

2022

AHS Continuing Care Accreditation Report

Alberta Health Services

Spring 2022 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.

Continuing Care Program Assessment– Sites Visited

- Bentley Care Centre
- Coaldale Health Centre
- Dr. W.R. Keir - Barrhead Continuing Care Centre
- Hardisty Health Centre
- Hythe Continuing Care Centre
- Islay Assisted Living
- La Crete Community Health Centre
- MacKenzie Place
- Mannville Care Centre
- Milk River Health Centre
- Radway Continuing Care Centre
- Serenity House - Drayton Valley
- Vegreville Care Centre
- Westlock Continuing Care Centre
- Wetaskiwin Hospital and Care Centre
- Willow Creek Continuing Care 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

During this survey visit, 16 AHS Long Term Care (LTC) sites were visited as well as sites at Carewest and Capital Care (under separate reports). The visits were unannounced, and the sites attested some of the criteria in advance. The LTC team interviewed staff, residents, families, physicians, administration, and partners to understand and assess alignment and compliance with accreditation standards in key clinical and non-clinical areas. Service recipients interviewed provided positive feedback regarding their care and caregivers. Partners involved in community services were appreciative of the facility and management's participation in emergency and disaster planning initiatives.

The leaders, physicians, and staff are engaged and committed to quality and resident safety. The leadership commitment to ongoing learning and improving safety and quality is evident.

The sites provide a wide variety of services, from youth with acquired brain injury to frail elderly, supportive living, and palliative care. Some of the sites provide care to residents who are at high risk for elopement and consequently live in secure areas.

A consistent theme throughout the site visits was that the residents "are like family". While the sites are at different points, there were pockets of excellence in People-Centred Care (PCC). Some sites are co-designing services with residents and families, where others are earlier in the journey. Some sites have not yet resumed resident councils and are encouraged to reinvigorate their councils as soon as possible.

There was much evidence of collaboration and teamwork. The teamwork was both interdisciplinary (nurses, physicians, OT, PT, and pharmacy) and interdepartmental (housekeeping, kitchen, recreation, health care aides, maintenance/facilities, nursing). All areas, working together to improve the lives of the residents who live there.

As with PCC, there were pockets excellence in quality improvement within LTC. A recreation therapist at one site has obtained a recreation therapy grant and is implementing "R Sensory Cart". Some sites have quality boards that are engaging and up to date with metrics and project updates. The quality improvements at some of the sites is less visible. The organization is encouraged to make the quality improvement work more visible to all: staff, residents, families, and leadership.

In addition to PCC, the surveyors looked at Physical Environment, Medical Devices & Equipment, Episode of Care, Service Excellence, Emergency Preparedness, Medication Management, and Infection Prevention and Control (IPC).

One of the goals set by AHS for this survey visit was to determine if staff felt supported by the COVID response. The answer is yes! The IPC team has been very strong and supported staff throughout. Several sites were on outbreak during the survey visit and there was good evidence of local, zone and provincial support. We had opportunity to sit in on some "outbreak meetings" and there was an air of confidence about the team. Clear direction was provided, questions were answered, and plans put in place quickly to pivot and do what was necessary to protect the residents and staff.

Emergency preparedness was well done with the sites reviewing "codes of the month". The local fire departments are involved in the planning and regular fire drills are held. The sites are encouraged to

ensure that drills are also held on the evening and night shifts to ensure plans work for all shifts, especially the ones with the fewest staff available.

The physical environment ranges from relatively new “cottage-style” sites to older, re-purposed buildings (e.g., former hospitals). The staff do their best to ensure the sites are clean, but some are cluttered and older, and were never designed to “live” in. There are sites where there is more than one resident per room. Individual rooms are encouraged to support IPC practices, living with dignity and autonomy.

Leaders’ capacity appears to be taxed with ongoing operational matters and expectations for direct responsibility to facilitate and follow up on education, quality improvement, and people-centered care. It is suggested that the expectations on the manager’s role and span of control be reviewed. Sites would benefit from having a dedicated resource for education, quality, and people-centered care, as well as additional support and mentoring for new leaders.

Challenges also exist for the timely completion of performance reviews for staff. Several staff members indicated it had been many years since they had a review by their manager. Managers’ span of control is quite large. This may also be a contributing factor. However, there are opportunities to conduct performance reviews to support professional growth and development of the staff. There were also indications that morale among some teams was low and more could be done by leadership to recognize the work of staff. However, it should be noted environmental services appeared to be well organized and the staff was very happy and thorough in their work.

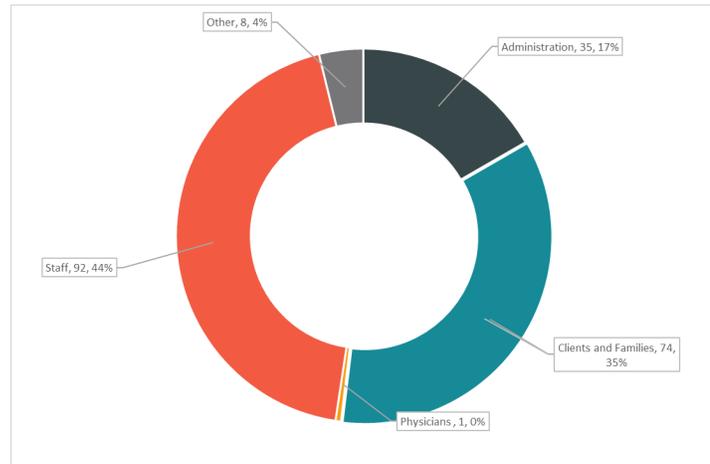
The teams are to be commended for their ongoing commitment to quality and safe care for the residents of Alberta who require assisted and/or long-term care.

Survey Methodology

The Accreditation Canada Surveyors assessed the Continuing Care program.

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

Groups	# Of interviews
Administration	35
Client & Families	74
Physician	1
Staff	92
Other	8



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

- Re-evaluate recruitment and retention strategies
- Resume quality improvement activities and make visible to staff, residents and families
- Engage physicians in quality improvement
- Focused work on Required Organizational Practices (ROPs)

Areas of Excellence

- Pockets of excellence in resident/family-centred care
- Strong interdisciplinary teams – evidence of professionals/departments working together
- Meeting the needs of diverse populations: young people (e.g., ABI) frail elderly, supportive living, dementia, palliative
- Education for staff

Results at a Glance

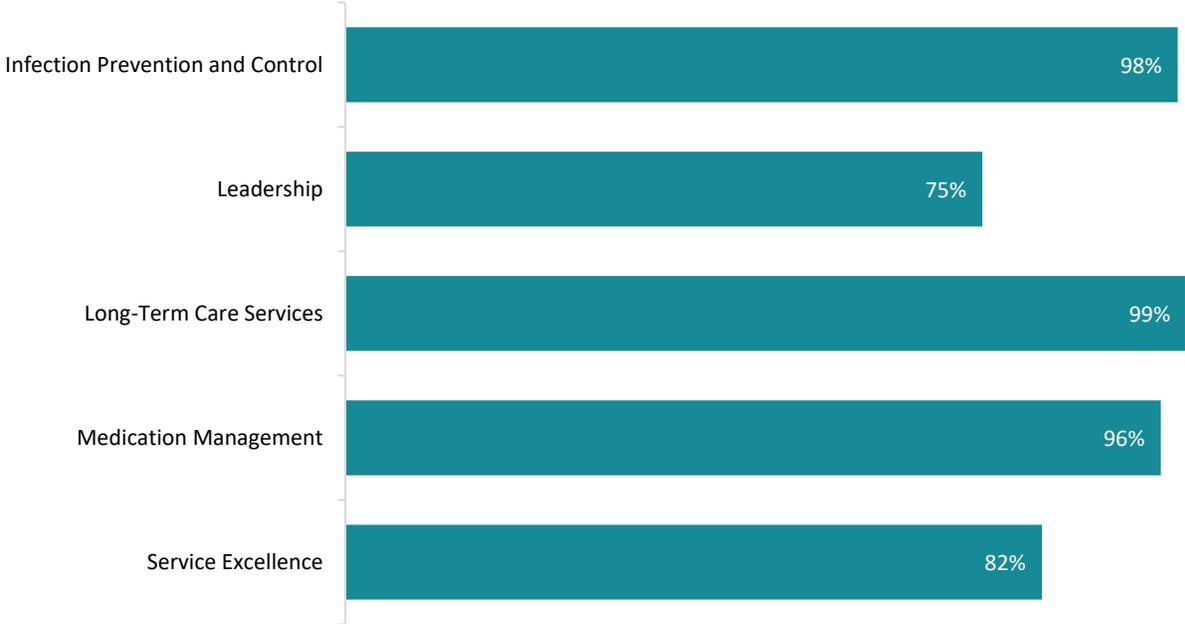
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 96% met	On-Site 92% met	Overall 92% met	
Number of attested criteria			
Attested 688 criteria	Audited 96 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	44	1	0	0
Leadership	6	2	0	0
Long-Term Care Services	80	1	0	0
Medication Management	46	2	2	0
Service Excellence	62	14	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	12	0	0	0
Appropriateness	74	13	2	0
Client Centered Services	55	0	0	0
Continuity of Services	8	0	0	0
Efficiency	1	0	0	0
Population Focus	3	1	0	0
Safety	76	4	0	0
Worklife	9	2	0	0
Total	238	20	2	0

Compliance by Required Organizational Practice (ROP)

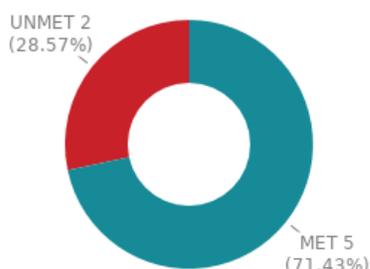
ROP	STANDARD	RATING
COMMUNICATION		
Client identification	Long-Term Care	MET
The 'Do Not Use' list of Abbreviations	Medication Management	UNMET
Medical Reconciliation at Care Transitions	Long-Term Care	UNMET
Information Transfer at Care Transitions	Long-Term Care	UNMET
MEDICATION USE		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	UNMET
Narcotics Safety	Medication Management	UNMET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Long-Term Care	UNMET
Pressure ulcer prevention	Long-Term Care	UNMET
Suicide prevention	Long-Term Care	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.



In general, the sites are prepared for emergencies and disasters for example with fire drills and drills conducted during the day. At some sites there is an opportunity to have drills conducted in the evening or at night when fewer staff are available.

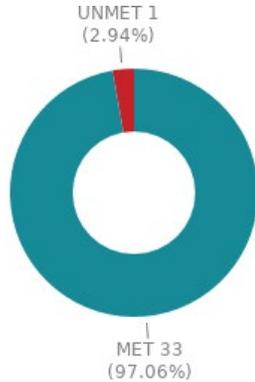
All hazard drills have been limited at some sites due to COVID-19, and at others there are code of the month drills taking place as tabletop exercises. The sites are encouraged to update their drills as soon as possible and learn from the drills to improve the cohesiveness of the response.

One location reported regular testing of the alternate generators in case of electric failure.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	14.5	The organization's all-hazard disaster and emergency response plans are regularly tested with drills and exercises to evaluate the state of response preparedness.
Leadership	14.6	The results from post-drill analysis and debriefings are used to review and revise the all-hazard disaster and emergency response plans and procedures as necessary.

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.



All sites reported good collaboration between local champions, zone resources and provincial team. While none of the sites visited had a resident IPC officer, they all had zone representatives. All locations reported easy and quick access to their IPC representative, who was available to answer questions, update Leads and staff with the pandemic response and to guide any renovations taking place. The regular information bulletin was particularly mentioned at several sites and should be continued after the pandemic wanes.

The sites were able to pivot quickly when the COVID pandemic was declared, in large part due to IPC collaborator support. There has been good communication with families and residents about IPC and outbreaks.

Continuing Care sites report good support from IPC representatives with responses during the initial major COVID outbreak waves, and now, with frequent episodic cases of COVID. Also, the IPC representatives are appreciated at the sites for their assistance with re-introducing un-vaccinated employees back to the workplace and separating dirty and clean linen and supplies with bio-hazard tape markings. The sites are encouraged to ensure freezers dedicated to bio-hazardous waste are locked to avoid accidental entry or use for another purpose, reduce clutter and attempt to avoid double occupancy rooms.

Hand hygiene audits were consistently excellent at sites with dedicated hand hygiene (HH) champions. Not all sites had regular hand hygiene audits, having lost their HH champion, and when audits were done, or results not shared, the audit results were not as good. There is an opportunity to ensure HH champions are present at all LTC locations, that audits are consistently done, and results used to further improve practices.

The COVID-19 pandemic has focused QI (Quality Improvement) strategies supporting IPC best practices. In general, the sites have been very responsive to outbreaks; they practice immediate isolation and then investigate the source. Sites are improving contact tracing to isolate the index cases sooner.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	7.7	Safety engineered devices for sharps are used.

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: Infection Prevention and Control.

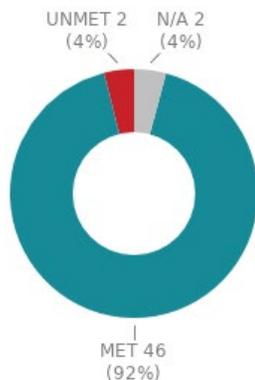


All the reporting locations indicated that they have no sterilizing facilities and only use single use or single client equipment.

They follow manufacturer's directions, which are readily available, to clean equipment such as point-of-care (POC) glucometers and bladder scanner if they have them.

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.



The oversight of medication management practices and standards are provided by clinical Pharmacists that are shared between sites, as well as Pharmacy Technicians and/or Pharmacy Assistants, where available. This partnership is well integrated, and much effort has been made to ensure clear policies and procedures with respect to safe and effective medication management. Pharmacy staff participate in annual resident conferences, weekly multi-disciplinary rounds

and supports site; they are considered as valued members of the care team and are commended for their accessibility, particularly after hours. However, due to staffing turn over and COVID-19 restrictions, there has been variation in pharmacy supports. For example, some sites have continued with collaborative medication reviews with the multi-disciplinary care team meetings as well as family meetings, while other sites are slowly reinstating the collaborative pharmacy partnerships. It is recommended that the Pharmacists consider fully reactivating the collaborative medication review process with the interdisciplinary team, residents, and families.

Safe medication practices are supported, including a review of anti-psychotic medication usage, medication reviews every three months, and weekly medication quality improvement meetings. However, since the COVID-19 pandemic, some sites have not been meeting

regularly. As per recent Canadian Institute for Health Information (CIHI) public data reporting, several sites are above the provincial and national average for the Appropriate Use of Antipsychotic (AUA) Medications. The leaders are encouraged to leverage the support from the Continuing Care Service Excellence Team and Working Group to support the re-implementation of AHS AUA resources. To support resident and family engagement, sites may want to consider including cognitively well residents and/or family members to actively participate in this work. Additionally, there are varying degrees of the utilization of narcotics across Continuing Care sites. The sites may consider obtaining specific education and consultation around pain management in the older adults to potentially decrease narcotic usage in long-term care residents.

There is evidence across all sites that medication storage is only accessible by authorized team members. Most of the sites have implemented keyless access to medication storage areas and access is only granted to authorized team members. Medication storage areas in most of the sites were observed to be regularly cleaned and organized; however, sites are encouraged to ensure medication areas are free from clutter and other non-medication storage (e.g., medical supplies, recycling).

The practice for medication reconciliation upon admission, transfer, and discharge is well implemented across sites. 'Do not use abbreviations' are regularly audited in most sites and sites meet the requirements associated with heparin and high-alert drugs for safe stocking, labelling, and storage. Leaders are encouraged to investigate the practice of administering high-alert drugs with double checking prior to their administration. There is an opportunity for site leaders to post audits results and/or share at staff meetings to support effective medication management practices and to improve awareness among staff.

The teams and leaders are in various phases of change management as the sites prepare for the implementation of Connect Care. The teams expressed excitement about the benefits that will be gained by using this system to support an effective and efficient medication management system. AHS Continuing Care leaders are encouraged to ensure that there is a consistent approach to medication management across all sites.

Strengths:

- Great leadership support including physician and pharmacy support.
- Medication management quality improvement initiatives.
- Safety event reporting and embracing a learning culture.
- Great medication administration practice checking 2 client identifiers.

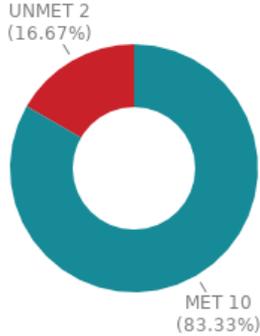
Opportunities for improvement:

- Continued focus on a consistent approach to medication management across all AHS Continuing Care Sites.
- Support change management in the planned implementation of Connect Care.
- Re-activate medication management committee work to improve quality and safety post pandemic.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.7	Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.
Medication Management	12.10	Medication storage areas are regularly inspected and improvements are made if needed.

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: Long-Term Care Services; Service Excellence.



The site leaders, staff, and physicians of AHS Continuing Care services are to be commended for their strong commitment to quality care for residents, families, and communities. This includes the caring attitude and support that they provide to the communities they serve. The teams, leaders, and physicians continually strive to do more to support residents, families, and communities. The residents and families stated that they were treated with care, dignity, and respect. Furthermore, they felt an environment was created that supported them in asking questions and being a partner in care. These are strong elements that will support the

continued building of People-centred care (PCC) for AHS Continuing Care.

Efforts within the zones and the provincial health system have shown advancement in PCC and could serve as a model for the sites throughout the Continuing Care system to embrace a much more proactive approach to PCC. Many sites have seen a changeover in leadership at the middle management level and there are opportunities to further collaborate with the quality lead for the Zones to advance the focus on quality. This work can incorporate residents and families along with staff and leadership to evolve together with quality and safety focus within programs and in re-design work.

The leaders are encouraged to continue to ensure that the programs and services provided at AHS Continuing Care meet the diverse needs of their clients and families including language, culture, level of education, lifestyles, and physical or mental disability. The participation and input of residents and families into the services and programs will enhance the quality of the care provided.

AHS Continuing Care is encouraged to continue to explore ways to embed the perspectives of clients and families into the programs and services provided. Residents appeared to receive timely and very good care at the site level. Residents and families interviewed during the survey were highly appreciative of the staff, facility, and ease of accessibility to care and treatment.

The presence of a Resident and Family Council at the site level have been variable since the onset of COVID-19. While efforts to ensure resident choice and involvement in care were evident and are commended, the organization needs to fully adopt a philosophy and mechanisms to embrace the principles of PCC. It is recommended that leadership and staff pursue a greater understanding of the expectations and benefits of PCC and begin a concerted effort to proactively recruit resident and family advisors and support their integration into committees at the site level and ensure input and feedback from the perspective of residents and family members are attained. While there is a resident advisor at the zone level, the diversity of the communities located in the AHS Continuing Care system could benefit from local resident advisors. Opportunities exist to better include residents and families in the planning, design, delivery and evaluation of care provision and quality improvement activities at the site. Having a local perspective will bring a more robust community, resident and family engagement to the services provided across AHS Continuing Care systems. AHS is encouraged to investigate opportunities to further enhance people-centred care and engagement of residents and families at the site level.

Strengths

- Care plans are very individualized and there is a diversity of services at the site to meet varied care needs.
- Leveraging technology to provide opportunities for families to participate in care conference virtually.
- Involvement of residents and families in the quality improvement initiatives.
- Active Resident and Family Councils.

Opportunities for improvement

- Continue to include residents and families in the strategic planning.
- Continue to provide opportunities for residents and families to share their lived experiences.
- Reactivate quality improvement initiatives and committees that were paused due to COVID-19 restrictions.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, 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.



The Alberta Health Services (AHS) Continuing Care sites visited during the survey were observed to be very warm and welcoming; despite the aging infrastructure, sites were very clean, bright, and spacious. As the clinical services and operations have evolved over time, some sites have benefited from vacated space that is being used to store equipment and other supplies. Site leaders may benefit from a review of the equipment and supplies stored on-site to declutter some of the space and possibly repurpose it for other needs.

Residents’ rooms were observed to have opportunities to personalize their physical spaces. Some sites had resident’s profiles in the room, which included their preferences, dislikes, family background, former work, and leisure activities. AHS Continuing Care sites are encouraged to review a consistent approach to co-designing with residents and families the physical space for residents’ rooms.

All sites have back-up systems in place and have taken appropriate measures to reduce the impact of power outages on residents’ and teams’ health and safety. Emergency testing of the backup system is completed weekly, and staff reported that the systems are tested regularly as sites have fluctuating power surges (because of weather) throughout the year. The environmental staff are diligent in their cleaning of all surfaces, and they have taken extraordinary measures to ensure resident, family and staff safety throughout the COVID-19 pandemic.

The facilities management and engineering teams at the sites have a standardized process in place to address any issues that may arise. Additionally, they have an effective and efficient process to undertake preventative maintenance activities, as well as addressing any immediate maintenance requirements.

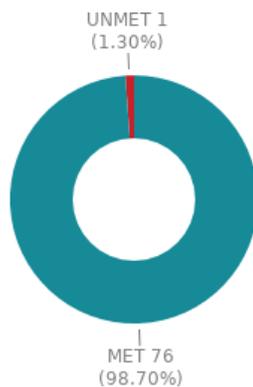
AHS Continuing Care sites have taken initiatives to minimize the impact of the organization's operations on the environment. There were many initiatives observed during the survey, such as recycling bins were being utilized in all areas, including administrative and clinical areas. Many sites have partnered with local community volunteers and family members to improve the outdoor space, such as “spring clean-up” and beautifying and maintaining the gardens for the residents and families to enjoy.

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.

Long-Term Care Services

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



There is a well-defined process to accept individuals into Long Term Care (LTC). There is a comprehensive “moving in” process with a checklist to ensure all areas required are covered. Based on the initial assessment, a plan of care and goals of care are devised and written for all team members to be able to access. The new resident’s capacity is assessed, and a substitute decision-maker identified as needed. A trend that is being noticed is that residents are coming into LTC with new and different goals of care.

The global pandemic has had a significant impact on LTC in the country and AHS is no different. Some of the impacts include staff shortages (staff becoming positive for COVID-19 and required to isolate, casual staff being restricted to single site makes them unavailable to others, and a small number of staff have chosen to not vaccinate, taking them out of the workforce. These impacts have been felt across the organization coupled with changeover of managers. Other impacts of the pandemic have been to pause recreation activities, resident councils, and quality improvement initiatives. In addition, some LTC beds have had to close due to staffing shortages or admissions have been delayed due to outbreaks.

Despite the challenges, teams have worked very well together, both professionally and inter-departmentally. They have been innovative and ensured safe, quality care for residents and families. For instance, finding ways to meet spiritual care needs virtually if necessary and ensuring indigenous healing practices and elder visits are made possible.

Some of the recreation activities have had to be paused due to the pandemic and residents and families look forward to resuming these activities. Some sites have animals, birds, gardens, and flowers to lift residents’ spirits and make the surroundings more home-like.

There are pockets of excellence in terms of Person-Centred Care (PCC) – in these sites the residents and families are co-designing services and space. All sites are encouraged to look for innovative ways to have their residents/families co-design and be involved in decision-making at the site.

The organization is on a multi-year project to connect the sites to a single, electronic provincial record and the organization is encouraged to stay the course. Most of the sites are using a hybrid record that involves a level of risk with resident information not all in one place. By the next survey cycle the sites should be fully digitalized.

One of the goals of the organization has been to improve ROP compliance – using a universal approach to ROPs. While some sites have had high compliance rates, other sites have struggled. Some of the struggles relate to staffing (shortages, changeover), leadership changes (particularly middle managers), and workload. There was evidence that initial risk assessments were quite well done at most sites (e.g., Braden Scale, Falls Risk Assessment, Suicide Risk Assessment); however, the follow up was inconsistent in several sites. One of the strategies adopted by many sites would be to have a “champion” for each area (e.g., Falls Champion). This is a very good strategy as it engages front line staff in the quality work. The next step is to make this work visible to all staff, residents, families, and leaders by way of quality boards and visibility walls. Having regular staff huddles and discussion regarding audit reports such as Braden and Falls makes the quality improvement work visible. Using Nudging Theory to “move the needle” on metrics is important - for teams to know their own numbers, as well as the zone and provincial numbers to understand where they currently are and plan where to move to next. Some staff reported they are seeing the value in the quality improvement audits being done around ROPs.

Staff and managers are to be commended on the very high rates of education completion. There is a great deal of initial education to complete at orientation as well as ongoing required education. While the pandemic has made this challenging, the organization has risen to the challenge and pivoted to make more of the education virtual. This has been appreciated by staff and contributed to high rates of completion of required training.

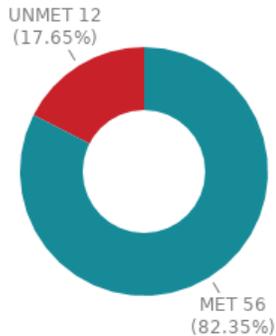
Infection Prevention and Control (IPC) has been a strength of the organization. LTC has (and continues to) experience several outbreaks of COVID-19. With the assistance of the site champions, zone resources and provincial team, the sites are managing the outbreaks well and delivering safe, quality care to the residents.

There is wide diversity in terms of the physical environment with some fairly new and well-designed facilities to some sites where there is more than one resident to a room and where sites might have been re-purposed. The staff are to be commended for making the areas as “home-like” as they can be. The organization is encouraged to ensure all residents have a single room and workplace free of clutter.

STANDARD	UNMET CRITERIA	CRITERIA
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.

Service Excellence

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



Alberta Health Service (AHS) Continuing Care leaders and team are focused on promoting and embedding resident and family centred care consistently across all the sites. All residents and family members interviewed spoke highly of the excellent care provided by the team, particularly nursing. They felt that staff listened to them, respected their input, and cared for them as individuals. The leadership teams are commended for their focus on resident and family engagement.

Significant data is being collected by AHS Continuing Care that focuses on the delivery of quality resident care and this information is available to the manager through the Tableau system. However, the manager and frontline staff are not necessarily aware of all the indicators that are being collected, how to use the information to improve quality and evaluate the effectiveness of local services. AHS is encouraged to continue to identify opportunities to seek meaningful input from residents and families and better disseminate the information to the unit level so that they can use the information to improve quality locally. The site leadership team is encouraged to develop a site-based scorecard and dashboard that reflect site goals and objectives. Becoming more data driven and having integrated goals for quality and operations will help to align the interprofessional team members to a common vision and purpose as well as further enhance engagement scores, which have increased in recent years.

Many sites have implemented CoACT (collaborative model of care) to promote teamwork and to ensure a uniform and consistent approach to providing care and service. Solid communication tools (IDRAW and Meditech) allow teams to effectively communicate valuable information regarding the resident's needs and preferences. AHS Continuing Care leaders are encouraged to ensure there is a consistent implementation of these tools and framework and to provide opportunities for resident and family to have meaningful input in the communication process.

Residents and families have expressed a high degree of satisfaction with the care and treatments they receive. They are involved in many aspects of the care journey which include, participation in their plan of care, food choices, room design, and falls safety. AHS Continuing Care leaders are encouraged to educate residents and families on how to be informed partners in their care. This will enable residents and families to advocate for their own quality care. Additionally, the team and leaders are encouraged to continue to seek opportunities to enhance the input of residents and families into the co-design of programs and services.

Over the past fifteen months, the impact of COVID-19 has been challenging and many activities have taken less priority. However, there are opportunities as the situation improves to reengage families in ways to improve processes related to resident-centered care. Additionally, the sites would benefit from seeking innovative ways to increase and re-engage the presence of volunteers to provide meaningful engagement with the residents and improve their quality of life.

Strengths:

- Quality boards and safety huddles.
- Quality improvement culture (performance measurement data posted on the unit, LTC survey result posted externally, leader training for leading QI initiatives).
- Commitment to embedding resident and family centered care in the journey to enhancing the quality of life for residents.

Opportunities for improvement

- Continue to seek meaningful engagement with residents, family, and community input to further strengthen programs and services.
- Optimize the integration of quality and resident safety initiatives at the front line and utilize data collected to improve care/service locally.
- Implementation of Continuing Care Resource Teams and Program Specialists to support the rural continuing care sites.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
Service Excellence	3.1	Required training and education are defined for all team members with input from clients and families.
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.
Service Excellence	6.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.
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	10.5	Quality improvement activities are designed and tested to meet objectives.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.
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	Site	Due Date
Infection Prevention and Control	7.7 Safety engineered devices for sharps are used.	<ul style="list-style-type: none"> • Hardisty Health Centre • Islay Assisted Living • Mannville Care Centre 	June 30, 2023
Leadership	14.5 The organization's all-hazard disaster and emergency response plans are regularly tested with drills and exercises to evaluate the state of response preparedness.	<ul style="list-style-type: none"> • Coaldale Health Centre • Milk River Health Centre • Willow Creek Continuing Care 	June 30, 2023
Long-Term Care Services	4.5.1 Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with the resident, family, health care providers, or caregivers (as appropriate).	<ul style="list-style-type: none"> • Mannville Care Centre 	June 30, 2023
	4.5.2 The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	<ul style="list-style-type: none"> • Mannville Care Centre 	June 30, 2023
	4.5.3 Upon or prior to re-admission from another service environment (e.g., acute care), the discharge medication orders are compared with the current medication list and any medication discrepancies are identified, resolved, and documented.	<ul style="list-style-type: none"> • Mannville Care Centre 	June 30, 2023
	4.5.4 Upon transfer out of long-term care, the resident and next care provider (e.g., another long-term care facility or community-based health care provider) are provided with a complete list of medications the resident is taking.	<ul style="list-style-type: none"> • Mannville Care Centre 	June 30, 2023
	4.6.2 A standardized process is followed to reassess residents at regular intervals and when there is a significant change in their health status.	<ul style="list-style-type: none"> • Hardisty Health Centre • Vegreville Care Centre 	June 30, 2023
	4.8.2 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.	<ul style="list-style-type: none"> • Hardisty Health Centre • Vegreville Care Centre 	June 30, 2023
	4.9.1 Clients at risk of suicide are identified.	<ul style="list-style-type: none"> • Milk River Health Centre 	June 30, 2023

	4.9.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	<ul style="list-style-type: none"> • Hardisty Health Centre • Milk River Health Centre • Radway Continuing Care Centre 	June 30, 2023
	4.9.3	The immediate safety needs of clients identified as being at risk of suicide are addressed.	<ul style="list-style-type: none"> • Milk River Health Centre 	June 30, 2023
	4.9.4	Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.	<ul style="list-style-type: none"> • Milk River Health Centre 	June 30, 2023
	4.9.5	Implementation of the treatment and monitoring strategies is documented in the client record.	<ul style="list-style-type: none"> • Milk River Health Centre 	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)	<ul style="list-style-type: none"> • Wetaskiwin Hospital and Care Centre 	June 30, 2023
	8.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.	<ul style="list-style-type: none"> • Wetaskiwin Hospital and Care Centre 	June 30, 2023
Medication Management	2.5.6	Client service areas are regularly audited for high-alert medications.	<ul style="list-style-type: none"> • Hardisty Health Centre • Islay Assisted Living 	June 30, 2023
	9.4.1	An audit of the following narcotic products in client service areas is completed at least annually: Fentanyl: ampoules or vials with total dose greater than 100 mcg per container • HYDROMorphone: ampoules or vials with total dose greater than 2 mg • Morphine: ampoules or vials with total dose greater than 15 mg in adult care areas and 2 mg in paediatric care areas.	<ul style="list-style-type: none"> • Hardisty Health Centre • Islay Assisted Living 	June 30, 2023
	12.7	Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current	<ul style="list-style-type: none"> • Hardisty Health Centre 	June 30, 2023

	use, both in the pharmacy and client service areas, pending removal.		
14.7.2	The organization's 'Do Not Use List' is implemented and applies to all medication-related documentation when hand written or entered as free text into a computer.	<ul style="list-style-type: none"> • Hardisty Health Centre 	June 30, 2023
14.7.6	The organization's 'Do Not Use' list is updated and necessary changes are implemented to the medication management processes.	<ul style="list-style-type: none"> • Hardisty Health Centre 	June 30, 2023
14.7.7	Compliance with the organization's 'Do Not Use List' is audited and process changes are implemented based on identified issues.	<ul style="list-style-type: none"> • Hardisty Health Centre 	June 30, 2023