

**October
2019**

CALGARY ZONE
VULCAN COMMUNITY
HEALTH CENTRE
Alberta Health Services



**ACCREDITATION
AGRÉMENT
CANADA**

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About this Accreditation Report

Alberta Health Services (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 October 21 – 25, 2019. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

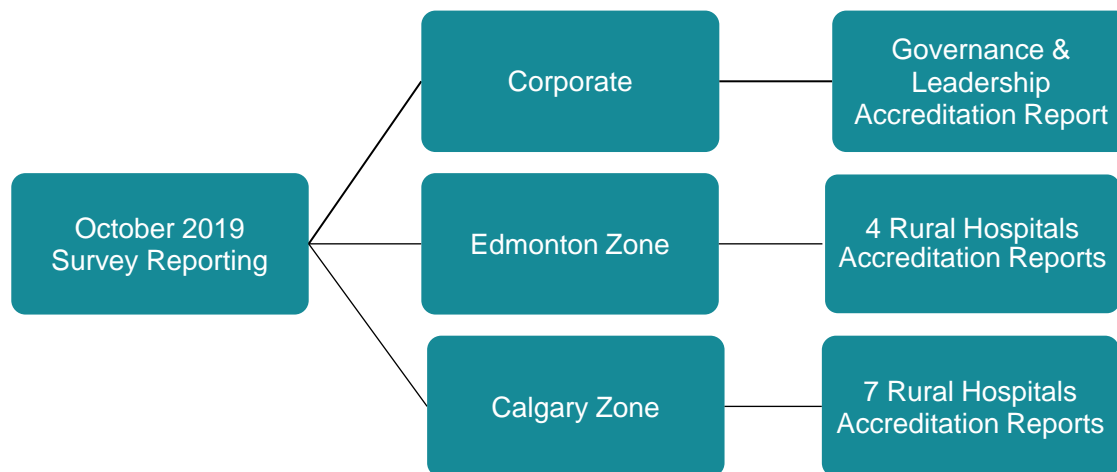
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS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

Site-based assessments for rural hospitals will 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 whereby specialized 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 holistic 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, interim reports will be issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle in 2022, a final report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the October 2019 survey are organized as follows:



Calgary Zone Suburban Hospital Assessment – Sites Visited

Canmore General Hospital
 Claresholm General Hospital
 Didsbury District Health Services
 High River General Hospital
 Oilfields General Hospital
 Strathmore District Health Centre
 Vulcan Community 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.

Section I – Calgary Zone Report

1. Calgary Zone Executive Summary

Surveyor Observations

The Calgary zone suburban hospitals are commended on their partnerships with communities and municipalities. There are numerous partnerships with foundations, auxiliaries, municipalities and towns. The rural sites have many services co-located which is very much appreciated by clients/families.

Many significant changes related to medication management have been conducted across the sites, such as unit dose delivery, standardization times for medications, and changes in standardizing and streamlining narcotic processes.

There is a culture of safety and quality. The Calgary zone suburban hospital teams feel supported and involved in the implementation of the quality and safety initiatives

Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for the Calgary zone suburban hospitals:

KEY OPPORTUNITIES

- 1. Work with the sites to align performance indicators with team and site objectives.
- 2. Continue to involve clients and families at all levels.
- 3. Continue to support rural hospitals in the implementation and evaluation of the Required Organizational Practices.

- 4. Work with sites to conduct emergency preparedness drills on evenings, nights and weekends.

AREAS OF EXCELLENCE

- 1. There are well established processes for staff education and training.
- 2. There is a commitment to the quality Infection Prevention and Control (IPC) program.

3. There are well established linkages and communication processes between the Calgary Zone and the rural sites.

2. Results at a Glance

This section provides a high-level summary of results of Calgary zone suburban hospital assessment by standards, priority processes, and quality dimensions.

Compliance Overall¹

| % of criteria | | |
|---------------|---------|---------|
| Attested | On Site | Overall |
| 100% met | 90% met | 94% met |

| # of attested criteria | |
|------------------------|-------------|
| Attested | Audited |
| 16 criteria | 1 criterion |

Attestation:

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

On-site Assessment:

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

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

Compliance by Standard



Fig. I.1 Compliance by Standard

| STANDARD | MET | UNMET | N/A | NOT RATED |
|----------------------------------|-----------|----------|-----|-----------|
| Infection Prevention and Control | 14 | | | |
| Service Excellence | 30 | 3 | | |
| Total | 44 | 3 | | |

Compliance by Quality Dimension

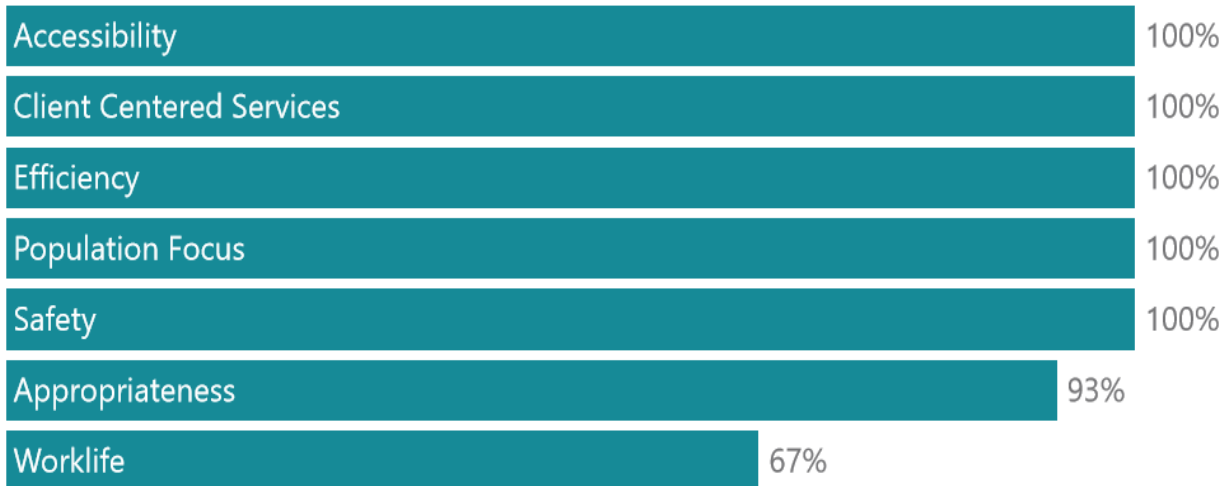


Fig. I.2 Compliance by Quality Dimension

| QUALITY DIMENSION | MET | UNMET | N/A | NOT RATED |
|--------------------------|-----------|----------|-----|-----------|
| Accessibility | 2 | | | |
| Client Centered Services | 5 | | | |
| Efficiency | 1 | | | |
| Population Focus | 3 | | | |
| Safety | 4 | | | |
| Appropriateness | 27 | 2 | | |
| Worklife | 2 | 1 | | |
| Total | 44 | 3 | | |

3. Detailed Results: By Standard

Infection Prevention and Control

All the criteria are met for this Standard.



Priority Process Description:

Measures practiced by healthcare personnel in healthcare facilities to decrease transmission and acquisition of infectious diseases.

The Calgary zone suburban hospital leadership team is to be commended for their support to the implementation of the quality Infection Prevention and Control (IPC) program. There is a strong inter-professional team supporting and guiding the IPC program including the involvement of physician leaders. The team is encouraged to continue to explore the input of clients, families, and communities in the infection prevention and control program.

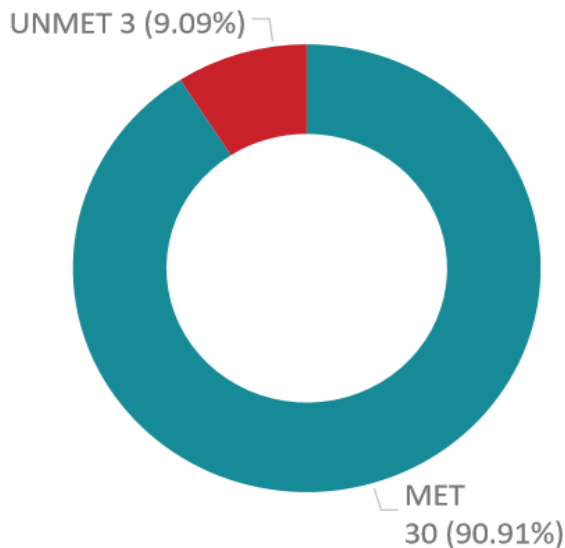
The Calgary zone suburban hospital leadership team has established communication processes to the rural sites. The team is encouraged to set up more formalized communication processes to ensure consistency in messages to all rural sites.

There is a comprehensive Antimicrobial Stewardship program throughout Alberta Health Services that offers feedback, information, and support to all sites.

The Westec Audit system ensures that daily audits are completed at all rural sites by environmental staff. Feedback is provided on the results of these audits.

The implementation of the Hand Hygiene Program has been effective. Hand hygiene audits occur, and the results are posted on the Quality Boards. The team is exploring innovative ways to audit hand hygiene including self-auditing. The team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

Service Excellence



Description of the Standard:

Addresses team management, human resources and worklife, information management, and quality improvement.

| STANDARD | UNMET CRITERIA | CRITERIA |
|--------------------|----------------|---|
| Service Excellence | 3.1 | Required training and education are defined for all team members with input from clients and families. |
| Service Excellence | 5.2 | Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate. |
| 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. |

Clients/families are generally very satisfied with the services they are receiving. They report that staff and physicians are professional, kind, caring, and competent.

There is good evidence of ongoing training and education. Training on cultural diversity is mandatory and completed through Annual Continuing Education (ACE) Modules. Privacy training is conducted annually and is mandatory as well. Ethics training is mandatory through the ACE Modules and staff report they would be comfortable seeking more information if they felt they needed it. Staff are aware of the ethical framework and how to request an ethical consult.

An opportunity for the zone is to support rural hospitals to improve the completion of performance appraisals. Currently, these are approximately 40-50% completed and this is an area that leaders could work on.

Section II – Vulcan Community Health Centre Report

1. Vulcan Community Health Centre Executive Summary

Surveyor Observations

The current survey focused on seven system-wide priority processes (People-Centred Care, Medication Management, Infection Prevention and Control, Physical Environment, Medical Devices and Equipment, Emergency Preparedness, and Patient Flow) as well as five service-level priority processes (Emergency Department, Inpatient Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence).

Vulcan Community Health Centre is a spacious, well-kept facility with some very long-term staff. There is evidence of a major renovation/addition being completed, which will allow the site to move some services around to ensure more streamlined patient flow. Having all the health services in one site, providing a continuum of care, is a great way for the public to access the type of services they need and enable efficiencies.

The Vulcan Community Health Centre Foundation is funding the building of the addition. This demonstrates strong engagement within the community for fundraising.

The integrated acute care and long-term care units provide a much different feel than having just an acute care facility. The integration also allows for the integration of staff and the best use of skill sets. The staff at the Vulcan Community Health Center are dedicated and have a vested interest in ensuring care is provided according to best practice and is personalized to meet the needs of the patients and residents.

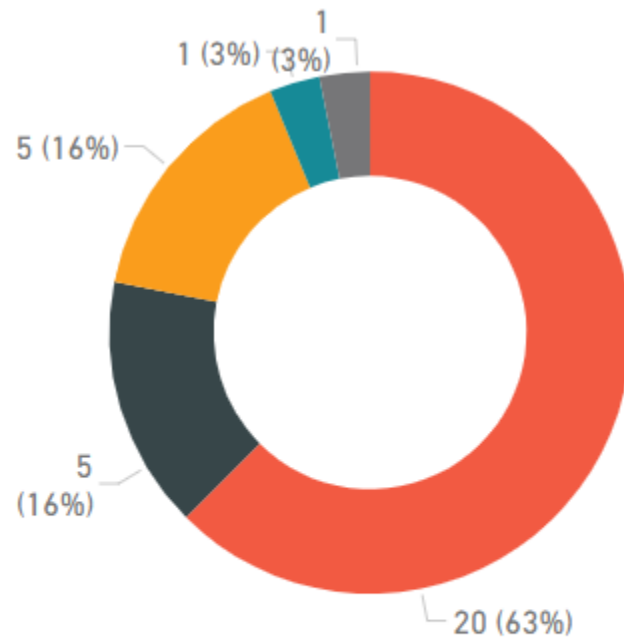
The staff at Vulcan Community Health Center feel very connected to the rest of Alberta Health Services (AHS). One example of this is with the death policy. This policy identified the care after death process for the urban sites and integrated the rural nuances into the entire policy, based on feedback. This acknowledgment of AHS as a single organization with unique features in both urban and rural areas has promoted a strong feeling of connectivity across rural sites. AHS is commended for this support. There is also an easy ability to transfer patients who require a higher level of care. Physicians at Vulcan Community Health Centre are easily able to speak with a specialist at another site and arrange transfer to ensure the patient receives the right level of care. This connectivity promotes support for rural sites and ensures the best care for patients.

Survey Methodology

The Accreditation Canada survey team spent two days at Vulcan Community Health Centre.

Surveyors conducted 32 interviews during the survey.

To conduct their assessment, the survey team gathered information from the following groups²:



● Staff ● Administration ● Clients and Families ● Others ● Physicians

² '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:

AREAS OF EXCELLENCE

1. Multiple services in one location that cross the continuum of care. This model should be considered as a best practice model as this enables care to be provided by primary care, public health, emergency, inpatient and long-term care in one location. This model enables efficiency by preventing unnecessary emergency department visits and prevents duplication of service.
2. Infection prevention and control (IPC) standards are consistently applied and adhered to. The housekeeping staff are very engaged in ensuring standards are met and have implemented and consistently utilize a cleaning discharge checklist when cleaning a room after a patient discharge. This enables everyone to know the steps in the cleaning process and ensures a complete and thorough clean. The IPC education provided is very timely and practical utilizing principles of adult learning. This education was very well done.
3. There are dedicated staff with a strong commitment to the patients and families they care for as well as each other. The staff are not just colleagues but friends. The close-knit team was validated by a University of Lethbridge research study.

KEY OPPORTUNITIES

1. Corrugated cardboard is prevalent in storerooms and the pharmacy/medication room. The site is advised to review the amounts of cardboard and to phase out the use.
2. There are numerous cork boards across the hospital which do not meet infection control standards. The hospital should consider removing these and replacing them with white boards throughout the site.
3. With the upcoming completion of the new addition, this is an opportune time to define key performance measures for patient satisfaction and staff satisfaction. This will enable the site to determine the success of the additional space.

2. Results at a Glance

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

Compliance Overall³

| % of criteria | | |
|---------------|---------|---------|
| Attested | On Site | Overall |
| 95% met | 99% met | 98% met |

| # of attested criteria | |
|------------------------|-------------|
| Attested | Audited |
| 92 criteria | 16 criteria |

Attestation:

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

On-site Assessment:

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

³ 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



Fig. I.3 Compliance by Standard

| STANDARD | MET | UNMET | N/A | NOT RATED |
|----------------------------------|------------|----------|-----------|-----------|
| Emergency Department | 101 | 2 | | - |
| Infection Prevention and Control | 30 | | 20 | - |
| Inpatient Services | 69 | | | - |
| Leadership | 9 | | | - |
| Long-Term Care Services | 81 | | | - |
| Medication Management | 76 | 5 | 10 | - |
| Service Excellence | 43 | | | - |
| Total | 409 | 7 | 30 | - |

Compliance by System-level Priority Process



Fig. I.4 Compliance by System-level Priority Process

| PRIORITY PROCESS | MET | UNMET | N/A | NOT RATED |
|----------------------------------|------------|----------|-----------|-----------|
| Emergency Preparedness | 5 | | | - |
| Infection Prevention and Control | 21 | | 1 | - |
| Medical Devices and Equipment | 8 | | 19 | - |
| Patient Flow | 14 | | | - |
| Physical Environment | 4 | | | - |
| People-Centred Care | 29 | | | - |
| Medication Management | 76 | 5 | 10 | - |
| Total | 409 | 5 | 30 | - |

Compliance by Quality Dimension



Fig. I.5 Compliance by Quality Dimension

| STANDARD | MET | UNMET | N/A | NOT RATED |
|-------------------------|------------|-----------|-----------|-----------|
| Accessibility | 29 | | | - |
| Appropriateness | 120 | 2 | 11 | - |
| Client Centred Services | 108 | | | - |
| Continuity of Services | 17 | | | - |
| Efficiency | 5 | 1 | | - |
| Population Focus | 1 | | | - |
| Safety | 120 | 3 | 18 | - |
| Worklife | 9 | 1 | 1 | - |
| Total | 409 | 30 | 30 | - |

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 | Met |
| Medical Reconciliation at Care Transitions | Long Term Care Services | Met |
| | Emergency Department | Met |
| | Inpatient Services | Met |
| Information Transfer at Care Transitions | Emergency Department | Met |
| | Inpatient Services | Met |
| | Long Term Care Services | Met |
| MEDICATION USE | | |
| Antimicrobial Stewardship | Medication Management | Met |
| Concentrated Electrolytes | Medication Management | Met |
| Heparin Safety | Medication Management | Met |
| High-alert Medications | Medication Management | Met |
| Infusion Pump Safety | Service Excellence | Met |
| Narcotics Safety | Medication Management | Met |
| Infection Prevention and 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 |
| Risk Assessment | | |
| Falls Prevention and Injury Reduction | Inpatient Services | Met |
| | Long Term Care Services | Met |
| Pressure ulcer prevention | Long Term Care | Met |
| Suicide prevention | Emergency Department | Met |
| | Inpatient Services | Met |
| | Long Term Care | Met |
| Venous thromboembolism prophylaxis | Inpatient Services | Met |

3. 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

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

All the criteria are met for this Priority Process.



Priority Process Description:

Planning for and managing emergencies, disasters, or other aspects of public safety.

The site is currently undergoing a two-year review of all the codes and contingency plans, with an expected date of completion in December 2020. All departments are participating in this review. At the end of the review, the site is encouraged to continue to talk about Emergency Preparedness and do drills and exercises to practice. Fire drills are done on a regular basis. Staff are aware of how to initiate the plans.

Infection Prevention and Control

This system-level priority process refers to criteria that are tagged to the Infection Prevention and Control Standard.

All the criteria are met for this Priority Process.



Priority Process Description:

Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field.

The Vulcan Community Health Centre is visibly clean, and the team takes great pride in ensuring IPC practices are strongly adhered to. Hand hygiene audits are completed regularly, and results are shared with staff and posted in the AHS intranet. There are standardized cleaning standards and the staff are well trained in these. The housekeeping staff takes great pride in their roles in ensuring a clean environment and patient safety and have created standardized work to support this. There is timely education for IPC practices and this education is engaging and practical.

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.

All the criteria are met for this Priority Process.



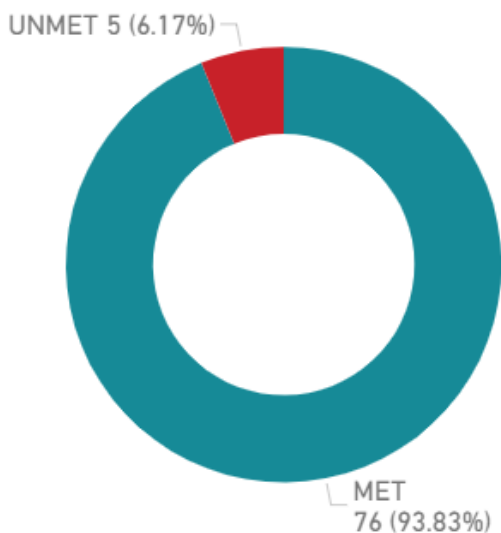
Priority Process Description:

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Vulcan Community Health Centre does not reprocess medical devices and equipment. This is accomplished at another site.

Medication Management

This system-level priority process refers to criteria that are tagged to the Medication Management Standard.



Priority Process Description:

Using interdisciplinary teams to manage the provision of medication to clients.

| STANDARD | UNMET CRITERIA | CRITERIA |
|-----------------------|----------------|--|
| Medication Management | 8.4 | The pharmacy computer system is regularly tested to make sure the alerts are working. |
| Medication Management | 8.5 | Alert fatigue is managed by regularly evaluating the type of alerts required by the pharmacy computer system based on best practice information and with input from teams. |
| Medication Management | 12.6 | Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas. |
| Medication Management | 15.1 | The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose. |
| Medication Management | 16.2 | Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas. |

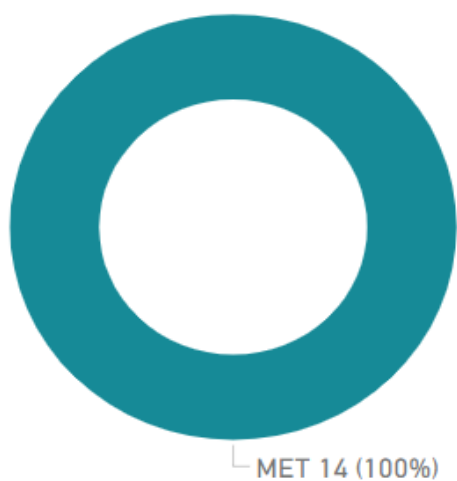
The medications are either brought from Claresholm General Hospital or a pharmacy in Calgary. The pharmacy area is also the medication room for both acute and long-term care. A pharmacist is onsite three days a week and contributes to care planning and education. There is a Zone Safety Technician that comes in and does all the audits and provides feedback to the pharmacist and the site manager.

The pharmacy team receives the Anti-Microbial Stewardship Committee notices and minutes.

Patient Flow

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

All the criteria are met for this Priority Process.



Priority Process Description:

Assessing the smooth and timely movement of clients and families through service settings.

The Vulcan Community Health Centre can accommodate admissions that present in the emergency department and requests for repatriations. Inpatient beds are accessible, and capacity is not of concern.

People-Centred Care

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, and Service Excellence.

All the criteria are met for this Priority Process.



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.

The site uses bedside whiteboards for communication between patients, families, and staff. The whiteboards provide the name of the staff that day, the goals for that day, and includes a space for families to write messages as well. This is a well-used tool and appreciated by both staff and patients. The staff in the site know the community, the patients/residents they serve, this knowledge allows the site to be very sensitive to the patients/residents as they present to the site.

Physical Environment

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

All the criteria are met for this Priority Process.



Priority Process Description:

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

There is a stable team of maintenance personnel who know the building on an intimate basis. The building looks well maintained. A new generator was installed last year and testing of backup systems occurs weekly. Complete sets of logs of monitoring activities are readily accessible.

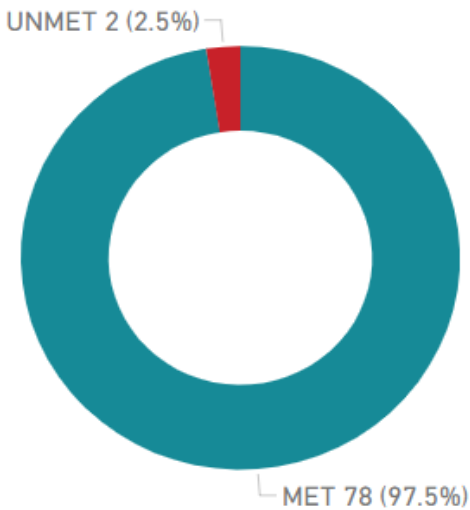
There is a new expansion/addition to the existing building, funded through the Foundation. The Foundation, as members of the community, has been very involved in the planning of the new building plus the redesign of what will occur in the vacated space.

4. 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.⁴

Emergency Department

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

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

| STANDARD | UNMET CRITERIA | CRITERIA |
|----------------------|----------------|---|
| Emergency Department | 7.5 | Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team. |
| Emergency Department | 7.7 | When death is imminent or established for potential donors, the Organ Procurement Organization (OPO) or tissue centre is notified in a timely manner. |

The Emergency Department (ED) at the Vulcan Community Health Centre provides a valuable service for the community. The ED can divert low acuity patients to the primary care clinic located on site during daytime hours. This enables more efficient use of the scarce resources with a diversion to a more appropriate level of care. This model enables efficiency and supports the appropriate use of resources.

⁴ Note that the calculations in this section sum all of the Service-level priority processes in an *Episode of Care* bundle. These calculations exclude Required Organizational Practices.

Inpatient Services

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

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

The inpatient unit is integrated with the long-term care beds. The site repatriates' patients back from the other sites, for example, post joint replacement. With the availability of physiotherapy and occupational therapy onsite, this allows the patient to rehabilitate closer to home.

The inpatient unit offers palliative care for the community. This is a much-used service, and there is a plan for a renovation for a palliative care suite.

There are no issues with accessing a higher level of care when needed. STARS Air Ambulance is available, and the site has a helipad.

Standards such as pressure ulcer prevention and falls prevention are embedded within the unit's processes. The staff does speak of the amounts of paperwork required and the numerous forms that are developed elsewhere and passed down to the site to implement.

Staff are aware and engaged in quality improvement activities, such as doing a Plan-Do-Study-Act (PDSA) cycle to determine the best methods for staff to remember to take off medication patches. This occurred because of the tracking and trending of medication incidents within the site.

Long Term Care Services

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

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

The long-term care services provided at the Vulcan Community Health Centre are well supported and provide a unique level of service. The residents are well cared for and the majority can direct their own personal care decisions. These long-term care residents experience the benefit of many onsite services including physiotherapy, adult day program and recreational therapy, pharmacy, primary care, and a beautiful homelike setting. Care standards are high, and residents experience a high quality of life as a result of the multiple services offered in one location.

Service Excellence

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

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

The new addition funded by the Foundation is alleviating some of the barriers for the community in accessing physiotherapy and the Adult Day Program.

An onsite clinical nurse educator contributes to the continuing competency of the staff by doing quarterly skills days and tracking the mandatory educational component and just-in-time education and for orientation.

5. Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

| STANDARD | CRITERIA TYPE | CRITERIA | DUE DATE |
|-----------------------|---------------|--|---------------|
| Medication Management | Regular | 8.4 The pharmacy computer system is regularly tested to make sure the alerts are working. | June 30, 2020 |
| Medication Management | Regular | 12.6 Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas. | June 30, 2020 |