

**2023**

# Rehabilitation Accreditation Report

Alberta Health Services

Spring 2023 Survey  
May 29 – June 2, 2023



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 May 29 – June 2, 2023. 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, provincial, and community-based programs 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, large urban hospitals and provincial programs 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 decision will be issued that includes the organizations’ accreditation award.

## Rehabilitation Program Assessment– Sites Visited

- Alberta Children's Hospital
- Brooks Health Centre
- Centennial Centre for Mental Health and Brain Injury
- Chinook Regional Hospital
- Duggan Health Centre
- Foothills Medical Centre
- Glenrose Rehabilitation Hospital
- Medicine Hat Regional Hospital
- Red Deer 49th Street Community Health Centre
- Royal Alexandra Hospital
- South Calgary Health Centre Community Accessible Rehabilitation Clinic

## 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

Rehabilitation services was surveyed across eleven (11) distinct sites throughout the province that captured inpatient, outpatient, community-based rehab as well as specialized rehabilitation (i.e., spinal cord, acquired brain injury, paediatrics). The AHS rehabilitation strategic plan is in its final year of existence with the organization in process of creating a new plan that will guide rehabilitation into the future. There is a core belief that rehabilitation is ‘everyone’s responsibility’ and building a unified and sustainable blueprint for the future will only ensure better health for Albertans. There is a commitment to the province, zones and communities that each Albertan will know where to find services; be supported in their overall health; develop shared goals of recovery; flexible and personalized care plans; research driven, and that care will be seamless.

Overall, many of these commitments were seen in the conversations with staff, physicians, leaders, patients/clients and caregivers. The implementation of the ‘Connect Care’ electronic record has enabled seamless care for clients and families. This is evident in the way the clinical information architecture has allowed for standardized tools, resources for staff to access, client story boards, ‘ROVERS’ that upload media and real-time information, care-goal planning, critical information for decision making and socio-demographic information to allow for personalized care. Staff have embraced Connect Care and have indicated since its inception that the ability to be more connected across the health system from acute to community care is evident. Examples of this were readily available across all sites of how providers have leveraged Connect Care to start conversations while still in acute care facilities. Clients have also noted that their perception of care is more seamless and contributes to a greater feeling of trust with their provider, programs and ultimately AHS.

Research has just received a significant investment from the Foundation of Glenrose Rehabilitation to fund positions that will allow for the engineering of technology through private partnerships to bring devices to market sooner allowing for a better and more meaningful life for clients/patients. Additionally, creating an integrated bridge between research, academics and practice that will reduce the time of discovery to integration in care. In a very short time, the team has prided themselves in setting a strong foundation that will reach their goals of becoming a ‘world-class’ tertiary rehabilitation center that will not only contribute to discoveries, knowledge, and practice, rather creating a future generation of scientists that will better the lives of clients and their families.

Identified across all sites visited was the need to further deepen the partnership between clients and families. While the therapeutic partnership is client-centred and co-created, there is very minimal infrastructure across the sites to create capacity/partnership with Patient Partners to drive quality improvement. Over the course of the past four years, patient experience surveys have not been enacted in a global scale across rehabilitation, with some programs attempting to gather feedback either anecdotally or through local questionnaires. Encouraged as the province exits out of the pandemic is to put a focus on client experience and use the information to drive quality improvement and strengthen the care model already in place.

Quality improvement and performance is a key area for immediate focus. Across all sites evaluated was the lack of formalized quality improvement and/or usage of metrics. Quality Boards were infrequently used, used incorrectly or data on the boards was several months behind. Sites also varied in their level of implementation/integration with some vested in quality improvement and others just starting. Staff are committed to quality improvement and are excited the direction that AHS is taking with performance data and providing local support to drive change.

Overall, the physical space for rehabilitation across the province remains challenging. Many of the community settings have dated buildings that are not ideal for patient care. As AHS continues to address the aging infrastructure, a review of priority is suggested.

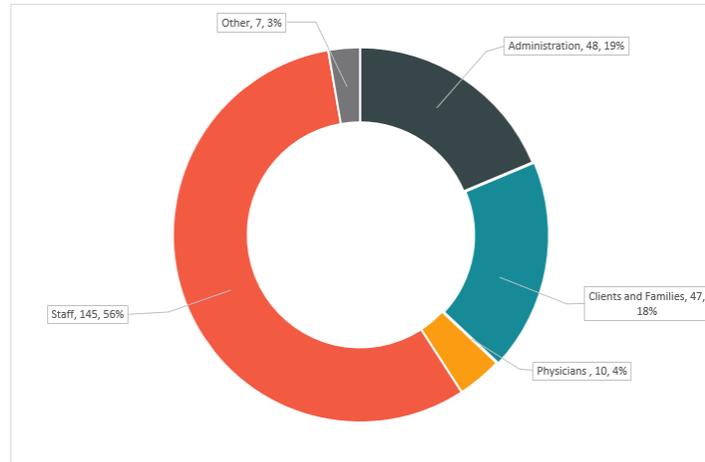
AHS has a dedicated, resilient and agile workforce that has continued to provide care throughout the pandemic. In particular to rehabilitation, the teams were actively re-deployed throughout the pandemic with many slowly returning to their sites just in the past 12 months. Many staff expressed these times as quite challenging, at times not feeling respected however understanding collectively that AHS was managing a public health emergency. Throughout the survey staff and physicians shared their pride in working for AHS and in particular rehab despite their challenges over the past three years. Examples of what staff shared they were most proud of included: “The positive changes we make every day in people’s lives” and “Feeling supported always by my team and feeling psychological safe to learn.”

## Survey Methodology

The Accreditation Canada Surveyors assessed the Rehabilitation program.

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

Groups	Total number of touchpoints
Administration / Leadership	48
Client & Families	47
Physician	10
Staff	145
Other	7



<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 this site:

### Key Opportunities

- Clients and Families: information regarding bill of rights, patient relations, and partnership on quality improvement.
- Engagement: Developing mechanisms to seek input and feedback from clients and families related to strategic and operational planning as well as quality improvement activities and service design can be a tremendous benefit in strengthening patient safety and outcomes.
- Quality Improvement and performance: Formalize Quality Improvement boards, Performance Metrics and Quality Improvement Initiatives.
- Medication Safety: Strengthen secure and controlled access as well as storage and management of medications presenting with similar names and labelling.
- Review the management of clean and dirty (I.e., linen, medical equipment, device and supplies) to prevent cross contamination.

### Areas of Excellence

- Connect Care integration and adoption enabling client centred, standardized and designed care (I.e., transitions of care, care planning, spinal cord injury program).
- Technology and virtual platforms leveraged to optimize client care.
- Provincial Rehabilitation Advice Line started.
- New models of service: Social worker led central intake with other sites following, centralized intake process across sites (R-NAVS).
- Strong partnerships with community providers.
- Dedicated and committed inter-professional teams who include their clients and families at the forefront of all clinical decision making.
- Introduction of the Patient Experience Liaison position for Spinal Cord Injury (SCI) and Acquired Brain Injury (ABI) rehab.

## Results at a Glance

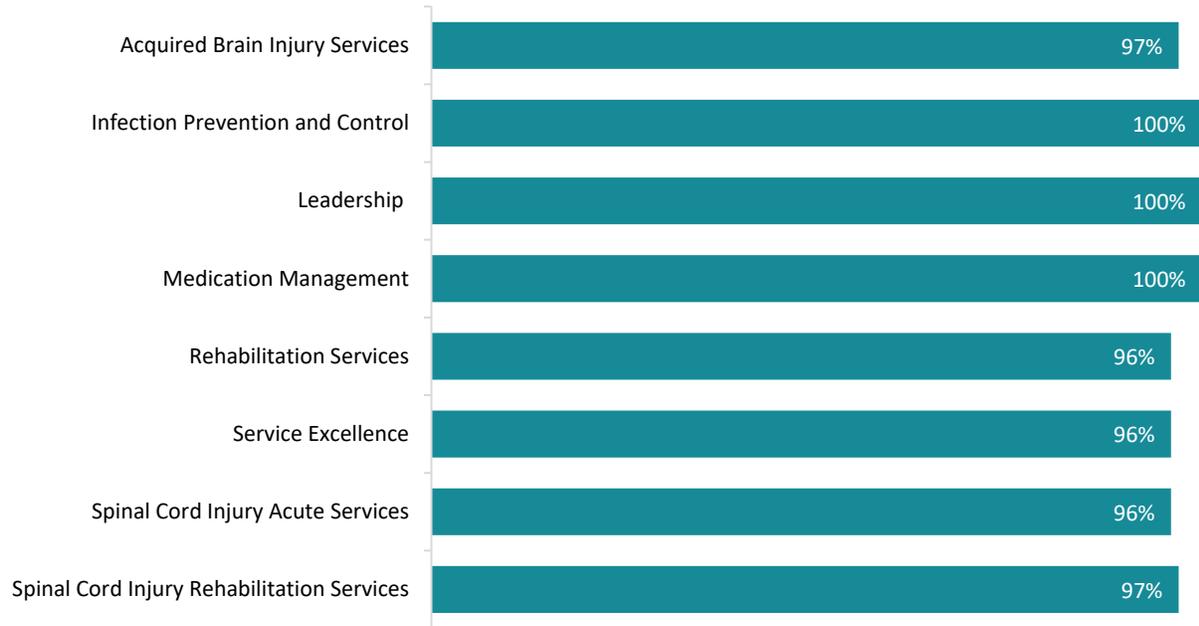
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

### 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> 96% met	<b>Overall</b> 96% met	
Number of attested criteria			
<b>Attested</b> 173 criteria	<b>Audited</b> 32 Criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

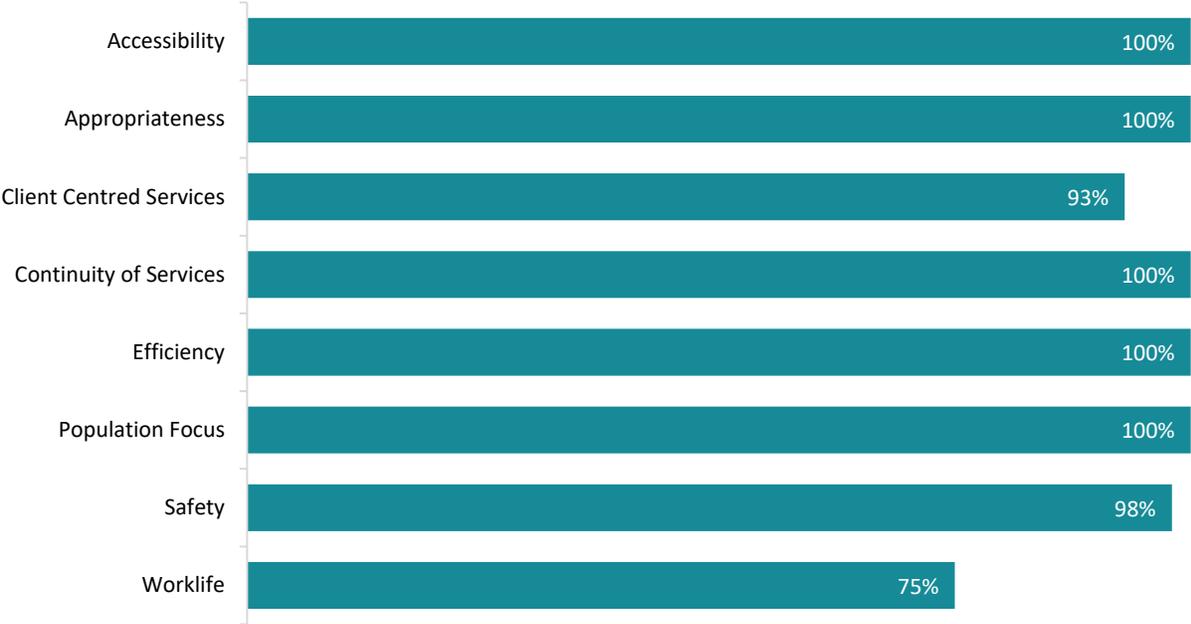
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

## Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Acquired Brain Injury Services	56	2	0	0
Infection Prevention and Control	13	0	21	0
Leadership	2	0	0	0
Medication Management	25	1	9	0
Rehabilitation Services	48	2	0	0
Service Excellence	73	3	0	0
Spinal Cord Injury Acute Services	64	3	0	0
Spinal Cord Injury Rehabilitation Services	59	2	0	0

### Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	29	0	0	0
Appropriateness	103	0	16	0
Client Centered Services	124	10	5	0
Continuity of Services	26	0	0	0
Efficiency	1	0	0	0
Population Focus	3	0	1	0
Safety	48	1	18	0
Worklife	6	2	2	0
Total	340	13	42	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Acquired Brain Injury Services	MET
	Rehabilitation Services	MET
	Spinal Cord Injury Acute Services	MET
	Spinal Cord Injury Rehabilitation Services	MET
Medication Reconciliation at Care Transitions	Acquired Brain Injury Services	MET
	Rehabilitation Services	MET
	Spinal Cord Injury Acute Services	MET
	Spinal Cord Injury Rehabilitation Services	MET
Information Transfer at Care Transitions	Acquired Brain Injury Services	MET
	Rehabilitation Services	MET
	Spinal Cord Injury Acute Services	MET
	Spinal Cord Injury Rehabilitation Services	MET
<b>MEDICATION USE</b>		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
<b>INFECTION CONTROL</b>		
Hand-hygiene Education and Training	Infection Prevention and Control	MET
<b>RISK ASSESSMENT</b>		
Falls prevention and injury reduction	Acquired Brain Injury Services	MET
	Rehabilitation Services	MET
	Spinal Cord Injury Acute Services	MET
	Spinal Cord Injury Rehabilitation Services	MET

Pressure ulcer prevention	Rehabilitation Services	MET
	Spinal Cord Injury Acute Services	MET
	Spinal Cord Injury Rehabilitation Services	MET
Venous thromboembolism prophylaxis	Spinal Cord Injury Acute Services	MET
	Spinal Cord Injury Rehabilitation 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; 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.**



The Infection Prevention and Control (IPC) team has a very clear process for outbreak management ensuring that staff and clients/patients are provided information to prevent future infections. There is a strong multi-disciplinary approach in the determination of an outbreak, clear management guidelines (including cohorting, bed mapping and harm reduction through transmission chain disruption), multiple outbreak management meetings daily, occupational health and safety partnership and debriefs to learn from events.

While the pandemic has been the most recent challenge across the system, the team is focused on preventing outbreaks and providing unique and tailored recommendations to areas to meet the needs of the population, operations, and staffing models. There is a well-defined provincial IPC strategy, with a 'hub and spoke' model for integration across AHS. Several mechanisms are available for education for staff and physicians (i.e., online learning, competency checks, audits) to deepen the understanding of transmission within hospital settings.

The IPC team conducts post outbreak learning events for local areas and the organization continue their understanding of Hospital Acquired Infections, modes of infection transmission and the role of healthcare providers. This has resulted in tailored approaches for improvement across specific units to reduce the potential harm to both staff and clients/patients.

Where there continues to be a gap in emergency preparedness is the age of the infrastructure across the sites (i.e., carpeting, ventilation systems, ward rooms), the ability to cohort patients easily, provision of single rooms for isolation and the number of negative pressure rooms for airborne transmission. This will be a challenge across the province as the infrastructure continues to age and best practices for IPC management exceed the buildings' ability to reduce transmission. Additional opportunities in focused areas to mitigate risk of outbreak includes separation of clean/dirty linen, storage of clean linen in shower/bathing rooms (seen consistently across the inpatient areas) and closing doors of dirty linen storage areas.

## 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.**



IPC is a critical service across the sites surveyed given the complexity of the patient population (i.e., age, diagnosis, comorbidities), community settings, and the aging infrastructure that does not allow for ideal practices. While the team(s) are small there is a focus on prevention of illness, screening, and leveraging data to have tailored prevention programs and targeted education across the sites. There are solid IPC processes in place that are supported by the safety coaches and the IPC service champions across the sites with clearly visible procedures.

In the community settings there are clear guidelines for cleaning of equipment, mats, toys, desks to ensure the chain of transmission of potential infections is broken. Hand hygiene remains a priority as observed; however, the auditing processes have just recently resumed with performance variability. Leaders are just starting to gather information and posting in key areas. There presently is no focused discussion of metrics at Quality Boards or huddles, rather just a posting of information. This can be an opportunity for the organization to consider leveraging the Quality Boards to discuss results with staff on a regular basis and leverage the expertise of IPC to address localized issues.

There is a close partnership with environmental services as well as clear understanding of roles for health disciplines as it relates to infection control guidelines. Environmental Services staff are dedicated and see themselves in keeping clients/patients safe through their roles. There are thorough cleaning processes in place for all client/patient areas including regular cleaning of high contact areas. All areas where equipment is used such as physiotherapy gyms are cleaned after each use (this includes mats, plinths, handrails, exercise equipment). Processes are in place for identifying mobility equipment such as wheelchairs and walkers that need to be cleaned and returned into circulation.

The clinical team is committed to their clients/patients and reducing the risk of hospital acquired infections. The IPC team is closely partnered with the clinical care teams to focus on prevention to reduce risk, while managing outbreaks efficiently and effectively. This partnership also includes environmental services who see themselves as preventing infections and keeping clients/patients and staff safe.

## 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.**

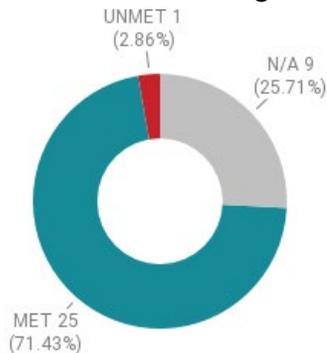


Processes are in place to track equipment although the team is encouraged to explore the use of bar codes so that equipment can be tracked electronically. Visual management strategies are in place to identify clean and dirty equipment. Professional Health Disciplines are responsible on the floor for cleaning equipment after use and placing a tag of completion to advise others of 'ready to use' status.

The community and inpatient services have a large inventory of equipment that can accommodate the multitude of individualized needs for mobility or treatment. Equipment is cleaned using a two-stage process at community environments with guidelines provided by IPC. There was observed and validated concerted efforts to keeping all spaces clean and tidy. However, many of the community and inpatient settings are not ideal from a space perspective that results in overloaded spaces of equipment and the potential for equipment not being clearly identified as clean.

## 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.**



Medication management has benefitted from the introduction of Connect Care and, where available, the rovers that support best practices for medication management. The scanning of the bracelets has added an additional step in ensuring safe and reliable medication management at the bedside. Access to pharmacy has been beneficial in supporting medication best practices.

The Reporting and Learning System for Patient Safety has been helpful in documenting medication errors and near misses. The use of Just Culture guiding principles has contributed to more staff reporting incidents into the system with the focus on learning from these events to prevent harm.

Medication reconciliation is facilitated by Connect Care and as a result, the service has had a very strong compliance rate for medication reconciliation. Clear processes are in place for infusion pumps that include protocols for evaluating team member's competency in using the pumps. Procedural measures have been implemented to reduce high alert medication stock that is not required on units.

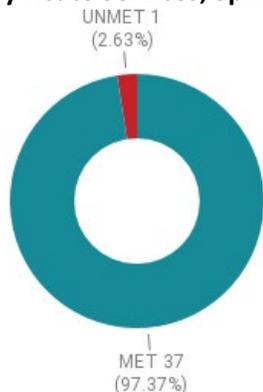
At the Glenrose Rehabilitation Hospital site, there is opportunity to review and ensure that medication carts are not open and unlocked when used in areas outside of a locked room. Further, it is optimal for narcotics bins within medication room refrigerators to also be locked to support appropriate access and administration. Cytotoxic spill kits were not available in the clean room and the cytotoxic equipment was poorly labelled. A consideration for the two paediatric units at Glenrose Rehabilitation Hospital is to locate a crash cart in the area as the service is remotely located and it takes a few minutes for people to arrive.

Lastly, there is opportunity for focused attention on the storage and management of medications presenting with similar names and labelling to limit risk of incorrect selection of look-alike sound-alike medication. At one site, ward stock of Dimenhydrinate and Diphenhydramine medications were stored in the same medication storage bin and row in the unit’s medication room.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	23.3	An independent double check is conducted at the point of care before administering high-alert medications.

### 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: Acquired Brain Injury Services; Rehabilitation Services; Service Excellence; Spinal Cord Injury Acute Services; Spinal Cord Injury Rehabilitation Services.**



Client and family centredness continues to be a priority for Alberta Health Services. There is a provincial strategy that continues to evolve with more than 1,200 Patient Partners. While the provincial strategy is well developed, the execution into the zones or local sites has been more problematic with many areas not having met since the beginning of COVID-19 and/or sites having reduced their ‘family centred care’ coordinators by 75%. As the province emerges from the pandemic there is opportunity to re-establish historical work and continue forward with partnership that is embedded within programming.

Locally, clients and families are an integral part of the rehabilitation teams’ approach to care. Care is consistently provided with respect and compassion with clients and families actively involved in the decision-making process, ensuring their voices are heard and respected throughout their rehabilitation journey. The launch of a Provincial rehabilitation advice line has been well received by both adult and paediatric program staff and especially by clients and families. The advice line along with the “paperless for parents” initiative in the paediatric programs has helped clients and families navigate their care and have access to important information.

The South Calgary Health Centre Community Accessible Rehabilitation (CAR) Clinic team has embraced technology to optimize accessibility to treatment and services as well as enabling continued services in the event the client is unwell or hesitant to receive services in a public space. In addition to facilitating the delivery of regular programming, the centre currently offers services through an innovative and growing COVID-recovery unit responding to pulmonary, neurological, and psychological sequelae.

At the Glenrose Rehabilitation Hospital, there is a coordinator that provides support to the site in linking clients/patients with quality improvement initiatives. There are presently 4 Patient Partners, with more recently the addition of two Indigenous Patient Partners, that will assist in guiding activities that are culturally sensitive. There has been recently significant uptake across the organization whereby programs are reaching out for Patient Partners to be part of their quality improvement and/or service design initiatives.

Another example of patient partnership is paediatric programs working to redevelop program materials to improve communication and reach of information to clients and families. The use of social media and QR codes imbedded in materials has improved access to information. The organization is encouraged to consider translating documents and ways in which to integrate cultural diversity within program information, programming, and communication.

Clients and families appear to be included in program and service design decision-making at a system level, however the client and family voice is not consistently included in local program functions such as localized program development, recruitment, and quality improvement initiatives. The program is encouraged consider ways in which clients and families can be engaged and/or have input at all levels of care and decision-making as appropriate.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.

## 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.**



The buildings are dated however meet the building codes of when they were constructed. There are no obvious risks to staff safety and/or patient safety as it relates to physical design. Staff at the Duggan Health Centre have been instructed not to disturb/damage the walls or ceilings as it would present a risk to their health due to asbestos. While this message is clearly articulated to staff and visually represented across the building, this is a significant concern for staff and client/patient well-being. The site is also exposed to flooding which poses a risk to the HVAC systems

and servers. Leadership has identified this site as a priority for securing another building, however, has been on the capital planning list for many years.

Many of the community sites have challenge of space as many of the buildings are old and the programming has grown over time. To accommodate for space the leased buildings have been compartmentalized to provide more treatment space at the expense of staffing areas. In some locations a rotational schedule has been employed to allow for on-site and off-site work to accommodate all staff. In some facilities there is inadequate parking and offloading ability for those with different abilities to navigate and access the building. Exploring a larger and more accessible location is strongly encouraged. Additionally, some of the locations are in ‘high risk area’ where staff and clients/patients have a safety risk (i.e., needles in the parking lot, loitering of people with addictions issues). While temporary measures have been put in place such as security guards, coded entry, buddy systems for on-site presence, the location should be reviewed for patient/caregiver and staff safety.

Inpatient areas also continue to address the challenges that exist within their current footprint to address the ease of flow for clients/patients or patients with bariatric needs. Concerns have been identified on some units across sites as some patient rooms did not have bathrooms within the room and required patients using other facilities nearby. Building design and structure across sites posed challenges during the COVID-19 pandemic, although the teams developed innovative strategies to maintain IPC standards.

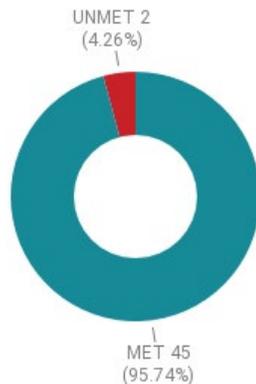
Conversely, the environment at Centennial Centre for Mental Health and Brain Injury was quite spacious and had plenty of natural attributes. Open space is available on each unit, as well access to sitting areas and sunrooms. On the Spinal Cord Acute unit at Foothills Medical Centre several measures have been taken to remove hallway and client room clutter. As well, all the rooms have been equipped with ceiling lifts and the service acquired tilt shower chairs and a stretcher to support clients in their bathroom routines. Program leadership is encouraged to re-evaluate the physical space mapping of all urban and community sites that provide care to identify more immediate needs for clients/patients and staff to provide optimal care in safe environments.

## 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.

### Acquired Brain Injury Services

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



The ABI services at Foothills Medical Centre, Centennial Centre for Mental Health and Brain Injury and Glenrose Rehabilitation Hospital have a highly engaged and involved inter-professional teams that offer a variety of services and resources in supporting clients and families with their goals of care.

Admission processes are clearly outlined with specific inclusion and exclusion criteria for service eligibility.

Waiting lists have protocols in place to adjust when urgent cases are presented that need to be prioritized. AHS had established an ABI Network and Collaborative, that paused during the COVID-19 pandemic and is just being re-established. The network explored the patient flow of the ABI population. It is an opportunity to explore how the services can support each other including care transitions. The network is planning to work on best practices, evidence-based practices, and improve how services are designed and delivered that promotes clinical consistency across the province.

There is an active Peer Mentorship Program also known as Patient Experience Peer Support Program for Patients and Families to connect patients on the neurological units with 'graduated peers' for moral support, conversations about lived experience, and provide hope and encouragement from a peer perspective.

A variety of spaces are available by the service to best meet the needs of clients. Some of the spaces include therapeutic gyms, kitchens, and activities of daily living suites. The spaces provide opportunities to optimize the client's cognitive, physical, psychological, mental health and their overall well-being. The introduction of music therapy has been a welcome addition to the service at the Foothills Medical Center.

Behavioural scripts have been extremely helpful in providing consistent application of behavioural interventions. There have been more and more anoxic injuries that have resulted from drug overdoses. This has resulted in adjusting the resources within the services such as adding psychosocial and addiction resources.

Recent updates of the white boards at Foothills Medical Centre have been helpful in sharing pertinent information such as who the client's team members are, their care needs, appointments, their

rehabilitation goals, and family messages. Clients and families reported that this has been a helpful communication tool. It is encouraged to spread the lessons learned to other sites across the province.

Connect Care has been helpful in improving communication, providing access to information from other services, and creating consistency in the application of clinical processes. ABI rehab patients have a six-week education block that is also accessible by ZOOM.

Quality boards are present at the ABI sites that showcase quality initiatives and key metrics that are being tracked. The boards provide opportunities for team members, families, and clients to see what is happening on the units to improve service delivery. Several educational resources are provided to clients and families such as the education program that runs on a six-week cycle that is highly praised by clients and families.

Spiritual spaces are present that include smudging ceremonies as well as access to Indigenous Health Coordinators. Language line is a 1-800 AHS contracted service that is available for both in person and virtual services. This has been a fantastic resource for teams.

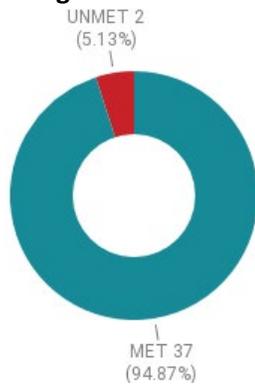
The transition coordination service at Foothills Medical Centre is continually seeking feedback from service providers, clients, and families to further improve and strengthen transition services. One aspect that was targeted is when inpatient services have sent in approvals to an insurance company for equipment and the client is discharged home with the assumption that the equipment was approved. The transition coordination service built in double checks so that there is now a confirmation by the insurance to pay for the equipment prior to discharge from hospital and if not approved other funding mechanisms can be initiated.

Several clients and families were not aware of patient relations and who to contact all if they had a complaint. Some of the documentation provided to clients and families was difficult to understand and could be reshaped so that the content is more precise, concise, and the appropriate health literacy level as includes information on clients and families’ rights and responsibilities. The program is also encouraged to explore education and awareness on brain injury such as sports and concussion.

STANDARD	UNMET CRITERIA	CRITERIA
Acquired Brain Injury Services	2.13	Clients and families are provided with information about their rights and responsibilities.
Acquired Brain Injury Services	2.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.

## Rehabilitation Services

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



The rehabilitation services have strong provincial networks for both paediatric and adult rehabilitation. At the system there are strategies in place to survey client experience as well as include client/patient and family voice in decision-making. Rehabilitation clinicians consistently involve clients and families in their goal setting and care. However, there is inconsistency in term of how clients and families are involved in decisions at a zone and local level. There is very limited evidence of clients/patients and families participating at the local level for service design, quality

improvement initiatives and/or assessment templates. This is an opportunity for AHS to re-start the partnership at the local level.

Client experience surveys across the rehabilitation landscape were not readily available/visible with leaders and staff identifying that surveys have not been conducted in a long time. While there is clear evidence of strong client/patient/caregiver feedback locally to providers (and shared by patients directly during interviews), there needs to be a more concerted and systematic effort to redeploy surveys again to capture system wide and local themes that can be addressed in a partnered way with Patient Partners.

Clients/patients and families across all rehabilitation sites were not familiar with a complaints process or what their rights and responsibilities were within the context of care. Rights and Responsibilities are posted on the unit however in conversations with clients it was evident that they were not aware of their rights and responsibilities. As well, the unit has an admission package, but some clients and families had not received one. It was suggested that the service provides these resources at admission, with a follow up after a few days to support understanding as it is quite an overwhelming process at admission for clients and families who may not look at the information or remember it.

Paediatric rehabilitation has a professional practice leader model that provides clinical leadership to the multidisciplinary team. Professional practice documents are responsible for selecting evidence, developing clinical practice documents, and supporting disciplines in the implementation of best practices. The current development and approval process reportedly takes between several months to more than a year for program or practice support documents to be approved creating delays in program and service. The organization is encouraged to revisit the ways in which enabling documents are selected and approved to ensure the process is timely and point of care clinicians as well as clients and families have an opportunity for input as applicable and appropriate.

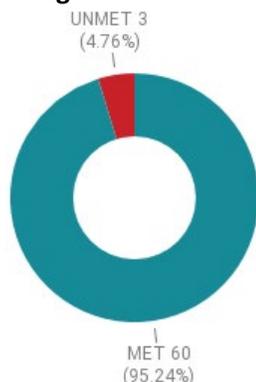
The Red Deer 49th Street Community Health Centre paediatric rehabilitation program recently opened an Autism Assessment site and is embarking on the approval process to be designated as a level 3 service centre for AADL authorization.

The electronic health record initiative has been generally very well received by program staff with a single source of information (e.g., the BRAIN) that provides clinicians not only information of their clients/patients but also resources to ensure evidence-based care is provided. Care plans and care goals are readily available for all staff to see and can be modified over time. Standardized assessment tools are available and tailored to each service to ensure consistency in plans of care. Connect Care is presently entering their sixth launch cohort of nine, with many sites anticipating the launch. Several locations continue to have paper-based or hybrid documentation. The organization is encouraged to continue to move forward with electronic health record implementation and engage local program leadership as soon as possible so they can support team readiness for change.

STANDARD	UNMET CRITERIA	CRITERIA
Rehabilitation Services	2.13	Clients and families are provided with information about their rights and responsibilities.
Rehabilitation Services	2.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.

### Spinal Cord Injury Acute Services

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



A very engaged team that has great inter-professional representation and works collaboratively with transfer units such as the spinal cord injury rehab service. Daily huddles with the team assist in staying on top of all issues/concerns, having them addressed in a timely manner, facilitating, and optimizing referral opportunities, and gathering input and direction from all team members. The spinal cord injury acute service has an emphasis on improving the client’s function in everyday activities and adjusting to their new injury. Connect Care has allowed the service to standardize

the clinical spinal assessment across the province. Clients and families reported being very impressed with the services provided including the comprehensiveness of the program. As well, clients and families have found that the white boards in the client rooms have been very helpful in communicating pertinent information.

The service has a quality board posted that can be accessed by team members, patients, and families. One of the quality improvement initiatives is the getting up and moving (mobilization) that outlines the rationale as well as the roles and expectations for everyone including patients and families. Mobilization audits are shared including with clients and families to highlight the distances travelled such as three meters from bed to toilet.

There is opportunity to create a process to provide clients and families with their rights and responsibilities, such as part of the admission package.

STANDARD	UNMET CRITERIA	CRITERIA
Spinal Cord Injury Acute Services	2.14	Patients and families are provided with information about their rights and responsibilities.
Spinal Cord Injury Acute Services	2.15	Patients and families are provided with information about how to file a complaint or report violations of their rights.
Spinal Cord Injury Acute Services	2.16	A process to investigate and respond to claims that patients' rights have been violated is developed and implemented with input from patients and families.

### Spinal Cord Injury Rehabilitation Services

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



The spinal cord injury (SCI) rehabilitation services are quite impressive across the continuum of care for patients and families. The intake process occurs while patients are still in acute care with physiatry and the rehab team sharing recommendations as to which locations would be best for patients in their journey of recovery. Education commences while patients are still on acute care (i.e., bladder care) to prepare patients when they arrive on site. This has not only commenced the process for patients of seeing their journey of recovery, but it also creates ongoing

specialization of staff on SCI across the continuum of care. The centralized intake service (known as R-Nav) work closely with the medical team to identify when patients arrive and their needs on service. Standardized tools are leveraged to assess progress and care goals are established early on with the discharge discussions occurring within the first week of admission. Care is across the continuum for patients, including when they are discharge with physiatry and neurology follow-up within clinics (either specialized rehabilitation outpatient services known as S-ROP or in physiatry clinics).

All patients are required to attend education sessions (they are mandatory) and they are done live on the unit, however also shared with family who are not able to attend by ZOOM. The SCI rehab patients have an eight-week education block that includes topics such as bladder management and bowel management. As well, the service has a bulletin board that contains topics pertinent to patients and families that also includes a QR code to access resources. Topics include managing your blood pressure, staying active, fall prevention, pressure injury prevention, and urinary tract infection prevention.

A potential leading practice for consideration is the Autonomic Dysreflexia Medical Alert which is provided to all patients/families upon discharge. The alert provides a QR code that ensures when patients arrive at an ED anywhere within the province staff can quickly scan the code to retrieve standard of care practices in the assessment and treatment of autonomic dysreflexia.

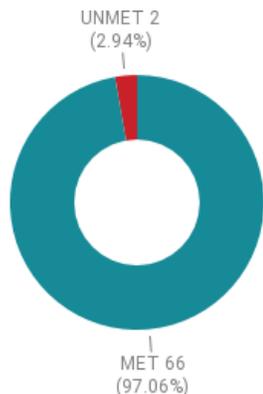
Within the Glenrose Rehabilitation Hospital, there is a strong Research and Innovation arm that has recently been formed with foundation dollars to build the research enterprise that is more integrated, scalable into community and creating space for future generations of researchers. The mandate is to integrate research and innovation into the clinical care spaces to enhance quality of life, advance discoveries and leverage technology in private/public partnerships to allow for independence.

The Spinal Cord Injury service has a patient experience liaison who is available to support clients as they participate in their rehab journey. The liaison is a person who has lived experience as a former patient available to meet with clients, answer questions, and share their own experiences to support the journey of recovery. The program has been successful where they received funding to hire a Patient Experience Liaison who is a SCI survivor. It is suggested that the program consider submitting this as a leading practice.

STANDARD	UNMET CRITERIA	CRITERIA
Spinal Cord Injury Rehabilitation Services	2.14	Patients and families are provided with information about their rights and responsibilities.
Spinal Cord Injury Rehabilitation Services	2.15	Patients and families are provided with information about how to file a complaint or report violations of their rights.

### Service Excellence

**Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Processes included in this section are: clinical leadership, competency, decision support, and impact of outcomes.**



There are a number of rehabilitation programs offering a wide variety of speciality programs and services. The rehabilitation leadership is encouraged to review the process for selecting evidence-based guidelines and the process to implement best practices to ensure there is sufficient professional mentoring in place to embed clinical best practices.

The rehabilitation program is embarking on several quality initiatives to improve operations and clinical outcomes. Consideration to a centralized way in which quality

improvement goals can be established and monitored as a zone and/provincial network is encouraged.

Processes are in place to identify risks for clients and staff. An opportunity was identified at the South Calgary Health Centre CAR Clinic to collaboratively address staff safety risks.

There is opportunity to get back on track with regular performance reviews for all staff. These are great opportunities to engage with staff and outline professional growth and development plans.

There has been a significant population increase in many of the central and rural communities. The population increase has created pressures across the health system, including rehabilitation services.

The organization is encouraged to continue to have line of sight to community needs, population growth as well as wait times to enable recruitment and program planning to support earliest intervention possible in rehabilitation services across the province.

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	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.

## Criteria for Follow-up

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

Follow-up Criteria				
Standard	Criteria	Site	Due Date	
Acquired Brain Injury Services	2.13	Clients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> <li>Centennial Centre for Mental Health and Brain Injury</li> <li>Glenrose Rehabilitation Hospital</li> </ul>	June 28, 2024
	2.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	<ul style="list-style-type: none"> <li>Glenrose Rehabilitation Hospital</li> </ul>	June 28, 2024
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.	<ul style="list-style-type: none"> <li>Chinook Regional Hospital</li> </ul>	June 28, 2024
	23.3	An independent double check is conducted at the point of care before administering high-alert medications.	<ul style="list-style-type: none"> <li>Glenrose Rehabilitation Hospital</li> </ul>	June 28, 2024
Rehabilitation Services	2.13	Clients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> <li>Duggan Health Centre</li> <li>Glenrose Rehabilitation Hospital</li> <li>Royal Alexandra Hospital</li> </ul>	June 28, 2024
	2.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	<ul style="list-style-type: none"> <li>Duggan Health Centre</li> <li>Glenrose Rehabilitation Hospital</li> <li>Royal Alexandra Hospital</li> </ul>	June 28, 2024
Spinal Cord Injury Acute Services	2.14	Patients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> <li>Foothills Medical Centre</li> </ul>	June 28, 2024
	2.15	Patients and families are provided with information about how to file a complaint or report violations of their rights.	<ul style="list-style-type: none"> <li>Foothills Medical Centre</li> </ul>	June 28, 2024
	2.16	A process to investigate and respond to claims that patients' rights have been violated is developed and implemented with input from patients and families.	<ul style="list-style-type: none"> <li>Foothills Medical Centre</li> </ul>	June 28, 2024

Spinal Cord Injury Rehabilitation Services	2.14	Patients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> <li>Glenrose Rehabilitation Hospital</li> </ul>	June 28, 2024
	2.15	Patients and families are provided with information about how to file a complaint or report violations of their rights.	<ul style="list-style-type: none"> <li>Foothills Medical Centre</li> <li>Glenrose Rehabilitation Hospital</li> </ul>	June 28, 2024