Three Hills Health Centre

Central Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022

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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.

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

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┌─────────────────────┐     ┌─────────────────┐        ┌──────────────────────────┐
│   April/May 2022     │─────│  Rural Hospitals │────────│   6 North Zone Rural     │
│  Survey Reporting    │     │                 │   ┌────│        Hospital          │
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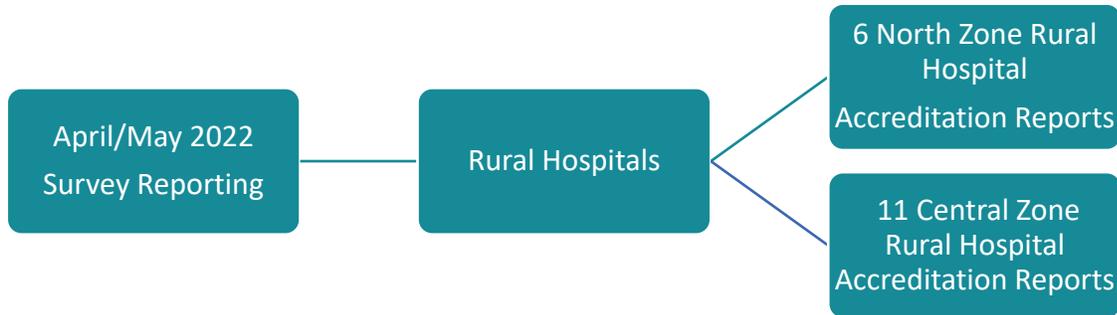
North Zone Rural Hospital Assessment – Sites Visited

- 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

Three Hills Health Centre is a 20-bed hospital providing Emergency and Inpatient care and has further capacity for 24 Long-Term Care beds.

It has cheerful and reassuring staff. There are clearly some space limitations in some areas and opportunities to reconfigure some spaces. The site leadership is experienced, and energetic ensuring services run smoothly.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Three Hills Health Care Centre.

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

Groups	# of interviews
Administration	2
Client & Families	16
Physician	4
Staff	32
Other	0

Other, 0, 0% Administration, 2, 4% Clients and Families, 16, 30% Physicians, 4, 7% Staff, 32, 59%

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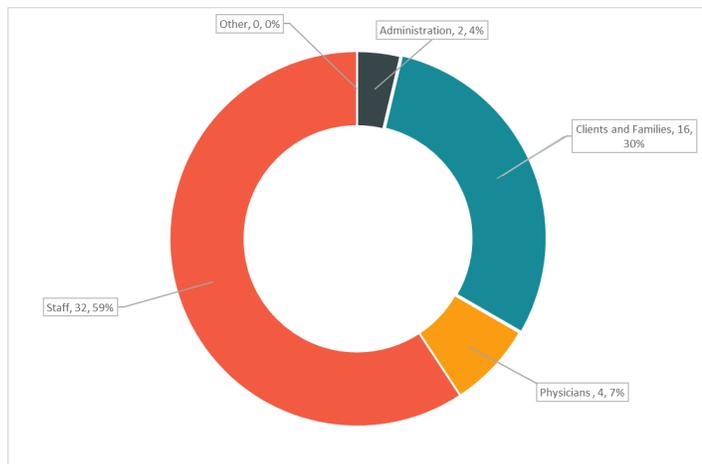
[1] "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Develop a tool or create a process that allows consistent information to be provided at transitions

2. Look for ways to consistently gather input from clients, residents, and families to help develop priorities and changes to services as needed

3. Ensure messaging is present at patient care rooms on patient's rights and responsibilities as well as the complaints process

4. Monitor the effectiveness of transfers

Areas of Excellence

1. Committed, caring staff

2. Excellent collaboration between teams

3. Happy vibe within the facility, reassuring organizational culture

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria			Attestation:
Attested	**On-Site**	**Overall**	A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization's knowledge. This data is used to inform an accreditation award.
100% met	97% met	97% met	
Number of attested criteria			**On-site Assessment:**
Attested	**Audited**		Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
84 criteria	15 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	Percentage
Emergency Department	96%
Infection Prevention and Control	100%
Inpatient Services	96%
Leadership	100%
Long-Term Care Services	99%
Medication Management	99%
Service Excellence	96%
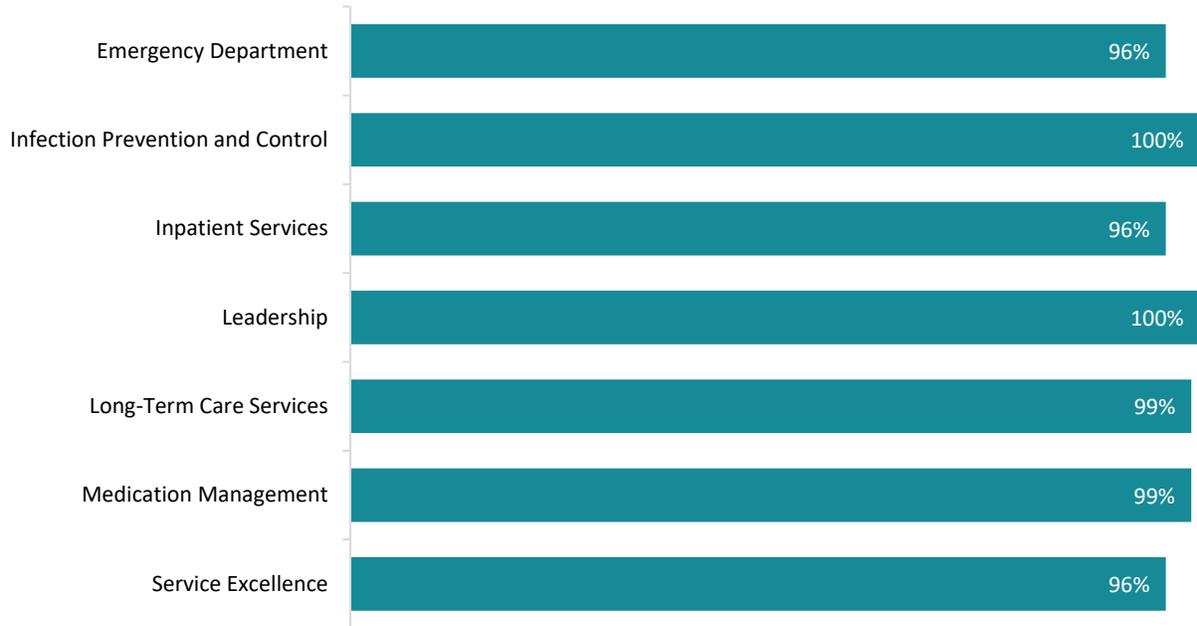
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	90	4	1	0
Infection Prevention and Control	51	0	13	0
Inpatient Services	65	3	1	0
Leadership	8	0	0	1
Long-Term Care Services	79	1	1	0
Medication Management	77	1	10	1
Service Excellence	72	3	1	0

Compliance By System Level Priority Process

Emergency Preparedness	100%
Infection Prevention and Control	100%
Medical Devices and Equipment	100%
Medication Management	99%
Patient Flow	100%
People-Centred Care	97%
Physical Environment	100%
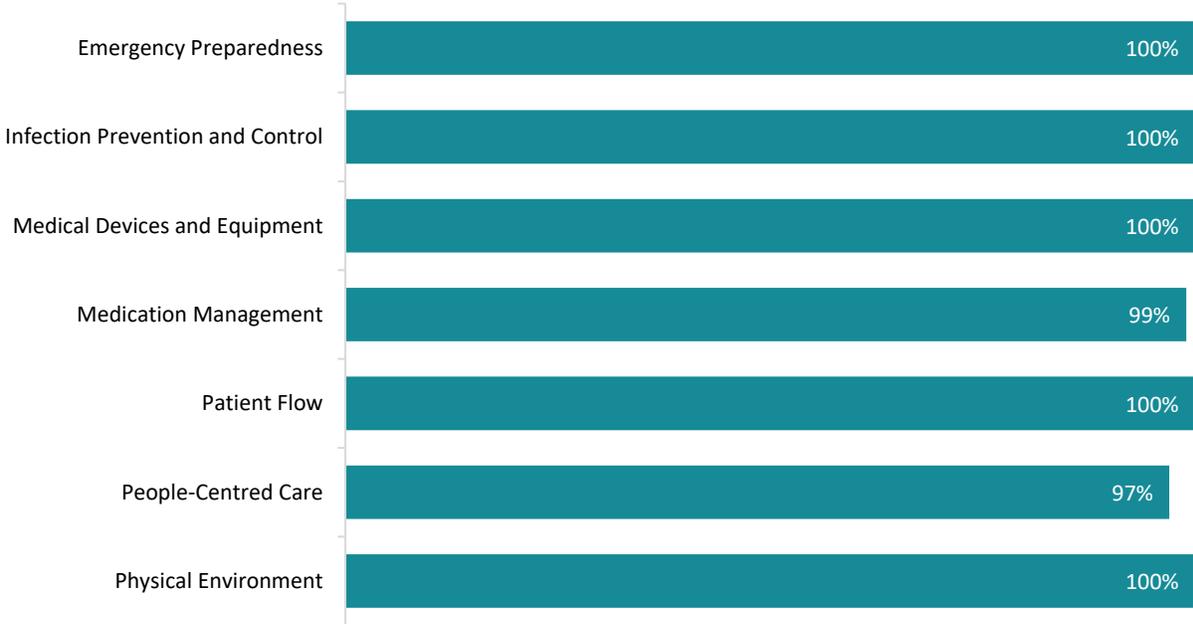
PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	14	0	13	0
Medication Management	77	1	10	1
Patient Flow	13	0	0	1
People-Centred Care	31	1	1	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension

Dimension	Compliance
Accessibility	100%
Appropriateness	97%
Client Centered Services	95%
Continuity of Services	100%
Efficiency	100%
Population Focus	100%
Safety	100%
Worklife	92%
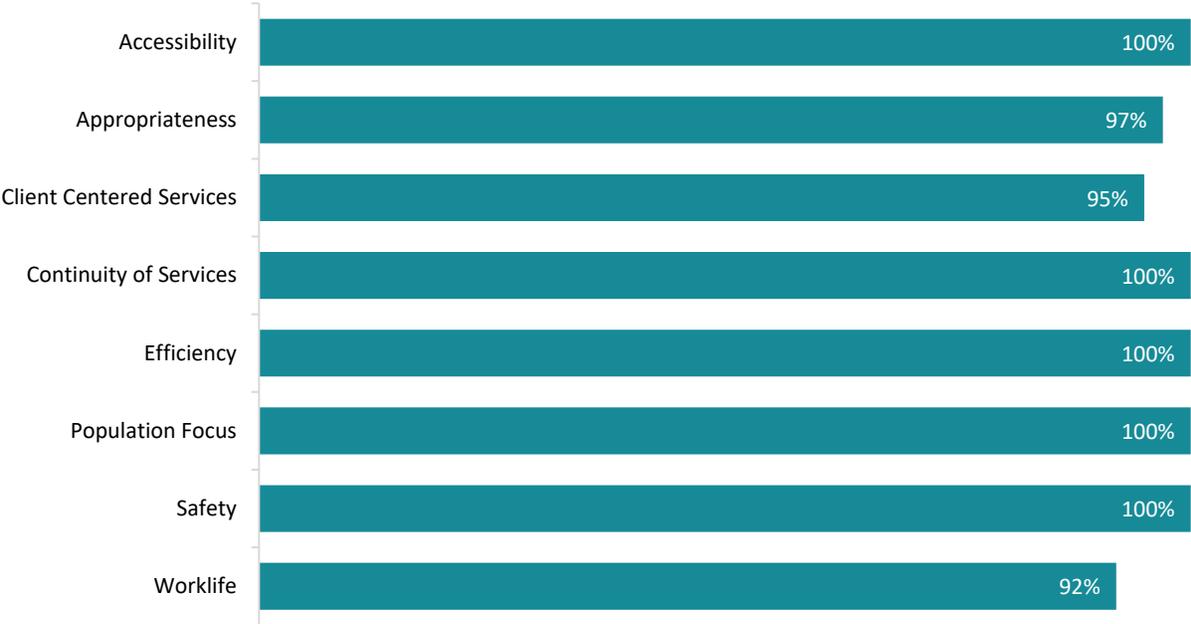
DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	31	0	0	0
Appropriateness	141	5	12	0
Client Centered Services	105	6	2	1
Continuity of Services	17	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	129	0	12	1
Worklife	12	1	1	0
Total	442	12	27	2

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	UNMET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
	Inpatient Services	UNMET
	Long-Term Care Services	UNMET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET

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

MET 7
(100%)

There are regular tabletop drills for various scenarios as well as monthly fire drills. Results are reviewed with site leads. At the time of the site visit there had been a town-wide water failure the day before, and immediately the plan was brought into action with a water tanker parked by the back entry and bottled water made available, with other mitigation steps per the plan.

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.

MET 34
(100%)

The zone representative for Infection Prevention and Control (IPC) at Three Hills is appreciated by staff in that she is easy to reach and happy to answer any questions. The kitchen manager, as well as staff on the Inpatient and Long-Term Care units appreciate her input and availability. At the time of the site visit there was a breakdown of the water system in the town. She was immediately involved with the multi-disciplinary team to mitigate and develop procedures when to use the tap water again.

The IPC zone representative is involved in design changes within the Emergency Department and has regularly engaged staff to improve practices which were out of date and needed better recognition of infection prevention goals.

There have been no recent outbreaks other than COVID.

The COVID pandemic has focused on IPC practices and the multiple changes in knowledge about the organism has led to a robust multi-disciplinary team serving the province, with input at all levels to deliver client friendly messages to the public, the staff, and the patients and clients in the facility.

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.

MET 14 (51.85%)

N/A 13 (48.15%)

Only Level 1 cleaning and disinfecting of minor procedure instruments takes place at Three Hills Health Centre. Once clean and disinfected, the instruments are packed in bins to be reprocessed and sterilized at Drumheller Health Centre. They are then returned to Three Hills where the part time MDR staff person checks all sterile packs prior to delivery to units.

Medication Management

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

NOT RATED 1 (1.12%)
UNMET 1 (1.12%)
N/A 10 (11.24%)
MET 77 (86.52%)
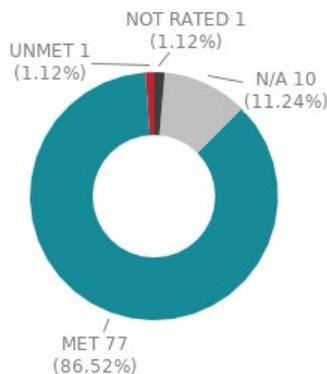
The site is amply staffed with one pharmacist and two pharmacy technicians. There is a good supply of stock medications, appropriately labeled and identified as 'high alert', and as 'may be toxic'. While the pharmacy uses Tallman lettering for the sound alike, look alike medications. The pharmacy is secured with two locking doors. The night cupboard is housed within two sets of locked doors. There is provision in an emergency for the nursing staff to access the pharmacy through the second locked door. There is a large window that looks directly into the pharmacy and where the narcotics are stored.

The pharmacy is encouraged to do audits on high dose heparin, narcotics, and concentrated electrolytes at least yearly as well as the Do Not Use Abbreviations.

The Pharmacist is active on the Long-Term Care and Inpatient units, though not seen as much in the Emergency Department unless called.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	21.1	Information about medications is discussed and documented prior to the initial dose and when the dose is adjusted, in partnership with the client and family.

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.

NOT RATED 1
(7.14%)

MET 13
(92.86%)
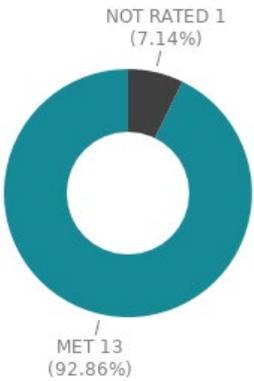
There is a well-designed process for escalation when bed capacity is reaching its limit. At the time of the visit the Inpatient unit was on outbreak precautions resulting in a patient needing to spend three days in the Emergency Department.

There is a multidisciplinary team approach for reviewing patients and determining readiness for discharge. Care planning is done and then communicated to the next site to facilitate the smooth transition of care.

Physicians did not identify any issue with transferring patients for Higher Level of Care or with the timeliness of laboratory or diagnostic imaging tests.

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.

UNMET 1   N/A 1
(3.03%)   (3.03%)

MET 31
(93.94%)
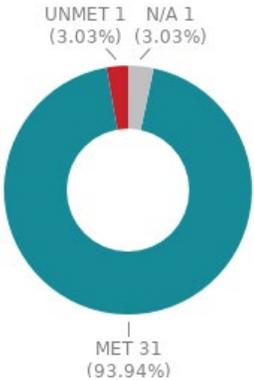
The Long-Term Care unit has an established Resident and Family Council. They are very involved in assisting with organizing recreational activities. There is an opportunity to engage this group in decision making in all aspects of the long-term care program. But, there is no defined family and client council for the other programs at this site. Creating one, with monthly meetings and agendas to include various facets of life at Three Hills Health Centre would greatly enhance the sense of ownership of the facility and make the resident population more officially engaged. Despite this,

clients and families do regularly provide feedback and suggestions which are often used to make improvements.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

Physical Environment

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

MET 4
(100%)

Building managers, Infection Prevention and Control staff, and community stakeholders are involved in programming and planning for renovations and repairs.

Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes.

Emergency Department

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.
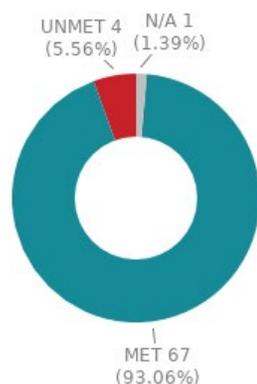
The Emergency Department (ED) is a small, cramped space with no room for a workplace for staff. The locked medication cabinet is under the counter, with wide doors opening into the nursing station. This appears to be less than optimal for retrieving drugs. There is a lot of equipment scattered about, due to being removed from rooms. It is suggested that a process be put in place to ensure items are placed where they should be.

The rooms are small with poor sight lines. There are two spaces across from the desk that staff use as observation rooms which are open to the public.

There is no formal pediatric training for the ED staff, nor is there a Pediatric Triage form used. There are outdated ACLS algorithm charts on the wall dating from 2015 - there are more current ones available (2021-2025). The site is encouraged to update these posters.

Security is an issue for both the nursing staff and the physicians who said that frequently there is no night security available, and they have no recourse except to call the RCMP who may be at least 45 minutes away.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.4	A triage assessment for each pediatric client is conducted within established timelines, and in partnership with the client and family.
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.
Emergency Department	5.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
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.

Inpatient Services

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

UNMET 3 (5.17%) N/A 1 (1.72%)
MET 54 (93.10%)
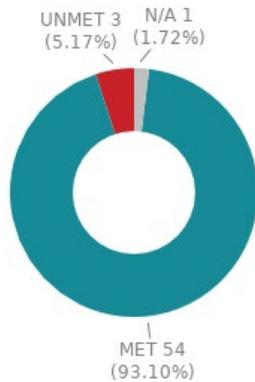
The accreditation visit occurred during an outbreak time, so there were empty beds. The patient population leans heavily towards patients waiting placement, waiting to be assessed for placement, or those who have a long rehab and will eventually end up being placed.

There is a good process upon admission to review the ROPs, such as Falls Assessment and Skin Integrity. Reassessments are not consistently done, nor are some charts even completed upon admission. There is a booklet that is presented to the patient upon admission about how to keep themselves safe.

Information about the complaint process and patients' rights and responsibilities were not readily available. It is suggested to either provide them to the patients and families or make them easily accessible on the units.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.13	Clients and families are provided with information about their rights and responsibilities.
Inpatient Services	4.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Inpatient Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Long-Term Care Services

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

UNMET 1 (1.30%)   N/A 1 (1.30%)
MET 75 (97.40%)
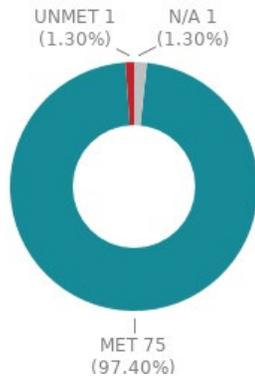
The Long-Term Care area is accessed off the main wait area. Doors are locked and there is a coded exit door for safety. There are 24 beds, 22 currently occupied with one bed on hold for a client who has been referred elsewhere for further assessment. There is always one RN on duty with support staff. Clients were observed interacting with PT, OT, recreation and support workers. There is a pleasant, cooperative, and congenial atmosphere. Staff are well trained in falls prevention and client safety. They have access to online training to maintain proficiency. There is an opportunity to set aside a few weeks in the year to perform official performance evaluations, rather than rely on verbal appreciation moments.

The admission process is lengthy and robust. Multiple informational pamphlets are provided to patient and family upon admission. There are also pamphlets on patient "Expectations and Responsibilities" as well as the complaints process, available at the entry area where triage, masking, and COVID-19 questionnaire takes place.

The Team room is small and cramped. It is hoped that when Connect Care is delivered at the end of this year, there will be space freed up by removing storage area for the paper charts and other papers required.

STANDARD	UNMET CRITERIA	CRITERIA
Long-Term Care Services	8.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.

Service Excellence

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

UNMET 2
(2.94%)

MET 66
(97.06%)
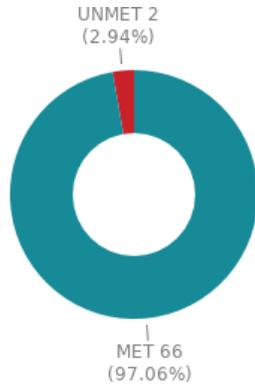
Site management at Three Hills Health Centre has been involved at the facility for many years and their knowledge and experience is evident. The atmosphere at the facility is pleasant and bright with staff members feeling secure in their jobs. The leadership is highly visible at the site and there is a great relationship with all the staff. The leadership goes beyond the day-to-day concerns and is future focused.

Competences among staff members are maintained and staff have stayed in their positions longer than they initially expected to. Formal performance evaluations are not up to date.

The upcoming introduction of the EMR Connect Care is eagerly anticipated and preparations are evident. There are several local improvement initiatives being put in place which are designed to help streamline services.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	6.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Emergency Department	4.4 — A triage assessment for each pediatric client is conducted within established timelines, and in partnership with the client and family.	June 30, 2023
	5.15 — Clients and families are provided with information about their rights and responsibilities.	June 30, 2023
	8.17.2 — Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 30, 2023
	8.17.3 — During care transitions, clients and families are given information that they need to make decisions and support their own care.	June 30, 2023
	8.17.4 — Information shared at care transitions is documented.	June 30, 2023
	8.17.5 — The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	June 30, 2023
Inpatient Services	4.13 — Clients and families are provided with information about their rights and responsibilities.	June 30, 2023
	5.9.2 — The risk of developing pressure ulcers is assessed for each client at regular intervals and when there is a significant change in the client's status.	June 30, 2023
	5.9.5 — The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2023
	6.18.1 — The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	June 30, 2023
	6.18.2 — Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 30, 2023

	6.18.3	During care transitions, clients and families are given information that they need to make decisions and support their own care.	June 30, 2023
	6.18.4	Information shared at care transitions is documented.	June 30, 2023
	6.18.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	June 30, 2023
Long-Term Care Services	5.19.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system	June 30, 2023
Medication Management	14.7.7	Compliance with the organization's 'Do Not Use List' is audited and process changes are implemented based on identified issues.	June 30, 2023
Service Excellence	6.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	June 30, 2023