

**October
2019**

CALGARY ZONE
HIGH RIVER GENERAL
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.

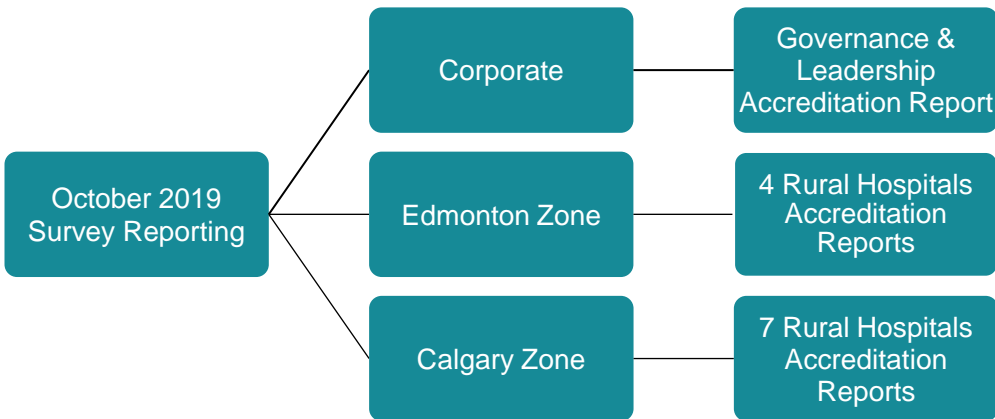
In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS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



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 the Calgary zone suburban hospitals:

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.

- 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 Overall¹

| % 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.

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

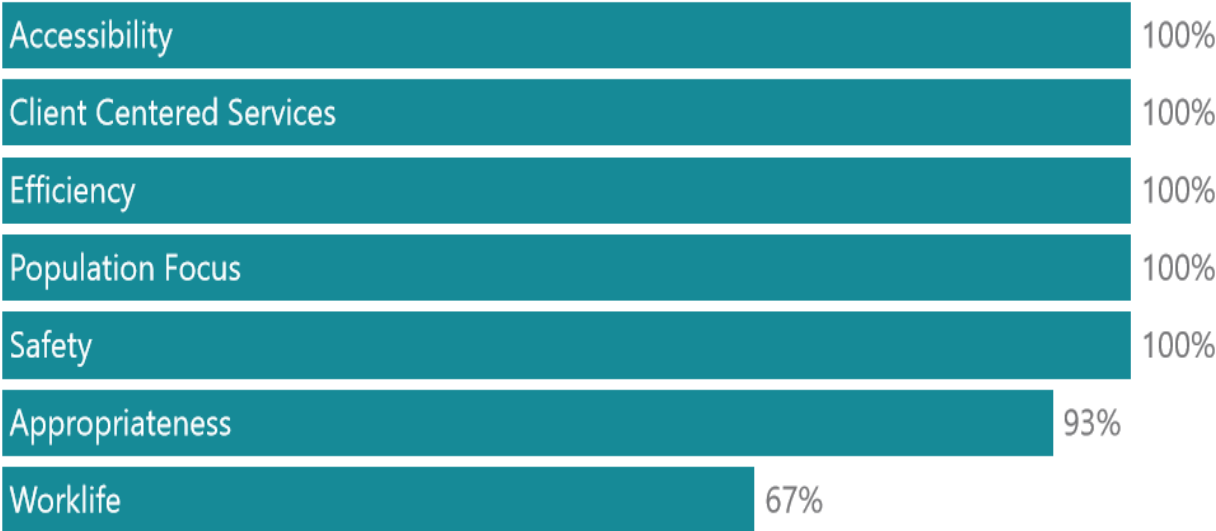


Fig. I.2 Compliance by Quality Dimension

| 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.



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.

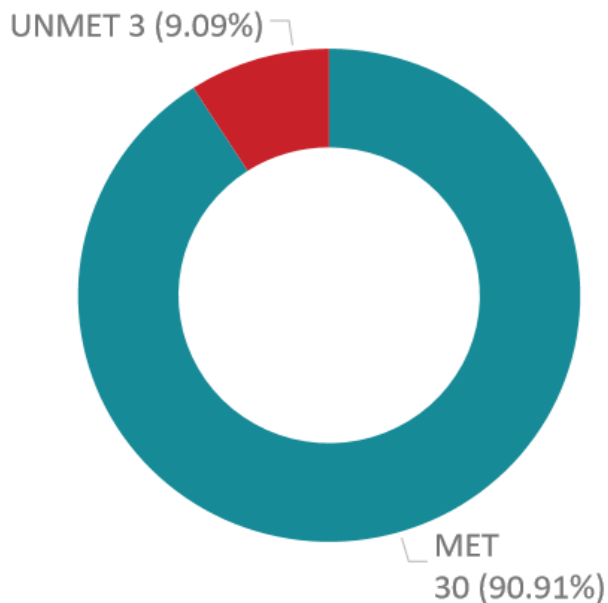
The Calgary zone suburban hospital leadership team has established communication processes to the rural sites. The team is encouraged to set up more formalized communication processes to ensure consistency in messages to all rural sites.

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



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 – High River General Hospital Report

1. High River General Hospital Executive Summary

Surveyor Observations

The High River General Hospital was well prepared for the on-site survey. The staff, physicians, management, and volunteers are engaged in quality care throughout the site. The CoACT Collaborative Care which focuses on patient-centred care, team effectiveness, and high-quality care delivery is notable at this site.

The Emergency Department at this site has dedicated management, staff, physicians, and volunteers who all work diligently to ensure the patients and their families receive appropriate care. The site benefits from the tremendous work completed by Alberta Health Services' Strategic Clinical Networks (SCN) concerning standardized protocols for STEMI, and sepsis management, to list a few.

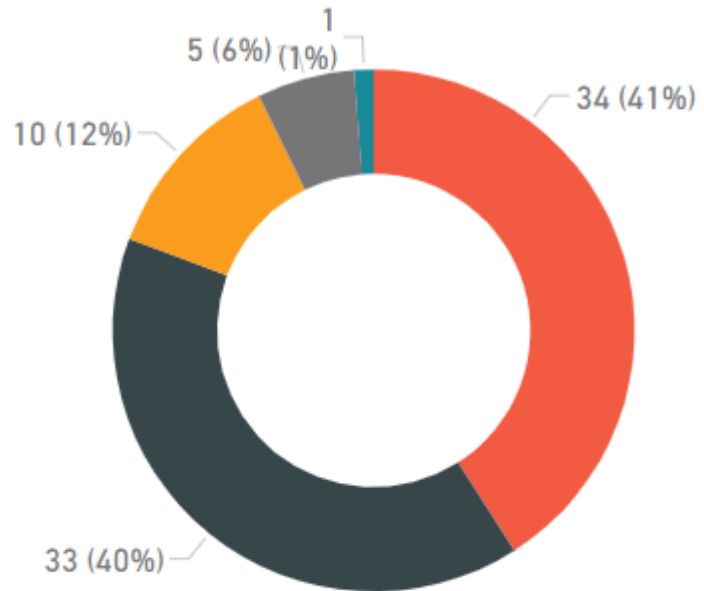
There were some noted areas of excellence, including the behavior mapping and status change monitoring of patients on the Long Term Care (LTC) Unit; utilizing a variety of best practice tools. Additionally, LTC has a well-established multidisciplinary Appropriate Use of Antipsychotics Committee in place. This committee closely monitors both short term and long-term antipsychotic use in the long term care patient population. The High River General Hospital management, staff, and physicians are commended for the exceptional work that they have completed within the Obstetrical Program. This hospital is one of 21 hospitals across Canada to successfully receive the Baby Friendly Initiative designation from the Canadian Breastfeeding Committee.

Survey Methodology

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

To conduct their assessment, the survey team gathered information from the following groups²:

During this survey visit, there were 83 interviews.



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

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. CoACT Collaborative Care which focuses on patient-centred care, team effectiveness, and high-quality care delivery. It supports patients and their families to play an active role in their care to achieve optimal health outcomes (End PJ Paralysis).
2. Multi-disciplinary medication reconciliation process. Pharmacy has taken a lead role in medication reconciliation at admission and discharge.
3. Enhancement in the Culture of Safety through the AHS Patient Safety Plan initiatives.
4. Rural Quality Assurance Committee. There are site specific quality initiatives including a pediatric pain management protocol in the Emergency Department.
5. A strong patient and family-centred Obstetrical Program. The site is one of 21 sites in Canada to obtain the Baby Friendly Initiative designation by the Breastfeeding Committee of Canada. There is an embedded culture of safety rooted by the MORE-OB Program.
6. Physician engagement was notable. There are physician leads on all program quality teams.

KEY OPPORTUNITIES

1. Adoption of technology within the medication system such as dispensing cabinets which would support electronic medication information transfer within the Connect Care environment and ensure secure controlled substance storage.
2. Capacity limitations in rural hospitals to adopt best practice changes.
3. There is a need to strengthen privacy throughout the site. There was visible patient information seen in public areas.
4. The site staff and physicians commented repetitively regarding the lack of mental health support available to their clients in the acute care setting; impact of opioid crisis on existing service delivery models with limited mental health service availability.

2. Results at a Glance

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

Compliance Overall²

| % of criteria | | |
|-----------------|----------------|----------------|
| Attested | On Site | Overall |
| 98% met | 99% met | 99% met |

| # of attested criteria | |
|------------------------|----------------|
| Attested | Audited |
| 122 criteria | 19 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.

² 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

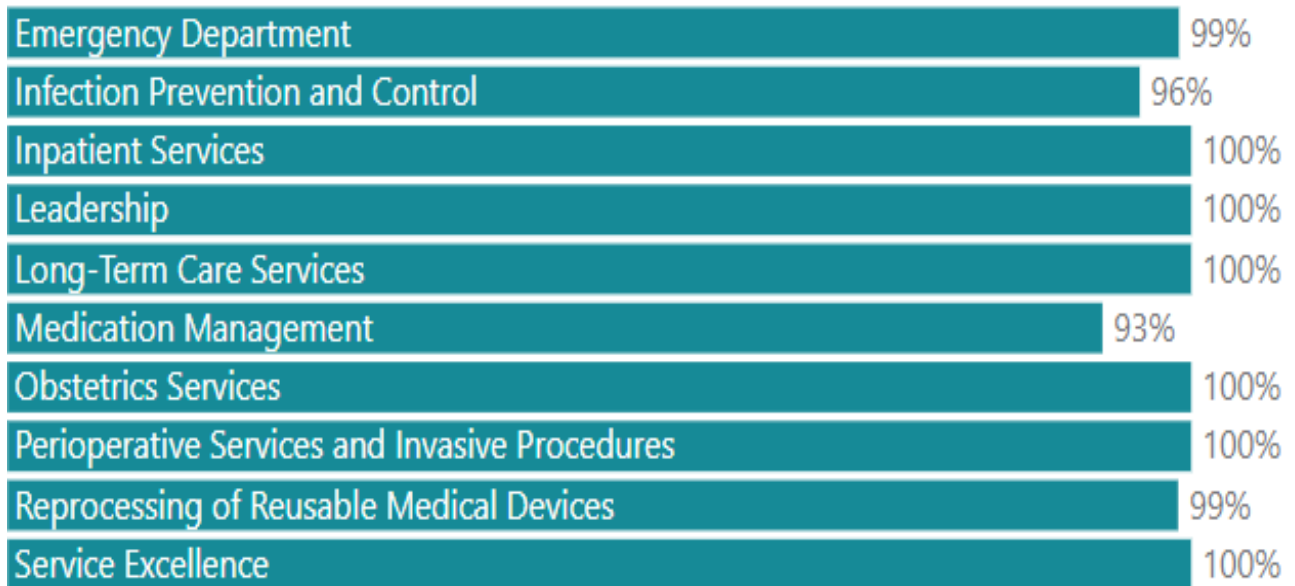


Fig. I.3 Compliance by Standard

| STANDARD | MET | UNMET | N/A | NOT RATED |
|------------------------------------------------|------------|----------|-----------|-----------|
| Emergency Department | 96 | 1 | 2 | 4 |
| Infection Prevention and Control | 30 | | | |
| Inpatient Services | 66 | | 3 | |
| Leadership | 9 | | | |
| Long-Term Care | 80 | | 1 | |
| Medication Management | 74 | 6 | 11 | |
| Obstetrics Services | 82 | | | 1 |
| Perioperative Services and Invasive Procedures | 144 | | 4 | 1 |
| Reprocessing of Reusable Medical Devices | 90 | | 1 | |
| Service Excellence | 43 | | | |
| Total | 714 | 7 | 22 | 6 |

Compliance by System-level Priority Process

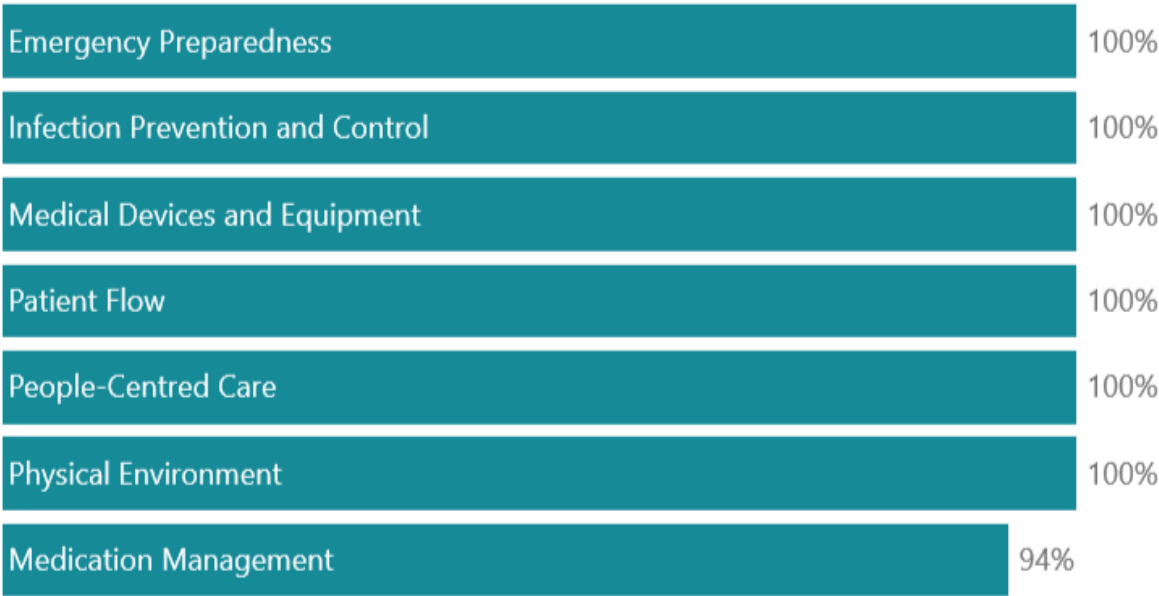


Fig. I.4 Compliance by System-level Priority Process

| PRIORITY PROCESS | MET | UNMET | N/A | NOT RATED |
|----------------------------------|------------|----------|-----------|-----------|
| Emergency Preparedness | 5 | | | - |
| Infection Prevention and Control | 22 | | | - |
| Medical Devices and Equipment | 114 | | 4 | - |
| Patient Flow | 19 | | | - |
| People-Centred Care | 51 | | | - |
| Physical Environment | 14 | | | - |
| Medication Management | 89 | 6 | 11 | - |
| Total | 314 | 6 | 15 | - |

Compliance by Quality Dimension



Fig. I.5 Compliance by Quality Dimension

| STANDARD | MET | UNMET | N/A | NOT RATED |
|-------------------------|------------|----------|-----------|-----------|
| Accessibility | 47 | | | |
| Appropriateness | 211 | 2 | 7 | 3 |
| Client Centred Services | 152 | | 5 | 3 |
| Continuity of Services | 30 | | | |
| Efficiency | 8 | | 1 | |
| Population Focus | 1 | | | |
| Safety | 247 | 4 | 9 | |
| Worklife | 18 | 1 | | |
| Total | 714 | 7 | 22 | 6 |

Compliance by Required Organizational Practice (ROP)

| ROP | STANDARD | RATING |
|--------------------------------------------|------------------------------------------------|--------|
| COMMUNICATION | | |
| Client Identification | Emergency Department | Met |
| | Inpatient Services | Met |
| | Long Term Care 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 |
| | Long Term Care Services | Met |
| | Obstetrics Services | Met |
| Safe Surgery Checklist | Perioperative Services and Invasive Procedures | Met |
| | Obstetrics Services | Met |
| Information Transfer at Care Transitions | Emergency Department | Met |
| | Inpatient Services | Met |
| | Long Term Care 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 |
| | Long Term Care Services | Met |
| | Obstetrics Services | Met |
| | Perioperative Services and Invasive Procedures | Met |
| Pressure Ulcer Prevention | Inpatient Services | Met |
| | Long Term Care | Met |
| | Perioperative Services and Invasive Procedures | Met |
| Suicide Prevention | Emergency Department | Met |
| | Long Term Care | Met |
| Venous Thromboembolism Prophylaxis | Inpatient Services | Met |
| | Perioperative Services and Invasive Procedures | 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.

Following the flood which occurred in 2013, the emergency response tools have been updated to include more information within each response protocol. 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.



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 collaborative culture at this site facilitates strong infection prevention and control (IPC) practices. During the site visit the air exchanges within the Operating Room failed, and the team was pulled together urgently to decide on how to move forward. The collaboration included IPC staff, management, maintenance, physicians, and nursing.

Hand hygiene compliance rates at the site are good.

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.

All the criteria are met for this Priority Process.



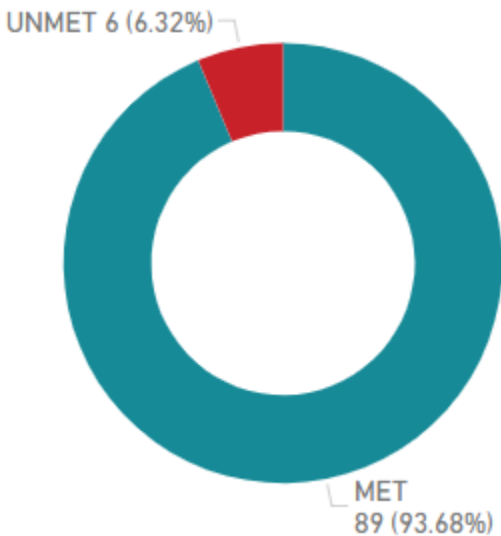
Priority Process Description:

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

Despite some of the infrastructure issues this team faces, there is a culture of safety and quality noted within the team. The team is diligent in their compliance with standards for both reprocessing practices and documentation. The workload is high and demanding; however, the team and its leadership are creative and collaborative to ensure safety and standards are met.

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 | 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 | 13.3 | Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies. |
| Medication Management | 15.1 | The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose. |
| Medication Management | 16.3 | There is a separate negative pressure area with a 100 percent externally vented biohazard hood for preparing chemotherapy medications. |
| Medication Management | 16.4 | Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood. |
| Medication Management | 18.2 | Medications are dispensed in unit dose packaging. |

There is a strong collaboration between Pharmacy and Nursing regarding safety enhancements, training and orientation, legislative changes and medication related policies within the medication system.

There is a robust Antimicrobial Stewardship program across Alberta Health Services. Tracking of antimicrobial usage using best practice criteria are utilized. Antimicrobial utilization and

infection rates are tracked at the zone level which are readily accessible through the Antimicrobial Stewardship InSite page. Hospital-wide guidelines and other tools to promote appropriate antimicrobial use are widely shared and easily accessible to users.

The medication compounding facility and chemotherapy storage area do not meet standards and represent an occupational exposure risk to pharmacy staff.

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.

The site managed patient flow well. Patients generally wait on average six hours in the Emergency Department for an in-patient bed. The Zone support and collaboration in this area was recognized by the 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 Services, Obstetrics Services, Perioperative Services and Invasive Procedures, and Service Excellence.

All the criteria are met for this Priority Process.



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.

The patients and families interviewed during the on-site survey expressed satisfaction with care and active engagement in their care. There is a strong and positive connection with the community that becomes evident with the many projects funded by the Foundation including the Labour and Delivery room upgrades, the Chemotherapy Unit upgrade, and the purchase of new anesthesia machines.

Some program areas have formally structured the patient and family-centred care. The Breastfeeding Committee has a patient member, all obstetrical patients complete the MORE-OB satisfaction survey, and every surgical patient is given a patient satisfaction survey.

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.

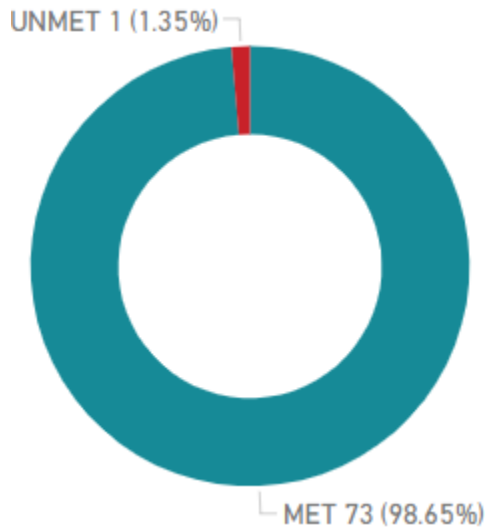
The aging infrastructure poses limitations to service areas like laundry and Medical Device Reprocessing (MDR). Staff are required to be innovative to ensure compliance with standards and that patient safety is upheld.

Utility backup systems are in place. Appropriate infection control barriers were visible in areas where service repairs were occurring.

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.³

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 |
|---------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Organ and Tissue Donation | 7.5 | Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team. |

The Emergency Department at this site has dedicated management, staff, physicians, and volunteers who all work diligently to ensure the patients and their families receive appropriate care.

The site is really working hard to establish their Simulation Program for staff training. Additionally, this site has made a lot of headway on pediatric pain management within the Emergency Department and is tracking indicators on this initiative. The organization is encouraged to formalize the requirement for pediatric education and training for the Emergency Department staff at this site. There are very few patient flow issues in the department at this site. The Emergency Department's length of stay is low in comparison to similar sites.

There was a noted privacy concern in the department. The patient charts are hung in bins on a public corridor wall. Patients and families being roomed or leaving the department could easily

³ 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.

see the names of other patients. Finally, the management, staff, and physician in this department all identified the severe lack of mental health support to the Emergency Department patients. For the most part, they do not have any access to timely support; they report the need is high for the pediatric population, those suffering ill mental health and/or addiction.

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.

An ethics framework has been applied in the implementation of Medical Assistance in Dying (MAID) services. Ethicist led MAID training and protocol development was provided. Opioid stewardship has been spearheaded by two local physicians who have provided education, developed an opioid withdrawal protocol, ensured access to naloxone kits, and facilitated continued care of these patients in the community.

Long Term Care 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.

Use of patient assessment software to generate a patient care plan was introduced in April through InterRAI and PARIS software applications. Behavior mapping and status change monitoring of patients utilizing a variety of best practice tools is evident. A well-established multidisciplinary Appropriate Use of Antipsychotics Committee is in place which closely monitors both short-term and long-term antipsychotic use in the long-term care patient population.

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.

The High River Hospital management, staff, and physicians are commended for the exceptional work that has completed within the Obstetrical Program. This hospital is one of 21 hospitals across Canada to successfully receive the Baby Friendly Initiative designation. The 10-step program is embedded and celebrated by the team. There is a well-established Breastfeeding Committee that is very engaged and collaborative. Additionally, the culture of patient safety and collaboration encouraged by the MORE-OB Program is clearly present at this site. Staff and patient satisfaction are high, and care aligns with evidence-based practices. The rate of C-sections at this site is less than 15%, which certainly surpasses the national average. This team should be celebrated.

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 patient flow in this service is well organized. Again, there is a noted collaboration among all team members which includes patients and families. All required standards and processes are in place. The Surgical Safety Checklist is a well embedded practice that is valued by all team members. This program also has benefits for the zone and provincial led work.

Service Excellence

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.

Many examples of partnerships with the community were seen including linkages with primary care providers and the hospital Foundation. Best practice knowledge translation occurs across the organization through Strategic Clinical Networks (SCN) which is directly applicable to the

rural site programs such as Emergency, Maternal Child, and Surgery. A rural SharePoint has been created within InSite.

5. Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

| STANDARD | CRITERIA TYPE | CRITERIA | DUE DATE |
|-----------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 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 |
| Medication Management | Regular | 13.3 Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies. | June 30, 2020 |
| Medication Management | Regular | 16.3 There is a separate negative pressure area with a 100 percent externally vented biohazard hood for preparing chemotherapy medications. | June 30, 2020 |
| Medication Management | Regular | 16.4 Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood. | June 30, 2020 |