

**2022**

# CapitalCare Accreditation Report

Alberta Health Services

Spring 2022 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 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.

## Continuing Care Program Assessment– Sites Visited

- CapitalCare - Corporate
- CapitalCare - Kipnes Centre for Veterans
- CapitalCare - Dickinsfield
- CapitalCare - Norwood and CHOICE
- CapitalCare - Strathcona and Laurier House Strathcona
- CapitalCare - Grandview
- CapitalCare - Lynnwood
- CapitalCare - Laurier House Lynnwood
- CapitalCare - McConnell Place North
- CapitalCare - McConnell Place West

## 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

CapitalCare is to be commended and congratulated for their commitment and continuing pursuit of quality and excellence as they continue their accreditation journey. The organization has accomplished significant achievements, despite and considering the challenges presented by the COVID-19 pandemic. While there are many accomplishments some stand out more than others, although not less important in moving the organization forward in the delivery of quality safe care. Significant strength lies in the committed and dedicated staff that choose to make CapitalCare their employer, and many have done so for a very long time, despite the many options available today.

Organizational focus on the delivery of people-centered care (PCC) is notable and expressed in the organizational strategic plan and business plans and is well integrated into the organizational culture and staff attitudes. COVID-19 presented many challenges, mostly with regards to its rapid and unpredictable spread. Organizations had to rapidly change directions, priorities, re-organize, and adapt.

CapitalCare should be recognized and acknowledged for its pandemic response and the organization of infection prevention and control (IPC) activities. Dedicated resources with cross-sectoral collaboration, resulted in contained outbreaks and increased staff, residents, and family's confidence in the ability of the organization to keep everyone safe and well protected. Staff and client satisfaction surveys continue to demonstrate high levels of satisfaction and are consistent with organizational effort on improving communication, staff and resident engagement, and commitment to quality safe care, guided by the PCC approach.

Another strength that can be highlighted is the diversity and range of programs delivered through all sites, many focused on keeping vulnerable populations safe, engaged, and active. There is a notable culture of collaboration and teamwork. The spirit of collaboration and teamwork extends well beyond the walls of the organization and includes external stakeholders such Alberta Health Services (AHS), Covenant Health and other service delivery organizations. Plans are in place to integrate AHS's Connect Care information system into its clinical operation in the very near future and demonstrate CapitalCare's commitment to innovation.

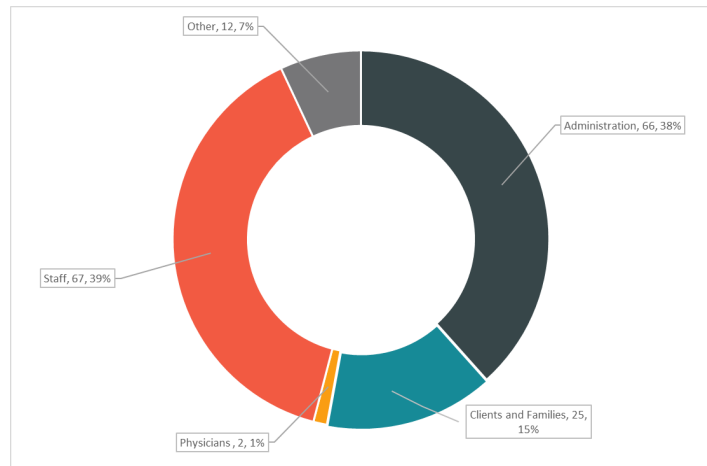
As we have entered the third year of the pandemic, the organization is looking to the future and what the post-pandemic world will look like. Extending the current strategic plan by another year to 2023, will give the organization the required time to allow for due diligence to revise and update the current strategic plan and create a new one that will reflect the new and evolving reality and environment, and position the organization for further success and sustainability into the future.

## Survey Methodology

The Accreditation Canada Surveyors assessed CapitalCare and visited ten sites.

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

Groups	# Of interviews
Administration	66
Client & Families	25
Physician	2
Staff	67
Other	12



<sup>1</sup> "Other" interviewees refer to individuals such as students or volunteers

## Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for CapitalCare:

### Key Opportunities

- Revising and updating policies and procedures to reflect evidence and best practices (i.e., high alert medications, and suicide risk assessment)
- Enhance the collection, interpretation, application, and utilization of quality indicators and data
- Review compliance with regards to performance reviews
- Use results of hand hygiene audits to improve compliance, and sustainability, to reflect organizational target of 90%

### Areas of Excellence

- Dedicated and committed staff, with increased staff longevity
- CBMH – CHOICE program and other day programs, to avoid unnecessary ER visits and admissions to LTC
- Strong focus and commitment to the delivery of people-centered care
- Strong culture of quality, collaboration, and teamwork



# Section I: CapitalCare Corporate Assessment

## Results at a Glance

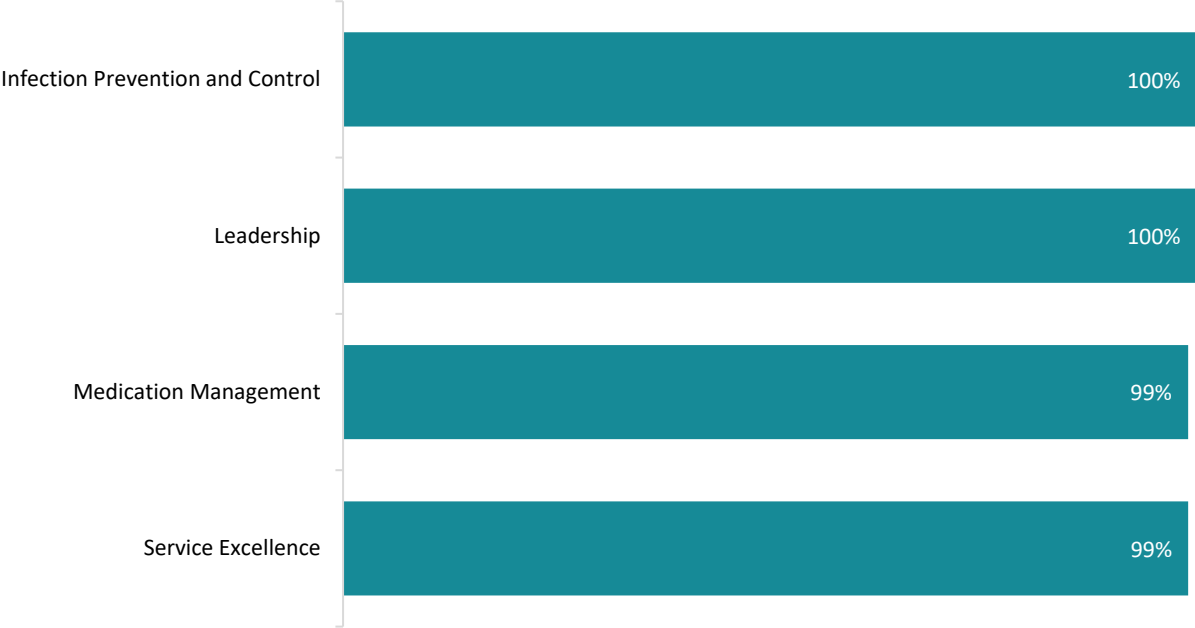
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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

Percentage of criteria			<b>Attestation:</b> A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
<b>Attested</b> 100% met	<b>On-Site</b> 98% met	<b>Overall</b> 99% met	
Number of attested criteria			<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
<b>Attested</b> 206 criteria	<b>Audited</b> 21 Criteria		

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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	38	0	1	0
Leadership	148	0	0	0
Medication Management	101	1	15	0
Service Excellence	74	2	0	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Medication reconciliation as a strategic priority	LEADERSHIP	MET
The 'Do Not Use List' of abbreviations	MEDICATION MANAGEMENT	MET
<b>WORKLIFE/WORKFORCE</b>		
Workplace violence prevention	LEADERSHIP	MET
Preventive maintenance program	LEADERSHIP	MET
Patient safety: education and training	LEADERSHIP	MET
Client flow	LEADERSHIP	MET
Patient safety plan	LEADERSHIP	MET
<b>SAFETY CULTURE</b>		
Patient safety incident management	LEADERSHIP	MET
Patient safety incident disclosure	LEADERSHIP	MET
Patient safety quarterly reports	LEADERSHIP	MET
<b>MEDICATION USE</b>		
Antimicrobial stewardship	MEDICATION MANAGEMENT	MET
High-alert medications	MEDICATION MANAGEMENT	UNMET
Heparin safety	MEDICATION MANAGEMENT	MET
Narcotics safety	MEDICATION MANAGEMENT	MET
Concentrated electrolytes	MEDICATION MANAGEMENT	MET
Infusion pump safety	SERVICE EXCELLENCE	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: Communication; Emergency Preparedness; Human Capital; Infection Prevention and Control; Integrated Quality Management; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment; Planning and Service Design; Principle Based Care and Decision Making; Resource Management Note that the following calculations in this section exclude Required Organizational Practices.

### Communication

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



Much has changed since the last survey. The new reality has presented the organization with complicated challenges, opportunities for improvements, as well as considerable evidence to support the organizational commitment to support timely, relevant, and authentic communication, both internally and externally. The unexpected emergence of COVID-19 presented many organizations with little choice and warning but to quickly adapt and adjust much of what had been done to date and quickly choose innovation and creativity.

The communication team is nimble helping the organization to pivot its communication practices and activities to meet the constantly changing communication needs and means. This has helped support the staff, residents, and families to ensure that quality of care and safety of all is achieved and maintained as much as possible.

Following strict pandemic and infection prevention and control (IPC) guidelines and directions, the organization adopted new ways to reach staff, residents, and families, and share relevant information in a timely and consistent manner. To accomplish the ever-changing communication needs and increased demand, with the help of its communication staff, the organization developed and increased the frequency and quality of its communication, integrating and adding digital means (such as TV screens), social media, and collaboration with other organizations, to increase the effectiveness and efficiency of its communication. While compliance remains a challenge, all staff have access to email and can send and receive information. Considerable effort was noted, as the organizational leaders and the communication staff attempted various means to reach families, staff, and residents, asking for feedback, thoughts, and ideas. This resulted in a more intuitive communication style, addressing, and meeting the needs of internal and external stakeholders.

The communication team helps monitor communication pathways through the on-going monitoring of media analytics from the web site and other media sources to determine what is trending popular, what sites are visited more frequently, and what information people are looking for while searching the

various media platforms. This helps the organization determine which communication strategies are effective and which are not.

Specific policies and procedures exist to support residents and families to access their personal health records as relevant and appropriate. Safeguards in the form of policies and procedures are in place to protect the privacy and confidentiality of residents and are consistent with the Alberta Health Information Act.

In addition to the considerable progress and achievements accomplished by the organization and the communication team, opportunities for improvement exist. These include on-going updates and integration of technology into all facets of organizational communication activities, continuous monitoring, and encouragement of staff to access and use electronic communication to stay up-to-date and informed, and on-going review and integration of best practices as they relate to communication and information exchange.

**Strengths:**

- Improved integration and use of digital communication (TV screens, website, social media).
- Improved transparency and authenticity of communication.
- Intuitive communication, listen to users and meeting their needs. Chief Operations Officer’s blog ‘Living Our Values’.

**Opportunities:**

- Further integration of technological tools and platforms to inform and support communication, and on-going update of technology.
- Website and intranet based on outdated platform and technology may present a risk.
- Staff use and access of internet/email, monitor compliance and improve usage. Meeting the needs and capabilities of older staff and staff whose English is a second language.

### Emergency Preparedness

**This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.**



Although, some of the CapitalCare sites experienced COVID-19 outbreaks, they were well managed and well contained, setting an example for a robust pandemic management plan. In collaboration with other organizations and stakeholders, externally and internally, the team ensured that availability and access to required personal protective equipment was uninterrupted.

## Human Capital

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



The unexpected emergence of COVID-19 over 2 years ago caught many organizations short from being ready to cope with such a rapidly and highly contagious virus. Despite best efforts and existing pandemic plans, levels of preparedness varied across CapitalCare sites. No doubt the pandemic has introduced many new challenges and complexity, while exacerbating current issues, one area significantly impacted was the health human resources (HR). The implementation of single site work orders, unavailability of vaccines (early on), and rapid spread of the illness created significant HR

challenges. Like other healthcare organizations, the fear of contagion, increased workloads, and the increased uncertainty affected health care workers, resulting in increased burnout and emotional and physical distress.

Despite these challenges, CapitalCare has a long and consistent history of low staff turnover and employees with significant longevity in the organization. The turnover rate for 2018 – 2019 was 6.68%, it was 7.05% for March 1, 2019 – February 29, 2020, and is currently sitting at 5.68%. No doubt a result of the organizational focus on their human capital, both prior to and during the COVID-19 pandemic. The organizational support and focus on continuing education are evident through the numerous staff that have joined the organization at entry point positions (e.g., Health care aide) and progressed over time to assume advanced roles and positions (e.g., RNs, managers).

Staff report they receive informal feedback on their performance on a regular and continuous basis; however, the formalized performance review completion rate is low (decreased from 70% in 2017-2020 to 14% in 2020-2022). This is an area for the organization to focus on going forward.

CapitalCare has worked hard to support their employees and ensure they have the required and adequate resources to be and stay safe, while continuing to provide safe quality care. This was demonstrated through significant investment in resources and education for staff, such as resilience training delivered to all staff, focused education to leaders (Dare to Lead), and increased communication with both virtual and in person meetings.

Additional efforts and focus were given to help with recruitment and retention of staff and the implementation of new recruitment software helped streamline the recruitment process and help potential employees on-board faster and with greater ease. During the peak of the pandemic, the organization moved into a centralized recruitment team, allowing front line managers to focus on their staff and help address emerging issues. The centralized recruitment team infrastructure can now be used in any future crisis, should such a need arise. Additionally, the organization maintains strong relationships with various academic organizations and educational programs/institutions and is committed to providing quality student experiences. To maintain safe staffing levels, the organization contracts agency staff as required to ensure staff and patient safety.

The organization has a “Safe and Respectful Environment” supported by relevant policies and procedures. A clear process to report workplace violence and manage ethical dilemmas is in place, with on-going education and training annually. Overall, a very positive culture that is collaborative and supportive.

**Strengths:**

- CapitalCare, being a value-based organization, is committed to the philosophy and delivery of people-centered care (PCC). This in turn appeals to many staff and functions both as a recruitment and as a retention strategy.
- The organization offers a significant diversity of work functions and opportunities for advancement, another important recruitment and retention strategy.
- Recent staff satisfaction results (June 2021) revealed that while opportunities for improvement exist, for the most part, staff are happy at CapitalCare and feel respected and acknowledged. In meeting with a wide range of staff, this was confirmed and acknowledged by all. Staff report their satisfaction with their leaders, the open and consistent communication, and a sense of being heard and have the required resources to do their work.

**Opportunities:**

- Integrating technology into the work of HR and standardizing the work of the department across the organization through a formal Human Resource Information System (HRIS) and other technological tools (current all paper files).
- Enhance the use of virtual platforms and social media (recruitment and retention).
- Small teams with increasing complexity, workload, and demand risking burnout.
- Focus attention on improving the completion rate of Performance Development (PD).

## Infection Prevention and Control

**Description: Accreditation Canada’s Infection Prevention and Control (IPC) Standards provide a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field.**



The recent COVID-19 pandemic illuminated the need and often the gaps in relation to pandemic readiness and availability of Infection Prevention and Control (IPC) resources throughout the healthcare system, and more specifically in the continuing care, Long Term Care (LTC) sectors, where some of the most vulnerable individuals reside. With that in mind, it is evident that CapitalCare met these challenges very well, able to pivot, adapt, and adjust to the changing environment, and support staff, residents, and families through the allocation of specific and dedicated IPC resources, policies, procedures, and activities to optimize

the safety of all.

Corporately, the service line is supported through a corporate lead, a manager responsible for IPC standards and audits, and IPC site leads. Together the team ensures that IPC standards are met and maintained, provides education, and hands on support as needed.

### Strengths:

- High vaccination rates among staff and residents, as a direct result from on-going, consistent, and persistent IPC education, clear communication on vaccine requirements, and consistent IPC presence at all sites.
- IPC leads at each site and IPC on-call on weekends and holidays, seamless staff support, training and education.
- Innovative approach to support staff through the creation of a personal protective equipment coach (Dofficers) to support staff during the pandemic.

As the team continues to work tirelessly to meet the changing IPC environments, staff and resident needs, some opportunities for improvement may be considered to further strengthen and enhance the function of the team and positive outcomes throughout the organization.

### Opportunities:

- Consider allocation of additional resources (FTEs) in support services, to support IPC activities and meet current standards and best practices.
- Evaluating current quality indicators to determine value and need for additional and/or different data to support work and enhance outcomes.
- Consider integrating additional quality assurance mechanisms/activities to support quality auditing (GermGlo for hand hygiene and environmental cleaning).
- Ongoing surveillance and monitoring of hand hygiene compliance and practices throughout all sites to maintain consistent high rates.
- Consider implementing signage to clearly indicate and identify equipment that has been cleaned and ready for use.

Considering the past two years, it would not be too soon to commend the IPC team and the entire organization on their considerable effort and required ongoing focus to manage the current pandemic while recognizing the numerous achievements that have been accomplished thus far.

## Integrated Quality Management

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



Integrated Quality management is widely understood across the organization, even by residents and families. Quality improvement is identified as a strategic priority and resources are allocated to support improvements. The leadership team, as well as the Foundation, acknowledge staff who participate in quality improvement initiatives, educational opportunities, and to support them in whatever way they can.

The residents and families were aware of how to report an incident. Although incident reporting is on paper, there is a good follow-up process to make improvements. The information is transferred from paper into an electronic version using PointClickCare. The organization is encouraged to implement an electronic



incident reporting system to assist with tracking and evaluation, and to avoid transferring information, which could lead to error.

The organization uses several approaches to support safety and communication, including staff huddles, family forums, staff forums, training opportunities such as “Dare to Lead”.

Each facility has a Centre Operations Team to address quality improvement on the site. There is a risk management approach in place that includes contingency plans and are specific to individual sites.

A Resident Safety Plan has been implemented with input from residents, family, and staff. If there is a risk to a resident, then a negotiated risk agreement is put into place with that resident and the family.

A good example of a quality improvement initiative is around the review of incidents using slings to transfer residents. Patients were falling out of the slings resulting in the transition to more extensive assessments and sizing before use.

Quality Alerts are developed and circulated when required, to communicate identified risks and make improvements.

There is zero tolerance for resident abuse, which is covered at staff orientation and is part of their ongoing education.

Incidents are disclosed in a timely manner to the resident and /or the family. The process is evaluated and modified if required.

One patient safety -related prospective analysis is conducted annually and this year it was done on the incorrect assessment and placement of slings for resident transfer. The improvements implemented have increased resident safety and reduced risk.

Quarterly resident safety reports are provided as indicated. They are also shared with staff, residents, and families for their information.

Ongoing education and professional development are provided to staff.

Overall, integrated quality management is in place with ongoing tracking and evaluation.

**Strengths:**

- Quality management plan in place.
- Staff and residents are provided regular communication on initiatives.
- Staff are acknowledged for their ongoing work on quality.

**Opportunities:**

- Electronic incident management system.
- Continue to communicate quality improvement initiatives.
- More comparatives in the data presentation.
- Using the results to make improvements.

## Medical Devices and Equipment

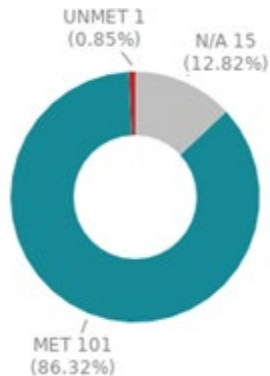
**This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.**



The organization developed clear and concise policies and procedures for maintenance, cleaning and disinfecting medical devices and equipment. Education and training are provided to the staff.

## Medication Management

**This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management.**



CapitalCare's main pharmacy is centralized at the Dickinsfield site. Through its dedicated leadership and front-line staff, it supports, delivers, and sustains pharmacy services to all CapitalCare sites in a consistent and comprehensive manner around the clock all year round. The team includes a pharmacy lead (manager), pharmacy supervisor, 12 regulated pharmacy techs, and 6 pharmacy assistants.

The physical environment as it relates to the medication administration process, including the central pharmacy and the med rooms on each of the units are kept well organized, labeled, and clean. Specific audits are performed to mitigate risk and ensure that standards are always met.

There is ample evidence to support the strong and collaborative relationship that exists between the pharmacy staff and all other clinicians that require access to pharmacy services. The CapitalCare central pharmacy procures the admixture and compounding of specific medications from a third-party provider, which eliminates the need to maintain specific standards for ventilation, storage, and space (for hoods) to perform such activities safely.

Generally, medication management process is carried out well throughout the organization and the different sites.

**Strengths:**

- Seamless communication and flow of information. All team members are well informed and aware.
- Standardized workflow and restricted access to pharmacy.
- Considerable investment in staff training and education, staff are trained and rotate through the various areas in the main pharmacy and can assume a wide range of work activities and responsibilities.
- Review and revision of the medication reconciliation process from being Pharmacy focused to more of a multidisciplinary approach, aiming to streamline process and decrease amount of re-writing and duplication of information, resulting in decreased mistakes and inaccuracies.

**Opportunities:**

- Infrastructure, current operations has outgrown the space and as technology continues to develop and evolve additional space may be required.
- Use of technology when communicating with clinical areas. Care units send doctor’s orders via fax, no scanning capacity (information is often illegible and requires follow up).
- Considerable resident to nurse ratio in relation to medication administration.
- Heparin is currently not included on the list of high alert medications and relevant policy requires review and update.
- Medication fridges on care areas are not consistently monitored for temperature, only during vaccines storage.

In discussions with staff and resident, no significant concerns were raised, and/or identified.

Organizational leaders are encouraged to continue to identify and collect relevant quality indicators and data to inform future quality improvement activities and continue to enhance collaboration across the organization to include, staff, residents, and families, to optimize resident outcomes and satisfaction.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	6.2	Teams can access information on high-alert medications (including current protocols, guidelines, dosing recommendations, checklists, and standard order sets) both in the pharmacy and clinical service areas.

## Patient Flow

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



There is a Provincial Capacity Group in Alberta that monitors client flow. The organization works to address and remove barriers that negatively impact client flow. Norwood contains post-acute care beds for those client's needing placement before they can go home.

Destination Home is a multi-pronged approach to restoring a person's abilities to a level that makes independent living an option following acute care. There are additional supports to assist these clients at home.

The team has a good reputation for their proactive work, in supporting timely client flow to mitigate emergency department overcrowding.

They utilize the IT system Pathways to track discharge dates and first available bed access.

60 % of those clients waiting for their preferred site were offered it at some point. Many of these residents choose to remain at their original site.

The team use a bed management system to identify targets and discharge dates, then track the compliance in meeting those.

Surge beds are available when needed. There are overcapacity protocols in place at each site, with post-acute beds at Norwood.

The team is encouraged to continue to evaluate the effectiveness and impact of the client flow strategy and modify if required for improvement.

Patient flow out of emergency departments (ED) has been a focus for the Edmonton Zone for the last decade starting with Tier 1 targets for ED physicians in 2011/2012. Coordination between levels of care has grown over this time as well as strategies to manage ED overcrowding. The pandemic has been a challenging time, but also a time where AHS has worked to implement innovative capacity management strategies.

Patient flow includes Transition Services, discharge/disposition processes and Community Bed Hub (Central intake to match clients to the right level of care, either Supportive Living, Long Term Care, Post-Acute (Auxiliary Hospital which includes Restorative Care, Sub-Acute and Transition Units), or Tertiary Rehab (Glenrose Rehabilitation Hospital). The focus remains on the right care in the right place at the right time.

The IOC calls occur three times per day, 7 days a week, 365 days a year and emerged through the pandemic. They manage the ortho urgent surgery list as well as ICU/CCU capacity and direct EMS crews as to which hospital is best positioned to care for patients that are being transported. Site Lead Bed Managers join and report on their site. The Community Bed Hub Manager participates in these calls and

reports how many clients are being pulled out of acute care and brings back any priority sites to work with our partners like CapitalCare to “expedite” discharges and free up emergency department capacity.

The number of admitted patients that require Long Term care and Supportive Living is monitored weekly and reported to Provincial Seniors health. There is a defined process that seems to be effective at most times.

### People Centred Care

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



The residents feel heard by the leaders and are optimistic that when they bring forward issues, honest effort is done to find the most appropriate solutions. In several the sites, the resident/family councils are re-starting their work and are supported by the leaders. Continue to encourage their work and engagement to further promote the integration and application of people-centered care and a culture of collaboration and teamwork. Clients and families are part of Person-centered care committees (when in place), as well as Residents Councils. The organization is encouraged to look

for opportunities to include input from clients and families in the analysis of patient safety incidents to prevent reoccurrence and make improvements.

Criteria from Service Excellence standard is in section 2 of this report.

### Physical Environment

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



CapitalCare staff are excited about the new facility at Norwood, and about the new technology through Connect Care. There are good opportunities at Norwood regarding protecting the environment that could be shared across all facilities.

## Planning and Service Design

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



The global pandemic has seen unprecedented change for healthcare organizations. Despite the many challenges, CapitalCare continues to deliver quality services and remains attuned and intuitive to the needs of its service recipients, community, and stakeholders. The organization has fared well throughout the pandemic and is proud of its achievements despite the hardships. The commitment to remain nimble and flexible and adapt services to meet the evolving needs of the health system and communities is evident.

The organization is focused on People-centered care and invests significant effort to achieve this goal through its vision, mission, and values supported by the strategic plan. The current strategic plan, 2017-2022, is aligned with AHS's strategic plan and priorities. While it is acknowledged that this is the last year of the plan, organizational leaders, with the support of the advisory committee, agreed to extend the current strategic plan to 2023, confident that it continues to be relevant and meets the current healthcare environment and priorities. It is important to note that many of the strategic priorities, and goals, as identified in the plan have been accomplished through the close and on-going monitoring and review of relevant business plans and operational activities. A plan is in place to embark on the work that is required to create a new strategic plan. The process will continue to be robust and include significant consultation with stakeholders, staff, patients, families, and all other service recipients, as relevant and appropriate.

Some of the challenges considered by the organization's leaders relate to the ability to anticipate healthcare trends and issues and the ability of the organization to adapt to constantly changing environment and, often, insufficient funding resources.

## Principle-based Care and Decision Making

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



The ethics framework was adopted from Alberta Health Services (AHS). The framework was modified to meet the needs of CapitalCare and implemented with input from residents and families. The organization has access to the body of knowledge at AHS, as well as their expertise by way of ethicists. CapitalCare can access all ethical supports through AHS. Consultations took place around ethics through the Resident Advisory Councils and ongoing surveys.

At orientation, ethics is reviewed with staff as well as through ongoing education and training. The values reflect the organization's ethical philosophy. It was highlighted that there is Resident Rights and Responsibilities in place.

There have been some research activities, and a small research committee is in place to ensure ethical compliance. All ethical requests go through the Committee.

There is an Employee Code of Conduct, as well as a Volunteer Code of Conduct.

### Strengths:

- Ethical framework.
- Access to AHS ethical expertise.

### Opportunities:

- Continue ongoing ethical education and training for staff.

## Resource Management

**This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



CapitalCare has a centralized budgeting process. The funding is set and delivered through Alberta Health Services (AHS), the budget cycle is relatively predictable and often presents minimal opportunities for significant changes year to year. Funding is reviewed and monitored through a range of activities by the senior leadership team and the finance director to ensure operational needs and activities meet funding limits and requirements. There is significant evidence to support the interactive and enthusiastic engagement between the finance department and the site

leadership with regards to financial activities, variance reviews and reporting, and specific finance education, as relevant and appropriate to each individual leader.

Budget planning activities take into consideration a range of elements; however mostly focus on prioritizing the ability to accomplish the strategic plan, strategic priorities, and specific requests from the sites to support safe quality care. The impact of COVID-19 has been significant, however additional funding was received from AHS to support specific and additional COVID related activities. Once the budget is finalized, it is reviewed and approved by the advisory committee, and sent back to AHS. The finance officer meets monthly with the executive leadership and the advisory committee to review and report on the financial health of the organization.

Many of the sites and infrastructure are aging and require significant maintenance and on-going repairs. Minor repairs are, often, expensed as operational costs, while large capital requests are submitted to AHS for review and approval, otherwise it is expected that the organization manage to deliver care and cover operational expenses through its funding envelope.

Like other healthcare organizations, the global pandemic has forced CapitalCare to pause, and shift focus and priorities to manage emerging and unanticipated needs, such as staff shortages, increased Personal Protective Equipment (PPE) needs and cost and other medical surgical supplies. The organization has managed the changing circumstances well through open and consistent communication, being intuitive to the needs of residents, staff and stakeholders, implementing quality improvement projects, as well as lobbying for additional funding.

**Strengths:**

- Despite many pressures and the challenges that were created as a result from COVID, the organization was able to accomplish significant number of renovations throughout the sites and purchase new equipment to support staff.
- No significant interruption in supply chain.

**Opportunities:**

- Recruitment and retention of staff.
- Integration of technology for resource management.



## Detailed Results: Standard Level

Standards help health systems develop and assess important topics such as governance, leadership, infection prevention and control, and medication management, which all affect the quality of services that the public receives. These standards create a strong health care structure that the public, providers and policymakers can rely on, assuring high-quality health services where it matters most.

### Leadership

**Description: Accreditation Canada’s Leadership standards help Canadian health care leaders pursue excellence in leadership within organizations that have a true commitment to client- and family-centred care. The standards address leadership functions across and throughout all levels of the organization, rather than individual or position-specific capabilities. They clarify the requirements for effective operational and performance management supports, decision-making structures, and infrastructure needed to drive excellence and quality improvement with the primary focus being on creating a culture focused on client- and family-centred care.**

Overall observations: The organization has a strong and committed leadership team, made up of many who have been at CapitalCare for several years, started at entry-level positions and progressed to key roles. They know the business and understand their community. Overall, the leadership team is very committed to the organization, their staff, the residents, and families, and maintain strong and positive relationships with both internal and external partners. The organization is well respected and known to have a “can do attitude”.

Supported by the advisory committee, the current strategic plan 2017-2022, was extended to 2023. This will allow the organization to do its due diligence in producing a new and robust strategic plan, helping the organization face future challenges and uncertainties, incorporating lessons learned from the past few years. There is strong alignment with AHS, as expressed in the current strategic plan, an alignment that will be maintained into the future. The strategic plan expresses core organizational values to support the organization in achieving the delivery of person-centered care.

CapitalCare has invested considerable effort to improve communication with their staff, residents, and family members, as evident through their staff satisfaction surveys and through conversations with staff, residents, and other stakeholders.

The impact of the COVID-19 pandemic was felt in many areas of the organization and in some cases has halted or slowed down progress or completion of certain projects. As the nature of the pandemic changes, staff are “anxious” to resume “normal” activities and complete projects and previous work. A formal “RESET” might be the green light many are waiting for.

Strengths of the organization are their staff, including leaders, volunteers, the Foundation, and of course, the residents and their families.

The organization is encouraged to use their quality data to make improvements when indicated, to review and update their policies to ensure they are relevant, and to enhance the completion of performance reviews.

## Service Excellence

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

The organization obtains clients and family perspectives through various ways at the site level such as focus group surveys, short surveys on food choices, meetings, and other activities. Quality performance data such as falls injury and pressure ulcers are collected. Rehab unit clients complete a survey during their stay. Every client is interviewed by the recreational staff on admission to understand their interests that will be used to develop a plan for their stay. All survey results are shared with residents and families.

The leaders are creative in advocating and using unassigned dollars to create new positions to support the residents and frontline staff. For example, in Kipnes Centre for Veterans they created a position to support mealtimes.

Information system (Connect Care) implementation is being planned for 2024. Training unregulated staff to use the system will be a challenge, however the preparation has started by providing read only access to staff and pharmacists.

During COVID-19, iPads were utilized successfully to connect clients with their families. Some things resulting from the pandemic will be carried forward as they enhance communication for residents.

The staffing levels are challenging when staff are sick or off on vacation. It is important to ensure adequate staffing is available to meet the basic needs of the residents. This was expressed as a concern from the residents, as well as staff.

Quality improvements initiatives are in place and critical incidents are reviewed in a timely manner depending on the severity of harm and shared with staff and leaders for learning. Data from quality reviews are posted on the units and are used for learning and improvement. It is important that these results are used to make improvements when they are indicated i.e., hand hygiene audits.

Staff are encouraged to post comparative quality data for staff and residents so they can determine if improvements made since last report. Also, helpful to note what interventions occurred to improve the results.

### **Strengths:**

- Seeking feedback from clients and families through different avenues and using their feedback to make change.
- Quality boards and safety huddles.
- Quality Alerts.
- Quality improvement culture (performance measurement data posted on the unit, LTC survey result posted externally, leader training for leading QI initiatives).

### **Opportunities:**

- Prepare teams for ConnectCare implementation.

## Section II: CapitalCare Continuing Care – Site Level Assessment

### Results at a Glance

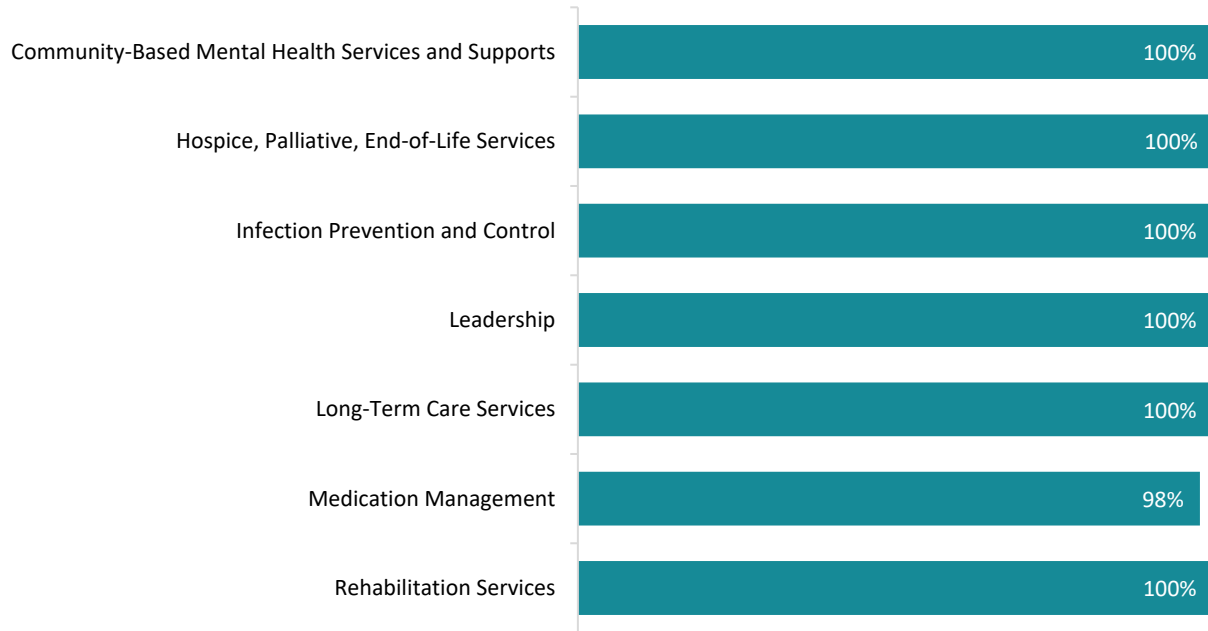
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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

Percentage of criteria			<b>Attestation:</b> A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
<b>Attested</b> 100% met	<b>On-Site</b> 99% met	<b>Overall</b> 99% met	
Number of attested criteria			<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
<b>Attested</b> 188 criteria	<b>Audited</b> 35 Criteria		

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

## Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Community-Based Mental Health Services and Supports	65	0	0	0
Hospice, Palliative, End-of-Life Services	78	0	0	0
Infection Prevention and Control	45	0	0	0
Leadership	8	0	0	0
Long-Term Care Services	81	0	0	0
Medication Management	47	1	2	0
Rehabilitation Services	50	0	0	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client identification	Hospice, Palliative, End-of-Life Services	MET
	Long-Term Care	MET
	Rehabilitation Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Community-Based Mental Health Services and Supports	MET
	Hospice, Palliative, End-of-Life Services	MET
	Long-Term Care	MET
	Rehabilitation Services	MET
Information Transfer at Care Transitions	Community-Based Mental Health Services and Supports	MET
	Hospice, Palliative, End-of-Life Services	MET
	Long-Term Care	MET
	Rehabilitation Services	MET
<b>MEDICATION USE</b>		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	UNMET
Narcotics Safety	Medication Management	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	Hospice, Palliative, End-of-Life Services	MET
	Long-Term Care	MET
	Rehabilitation Services	MET
Pressure ulcer prevention	Hospice, Palliative, End-of-Life Services	MET
	Long-Term Care	MET
	Rehabilitation Services	MET
Suicide prevention	Community-Based Mental Health Services and Supports	UNMET
	Long-Term Care	UNMET

## Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes 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.**



CapitalCare staff receive education on emergency preparedness at orientation, with ongoing education on the individual sites. Each site has disaster management plans specific to their area and all staff are provided education. Each site has an emergency preparedness manual to guide the staff. The site-specific plan is reviewed on a regular basis and when changes are made, these are posted for the staff. The biggest threats identified by the leadership team included COVID-19 outbreaks, flooding, and loss of steam.

Fire drills take place on a regular basis, with alarmed fire drills twice annually. Each site ensures drills occur on day, evening, and night shifts. They participate in tabletop exercises. Debriefs occur after each drill and the learnings are communicated to the staff. Staff are familiar with the fire drills, the emergency preparedness plans, and they are confident they know what to do in the event of an emergency.

Business continuity plans are developed and in place, to support emergency events.

The staff do a very good job with respect to COVID-19 screening and following pandemic protocols.

#### Strengths:

- Emergency plans in place with staff awareness.
- Regular fire drills.
- Good pandemic planning.

#### Opportunities:

- Continue to conduct fire drills and communicate learnings.

## 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.**



Specific educational programs are identified through auditing, surveys, and industry requirements and delivered to staff both in-person and virtually as needed. This in turn, contributed to high vaccination rates and staff compliance with regards to IPC practices. The team's approach is collaborative and encompasses all operational aspects and departments of the organization such as care, support services, and volunteers.

The team is proactive in meeting specific IPC standards, through monitoring and evaluating potential nosocomial

infections and other non-COVID-19 related outbreaks, implementing specific measures to prevent spread and negative impact.

## 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.**



Corporately, CapitalCare has defined processes in place to acquire, deploy, maintain, and replace medical devices and equipment. Generally, the organization uses only single-use equipment and does not do any reprocessing or sterilization in any of its sites. In collaboration with environmental services and IPC, specific policies and procedures exist to ensure that equipment is cleaned and maintained as required and recommended by the manufacturer to avoid breakdown and risk. Equipment that is shared among multiple users is cleaned and stored appropriately.

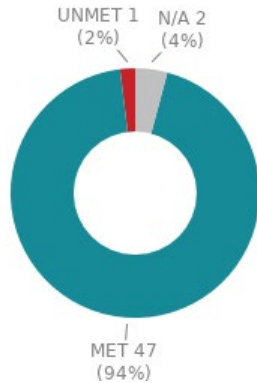
The building services department has an electronic preventative maintenance and request system that is used for servicing and repairing to avoid safety incidents and injuries. While third party providers and contracts complete all major service calls and repairs, the building services staff can complete minor repairs on site and return equipment into circulation as soon as possible.

Policies, procedures, and processes are in place for managing medical devices and equipment. As the organization develops care models for increasingly complex populations, it will have to ensure that medical devices and equipment needed for these populations can be supported.



## 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.**



To ensure consistency and alignment with standards and best practices, each site has dedicated pharmacist resources, that work closely with the care staff and physicians to deliver quality pharmacy services, as well as support the site through the various quality improvement activities. The pharmacy team, in collaboration with the care staff, physicians and quality staff to identify quality improvement opportunities and often act in a supportive manner and as change agents to test new ideas and trial new approaches focused on achieving the organizational PCC approach. This

is demonstrated through specific endeavors such as the de-prescribing project to manage polypharmacy, consistent and on-going antipsychotic use of medications, adjusting and limiting medication administration times, and use of pharmacological agents as restraints.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	6.2	Teams can access information on high-alert medications (including current protocols, guidelines, dosing recommendations, checklists, and standard order sets) both in the pharmacy and clinical service areas.

## 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: Community-Based Mental Health Services and Supports; Long-Term Care Services; Rehabilitation Services; Service Excellence\*.**



The teams place a high priority on person-centered care. There is a person-centred care advisory committee in place that includes residents and families. The person-centred care advisory committee was put in place to identify ways to put the residents first. One example was residents wanted more fruits and vegetables as part of their meals. This committee put forward recommendations to address this requirement.

The team is encouraged to collaborate with residents and families around the food quality and selections. The

residents interviewed still expressed concerns with the food. They also wanted to see more recreational activities offered 7 days per week.

There is a focus on communication for the residents, families, and staff. They utilize various tools including newsletters, emails, huddles, Staff Net.

There are quality boards throughout facilities that have a focus on specific things to communicate, making it easier to share and comprehend.

The leadership and staff are very committed to PCC and continually work towards meeting this goal. There are approximately 1600 residents and 3100 staff, across all sites. There was consensus among staff, residents, and families that people-centred care is a priority for the organization.

There is an overall strategic plan, with each site having a site-specific operational plan. The plans have input from residents, families, staff, and external partners.

There are numerous communication initiatives including regular zoom calls with families, Resident and Family Councils, updated Facebook pages, Central line to address calls from families, and regular family newsletter. There is also a Resident and Family handbook available to new residents and families, as well tours are provided at the facilities.

The values of this organization reflect the priority they place on PCC, and this is demonstrated by their Leadership and staff in all that they do. All decisions are made in alignment with their values. All resources are committed to ensuring the residents have what they need and to make their lives better.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	9.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

\*People-Centred Care criteria from Service Excellence standard has been included in this system-wide Priority Process.

## 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.**



Environmental scans are completed on each site. There is a mixed range of ages of the facilities, however even those built some time ago have nice lighting from the outside, big windows where one can sit and still look out, good living spaces with larger closets. Norwood is getting a new facility that was designed with input from residents and families. The facility has an original appeal featuring outside light coming in, clean lines, and warmth. The new facility will be completed in December 2022 and the planned opening is in June 2023.

There are a few initiatives underway to protect the environment. There will be more at Norwood including LED lighting, high efficiency heating systems, bicycle racks and electric EV plugins, and a huge recycling program. The organization is encouraged to spread these initiatives across all sites, to minimize the impact of operations on the environment.

The facilities are easy to find, wheelchair accessible, well-marked, and have good parking available. There are good IPC initiatives onsite including covid screening, a lot of hand sanitizers plus good hand hygiene signage and reminders.

The facilities are well maintained with ongoing care and attention, are very clean, have no apparent clutter, and good storage spaces. Even the semiprivate rooms are spacious, so they can separate co-roommates for infection control purposes.

The staff who maintain and clean the facilities take great pride in what they do and contribute to the residents’ well-being in many ways.

## 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.

### Community-Based Mental Health

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



CapitalCare operates and delivers CBMH through the Comprehensive Home Option of Integrated Care for the Elderly (CHOICE) program, operated out of four sites across the city. The goal of the program is to support frail elderly living in the community to remain in their homes as long as possible, avoid unnecessary emergency department visits, and potential admissions to LTC.

It is truly an integrated, collaborative, and multidisciplinary approach that delivers comprehensive PCC at its best. Team members include an inclusive range of professionals, physicians, and nurses, and relies on strong relationships with a range of stakeholders, including AHS, home care and other care providers. The program operates five days per week (Monday to Friday) between the hours of 0800-1615. Prior to the COVID-19 pandemic, the program operated at full capacity and serviced (Norwood site) up to 90 clients. During the pandemic, there was a significant drop in volumes, although numbers are climbing back up again. Currently the program accommodates almost 60 clients, each frequenting the program 2-3 days per week. There is not a current wait list for individuals waiting to be accepted into the program.

CHOICE offers a range of programs and activities such as cognitive, physical, and respite, to accommodate a range of clients and individualized preference. Staff are attuned to client needs and play a vital role in coordinating care with external and/or other providers should additional services be required.

Each client is assigned a key contact person at the Centre and is followed up closely and regularly to ensure needs are met. After hours on-call services are available from physicians, nurses, and a manager on-call should clients experience a crisis or other unexpected events. Clients are discharged from the program as their mental and physical condition declines and the program is no longer able to meet their needs.

The program boasts numerous accomplishments and there is much to be proud about.

### Strengths:

- Specialized dementia program focused on servicing elderly with mild to moderate dementia state.
- Ability to serve inner city and vulnerable population with much success and an increase rate of satisfaction.
- Model program for integrated services and excellent interprofessional collaboration.
- Significant impact on helping elderly avoid unnecessary emergency visits and premature admissions to LTC.
- Significant focus on People-centred care.
- Dedicated, passionate staff.

### Opportunities:

- Lack of or limited availability and integration of technology to support delivery of programs and services.
- Delays in communication and transfer of information between the programs, AHS, and Home Care as a result of limited technology and streamlined processes.

Overall, an amazing program with passionate and dedicated staff focused on delivering PCC as authentically as possible.

## Hospice, Palliative, End-of-Life Services

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



The hospice palliative care program is an exemplary model on how the organization is meeting and living its strategic priority for PCC. The physical environment and atmosphere in the unit are consistent with the principles of palliative care and promote a very calm and peaceful environment. Staff are passionate about their work and are dedicated to support the patient through their end-of-life journey.

The program offers spacious private rooms, and a range of support measures and programs to help patients and families meet their needs as they move along the end-of-life

journey. Referrals to the programs are made through AHS. As a palliative care program, the program offers end of life support, as well as Medical Assistance in Dying (MAiD), to individuals with a life expectancy of three to four months. With the onset of the COVID-19 pandemic, the unit experienced an influx of patients with increased complexities and needs. Possibly related to the fact that patients chose to stay at home longer than usual, this resulted in increased turnover of patients and staff workload. There is a sense that because of increased pressure for acute care to discharge patients and “empty” beds, admissions to the program are not always appropriate, and some patients exceed the ALOS.

The care coordinator, to ensure that the program is appropriate and able to meet the needs of the patient, conducts a comprehensive assessment. A robust information package is provided at time of

admission and contains a range of valuable information. Laminated information sheets on falls prevention, pressure ulcers, pain scale, concerns resolution steps, and patient rights and responsibilities, to name a few, are found in each room, available to the patients and visitors.

Patients were able to confirm and validate the sense of professionalism and PCC approach, highlighting staff compassionate and professional approach, availability of resources, and high-quality care, in particular ability to control pain and manage emotional distress. The recent patient satisfaction survey confirmed this sentiment. This results in considerable positive donor activity, as families donate funds and equipment to support the unit.

**Strengths:**

- Stable leadership team.
- People-centred care approach.
- Compassionate and dedicated staff.

**Opportunities:**

- Integration of technology to streamline clinical operation and communication.
- Enhance transfer of information between AHS/Home Care and the unit, to avoid inappropriate admissions.
- Increased staff workload due to increased patient complexity, may require additional review of staffing levels.

## Long-Term Care Services

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



During site visits, the surveyors had the opportunity to meet with staff, residents, and families. Most of the residents and families expressed high satisfaction with services. There was much praise for the front-line staff, leaders, and support staff. The team is committed to person-centered care and work hard to meet the individual needs of residents. They are proactive and creative in their solutions, i.e., getting additional supports for lunch and supper periods, more recreation.

There is evidence of a comprehensive intake and moving in process which is appreciated by residents and families. Residents and families report being treated with dignity and respect. There is an inclusive Resident and Family Handbook available to guide residents and address their questions.

There are unique housing opportunities across CapitalCare including life leases where residents can live with supports onsite. This is unique and many could benefit from this type of option. One site has a short wait list while the other has a few empty suites. The team is encouraged to think of opportunities to fill all suites, working with community and AHS. It is a good example of more independent living for residents and families.

The use of restraints is limited. Staff are well trained on the use of restraints. There is evidence of conversations with residents and families before using restraints – sometimes it is at the request of families that restraints are used. When restraints are used, there is evidence of ongoing assessment and evaluation.

The suicide assessment screening and monitoring needs follow up and standardization across all sites.

There is evidence of Braden Scale being completed on admission; however, no evidence of it being performed weekly for four weeks and then quarterly to annually with the RAI. The organization is encouraged to continue to implement this policy and then monitor/audit and evaluate/make changes based on the results.

Overall, the commitment of staff in meeting the residents' individual needs is to be commended.

## Rehabilitation Services

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



Rehabilitation clients are engaged in their care and actively involved in setting goals of care. The overall goal is to support clients to return to their pre-admission setting, whenever possible. Team members are very focused on working with clients to support their care needs to help clients to achieve their rehabilitation goals.

## Criteria for Follow-up

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

The following criteria will require an organizational response:

Follow-up Criteria		
Standard	Criteria	Due Date
Medication Management	6.2 Teams can access information on high-alert medications (including current protocols, guidelines, dosing recommendations, checklists, and standard order sets) both in the pharmacy and clinical service areas.	June 30, 2023

Follow-up ROPs		
Standard	ROP – Test of Compliance	Due Date
Community-Based Mental Health Services and Supports	<b>Suicide Prevention</b>	
	4.7.2 The risk of suicide for each client is assessed at regular intervals or as needs change.	June 30, 2023
Long-Term Care Services	<b>Suicide Prevention</b>	
	4.9.1 Clients at risk of suicide are identified.	June 30, 2023
	4.9.2 The risk of suicide for each client is assessed at regular intervals or as needs change.	June 30, 2023
Medication Management	<b>High-Alert Medications</b>	
	2.5.3 The policy includes a list of high-alert medications identified by the organization.	June 30, 2023
	2.5.5 Concentrations and volume options for high-alert medications are limited and standardized.	June 30, 2023
	2.5.7 The policy is updated on an ongoing basis.	June 30, 2023