# CALGARY ZONE

# OILFIELDS GENERAL HOSPITAL

# Alberta Health Services

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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.
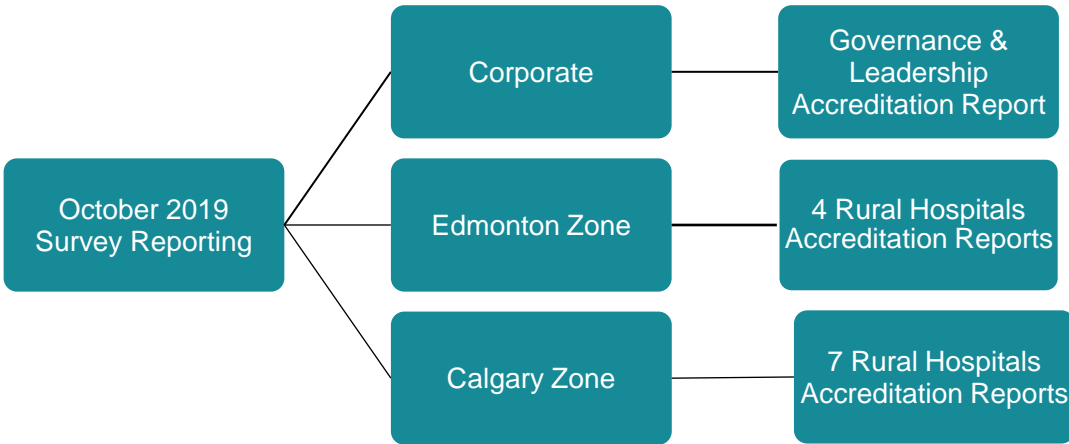
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS 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:

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                          ┌──────────────┐        ┌────────────────────┐
                          │   Corporate  │────────│ Governance &       │
                          │              │        │ Leadership         │
                          │              │        │ Accreditation Report│
                          └──────────────┘        └────────────────────┘
┌──────────────┐          ┌──────────────┐        ┌────────────────────┐
│ October 2019 │──────────│ Edmonton Zone│────────│ 4 Rural Hospitals  │
│ Survey       │          │              │        │ Accreditation Reports│
│ Reporting    │          └──────────────┘        └────────────────────┘
└──────────────┘          ┌──────────────┐        ┌────────────────────┐
                          │ Calgary Zone │────────│ 7 Rural Hospitals  │
                          │              │        │ Accreditation Reports│
                          └──────────────┘        └────────────────────┘
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## Calgary Zone Suburban Hospital Assessment – Sites Visited

Canmore General Hospital

Claresholm General Hospital

Didsbury District Health Services

High River General Hospital

Oilfields General Hospital

Strathmore District Health Centre

Vulcan Community 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 – Calgary Zone Report

## 1.  Calgary Zone Executive Summary

### Surveyor Observations

The Calgary zone suburban hospitals are to be commended on their partnerships with communities and municipalities. There are numerous partnerships with foundations, auxiliaries, municipalities, and towns. The rural sites have many services co-located which is very much appreciated by clients/families.

Many significant changes related to medication management have been conducted across the sites, such as unit dose delivery, standardization times for medications, and changes in standardizing and streamlining narcotic processes.

There is a culture of safety and quality. The Calgary zone suburban hospital teams feel supported and involved in the implementation of quality and safety initiatives.

### 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.  Work with the sites to align performance indicators with team and site objectives. |
| 2.  Continue to involve clients and families at all levels. |
| 3.  Continue to support rural hospitals in the implementation and evaluation of the Required Organizational Practices. |
| 4.  Work with sites to conduct emergency preparedness drills on evenings, nights and weekends. |

| AREAS OF EXCELLENCE |
| --- |
| 1.  There are well established processes for staff education and training. |
| 2.  There is a commitment to the quality Infection Prevention and Control (IPC) program. |

3.  There are well established linkages and communication processes between the Calgary Zone and the rural sites.

## 2.  Results at a Glance

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

### Compliance Overall[1]

| % of criteria | | |
|---|---|---|
| Attested | On Site | Overall |
| 100% met | 90% met | 94% met |

| # of attested criteria | | |
|---|---|---|
| Attested | Audited | |
| 16 criteria | 1 criterion | |

Attestation:

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

On-site Assessment:

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

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[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 | 30 | 3 | | |
| **Total** | **44** | **3** | | |

## Compliance by Quality Dimension
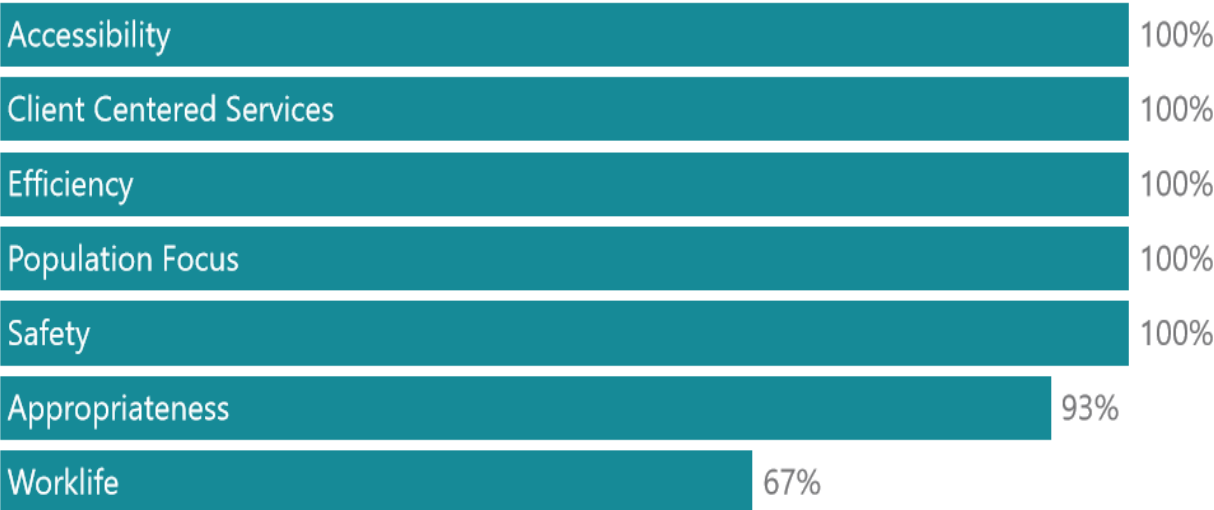


Fig. I.2 Compliance by Quality Dimension

| QUALITY DIMENSION | MET | UNMET | N/A | NOT RATED |
|---|---|---|---|---|
| Accessibility | 2 | | | |
| Client Centered Services | 5 | | | |
| Efficiency | 1 | | | |
| Population Focus | 3 | | | |
| Safety | 4 | | | |
| Appropriateness | 27 | 2 | | |
| Worklife | 2 | 1 | | |
| **Total** | **44** | **3** | | |

# 3.  Detailed Results: By Standard

## Infection Prevention and Control

**All the criteria are met for this Standard.**

MET 14 (100%)

Priority Process Description:

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

The Calgary zone suburban hospital leadership team is to be commended for their support to the implementation of the quality Infection Prevention and Control (IPC) program. There is a strong inter-professional team supporting and guiding the IPC program 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 Calgary zone suburban hospital leadership team has established communication processes to the rural sites. The team is encouraged to set up more formalized communication processes to ensure consistency in messages to all rural sites.

There is a comprehensive Antimicrobial Stewardship program throughout Alberta Health Services that offers feedback, information, and support to all sites.

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

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 team is encouraged to continue with the auditing process and to share results with clients, families, and the community.

# Service Excellence



UNMET 3 (9.09%)

MET
30 (90.91%)
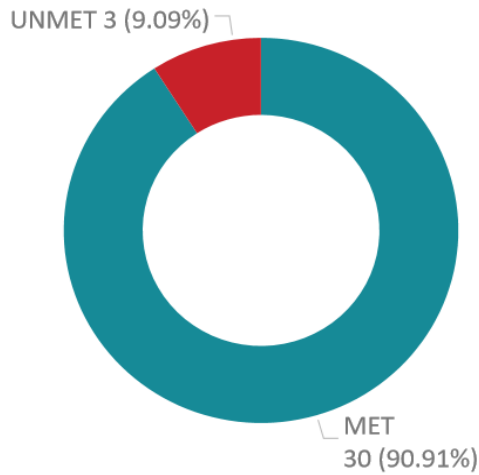
Description of the Standard:

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

| STANDARD | UNMET CRITERIA | CRITERIA |
|---|---|---|
| Service Excellence | 3.1 | Required training and education are defined for all team members with input from clients and families. |
| 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 | 6.8 | There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements. |

Clients/families are generally very satisfied with the services they are receiving. They report that staff and physicians are professional, kind, caring, and competent.

There is good evidence of ongoing training and education. Training on cultural diversity is mandatory and completed through Annual Continuing Education (ACE) Modules. Privacy training is conducted annually and is mandatory as well. Ethics training is mandatory through the ACE Modules and staff report they would be comfortable seeking more information if they felt they needed it. Staff are aware of the ethical framework and how to request an ethical consult.

An opportunity for the zone is to support rural hospitals to improve the completion of performance appraisals. Currently, these are approximately 40-50% completed and this is an area that leaders could work on.

# Section II – Oilfields General Hospital Report

## 1.  Oilfields General 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 23 - 24, 2019 and was conducted by two surveyors from outside of the province.

The Oilfields General Hospital staff were well prepared for the on-site survey. The staff, physicians, management and volunteers are engaged in quality care throughout the site.

A strong care delivery and clinical network has been established between the rural sites and the Calgary zone. The rural sites are appreciative of the best practice resources that are available as a result of this network. There is a concerted effort to ensure that patient care is optimized through access to required services.
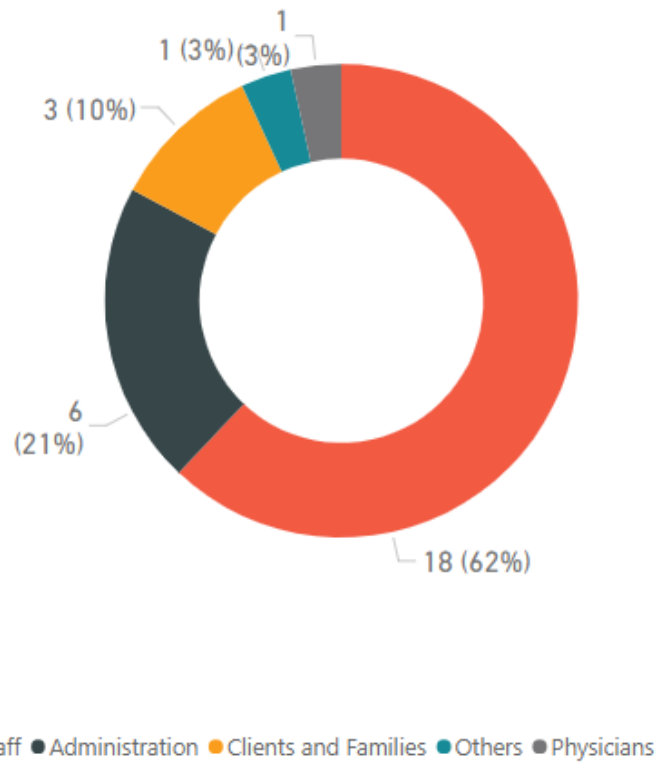
This site demonstrates a passion for improving the patient/resident and family experience.  There is a very active Resident Council on the long-term care unit that is co-chaired by a resident. The council meetings are well attended and are multi-disciplinary. Many of the volunteers at the site were once patients and are actively engaged to help plan recreational therapy activities for both long-term care and the Active Care Units. There were 29 interviews at this site during this survey visit.

## Survey Methodology

The Accreditation Canada survey team spent two days at Oilfields General Hospital.

During the survey 29 interviews were conducted

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

1 (3%)(3%)

1 (3%)

3 (10%)

6 (21%)

18 (62%)

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

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[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. The physician engagement at this site was high. The same group of 12 physicians work in their family practices, long-term care and emergency department. |
| 2. The commitment to a positive patient/resident and family experience was remarkable. |
| 3. Optimization of the Resident Assessment Instrument (RAI) for the creation of comprehensive care plans for long-term care patients through training of staff and extensive application of the tool. |
| 4. The Appropriate Use of Antipsychotics Committee work in long-term care has led to the minimal use of pharmacologic restraints. |
| 5. High level of commitment to medication safety by pharmacy and nursing. |

| KEY OPPORTUNITIES |
|---|
| 1. The patient flow to the emergency room poses challenges. There is no signage on the building, patients must register before triage, and the waiting room is not visible to the emergency room nurses. |
| 2. The security of the building and staff outside of regular hours. |
| 3. Enhancement of medication system readiness for Connect Care such as a plan for bar coded unit dose format for all medications and a 24/7 medication order entry plan for the rural sites. |

## 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 |
| 88 criteria | 10 criteria |

**Attestation:**

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

**On-site Assessment:**

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

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[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 | 98 | 3 | 1 | 1 |
| Infection Prevention and Control | 37 | | 13 | |
| Inpatient Services | 67 | | 2 | |
| Leadership | 9 | | | |
| Long-Term Care Services | 80 | | 16 | |
| Medication Management | 71 | 4 | 1 | |
| Service Excellence | 43 | | | |
| **Total** | **405** | **7** | **33** | **1** |

## Compliance by System-level Priority Process
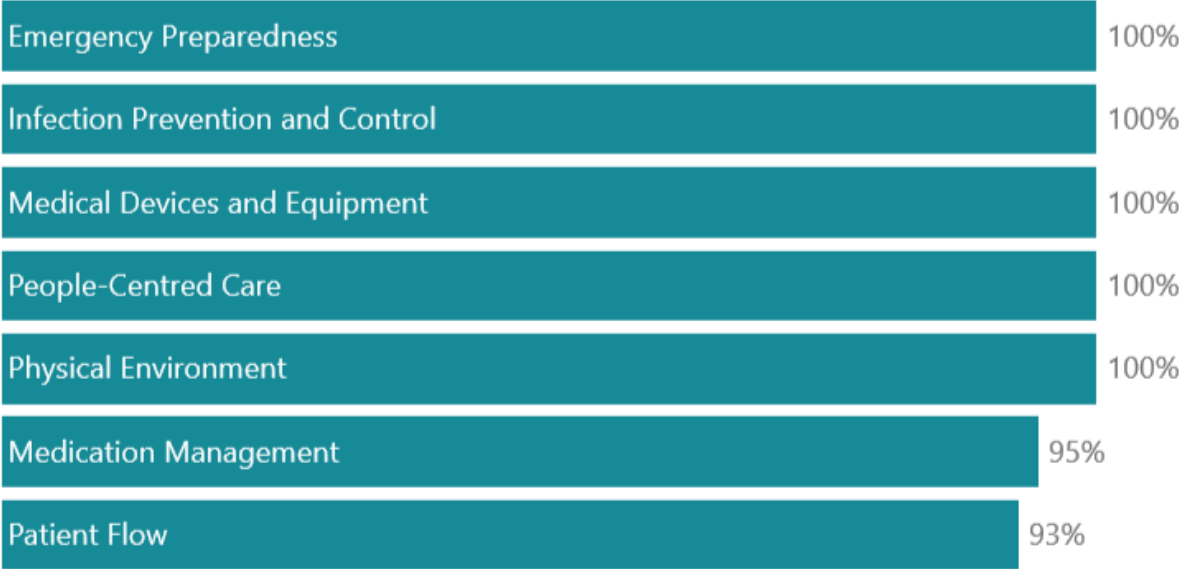


Fig. I.4 Compliance by System-level Priority Process

| PRIORITY PROCESS | MET | UNMET | N/A | NOT RATED |
|---|---|---|---|---|
| Emergency Preparedness | 5 | | | - |
| Infection Prevention and Control | 22 | | | - |
| Medical Devices and Equipment | 14 | | | - |
| People-Centred Care | 29 | | | - |
| Physical Environment | 4 | | | - |
| Medication Management | 71 | 4 | 13 | - |
| Patient Flow | 13 | 1 | 16 | - |
| **Total** | **158** | **5** | **29** | **-** |

## Compliance by Quality Dimension



Fig. I.5 Compliance by Quality Dimension

| STANDARD | MET | UNMET | N/A | NOT RATED |
|---|---|---|---|---|
| Accessibility | 27 | 2 | | |
| Appropriateness | 116 | 2 | 14 | 1 |
| Client Centred Services | 105 | | 3 | |
| Continuity of Services | 17 | | | |
| Efficiency | 6 | | | |
| Population Focus | 1 | | | |
| Safety | 123 | 3 | 15 | |
| Worklife | 10 | | 1 | |
| **Total** | **405** | **7** | **33** | **1** |

## Compliance by Required Organizational Practice (ROP)

| ROP | STANDARD | RATING |
|---|---|---|
| **COMMUNICATION** | | |
| Client Identification | Emergency Department | Met |
| | Inpatient Services | Met |
| | Long Term Care Services | Met |
| The 'Do Not Use' List of Abbreviations | Medication Management | Met |
| Medical Reconciliation at Care Transitions | Emergency Department | Met |
| | Inpatient Services | Met |
| | Long Term Care Services | Met |
| Information Transfer at Care Transitions | Emergency Department | Met |
| | Inpatient Services | Met |
| | Long Term Care Services | 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 |
| Reprocessing | Infection Prevention and Control | Met |
| **Risk Assessment** | | |
| Falls Prevention and Injury Reduction | Inpatient Services | Met |
| | Long Term Care Services | Met |
| Pressure Ulcer Prevention | Long Term Care | Met |
| | Inpatient Services | Met |
| Suicide Prevention | Emergency Department | Met |
| | Long Term Care | Met |
| Venous Thromboembolism Prophylaxis | Inpatient Services | Met |

# 3.    Detailed Results: System-level Priority Processes

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

## Emergency Preparedness

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

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

MET 5 (100%)

Priority Process Description:

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

Extensive training has occurred in collaboration with community partners. Emergency response plans are regularly tested.

# 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.**



MET 22 (100%)

**Priority Process Description:**

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

The site is supported by a rural Infection Prevention and Control Nurse that provides services to multiple sites. The Insite intranet offers readily available access to Infection Prevention and Control Resources. Hand hygiene education is completed, and hand hygiene compliance audits are consistently completed, and results are displayed.

The environmental services staff are very active and dedicated. There was evidence of robust cleaning schedules and processes.

## 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.

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

MET 14 (100%)

Priority Process Description:

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

There is no sterilization occurring onsite. All reprocessing required occurs at the High Level General Hospital. Devices are properly pre-cleaned and shipped in appropriate containers for reprocessing off site.

## Medication Management

This system-level priority process refers to criteria that are tagged to the Medication Management Standard.

UNMET 4 (5.33%)

MET 71 (94.67%)
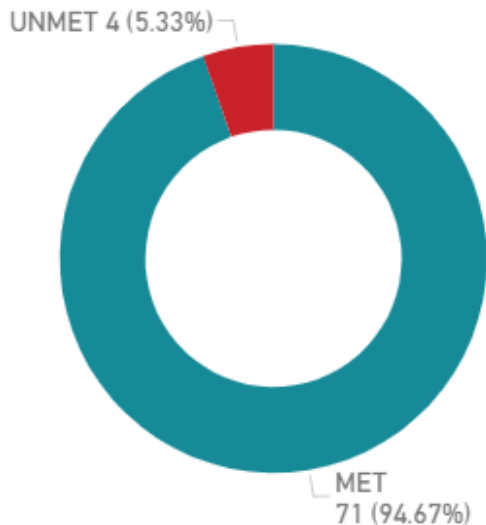
Priority Process Description:

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

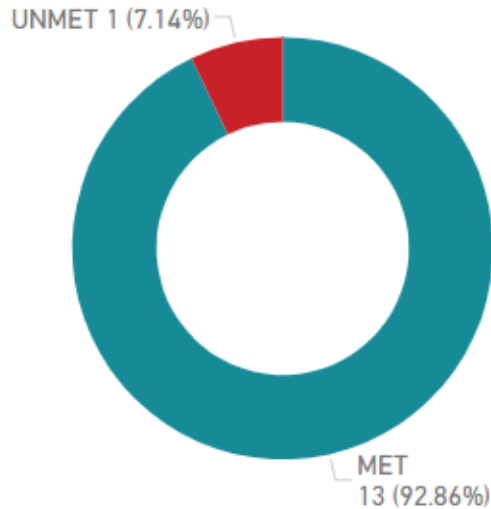| STANDARD | UNMET CRITERIA | CRITERIA |
|---|---|---|
| Medication Management | 12.6 | Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas. |
| Medication Management | 15.1 | The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose. |
| Medication Management | 18.2 | Medications are dispensed in unit dose packaging. |
| Medication Management | 23.2 | Each medication is verified against the client's medication profile prior to administration. |

A medication safety technician supports seven rural sites in the Calgary zone in medication safety initiatives. A Medication Quality and Safety Team directs Pharmacy led medication safety initiatives including drug shortage management in the Calgary zone. This team supports the work of the Calgary Zone Medication Management Committee.

A plan to provide 24/7 medication order entry for the rural hospital after hours of operation would facilitate the Connect Care implementation at these sites.

Adoption of dispensing cabinet technology would facilitate the secure storage of medications, improve inventory management and adoption of medication best practices associated with this technology.

## Patient Flow

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

UNMET 1 (7.14%)

MET
13 (92.86%)

Priority Process Description:

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

| STANDARD | UNMET CRITERIA | CRITERIA |
| --- | --- | --- |
| Patient Flow | 2.5 | Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families. |

The patient flow to the emergency room poses challenges. There is no signage on the building, patients must register before triage, and the waiting room is not visible to the emergency room nurses.

The flow of the patient to the Emergency Department poses a challenge. Patients are expected to register first in an area that is very separate from the triage area. The registration is completed by non-clinical staff who do not have the training to recognize concerns with patient conditions. After registration, the patient is instructed to go to the Emergency Department and drop off the registration form at the triage desk. There is a desk inside the door off of the waiting room where there is a basket to drop off the paperwork. The opening and closing of that door and the visibility of the paperwork in the basket is the only cue to the Emergency Room Nurse that a patient is awaiting triage. The waiting room is currently not visible to the Emergency Room Nurse.

There is very little concern regarding overcrowding and overcapacity in the emergency department at this site.

# People-Centred Care

This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department, Inpatient Services, Long-term Care, and Service Excellence.

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

MET 29 (100%)

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 site demonstrates a passion for improving the patient/resident and family experience. There is a very active Resident Council on the long-term care unit that is co-chaired by a resident. The council meetings are well attended and are multi-disciplinary. Many of the volunteers at the site were once patients and are actively engaged to help plan recreational therapy activities for both long-term care and the Active Care Units.

The site has a Caring Collective Committee which serves as a patient and family advisory committee for project-based work. This committee is funded through donations and the annual Christmas Bizarre. Throughout the site, there is evidence of patient and family-centred initiatives like the Friendship and Cowboy Trail Murals for wayfinding. The halls are decorated with artwork for the local schools, as well the ceiling tiles are painted in many areas to allow wayfinding as well as an inviting environment.

# Physical Environment

This system-level priority process refers to criteria that are tagged to one of the following standard: Leadership.

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

MET 4 (100%)

Priority Process Description:

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

A new backup generator has been installed within the last two years.  Significant work has been carried out to improve the use and look of the basement facilities at the hospital.

# 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
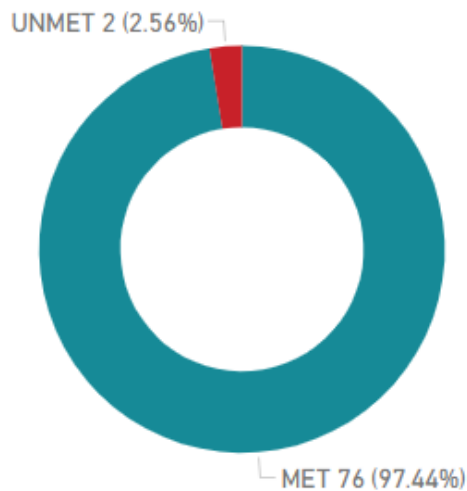
UNMET 2 (2.56%)

MET 76 (97.44%)

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 | 3.1 | There is no signage on the outside of the building to illustrate the entrance to the Emergency Department. There is good signage inside, and on the sign as you pull off the highway that states 24-hour Emergency Department. |
| Emergency Department | 4.8 | For 16 hours per day, the Emergency Department at this site is staffed by a sole Registered Nurse. The waiting room is currently not visible by the nurse for a few reasons. First there is a privacy coating on the window to the waiting room that prevent a line of visibility, and there is no process for the single Registered Nurse to regularly monitor, assess, and document clients who are waiting in the emergency department. |

The emergency department at this site has dedicated management, staff, physicians and a very active nurse educator, who all work diligently to ensure the patients and their families receive

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[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.

appropriate care. This site benefits from the standardized protocols work completed by Alberta Health Services SCN.

For 16 hours per day, the Emergency Department at this site is staffed by a sole Registered Nurse. The waiting room is currently not visible by the nurse for a few reasons. First, there is a privacy coating on the window to the waiting room that prevents a line of visibility, and there is no process for the single Registered Nurse to regularly monitor, assess, and document clients who are waiting in the emergency department.

There was a noted privacy concern in the Emergency Department. The patient charts are hung on a public corridor wall in bins that are visible to patients and families receiving care in the department.

## Inpatient Services

**All the criteria are met for this Priority Process.**
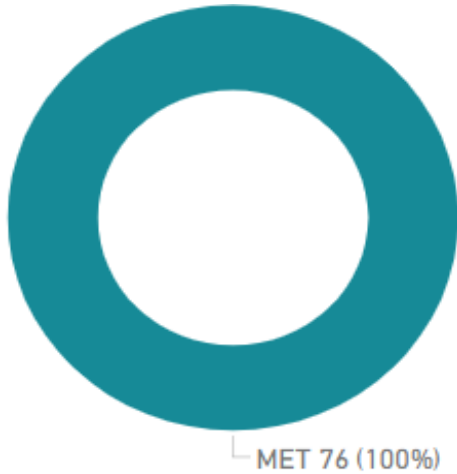
MET 56 (100%)

Episode of Care Bundle Description:

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

The average age of the inpatient population is 85 so the hospital has successfully initiated "Elder Friendly" quality initiatives that provide access to virtual appointments. The ethics framework is well understood and has been applied to care decisions. The staff has access to education and training through a variety of tools through the Clinical Knowledge Network.

## Long Term Care Services

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

MET 76 (100%)

**Episode of Care Bundle Description:**

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

The program has excelled at creating a patient and family-centred care environment. A home-like setting has been established for the patients visually with artwork on the walls created with input from the residents to the artist, extensive recreational activities and enhanced dining experience for the patients.

## Service Excellence

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

MET 39 (100%)

**Episode of Care Bundle Description:**

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

The partnership with the community was evident through the number of volunteers actively participating in activities within the hospital. All patient related safety incidents are reported in the incident reporting system highlighting the site's culture of safety. Quality safety data is collected from the rural sites and collated as well as trended at the Calgary Zone level for analysis and identification of opportunities for improvement.

## 5. Criteria for Follow-up

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

| STANDARD | CRITERIA TYPE | CRITERIA | DUE DATE |
|---|---|---|---|
| Emergency Department | Regular | **2.5** Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families. | June 30, 2020 |
| Emergency Department | Regular | **3.1** Entrance(s) to the emergency department are clearly marked and accessible. | June 30, 2020 |
| Emergency Department | Regular | **4.8** Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate. | June 30, 2020 |
| Medication Management | Regular | **12.6** Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas. | June 30, 2020 |