October 2019

EDMONTON ZONE

FORT SASKATCHEWAN COMMUNITY HOSPITAL

Alberta Health Services

ACCREDITATION AGRÉMENT CANADA

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About this Accreditation Report

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

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

About the AHS Accreditation Cycle

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

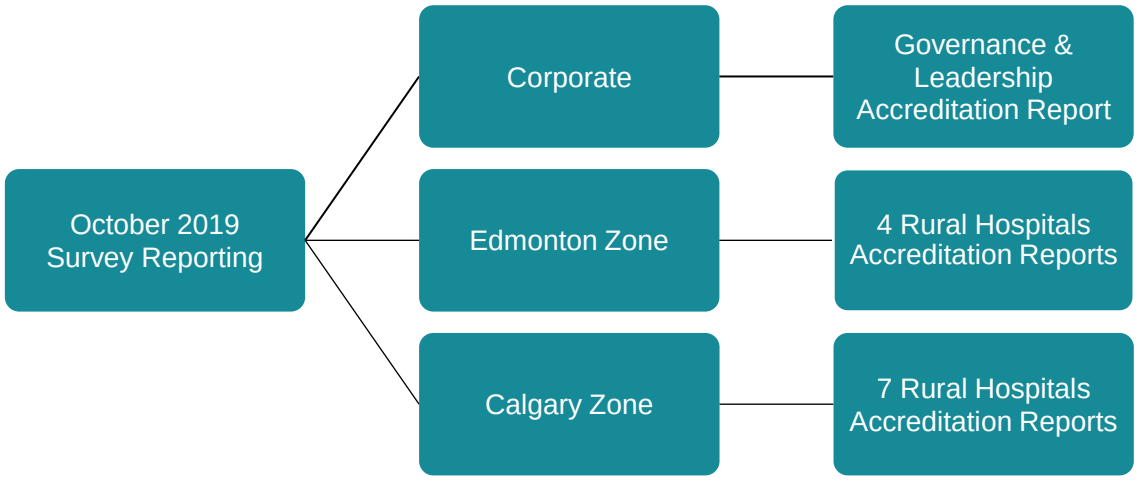
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS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

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

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

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

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



Edmonton Zone Suburban Hospital Assessment – Sites Visited

Devon General Hospital

Fort Saskatchewan Community Hospital

Leduc Community Hospital

Westview Health Centre

Confidentiality

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

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

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

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

Section I – Edmonton Zone Report

1. Edmonton Zone Executive Summary

Surveyor Observations

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

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

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

Key Opportunities and Areas of Excellence

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

KEY OPPORTUNITIES
1. Performance appraisals and professional development were not completed consistently, and staff indicated that they would like to formally hear about their performance.
2. Continue to build upon the good practices related to patient-centred care at the organizational level.
3. Align Edmonton zone suburban hospital performance indicators with site goals, objectives and initiatives.
AREAS OF EXCELLENCE
1. Advisory Councils are effective and include patients as part the team.

2. Patients and families describe staff as caring, compassionate and kind

3. The CoACT program promotes collaborative teams which was evident at all sites.

4. The IPC program demonstrates transparency and public accountability by making all IPC policies, procedures and audit results publicly available on the AHS website.

5. The antimicrobial stewardship program throughout AHS is comprehensive and provides extensive support, information, and feedback to practitioners.

2. Results at a Glance

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

Compliance Overall[1]

% of criteria

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

# of attested criteria

Attested	Audited
16 criteria	0 criteria

Attestation:

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

On-site Assessment:

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

[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

Fig. I.1 Compliance by Standard

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

Compliance by Quality Dimension

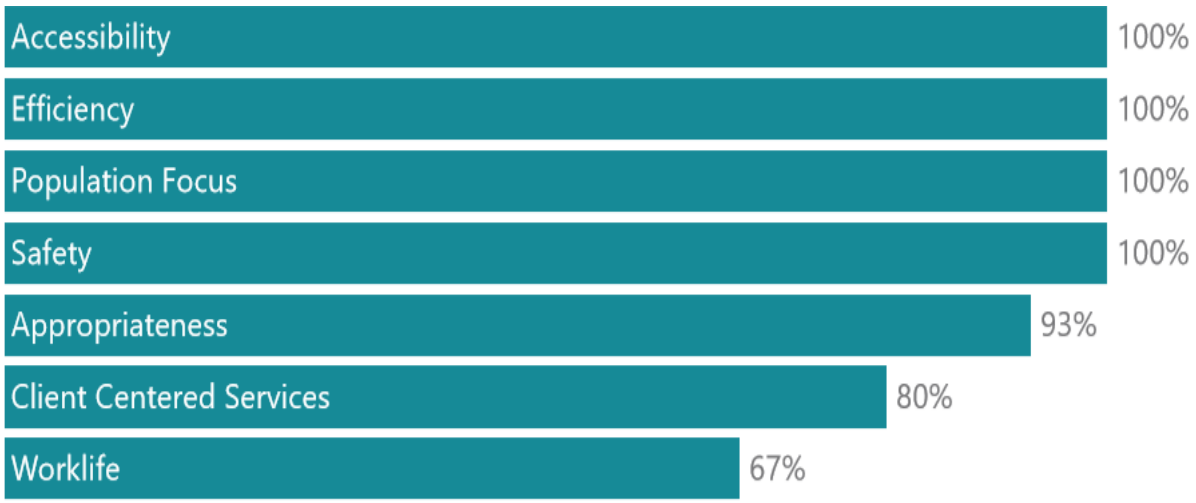


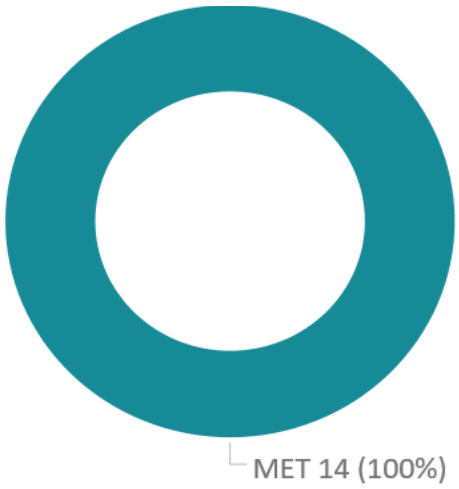
Fig. I.2 Compliance by Quality Dimension

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

3. Detailed Results: By Standard

Infection Prevention and Control

All the criteria are met for this Priority Process.



Priority Process Description:

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

The Infection Prevention and Control team are to be commended for their commitment to a quality Infection Prevention and Control (IPC) program. There is a strong inter-professional team supporting and guiding IPC, including the involvement of physician leaders. The team is encouraged to continue to explore the input of clients, families, and communities in the infection prevention and control program.

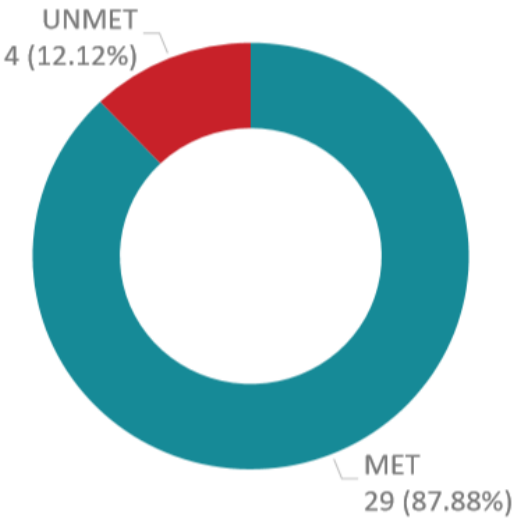
The IPC leadership team has established linkages and communication processes to the sites and created tools to translate standard procedures into locally relevant tool kits. The team is encouraged to establish more formalized structures related to communication to ensure consistency in messaging to all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

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

The implementation of the hand hygiene program has been effective. Hand hygiene audits occur, and the results are posted on the Quality Boards. The team is exploring innovative ways to audit hand hygiene including self-auditing.

The entire IPC toolkit of policies, procedures and audit results are publicly available on the AHS website. This degree of transparency and public accountability is to be commended. The team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

Service Excellence



Description of the Standard:

Addresses team management, human resources and worklife, information management, and quality improvement.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.
Service Excellence	10.1	Information and feedback are collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

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

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

Section II – Fort Saskatchewan Community Hospital Report

1. Fort Saskatchewan Community Hospital Executive Summary

Surveyor Observations

The current survey focused on seven system-wide priority processes (People-Centred Care, Medication Management, Infection Prevention and Control, Physical Environment, Medical Devices and Equipment, Emergency Preparedness, and Patient Flow) as well as five service-level priority processes (Emergency Department, Inpatient Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence). The survey took place October 21-22, 2019 and was conducted by two surveyors from outside of the province.

The leadership team and staff at Fort Saskatchewan Community Hospital are commended for their engagement in the attestation process and new survey methodology. The team commented that they learned a lot through the attestation process and felt that it brought a site-based focus and more collaborative focus to the leadership members. There were valuable learnings that were then applied across the site to enhance patient and staff experience, safety and quality, as well as standardization of practices. The leadership team commented that the approach on-site had more emphasis on engagement and involvement of direct care staff.

There are several interim leaders in the organization, however, recruitment is underway. A strong alignment with AHS strategic priorities was observed that emanated from corporate level to zone, and furthermore to the site level. Of note, there were a number of new initiatives implemented. It is suggested that the site leadership team develop a communication plan to set the context for staff, so that they understand the background for these initiatives. A deeper focus on unit-based goals with the staff would be of value as well as a review of essential equipment to ensure staff have access to appropriate tools to do their work and provide safe care.

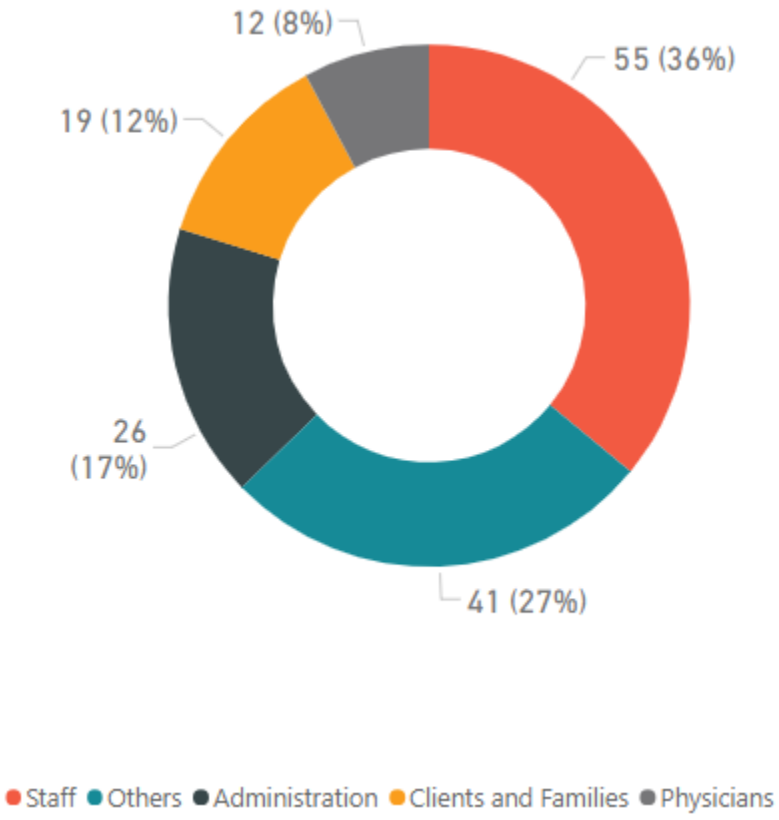
Given the number of initiatives and continuing work on Connect Care implementation, it will be important for the site leadership team to develop a sustainability plan and look at how best to balance key priorities.

Survey Methodology

The Accreditation Canada survey team spent two days at Fort Saskatchewan Community Hospital.

The surveyors conducted 153 interviews during the survey.

To conduct their assessment, the survey team gathered information from the following groups[2]:



[2] 'Other' interviewees refer to individuals such as students or volunteers.

Key Opportunities and Areas of Excellence

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

AREAS OF EXCELLENCE
1. New model of care in the Emergency Department and Inpatient Unit.
2. Obstetrics program and team – skill set and competencies.
3. Teamwork/people engagement/patient centered.
4. Decreasing surgical wait times and increase in obstetrical services.
5. Focus on orientation and education for staff.

KEY OPPORTUNITIES
1. Advancing people centered care.
2. Patient flow, including staffing and bed mapping (impact analysis for operational planning).
3. Advancing quality improvement initiatives and engagement.
4. Succession planning for staff and performance reviews.
5. Access to dialysis closer to home.

2. Results at a Glance

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

Compliance Overall[3]

% of criteria

Attested	On Site	Overall
99% met	98% met	98% met

# of attested criteria

Attested	Audited
123 criteria	13 criteria

Attestation:

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

On-site Assessment:

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

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

Compliance by Standard

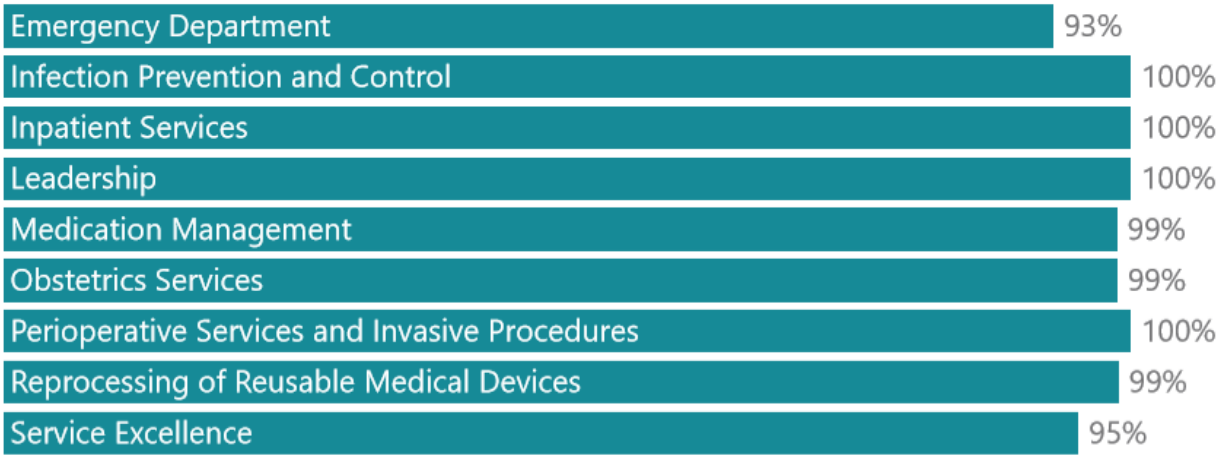


Fig. I.3 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	95	7	1	-
Infection Prevention and Control	30			-
Inpatient Services	66		3	-
Leadership	9			-
Medication Management	81	1	9	
Obstetrics Services	82	1		-
Perioperative Services and Invasive Procedures	146		3	-
Reprocessing of Reusable Medical Devices	90	1		-
Service Excellence	41	2		-
Total	**640**	**12**	**16**	**-**

Compliance by System-level Priority Process

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

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	5			-
Infection Prevention and Control	22			-
Physical Environment	13		1	-
Medical Devices and Equipment	115	1	2	-
Medication Management	96	1	9	-
People-Centred Care	46	1		-
Patient Flow	17	2		-
Total	**314**	**5**	**12**	**-**

Compliance by Quality Dimension

Fig. I.5 Compliance by Quality Dimension

STANDARD	MET	UNMET	N/A	NOT RATED
Accessibility	40	1	1	-
Appropriateness	197	4	1	-
Client Centred Services	122	4	1	-
Continuity of Services	25			-
Efficiency	8		1	-
Population Focus	1			-
Safety	230	1	12	-
Worklife	17	2		-
Total	**640**	**12**	**16**	**-**

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	Met
	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
The 'Do Not Use' List of Abbreviations	Medication Management	Met
Medical Reconciliation at Care Transitions	Perioperative Services and Invasive Procedures	Met
	Emergency Department	Met
	Inpatient Services	Met
	Obstetrics Services	Unmet
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	Met
	Obstetrics Services	Met
Information Transfer at Care Transitions	Emergency Department	Met
	Inpatient Services	Met
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	Met
Concentrated Electrolytes	Medication Management	Met
Heparin Safety	Medication Management	Met

High-alert Medications	Medication Management	Met
Infusion Pump Safety	Service Excellence	Met
Narcotics Safety	Medication Management	Met
Infection Prevention and 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
	Obstetrics Services	Met
	Perioperative Services and Invasive Procedures	Met
Pressure Ulcer Prevention	Inpatient Services	Met
	Perioperative Services and Invasive Procedures	Met
Suicide Prevention	Emergency Department	Met
Venous Thromboembolism Prophylaxis	Inpatient Services	Met

3. Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refer to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

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

All the criteria are met for this Priority Process.

Priority Process Description:

Planning for and managing emergencies, disasters, or other aspects of public safety.

The AHS Emergency Preparedness and All Hazard Plan is in place at Fort Saskatchewan Community Hospital. Emergency codes posters and evacuation routes were posted in areas. Staff knew where to find the yellow Emergency Preparedness binder in their work area. There is a Code of the Month approach to maintain staff knowledge and engagement in code education and review.

Significant work has gone into updating the Code Orange Plan for AHS and this will be in place in the coming months. The business continuity plan for Fort Saskatchewan Community Hospital has been updated and will be posted once final approval is confirmed.

Of note, with corrections facilities nearby, the organization may have offenders on site for care. The team conducted a table top exercise with the RCMP and Protective Services to ensure awareness and communication of roles and responsibilities in the event inmates are on-site for

care and attempt to elope. This was a great exercise and a reflection of good working relationships with key community partners on local issues.

Infection Prevention and Control

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

All the criteria are met for this Priority Process.

Priority Process Description:

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

AHS has a Service Excellence Team (SET) focused on Infection Prevention and Control (IPC). Fort Saskatchewan Community Hospital follows the Alberta Health Services Infection Prevention and Control policies and procedures. There is a strong and active focus on IPC at the site and a zone IPC committee provides oversight for IPC activities and ROP compliance. Quarterly and annual reports are provided outlining hand hygiene compliance and health care associated infection rates. Data is available through Tableau for tracking, trending and comparison to other sites.

Hand hygiene stations are strategically placed to support use. In addition, hand hygiene and Antibiotic Resistant Organisms (ARO) results are posted in areas. Significant work has been done to improve hand hygiene rates at the site, the inpatient unit is commended for achieving 100% compliance (rates had lagged in the 50% range previously). This has been a collaborative effort between the unit managers, auditors and IPC team.

Active surveillance of lab results is conducted, and consults are carried out with the Medical Director to differentiate infection versus colonization. There have been no recent infection

outbreaks.

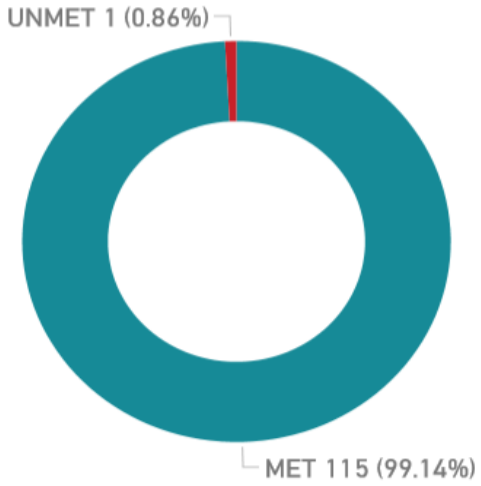
The site is commended for engaging patients to help to brand the local hand hygiene program. Design winners had their brand/logo placed in strategic places in the site (i.e. on the hand hygiene station at the entrance of the inpatient unit).

Fort Saskatchewan Community Hospital has a new highly engaged IPC practitioner who also covers other sites. Orientation on IPC is provided by experienced IPC practitioners as well as through coaching and mentorship by the medical lead. There is strong collaboration and respect between the Facilities, Environmental Services and the IPC team. The IPC practitioner is consulted when there is any construction project or for other facility issues (i.e. water leaks).

There is an opportunity to enhance patient/family engagement and education on IPC practices. Although patients and families could comment on the hand hygiene activity of staff, those interviewed had various knowledge of the importance of hand hygiene and other infection control practice. Pamphlets are available and should be used to supplement verbal and demonstration practices.

Medical Devices and Equipment

This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control, Perioperative Services and Invasive Procedures, and Reprocessing of Reusable Medical Devices.



Priority Process Description:

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

STANDARD	UNMET CRITERIA	CRITERIA
Medical Devices & Equipment	11.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.

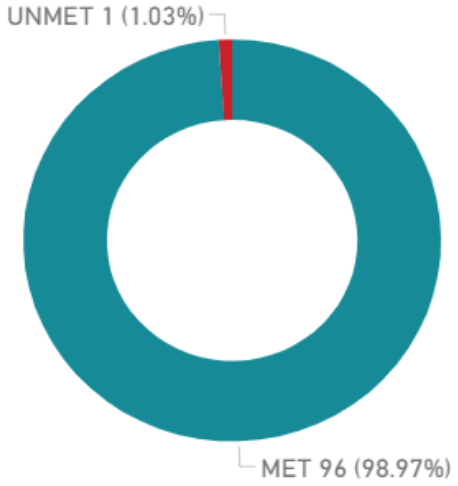
The operating room manager has direct oversight of Medical Device Reprocessing (MDR) and is supported by a charge nurse/educator and an MDR team lead. The department is supported by qualified staff and additional resources have recently been hired and are in training to meet increased demand. The overall physical set up allows for smooth flow of medical devices internally, as well, for external providers that the site supports.

The dirty and clean endoscope reprocessing areas are co-located in the same room, with the only physical barrier between the two areas being a table. It would be difficult with this set-up to avoid cross-contamination. The ventilation system is the same for both dirty and clean endoscope reprocessing as they are in the same room. The site is encouraged to look at ways to segregate the dirty and clean processes, with a more permanent room solution. The room is very small, with little room between dirty and clean areas.

The manager recently implemented a team huddle for all MDR staff to connect and communicate daily, which was supported by staff in all MDR areas. In discussions with staff, having a standard process for tracking direct purchase orders, their estimated time of arrival, and what may be backordered would be an opportunity to explore in order to enhance MDR efficiency and flow.

Medication Management

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



Priority Process Description:

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

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

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

The FSCH Pharmacy department is clean and well organized and the team has maximized the space as best as possible. With the implementation of Connect Care, the team will look at how their space can be redesigned. National Association of Pharmacy Regulatory Authorities (NAPRA) guidelines are followed and decisions were made to move high risk compounding to another site. The single fume hood is in a separate room and it is certified every 6 months.

Representatives on the Medication Quality and Safety Team (MQST) for the zone conduct the ROP audits for the site once or twice a year. Actions are taken by the highly engaged site team to close any gaps identified.

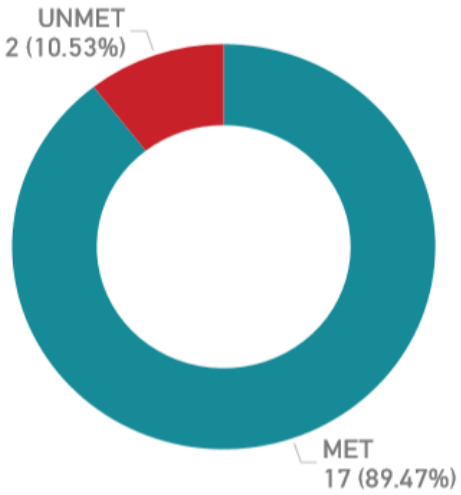
Of note, the Pharmacy team has a Good Catch program. The Good Catch submissions are reviewed, and themes identified. Good Catch examples are shared with other sites in quarterly newsletters so that they can implement safety practices. The Medication Quality and Safety Team recognized the work of the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

Going forward, there is an opportunity to have a more concentrate focus and enhance physician engagement in the Antimicrobial Stewardship Program.

Patient Flow

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

All the criteria are met for this Priority Process.



Priority Process Description:

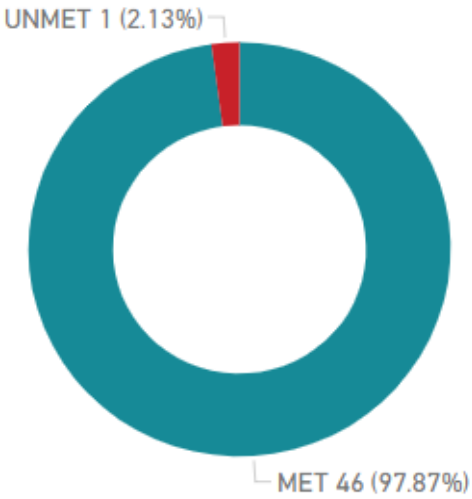
Assessing the smooth and timely movement of clients and families through service settings.

There has been significant focus and improvement on patient flow at the local site. The daily bed call and zone call help with maximizing the use of vacant beds, repatriation of clients locally, and supporting flow throughout the organization. The changes made to the medical model both on in-patient and in the emergency department (ED) have also positively impacted organizational flow and consistency. In discussions with physicians and staff, delays in lab results have been noted particularly on day shifts, causing an increase in ED wait times, delays for admissions, and safety concerns for critical results.

There is currently no admission process in place for clients that are admitted to the unit from the ED after 22:00h. Clients remain in ED despite bed capacity on the unit, thus impacting ED physical capacity to see clients in a timely manner. As volumes continue to increase for both obstetrics and operating room cases, it will be important to evaluate flow, considering staffing quotas and bed mapping to ensure it can continue to meet the organizational needs and with what impact on operations. There is currently a perception that admissions are being delayed in ED due to the obstetrics volume increase, so it will be important to monitor outcomes for this change on other units.

People-Centred Care

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



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.

STANDARD	UNMET CRITERIA	CRITERIA
Obstetrics Services	3.3	Goals and expected results of the client's care and services are identified in partnership with the client and family.

The leadership team and staff at Fort Saskatchewan Community Hospital place strong value on community engagement at the site. Several strategies are used to seek patient and family input in order to improve care and service delivery. There is an opportunity to build a more strategic focus on people-centred care by having a Patient Advisor participate and provide input, as well as advise on key site priorities, goals and action plans.

Physical Environment

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

All the criteria are met for this Priority Process.

Priority Process Description:

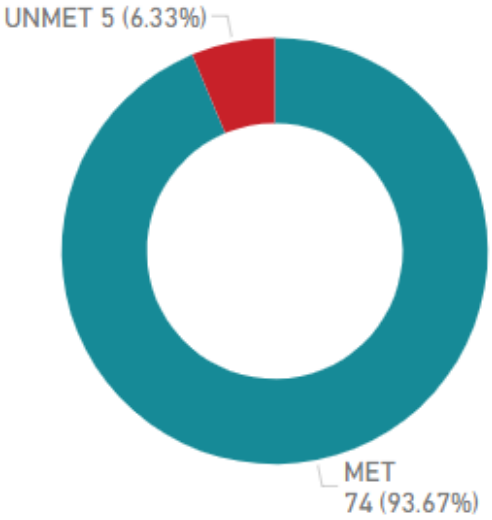
Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The Fort Saskatchewan Community Hospital was opened in 2012. The facility is bright, clean and well maintained. The space meets applicable laws, regulations and codes. There is a knowledgeable and highly engaged Facility Management team. A state-of-the-art building management and monitoring system is in place and there is system redundancy and back-up plan in place for essential equipment. An electronic facility request process is used for preventive maintenance reminders and documentation of annual maintenance. As well, requests from staff who identify any facility issues or risks that need to be addressed are also electronically processed.

4. Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes.[4]

Emergency Department



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	4.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.
Emergency Department	5.15	Clients and families are provided with information about their rights and responsibilities.
Emergency Department	5.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Emergency Department	8.3	Client privacy is respected during registration.
Emergency Department	10.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.

The ED is accessible and has clear wayfinding signage at all entrance points. It has security readily available and has an after-hour lockdown process. Visibility of clients within the ED

[4] Note that the calculations in this section sum all of the Service-level priority processes in an *Episode of Care* bundle. These calculations exclude Required Organizational Practices.

waiting room area by staff from the triage area or the admission clerical area is limited and was brought forward as a safety concern by the ED staff. Staff are not able to visibly assess or re-assess clients as required. Concerns around client privacy during conversations at triage was also noted during the site visit.

As the Strategic Clinical Networks (SCN) continue to evolve, ED clinical care pathways for the triage nurse to allow for standing orders for lab and DI testing would help support and expedite physician diagnosis, decrease ED wait times, and increase patient experience. ED would be an area of focus for operational best practice benchmarking regarding staff overtime, scheduling and resource allocation for the rural sites. Workplace fatigue was felt across all disciplines with high overtime hours, double shift requests, and vacant staffing lines. Morale was low and more leadership presence was requested by the ED team. There is great support and access to OBS/GYN and General Surgery specialists locally, more access to Psychiatry was identified as an immediate need. The skill mix of new and senior nurses was well balanced and an added educator for ED starting this month will help support the learning needs of the unit.

As primary care networks are looking at access to services, upon interviewing clients in the ED and other services, a need for dialysis services closer to home was identified, either housed in a community or acute care setting.

Although all aspects of the organ and tissue donation process are established, this occurrence is rare within the ED, therefore ongoing review of the process would be recommended. It would also be an opportunity to look at embedding the wishes of clients and families surrounding organ and tissue donation within the registration process for reference should the need arise.

Inpatient Services

All the criteria are met for this Priority Process.

Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

The inpatient unit at Fort Saskatchewan Community Hospital has a diverse patient population including medicine, surgery, hospice/palliative care, and labour and delivery. Staff receive annual education on required topics.

A quality board was posted where key foci and organizational quality priorities were highlighted. The team huddles daily at the board depending on workload. Data was posted on hand hygiene, antibiotic resistance (organization rate) and patient safety reports (by type and volume).

A new, hospital care team model was implemented in the last year with a Hospitalist and Nurse Practitioner (NP) joining the team. Staff spoke highly of the new model with respect to enhancing quality and continuity of care. Staff commented that they are most proud of the teamwork in their area.

Bedside shift report has been implemented to enhance communication and transition in care. Patients and family members who were interviewed commented that staff “listened” and “kept them informed

There is an opportunity to improve performance evaluations for staff as well as streamline the quality board content to enhance review and focus on actions and results. The leadership team is encouraged to continue to engage staff in identifying unit-based quality initiatives related to system barriers to care so that they can be addressed in rapid cycle quality initiatives.

Obstetrics Services

All the criteria are met for this Priority Process.

Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

There has been a comprehensive review since the last survey regarding improving access to obstetrical services locally at Fort Saskatchewan Community Hospital. The staff take pride in being the only site in the Edmonton Zone rural community to have a MORE-OB Program this is correct and a Women’s Health Program. These changes have enabled the hospital to increase capacity significantly and improve quality of care for their clients. Gaps in learning opportunities were identified and addressed with ongoing education, supported by the site educator and

Nurse Practitioner. There are clear guidelines regarding what level of patient acuity the site can manage locally. Because the unit requires staff to be trained in obstetrics, medicine/surgical and palliative care, recruitment can be challenging, but speaking to students on the unit, the variety in care makes it also interesting, thus potentially enhancing retention. There is a clear process in place for planned caesarean section (C-section) but the site is encouraged to review the coordination of urgent C-section cases with the availability of surgical assistant support after hours.

Upon review, there were no medication reconciliation forms completed on obstetric charts. It was attested that medication reconciliation in obstetrics remains a challenge for the team particularly outside of regular day shift hours. Clients and pharmacies do not consistently receive a copy of the medication list or discontinuation list following a client's discharge. With only two OB charts on the unit, it was not enough evidence for the surveyor to evaluate the corresponding required organizational practice (ROP).

The site does not have spiritual care on-site, therefore, in the event of a stillbirth, immediate support is accessed through the Royal Alexandra Hospital. It would be an opportunity to explore a policy on how to engage with clients and families earlier if the delivery will result in a known stillbirth. This will allow for spiritual care team members and other staff to be prepared and readily accessible.

Perioperative Services and Invasive Procedures

All the criteria are met for this Priority Process.

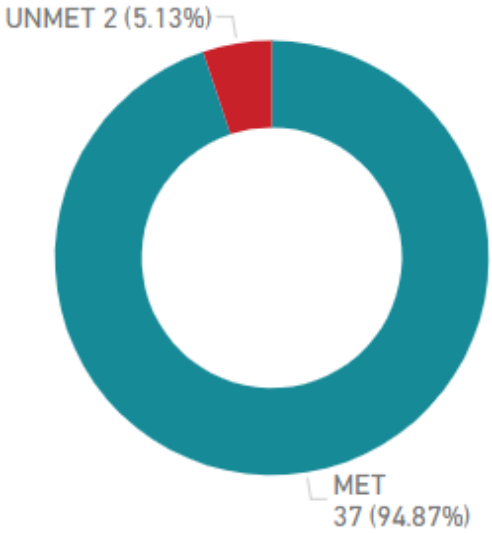
Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

The Operating Room (OR) Uplift Program has provided the opportunity for locum surgeons to access and maximize the use of valuable unused OR capacity to help support and decant OR wait times locally. This initiative was supported by leadership by adding extra resources in different areas of the surgical program in order to support this extra capacity.

The workload for OR on-call staff was identified as an ongoing issue demonstrated by workplace fatigue. Leadership is taking measures to address the concerns starting this November. There is an opportunity to improve and enhance client and family engagement, including the pediatric patient population. The OR uses evidence-based practices for decision making and most recently introduced Enhanced Recovery After Surgery (ERAS). Teams have already seen an operational impact on reducing post-op complications, decreasing hospital length of stay, re-admission rates, as well as an increase in efficiency. As volumes continue to increase it will be important to monitor overtime hours, and what impact it has operationally and physically on staff extending into evenings. Succession planning for surgical assistance is an opportunity for long term sustainability. Standardizing physician assistant schedules for day to day availability as well as on-call schedules and remuneration would help support the surgical needs of clients and program. The surgical team has dedicated education time for all specialties every week to support ongoing quality improvement. The team is engaged, dedicated and open to looking at ways to improve access and quality in all areas of the surgical program.

Service Excellence



Episode of Care Bundle Description:

Partnering with clients and families to provide client-centred services throughout the health care encounter.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.

The leadership team at Fort Saskatchewan Community Hospital is highly engaged and focused on quality and safety. Site priorities are aligned with AHS strategic and operational priorities and those of the Strategic Clinical Networks. Strong and productive partnerships are in place with key community partners and agencies to support achieving organizational priorities and safe transitions for patients and family members.

The leadership team uses data, accessed via Tableau, to review progress on organizational initiatives. Data is reviewed at operational and quality meetings and shared with staff at meetings and is displayed on quality boards. There is a strong focus on staff safety and an Occupational Health and Safety Committee is active within the organization.

Orientation programs are in place for all staff and the programs often include education at other AHS sites to support standardization and efficiency in program delivery. Annual continuing education (ACE program) is supported, and adherence is monitored by managers and supervisors. Of note, the site has a state-of-the-art simulation lab. The lab was built using funds from a generous donor. The educator holds an annual skills day and engages staff to identify what skills or competencies they would like to refresh or what skills they wish to develop. The lab can be booked for use by other hospitals in the zone.

Performance reviews are conducted for some staff, however, there is an opportunity to improve completion of performance reviews in some staff groups.

5. Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

STANDARD	CRITERIA TYPE	CRITERIA	DUE DATE
Emergency Department	Regular	**2.3** Timely access for clients is coordinated with other services and teams within the organization.	June 30, 2020
Obstetrics Services	ROP	Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions. **3.5.1** Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate. **3.5.2** 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. **3.5.3** The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders. **3.5.4** The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.	June 30, 2020