

**October
2019**

**CALGARY ZONE
DIDSBURY DISTRICT
HEALTH SERVICES**

Alberta Health Services



**ACCREDITATION
AGRÉMENT
CANADA**

Table of Contents

About this Accreditation Report.....	1
About the AHS Accreditation Cycle	1
Calgary Zone Rural Hospital Assessment – Sites Visited.....	2
Confidentiality	2
Section I - Calgary Zone Report	3
Surveyor Observations	3
Key Opportunities and Areas of Excellence	3
2. Results at a Glance	4
Compliance Overall	4
Compliance by Standard	5
Compliance by Quality Dimension	6
3. Detailed Results: By Standard	7
Infection Prevention and Control	7
Service Excellence	8
Section II – Didsbury District Health Services Report	9
1. Didsbury District Health Centre Executive Summary.....	9
Surveyor Observations	9
Survey Methodology	10
Key Opportunities and Areas of Excellence	11
2. Results at a Glance	12
Compliance by Standard	13
Compliance by System-level Priority Process.....	14
Compliance by Quality Dimension	15
Compliance by Required Organizational Practice (ROP)	16
3. Detailed Results: System-level Priority Processes	18
Emergency Preparedness	18
Infection Prevention and Control	19
Medical Devices and Equipment	20
Medication Management	21
Patient Flow	22
People-Centred Care.....	23
Physical Environment	24
4. Detailed Results by Service-Level Priority Process	25
Emergency Department.....	25
Inpatient Services	27
Long Term Care Services.....	28
Service Excellence	29
5. Criteria for Follow-up.....	31

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.

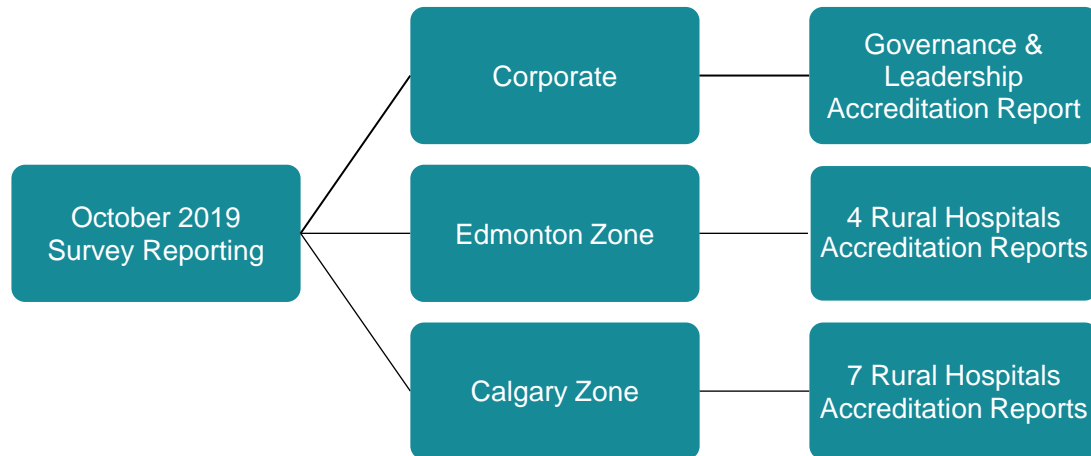
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve their goal of being #AHSAccreditationReady 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 Rural 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 to be commended on their partnerships with communities and municipalities. There are numerous partnerships with foundations, auxiliaries, municipalities, and towns. The rural sites have many services co-located which is very much appreciated by clients/families.

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

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

Key Opportunities and Areas of Excellence

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

KEY OPPORTUNITIES

1. Work with the sites to align performance indicators with team and site objectives.
2. Continue to involve clients and families at all levels.
3. Continue to support rural hospitals in the implementation and evaluation of the Required Organizational Practices.
4. Work with sites to conduct emergency preparedness drills on evenings, nights and weekends.

AREAS OF EXCELLENCE

1. There are well established processes for staff education and training.
2. There is a commitment to the quality Infection Prevention and Control (IPC) program.
3. There are well established linkages and communication processes between the Calgary Zone and the rural sites.

2. Results at a Glance

This section provides a high-level summary of results of 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. 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

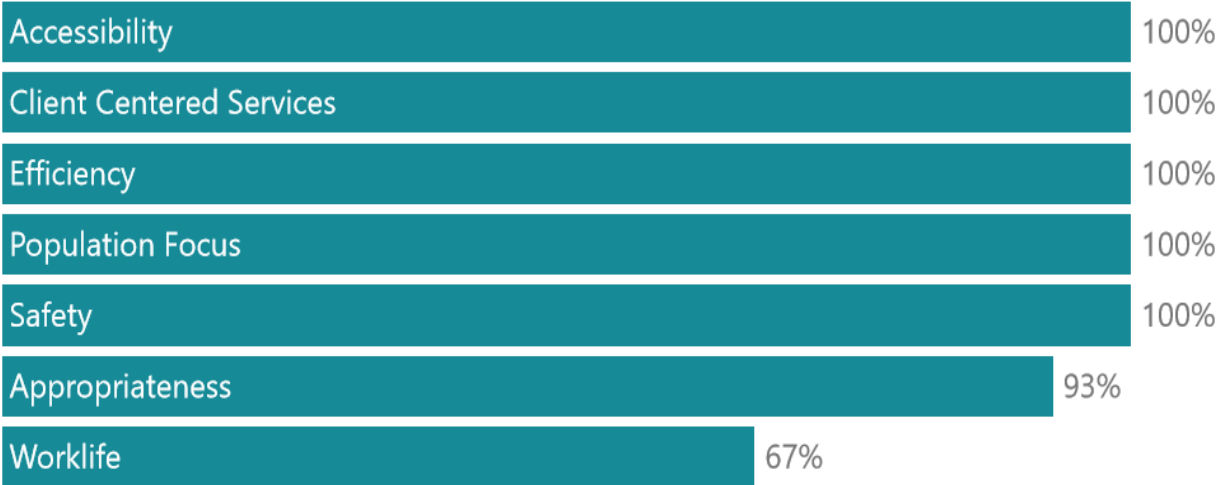


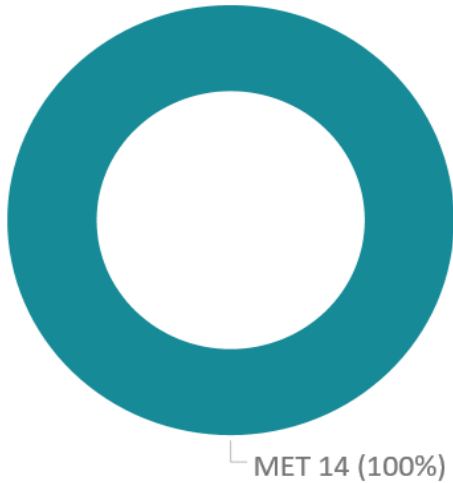
Fig.2 Compliance by Quality Dimension

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.

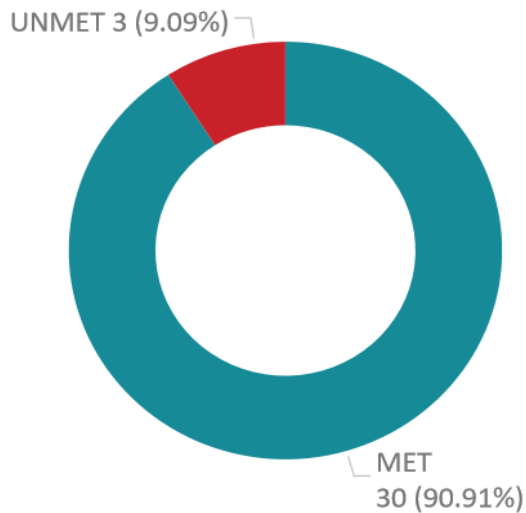
The Calgary zone suburban hospital leadership team has established communication processes to the rural sites. The team is encouraged to set up more formalized communication processes to ensure consistency in messages to all rural sites.

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 is 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 – Didsbury District Health Services Report

1. Didsbury District Health Centre Executive Summary

Surveyor Observations

The current survey focused on seven system-wide priority processes (People-Centred Care, Medication Management, Infection Prevention, and Control, Physical Environment, Medical Devices and Equipment, Emergency Preparedness, and Patient Flow) as well as five service-level priority processes (Emergency Department, Inpatient Services, and Service Excellence). The survey took place October 23 - 24, 2019 and was conducted by two surveyors from outside of the province.

The Didsbury District Health Services Team continues to work diligently on their quality journey. The care they provide to the population they serve is appreciated and staff and physicians take great pride in the work they do. While the visit was unannounced, the team was welcoming, transparent and open to the surveyors.

Patients and families report appreciating having these services close to home, along with long term care provided on site.

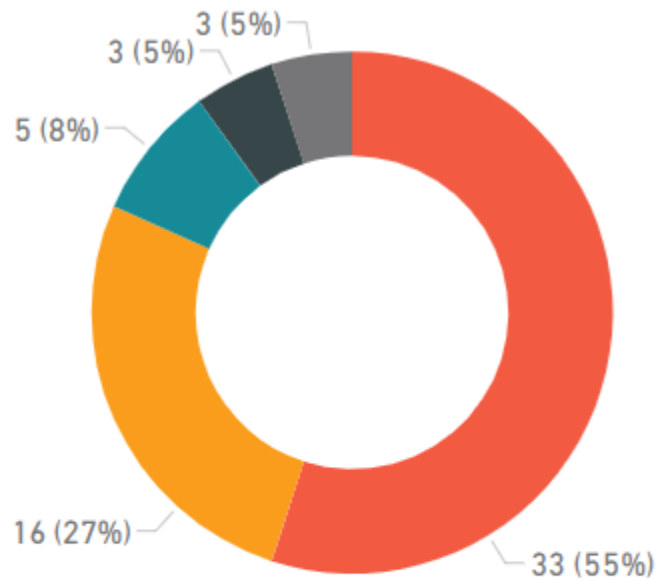
There is a great deal of trust in the physicians and staff at this site. The staff/physicians are credentialed, up to date in their ongoing education/training and there are many good processes in place. There is a robust referral process with hospitals in Calgary and Edmonton.

Survey Methodology

The Accreditation Canada survey team spent two days at Didsbury District Health Services.

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

During this Survey visit, the Surveyors conducted 60 interviews.



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

² 'Other' interviewees refer to individuals such as students or volunteers.

Key Opportunities and Areas of Excellence

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

AREAS OF EXCELLENCE

1. Patient-centered care: Great work is being done in Long Term Care.
2. BPMH (Medication Reconciliation): This is well done in all areas. The pharmacist is involved in complex discharge medication reconciliation.
3. Pharmacy Quality Improvements: Unit dose delivery and significant changes to standardize times for medications, implemented changes in standardizing/streamlining narcotic sheets are in place
4. Culture of safety and quality: All the teams are involved in quality and safety initiatives such as weekly newsletters focused on quality, community engagement through the municipality, and leadership audits.
5. Staff education and training: This is a strength at this hospital

KEY OPPORTUNITIES

1. Client Identifiers in the Long-Term Services: The process needs to be updated and consistently applied.
2. Home Care Equipment: There is not a separation of clean and dirty equipment in the room where Home Care equipment is stored. Equipment needs to be tagged as clean/dirty and properly segregated into separate areas.
3. Performance appraisals: Approximately 40-50% are complete.
4. Patient-Centred Care: Continue to improve and strive for excellence to formalize processes to obtain patient and family input.
5. Emergency Preparedness: Need to conduct mock disasters and ICS 100/200 training

2. Results at a Glance

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

Compliance Overall³

% of criteria		
Attested	On Site	Overall
95% met	98% met	98% met

# of attested criteria	
Attested	Audited
91 criteria	12 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

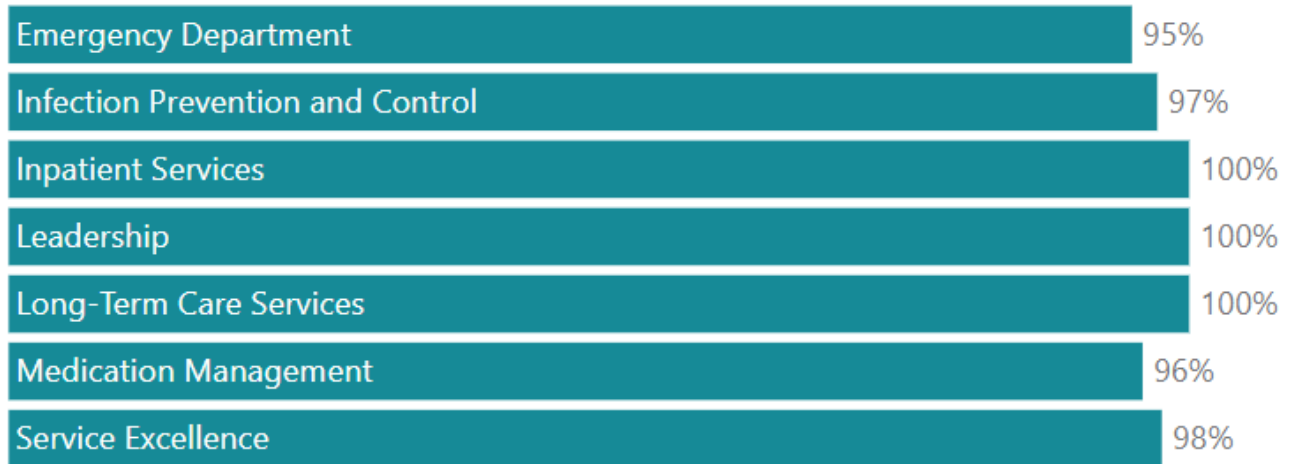


Fig. 3 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	98	5		
Infection Prevention and Control	36	1	13	
Inpatient Services	66		3	
Leadership	9			
Long Term Care	81			
Medication Management	73	3	3	
Service Excellence	42	1	15	
Total	405	10	31	

Compliance by System-level Priority Process

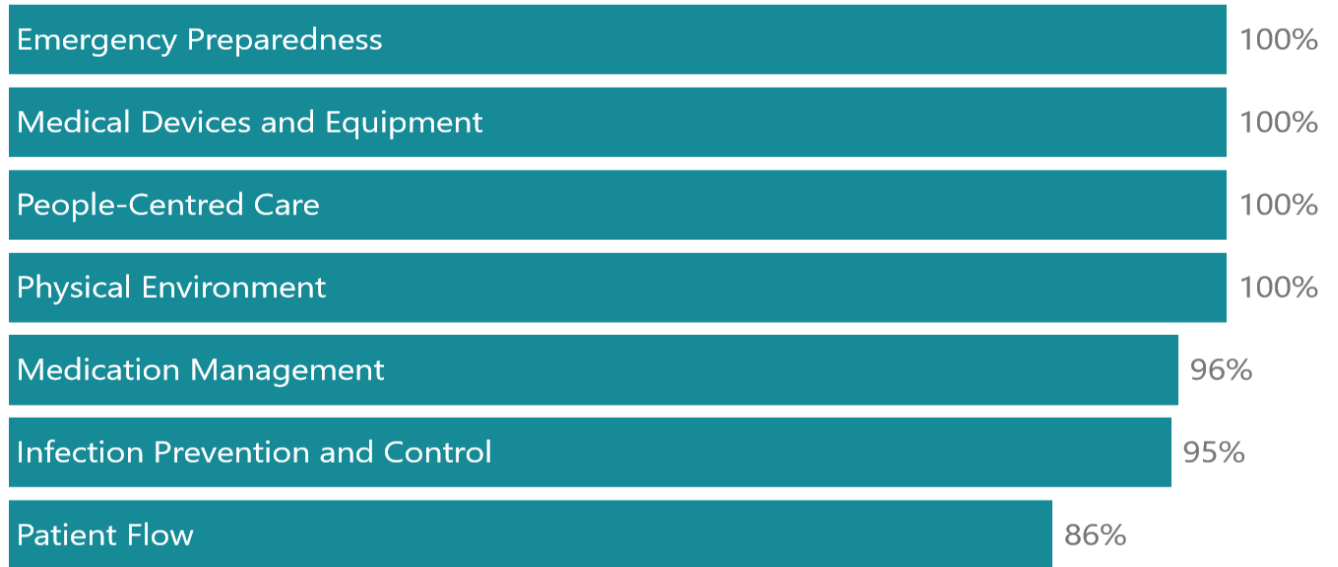


Fig. 4 Compliance by System-level Priority Process

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	5			
Infection Prevention and Control	21	1		
Medical Devices and Equipment	14		13	
Medication Management	73	3	15	
Patient Flow	12	2		
People-Centred Care	29			
Physical Environment	4			
Total	158	6	28	

Compliance by Quality Dimension



Fig. 5 Compliance by Quality Dimension

STANDARD	MET	UNMET	N/A	NOT RATED
Accessibility	26	1	2	
Appropriateness	118	5	10	
Client Centred Services	107		1	
Continuity of Services	17			
Efficiency	5	1		
Population Focus	1			
Safety	122	2	17	
Worklife	9	1	1	
Total	405	10-	31	

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	Met
	Inpatient Services	Met
	Long Term Care Services	Unmet
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
Infusion Pump Safety	Service Excellence	Met
Narcotics Safety	Medication Management	Met
Infection Prevention and Control		
Hand-hygiene Compliance	Infection Prevention and Control	Met
Hand hygiene Education and Training	Infection Prevention and Control	Met

Infection Rates	Infection Prevention and Control	Met
Risk Assessment		
Falls Prevention and Injury Reduction	Inpatient Services	Met
	Long Term Care Services	Met
Pressure ulcer prevention	Long Term Care	Met
	Inpatient Services	Met
Suicide prevention	Emergency Department	Unmet
	Long Term Care	Met
Venous thromboembolism prophylaxis	Inpatient Services	Met

3. Detailed Results: System-level Priority Processes

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

Emergency Preparedness

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

All the criteria are met for this Priority Process.



Priority Process Description:

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

There is a robust All-Hazard Disaster and Emergency Plan that is up to date. Staff report receiving training annually through ACE Modules. There are monthly fire drills conducted and with debriefs/reviews following to identify any issues. There is an onsite Fire Marshall who conducts the monthly fire drills which are conducted Monday to Friday on the day shift. There are some staff who work only night shifts. In addition, there are much fewer staff in the building during evening and night shifts to assist with evacuations in the event of emergencies. It is recommended that the site consider conducting drills to rotate from days to evening and night shifts as well as on the weekend. The fire suppression system is tested annually.

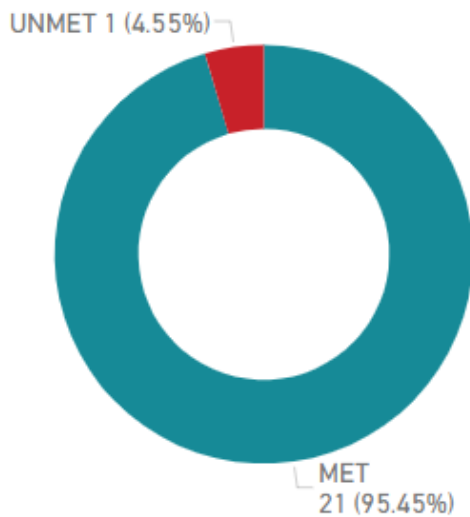
Alberta Health Services has an Emergency and Disaster Management (E/DM) Policy, Enterprise Risk Management Policy as well as a Business Continuity Management Policy that are up to date and available to all staff via Insite. There is an E/DM Steering Committee with a representative from the Calgary Zone. The representative meets with the site monthly and there are frequent communications as required.

There are monthly Joint Workplace Health and Safety (JWHS) meetings and this team reviews a disaster code each month. For the orange and green disaster codes there are subcommittees that work on these. The JWHS committee is presently taking training mandated with the updated Occupational Health and Safety Legislation. All front-line managers and leaders who take calls are required to have ICS 100 and ICS 200 and the site leaders have yet to complete this training.

The site has not conducted a Mock Disaster in at least 3 years. It is recommended that they conduct one in the near future.

Infection Prevention and Control

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



Priority Process Description:

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

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	2.9	Input is gathered from the infection prevention and control team to maintain processes for selecting and handling medical devices/equipment.

The Didsbury District Health Services is to be commended for their commitment to a quality Infection Prevention and Control (IPC) program. There is a dedicated IPC resource to provide support to the team related to education and policies/procedures/processes at the organization. The team is encouraged to continue to explore the input of clients, families, and communities in the Infection Prevention and Control program.

The Calgary leadership team has well established committees to provide leadership and

communication processes to the sites. The local infection control practitioner has created tools, tips and processes that are more applicable to the rural sites and the team is encouraged to set up more formalized structures related to dissemination of information to ensure consistency in messages to this site.

Westec Audits are completed daily by environmental staff to look at facility issues and quality of room cleaning at all rural sites. Feedback is provided based on audits to all staff.

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 encouraged to continue with the auditing process and to share results with clients, families, and the community.

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:

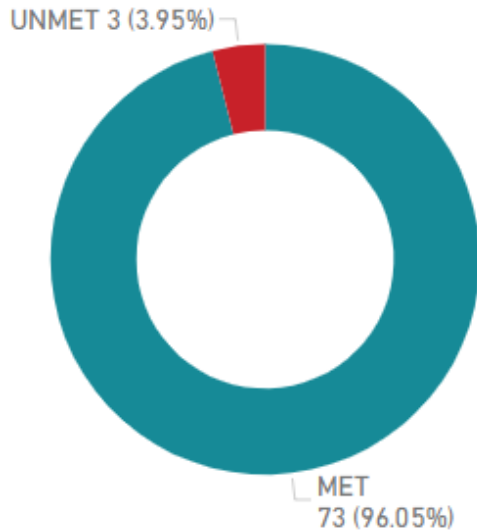
Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Cleaning and disinfecting of equipment are done in-house. Staff are educated on appropriate processes and cleaning is completed in appropriate areas.

There is no sterilization done on site. The space for equipment storage is clean and well organized.

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	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to the administration of the first dose.

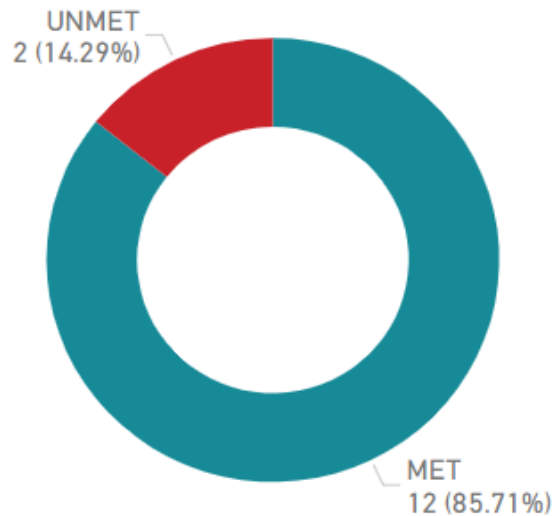
The pharmacy area at Didsbury District Health Services allows for appropriate space for not only storage of medications but work areas for staff that ensure less disruption during work.

Significant quality improvement activities have taken place at the local level. Audit processes are in place for all high-risk activities related to medication management and audits are shared with the organization with discussion around opportunities for improvement.

The Calgary Zone - Rural Portfolio Quarterly Newsletter highlights key priorities and initiatives related to Required Organizational Practices (ROPS).

Patient Flow

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



Priority Process Description:

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

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.1	Client flow throughout the organization is addressed and managed in collaboration with organizational leaders, and with input from clients and families.
Emergency Department	2.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.

Didsbury District Health Services maintains a high occupancy but does not have significant ongoing occupancy issues. The organization has put some creative initiatives in place to enhance patient access and flow from admission to discharge. There are private rooms in the emergency department that can be used for admitted patients when occupancy challenges arise. The rooms are multipurpose and can be used to isolate patients when required.

The emergency department has developed excellent relationships with other local community hospitals to facilitate safe transfers to other sites when occupancy is high. This relationship also exists with Peter Lougheed Centre in Calgary to ensure seamless transfer of patients requiring further assessment or higher levels of care not available at this site. The Referral, Access, Advice, Placement, Information (RAAPID) is a single point of contact for care providers to repatriate patients to the appropriate destination.

The Specialist Link services provide clinical pathways for specialty areas and non-urgent tele-advice to physicians in the emergency department or other services in the hospital.

People-Centred Care

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

All the criteria are met for this Priority Process.



Priority Process Description:

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

The Didsbury District Health Services are early on in their journey to Person-Centred Care. A formal active resident family council is in place in the long term care facility. The team is encouraged to establish a client and family committee within the hospital environment. The team has conducted various client surveys (Patient Satisfaction, Emergency Department, Food Services) and this provides input from the people they serve. In addition, the administration works closely with the local community, hospital auxiliary and members of the community to ensure they understand and can make changes to care when required. The administration of the hospital has been working with local communities to ensure the hospital programs and services are highlighted in community newsletters to increase awareness of what is available.

Among the clients/families that surveyors met with, there was a general consensus that the staff/physicians were kind, caring, and welcoming. As this is a rural site, there is much informal feedback from the clients/families. The team does receive formal feedback from residents and was able to provide concrete examples of concerns that resulted in permanent change including the addition of a television screen in the long term care facility to keep residents/families up to date on meals, activities and other important information.

One of the processes implemented recently for People-Centred Care was the suggestion box that resides in a central location to offer ongoing opportunities to provide feedback to the hospital to ensure they remain up to date and useful to the clients and their families. The team is encouraged to set up mechanisms to formally obtain input from clients and families

related to numerous care changes including ways to improve client flow and barriers to providing care.

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.

Similar to other rural sites, the Didsbury District Health Services has some storage space issues. Except for the workshop area, the site is clean, and this is appreciated by staff, clients and families. The space meets applicable laws and regulations. Exit signs are visible.

During renovation projects, the team meets all the Infection Prevention and Control as well as Occupational Health and Safety guidelines for construction. There are Portable Environmental Containment Units if required.

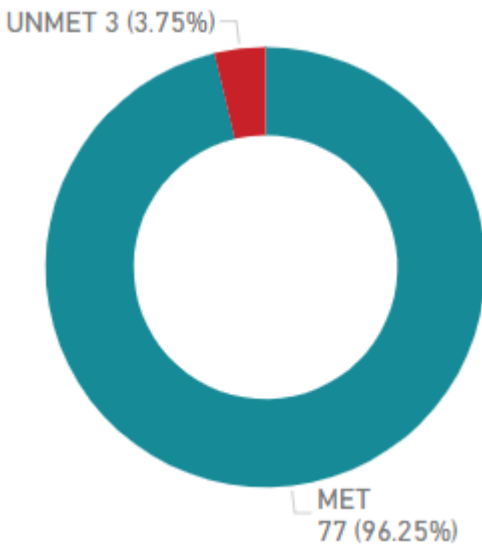
The site currently uses paper records but will be moving to electronic records in the spring of 2020. They are already working on downtime procedures for potential loss of access to electronic systems due to a lack of power or other issues.

There are back up mechanisms for electrical and water systems. They are tested regularly. Steps are taken to minimize the impact on the environment: the building lighting has been changed over to LED this year; paper is now shredded to recycle; Food Services is recycling cans/bottles/plastics.

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	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.
Emergency Department	10.1	Specific goals and objectives regarding 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 established, with input from clients and families.

The Didsbury District Health Services has 7 beds within the emergency department and sees approximately 9,000 patients per year. There are two rooms that can be used during overcapacity situations for admitted patients or for isolation patients providing flexibility to ensure safe patient care. There are laboratory and diagnostic imaging services on site for 16

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.

hours per day with on call capability during the night. The emergency department has physicians in the department 24/7.

The Canadian Triage Acuity Scale is followed for all patients presenting for care in this emergency department. The Canadian Pediatric Emergency Department and Acuity scale is readily available at all areas of triage along with other resources such as Pediatric First Order modifiers as a resource for staff when providing care to this population.

Numerous order sets/protocols are in place for many low volume/high risk conditions in the emergency department and are used regularly. Emergency nurses are encouraged to use the Alberta Suicide Risk Assessment tool on a consistent basis. The tool is available but not all staff are aware of this tool to ensure consistent assessment.

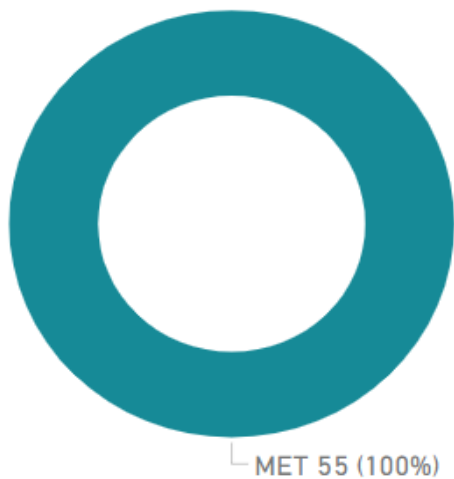
The emergency department is currently using paper charts and medication administration records. This site will go live with Connect Care in May 2020 and this will allow some process improvements.

Patients and their families are very satisfied with the care in the emergency department. They report the staff are professional and treat them as they would their own family members. Comprehensive triage and assessments are conducted on each visit and systems are in place to ensure reassessments if the patient conditions change on admission and repeated as required or if the patient's condition changes.

The staff participates in ongoing education provided by the education nurse, as well as other conferences/workshops/in-services. Physicians report they have opportunities for ongoing education and training. The physicians actively participate in providing education to staff in this team environment.

Inpatient Services

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

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

The Didsbury District Health Services has one inpatient unit with 16 funded beds; 10 of these beds are designated as acute and 6 are designated for patients awaiting placement. There are laboratory and diagnostic imaging services on site from 0700-2300 hours and on-call at night. In addition, there are inpatient physio, occupational therapy services, pharmacy services as well as social work services. Public Health Nursing is co-located. There are rehab services on-site, mental health services available, home care and palliative care as well as a 21 bed, Long Term Care Unit and Emergency Department. There is an education nurse as well as access to an Infection Control Practitioner. Physicians round on inpatients and rotate through the Emergency Department. Visiting specialists include a geriatrician one day per month, and opportunities for consults via one of two sites for Telehealth services.

Patients and their families are generally satisfied with the care at the inpatient unit. They report the staff are welcoming, professional and kind. Comprehensive assessments are conducted on admission and repeated as required or if the patient's condition warrants. Care plans are completed and updated.

The staff participate in ongoing education provided by the education nurse, Annual Continuing Education (ACE) Modules as well as other conferences/workshops/in-services. Physicians report they have opportunities for ongoing education and training and use these opportunities. One physician reported he is an Advanced Cardiac Life Support (ACLS) and Basic Cardiac Life Support (BCLS) trainer. Staff are credentialed, have Criminal Records Checks on hire and maintain competency.

An opportunity for improvement would be the formalization of Person-Centred Care. There is a great deal of informal feedback used, particularly through the Ladies' Auxiliary and Rosebud Health Foundation. The site is considering modelling their Person-Centred Care after the model in Canmore.

Long Term Care Services

All the criteria are met for this Priority Process.



Episode of Care Bundle Description:

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

This service is a 21 bed Long Term Care Unit located at Didsbury District Health Services. This unit provides 24-hour nursing care to complex long term care clients and their families. There is an active Resident's Council that meets bi-monthly. There are physiotherapy, occupational therapy, pharmacy, social work and recreational services available on this unit.

The admission process is standardized, comprehensive and involves the whole team. A physical, emotional, spiritual and social history is completed over a period of days. Residents and families reported that every effort was made to make this process go as smooth as possible.

All records are currently paper based. There are detailed assessments on the charts including the RAI. The assessments are evidence-based and are repeated regularly and as needed.

All credentialed staff have their credentials up to date and participate in ongoing education and training to maintain competency. The team has used the ethics framework around a MAID (Medical Assistance in Dying) request recently. They have had an ethicist in to provide education and this was well received.

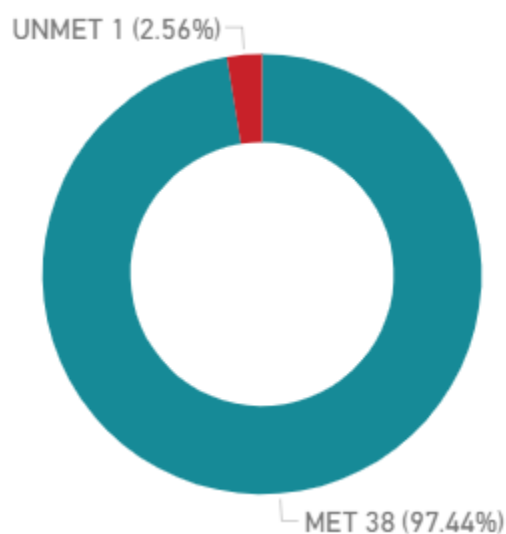
The team has been involved in a number of quality improvement projects. They are proud of the work they have done related to the dining experience. Residents had complaints about the menu and were requesting a menu update. As the menu was enhanced and expanded, it became larger and the font smaller, making it difficult to read. The team, in partnership with the residents/families, decided to put up a smart screen and include the menu and some notices, decreasing the clutter around the common areas. The residents are quite satisfied with this and enjoy the screen. Another project related to the dining experience is to have a "tasting" experience monthly. The nutrition services staff will provide two menu offerings and residents will taste test them, providing formal and informal feedback. This is also appreciated by

residents and their families and a number of residents and families commented on the good dining experience they have at this site.

The site has brought in a unit called "Abby" which is the first of its kind in the region. This unit can be used by residents who require distraction for escalating behaviors and has been shown to be useful for some residents.

The ROP for Two-Person Identification is unmet for Long Term Care. AHS Policy #PS-06 (Patient Identification) and Calgary Zone - Rural Continuing Care Operational Resource (Resident Identify Verification, May/2019) were reviewed. In the Zone document under Section 1, the resident identification process lists the information that must be included on the resident's photo: the date of photo is one of the five pieces of information identified as being required. Several photos were checked on the medication administration binder and none had the date of the photo on it. One of the residents has been on the unit for 14 years making it possible that the photo could be outdated. The organization needs to include the date of the photo on the photo to ensure appropriate identification to meet their operational directive.

Service Excellence



Episode of Care Bundle Description:

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

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

The team has numerous partners (e.g. Rosebud Health Foundation, Ladies' Auxiliary, Town of Didsbury etc.). The team is working with the town to include a "health" page on their website to assist the team to promote health and increase wellness in the community. Public Health

Nursing is co-located within the same building and this is a good partnership. There is a zone Infection Prevention and Control Nurse. Patients and families are satisfied with the services offered in Didsbury District Health Services and understand they may need to travel to Calgary and/or Edmonton for some tests/procedures.

The team uses one type of infusion pump and they receive regular training. When staff return from leaves of absence (e.g. maternity leave) they are updated as required. All team members report there are opportunities for ongoing education and training.

Communication is well done at this site. There is a weekly email on Friday from the manager and all are able to contribute information to this communication. Some of the information shared in this email includes information about Accreditation, updates on the Care Connect Project, and new policies/procedures.

There is ongoing recognition, both formal and informal, for staff. The leaders will write out cards to staff when they are “caught caring”. In addition, these staff are noted in team meeting minutes which are distributed to staff. Kudos are given out on the spot, individual awards for long term service are given and physicians recognize a staff member every month with a \$50 gift card to Tim Hortons.

Performance appraisals are approximately 40-50% complete and this is an area that leaders could work on. Staff are aware that there is an ethical framework and how to request an ethical consult. Ethics training is mandatory using ACE Modules and staff report they would be comfortable seeking more information if they felt they needed it. Additional ethical training was provided for staff when it was requested.

There is also training on cultural diversity that is mandatory and completed through ACE Modules. Privacy training is conducted annually and is mandatory.

5. Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

STANDARD	CRITERIA TYPE	CRITERIA	DUE DATE
Emergency Department	ROP	<p>Clients are assessed and monitored for risk of suicide.</p> <p>6.7.2 The risk of suicide for each client is assessed at regular intervals or as needs change.</p>	June 30, 2020
Infection Prevention and Control	Regular	<p>2.9 Input is gathered from the infection prevention and control team to maintain processes for selecting and handling medical devices/equipment.</p>	June 30, 2020
Long-Term Care Services	ROP	<p>Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.</p> <p>5.2.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.</p>	June 30, 2020
Medication Management	Regular	<p>8.4 The pharmacy computer system is regularly tested to make sure the alerts are working.</p>	June 30, 2020