

2022

Fox Creek Healthcare Centre

North Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022



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 on April 25 - May 6, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

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

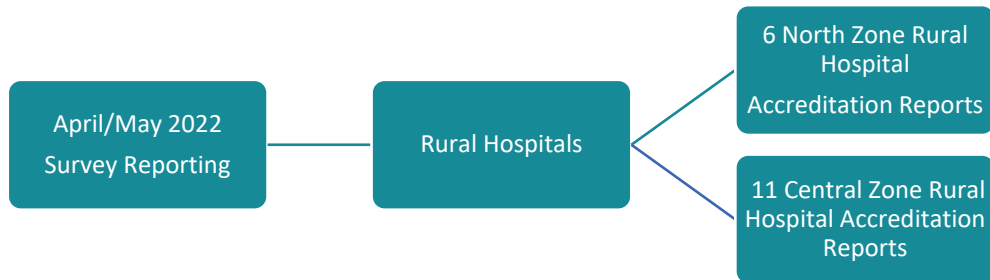
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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

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

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

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



North Zone Rural Hospital Assessment – Sites Visited

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

Central Zone Rural Hospital Assessment – Sites Visited

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

Confidentiality

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

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

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

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

Executive Summary

Surveyor Observations

The team and leaders at the Fox Creek Health Centre are acknowledged for preparing and participating in the Qmentum accreditation program, using semi-announced visits and attestation as the methodology. The leaders and team are supportive and welcoming of the accreditation process. They were very proud of the Fox Creek Health Centre and the opportunity to showcase its programs and services. The strong commitment of team members, physicians, and leaders to quality programs was apparent. Alberta Health Services including the Fox Creek Health Centre were the proud recipient of Canada's Top 100 Employers 2018 and 2019 and Canada's Top Employers for Young People 2019. There are linkages and communications between the site and the North Zone.

The current survey focused on seven system-wide priority processes (Patient Flow, People-Centered Care, Medical Devices and Equipment, Physical Environment, Infection Prevention and Control, Medication Management, and Emergency Preparedness) as well as three service-level priority processes (Emergency Department, Inpatient Services, and Service Excellence). The survey took place on May 5, 2022 and involved two surveyors.

The Fox Creek Health Centre was built in 1982. Although the facility has an aged infrastructure it is well maintained. This facility has a four-bed acute care unit. The Fox Creek Health Centre has an emergency department, physician offices, laboratory and x-ray services, and public health offices. There are windows providing natural light. There is a recently installed security system with cameras throughout the facility. The environmental services staff work hard to ensure a clean facility. There are hand hygiene stations and dedicated hand-washing sinks throughout the Health Centre. The resources and equipment throughout the facility are exceptional. There are limited storage areas resulting in equipment being located throughout the facility. The leaders are encouraged to reallocated equipment that is not required or discard equipment that is no longer functional.

Emergency preparedness is a priority for the Fox Creek Health Centre. Testing of codes of the month is completed. Regular fire drills are conducted. There is an occupational health and safety, infection prevention and control and emergency preparedness quality board. There are strong partnerships with the community to support emergency preparedness. The team members, physicians and leaders are commended for their response to the COVID-19 pandemic.

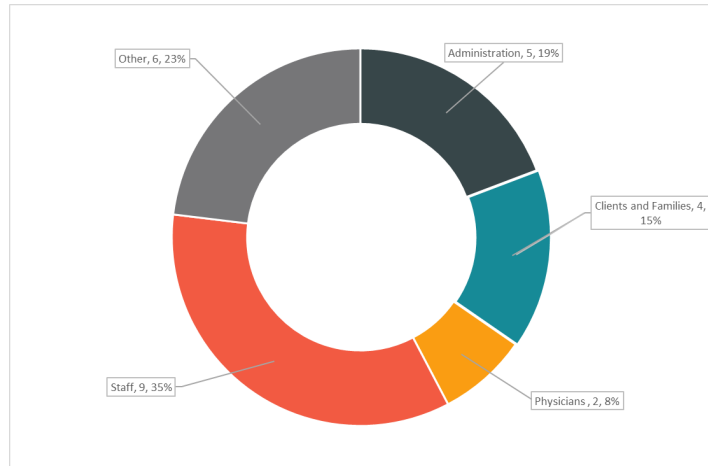
Clients, families, and community members are very supportive of the Fox Creek Health Centre. This extends to strong financial support for the facility. Friends of Fox Creek Hospital Society established in 1982, is a strong supportive partner. There are many community partnerships including with the fire and police departments and the municipalities. The clients and families spoke highly of the care provided at the Fox Creek Health Centre. Many described the team members as, "wonderful" and stated that they were treated with care, dignity, and respect. It was suggested by a client to enhance support to people for whom English is a second language by ensuring that they understand follow up care. The leaders are encouraged to continue to seek client, family, and community input to further strengthen programs and services.

Survey Methodology

The Accreditation Canada Surveyors spent one day at Fox Creek Health Centre.

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

Groups	# of interviews
Administration	5
Client & Families	4
Physician	2
Staff	9
Other	6 (2 Lab)



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

- Recruitment and retention of team members and physicians.
- Use of Connect Care to drive quality improvement (ER wait times, left without being seen).
- Separation of the electrocardiogram performance from the blood laboratory collection and testing.
- Improved transportation of patients to centres for higher level of care and non-acute stable-patient medical transfer system.

Areas of Excellence

- Strong, engaged and visible leadership.
- Implementation of CoACT including the implementation of quality boards and white boards.
- State of the art medical equipment including ultrasound equipment with FAST ultrasound for use in the emergency.
- Strong relationships with and support from community partners.
- Implementation of Connect Care.
- Efficient and committed team members including laboratory staff.
- A strong commitment to improved patient and staff security.

Results at a Glance

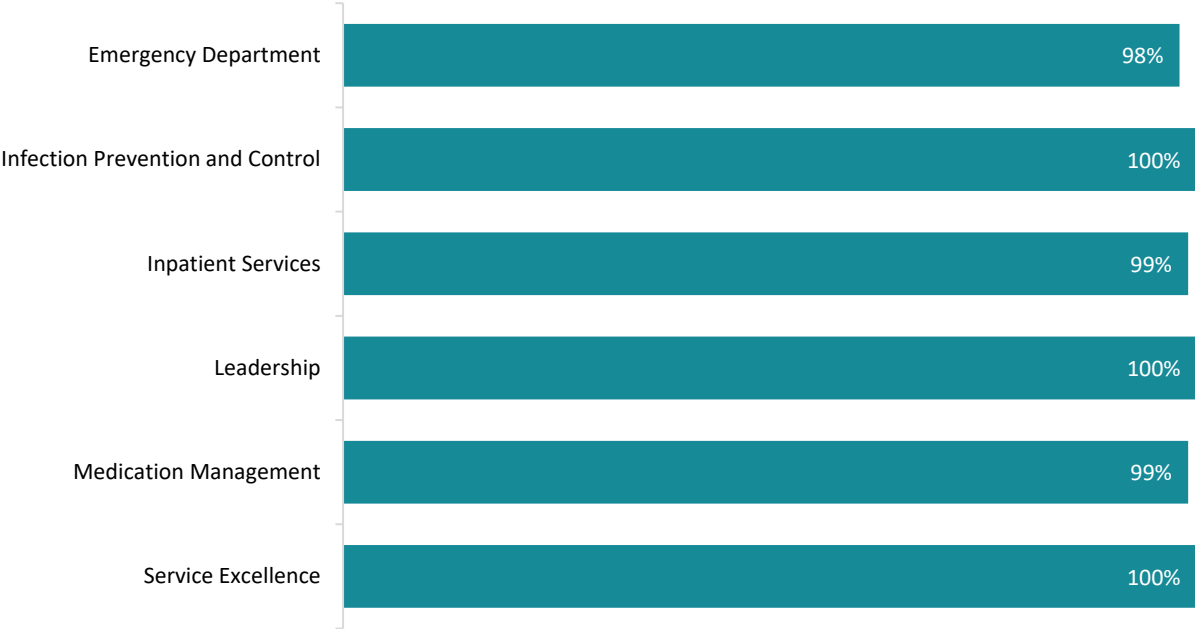
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 100% met	On-Site 99% met	Overall 99% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 88 criteria	Audited 8 Criteria		

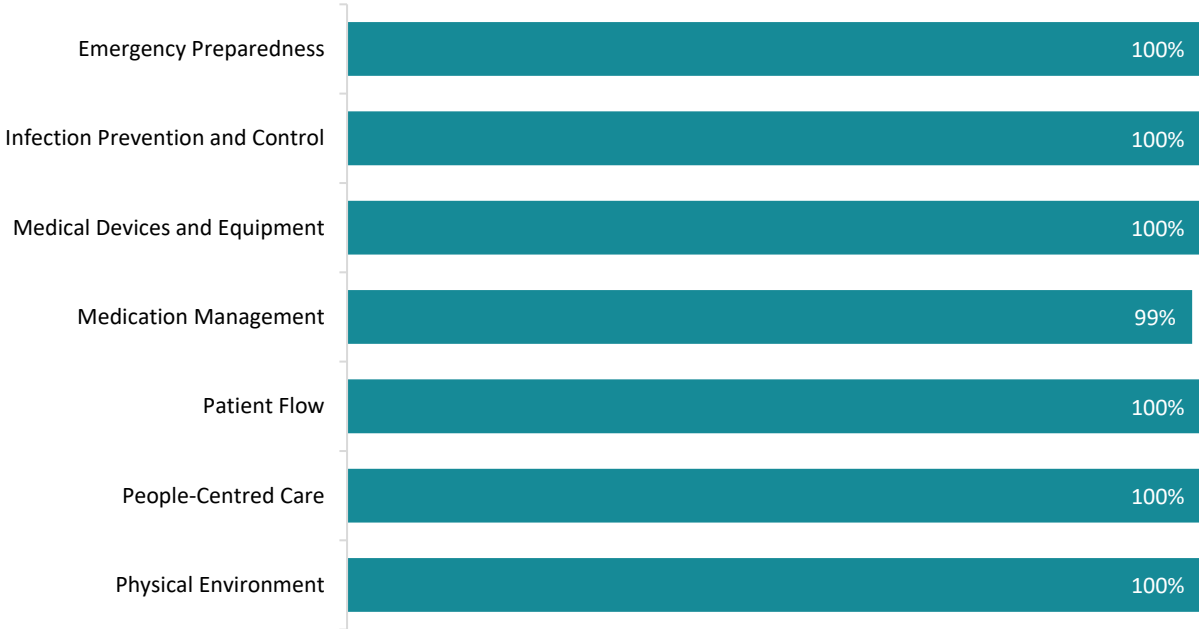
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	92	2	1	0
Infection Prevention and Control	51	0	13	0
Inpatient Services	67	1	1	0
Leadership	9	0	0	0
Medication Management	75	1	13	0
Service Excellence	76	0	0	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	14	0	13	0
Medication Management	75	1	13	0
Patient Flow	14	0	0	0
People-Centred Care	29	0	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	26	0	0	0
Appropriateness	122	3	12	0
Client Centered Services	81	0	0	0
Continuity of Services	12	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	109	1	15	0
Worklife	13	0	1	0
Total	370	4	28	0

Compliance by Required Organizational Practice (ROP)

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

Detailed Results: System-level Priority Processes

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

Emergency Preparedness

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



The team members and leaders are proud of their work to ensure effective emergency preparedness. There is monthly testing of codes and regular fire drills. There is education for team members and leaders to support the all-hazard disaster and emergency plans including command post training. Infection control practitioners (ICPs) work in collaboration with emergency preparedness staff. The team members and leaders are encouraged to continue their great work in testing the emergency preparedness processes including code of the month.

There is strong collaboration with partners to support emergency preparedness including the police, fire departments, EMS, and community organizations. It is a very close-knit community which appreciates the input and contributions of all partners into the emergency preparedness processes. There are partnerships with the Town of Fox Creek to ensure effective community and site emergency responses. The team members and leaders are encouraged to continue to develop and support these valued partnerships.

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 is a strong commitment to effective Infection prevention and control (IPC). Team members and leaders are proud of their work in implementing IPC processes and priorities. The site is supported by an infection prevention and control practitioner, both virtually and in-person. This includes support during outbreak situations, hospital acquired infection monitoring, hand hygiene compliance and education and training opportunities. IPC staff are involved in any changes to the physical environment. There is also an Infection Prevention and Control Quality Board.

The team members and leaders are proud of their response to the COVID-19 pandemic. This includes the ingenuity and creativity in ensuring the physical environment supports an appropriate COVID response. A new triage area was created, and the emergency department rooms were physically separated. There is COVID-19 screening at the health centre entrance, masks are provided, and hand hygiene completed. Auditing of hand hygiene practices is completed with the results posted. The team members stated that they feel safe at work. There are hand hygiene stations located throughout the Fox Creek Health Centre and hand washing sinks available.

The housekeeping staff provides a clean environment for clients and staff. There are policies and procedures guiding this work. Biomedical waste is transported appropriately. The laundry service is contracted to an external organization. The dietary department is clean and well organized. The fridge and freezer temperatures are monitored and recorded. The team members have received training on food safety.

Medical Devices and Equipment

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

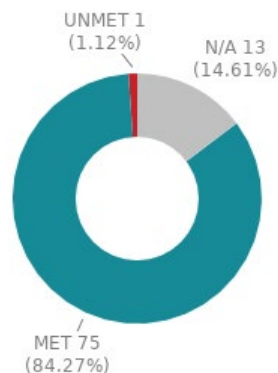


The Fox Creek Health Centre has a strong commitment to having quality medical equipment and devices to support client care. The support of the community and local businesses have contributed to the purchasing of medical devices and equipment. The team members have stated that they have the resources to do their work. There is a preventative maintenance program which tracks the medical equipment and documents the repairs completed. The equipment maintenance and repairs are completed both within the Fox Creek Health Centre and the North Zone.

Reprocessing and sterilization are not completed at the Fox Creek Health Centre. The initial cleaning of medical devices is completed by nurses wearing appropriate personal protective equipment. Policies and procedures are followed. Following the initial cleaning the medical devices requiring sterilization and reprocessing are placed in a secure box and transported to a reprocessing and sterilization centre.

Medication Management

Priority Process Description: Using interdisciplinary teams to manage the provision of medication to clients. This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management; Perioperative Services and Invasive Procedures.



The pharmacy team at the Fox Creek Health Centre includes a pharmacist available remotely and a pharmacy assistant on site for two days per week. There is 24/7 access to a pharmacist on-call. Audits are completed by the pharmacist. Medications are sent from the Grande Prairie Regional Hospital using a locked box system. The pharmacy assistant stocks the pharmacy with medications in blister packs. The nurses provide medications to clients based on physician orders. Scanning of medications and the client armband is completed prior to medication administration. The stock of

medications available is not prescribed for individual clients. The nurses select the blister packed medications based on physician orders. This system was developed based on the small number of clients requiring medication and the distance from Grande Prairie. The pharmacy team are encouraged to review the medication system used at the Fox Creek Health Centre and make changes accordingly.

The medication room has good lighting, is clean and well organized. There are fridges to store medications that require cold chain with the temperatures monitored. Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored in

separate containers. The anesthetic gases are stored in the main pharmacy area. The leaders are encouraged to store such flammable gases in a separate area with temperature controls. However, the leader stated that the anesthetic gases will be removed from the pharmacy stock as they are not used. The pharmacist is encouraged to audit the pharmacy on a regular basis to ensure that processes such as Tall man lettering, separation of sound-alike and lookalike medications, availability of high alert medications and the number of medications available are consistent with best practices.

The antimicrobial stewardship program is implemented with oversight at the North Zone level. The leaders are encouraged to continue with plans to revitalize the antimicrobial stewardship program. Furthermore, they are encouraged to involve team members in the development of the revitalized program and disseminate information to front line staff on the antimicrobial stewardship program.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	13.4	Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.

Patient Flow

Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership; Perioperative Services and Invasive Procedures.



There is very little overcrowding or surges at this site. There are very few barriers that reduce the flow of patients within this small organization. Patients requiring medical care enter the hospital through the main emergency doors. All individuals without an electronic pass must enter through these main emergency entrance doors. Patients are then asked certain screening questions then if they have respiratory symptoms are taken straight to an observation room by a nurse wearing full personal protective equipment. Other patients without any respiratory symptoms or who

answer negative to any COVID-19 screening questions are then directed to the waiting room until called to be examined.

The implementation of Connect Care has resulted in faster interpretation of certain investigations, for example electrocardiograms. This has enabled results to reach front-line workers faster thereby enabling faster and more efficient care to the patient.

The major barrier to access to specialized care is the transport system. Access to specialist consultation can be done virtually or by telephone or by telehealth. This is readily available, but the ability to transport the patient from the site to another site with higher level of care is the biggest hurdle.

Furthermore, Fox Creek patients may have to be transported by EMS to Whitecourt for transfer to a higher level of care as the Air ambulance is unable to land at the Fox Creek airport.

There are creative methods used to create beds when there is overcrowding for example patients may be moved from an emergency bed to the waiting room in order to create an empty bed for a newly arrived patient to the emergency. Patients who require alternate level of care, for example, chronic care for palliative or higher level of care patients are quickly identified and transferred. Patients who require isolation are quickly separated from the rest of the patient population.

There is timely access for laboratory testing. All the laboratory investigations and electrocardiograms are done in the same general area. The organization has one EKG machine in the laboratory. Blood investigations are taken by dedicated laboratory technicians. The laboratory technicians are also trained to perform x-rays. There is very close proximity of the blood collection area and blood samples testing area. The organization may want to consider a separation of the collection area from the testing area. Similarly, there may be an opportunity to separate the performance of the electrocardiograms from the blood collection and testing area.

Laboratory personnel and physicians have requested C-reactive protein tests. The laboratory is desirous of being able to do the test for C-reactive protein which will assist physicians in improving their diagnosis of several conditions thereby reducing the need for transfer of patients to centres with higher level of care. There are limited imaging options on the site, thus physicians and staff would like to use C-reactive protein to help them to determine whether to keep the patient at the site or transfer the patient. However, according to the pathologist the cost for doing the test is quite expensive. There would need to be a certain volume to have it done. A plan is being developed to address rural labs getting certain laboratory testing. Quantitative toxicology (alcohol, certain drugs) is not done on site but blood samples from Fox Creek patients are couriered to Grande Prairie for testing.

There is a consultant pathologist lab who comes and visits twice per year. At the site visits the pathologist addresses any concerns from the lab personnel. They sign off on quality assurance and proficiency testing. They meet with physicians, and they update changes relative to the pathology bulletins. They may also provide education.

EMS uses a closest to unit response program. The EMS units are all stocked with equipment and medications to the same level. EMS providers assist with acute patient care when necessary.

RAAPID is a consult program that is used to bring together physicians on an urgent basis to help manage a patient and to triage the patient to the appropriate service. Fox Creek patients are stabilized and then can be transferred to other organizations with higher level of care if necessary.

Quality metrics and quality reports are evaluated at the Zone level but there is no evidence that this is cascaded down to the site. Staffing continues to be the highest risk to the organization.

People-Centred Care

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



The team members and leaders are committed to People-centred care (PCC). They are implementing CoACT Collaborative Care at this site and a committee is being established to support the CoACT initiative. Quality boards and hourly comfort rounds have been implemented. There are provincial and North Zone level advisory committees which includes patient and family representatives. There have been strong partnerships established with the community including the fire and police departments, EMS, local businesses, and municipal councils, to name just a few. The Fox Creek Health Centre staff are appreciative of the

support received from the Friends of Fox Creek Hospital Society.

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

Physical Environment

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



The Fox Creek Health Centre was established in 1982. Although it is an aging building it is well maintained. There is parking for staff and visitors. There is good signage supporting wayfinding to the Fox Creek Health Centre. The space is bright with natural light. There is an outdoor sitting area by the main entrance. There is COVID-19 screening at the entrance. A security system has recently been implemented. The medical equipment is exceptional. The team members and leaders expressed appreciation for the generous support of the donors. There is a kitchen to prepare client meals and the food safety guidelines are

followed. The housekeeping staff are diligent in providing a clean environment for clients and staff.

There are limited storage areas resulting in equipment being located throughout the facility. The leaders are encouraged to reallocate equipment that is not required or discard it if it is no longer functional.

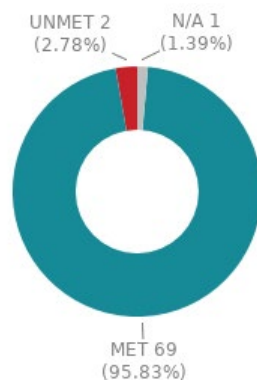
There are back-up systems implemented to support the continuation of programs and services in the event of a power disruption. A back-up generator is tested regularly and the results are documented.

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.



Strong visible leadership is evident at the site. The small emergency and inpatient units are led by a nursing unit administrator. The organization has a team of dedicated, energetic, and committed healthcare providers involved in caring for the acutely ill and vulnerable in society. Though small they are a mighty team and punch way above their weight. There are three beds including a trauma bed in the emergency department.

Patients in the emergency department are triaged in a timely way. Client privacy is respected during the registration process. The Canadian triage and acuity scale (CTAS) is used to conduct the triage assessment. This is present within Connect Care and helps the nursing staff to do the assessment. Nursing staff can adjust this scale depending on the patient's clinical presentation. There is also a pediatric CTAS. Although the waiting room is small, patients who are in the emergency department are monitored for possible deterioration. Patient chairs in the waiting room are separated as per physical distancing rules. The waiting room is clean. The chairs in the waiting room are wipeable.

The emergency department is well resourced with equipment. There are new special high-technology beds. Initially there were some issues with Connect Care at the site, but staff have now come to like it. Suicide screening is built into Connect Care and a psychosocial assessment can be done using Connect Care. A mental health therapist can provide a mental health evaluation.

There is Focused assessment with sonography in trauma (FAST) ultrasound equipment in the emergency department which physicians can utilize to improve their diagnostic acumen. Access to pediatric consultation is through RAAPID system which assists with specialist consultation and locating where the best location is for service for the patient. The major health condition for youths is sports trauma. Most cardiac issues for patients are handled in Edmonton and patients are transferred to Edmonton for further evaluation and management.

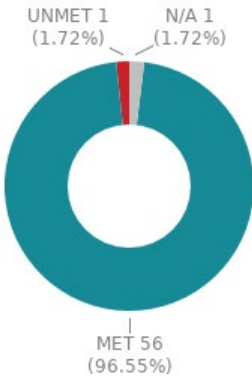
There is extensive education for staff. Basic life support and advanced care life support are mandatory for nursing staff. Other educational activities that nurses undertake include neonatal resuscitation, nonviolence education, and several trauma courses.

There is a pilot project for EMS interfacility transfer in Alberta. The site is encouraged to continue working towards a stable-patient transfer system.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
Emergency Department	10.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.

Inpatient Services

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



There are only four inpatient beds. Occupancy is usually around 50%. There is an observation room where patients suspected of COVID-19 infections are placed by nursing staff wearing full personal protected equipment gear. To transport the patient to the room, the nurse and patient must traverse the periphery length of the waiting room where other patients are sitting. The organization may want to consider two separate entrances with appropriate controls for entrance and exits.

All four acute rooms are private, and they all have whiteboards. There is oxygen and suctioning in the rooms. Workstation on wheels is available. There are ceiling lifts in two of the rooms. The medication room is located next to the station and there are appropriate barriers in place to prevent access to this medication room. There is enough equipment to assist in the management of patients.

Inpatient services are provided in a collaborative environment. There is a strong emphasis on patient and provider safety in the environment. There has been increased security provided to the site with cameras and lighting. This was done to address identified safety risks. There are only two staff in the building at night and on weekends. Medication reconciliation, pressure ulcer tools, and fall prevention evaluation are all done through Connect Care.

Nursing staff get medication from the medication room which is near the inpatient unit.

Patients indicate that they are treated well. Staff listen to them. Results are followed up. Their experience is that services are provided in a very timely and efficient manner.

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

Service Excellence

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



Fox Creek Health Centre has a small, dedicated leadership team supporting service excellence. The Fox Creek team works in collaboration to meet the needs of clients and families. This extends to effective working relationships with partners and other organizations. There is a strong focus on the provision of quality care. The Fox Creek Health Centre is supported by the North Zone including pharmacy, emergency preparedness, EMS, and infection prevention and control.

The leadership team is visible and accessible. There is a strong focus on supporting the professional development of team members, including performance appraisals, and access to education and training. There is an open-door policy with issues and concerns addressed. The safety of clients and team members is a priority. The team members stated that they feel safe at work. Staff safety resources include access to personal protective equipment, education and training, access to protective services, policies and procedures, and a new security system.

The Fox Creek Health Centre has quality equipment and resources. The team members stated that they have great resources to provide client care. There is a commitment to quality improvement. Infusion pump training is up to date. Client satisfaction surveys are completed. Quality boards are visible. There is also emergency preparedness, infection prevention and control and occupational health and safety boards. The team members and leaders are encouraged to continue to seek opportunities to enhance the input of clients and families into the co-design of programs and services.

The Fox Creek Health Centre is clean, and well maintained. There are private rooms for inpatient clients. Physical changes such as barriers and a new triage area have been made to support infection prevention and control. There is parking for visitors and team members. There is a medication room where team members have uninterrupted time to prepare medication.

The leaders are committed to using decision support to enable quality client care. The leaders and team members have access to evidence-based guidelines. Education and training are provided to the team on the use of technology including, Connect Care. The team members are excited to use Connect Care and they noted that it supports patient safety. Client care plans are developed and updated with the input of clients and families. Clients and families are involved in the assessment process. The team members and leaders are commended for implementing Connect Care.

Criteria Identified for Follow-up by the Accreditation Decision Committee

There are no follow-up criteria for this site.