

2022

Drayton Valley Hospital and Care Centre

Central Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022



ACCREDITATION
AGRÉMENT
CANADA

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About this Accreditation Report

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

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

About the AHS Accreditation Cycle

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

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

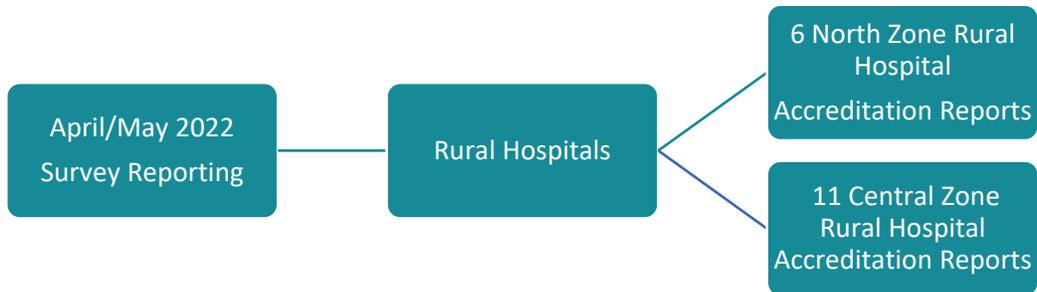
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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

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

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

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



North Zone Rural Hospital Assessment – Sites Visited

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

Central Zone Rural Hospital Assessment – Sites Visited

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

Confidentiality

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

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

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

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

Executive Summary

Surveyor Observations

Drayton Valley Hospital and Care Centre is an acute and long-term care site, with one inpatient acute care unit, one large long-term care unit and an emergency department. There are no surgeries done on this site, but endoscopies are done in the surgical suite. Several areas of the hospital are short-staffed and some beds on the inpatient unit had to be closed temporarily, while other areas of the hospital must be creative to maintain services at the same level. Recruitment has proven to be difficult.

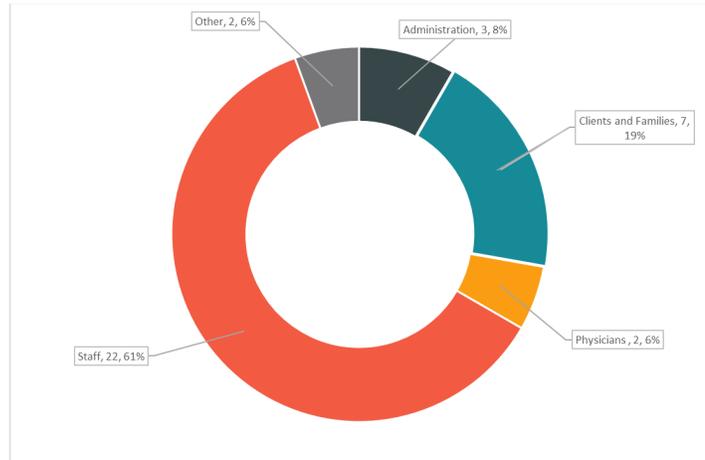
There is a sense of teamwork and collegiality within the walls of the hospital. The community values and supports the work being done at the hospital with volunteers and a foundation.

Survey Methodology

The Accreditation Canada Surveyors spent three days at Drayton Valley Hospital and Care Centre.

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

Groups	# of interviews
Administration	3
Client & Families	7
Physician	2
Staff	22
Volunteers	2



Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Maintain consistency in completing the performance appraisals
2. Look for opportunities to seek input from patients/families on changes to design and implementation of initiatives and processes in the organization
3. Develop quality improvement initiatives at the local level
4. Address issues of lack of security officers in the Emergency Department on numerous shifts

Areas of Excellence

1. Caring and committed staff members
2. Excellent teamwork
3. The staff members go out of their way to help visitors to the hospital
4. Nursing Mentorship Network
5. Significant flexibility is shown by staff members in areas that are short-staffed

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

Results at a Glance

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

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 100% met	On-Site 99% met	Overall 99% met	
Number of attested criteria			
Attested 97 criteria	Audited 18 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

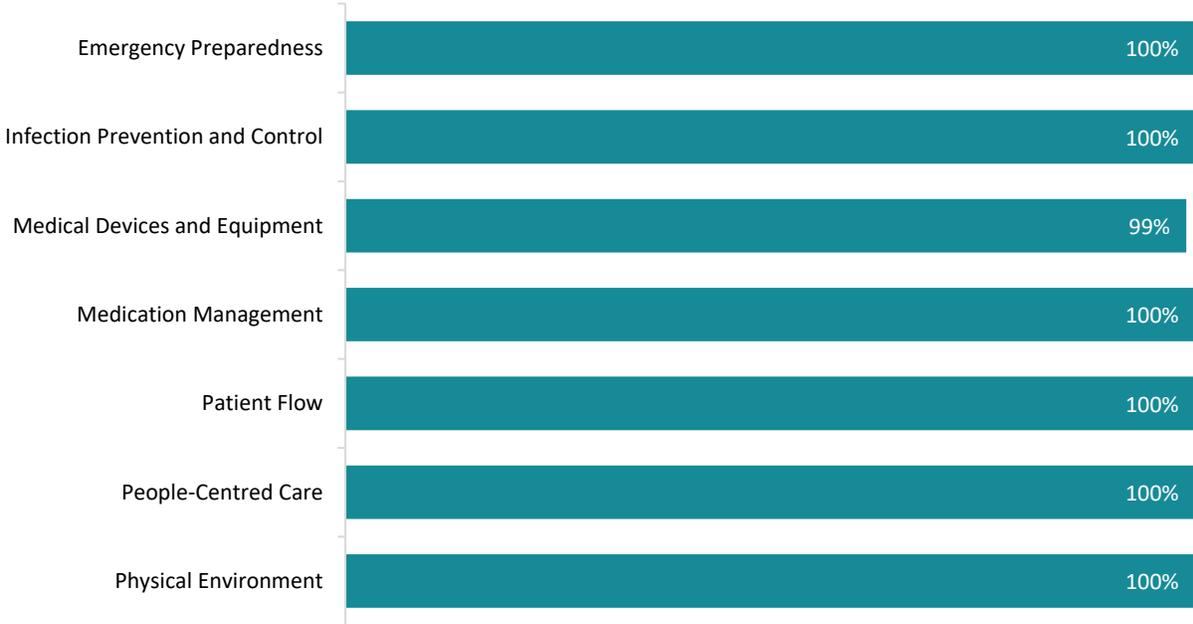
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	0	2	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	63	2	4	0
Leadership	9	0	0	0
Long-Term Care Services	80	0	1	0
Medication Management	80	0	9	0
Perioperative Services and Invasive Procedures	119	0	30	0
Reprocessing of Reusable Medical Devices	88	1	2	0
Service Excellence	73	2	1	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	104	1	7	0
Medication Management	89	0	15	0
Patient Flow	18	0	1	0
People-Centred Care	44	0	0	0
Physical Environment	13	0	1	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	41	0	0	0
Appropriateness	204	2	11	0
Client Centered Services	137	0	3	0
Continuity of Services	25	0	0	0
Efficiency	6	0	0	0
Population Focus	3	1	0	0
Safety	207	0	34	0
Worklife	19	2	1	0
Total	642	5	49	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	UNMET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	N/A
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long-Term Care Services	MET
	Perioperative Services and Invasive Procedures	N/A
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	N/A
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET

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

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

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.



The policies and procedures are available online and in a binder in areas of work. There is mandatory training online for all new employees and volunteers and mandatory refresher for all staff members on a regular basis.

Every month there is a “Code of the Month” to test the policies and ensure that an analysis is done to see if any changes need to be made.

The leaders of the organization have been trained in the incident management system.

Infection Prevention and Control

Priority Process Description: Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.



The Central Zone has 15 Infection Prevention and Control (IPC) resource contacts and the one attributed to Drayton Valley has two other sites. He is the first line of contact for any issue related to infection prevention and control for the leaders and staff members of this site. The IPC Resources in the zone are linked to the other zones and Public Health.

Any changes or directives from Central Zone are directed to the person in charge of the hospital at a particular time.

The IPC Resource participates in the inspection of the Reprocessing Services which is on a 3-year cycle and

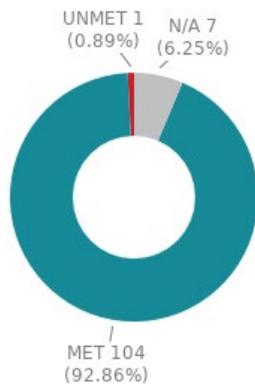
ensures that any recommendations that come following the inspection are met on the site.

Training is provided online for all new staff members and volunteers and the leaders at the site are responsible for ensuring that compliance with accepted hand-hygiene practices is met.

The IPC Resource, with the help of Communicable Diseases and Occupational Health, receives all queries regarding healthcare-associated infections and analysis is made as to the source of the contact.

Medical Devices and Equipment

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



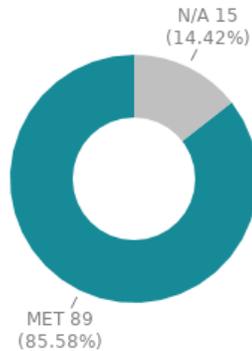
It should be noted that this site does not do any surgeries and has not done so for about ten years. There are minor procedures done in the Emergency Department such as sutures, chest trays or deliveries. They do endoscopies on-site and the scopes are reprocessed on-site in the operating room area. The Medical Devices Reprocessing (MDR) department does the reprocessing for four other sites.

These processes are methodically followed for the sterilization and reprocessing of scopes. At present, there is only one staff member to do all reprocessing (sterilization and scope reprocessing), but a new hire should be functional in the next few weeks, relieving some of the pressure on the one employee.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	5.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Medication Management

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



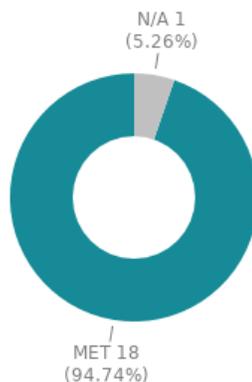
There are two Pharmacy Technicians and one Clinical Pharmacist on site. Processes are methodically followed, and audits are done by the Pharmacy Technicians in the patient care areas regularly to ensure safe medication administration.

The list of "Do Not Use" is posted on all patient care units. For several years, the process was to contact the ordering physician that a "Do Not Use" was written in the order and get the physician to correct the order. This is no longer happening, and the Pharmacy Technicians have been

informed that they are no longer permitted to process the order, but they will casually remind the ordering physician if they see him/her. The issue is that the clerks or clinical staff members who transcribed the orders on the patient units have been directed to transcribe the order as written with the wrong abbreviation or symbol. Once the Medication Administration Record is printed from the Pharmacy system, it is printed with the right abbreviation or symbol, which means that there is a discrepancy between the written record and the printed record.

Patient Flow

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



As there is only one inpatient unit on this site, the staff members can easily find out if there is capacity to admit to the unit. Should there be no beds, or if the unit is closed to admissions, then the patients would be transferred to other sites.

The patients arriving through the Emergency Medical Services (EMS) are off boarded promptly but there is often an issue with accessing EMS as this is a provincial system. If EMS has transported a patient to the city, they are kept there in the pool to answer 911 calls. This results in not

having a readily available EMS in this region.

Wait times in the Emergency Department can be retrieved but it is a paper-based process and would be onerous to tabulate.

People-Centred Care

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



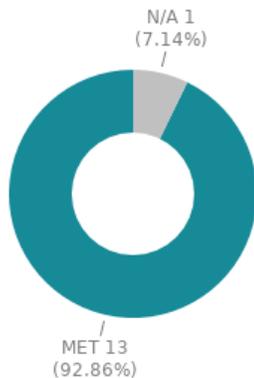
Patients, residents, and family members are encouraged to be involved in decisions about their health needs and care. There is evidence of more formalized resident/family involvement in long-term and continuing care.

The physical and psychosocial assessment tools used in the different areas of care are comprehensive and adaptable to the needs and wants of the patients/residents. Transition to different levels of care is well planned and documented. The need for end-of-life or palliative transition is addressed with support from the Palliative Care Team.

We would encourage the organization to promote the involvement of patients/families in the co-designing of space. Opportunities are readily available as there are 2 projects in the works presently, i.e., a third palliative care room on the inpatient unit and a redesign of the triage area in the Emergency.

Physical Environment

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



The hospital is designed to make it easy for visitors to find their way to the correct services. It is well maintained and kept spotless.

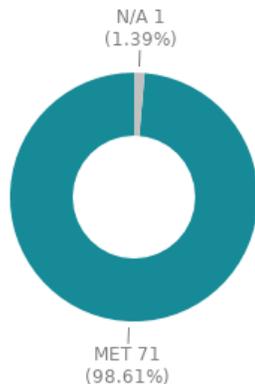
The surgical/procedure area is located at one end of the one inpatient unit so patients who come for endoscopies will register at the Admitting Office on the ground floor, then go up to the inpatient unit and check in with the clerk, who notifies the surgical suite area.

Detailed Results by Service-Level Priority Process

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

Emergency Department

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



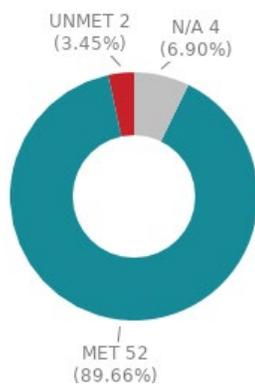
There is high prevalence of mental health needs in this community and the site has been struggling with a Mental Health Liaison for over a year; a new person has just been hired and is going through the orientation so help will be available very soon.

The patients receiving sedation or narcotics are monitored but we would encourage the Emergency Department to ensure that this monitoring includes a more rigid assessment of vital signs.

The staff members report an issue of not having security available on numerous night shifts because of unavailability. Even with the zero-tolerance policy on verbal and physical abuse, there are still incidences of staff members being verbally or physically abused by patients or family members.

Inpatient Services

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



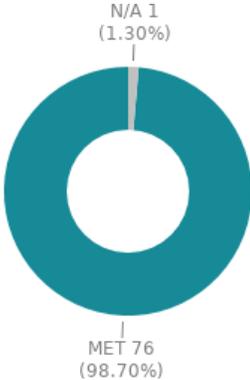
There is one inpatient unit for medical patients and two (soon to be three) palliative care beds. There are no surgeries on this site, therefore no surgical patients. Some beds have been closed because of a shortage of clinical staff. On the first day of the survey, the unit was closed because of a COVID-19 outbreak. When this one unit is closed to admissions, any patient requiring care must be transferred to another site.

As the unit was on lock-down the surveyor was unable to physically go to the unit and interview patients and family members. The tracer was completed with staff members coming to the surveyor in an office located outside of the Inpatient Unit and engaging in a discussion. Documentation and service protocols and processes were also reviewed during the visit.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	5.2	A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.
Inpatient Services	5.3	The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.

Long-Term Care Services

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



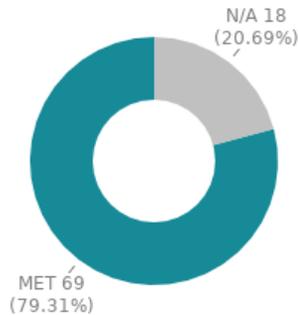
This is a very large unit (50 beds) within the hospital and of those 50 beds, 19 are secure because of dementia. Many of the residents have quite a long length of stay, one resident seen had been there since 2005.

The residents are supported and cared for by a multi-disciplinary team that includes occupational therapy, physiotherapy, social work, pharmacy, ergotherapy, nursing, medicine, recreation, and others. The residents are looking forward to resuming the outings associated with many of the planned activities, which also includes going to church.

Family members are encouraged to participate in the care of their loved ones. Every resident has an extensive assessment intake process which includes psychosocial needs and advance directives for care. The multidisciplinary team meets on a quarterly basis to discuss any changes to the status of residents and case conferences including family members.

Perioperative Services and Invasive Procedures

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

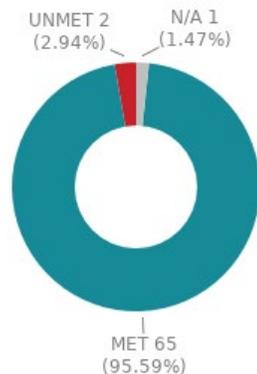


There are no surgeries performed on this site but endoscopy services are performed two days per week in the one operating room. There is no anesthesia administered but sedation is given prior to the procedures.

The suite consists of one operating room, the intake room where the assessment and IV insertion are done, the recovery room and the scope reprocessing area. The setup works very well and is conducive to good teamwork. The patients who come for endoscopies are well supervised and reassured by caring, competent professionals.

Service Excellence

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



There are standardized assessment forms depending on the patient/resident population, as well as practice standards that are followed for consistency of care.

At-risk patients/residents are closely monitored and risk mitigation is evident.

Quality Improvement initiatives are more at the broader level, either provincial or regional, and the results are posted for staff members and patients/residents. The teams are encouraged to create some initiatives at the local level to

ensure participation of staff and patients/residents and families. It does not have to be a hugely complex project but an initiative that is close to the heart of the staff or patients/residents.

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	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Inpatient Services	5.2	A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.	June 30, 2023
Medication Management	14.7.2	The organization's 'Do Not Use List' is implemented and applies to all medication-related documentation when handwritten or entered as free text into a computer.	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.	June 30, 2023