

2022

St. Theresa General Hospital

North Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022



ACCREDITATION
AGRÉMENT
CANADA

Table of Contents

About this Accreditation Report	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited	4
Central Zone Rural Hospital Assessment – Sites Visited	4
Confidentiality.....	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	7
Key Opportunities and Areas of Excellence	8
Key Opportunities	8
Areas of Excellence	8
Results at a Glance	9
Compliance Overall	9
Compliance by Standard	10
Compliance By System Level Priority Process.....	11
Compliance by Quality Dimension.....	12
Compliance by Required Organizational Practice (ROP) (AC to update Table and graphs)	13
Detailed Results: System-level Priority Processes	15
Emergency Preparedness	15
Infection Prevention and Control	16
Medical Devices and Equipment.....	16
Medication Management	17
Patient Flow	18
People-Centred Care.....	19
Physical Environment.....	19
Detailed Results by Service-Level Priority Process	20
Emergency Department.....	20
Inpatient Services.....	21
Long-Term Care Services.....	21
Service Excellence	23
Criteria for Follow-up.....	24
Criteria Identified for Follow-up by the Accreditation Decision Committee	24

About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted April 25 – May 6, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2023). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

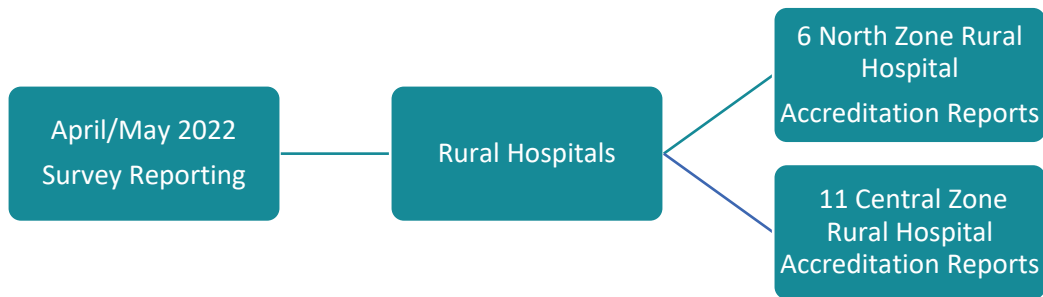
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2023), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted a new assessment method referred to as Attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2023, an overall report will be issued that includes the province’s overall accreditation award.

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



North Zone Rural Hospital Assessment – Sites Visited

- Beaverlodge Municipal Hospital
- Fox Creek Healthcare Centre
- Grande Cache Community Health Complex
- Northwest Health Centre
- St. Theresa General Hospital
- Valleyview Health Centre

Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre
- Drumheller Health Centre
- Hanna Health Centre
- Innisfail Health Centre
- Olds Hospital and Care Centre
- Ponoka Hospital and Care Centre
- Rimbey Hospital and Care Centre
- Rocky Mountain House Health Centre
- Stettler Hospital and Care Centre
- Myron Thompson Health Centre
- Three Hills Health Centre

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only.

Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

Executive Summary

Surveyor Observations

The team members and leaders at St. Theresa General Hospital are acknowledged for embracing the accreditation journey. A leader provided the Surveyors with their thoughts on accreditation saying, “this is good timing. Accreditation gives us direction as things are getting back to normal.” The team members are dedicated in providing quality client care. The team members are proud to work at St. Theresa General Hospital. A team member stated, “I love working here. I came for one year and it is now eight. I like working to my full scope of practice.” Other team members described the work environment as, “collaborative,” “helping each other out,” and “like a family.” There are linkages and collaboration across the hospitals in the North Zone. This includes transferring clients within the North Zone to ensure the best possible care for clients and families.

The St. Theresa General Hospital was built in 1983. The facility is clean and well maintained. There is some clutter in patient areas, however, there is a plan to reduce clutter and remove redundant equipment. There are wide corridors and lots of natural light. The client rooms look out to green space and there are gardens for residents, clients, and families. The housekeeping team are acknowledged for their work in ensuring a clean and safe environment. There are hand hygiene stations throughout the site with dedicated hand-washing sinks available. Staff are available at entrances to conduct COVID-19 screening.

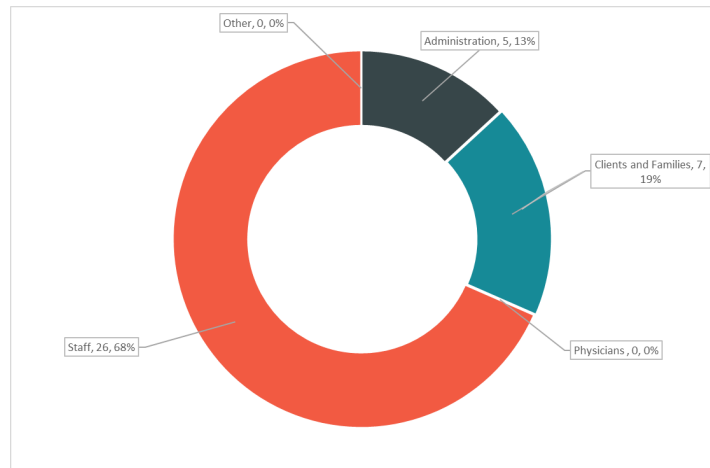
Clients and families spoke highly of the care provided. They described being treated with care, dignity and respect. A client stated, “I receive good care. I know what to expect when I go home.” The leaders are encouraged to continue to seek client and family input to further strengthen programs and services.

There is an engaged multi-disciplinary team. The team members spoke highly of the support from other professionals in the North Zone including social work, pharmacy, mental health, physiotherapy, occupational therapy, and infection prevention and control. They are acknowledged for their commitment to quality care. An Infection Prevention Control Practitioner supports the team and visits the site on a regular basis. In 2021, Connect Care was implemented which supports collaboration and patient safety. There are quality processes implemented including white boards and quality boards in the long-term care unit, interdisciplinary rounds, and auditing. The leaders are encouraged to continue to gather input from clients and family into operational decisions to further strengthen programs and services. Furthermore, they are encouraged to continue to cascade the quality processes throughout all programs and services.

Survey Methodology

The Accreditation Canada Surveyors spent one day at St. Theresa General Hospital. To conduct their assessment, the survey team gathered information from the following groups¹

Groups	# of interviews
Administration	5
Client & Families	7
Physician	0
Staff	26
Other	0



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

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Continue to develop quality improvement initiatives for the site in alignment with AHS
2. Continue efforts in staff recruitment and retention
3. Continue to encourage input from clients and family members in operational decisions to further strengthen programs and services
4. Store medications that are no longer in use separately from medications in current use in the client service areas
5. Continue to review the infrastructure needs of the site with an aim to enhance storage, promote quality care, and to support infection prevention and control processes

Areas of Excellence

1. Team member commitment to quality and excellence in client care
2. Engaged leaders committed to staff and ensuring quality patient care
3. A sense of pride in having a clean and well-maintained facility
4. Implementation of Connect Care
5. Commitment of team members, physicians and leaders to managing the COVID-19 pandemic

Results at a Glance

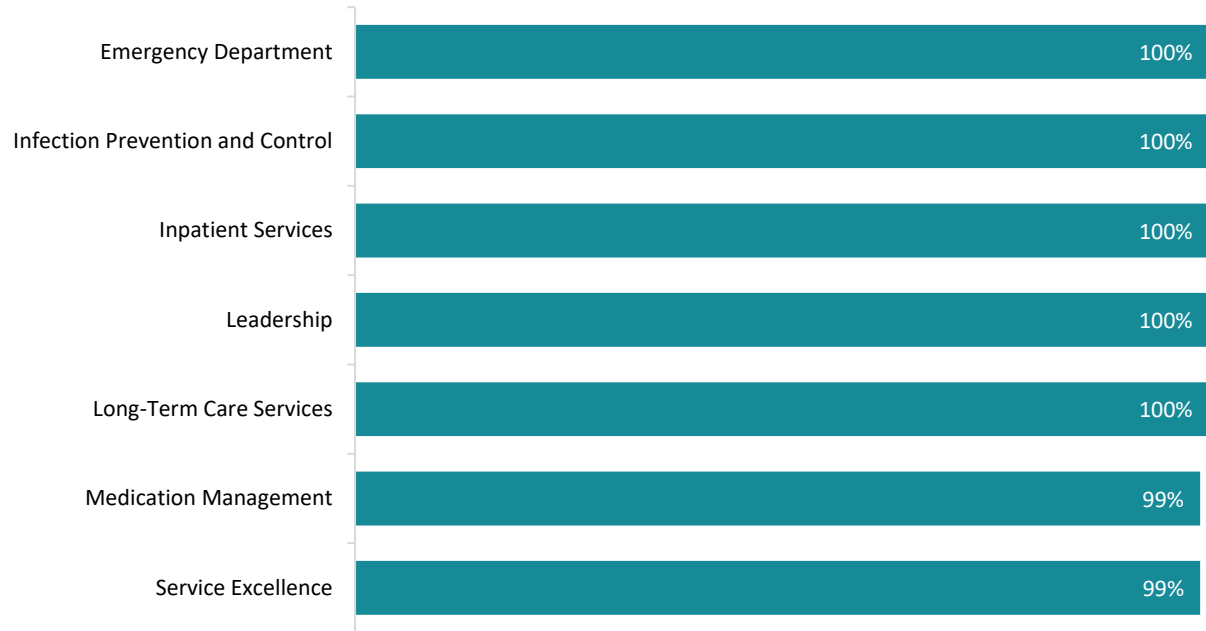
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of 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.
Attested 100% met	On-Site 99% met	Overall 100% met	
Number of attested criteria			
Attested 92 criteria	Audited 8 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

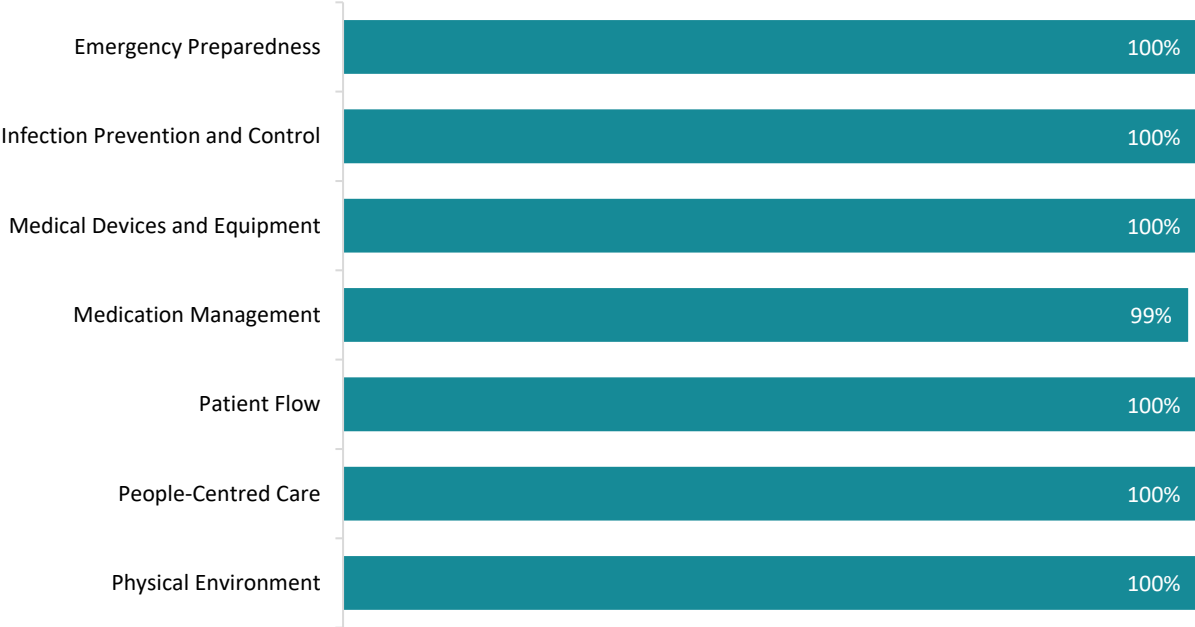
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	94	0	1	0
Infection Prevention and Control	51	0	13	0
Inpatient Services	68	0	1	0
Leadership	9	0	0	0
Long-Term Care Services	81	0	0	0
Medication Management	80	1	8	0
Service Excellence	74	1	0	1

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	14	0	13	0
Medication Management	80	1	8	0
Patient Flow	14	0	0	0
People-Centred Care	33	0	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	31	0	0	0
Appropriateness	149	0	9	0
Client Centered Services	113	0	0	1
Continuity of Services	17	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	128	1	13	0
Worklife	12	1	1	0
Total	457	2	23	1

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	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care 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
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET

RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long-Term Care Services	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long-Term Care Services	MET
Suicide prevention	Emergency Department	MET
	Long-Term Care Services	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.



There is an unwavering commitment to ensure a culture of emergency preparedness. It is embedded into all the programs and services. The site was evacuated due to flooding which occurred during the COVID-19 pandemic. The team continues to have practices for the “code of the month”, including both actual drills and tabletop exercises. During these events the fire department and police are involved – building strong partnerships with both departments. The site lead works in conjunction with the public representatives to ensure the patients and public are protected. The emergency preparedness processes

supported the management of the COVID-19 pandemic. This has included appropriate supplies and PPE, establishment of screeners at the entrances, rigorous attention to hand hygiene, and enhanced cleaning, to name just a few.

Yellow code binders are current and available on the nursing units. Staff are knowledgeable on the downtime procedures for Connect Care. There is always an administrator on-call to assist in the event of problem situations.

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.



The infection control (ICP) practitioner is shared between three sites in the North Zone. Everyone from the kitchen staff to the powerhouse staff to the clinical staff were familiar with procedures related to IPC. Hand hygiene is adhered to, and the staff are knowledgeable as to what to do if there are concerns or outbreaks.

Work is currently underway to declutter the basement, for increased storage room of more current equipment. It may be worthwhile to monitor and declutter on a regular basis.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.

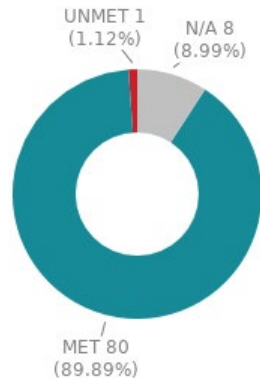


The house keeping staff are responsible for the wipe down of the high touch areas and general equipment. An opportunity to consider would be to provide a high-level overview of the medical equipment to new housekeeping staff for a better understanding of what equipment is used for and where they are able to wipe it down.

Endoscopy and preparation of sterile supplies is not done at the site. The equipment for sterilization is sent to Northwest Health Center in High Level and laundry for the site is sent to Edmonton for cleaning. However, residents' personal laundry from La Crête, Northwest Health Centre, and St. Theresa General Hospital is done here onsite. Nursing staff are aware of how to check for sterility of disposable equipment as needed, and how to manage the cleaning of any medical equipment used at the site.

Medication Management

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



There is no pharmacy at St. Theresa General Hospital. Medications are prepared and dispensed from the Northwest Health Centre and are transferred to the site using a locked box system. However, there is a pharmacy team at the St. Theresa General Hospital which includes a pharmacist available remotely and a pharmacy assistant on site three days a week. There are on-call processes implemented and the pharmacy team are available for consultation on medication issues. Audits are completed by the pharmacist.

There are two Omnicell automated drug dispensing cabinets available at the site, one located in the inpatient nursing station and the other in the emergency department. There is not a separate medication room. The leaders are encouraged to continue to seek opportunities to ensure that team members have a quiet space, free from distractions in which to prepare medications. The team members have expressed a high level of satisfaction with the automated medication dispensing systems. They stated that they have access to medication reference materials, policies and procedures. The pharmacy team are proud of the implementation of the Omnicell automated medication dispensing cabinets. The pharmacist reviews the usage and compliance with the medication distribution process including the incidents when overriding of the bar code scanning process occurs. In March 2022, approximately 44% of medications were scanned before removal from the automated medication distribution cabinet and approximately 53% of client's bar-coded identification bands were scanned prior to medication administration. The leaders are strongly encouraged to ensure that the barcode scanning occurs prior to removing medications from the automated medication dispensing cabinets and that client bar coded identification bands are scanned prior to medication administration to ensure medication safety.

The medication preparation area has good lighting, is clean and well organized. There are fridges to store medications that require cold chain with the temperatures monitored. The expired medications are stored in a bin on the top of the omnicell automated drug dispensing system. The leaders are encouraged to ensure the expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use in the client service areas, pending removal.

Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored in separate containers. The antimicrobial stewardship program is implemented with oversight at the North Zone level. There is a medication management committee supporting this program which is being revitalized. Furthermore, they are encouraged to involve team members in the development of the revitalized program and disseminate information to front line staff on the antimicrobial stewardship program.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.7	Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.

Patient Flow

Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership; Perioperative Services and Invasive Procedures.



There are no concerns with client flow at the St. Theresa General Hospital. A smooth transition of clients requiring admission from the emergency department to an acute care bed is facilitated. There are 22 inpatient beds available to meet the needs of clients. There is no overcrowding in the emergency department and clients are seen in a timely manner. There is timely access to diagnostic services. Clients requiring an alternate level of care wait approximately 2-3 weeks for this service.

There are currently no clients waiting in an inpatient bed requiring an alternate level of care, however, there are processes in place to address overcapacity.

If clients require a higher level of care, transfer to another facility is quickly arranged. However, air transportation may be impacted by the weather and in this scenario, clients are then transferred to the Northwest Health Centre. The transfer services to another facility is provided by RAAPID. The team members and physicians work closely with EMS.

There are initiatives to support appropriate client flow including interdisciplinary conferences, and discharge planning. The team members and leaders are encouraged to continue to implement proactive patient flow processes supporting the efficient use of inpatient beds and resources.

People-Centred Care

Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Long-Term Care Services; Obstetrics Services; Perioperative Services and Invasive Procedures; Service Excellence.



St. Theresa's is actively involved in regaining community involvement into the affairs of the hospital. Both the community and the site employees are excited to be moving back into normal patient and family engagement. The site boasts an active group of volunteers and the auxiliary.

Care provided to the patients is done in discussion with the families and patients. The Connect Care system allows patients to access their medical information easily.

Physical Environment

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



The engineer responsible for the operations of the power room is located at the La Crête site and is available as needed at St. Theresa General Hospital. The equipment maintenance is contracted out to a third party vendor. The entire system for oxygen delivery was recently changed over to a much more efficient oxygen concentrator to support the needs of the site. Unfortunately, the medical air system is not functional due to the contaminated holding cylinder. It may be a

consideration to seek the viability to regain operation of this medical air system. The site is clean and well maintained.

One opportunity to consider would be to ensure there is an orientation regarding the safety alarms provided to new staff so they understand the process for the alarm system, and what each system does.

Detailed Results by Service-Level Priority Process

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

Emergency Department

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



The emergency department at St. Theresa General Hospital is well organized. It is clean with hand hygiene products available for team members, clients, and families. There are six emergency room beds, an ambulance bay and a triage area. There is a procedure room and an emergency delivery room. There are no negative pressure rooms, however, there is a private room used for clients who present with influenza like symptoms. There is no seclusion room in the

emergency department. There is a private area in the emergency department that is used as a short-term intervention to protect the safety of a client. However, the private room is not designed for that purpose and when a client presents and requires placement in this room the nursing staff have to remove items from this environment. There may be variability between the staff as to what constitutes a safe environment. The staffing in the emergency department may be adjusted accordingly with the addition of a peace officer, nurse, security guard or protective services to support the care of the client. The leaders are encouraged to ensure that a safe and secure area designed for that purpose is available for clients.

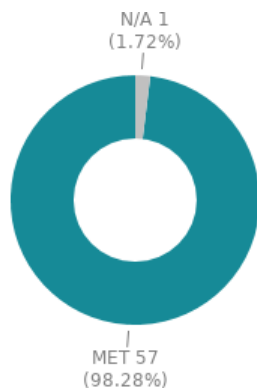
The team members are knowledgeable of emergency services and care. They stated that they received education and training to do their work. A team member noted that she had a passion for emergency services and programs and that she values being able to work to her full scope of practice. The team members are committed to providing quality emergency services. They stated that they are proud of the work that they do and enjoy working in the emergency department. The staffing consists of one registered nurse per 12-hour shift, physicians who are available on an on-call basis, a unit clerk, and a registration clerk. There is opportunity to call in extra staff if the client volume increases. The emergency room is open 24/7. RAAPID provides transportation for clients requiring a higher level of care. There is a strong partnership with EMS.

Clients spoke highly of the care provided at the emergency department. They stated that they understood their follow up plan of care. Additionally, they described being treated with care, dignity, and respect. They had no suggestions for improvement.

Data on wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are collected, with regional reporting at the North Zone level. There is limited waiting time for emergency services with clients being seen within an hour. There are no patient flow issues identified. The leaders are encouraged to display information on wait times on Quality Boards in the emergency department.

Inpatient Services

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



St. Theresa General Hospital hosts 22 medical care single room beds. The average length of stay is between 2-3 days. There are cots and cribs for pediatrics. The staff are proud to be certified in all levels of resuscitation, holding certificates in CPR, ALS, NRP, and PALS.

Within the past year Connect Care has been implemented. The staff have found it very easy with less repetitive charting, smoother flow of information, and identification of patients. Patient information is transferred within the

platform, patient ID is simple with the use of the armbands, and it is simple to see the care plans, and plans for the transitions.

Staff are upbeat and have long tenure with some following in their parents' footsteps to be a nurse at the site. Staff stated they stay because of the ability to practice to the full scope of their profession. Each day is met with new and different cases from birth to palliative care.

Long-Term Care Services

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



St. Theresa General Hospital has 8 long-term care beds, with 4 private and 2 semi-private rooms. There is a shared washroom in the semi-private rooms. The long-term care home is clean and well maintained with a home-like atmosphere. There is a large room for resident interactions which includes a television, an exercise bike and games for residents. Marvin, the rabbit who resides in this shared space is a welcomed member of the long-term care team. An outdoor

garden is available for residents. There is a tub room for residents and quality processes such as temperature checks are completed. The tub room may benefit from enhancements to provide a more relaxing bathing environment to support resident care. The housekeeping staff are proud of their work in providing a clean environment for residents. The aging infrastructure presents challenges in providing resident care including limited storage resulting in hallway clutter, semi-private rooms and some shared washrooms. The leaders are encouraged to continue to review the infrastructure needs of the long-term care home, with an aim to enhance storage, promote quality resident care, and to support infection prevention and control processes.

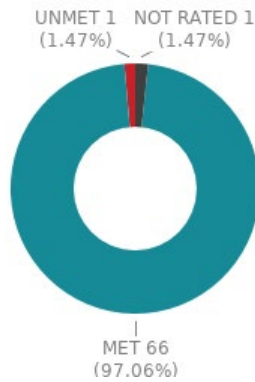
There is a strong commitment to provide quality care for the residents. The team members were very passionate about providing resident-centered care. They described enjoying the daily interactions with residents. They were proactive in seeking opportunities to improve resident care. The team members stated that they felt safe at work. They noted they have the appropriate personal protective equipment and access to hand hygiene products. The team members spoke highly of the support provided by the interdisciplinary team including pharmacy, physiotherapy, recreation therapy and social work, to name just a few.

The residents spoke positively about the care provided at the long-term care home. They stated that they were treated with care, dignity, and respect. A resident suggested having more staff to support care. There are white boards in resident rooms. Each door to a resident room is painted in a vibrant color. The recreation activities are posted on a quality board and Resident Council meetings and minutes are available on the quality board. The residents customize their rooms with furniture and decorations such as family pictures.

The team members and leaders are committed to quality. A comprehensive quality board is present on the long-term care unit, with quality indicators outlined. Hand hygiene audits are completed with the results posted. There are interdisciplinary family conferences, regular medication reviews, and shift to shift report. Auditing processes are implemented. The medication cart is currently being replaced. The team members are proud of the implementation of Connect Care in the northern region.

Service Excellence

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



St. Theresa General Hospital has had the fortune of having the same site leadership for over two years. This has created a consistent and strong commitment to quality care for the clients, minimal change for the staff, and strong connection to the community to support Patient and Family involvement despite the past two years in a pandemic.

There is a strong support of staff education, commitment to public health policy despite pushback from communities, and consistent messaging to the community on public health legislation. Quality improvement has continued through the

pandemic with work towards Accreditation ROPs, including monitoring of risk factors for falls, pressure ulcers, suicide prevention, VTE and gaps in information transfers. Not to be overlooked was the implementation of Connect Care.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Medication Management	12.7	Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.	June 30, 2023