

**2022**

# Continuing Care Accreditation Report

Alberta Health Services

Fall 2022 Survey  
September 18-23



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 September 18-23, 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

- Dr. Cooke Extended Care Centre
- Galahad Care Centre
- J.B. Wood Continuing Care
- Lloydminster Continuing Care Centre
- Willow Square Continuing Care Centre

## Continuing Care Program Assessment– Standards Assessed

- Infection Prevention and Control
- Leadership
- Long-Term Care Services
- Medication Management
- Service Excellence

## Confidentiality

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

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

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

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

# Executive Summary

## Surveyor Observations

The sites are supported by strong leadership teams that are committed to promoting resident safety and supporting staff to deliver quality care. Sites collaborate with various internal and external stakeholders in planning and delivering services. All sites have varying levels of interdisciplinary staff to support residents to improve and maintain their physical and cognitive function. Comprehensive and standardized assessment processes are used during resident admission and seeking residents' needs and preferences as part of engaging them and their families in their care. The sites conduct care conferences and interdisciplinary meetings on a regular basis including residents and families, keeping them involved in planning their care. The sites hold Resident Council meetings monthly where they collaborate with residents and families in hearing their concerns and making plans to resolve the issues brought forward.

All sites are to be commended for doing a great job of delivering people-centered care. The sites enquire about residents' preferences in terms of food and activities on admission and on a regular basis throughout their stay. The team is focused on providing culturally appropriate care to the residents. To facilitate this, staff are encouraged to take courses to equip themselves with skills required to care for residents with diverse cultural backgrounds. Residents and their families appreciate the care they receive at these facilities. Most centres are spacious with wider hallways and making it conducive for residents to enjoy the rest of their lives.

The sites have a very good system in place for managing emergency situations with a disaster plan in place. With the availability of hand hygiene supplies and PPE, good infection control practices exist at the majority of the sites. The leadership team is encouraged to create an auditing system to monitor hand hygiene practices at all sites and share results with staff for improvement.

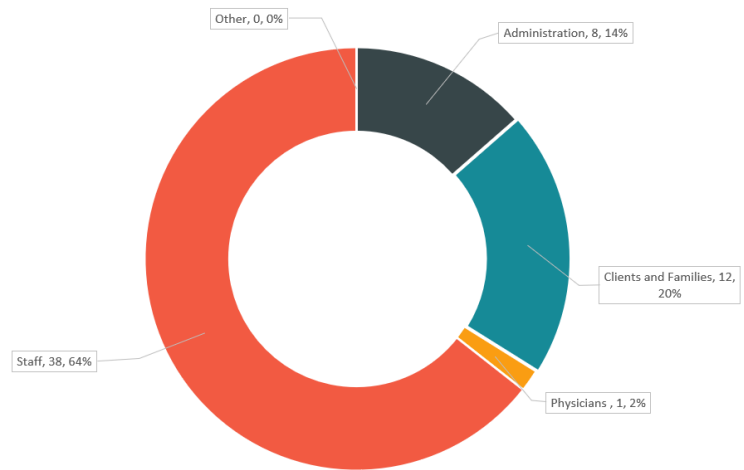
All sites have medications supplied by the community pharmacy. The pharmacist on call is available for questions 24-hours/day and conducts medication reviews at all sites. All sites are encouraged to follow facial recognition practices for client identification to ensure resident safety and audit clinical areas for high alert medications. Some sites have undertaken quality improvement measures to improve compliance with Required Organizational Practices. Sites have started using quality boards to showcase the great work they are doing in the public facing areas and are encouraged to continue with these quality boards for learning and improvement.

## Survey Methodology

The Accreditation Canada Surveyors assessed the Continuing Care program.

To conduct their assessment, the survey team gathered information from the following groups<sup>1</sup>

Groups	Total #
Administration	8
Client & Families	12
Physician	1
Staff	38
Other	0



<sup>1</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:

### Key Opportunities

1. Staff recruitment
2. Use audits to focus on quality improvements
3. Transitions of care – improving the process to/from acute care to long-term care and vice versa
4. Using a collaborative care model (e.g., rapid rounds, care hubs, quality moments)
5. Building stronger relationships with community physicians

### Areas of Excellence

1. Strong innovative leadership team with compassionate and caring staff
2. Recognition of seniors' health as having special needs and wants
3. Resident and Family councils



## Results at a Glance

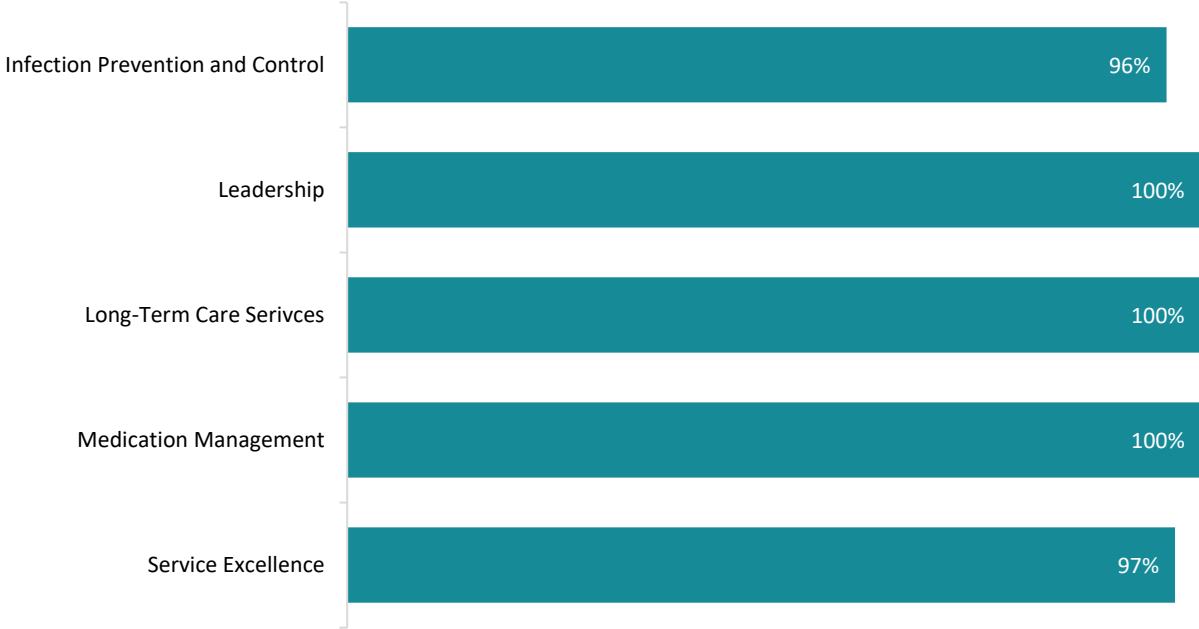
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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

Percentage of criteria			<b>Attestation:</b> 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.
<b>Attested</b> 97% met	<b>On-Site</b> 98% met	<b>Overall</b> 98% met	
Number of attested criteria			
<b>Attested</b> 336 criteria	<b>Audited</b> 31 criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

<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



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	43	2	0	0
Leadership	8	0	0	0
Long-Term Care Services	80	0	1	0
Medication Management	48	0	2	0
Service Excellence	74	2	0	0

### Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	12	0	0	0
Appropriateness	84	2	3	0
Client Centered Services	55	0	0	0
Continuity of Services	8	0	0	0
Efficiency	1	0	0	0
Population Focus	4	0	0	0
Safety	80	0	0	0
Worklife	9	2	0	0
Total	253	4	3	0

## Compliance by Required Organizational Practice (ROP)

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

## 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.**



The sites have a very good system for managing emergency situations with a disaster plan in place. The sites participate in monthly code red drills followed by a debriefing with staff. The sites conduct protocol reviews for various codes with staff on a regular basis. Sites also have back-up generators in the event of utility failures and a contingency plan in place for elevator breakdown and lack of water supply.

Some continuing care centres visited have REACT posters in case of fire posted in various places in the hallways while others are encouraged to post more REACT posters for staff and residents in the hallways. All sites have muster points established as part of disaster plans. The units have access to the disaster binder with necessary information for staff to follow in emergencies. Lastly, all sites have policies and procedures for identifying and managing outbreaks. As part of managing outbreaks, the sites work closely with infection prevention and control, public health, and leaders.

### Infection Prevention and Control

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



Good infection control practices exist at all four sites where this these criteria were was assessed during this survey. Hand hygiene audits are not consistent throughout the various sites. For example, one site boasts 100% compliance in their hand hygiene audits while the leadership team at another is encouraged to train staff on how to monitor hand hygiene practices and share results with staff for improvement.

There are hand sanitizers and PPE available for staff and families. The housekeeping staff follow specific cleaning processes for cleaning rooms and hallways

according to the protocol. The hallways and resident rooms look clean and tidy. The leaders are encouraged to support evaluation of cleaning practices by conducting regular audits of the physical environment. Infection control practitioners (ICP) are involved in planning and monitoring construction work by ensuring necessary steps are followed at the construction site. Having consistent support from an ICP at the site level is encouraged to monitor practices and for in-time teaching to frontline staff. At Lloydminster care centre, a quality improvement project is underway to separate clean and dirty utility rooms.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	9.5	Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly evaluated, with input from clients and families, and improvements are made as needed.
Infection Prevention and Control	14.1	There is a quality improvement plan for the infection prevention and control program.

### 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.**



The sites follow necessary precautions cleaning and disinfecting medical devices. Nurses and healthcare aides clean medical devices such as vital sign machines, lifts, and glucose monitoring machines regularly with accel wipes after use. Some sites apply an “I am clean” sticker after cleaning. Housekeepers explain the cleaning protocol they follow for cleaning the floors, washrooms, bedroom, curtains, etc. While cleaning and disinfecting medical equipment staff wear gloves and masks. The sites do not use any devices that need to be sterilized.

## 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.**



All four sites have medications supplied by the community pharmacy. The pharmacist on call is available for questions 24 hours and conducts medication reviews at all sites. There are good practices with medication administration in terms of nurses reviewing medications against the medication administration record (MAR) before administration. It is encouraged to make sure there are photos available for facial recognition for each patient for promoting medication safety.

Medication reconciliation is supported by the Best Possible Medication History (BPMH) taken by nurses at these sites. Since medications are provided by the community pharmacy, nurses are taking an active role in checking the expiry date of medications. It is not clear if there are any expectations of pharmacy to conduct regular audits of clinical areas to foster medication related safety.

All sites conduct regular meetings held to review the use of antipsychotic medications. At J. B. Wood Continuing Care Centre, a new quality project is underway where audits are completed monthly on the use of antipsychotic medications. In response to some irregularities noted with the medication administration at the site, a quality improvement project was implemented to educate and monitor the appropriate method of administration and documentation.

Healthcare aides play a role in administering prescribed medications such as topical ointments and documenting for the same. Sites are encouraged to audit the clinical areas and review the use and administration of the various high alert medications, narcotic, and heparin solutions, and perhaps to narrow the spectrum of selection with the ordering physicians.

## 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.**



member receives. Recreation staff is to be congratulated on the many unique recreational opportunities offered to the residents.

All sites need to be commended for doing a great job of delivering people-centered care. The sites conduct comprehensive admission assessment which includes a comprehensive welcome package for the residents and families. On admission residents and families are informed of their rights and responsibilities and processes involved in addressing their concerns. The sites have processes in place to enquire resident's meal preferences on a regular basis. Residents are given choices in terms of what to wear and staff engage family in planning their care as needed.

Residents' families state they love the care their family

The sites conduct care conferences and interdisciplinary meetings on a regular basis including residents and families keeping them involved in planning their care. The sites conduct Resident Council meetings monthly where they collaborate with residents and families in hearing their concerns and making plans to resolve the issues. The sites also benefit from the support of the palliative care nurse to meet the palliative care needs of residents. Services are delivered to residents consistent with their care plan. Some of the continuing care centres administer intravenous antibiotics which prevents residents from going to the hospital. This helps to reduce capacity issues at the hospital.

The team is focused on providing culturally appropriate care by making sure spiritual care access is available to residents in accordance with their beliefs. At Willow Square Continuing Care Centre, there is a room for smudging and a room is being considered where residents will sell some of the crafts that they make.

Staff are required to take courses to equip themselves with skills required to care for residents with diverse cultural backgrounds. The leaders incorporate feedback from residents and staff into making changes at their sites. For example, staff suggested removing trees to make the pathway safer for residents to ambulate to improve resident safety outside the building. The trees were removed, and staff felt that their feedback was given consideration. The team at Dr. Cooke Extended Care Centre allows the family to stay with the dying resident in the suite and provide food as a way of supporting the families during this difficult time and the Quilters Guild has donated a handmade quilt to cover deceased residents at J.B. Wood Continuing Care Centre. These are some ways the sites live the mission of delivering people-centered care every day.

The leadership team is very committed to staff and resident safety. The leaders and staff demonstrate passion and enthusiasm for providing safe and quality care for residents. Staff are given opportunities to



learn how to care for residents with complex needs. Lastly, incorporating the voice of resident and family partners at the site level quality improvement initiatives is highly encouraged at all sites. Dr. Cooke Extended Care Centre has recently received reports from the annual resident survey conducted by the Health Quality Council of Alberta (HQCA).

### 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.**



Out of five facilities, three were built or renovated in the last few years. As a result, facilities look spacious with wider hallways. Dr. Cooke Extended Care Centre has recently undergone some renovations which makes the facility look neat, clean, and spacious. Lloydminster Continuing Care Centre provides private rooms for all residents with an overhead ceiling lift in the room and washroom which is a great feature for augmenting resident safety, privacy, and overall experience.

At J.B. Woods Continuing Care Centre, with the support of the Family Council, a major shifting of the nursing units happened where all long-term residents were moved to the second floor, and the assisted living residents were moved to the first floor, allowing them better access to the outside.

## 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.**



The sites have strong leadership teams that are committed to promoting resident safety and supporting staff to deliver quality care. All sites work with the philosophy of promoting independence with Activities of Daily Living for the residents. All sites have varying levels of interdisciplinary staff to support residents to improve and maintain their physical and cognitive function.

Comprehensive and standardized assessment processes (falls, pressure ulcer, suicide) are used during resident admission and seeking resident's needs and preferences are considered as part of engaging residents and families in their care. Physicians visit residents once a week, there are weekly interdisciplinary meetings, monthly antipsychotic medication review meetings, and annual care conferences with the residents and families.

The sites make an effort to obtain informed consent from residents or from their substitute decision maker. The site also does a good job of having goals of care and advance directive and incapability assessment done for all residents. Residents and families are advised of their rights and responsibilities and who to contact for addressing their concerns are shared on admission into the facility. The teams follow a structured way of sharing information during care transitions.

The residents that were interviewed commented on the quality of care they receive at the facilities. They appreciate staff for responding to their requests, helping them to meet their needs, and asking for their likes and dislikes in terms of food and activities.

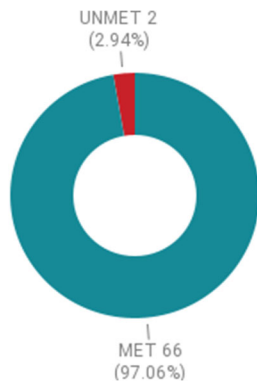
Sites do collaborate with various external stakeholders such as an outreach brain injury program, a social engagement program for supporting clients in meeting their psychosocial needs, the Indigenous community, the Quilters Guild, and the Ladies' Auxiliary. There was engagement with various community agencies while planning and designing Willow Square Continuing Care Centre, a brand-new facility that was opened just over a year ago. There is a very strong Resident and Family Council at all sites as well.

Some sites have undertaken intensive measures to implement and audit Required Organizational Practice (ROP) compliance, especially falls and pressure ulcers. Lloydminster Continuing Care Centre is starting the auditing process with the support of the new leadership team. Visualization of the outcomes is easily evident on the quality boards at the sites visited. The site leaders are encouraged to follow

quality improvement frameworks outlining goals and objectives and undertaking PDSA cycles to inform their quality improvement efforts.

## Service Excellence

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



It is noted that staff are well supported for their professional growth. They are encouraged to take various online and in-person courses on a regular basis as part of their professional growth. These courses support staff in their role to care for residents with various physical and psychosocial needs.

There are various ways staff are recognised at these sites: Brag boards are used to visibly recognize staff for their great work at Galahad Care Centre and “Thank you, Thursday” has

been implemented at J.B. Wood Continuing Care Centre where staff, residents, and family members nominate one staff member to be the team member of the week. At Willow Square Continuing Care Centre, staff are called “Quality of Life Superheroes.”

Staff state that they enjoy working at these facilities and appreciate the changes happening at their facilities. Although site leaders informally recognize staff for their efforts, leaders are encouraged to conduct formal performance evaluation of staff on a regular basis as part of supporting their learning and professional development.

The efforts to create a learning and improvement culture are evident at the sites that were visited during this survey. The leaders promote reporting events and following up on the incident reports for learning and improvement. The leaders have started auditing and sharing results with staff on the quality board on some ROPs and other indicators. This practice would be highly recommended to continue to ensure staff support for future quality improvement initiatives.

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.

## 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	8.6.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: Team members recording their own compliance with accepted hand-hygiene practices (self-audit); Measuring product use; Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance; Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	<ul style="list-style-type: none"> <li>• Galahad Care Centre</li> <li>• Lloydminster Continuing Care Centre</li> </ul>	October 31, 2023
	8.6.2	Hand-hygiene compliance results are shared with team members and volunteers.	<ul style="list-style-type: none"> <li>• Galahad Care Centre</li> <li>• Dr. Cooke Extended Care Centre</li> <li>• Lloydminster Continuing Care Centre</li> </ul>	October 31, 2023
	8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	<ul style="list-style-type: none"> <li>• Galahad Care Centre</li> <li>• Lloydminster Continuing Care Centre</li> </ul>	October 31, 2023
Long-Term Care Services	5.2.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	<ul style="list-style-type: none"> <li>• Galahad Care Centre</li> </ul>	October 31, 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"> <li>• Lloydminster Continuing Care Centre</li> </ul>	October 31, 2023

Medication Management	2.5.6	Client service areas are regularly audited for high-alert medications.	<ul style="list-style-type: none"> <li>• Galahad Care Centre</li> <li>• Dr. Cooke Extended Care Centre</li> </ul>	October 31, 2023
	9.3.1	An audit of unfractionated and low molecular weight heparin products in client service areas is completed at least annually.	<ul style="list-style-type: none"> <li>• Dr. Cooke Extended Care Centre</li> </ul>	October 31, 2023
	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"> <li>• Galahad Care Centre</li> </ul>	October 31, 2023
Service Excellence	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	<ul style="list-style-type: none"> <li>• Galahad Care Centre</li> </ul>	October 31, 2023