

2022

Drumheller Health Centre
Central Zone
Alberta Health Services

Spring Survey
April 25 – May 6, 2022



ACCREDITATION
AGRÉMENT
CANADA

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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.

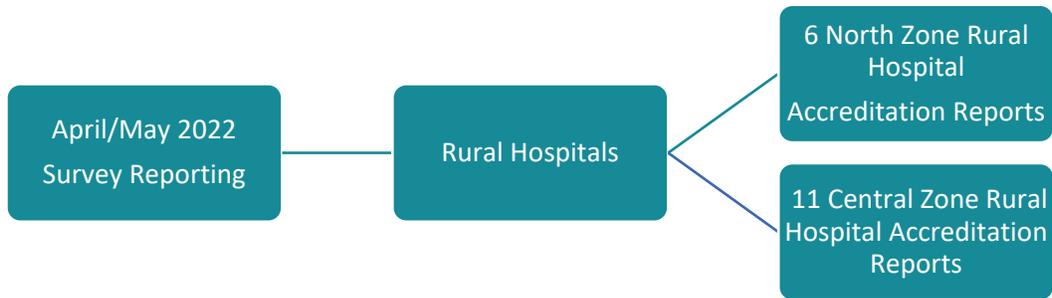
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 surveyors spent two and a half days at the site and assessed several services. It was noted that there was an interim site lead who had started at the site just three months prior to the visit as well as several new nursing staff members. As well, due to the pandemic there are vacancies and staff shortages which has led to some areas needing much more support than is available to address issues and improve services.

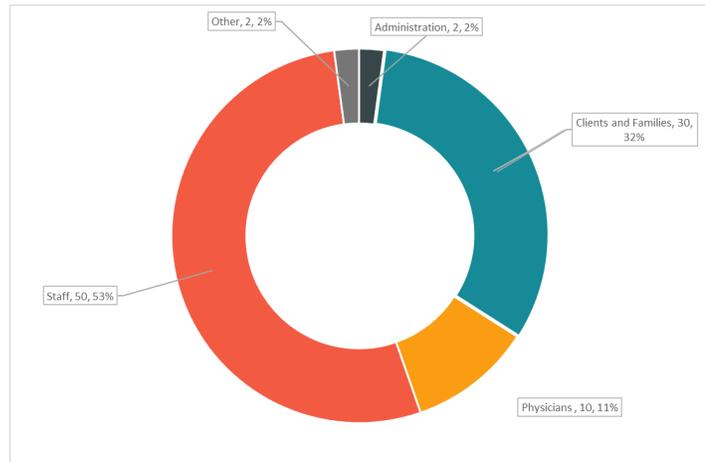
Despite all this, Drumheller Health Centre has performed well, and team members work very hard to provide the best care possible for their clients. There was a general atmosphere of calm and efficiency that belied the bed and staffing shortages in existence.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Drumheller Health Care Centre.

To conduct their assessment, the survey team gathered information from the following groups¹

| Groups | # of interviews |
|-------------------|-----------------|
| Administration | 2 |
| Client & Families | 30 |
| Physician | 10 |
| Staff | 50 |
| Other | 2 - EMS |



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

3. Provide support to and encourage staff to be able to work on quality improvement activities
4. Include clients and families in ensuring their safety
5. Encourage greater accountability and involvement of Pharmacists, Dietitians, and other support staff in daily activities
6. Improve support at times of bed shortages

Areas of Excellence

1. Excellent patient-centred care
2. Engaged staff
7. Excellent obstetrics and long-term care programs

Results at a Glance

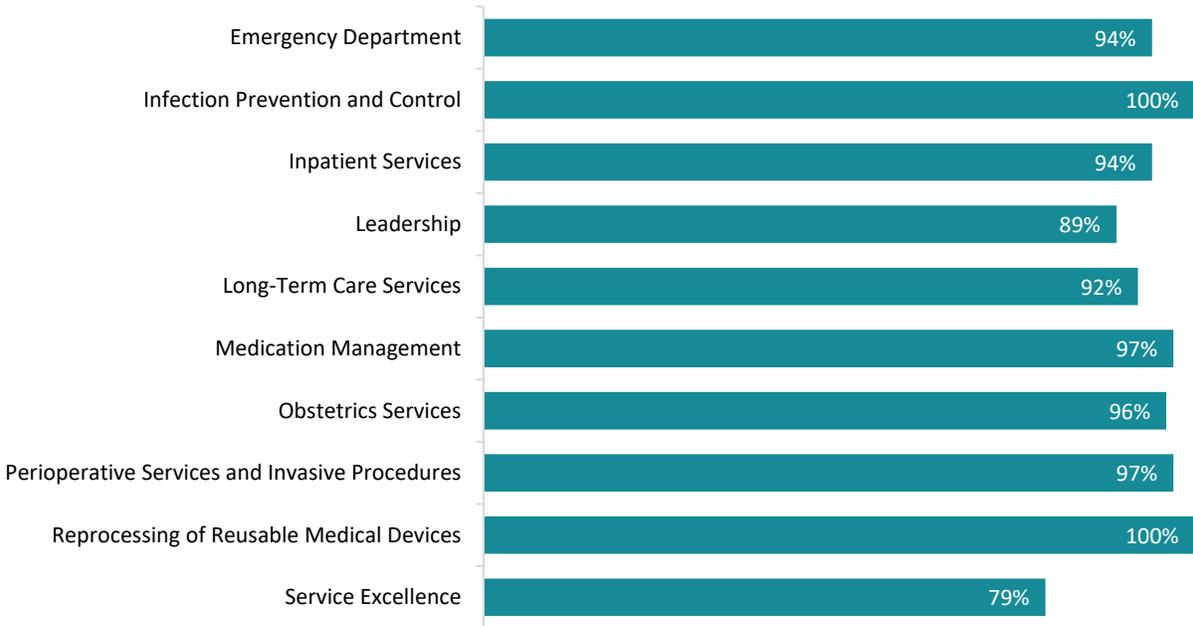
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 99% met | On-Site 94% met | Overall 94% met | |
| Number of attested criteria | | | On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards. |
| Attested 101 criteria | Audited 20 Criteria | | |

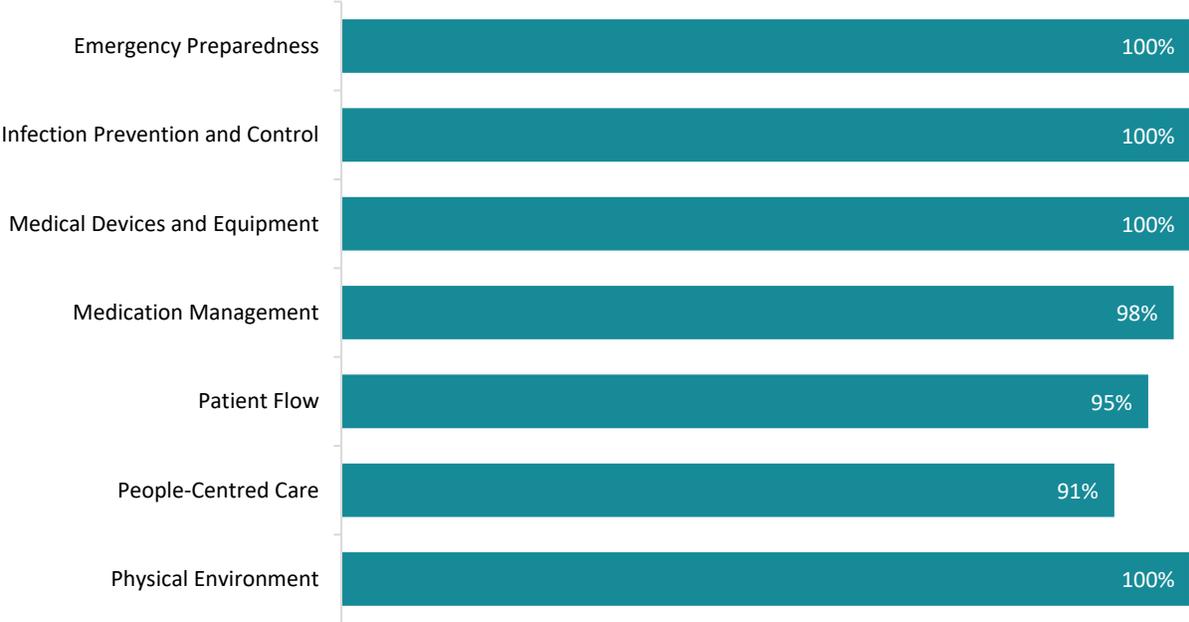
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



| STANDARD | MET | UNMET | N/A | NOT RATED |
|--|-----|-------|-----|-----------|
| Emergency Department | 87 | 6 | 1 | 1 |
| Infection Prevention and Control | 37 | 0 | 0 | 0 |
| Inpatient Services | 64 | 4 | 1 | 0 |
| Leadership | 8 | 1 | 0 | 0 |
| Long-Term Care Services | 73 | 6 | 1 | 1 |
| Medication Management | 73 | 2 | 14 | 0 |
| Obstetrics Services | 79 | 3 | 1 | 0 |
| Perioperative Services and Invasive Procedures | 139 | 4 | 4 | 2 |
| Reprocessing of Reusable Medical Devices | 90 | 0 | 1 | 0 |
| Service Excellence | 60 | 16 | 0 | 0 |

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 | 108 | 0 | 4 | 0 |
| Medication Management | 88 | 2 | 14 | 0 |
| Patient Flow | 18 | 1 | 0 | 0 |
| People-Centred Care | 49 | 5 | 0 | 0 |
| Physical Environment | 14 | 0 | 0 | 0 |

Compliance by Quality Dimension



| DIMENSION | MET | UNMET | N/A | NOT RATED |
|--------------------------|-----|-------|-----|-----------|
| Accessibility | 49 | 0 | 0 | 0 |
| Appropriateness | 214 | 18 | 9 | 3 |
| Client Centered Services | 145 | 16 | 4 | 1 |
| Continuity of Services | 29 | 1 | 0 | 0 |
| Efficiency | 6 | 0 | 0 | 0 |
| Population Focus | 3 | 1 | 0 | 0 |
| Safety | 244 | 4 | 10 | 0 |
| Worklife | 20 | 2 | 0 | 0 |
| Total | 580 | 42 | 23 | 4 |

Compliance by Required Organizational Practice (ROP)

| ROP | STANDARD | RATING |
|--|--|--------|
| COMMUNICATION | | |
| Client Identification | Emergency Department | MET |
| | Inpatient Services | MET |
| | Long-Term Care Services | MET |
| | Obstetrics Services | MET |
| | Perioperative Services and Invasive Procedures | 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 |
| | Obstetrics Services | MET |
| | Perioperative Services and Invasive Procedures | MET |
| Information Transfer at Care Transitions | Emergency Department | MET |
| | Inpatient Services | UNMET |
| | Long-Term Care Services | UNMET |
| | Obstetrics Services | UNMET |
| | Perioperative Services and Invasive Procedures | UNMET |
| Safe Surgery Checklist | Obstetrics Services | UNMET |
| | Perioperative Services and Invasive Procedures | UNMET |
| 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 | UNMET |

| 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 |
| RISK ASSESSMENT | | |
| Falls prevention and injury reduction | Inpatient Services | UNMET |
| | Long-Term Care Services | MET |
| | Obstetrics Services | MET |
| | Perioperative Services and Invasive Procedures | UNMET |
| Pressure ulcer prevention | Inpatient Services | UNMET |
| | Long-Term Care Services | MET |
| | Perioperative Services and Invasive Procedures | UNMET |
| Suicide prevention | Emergency Department | MET |
| | Long-Term Care Services | MET |
| Venous thromboembolism prophylaxis | Inpatient Services | UNMET |
| | Perioperative Services and Invasive Procedures | UNMET |

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 are regular monthly fire drills. The site had experienced flooding on two occasions in the last few years. Senior staff are familiar and have learned from these experiences. However, the site is encouraged to review and update the disaster plan involving other community leaders.

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.



There is no resident Infection Prevention and Control (IPC) specialist at Drumheller, however, the IPC Zone Lead regularly visits and, in general, IPC practices are well maintained. Staff, patients and their families are educated when and where precautions are needed in a timely manner, but the use of more informational bulletin boards may be beneficial. Housekeeping staff were fully informed of the cleaning agents they used, their concentrations, and when and where to use them, and they felt safe doing their jobs. Patients and families in Obstetrics and Long-Term Care were

pleased with the education received at the time of admission regarding IPC practices.

The latest handwashing audit results are for March 2022, before that, June 2021. Unfortunately, staffing shortages have limited the dissemination of information and performance of handwashing audits.

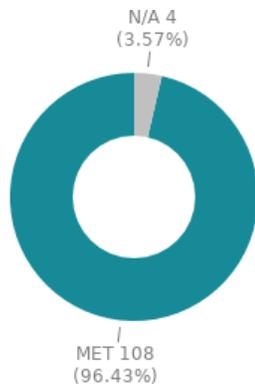
The system to collect microbial culture results is centralized outside of Drumheller Health Centre but the Pharmacy and managerial staff receive quick and up-to-date information on current organisms and resistances.

Laundry and biohazardous material are sent to Red Deer for cleaning or disposal.

The COVID-19 pandemic has focused the site on strengthening their IPC practices.

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.



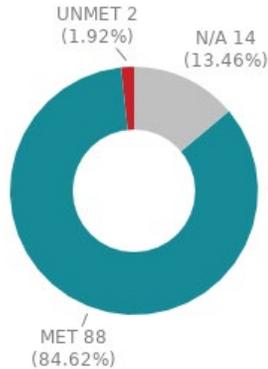
Drumheller Health Centre is a small hospital that does a great job with its medical devices and equipment. Their process ensures there is no cross-contamination between clean and soiled areas. They have a good understanding of processes and feel they have been involved and provided input for a possible renovation of the MDR area. However, staffing seems to be an issue.

Some of the staff mentioned that architects were at the site to review the space and had asked for input from the staff at the time, however, staff are not sure if this planned renovation is still to proceed.

The MDR department is responsible for the cleaning, testing, disinfecting, and sterilizing of the scopes. There is a good process to allow transport between the Scope Room and the decontamination area.

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 were three Pharmacists and two Pharmacy technicians available for interview during the survey visit. Pharmacists participate in daily rounds as well as at patient disposition discussions and clinical rounds on Mondays, Wednesdays, and Fridays. They are available weekdays only, however, the hospital has 24/7 access to a pharmacist by phone from Red Deer.

The Drumheller pharmacy team uses Meditech as the computer system, this system is verified by the team in Red Deer and Drumheller pharmacy staff assume it is working

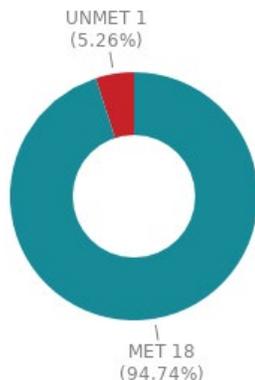
correctly and is up to date.

There is an opportunity for the Pharmacists to be more assertive in the patient care areas, provide more educational services for the nurses (many of whom have been in service for less than a year), and be stronger advocates for antimicrobial stewardship. It is also important to ensure that the medication room door always remains closed.

| STANDARD | UNMET CRITERIA | CRITERIA |
|-----------------------|----------------|---|
| Medication Management | 12.1 | Access to medication storage areas is limited to authorized team members. |
| Medication Management | 16.4 | Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood. |

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.



The staff on the inpatient unit is aware of an overcapacity process, however, could not find the policy, or articulate what was different from discharging patients on any other day.

There is a Home Care Liaison whose primary role is to facilitate discharges to the community. More level 4 beds will be added as having Long Stay patients in acute care is problematic. One suggestion from a staff member was to

ensure there is a care plan with measurable goals, which would enable nursing and other professional care staff to measure progress and determine readiness for discharge.

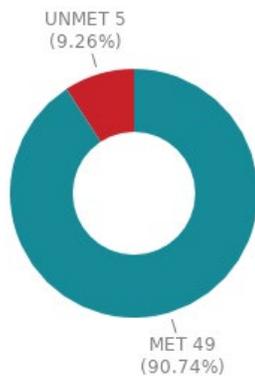
The Emergency Department (ED) physician did articulate some difficulty in obtaining success in transferring to a higher level of care.

It is suggested that the teams also look into referrals to other sites. Drumheller Health Centre has to refer patients to Red Deer even if the patients are from Calgary. EMS services staff said they feel as if they are not being utilized to the full scope of their positions (doing more patient transport instead of as emergency response).

| STANDARD | UNMET CRITERIA | CRITERIA |
|------------|----------------|---|
| Leadership | 13.1 | Client flow information is collected and analyzed in order to identify barriers to optimal client flow, their causes, and the impact on client experience and safety. |

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.



There are monthly meetings held with family, clients, and staff at the Long-Term Care unit. The Resident and Family Council meeting minutes do not indicate there is any actual client/family participation in decision making, rather they appear to be more informal meetings. Input is regularly solicited regarding meals, and the Dietitian is sometimes involved. Menus are sent from the Central Zone Food and Nutrition office.

Minutes from the past several meetings include a discussion of COVID-19 outbreaks in different pods and updates.

Discussion on outings has started again but it appears the outing bus needs repairs. There is a chronic shortage of staff members, including care personnel as well as dietitians and cooks, which is discussed at the client engagement meetings. Some positions are now starting to get filled.

There are no client and family engagement meetings for the Drumheller Health Centre as a whole, or for each service (Acute Care, Emergency, or Operating Rooms). Patient care services have been designed and allotted by AHS, and support services such as pharmacy dispensing, laundry services, and contaminated disposal have been cancelled or substantially reduced. These services are now provided at a Zone level.

| STANDARD | UNMET CRITERIA | CRITERIA |
|--------------------|----------------|---|
| Service Excellence | 2.4 | Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families. |
| Service Excellence | 3.3 | A comprehensive orientation is provided to new team members and client and family representatives. |
| Service Excellence | 3.12 | Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable. |
| Service Excellence | 9.7 | Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families. |
| Service Excellence | 10.3 | Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families. |

Physical Environment

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



Drumheller Health Centre is a relatively new building, however, there is a need to update the personal alarm system. This is electrical work which can be done without disruptions to care. Infection prevention and control has been consulted about this work.

There are multiple bulletin boards with many paper notices throughout the building. Some paper notices have been up for a long period of time and may need to be updated. A suggestion would be to remove all paper and be strategic in what is posted. If posting paper that is not laminated, a date can be added to determine when they should be removed.

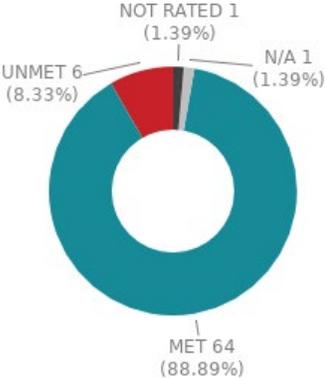
can be added to determine when they should be removed.

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 is a good size; however, sightlines are an issue as they have single closed-door rooms. There is no seclusion room, but they have designated two rooms with minimal equipment in them to act as quiet rooms.

The emergency physician expressed some concerns about the ability to transfer to a higher level of care. Better communication between the areas of care may be needed.

One other concern raised was the ability to get laboratory tests back quickly as some tests must go by taxi to Red Deer. The analyzer in the Laboratory currently does not have the capacity to do any additional tests.

Security was an issue brought forth as well as there is no way to ‘lock down’ the Emergency Department. Anyone can get in or out with no trouble and no restricted access. There is no way to lock the hospital down either. The RCMP is called for any escalation in behaviour or aggressiveness.

The physicians do not have access to Non-violent Crisis Intervention.

The site may wish to consider offering Neonatal Resuscitation Program and Pediatric Advanced Life Support (NRP, PALS) to emergency staff.

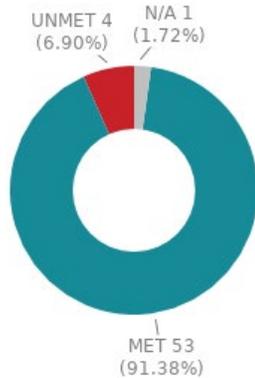
| STANDARD | UNMET CRITERIA | CRITERIA |
|----------------------|----------------|---|
| Emergency Department | 5.15 | Clients and families are provided with information about their rights and responsibilities. |
| Emergency Department | 5.16 | Clients and families are provided with information about how to file a complaint or report violations of their rights. |
| Emergency Department | 6.11 | Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week. |
| Emergency Department | 9.8 | The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated. |
| Emergency Department | 9.9 | The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families. |

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.

Inpatient Services

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



Drumheller Health Centre has one inpatient unit that provides care for all admissions, including telemetry patients, post-operative, and obstetric patients.

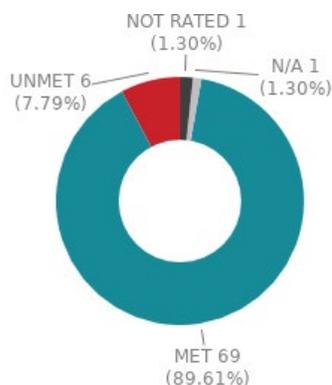
The staff feel very stretched and may need more support. Staff were unable to articulate what information was given to patients and families on admission. For example, information related to how to initiate a complaint process, how they can keep themselves safe while in the hospital, or on handwashing procedures.

Site leadership may want to look into the process for staffing overtime and strengthen the orientation process for new hires.

| STANDARD | UNMET CRITERIA | CRITERIA |
|--------------------|----------------|---|
| Inpatient Services | 4.13 | Clients and families are provided with information about their rights and responsibilities. |
| Inpatient Services | 4.14 | Clients and families are provided with information about how to file a complaint or report violations of their rights. |
| Inpatient Services | 5.14 | Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment. |
| Inpatient Services | 7.9 | The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families. |

Long-Term Care Services

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



Long-Term Care is divided into pods with a total of 88 clients served. The area is clean and bright. There is a central dining area in each pod and group table arrangements for those participating in crafts. There is a resident and family council which meets monthly, often to exchange information. Minutes are kept and available to all. Staff are attentive, respectful, and caring. Several staff members and next-of-kin indicated they would be happy residing at the site one day. Staff are very knowledgeable and are educated in de-escalation of irritable clients and show compassion and

empathy. They are professional in their interactions. Several staff members indicated they had not recently had performance reviews; surveyors were unable to find documentation of the latest annual refresher training courses that may have taken place.

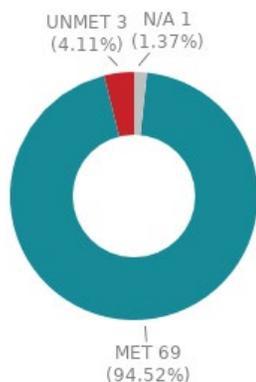
Clients interviewed were unaware of their rights and responsibilities and how to report abuse or complaints. It is suggested that the team find ways to make clients and family members aware of all this when clients are admitted; perhaps having a display or brochures in more obvious areas for the clients to see. The effectiveness of information transfer is not evaluated. There are no calls to the client after a transfer nor to the accepting institution to see if all went well. There are regular calls between facilities if there are questions or missing information, but these calls are not tracked.

Menus are developed by the central dietitians who transmit them to the Dietitian and kitchen at Drumheller Health Centre. The site may like to create opportunities for clients or families to select from a menu.

| STANDARD | UNMET CRITERIA | CRITERIA |
|-------------------------|----------------|---|
| Long-Term Care Services | 3.13 | Residents and families are provided with information about their rights and responsibilities. |
| Long-Term Care Services | 3.14 | Information and education about recognizing and reporting abuse is provided to residents and families. |
| Long-Term Care Services | 3.17 | Residents and families are provided with information about how to file a complaint or report violations of their rights. |
| Long-Term Care Services | 5.8 | A process to monitor the use of restraints is established by the team, and this information is used to make improvements. |
| Long-Term Care Services | 6.7 | Residents are involved in menu planning. |
| Long-Term Care Services | 8.7 | The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families. |

Obstetrics Services

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



Labour and Delivery is within the acute care area of the hospital and nursing staff are cross trained to provide Labour, Delivery, and Recovery (LDR) care as well as other nursing duties in the unit. There is a good rapport between nurses and clients and the client's wishes are followed with gentle encouragement.

The team is trained in MoreOB and follow their training protocols. They follow the Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines with input and discussion with the client and their partner. Clients feel safe

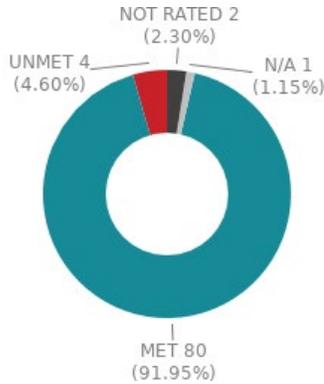
delivering at Drumheller Health Centre, and staff feel they have adequate training and options for improving their skills. During the on-site visit, there were no scheduled or emergent C-sections. There are two operating rooms (OR), and one is kept available for urgent procedures, which include Caesareans as well as general surgery. Booked C-sections are included in the elective surgery bookings.

There does not appear to be a coordinated approach to inform clients of their rights or how to lodge a complaint through the complaint process, although clients interviewed "assumed" they had rights. The ward clerk who has worked there for 16 years indicated they used to provide a bundle of pamphlets upon admission, but these were left after discharge, so they stopped providing them. There are no notice boards or pamphlet display areas readily available to patients.

| STANDARD | UNMET CRITERIA | CRITERIA |
|---------------------|----------------|--|
| Obstetrics Services | 2.14 | Clients and families are provided with information about their rights and responsibilities. |
| Obstetrics Services | 2.16 | Clients and families are provided with information about how to file a complaint or report violations of their rights. |
| Obstetrics Services | 3.2 | The assessment process is designed with input from clients and families. |

Perioperative Services and Invasive Procedures

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



There is a process in place that appears to work - one person managing the waitlist and the booking. The clerk also decides on who to call in if there is a cancellation. There was no information about wait times for specific surgeries, nor for endoscopies.

Staff feel they need access to more perioperative-specific education. There is an educator for the hospital however their expertise is in medicine and the emergency department. There was no indication that educators come

from other sites specifically for perioperative services.

During a visit to the OR, the Safe Surgery Checklist was observed. The first stage was well done with participation from all team members. The second stage, the Pause, was only done with one nurse. The Surgeon and Surgical Assistant were already starting the procedure.

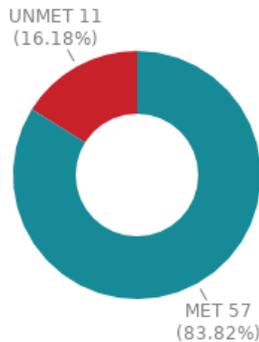
There is capacity in the OR to do additional day surgery procedures. Visiting specialists may be an option.

The teams could look into repurposing the Recovery Room, currently being used as a storage area.

| STANDARD | UNMET CRITERIA | CRITERIA |
|--|----------------|---|
| Perioperative Services and Invasive Procedures | 5.15 | Clients and families are provided with information about their rights and responsibilities. |
| Perioperative Services and Invasive Procedures | 5.16 | Clients and families are provided with information about how to file a complaint or report violations of their rights. |
| Perioperative Services and Invasive Procedures | 6.5 | The assessment includes a discussion with the client about postoperative pain management options and preferences. |
| Perioperative Services and Invasive Procedures | 15.17 | The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families. |

Service Excellence

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



It was mentioned that most nurses would prefer to work in the big centres such as Calgary, and when the opportunity arises they move on to the city. This leaves Drumheller Health Centre with increased nursing staff turnover and staff with less than a year of experience and a greater proportion of agency nurses. Morale appears to be dropping among team members in acute care as well as in the community. It was said that the team does not feel cohesive with this high turnover and community members have reported a preference of being treated in Calgary due to the perception

of new staff being inexperienced.

There is an opportunity for greater empowerment of local managers to renew the morale and sense of ownership or belonging that was once so prevalent among the Drumheller Health Centre staff. This would require better support and enhanced recruitment of managerial staff and site leads.

The Hutterite population is prominent in the catchment area for Drumheller. They form an important resource for funding special equipment and indirectly maintaining service focus for the Health Centre.

The site is encouraged to be consistent and up to date with performance evaluations.

Quality improvement initiatives that have been developed at Drumheller Health Centre are not readily apparent even if they are regularly reviewed and updated. This is in part due to COVID pandemic restrictions and the severe staffing shortages.

| STANDARD | UNMET CRITERIA | CRITERIA |
|--------------------|----------------|---|
| Service Excellence | 2.1 | Resource requirements and gaps are identified and communicated to the organization's leaders. |
| Service Excellence | 3.11 | Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way. |
| Service Excellence | 4.5 | The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified. |
| 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. |
| Service Excellence | 10.1 | Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners. |

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| Service Excellence | 10.2 | The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families. |
| Service Excellence | 10.4 | Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families. |
| Service Excellence | 10.6 | New or existing indicator data are used to establish a baseline for each indicator. |
| Service Excellence | 10.8 | Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities. |
| Service Excellence | 10.10 | Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate. |
| Service Excellence | 10.11 | Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families. |

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

| Follow-up Criteria | | | |
|----------------------|----------|--|---------------|
| Standard | Criteria | Due Date | |
| Emergency Department | 5.15 | Clients and families are provided with information about their rights and responsibilities. | June 30, 2023 |
| | 6.11 | Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week. | June 30, 2023 |
| | 8.17.2 | Documentation tools and communication strategies are used to standardize information transfer at care transitions. | June 30, 2023 |
| | 8.17.3 | During care transitions, clients and families are given information that they need to make decisions and support their own care. | June 30, 2023 |
| | 8.17.4 | Information shared at care transitions is documented. | June 30, 2023 |
| | 8.17.5 | The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system). | June 30, 2023 |
| Inpatient Services | 4.13 | Clients and families are provided with information about their rights and responsibilities. | June 30, 2023 |
| | 5.8.2 | Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling. | June 30, 2023 |
| | 5.8.3 | The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed. | June 30, 2023 |
| | 5.9.2 | The risk of developing pressure ulcers is assessed for each client at regular intervals and when there is a significant change in the client's status. | June 30, 2023 |
| | 5.9.4 | Team members, clients, families, and caregivers are provided with education about the risk factors | June 30, 2023 |

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| | | and protocols and procedures to prevent pressure ulcers. | |
| | 5.9.5 | The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed. | June 30, 2023 |
| | 5.10.5 | Information is provided to clients and team members about the risks of VTE and how to prevent it. | June 30, 2023 |
| | 6.18.3 | During care transitions, clients and families are given information that they need to make decisions and support their own care. | June 30, 2023 |
| | 6.18.4 | Information shared at care transitions is documented. | June 30, 2023 |
| | 6.18.5 | The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system) | June 30, 2023 |
| Long-Term Care Services | 3.13 | Residents and families are provided with information about their rights and responsibilities. | June 30, 2023 |
| | 5.19.5 | The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system) | June 30, 2023 |
| Medication Management | 12.1 | Access to medication storage areas is limited to authorized team members. | June 30, 2023 |
| | 16.4 | Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood. | June 30, 2023 |
| Obstetrics Services | 2.14 | Clients and families are provided with information about their rights and responsibilities. | June 30, 2023 |
| | 4.16.5 | The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: | June 30, 2023 |

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| | | Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system) | |
| | 5.6.1 | The team has agreed on a three-phase safe surgery checklist to be used for surgical procedures performed in the operating room. | June 30, 2023 |
| | 5.6.2 | The checklist is used for every surgical procedure. | June 30, 2023 |
| | 5.6.3 | There is a process to monitor compliance with the checklist. | June 30, 2023 |
| | 5.6.4 | The use of the checklist is evaluated and results are shared with the team. | June 30, 2023 |
| | 5.6.5 | Results of the evaluation are used to improve the implementation and expand the use of the checklist. | June 30, 2023 |
| Perioperative Services and Invasive Procedures | 5.15 | Clients and families are provided with information about their rights and responsibilities. | June 30, 2023 |
| | 6.10.2 | Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling. | June 30, 2023 |
| | 6.10.3 | The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed. | June 30, 2023 |
| | 6.11.2 | The risk of developing pressure ulcers is assessed for each client at regular intervals and when there is a significant change in the client's status. | June 30, 2023 |
| | 6.11.4 | Team members, clients, families, and caregivers are provided with education about the risk factors and protocols and procedures to prevent pressure ulcers. | June 30, 2023 |
| | 6.11.5 | The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed. | June 30, 2023 |
| | 6.12.5 | Information is provided to clients and team members about the risks of VTE and how to prevent it. | June 30, 2023 |
| | 7.11.3 | During care transitions, clients and families are given information that they need to make decisions and support their own care. | June 30, 2023 |

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| | 7.11.4 | Information shared at care transitions is documented. | June 30, 2023 |
| | 7.11.5 | The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system). | June 30, 2023 |
| | 9.3.4 | The use of the checklist is evaluated and results are shared with the team. | June 30, 2023 |
| | 9.3.5 | Results of the evaluation are used to improve the implementation and expand the use of the checklist. | June 30, 2023 |
| Service Excellence | 3.8.5 | The effectiveness of the approach is evaluated. Evaluation mechanisms may include: Investigating patient safety incidents related to infusion pump use Reviewing data from smart pumps Monitoring evaluations of competence Seeking feedback from residents, families, and team members | June 30, 2023 |
| | 3.8.6 | When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps. | June 30, 2023 |