is captured in paper format and is available to team members as necessary to provide optimal clinical care. Patients can access their medical records if desired.

Staff are well trained and have opportunities for education and professional development. However, staff verbalized that they felt disadvantaged by not having a dedicated educator. The manager is currently working on a succession plan for the OR nurses.

The team works well in the operating room to reduce risk and harm to the patient. Great care is taken with positioning and monitoring. The safe surgery checklist is used, and compliance is audited. OR staff are trained to manage emergencies in the OR and mock fire drills are conducted. Staff and patients are appropriately protected from laser and smoke plume hazards. Detailed surgical records are kept, and relevant information is transferred to the Post Anesthesia Care Unit (PACU) and subsequently to the ward. Medication reconciliation takes place before returning to the ward or upon discharge.

Clinical pathways and evidence-based guidelines are developed and managed primarily at the provincial level with input from the various providers. Although currently done informally and only for certain transfer types, there is an opportunity to more formally evaluate the effectiveness of transfers/ discharges (e.g. survey a sample of clients, families, or referral organizations to determine the effectiveness of the transition). Follow-up phone call after Day Surgery patients have been discharged is done by the surgeon's office. Good solid work is done in this area.

Service Excellence

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

The comprehensive community profile for the Cardston-Kainai local geographic area shows information that is consistent with details provided by the site lead and the frontline staff about the higher than the provincial prevalence of patients presenting in the Emergency Department and very often subsequently admitted to the inpatient unit with complex mental health and behavioural disorders and/or substance use concerns. Both leadership and frontline staff expressed moral distress and concerns about the lack of mental health support and psychiatry support available for patients who present suicidal ideation, psychosis, or substance use issues at the Cardston Health Centre. It is recommended that senior leadership in the South Zone work with the Cardston Health Centre leadership and staff in collaboration with psychiatry resources in Lethbridge to clarify and improve the referral processes, including eligibility and service criteria. It will be important to establish expectations for timeliness for support from psychiatry services to ensure these are adequate to meet patient care needs and to mitigate the risks of safety for both patients and staff.

Excellent examples of local quality improvement efforts were displayed and proudly showcased by staff and the site leader as a result of the good works of the Cardston Quality Improvement Council including the newly implemented bedside whiteboards and team huddles. The plan to engage a patient partner was put on hold due to the COVID-19 pandemic in February 2020 but is expected to resume in October 2020. The Council team members are commended for their enthusiasm for implementing quality improvement initiatives and are encouraged to ensure that outcomes can be measured to answer the question, “How will we know that a change is an improvement?”.

During the onsite survey visit, information was shared indicating Cardston Health Centre has a high rate of violence against healthcare workers. During the visit, staff validated their experiences of workplace violence and described this frequent especially in the emergency department. The Cardston Health Centre Site Lead is commended for bringing together a very well attended Town Hall (Let’s Talk) for staff in January 2020 to begin a dialogue to address safety concerns. Noteworthy was that participation included security personnel, Zone Senior Leaders, as well as representatives from Workplace Health and Safety and the Integrated Quality Management Team. Tangible actions arising from the dialogue were defined, including enhanced security personnel response and strategies to improve staff morale and a culture of safety. Staff validated that the dialogue was a good start. Although the pandemic has precluded a follow-up meeting, it seems that there is optimism that leadership is actively listening and committed to taking action to make changes.

Front line staff were not aware of annual or quarterly goal setting done at the Cardston Health Centre level that includes input from the clinical teams, patients and families. Although the staff were not aware of where to find documentation of 2020/21 goals and objectives for the site and each of its

clinical service lines or whether these existed, they were all familiar with AHS's CARES values. There is an opportunity to increase awareness of and participation in setting team goals for the site and each clinical and non-clinical area.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.6	Education and training are provided on the organization's ethical decision-making framework.
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

Follow-up Criteria			
Standard	**Criteria**		**Due Date**
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.	May 30, 2021

Follow-up ROPs			
Standard	**ROP - Test of Compliance**		**Due Date**
Emergency Department	**Information Transfer at Care Transitions**		
	8.17.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	May 30, 2021
	8.17.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer - Asking clients, families, and service providers if they received the information they needed - Evaluating safety incidents related to information transfer.	May 30, 2021
Inpatient Services	**Information Transfer at Care Transitions**		
	6.18.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	May 30, 2021
	6.18.4	Information shared at care transitions is documented.	May 30, 2021
	6.18.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer - Asking clients, families, and service providers if they received the information they needed - Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	May 30, 2021

Long-Term Care Services	**Information Transfer at Care Transitions**		
	5.19.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	May 30, 2021
	5.19.4	Information shared at care transitions is documented.	May 30, 2021
	5.19.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer -Asking clients, families, and service providers if they received the information they needed - Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	May 30, 2021
Perioperative Services	**Information Transfer at Care Transitions**		
	7.11.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer -Asking clients, families, and service providers if they received the information they needed - Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	May 30, 2021