

**October
2019**

CALGARY ZONE
CLARESHOLM GENERAL
HOSPITAL

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.

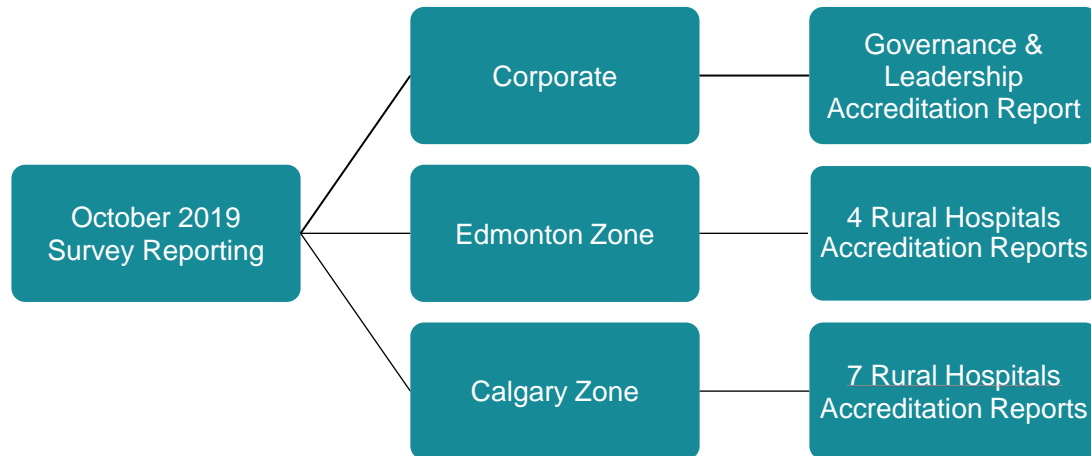
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS 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 rural 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 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.

- 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 the 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

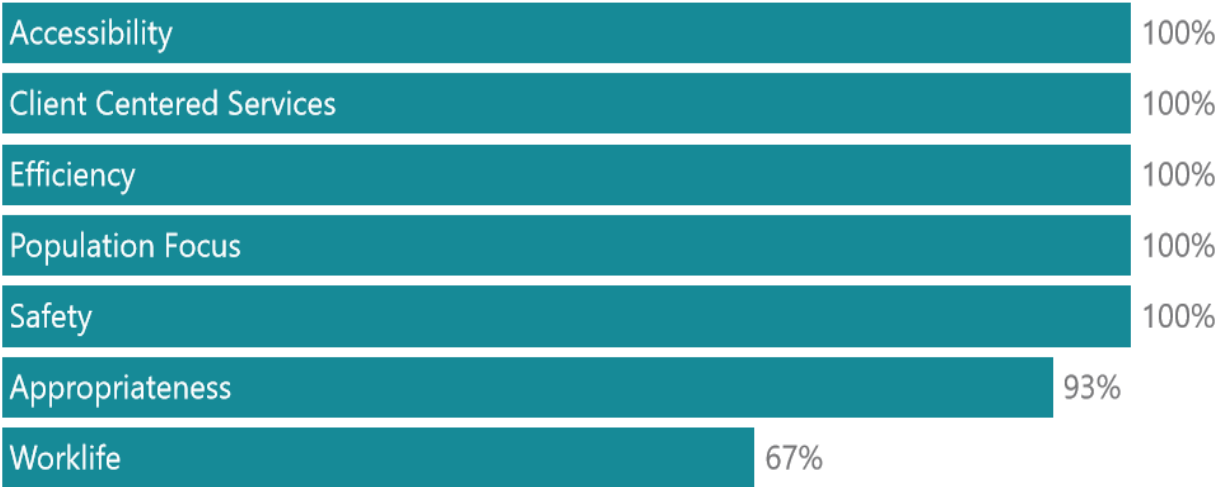


Fig. I.2 Compliance by Quality Dimension

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.

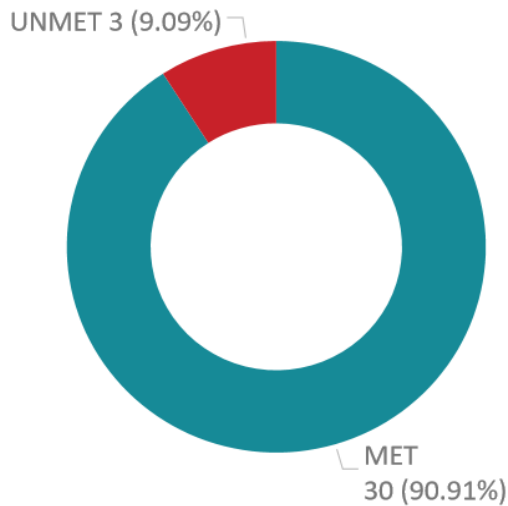
The Calgary zone suburban hospital leadership team has established communication processes to the rural sites. The team is encouraged to set up more formalized communication processes to ensure consistency in messages to all rural sites.

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 – Claresholm General Hospital Report

1. Claresholm General Hospital 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). The survey took place October 21 - 22, 2019 and was conducted by two surveyors from outside of the province.

The staff and physicians take a great deal of pride in the care they provide and the cleanliness of the Claresholm General Hospital. The hospital is very clean; however, there are a great deal of signs and information brochures on the walls which may be overwhelming and not read in detail.

The Claresholm General Hospital prioritizes continuous learning for staff and physicians through various venues, such as Grand Rounds and the Simulation Training program. This program supports continuous learning in a safe environment and is highly valued.

The community is clearly engaged with the hospital and provides suggestions, insights, and advice. The patient care areas are bright, well-kept, uncluttered and spacious. The Emergency Department is the exception and would benefit from the removal of clutter. The team should consider creating space for ambulatory care specific procedures so clients and families will not be waiting in the Emergency Department.

There is an active engagement between all disciplines in the hospital including those from outside the facility. There is an unofficial agreement with the Claresholm Centre for Mental Health and Addictions next door to have the ability to call their security guard through the day if needed, and the Mental Health Site can call the Hospital's Security Guard through the night.

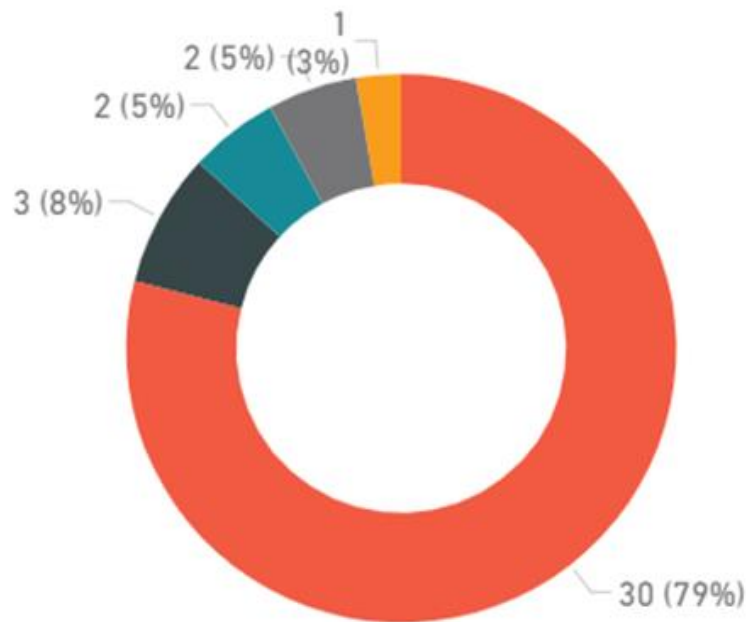
There is good collaboration with the Universities/Colleges to bring in students. This is also an excellent recruitment strategy

Survey Methodology

The Accreditation Canada survey team spent two days at Claresholm General Hospital.

During the survey 38 interviews were conducted.

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



Staff ● Administration ● Others ● Physicians ● Clients and Families

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. Infection prevention and control standards are consistently applied and adhered to.
2. There is an engaged and collaborative team. As a small site there is active engagement with all disciplines, including those from outside the facility.
3. Claresholm General Hospital has forged partnerships with Universities and Colleges to provide placement for students. This is an excellent recruitment strategy.
4. There are continuous educational opportunities. The staff and physicians at Claresholm General Hospital are fortunate to have an onsite Clinical Educator who provides real time education and training.

KEY OPPORTUNITIES

1. 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.
2. There is a need to improve the external signage. Patients and families would benefit from clear external wayfinding.
3. The site could review the amount of cardboard used or stored in clinical areas and work on strategies to decrease or replace.
4. Claresholm General Hospital has established priorities for space optimization and this needs to be implemented such as space for ambulatory care and a designated triage area. The hospital would benefit from these two priorities as a starting point to improve patient confidentiality and access and flow.

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
94% met	99% met	98% met

# of attested criteria	
Attested	Audited
86 criteria	13 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	99	3	1	
Infection Prevention and Control	32		18	
Inpatient Services	68		1	
Leadership	9			
Medication Management	75	4	12	
Service Excellence	42	1		
Total	325	8	32	

Compliance by System-level Priority Process

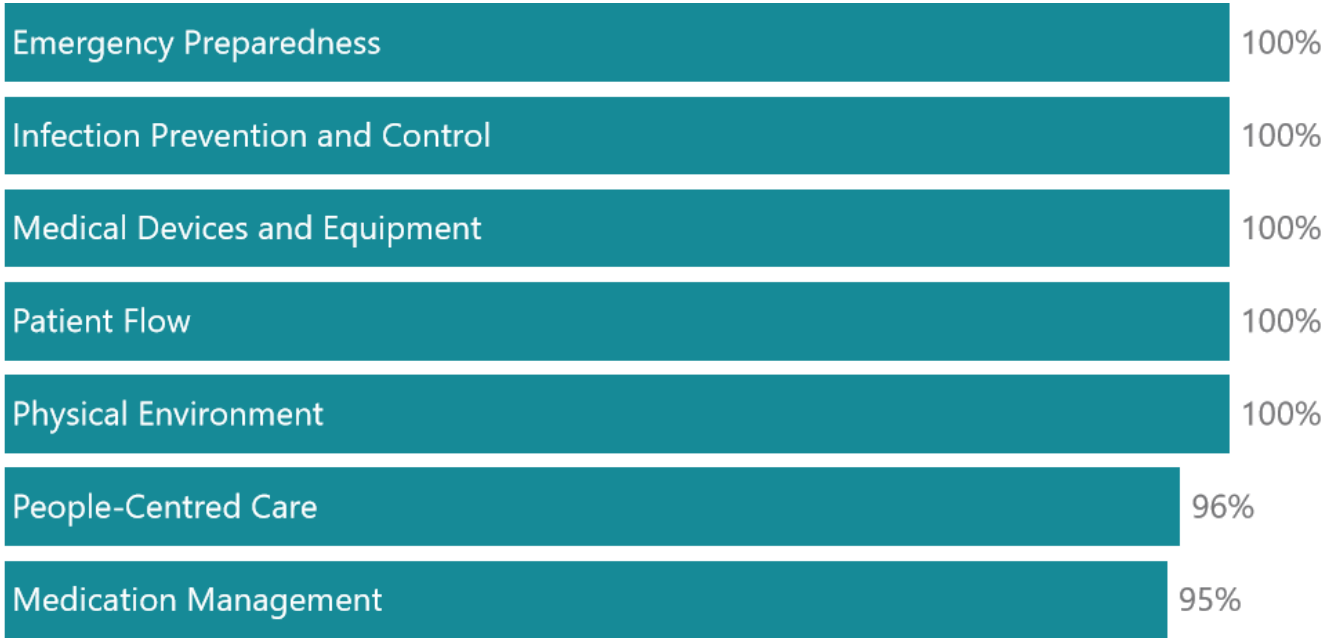


Fig. I.4 Compliance by System-level Priority Process

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	5			
Infection Prevention and Control	22			
Medical Devices and Equipment	9		18	
Patient Flow	14			
Physical Environment	4			
People-Centred Care	24	1		
Medication Management	75	4	12	
Total	153	5	30	

Compliance by Quality Dimension



Fig. I.5 Compliance by Quality Dimension

STANDARD	MET	UNMET	N/A	NOT RATED
Accessibility	23	1		
Appropriateness	99	3	10	
Client Centred Services	74		1	
Continuity of Services	12			
Efficiency	5	1		
Population Focus	1			
Safety	101	3	20	
Worklife	10		1	
Total	325	8	32	

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	Met
	Inpatient Services	Met
The 'Do Not Use' List of Abbreviations	Medication Management	Met
Medical Reconciliation at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
Information Transfer at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	Met
Concentrated Electrolytes	Medication Management	Met
Heparin Safety	Medication Management	Met
High-alert Medications	Medication Management	Met
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
Pressure ulcer prevention	Inpatient Services	Met
Suicide prevention	Emergency Department	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 refer 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 staff have a good understanding of how to initiate an infection outbreak protocol and are aware of the various disaster codes.

Staff are aware of who to call during a disaster and how to initiate protocols. There are educational modules available online for staff to review.

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 Claresholm General Hospital is visibly clean, and the team takes great pride in ensuring Infection Prevention and Control (IPC) practices are strongly adhered to. Hand hygiene audits are completed regularly, and results are posted at the site and in the AHS intranet. These results are shared with staff, the zone, and the province regularly. The hospital is encouraged to ensure that any results that are posted are the most current information. There are standardized cleaning standards and the staff are well trained in these.

The housekeeping staff take great pride in their roles in ensuring a clean environment and patient safety and have created standardized work to support this. They 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.

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.



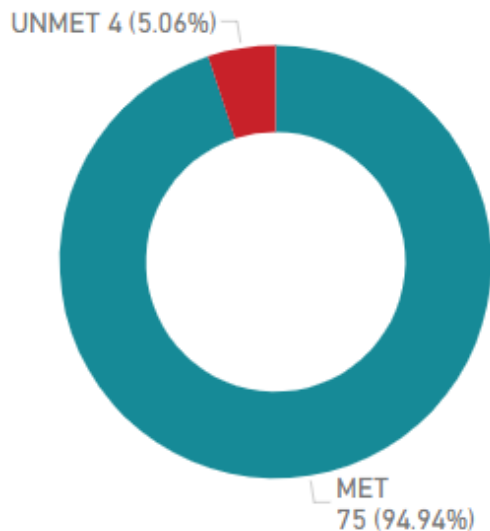
Priority Process Description:

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

The Claresholm General Hospital does not reprocess medical devices and equipment. There is a clear process for sending soiled equipment and receiving sterile equipment in collaboration with the reference site. This process is well adhered to by the staff at Claresholm General Hospital.

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.

There are two pharmacy areas in Claresholm General Hospital. The site may want to think about an automatic dispensing unit or some type of night cupboard, thus decreasing the need for duplication of medications in the nursing area. The Pharmacy areas have cardboard medication trays; consideration should be given to replace this with clear plastic bins.

The site is fortunate to have pharmacists on site to assist with patient education, staff questions and collecting the Best Possible Medication History. The pharmacy team is a key member of the facility team and is well utilized by physicians, staff, and patients.

A Safety Medication Technician in the Calgary Zone is responsible for all the audits and providing the information back to the onsite teams.

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.

Patient flow throughout the Claresholm General Hospital site is an easy transition. Patients who are admitted are transitioned well from the ED to the inpatient unit. This site has a clear plan for overcrowding should that occur, and capacity is monitored on a regular basis.

People-Centred Care

This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department, Inpatient Services and Service Excellence.



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.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

The patients, family, and community are very involved with their hospital, and the community has multiple ways to express their opinions. Bedside care transition reports have included both patients and families in determining goals and discharge planning. A multidisciplinary team works with patients and families to ensure discharges are appropriate.

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.

The physical plant is well maintained in clinical areas. There is a great deal of underutilized space, and the organization is encouraged to proceed with the space optimization plan and develop a site plan for services.

The Emergency Department is not well suited for the nurse to observe patients. The Ambulance Garage door is too low to allow the Ambulance to enter, and the Shipping and Receiving area does not have a cover so supplies are off-loaded in the weather. There is not an external sign directing patients to the Emergency Department, nor any sign directing EMS to the ambulance bay. Patients and families would benefit from clear external wayfinding. Upon entering the

hospital there are many small signs to direct people; however, these can appear overwhelming. The hospital is working on establishing clear internal signage to direct patients and families.

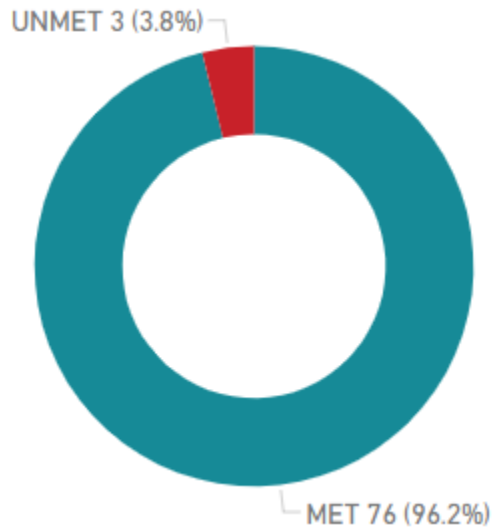
The hospital should consider removing cork boards and replacing them with whiteboards throughout the site. There is also a great deal of paper posted on boards across the hospital making it difficult to know what information is most important and most current. It would be helpful to ensure all posted information is dated and that only the most important information and notices are posted to ensure they are reviewed.

Testing of the backup systems are done weekly. There is a plan in place for upcoming water shut off.

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



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	3.1	Entrance(s) to the emergency department are clearly marked and accessible.
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 provides a valuable service to the Claresholm community. The ED team practices scenarios through simulation to ensure skills are kept up to date.

Patients who require specialty services or a higher level of care are easily accommodated. This is either accomplished through phone consultation or transfer to another facility. The ED team at Claresholm General Hospital feels supported from a system perspective resulting in patients receiving the care they need in the right location. The challenge for the ED team, at times, is timely transportation which is also affordable. The Emergency Medical Services (EMS) can

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.

provide transportation however they may be busy with another call. A non-emergency transport unit may then be used; however, the cost is currently very high with no contractual agreement to manage these costs.

The ED provides many ambulatory care sensitive procedures which can result in delays if the ED is busy. The hospital would benefit from separating these two programs and have dedicated staff to ensure timely access to care. The department is very limited with space and as a result, does not have a dedicated triage room. This results in patients being triaged in a treatment room or in the waiting room if all rooms are busy. This compromises patient confidentiality and potentially safety as the triage nurse is not able to visualize the waiting room in the event of sudden patient deterioration. The hospital would benefit from enacting the plans identified in the space optimization plan.

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.

Staff seem to be professional and aware of their population base. There is a good sense of teamwork and flexibility. A Clinical Nurse Educator onsite assists with education and ensuring yearly competencies are completed. There is also a robust online educational platform. There is a detailed patient and family handout. Collaboration between sites is also evident. EMS transfer times did come up as an opportunity for improvement, especially at EMS shift change.

The site is encouraged to engage staff in developing quality improvement projects identified and led by staff.

The standards are embedded within their processes and are followed. The staff are proud to say that they do not remember anyone having a pressure ulcer.

The inpatient unit accepts transfers from other sites to assist in their overcapacity protocols.

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.

A multidisciplinary team works to ensure each patient has the best chance possible to return to a home setting. Care plans and goals are readily accessible to the patients and families through the use of a whiteboard in each room.

Multidisciplinary meetings occur frequently which include the patient and family.

Staff have an educator onsite to assure their continuing competence and access to ongoing education.

5. Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

STANDARD	CRITERIA TYPE	CRITERIA	DUE DATE
Emergency Department	Regular	3.1 Entrance(s) to the emergency department are clearly marked and accessible.	June 30, 2020
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