

**October  
2019**

**EDMONTON ZONE**  
**WESTVIEW HEALTH**  
**CENTRE**

**Alberta Health Services**



**ACCREDITATION  
AGRÉMENT  
CANADA**

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# About this Accreditation Report

Alberta Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted October 21 – 25, 2019. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

## About the AHS Accreditation Cycle

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

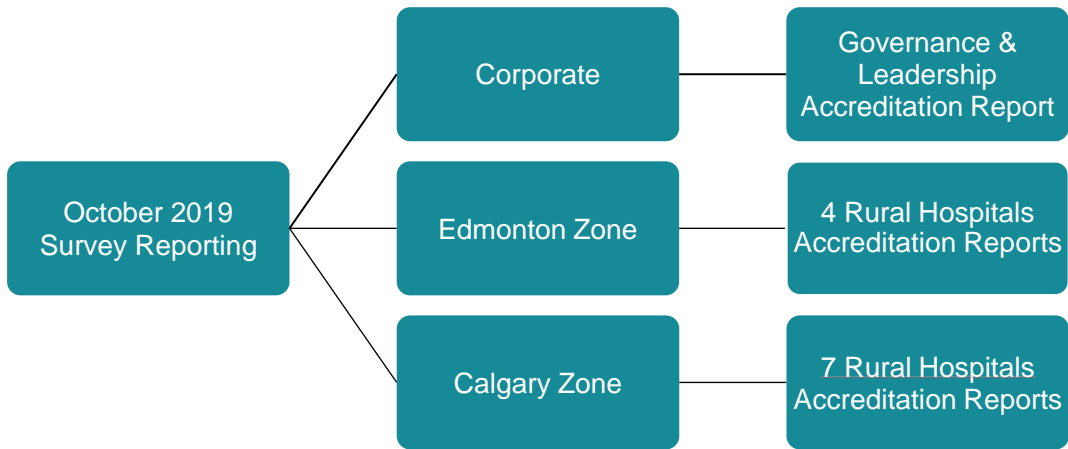
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve their goal of being #AHS Accreditation Ready every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

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

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

After each accreditation visit, interim reports will be issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle in 2022, a final report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the October 2019 survey are organized as follows:



## Edmonton Zone Suburban Hospital Assessment – Sites Visited

Devon General Hospital  
 Fort Saskatchewan Community Hospital  
 Leduc Community Hospital  
 Westview 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 – Edmonton Zone Report

## 1. Edmonton Zone Executive Summary

### Surveyor Observations

The Edmonton Zone suburban hospital leadership team is commended for their work for its work that has promoted patient-centred care. It was evident at the sites that staff worked closely with patients and families to provide individualized care. Patients and families are very pleased with the care they receive. They described the staff as caring, compassionate, and kind.

Advisory Councils and Networks include patients and family members, and these groups are effective in providing input into Edmonton zone suburban hospital initiatives.

The Infection Prevention and Control (IPC) program in the Edmonton zone supporting the suburban hospitals provides a comprehensive set of tools to support local teams. The entire tool kit, as well as audit results, are available to the public on the AHS website, demonstrating an excellent model of transparency and public accountability. IPC audit results demonstrate good hand hygiene compliance.

### Key Opportunities and Areas of Excellence

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

#### KEY OPPORTUNITIES

- 1. Performance appraisals and professional development were not completed consistently, and staff indicated that they would like to formally hear about their performance.
- 2. Continue to build upon the good practices related to patient-centred care at the organizational level.

- 3. Align Edmonton zone suburban hospital performance indicators with site goals, objectives and initiatives.

#### AREAS OF EXCELLENCE

- 1. Advisory Councils are effective and include patients as part the team
- 2. Patients and families describe staff as caring, compassionate and kind.

3. The CoACT program promotes collaborative teams which was evident at all sites.
4. The IPC program demonstrates transparency and public accountability by making all IPC policies, procedures and audit results publicly available on the AHS website.
5. The antimicrobial stewardship program throughout AHS is comprehensive and provides extensive support, information, and feedback to practitioners.

## 2. Results at a Glance

This section provides a high-level summary of the results of the Edmonton zone suburban hospital assessment by standards, priority processes, and quality dimensions.

### Compliance Overall<sup>1</sup>

% of criteria		
Attested	On Site	Overall
100% met	87% met	91% met

# of attested criteria	
Attested	Audited
16 criteria	0 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.*

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

# Compliance by Standard



Fig. I.1 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	14			
Service Excellence	29	4		
<b>Total</b>	<b>43</b>	<b>4</b>		



# Compliance by Quality Dimension

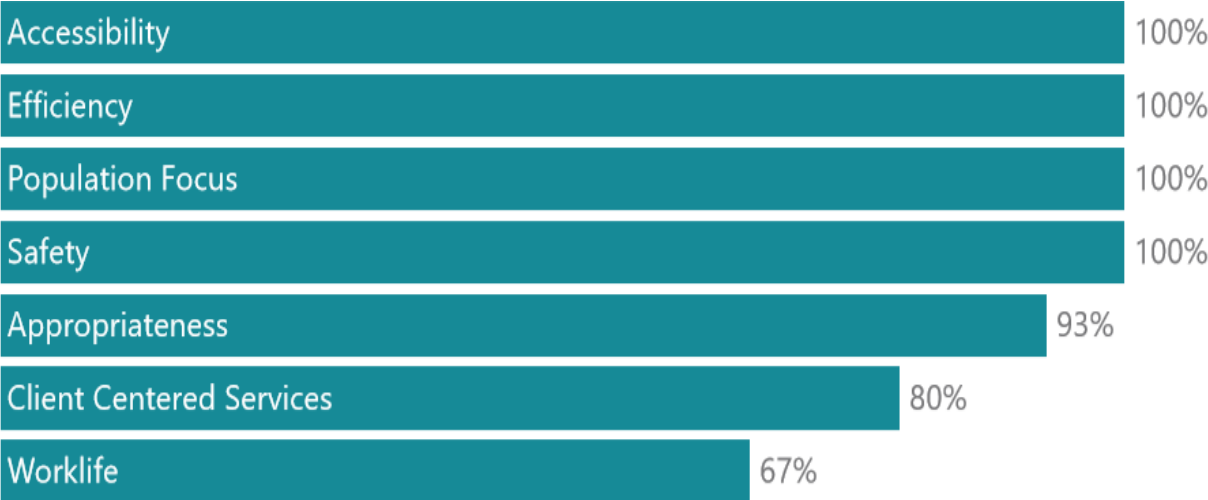


Fig. I.2 Compliance by Quality Dimension

QUALITY DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	2			
Efficiency	1			
Population Focus	3			
Safety	4			
Worklife	2	1		
Appropriateness	27	2		
Client Centered Services	4	1		
<b>Total</b>	<b>43</b>	<b>4</b>		

### 3. Detailed Results: By Standard

#### Infection Prevention and Control

**All the criteria are met for this Priority Process.**



#### Priority Process Description:

*Measures practiced by healthcare personnel in healthcare facilities to decrease transmission and acquisition of infectious diseases.*

The Infection Prevention and Control team are to be commended for their commitment to a quality Infection Prevention and Control (IPC) program. There is a strong inter-professional team supporting and guiding IPC, 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.

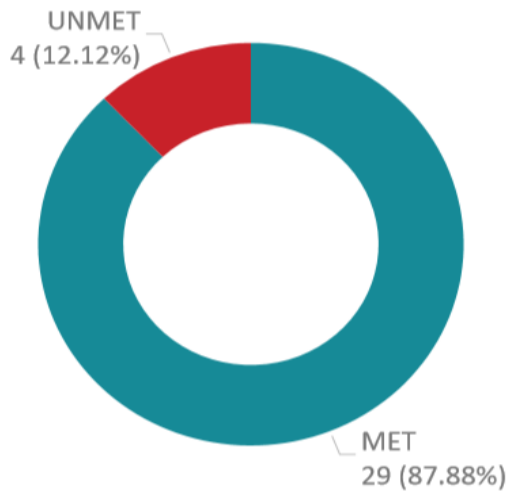
The IPC leadership team has established linkages and communication processes to the sites and created tools to translate standard procedures into locally relevant tool kits. The team is encouraged to establish more formalized structures related to communication to ensure consistency in messaging to all rural sites.

The Westech Audit system ensures that daily audits are completed at all rural sites by environmental staff. Feedback is provided on the audit results.

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 entire IPC toolkit of policies, procedures and audit results are publicly available on the AHS website. This degree of transparency and public accountability is to be commended. 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	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	10.1	Information and feedback are collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

The Edmonton zone suburban hospitals are challenged by the competing priorities that have impacted the sites to achieve many performance improvement targets. The Edmonton zone suburban hospital leadership team is encouraged to determine priorities and set realistic targets for improvement.

The Edmonton zone suburban hospital leadership team is encouraged to provide support to the sites to develop local specific goals and objectives aligned with the AHS strategic direction and quality improvement. This could include education, a framework, and tools to support staff, physicians, patients, and families to embrace quality improvement and patient safety initiatives.

## Section II – Westview Health Centre Report

### 1. Westview 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 six service-level priority processes Emergency Department, Inpatient Services, Hospice Palliative Care, Long Term Care Services, Perioperative Services and Invasive Procedures and Service Excellence. The survey took place October 23-24, 2019 and was conducted by two surveyors from outside of the province.

The Westview Health Centre has a highly engaged leadership team with extensive experience. There is strong alignment with AHS strategic priorities that emanate from Corporate to Zone to Site. As with other rural hospitals, a number of new initiatives have been implemented. There are strong and productive community partnerships and common goals driven by organizational priorities and community needs.

The leadership team and staff at Westview Health Centre are commended for their engagement in the attestation process and new survey methodology. The team engaged key stakeholders in an extensive review of how they were meeting the standards. The approach provided validation of current priorities and the relentless focus they have on quality, safety, and staff engagement.

The Westview Health Centre team has a long-standing reputation for community partnerships and input from patients and families, including some co-design projects. The leadership team is open and transparent and truly committed to improving access to care to their local community.

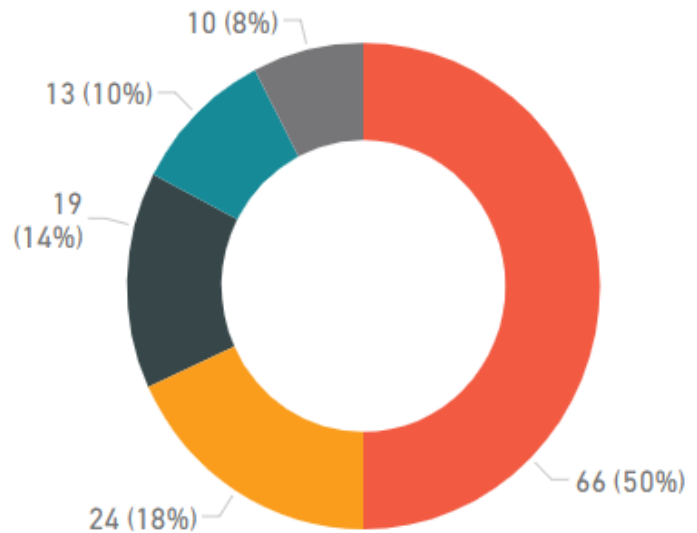
Given the number of initiatives and continuing work for Connect Care implementation, the site leadership team will need to have a sustainability plan in place to maintain focus and productivity.

## Survey Methodology

The Accreditation Canada survey team spent two days at Westview Health Centre.

The surveyors conducted 132 interviews during the survey.

To conduct their assessment, the survey team gathered information from the following groups<sup>2</sup>:



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

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<sup>2</sup> 'Other' interviewees refer to individuals such as students or volunteers.

## Key Opportunities and Areas of Excellence

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

### AREAS OF EXCELLENCE

1. Highly engaged Leadership Team with a strong focus on quality and safety.
2. Significant community engagement and partnerships: "a community within a community"
3. Focus on Goals of Care, palliative, and end of life conversations and documentation.
4. Collaborative, integrated acute/community resources for transitions.
5. Staff retention and joy in the workplace.

### KEY OPPORTUNITIES

1. Balance People Centred-Care approach between patient flow and patient and family wishes. Engagement of a formal Patient Advisor is recommended.
2. Provide timely access to diagnostic testing.
3. Identify ways to reduce delays and improve Emergency Medical Services (EMS) transfer times.
4. Establish ongoing education and competency evaluation for the staff in the Perioperative and Reprocessing Service areas.
5. Expand the Telemedicine Services.

## 2. Results at a Glance

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

### Compliance Overall<sup>3</sup>

% of criteria		
Attested	On Site	Overall
99% met	99% met	99% met

# of attested criteria	
Attested	Audited
129 criteria	13 criteria

#### Attestation:

*A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization's knowledge. This data is used to inform an accreditation award.*

#### On-site Assessment:

*Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.*

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<sup>3</sup> In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance' are detailed in the section titled *Detailed Results: Required Organizational Practices (ROPs)*.

## Compliance by Standard

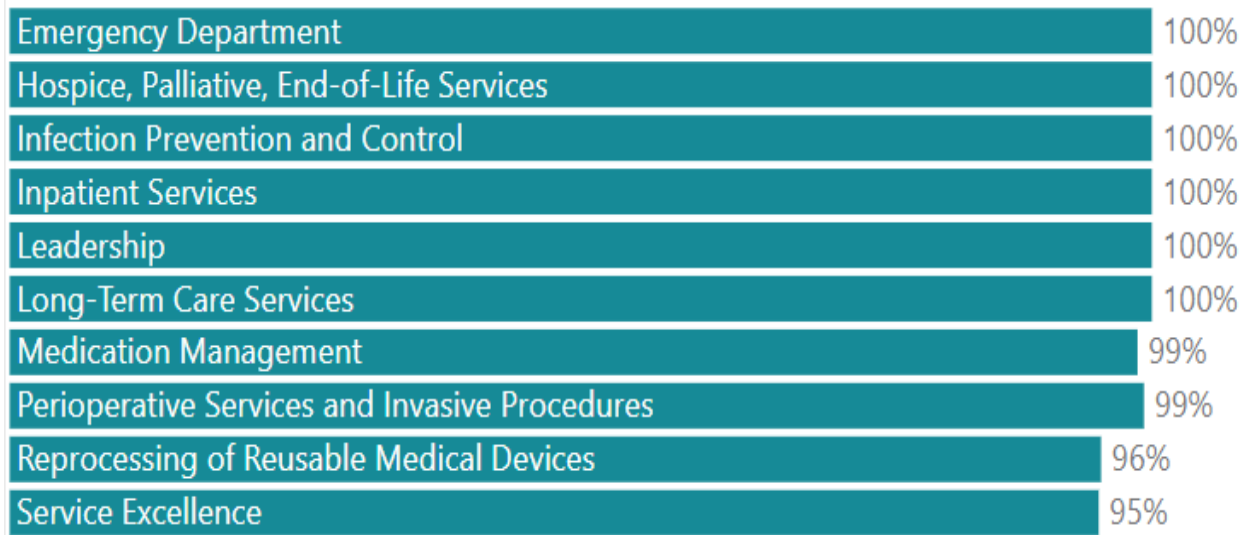


Fig. I.3 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	97		6	-
Hospice, Palliative, End of Life	78			-
Infection Prevention and Control	30			-
Inpatient Services	67		2	-
Leadership	9			-
Long Term Care	81			-
Medication Management	79	1	11	-
Perioperative Services and Invasive Procedures	144	1	4	-
Reprocessing of Reusable Medical Devices	86	4	1	-
Service Excellence	41	2		-
<b>Total</b>	<b>712</b>	<b>8</b>	<b>24</b>	<b>-</b>



# Compliance by System-level Priority Process

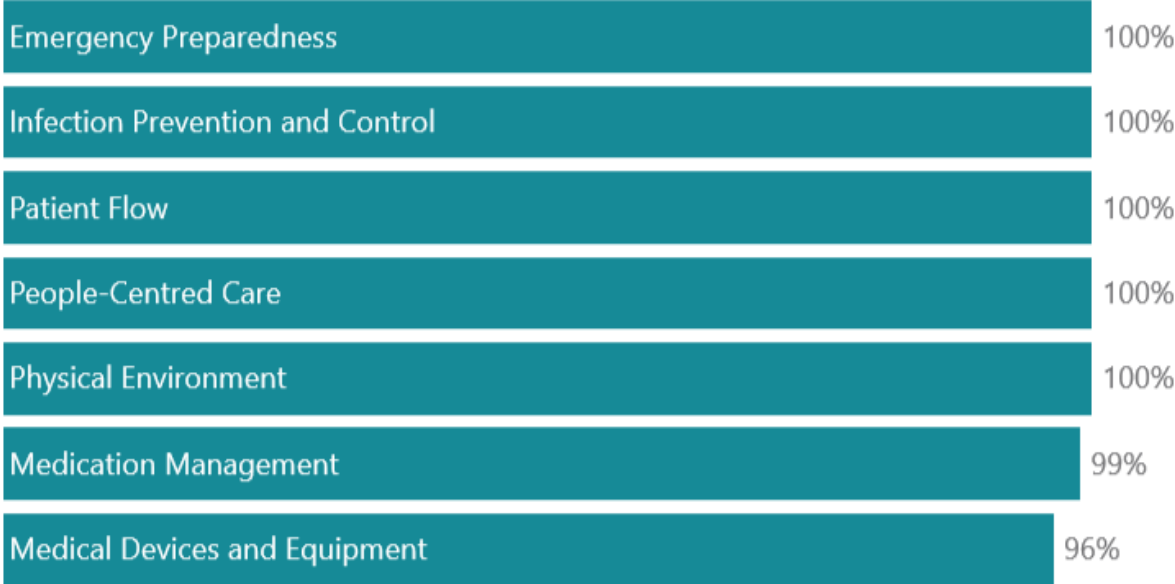


Fig. I.4 Compliance by System-level Priority Process

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	5			-
Infection Prevention and Control	22			-
Patient Flow	19			-
People-Centred Care	52			-
Physical Environment	14			-
Medication Management	94	1	11	-
Medical Devices and Equipment	109	4	5	-
<b>Total</b>	<b>315</b>	<b>5</b>	<b>16</b>	<b>-</b>

## Compliance by Quality Dimension



Fig. I.5 Compliance by Quality Dimension

STANDARD	MET	UNMET	N/A	NOT RATED
Accessibility	44			-
Appropriateness	213	1	5	-
Client Centred Services	175			-
Continuity of Services	30			-
Efficiency	7		2	-
Population Focus	1			-
Safety	226	3	16	-
Worklife	16	4	1	-
<b>Total</b>	<b>712</b>	<b>8</b>	<b>24</b>	<b>-</b>

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	Met
	Hospice, Palliative Care, End of Life	Met
	Inpatient Services	Met
	Long Term Care Services	Met
	Perioperative Services and Invasive Procedures	Met
The 'Do Not Use' List of Abbreviations	Medication Management	Met
Medical Reconciliation at Care Transitions	Perioperative Services and Invasive Procedures	Met
	Emergency Department	Met
	Hospice, Palliative Care, End of Life	Met
	Inpatient Services	Met
	Long Term Care Services	Met
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	Met
Information Transfer at Care Transitions	Emergency Department	Met
	Hospice, Palliative Care, End of Life	Met
	Inpatient Services	Met
	Long Term Care Services	Met
	Perioperative Services and Invasive Procedures	Met
<b>MEDICATION USE</b>		
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
<b>Infection Prevention and Control</b>		
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
<b>Risk Assessment</b>		
Falls Prevention and Injury Reduction	Hospice, Palliative Care, End of Life	Met
	Inpatient Services	Met
	Long Term Care Services	Met
	Perioperative Services and Invasive Procedures	Met
Pressure ulcer prevention	Inpatient Services	Met
	Hospice, Palliative Care, End of Life	Met
	Long Term Care	Met
	Perioperative Services and Invasive Procedures	Met
Suicide prevention	Emergency Department	Met
	Long Term Care	Met
Venous thromboembolism prophylaxis	Inpatient Services	Met

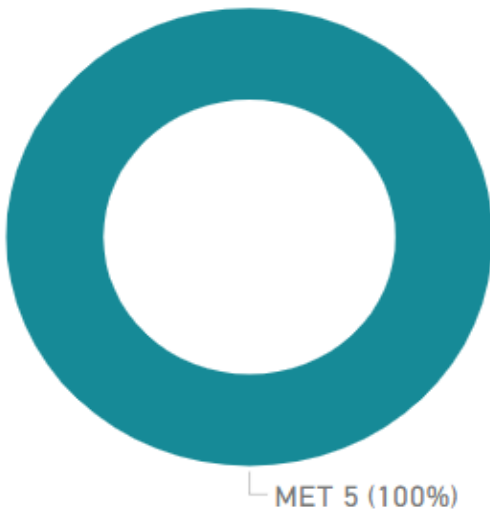
### 3. Detailed Results: System-level Priority Processes

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 refer to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

#### Emergency Preparedness

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

**All the criteria are met for this Priority Process.**



Priority Process Description:  
*Planning for and managing emergencies, disasters, or other aspects of public safety.*

The emergency preparedness plan for the organization has been updated and is aligned with the AHS Emergency preparedness and all hazard plan. The code of the month process is followed, and the team conducts drills on high incidence codes to promote learning. Staff provide feedback on the drills and collaborate to evaluate codes. Drill and code evaluations are reviewed at the Emergency Preparedness Committee.

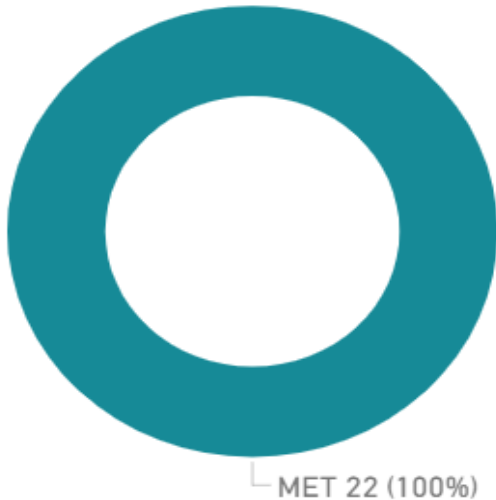
The leadership team has built capacity for after hours as the Family Medicine charge nurse desk is the “Command Centre”. Business continuity plans are in place and evacuation plans are posted throughout the building.

The team have had incidents that require them to use emergency preparedness processes. A main water pipe break led to loss of water at the site. In response, there was collaboration and alignment with the Medical Officer of Health (MOH), Zone and the town to address needs until the water was restored.

## Infection Prevention and Control

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

**All the criteria are met for this Priority Process.**



### Priority Process Description:

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

AHS has a Service Excellence Team (SET) focused on Infection Prevention and Control (IPC). The Westview Health Centre follows the Alberta Health Services Infection Prevention and Control policies and procedures.

The site has a keen and responsive IPC practitioner who started approximately six months ago. He covers three sites and is at Westview Health Centre the equivalent of one day per week. There is a strong collaborative relationship between the site leadership team, the Environmental Services Team and the IPC Practitioner. The rural zone IPC Committee provides oversight for IPC activities and Required Organizational Practices compliance.

Quarterly and annual reports are provided outlining hand hygiene compliance and healthcare associated infection rates. Data is available through Tableau for tracking, trending, and comparison to other sites. Active surveillance of lab results is conducted. There has not been an outbreak at Westview Health Centre in almost a year.

Hand hygiene pumps are readily available to promote hand hygiene. In addition, hand hygiene and Antibiotic Resistant Organisms (ARO) audit results are posted in areas.

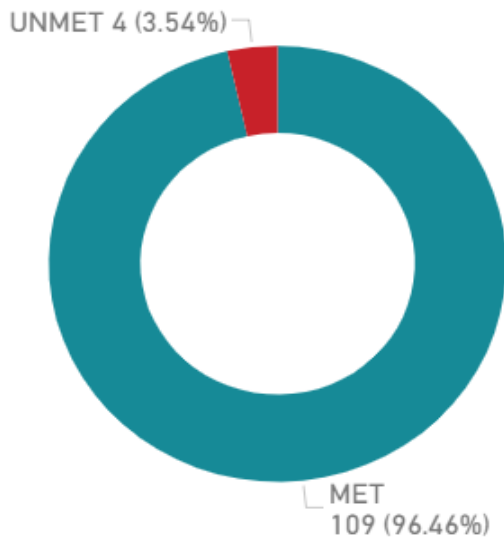
For any construction on site, the Facilities Management and Engineering (FM&E), Environmental Services, and IPC are engaged as part of the committee providing oversight for planning, implementation, and monitoring.

Roles and responsibilities for cleaning and disinfection of the environment and equipment are clearly outlined. The Environmental Services team conduct audits (20/leader/month) and provide feedback to their staff.

The site leadership and IPC Team are aware that handrails covered by carpet do not meet standards for cleaning. The rails are being replaced as construction is done on site.

## 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, Perioperative Services and Invasive Procedures, and Reprocessing of Reusable Medical Devices.



### Priority Process Description:

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

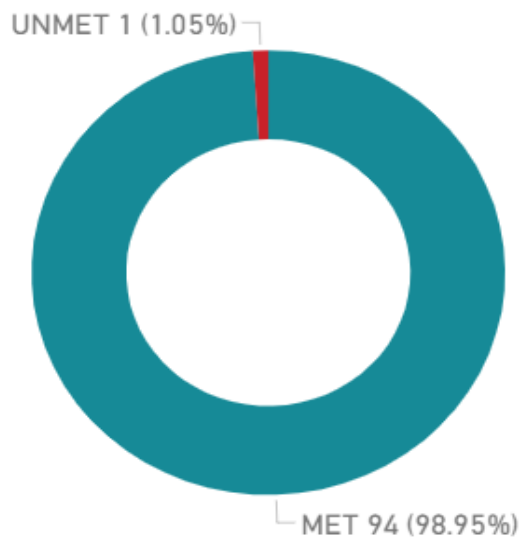
STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	3.3	Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.
Reprocessing of Reusable Medical Devices	5.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Reprocessing of Reusable Medical Devices	5.12	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Reprocessing of Reusable Medical Devices	9.1	Safe work practices and infection prevention and control precautions are followed when handling contaminated medical devices and equipment.

Although there are separate workstations for cleaning and disinfection in the Medical Device Reprocessing (MDR) centre, when decontaminating surgical instruments, they can be divided into different soil classifications such as clean, clean-contaminated, contaminated or dirty. Given the MDR receives contaminated surgical instruments and endoscopes (dirty) in the same receiving area, staff should remove full PPE if they move from surgical instrument cleaning station to the endoscope cleaning area. Proper elbow gloves should be worn during the endoscope cleaning process to avoid water and contaminants to enter gloves during the cleaning phase.

The access door to the hallway from the clean MDR side should be kept locked with access card only to limit traffic and restrict area. Evaluation of performance is conducted once a year for endoscope cleaning and disinfection process, however, the site does not have local expertise and support for ongoing educational needs and evaluation in other specialties. Staff are expected to seek competency points outside the organization. Ongoing regular evaluations of performance, skills, and follow-up on issues locally is required. Staff opportunities for growth were identified as a need for sustainability. The MDR staff are engaged, eager to learn and knowledgeable in their field. [lick or tap here to enter text.](#)

## Medication Management

This system-level priority process refers to criteria that are tagged to the Medication Management Standard and Perioperative Services and Invasive Procedures.



### Priority Process Description:

*Using interdisciplinary teams to manage the provision of medication to clients.*

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	18.5	Automated dispensing cabinets are equipped with a profiling system.



AHS has a Provincial Medication Management Committee that provides oversight for medication management activities.

The Westview Health Centre Pharmacy department is small. The team have done their best to make the space work to support their operations. National Association of Pharmacy Regulatory Authorities (NAPRA) guidelines are followed and only non-sterile compounding is now done on site. The laminar fume hood has been removed. Staff plan to use the space to support Connect Care activities. The Pharmacy Team work very well together and have strong relationships with unit staff and feel much supported in their work and development by their highly engaged manager.

Representatives on the Medication Quality and Safety Team (MQST) for the zone conduct the Required Organizational Practices (ROP) audits for the site once or twice a year. Actions are taken by the highly engaged site team to address any quality issues that are identified. The Antimicrobial Stewardship Program (ASP) program is progressing well and has strong medical and pharmacy leadership.

From a quality perspective, the Pharmacy Team have a “Good Catch” program. The Good Catch submissions are reviewed, and themes identified. Good Catch examples are shared with other sites in quarterly newsletters so that they can implement safety practices. The Medication Quality and Safety Team recognized the work of the suburban Edmonton sites to implement the Quarterly Action Agenda to advance safety practices in their sites.

Going forward the team should continue with preparation for Connect Care implementation.

## Patient Flow

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership, Emergency Department, and Perioperative Services and Invasive Procedures.

**All the criteria are met for this Priority Process.**



### Priority Process Description:

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

Bed allocation meetings occur twice daily. Rapid rounds and the real time emergency patient access and coordination (REPAC) call is held in the afternoon with participation from all sites in the zone and leadership. The new reporting spreadsheet used for the afternoon zone call was implemented this week, so further evaluation is in progress. Leadership presence on the call has had a positive impact with decision making and accountability for leaders at all sites.

Although each site has their own individual flow issues, the call enables organizations to remove silos and collectively support one another. There are barriers that pertain to physician engagement requirements, therefore the sites are encouraged to look at ways to engage physicians to attend calls and be more involved in decision making as part of the dyad structure.

The emergency department overcrowding is mostly caused by clients waiting for transport to alternate sites for diagnostic testing. EMS off-load continues to impact flow and timely responses for many sites. Admitted clients needing transportation to alternate site for diagnostic are lower priority, and diagnostic appointments are often missed and rebooked days to weeks later; therefore, impeding bed availability, increasing length of stay and increasing wait times in ED for admitted patients and repatriation delays.

There is a formalized process and policy from AHS regarding how sites are to manage clients that refuse Alternate Level of Care or their preferred disposition location. It is encouraged to

review and adapt locally. Without client consent or organizational direction, Alternate Levels of Care volumes will continue to be a concern.

## People-Centred Care

This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department, Hospice, Palliative, End of Life, Long Term Care, Inpatient Services, Perioperative Services and Invasive Procedures , 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 Westview Health Centre leadership team and organization is commended for having a robust and relentless focus on people centred-care. There is strong community engagement and a number of initiatives have been implemented with input from clients and family members gained through patient concerns and experience data.

Of note is a co-design project entitled the Westview Dementia Community Support Collaborative which was designed to enhance awareness of people with dementia and improve socialization. Several key community partners were engaged in the initiative. Going forward, the organization is encouraged to formalize their approach by engaging Patient Advisors.

## Physical Environment

This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership and Perioperative Services and Invasive Procedures.

**All the criteria are met for this Priority Process.**



### Priority Process Description:

*Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.*

The Westview Health Centre facility is approximately twenty years old. Signage to access the building is clear and wayfinding has been improved in the building with input from clients and families.

The Facilities Management and Engineering (FM&E) Team and Environmental Services Team take great pride in their work. The physical plant is well maintained and is bright and clean. The physical space meets applicable laws, regulations and codes. The FM&E Team take steps to ensure compliance with the standards for Continuing/Long-Term Care as legislated. The Infection and Prevention Control team are actively engaged in construction projects.

Automated building monitoring is in place with required system redundancy and back-up plans in place for critical equipment. As with other hospitals, there is an e-facility request system in place that staff use to request any facility maintenance issues that require intervention to reduce risk or any projects needed in the workplace. The e-facility system is also used to generate reminders for the facility and other equipment reminders for preventive maintenance inspections and work.

There have been several initiatives implemented to reduce environmental impact and reduce consumption across the site and zone. Going forward, there is a plan to automate humidity monitoring in the Reprocessing Centre.

## 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.<sup>4</sup>

### Emergency Department

**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.*

Westview Health Center is commended for their engagement and collaboration with Primary Care Network (PCN), Indigenous community and local stakeholders. The emergency department has seen a significant shift in level of acuity with the primary care network collaboration and their local physicians.

They have adequate resources in place to address the acuity shift, however space and access to diagnostic imaging, particularly CT scan is a concern and poses a challenge for how to best support clients needing the level of care locally. The demand for CT scans is growing as the clinical indications for these procedures increase and help diagnose disease, determine appropriate treatment and establish follow-ups with primary care teams. The integration of staff in ED such as ED Transition Coordinator, Indigenous Liaison and Primary Care Network (PCN) Nurse have supported teams with transitions in care and timely access as well as admission avoidance and enhanced community connections. As the Strategic Clinical Networks (SCN) continue to evolve, ED clinical care pathways for the triage nurse is encouraged to expand

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<sup>4</sup> 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.

beyond their asthma and antipyretics protocols. Having standing orders for lab and Diagnostic Imaging (DI) testing would help support and expedite physician diagnosis, decrease ED wait times and increase patient experience.

The ED space is under renovation at this time and the team's resilience with all the changes and tight workspace they encounter with overcrowding is commendable. ED wait times is an ongoing concern for teams and clients in the community as well as access to mental health services. Further exploration is needed to accommodate chairs for clients to sit while they wait for triage as well as a fast-track process for clients that drive to diagnostic appointments from the ED returning with results to avoid waiting in queue.

## 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 multi-disciplinary team on the in-patient unit works very closely with their stakeholders; emergency department, community physicians with direct admissions to the unit as well as client repatriations from other sites. They have access to specialty services such as a geriatric psychiatrist and spiritual care support.

The team have formalized handover and communication mechanisms in place to ensure client safety and continuity of care. There's an opportunity to explore allied health resources outside Monday to Friday day shift hours to help support flow.

Clients feel heard, engaged and actively participate in decisions required for their care. They expressed gratitude towards staff and being cared for in their local community. With the additional Indigenous liaison resource, clients and families do feel supported with cultural needs and care.

Service gaps were identified for rehabilitation access and coordination in other zones such as North due to differences in home care services structure, as well as access to more local long-term care beds. There are many Alternate Level of Care (ALC) clients waiting for a bed which may or may not be their preferred choice and consent to transfer remains an issue.

Transportation wait time delays for diagnostic testing or alternate site transfer significantly impact length of stay on the unit and predicted discharges.

The unit is commended for their efforts and focus on goals of care and palliative and end of life care conversations and documentation. Space has been maximized on the unit and the site leadership team is encouraged to continue replacing carpet handrails in hallway to be in compliance with IPC standards.

## Hospice, Palliative Care, End of Life 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.*

Access to Hospice and Palliative Care beds at Westview Health Centre is coordinated through the Palliative and End of Life Care (PEOLC) Edmonton Zone. The Manager has a strong focus on excellence in care and education specific to Palliative and End of Life Care competencies is supported.

There is a strong inter-professional team approach at the hospice and team members work well together to ensure clients and family needs are met. Staff take great pride in their work and feel supported by the team. Patients and family members spoke about the support and caring provided by the clinical team and volunteers as a challenging time in their lives.

Standardized tools are used for intake processes and documentation. It was somewhat challenging to review charts and care trends as some of the information was in the record, the Kardex, and in the staff report room.

To support staff and volunteer coping and resilience in death and dying, debriefs are held after deaths and resources such as the Social Worker, Clinical Ethicist and the Employee and Family Assistance program are utilized. The team are highly supportive of each other given their passion for the patient population.

Going forward, the team is encouraged to review opportunities to improve consistency of Edmonton Symptom Assessment System (ESAS) documentation to ensure appropriate pain and symptom management. The way the chart is split should be reviewed to ensure there are no gaps in documentation.

There is a separate external entrance to the continuing care wing. Although locked after hours, staff expressed concerns about security and have requested that the site leadership team consider a camera at that entrance.

## 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.*

The Long-term Care Services at Westview Health Centre are in full compliance with the Long-Term Care Accommodation Standard and Resident and Family Councils Act of Alberta. A detailed assessment of each resident is completed on admission and of note is the resident's story document that provides the team with the history and perspective of the resident or family member where required. Each resident's individual perspective and right to decide is strongly valued and Managed Risk Agreements are in place where required.



The CoAct model has recently been implemented and audits are being done by staff nurses and shared with the team. There is an opportunity to ensure the whiteboard information is updated on a regular basis. A Meal Enhancement project was implemented a few years ago. The team is commended for sustaining this important work over time.

The unit has a Resident and Family Council. Recent minutes were reviewed. The Manager is working on trying to encourage more family members to attend. A survey has been distributed to identify options.

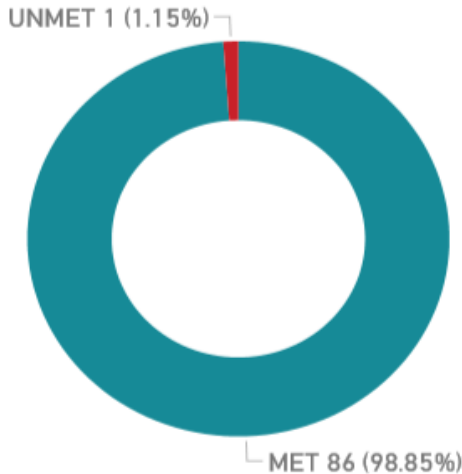
Residents interviewed expressed that they were happy with their care, meals and cleanliness of the unit. They felt that staff addressed their individual needs. Recreation therapy and events were much appreciated. Family members interviewed were grateful for the care their family member received and noted that if they raise concerns and the concerns will be addressed. Staffing, workload and continuity of care were noted to be an issue at times by one family member. Managing wandering patients was also raised as an issue and the leadership team responded to put actions in place.

The manager is commended for implementing a wellness champion role to look more deeply at staff safety. Staff workload and workplace health and safety are a focus. There has been some turnover and vacancies exist currently. Workplace Health and Safety is reviewing injuries in the areas. Staff commented that workload can be heavy at times and they collaborate the best they can to meet resident's needs and support each other to be safe. Despite the challenges, staff interviewed said they liked working on the unit as they had a good team and they enjoyed caring for the residents.

As there are more patients with dementia and higher care needs, the Manager has introduced a Health Care Aid shift early afternoon to evening to support looking at diversion activities for residents who wander. Staff have had education and tips to manage de-escalation of behaviours as well as steps to take to ensure their safety and the safety of others.

The organization should continue to focus on turnover, staffing, workload and staff wellness as well as addressing the impact of increasing residents with responsive behaviours.

## 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.*

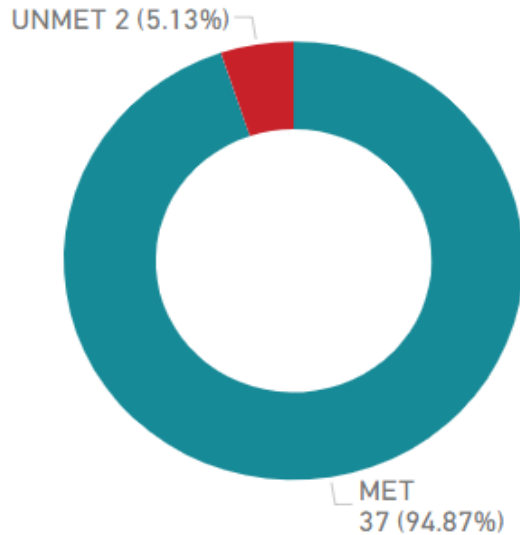
STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	12.6	Aseptic technique is used at all times during the procedure.

The members of the Perioperative Team have variety of knowledge and experience. Many staff work at different locations and feel Westview Health Center is home. The Perioperative Team has recently implemented a morning huddle to enhance communication between recovery, MDR, supply workers and leadership. They also use this time to discuss quality initiatives, opportunities as well as client safety.

The surgical site is marked before the patient is transported to the operating room. As per ORNAC standards, a single-use permanent marker is to be used to mark the surgical site and is to be discarded after use. Single use of antiseptic agent (iodine) should be considered to reduce the risk of infections. Clients at risk for falls are evaluated and rated differently based on the procedure the client is having. The team is encouraged to look at standardizing the process to a universal fall precaution for all applicable settings not procedure based to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.

Educator access or opportunity to share resources should be explored to support educational growth for staff, implement best-practices and remain current with perioperative standards. The leadership team is encouraged to continue dialogue with staff, clients and families and medical team on departmental equipment needs and address capital planning for aging equipment. As the site continues with Uplift volumes, MDR equipment needs should be reviewed to ensure the supply meets the demand. This would diminish the strain on MDR turnaround times for instrument sets.

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

The Westview Health Centre is supported by a highly engaged and enthusiastic leadership team. The team has forged strong and productive partnerships with the community including two Indigenous groups. There is a strong and goal directed partnership with the Primary Care Network that focuses on the goal of right place, right care. The collaboration has resulted in extended hours and weekend coverage of primary care physicians in the community. Although this has resulted in a reduction in Emergency Department volumes for lower acuity patients, the unintended consequence is that those in the ED have higher acuity needs. A funded project on Enhancing Care in the Community has increased the number of patients living at home; readmission rates are being tracked.

The leadership team priorities are aligned with AHS imperatives and include quality and safety, people-centered care, workplace safety and operational best practice. The CoACT program has been implemented and staff participate in audits to assess process and provide feedback to staff and leaders.

There is a strong focus on orientation and continuing education as well as staff and workplace safety. The use of space for care delivery and support services has been maximized as much as possible at the site. Construction has been completed in the Emergency Department to address security concerns of staff and patients and enhance safety in the workplace.

Principle based care and ethics are foundational elements to the work of the leadership team. This approach led to a thoughtful and collaborative process for MAID implementation at the site.

Data is available through Tableau and this is used to drive process improvement on organizational priorities such as flow, sick time, over times and quality and safety metrics.

The leadership team and staff are to be commended for their strong values and actions in community engagement, partnership and people centered care. Work should continue to advance the use of quality and safety boards.

## 5. Criteria for Follow-up

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

STANDARD	CRITERIA TYPE	CRITERIA	DUE DATE
Reprocessing of Reusable Medical Devices	Regular	<b>3.3</b> Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	June 30, 2020