

**JUNE  
2021**

# Boyle Healthcare Centre

North Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



ACCREDITATION  
AGRÉMENT  
CANADA

# Table of Contents

About this Accreditation Report .....	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited .....	4
Central Zone Rural Hospital Assessment – Sites Visited .....	4
Confidentiality.....	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	7
Key Opportunities .....	8
Areas of Excellence .....	8
Results at a Glance .....	9
Compliance Overall .....	9
Compliance by Standard .....	10
Compliance By System Level Priority Process.....	11
Compliance by Quality Dimension .....	12
Compliance by Required Organizational Practice (ROP).....	13
Detailed Results: System-level Priority Processes .....	14
Emergency Preparedness .....	14
Infection Prevention and Control .....	15
Medical Devices and Equipment.....	15
Medication Management .....	16
Patient Flow .....	17
People-Centred Care.....	17
Physical Environment.....	18
Detailed Results by Service-Level Priority Process .....	19
Emergency Department.....	19
Inpatient Services.....	19
Service Excellence .....	20
Criteria for Follow-up.....	21
Criteria Identified for Follow-up by the Accreditation Decision Committee .....	21

## About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted June 14, 2021 – June 25, 2021. 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 its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

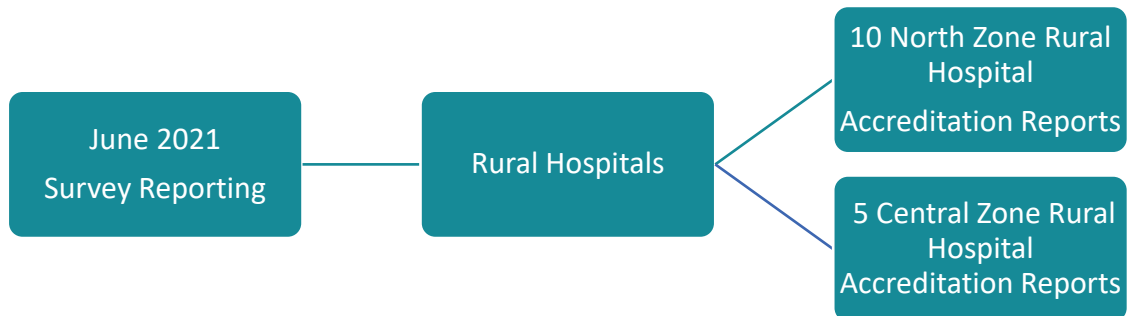
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2022), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

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

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

The accreditation reports for the Spring 2021 Survey are organized as follows:



### North Zone Rural Hospital Assessment – Sites Visited

- Boyle Healthcare Centre
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- George McDougall - Smoky Lake Healthcare Centre
- Hinton Healthcare Centre
- Slave Lake Healthcare Centre
- St. Therese - St. Paul Healthcare Centre
- Wabasca/Desmarais Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow - Lac La Biche Healthcare Centre

### Central Zone Rural Hospital Assessment – Sites Visited

- Coronation Hospital and Care Centre
- Daysland Health Centre
- Vermilion Health Centre
- Viking Health Centre
- Wainwright Health Centre

## Confidentiality

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

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

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

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

# Executive Summary

## Surveyor Observations

Boyle Healthcare Centre is located between Lac La Biche and Athabasca. The site serves the village of Boyle, housing 800 residents. Each year there are approximately 3,980 visits to the ER, with the highest visits during the summer months. There are 173 inpatients per year with an average length of stay of 3-4 days. Longer stays of up to 9-10 months are for those waiting for placement to long-term care.

The community strongly supports their healthcare centre and was the reason it was not closed seven years ago when a large infrastructure update was completed with new boilers, generator, and chillers. More recently there was an upgrade of the fire alarms and the waterlines.

The building was built in the 1960s and has had a few renovations done inside to increase the efficiency of workflow and storage for the ER and medicine unit. Of more concern is the doorway size, too small to allow wheelchairs or stretchers to go into or out of the rooms without removing the doors.

The site would benefit from quality improvement initiatives to standardize the care and to increase the efficient use of space at this site.

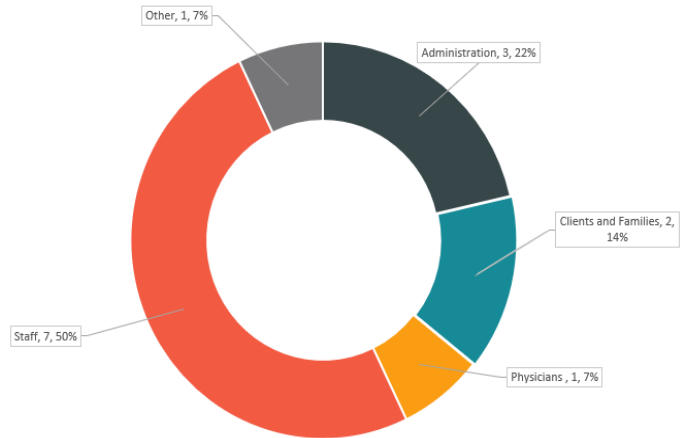
The patients and families appreciated the site's adaptability to their needs. They have nothing but positive comments about this site.

The staff and physicians working at this site are progressive, engaged, open, attentive, and confident, making this a healthcare centre with excellent patient care. The site welcomed the idea of sharing surveyor comments with all staff, and it was well-received. This gesture shows the openness of leadership to learning for quality improvement.

## Survey Methodology

The Accreditation Canada Surveyors spent two days at Boyle Healthcare Centre.

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



---

<sup>1</sup> "Other" interviewees refer to individuals such as students or volunteers

## Key Opportunities and Areas of Excellence

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

### Key Opportunities

1. Improve security of the building (between the entrance, ER and inpatient unit; add security camera) and access to support security services
2. Improve facility access and reduce clutter in storage areas
3. Improve patient flow ensuring timely transfer to Long-Term Care services
4. Adopt a quality improvement approach to standardize care and to increase the efficient use of space
5. Reach out to the Quality Improvement personnel for this site for support

### Areas of Excellence

1. Staff/Physician are exemplary and committed to quality care
2. Recent upgrades to fire alarms, waterlines, chillers, boilers and generators
3. Tremendous community and auxiliary support for the healthcare centre
4. People-centred care is delivered by accommodating the needs of patients and families
5. Solid teamwork and collaboration among team members



# Results at a Glance

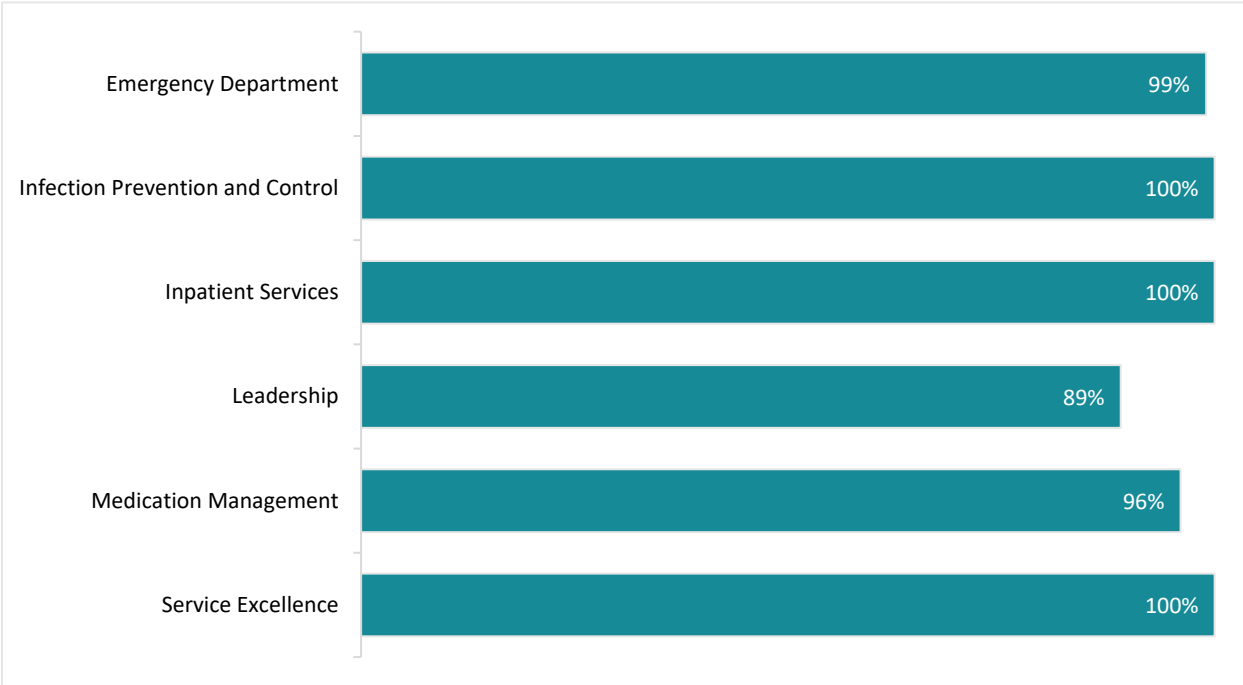
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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

Percentage of criteria			<p><b>Attestation:</b></p> <p>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.</p>
<p><b>Attested</b></p> <p>99% met</p>	<p><b>On-Site</b></p> <p>99% met</p>	<p><b>Overall</b></p> <p>99% met</p>	
Number of attested criteria			
<p><b>Attested</b></p> <p>82 criteria</p>	<p><b>Audited</b></p> <p>17 Criteria</p>		<p><b>On-site Assessment:</b></p> <p>Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.</p>

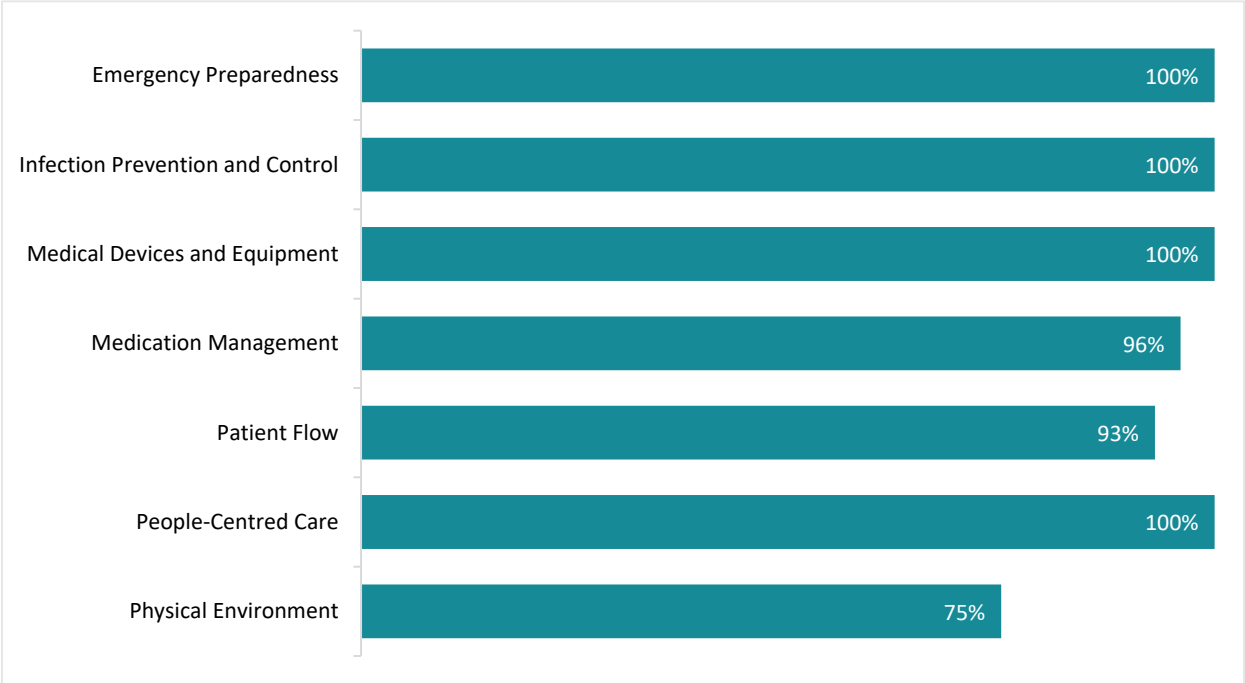
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	1	1	0
Infection Prevention and Control	47	0	17	0
Inpatient Services	69	0	0	0
Leadership	8	1	0	0
Medication Management	77	3	7	0
Service Excellence	76	0	0	0

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	10	0	17	0
Medication Management	77	3	7	0
Patient Flow	13	1	0	0
People-Centred Care	29	0	0	0
Physical Environment	3	1	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	25	1	0	0
Appropriateness	125	1	11	0
Client Centered Services	80	0	0	0
Continuity of Services	12	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	108	3	13	0
Worklife	13	0	1	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	UNMET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
<b>MEDICATION USE</b>		
Antimicrobial Stewardship	Medication Management	MET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
<b>INFECTION CONTROL</b>		
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
<b>RISK ASSESSMENT</b>		
Falls prevention and injury reduction	Inpatient Services	MET
Pressure ulcer prevention	Inpatient Services	MET
Suicide prevention	Emergency Department	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET

## Detailed Results: System-level Priority Processes

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

### Emergency Preparedness

**Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.**

#### **There are no unmet criteria for this Priority Process**



Boyle Healthcare Centre has a comprehensive emergency preparedness plan in place. The emergency preparedness plan includes several safety drills, and each is practiced monthly and feedback is discussed. The site regularly conducts Occupational Health & Safety committee meetings and recommendations are adopted.

The site has a disaster muster room where staff and patients can stay safe during a natural disaster - like a storm.

The site had a COVID-19 outbreak with three patients contracting the virus. During contact tracing, it was realized that one patient who was sick had been admitted without telling anyone about his infection status. With everyone's concentrated efforts the site was able to contain the outbreak and no staff were affected. All patients and staff were tested during the outbreak. All families were informed of the outbreak status at the centre.

## Infection Prevention and Control

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



**There are no unmet criteria for this Priority Process.**

Infection Prevention and Control [IPC] is represented well, with the staff speaking highly of the accessibility to information and IPC support.

Staff are aware of hand hygiene audit results, and seemed to be disappointed in the recent ones, stating “we will do better next time”.

The one improvement strongly suggested is to evaluate the storage rooms and non-patient space for excessive

and old stuff. Empty and full binders, old equipment, a baby scale and diapers are evident in storage rooms and the hallway. Seldom used equipment could be stored in the old boiler space.

## Medical Devices and Equipment

**Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.**



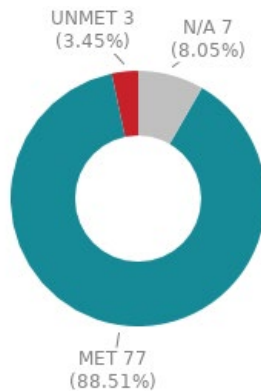
**There are no unmet criteria for this Priority Process.**

Medical devices for reprocessing are sent to the Lac La Biche Healthcare Centre in covered containers after they are initially rinsed to remove tissue and blood.

IPC is included in the standard acquisition of medical devices and large items.

## Medication Management

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



The site has a pharmacy room and a medication room with limited available medications. Should medication be ordered that is not in the inventory, it will be sent “Rush Order” via taxi from Athabasca Healthcare Centre to the site.

Outdated and leftover medications from patient use are disposed of. The point of administration of the medications by the nurses is a place for improvement.

Currently the nurses are initialling the delivery before the event. A safer practice is to sign for the delivery post

delivery.

Security of the pharmacy is a point of concern with the door left unlocked or open, and cupboards not locking securely to prevent access.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.
Medication Management	12.2	Medication storage areas are regularly cleaned and organized.
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.



## Patient Flow

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



Boyle Healthcare Centre operates with a 30% occupancy rate and a short length of stay of 3-4 days. Access to medicine from emergency is quick.

Those requiring a higher level of care are transported to the most appropriate centre of care determined by the RAAPID team.

There is an extremely long wait from this site for long-term care beds. There is a Lodge in the community with availability. The delay for these patients is access to home

health nursing for completion of the RAI. There may be an opportunity to have the current staff trained to eliminate this barrier to LTC.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.4	There is access to the emergency department 24 hours a day, seven days a week.

## People-Centred Care

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



**There are no unmet criteria for this Priority Process.**

The leaders, staff and physicians are to be commended for their strong commitment to quality care for their patients.

The staff are very caring and accommodating to the needs of the patients. Staff feel that this is their community and their passion and commitment to their patients are quite evident. Patients and families praised staff and physicians for their attentiveness to their needs. They also commented that staff and physicians engage them in

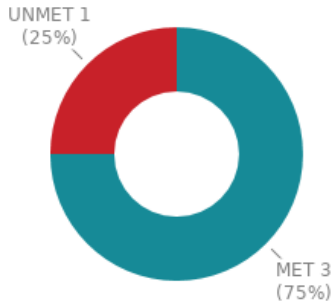
making their treatment plans.

Staff do conduct weekly discharge meetings discussing the patient's needs and discharge plans. The leader makes rounds on patients seeking their feedback. The site is encouraged to adopt a quality

improvement approach including patient partners in designing their space and other decision-making related to care.

## Physical Environment

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



Built in 1965, this is an old building in overall good condition. There has been the addition of LED lighting and automatic water faucets. The nursing residence has been repurposed to hold home health and public health.

Five years ago there was a big government investment to provide a new space for two new boilers, chillers, and a generator. More recently the fire alarms and water lines were updated.

Overall while there is no significant clutter, the storage spaces could be better utilized with a purge of old unused equipment and supplies.

Medical equipment could be stored close to where it is used. Facilities management has ideas on how space could be improved. Signage for the maternity unit could be removed.

At this time the patient doors do not fit wheelchairs unless the doors are removed. There is also a need to update the shower, and tub room. The ER and medicine units have a large footprint and would offer improved space, flow and efficiency with small changes.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	9.1	The physical space meets applicable laws, regulations, and codes.

## Detailed Results by Service-Level Priority Process

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

### Emergency Department

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



**There are no unmet criteria for this Priority Process.**

The emergency and medical units are not really separated, and due to COVID-19, some medical rooms have been converted to isolation rooms for assessment. There is one door to enter the facility for public access to ER, medicine and the diagnostics department. Patient flow would be difficult to separate.

The concern voiced by the staff is the lack of security.

There are no locking doors between the entrance and ER/medicine unit entrance. At night there is only RCMP availability after 0200 and potentially long waits for AHS security. Despite this, the staff are well versed in de-escalation and the management of mental health and substance use management.

The ER is staffed with the site staffing model of one RN and two LPNs. The RN completes triage and ER patient care. The LPNs work at full scope of their profession.

### Inpatient Services

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



**There are no unmet criteria for this Priority Process.**

Boyle Healthcare Centre is a small hospital with ER and acute care run by the same team of staff and physicians. The same nurses caring for patients in emergency and acute promote continuity of care.

Staff are professional, skilled, engaged and passionate with a focus on promoting patient and family-centred care. Staff commented on the excellent teamwork. They expressed that they like to work at the centre because there is a feeling of community and collaboration.

Patients and families report that their call is addressed promptly by nurses. One patient with two children was found very cozy in her room and she was appreciative of staff accommodating her and her kids in her room. The staff even provided a crib for her baby.

Whiteboards are updated for the most part in patients' rooms. The site is encouraged to update the board every day with the details to facilitate communication between patients and families and staff.

The team is not using IDRAW yet. However, they are using tools to communicate during shift change. The site is encouraged to standardize the practice as soon as possible.

Staff conduct weekly discharge planning meetings to discuss, as a team, the discharge plans and barriers. The site has a good falls prevention program in place. Staff conduct post-fall huddles for learning. Staff report events using RLS and online incident management system. The manager does the follow-up of the incidents and gets back to the staff individually. The trends will be shared in the unit huddle or staff meetings.

The site has implemented medication reconciliation and the "do not use abbreviation list". However, the prescriber's orders and some order sets still show some non-approved abbreviations. The site is encouraged to review these practices.

The IPC member makes frequent visits according to the leader. However, there is an opportunity for the quality improvement [QI] person to be more involved to guide the team in designing and trialling QI initiatives. The site would benefit from quality improvement initiatives to standardize practice and make efficient use of the space.

## Service Excellence

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



#### **There are no unmet criteria for this Priority Process.**

Boyle Healthcare Centre is led by a committed group of leaders, staff and physicians. They focus on delivering quality care to their patients. The staff focus on the needs of the patients and commit to meeting their needs as much as they can.

Staff advocate for their patients and make sure patients receive the care they need either in Boyle or somewhere else.

The site has dedicated rooms for palliative care sponsored by the auxiliary. The leader does leader rounds, approaching patients and seeking their input.

The site displays a quality board with relevant indicators and corresponding data embracing a quality-oriented approach to patient care. The manager is committed to engaging staff in achieving the standards of care. Staff have received performance appraisals recently. The site would be encouraged to take a quality improvement approach in standardizing the care and resources aligned with AHS.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard	Criteria		Due Date
Leadership	9.1	The physical space meets applicable laws, regulations, and codes.	June 30, 2022
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.	June 30, 2022
Medication Management	12.2	Medication storage areas are regularly cleaned and organized.	June 30, 2022

Follow-up ROPs			
Standard	ROP - Test of Compliance		Due Date
	<b>The 'Do Not Use List' of Abbreviations</b>		
Medication Management	14.7.3	Pre-printed forms related to medication use do not include any abbreviations, symbols, and dose designations identified on the organization's 'Do Not Use List.'	June 30, 2022