

2022

Beaverlodge Municipal Hospital

North Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022



ACCREDITATION
AGRÉMENT
CANADA

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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 April 25 – May 6, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada conducts two accreditation visits per year for the duration of the cycle (2019-2023). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

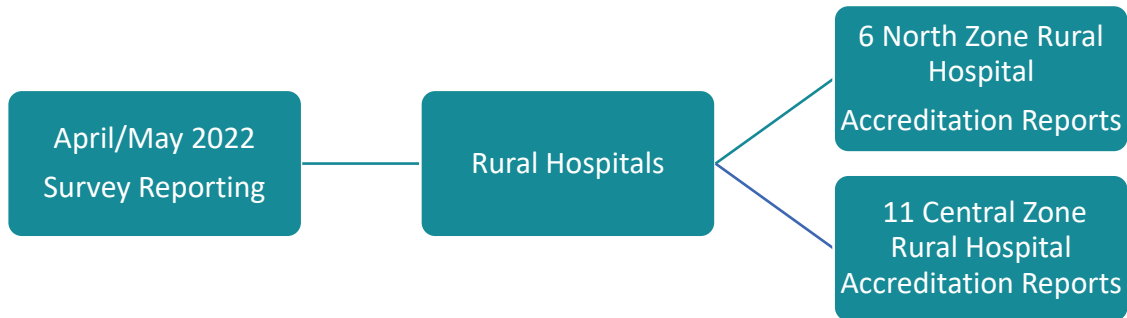
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2023), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

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

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2023, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the Spring 2022 Survey are organized as follows:



North Zone Rural Hospital Assessment – Sites Visited

- Beaverlodge Municipal Hospital
- Fox Creek Healthcare Centre
- Grande Cache Community Health Complex
- Northwest Health Centre
- St. Theresa General Hospital
- Valleyview Health Centre

Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre
- Drumheller Health Centre
- Hanna Health Centre
- Innisfail Health Centre
- Olds Hospital and Care Centre
- Ponoka Hospital and Care Centre
- Rimbey Hospital and Care Centre
- Rocky Mountain House Health Centre
- Stettler Hospital and Care Centre
- Myron Thompson Health Centre
- Three Hills 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

The Beaverlodge Municipal Hospital, located in Beaverlodge, Alberta has provided service to the surrounding community for 66 years. It is noted to be the oldest hospital in Alberta, with a community group recently forming to move forward with a new hospital build that has been in the planning stages for several years.

The Beaverlodge team is to be commended on their commitment to people-centred care, and to the site's leadership for working on building the site's culture of safety and focus on quality improvement. The interim site manager has been in their role for a short time, and in that time, they have been focused on improving the health of human resources available to the site, pulling data to evaluate and support client safety, and being a present, and visible leader.

The staff at Beaverlodge are a strong and cohesive team, who assist one another when needed. The team is clear on their roles and responsibilities and comes together to ensure all clients are cared for and included in their care. Clients and families expressed feeling part of the care team, well informed of what is happening and what to expect, and overall, they have a very good relationship with the physicians and staff.

Positive relationships among staff are evident, and communication between staff and physicians is strong. There is very good alignment with AHS policies and procedures. Staff expressed frustration with the lack of focused staff education, noting many sites have access to an educator and/or coordinator who often assist site staff in keeping up with best practices. This role is missing at this site, and the interim site manager is working hard to bring educational opportunities to the staff and is prioritizing education as a site goal. The site would benefit from an organizational review of resources and support available for staff to maintain best practices. There is a strong focus at the site on emergency preparedness. The staff and leadership at the site have been systematically working through their codes and were in the midst of preparing for a mock code orange exercise.

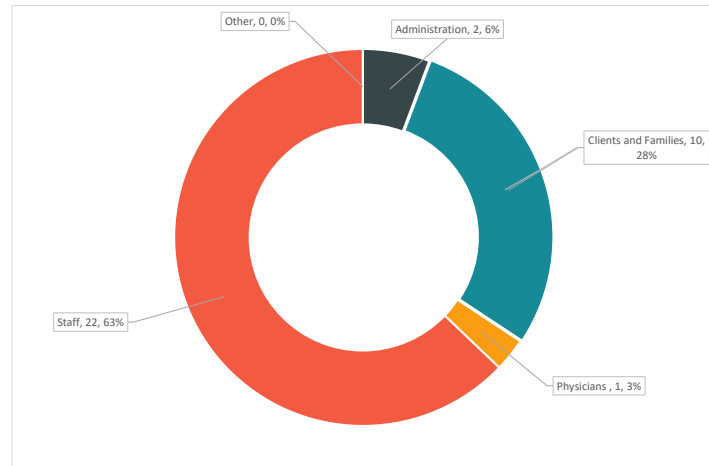
As with any aging facility, the staff optimize space and processes to ensure client safety and good client flow. The facility is clean and organized, but it is evident the community would benefit from a new hospital as heard from many clients, families, and staff.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Beaverlodge Municipal Hospital.

To conduct their assessment, the survey team gathered information from the following groups¹

Groups	# of interviews
Administration	2
Client & Families	10
Physician	1
Staff	22
Other	0



¹ "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. Build on current quality improvements activities, to promote a more formal approach at the site
2. Continue working on Health Human resource recruitment and retention
3. Continue building on learning from Indigenous community partners to provide culturally safe care
4. Develop measurable site-specific goals and objectives with timelines for completion

Areas of Excellence

1. Focus on client experience and person-centred care
2. Using data to drive improvement or acting on incidents and trends to improve safety for clients and staff
3. Strong and cohesive interprofessional team
4. Highly effective infection control approach
5. Strong alignment with the Zone and AHS priorities

Results at a Glance

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

Compliance Overall¹

Percentage of criteria		
Attested 100% met	On-Site 99% met	Overall 99% met
Number of attested criteria		
Attested 88 criteria	Audited 11 Criteria	

Attestation:

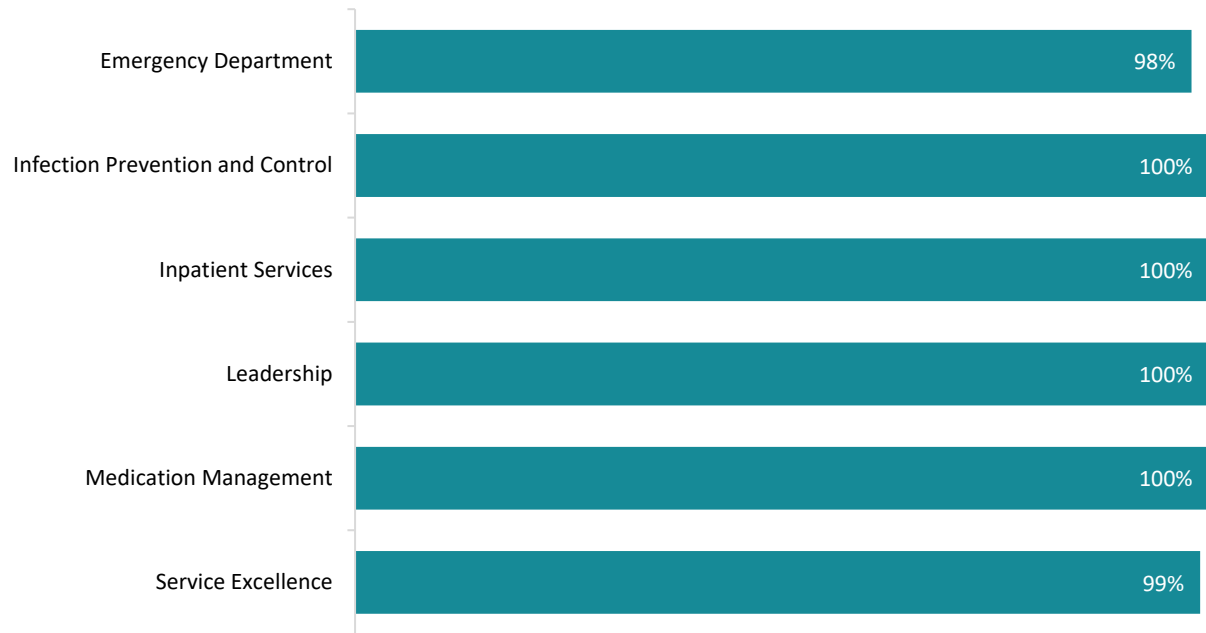
A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.

On-site Assessment:

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

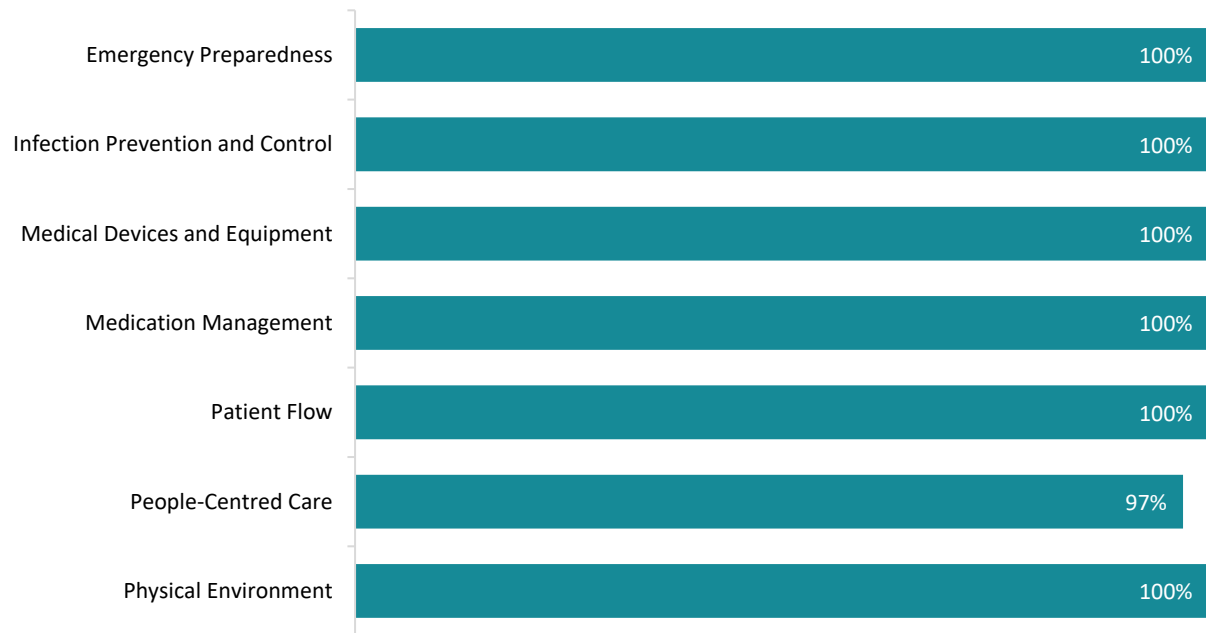
¹ In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance' are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

Compliance by Standard



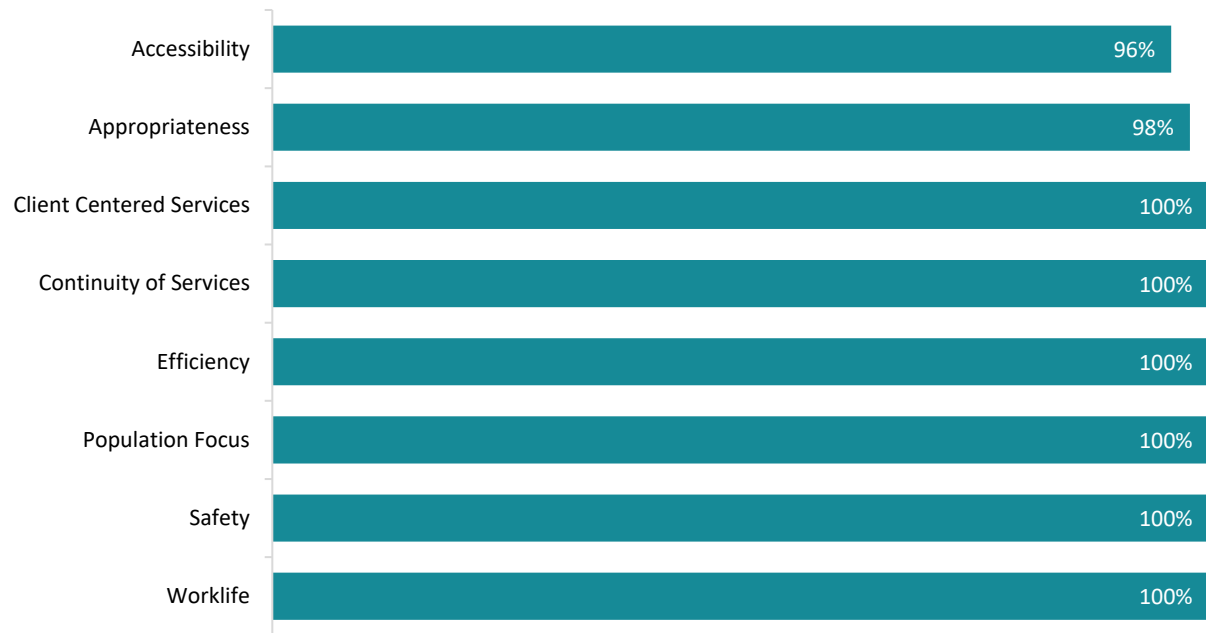
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	91	2	0	2
Infection Prevention and Control	51	0	13	0
Inpatient Services	66	0	0	3
Leadership	9	0	0	0
Medication Management	79	0	10	0
Service Excellence	75	1	0	0

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	14	0	13	0
Medication Management	79	0	10	0
Client Flow	14	0	0	0
People-Centred Care	28	1	0	0
Physical Environment	4	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	25	1	0	0
Appropriateness	125	2	9	1
Client Centered Services	77	0	0	4
Continuity of Services	12	0	0	0
Efficiency	3	0	0	0
Population Focus	4	0	0	0
Safety	112	0	13	0
Worklife	13	0	1	0
Total	371	3	23	5

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient 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
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	UNMET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	UNMET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
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; Client Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

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



The team is commended for their strong focus on Emergency Preparedness and Disaster Management. Surge plans for the site were developed, implemented, and evaluated to balance safety and workload. A process was developed to address the flow of clients who were symptomatic on screening.

A Health and Safety Information Board is present and has key information posted for staff. Copies of the most recent Hazard Identification Assessment and Control (HIAC) worksheets for clinical staff and kitchen staff were posted.

An Emergency and Disaster Management site work plan was also posted on the board. There is an active Joint Workplace Health and Safety Committee at the site that meets monthly to review health and safety issues and code responses.

Under the leadership of the Interim Site Manager and the co-chair, the committee has been taking a systematic approach to review codes and drill processes in alignment with codes of the month from AHS. Actions are taken to address any gaps or key learnings. A minor fire occurred in recent years and horizontal evacuation to another wing was safely completed. During the survey, the team was completing a Code Orange tabletop exercise prior to conducting a Code Orange mock with the military and key community partners. It was observed that General Site Inspection reports are completed monthly, and steps are taken to address any issues noted.

The Interim Site Manager and team are encouraged to continue their focus on Code review, drills, implementing key learning and advancing their site-based emergency and disaster management plan.

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.



The Beaverlodge team have a strong focus on infection prevention and control. Staff received education on COVID-19 screening tools and processes and PPE is readily available. The Infection Control Practitioner (ICP) conducts daily surveillance with the team and is actively engaged in any construction projects. Outbreaks are analyzed and actions are taken as required to improve safety. Completed Antibiotic Resistant Organism (ARO) screening tools were found on all client charts that were audited, however, staff commented that consistency of completion has been a challenge since the implementation of Connect Care. The

team is encouraged to continue to look at ways to consistently complete their important safety tools.

The IPC expressed that the team has very good infection prevention and control knowledge and practices. However, hand hygiene observations to measure compliance has not been carried out at the site for a year. The Interim Site Manager and Zone IPC have a plan underway to train an observer. The IPC acknowledged that lack of observations to meet the requirement has been reported at the Zone IPC meetings. Although compliance has not been measured, good hand hygiene practices were observed by both surveyors. Despite not having completed observations at the site, the Interim Site Manager has posted hand hygiene compliance rates at other zone hospitals. The Interim Site Manager and IPC are encouraged to complete the work underway to re-establish the process to measure hand hygiene compliance.

As discussed with the IPC, and evidenced through data review, the incidence of Hospital Acquired Infections (HAIs) is rare and reflects good hand hygiene practices. It is also of benefit that all client care rooms are single client rooms.

Although the building is an older facility, it is very clean and organized to meet safety requirements. Roles and responsibilities for cleaning the environment and equipment are clear and followed. The Environmental Service providers are exceptionally knowledgeable about the products and processes they use to keep the site clean and reduce the risk of infections. They are highly engaged and take great pride in their work.

Safety engineered devices for sharps are used and there are tamper resistance containers at key point of care areas. Waste management policies and procedures are followed.

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: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.



There is clarity amongst the nursing and environmental services team on roles and responsibilities for cleaning medical equipment. The team has a process for storing clean equipment in specific rooms. It is recommended that the team develop a clean equipment audit and labelling process to ensure clean equipment is readily identified with a label rather than placement in a room.

Smart pumps and portable vital signs monitors are in good working condition. Clinical engineering inspects and tags the devices after they are checked. It was noted that the annual

inspection of the infusion pumps was past due in November 2021. The clinical engineering team is coming on-site within a month to conduct medical device checks. There is a process in place to send out any equipment that may not be working so that the Clinical Engineering team in Grande Prairie can inspect and repair it.

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; Perioperative Services and Invasive Procedures.



The site has a Pharmacist and Pharmacy Assistant who are highly engaged in the medication management process. The clinical team spoke to the value of the addition of an on-site Pharmacist in the last year.

As the hospital was built in 1956, space is constrained. The Pharmacy and Nursing teams have collaborated to ensure that the small medication stock room is clean and highly organized. They have done their best to ensure drugs are organized and high alert medications are clearly identified. Medication room access is restricted, and narcotics are

double locked.

All medication management ROPs were met. The pharmacy team conduct audits and actions are taken on the results to improve medication safety processes. Through order verification, the pharmacist can support optimizing antimicrobial use. The pharmacist stated that Antimicrobial Stewardship (ASP) one-page background documents have been helpful to support physician engagement with the program. It is suggested that the organization look at how medical leadership can help support the more consistent use of ASP guidelines by physicians.

Incidents related to medications are reviewed at staff meetings and pertinent actions taken. The Interim Site Manager is commended for taking action on closing the gap on co-signed medications. She has worked diligently in recent weeks to clear a backlog from the last year. The medication administration process was observed, and no issues were identified. Bar code scanning is used, and late medication administration time and rationale are noted.

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; Perioperative Services and Invasive Procedures.



The site consistently applies the principles of client flow in an effort to efficiently move clients through the emergency department and beyond. There is a consistent flow of clients who present to the emergency department to be seen, and the staff are flexible in their treatment spaces to accommodate the varied acuity of clients presenting for care.

Space in this aged facility is a challenge, and the staff have faced the challenge of a decreased amount of space due to COVID-19 over the past two years to have separate treatment spaces for clients who require isolation. The staff and leadership of the site have worked hard at reorganizing their treatment spaces in the emergency department to continue to be able to meet client's needs with minimal impact on client flow.

The site has developed a well-structured surge plan that is applied when needed, to triage and re-triage clients based on acuity. The plan includes clear communication to clients who are waiting for care to be sure clients are aware of who to notify should there be a change in their condition.

Client flow at the site becomes a challenge in situations where there is limited access to client mental health services, or when the site cannot admit a client directly because they are at or over capacity. In these circumstances, clients remain in the emergency department with increased lengths of stay. When an admission is required that cannot be accommodated at the site, the staff communicate with nearby sites to find an open bed for their client, in an effort to maintain client flow.

The staff and site leadership are to be commended for their dedication to client flow. The organization is encouraged to explore the barriers that challenge the site's flow, as many of the barriers also compromise the client's care experience and can result in a risk of delaying care.

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; Obstetrics Services; Perioperative Services and Invasive Procedures; Service Excellence.



The site has a strong focus on people-centred care, and it is clear that providing care that meets the community's needs is a top priority for this site. All staff emphasized the clients are part of what they enjoy most about their work, and the clients spoken with all reported feeling they were treated with respect, compassion, and felt part of the care team. Families shared they felt their loved ones were well cared for, and always felt comfortable asking questions of the care team or sharing concerns. It is evident the community sees this facility as having a very important role within, and all clients and families emphasized this because of the staff and

their approach to care.

Many examples of the staff providing person-centred care were observed that remained consistent with what both staff and clients and families expressed. This focused care is consistently applied even in times of high client census and/or staffing challenges. This is clearly a guiding principle for staff and site leadership.

The site is encouraged to expand the focus on people-centred care to include more formalized ways of gathering client and family feedback and using that feedback to strengthen the collaboration with clients and families to drive site improvements in people-centred care.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

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; Perioperative Services and Invasive Procedures.



Beaverlodge Municipal Hospital opened in 1956 and had additions in 1966 and 1989. There are long-standing discussions about building a new hospital. Efforts are underway by key stakeholders who have formed The Mountview Health Complex Committee (MHCC) to look at the process of funding a new building.

The Heating, Ventilation and Air Conditioning (HVAC) systems, temperature and humidity are monitored by the Facilities Management and Engineering (FM&E) team. The hot water tank is original to the building and is inspected

every five (5) years. There is no backup system in place should the tank no longer function. The Air Handling Units (AHUs) in the original building still work and are maintained by the team. The boiler was replaced several years ago. All systems are checked and documented as required.

AHS completes annual facilities inspections. There are no capital plans for the site right now according to the FM&E staff. If the AHUs malfunction, the team has a contact who can come the same day to troubleshoot and repair as needed. The generator is tested weekly. Vacuum and oxygen are available in all rooms. There is a negative pressure room on site.

The FM&E team is commended for their knowledge and diligence in keeping the original systems in good operating status. LED lighting has been installed in the entire hospital to minimize environmental impact.

For the most part, the team has worked to replace porous furniture that is difficult to clean. Some small pieces remain. It is suggested that the team continue to replace any furniture that does not meet infection control standards.

The Facilities Management and Engineering team conduct required preventive maintenance work and document it in a software solution. Staff can request repairs through the system.

Given the age of the building, there are significant issues related to storage and clutter. The clinical and environmental service staff have done their best to support their care processes as well as safety and risk. The organization recently moved to outsourcing linen. It was observed that there was an overabundance of linen carts on site. The team has escalated to AHS and paused deliveries until the linen levels are reduced to what they need. There is a plan to work with the linen company to balance needs and delivery levels.

Small bathroom spaces were noted in some rooms which were challenging to access with mobility equipment. In other rooms, the bathroom was a longer distance from the bed thus increasing the risk of falls.

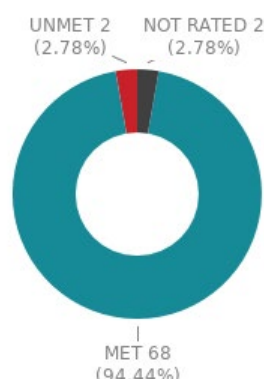
Safety rails are on the wall in the bathroom. The staff assess clients for risk and ensure plans are in place to reduce risk of falls.

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.



The emergency department is a well-utilized service in the community, and the site often sees clients from the surrounding areas such as Grande Prairie and locations extending into British Columbia. As a result, the emergency department has created additional treatment spaces in the department that are unfunded in order to accommodate the growing client demands.

All staff express this site as a great place to work and there is a good mix of experienced staff that work in the emergency department. Site leadership has been creative in filling a

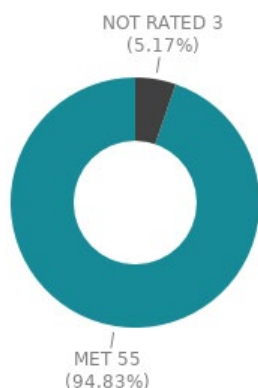
nursing vacancy in the emergency department with a paramedic who had expressed the desire to work with the team at the site. This is an excellent example of creativity applied to ensure consistent safe client care.

Emergency access to mental health services is limited and is an ongoing challenge for the emergency department. Clients who are referred to mental health services when discharged from the emergency department often need to commute outside of the community for these services. This geographical challenge to access mental health services makes it difficult for clients who are already struggling, and they often present back to the emergency department for care. The site would benefit from the organization reviewing access to services for clients in the community, and what could be improved and made available to clients in the community for mental health services and support.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	3.1	Entrance(s) to the emergency department are clearly marked and accessible.
Emergency Department	10.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.

Inpatient Services

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



Client services are well utilized at the site, with the census being maintained either at or over capacity. If the site is at capacity and a client from the community requires an admission, the staff work hard to open up an additional bed to accommodate the client as the staff recognize many people have difficulty seeing their loved one in hospital if they are outside of the community. This is a great example of person-centred care.

Interdisciplinary care rounds occur once weekly to discuss client disposition planning. Many of the allied health team members are located off-site, making these rounds an excellent way to ensure the team is aligned with the clients' goals. Many of the clients who are admitted are elderly and waiting for long-term placement. Staff expressed frustration with the process when clients are waiting for long-term care placement, as it is felt the placement team who is located off-site does not involve the client, family, or site in placement planning. As a result, the client's needs are often not taken into consideration, and the staff feel this conflicts with their goal of person-centred care. There is an opportunity for the organization to evaluate the placement planning process and how clients, families and staff can be involved to meet the client's needs.

The team works in a primary nursing model, and all work well together to ensure client needs are met. The staff are flexible in assisting in the emergency department when needed, and vice versa. The staff expressed feeling well supported by one another and the site leader; they are kept safe and are able to share concerns with site leadership knowing they would be heard. The staff have a good safety culture of reporting incidents and are responsive to improvements that are brought forward from the reported safety incidents.

Admitted clients often require diagnostic imaging and/or appointments with specialists that are not located locally. It is generally the Emergency Medical Services (EMS) that is used as transport to take clients to and from their appointments. Both staff at the site and EMS staff expressed that many of the specialist appointments could be arranged and held over telehealth, a service that is readily available at the site. There have been times when EMS has not been available to transport a client to their specialist appointment off-site, the appointment is rescheduled, and the client has ended up staying in hospital many weeks longer than planned as the specialist appointment was to clear the client for discharge. There is an opportunity for the organization to review access to specialist services with a client-centred lens.

The team is to be commended for the dedication and care provided to clients. Most of the staff are from the community, and there are strong relationships between clients and staff. The staff strive towards care excellence with the resources and supports that are available to them.

Service Excellence

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



further develop staff competencies.

In the most recent data on overall hospital rating, Beaverlodge Municipal Hospital exceeded the provincial results by 20% (80% vs 60%). The scores reflect the observations on site that demonstrated a strong focus on people-centred care. Client and families spoke positively about the impact of compassionate care, respect, and support provided by the team.

The team has identified a goal to enhance staff education and competency development. They have created an e-folder and are looking at e-simulation opportunities to

The site has a primary care nursing model which is modified based on staffing constraints. Roles and responsibilities are clear, and the scope of practice is maximized where applicable. Given that there are nursing vacancies, creative solutions have been implemented, including having an EMS paramedic on the ED team with the RN. Workload and worklife are monitored and the entire team supports each other as they navigate the staffing challenges.

The team focuses on the diverse needs of the community. The Interim Site Manager and Home Care Team have planned a meeting with the Chief and Health Counsellor on a reserve nearby to discuss strengths and opportunities of current services and partnerships. The Interim Site Manager is encouraged to continue to build on community partnerships to help support the health care needs of the community.

Performance conversations are held annually, and staff have access to professional development opportunities. New staff are supported with time to complete the AHS required onboarding course. The Interim Manager and team are commended for their proactive and responsive approach to safety and quality improvement. Incident data is posted on the Accreditation Board and discussed by the team. Several examples were shared regarding the actions the team took to address risk and safety. Workplace safety, hand hygiene and hospital-acquired infection data are posted on various whiteboards and reviewed at meetings. The site's focus on safety and quality improvement is aligned with AHS priorities. It is suggested that the Interim Site Manager work with the team and key partners to develop and implement site-based safety and quality improvement initiatives. Additional data, with trends, such as client experience, length of stay and emergency department metrics can support advancing the site-based goals and objectives and further promote the current focus on safety and quality improvement.

The organization is commended for responding quickly to a recent threat by a client's family member. The Interim Site Manager and staff followed the violence in the workplace policy and protective services have been provided 24/7. RCMP are involved and the situation is being monitored closely. The Interim Site Manager is supporting the team and safety at work is a priority. Staff were pleased with the response and activation of protective services at the site. No concerns were expressed about their sense of safety and coming to work.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	3.1	Entrance(s) to the emergency department are clearly marked and accessible.	June 30, 2023
Infection Prevention and Control	8.6.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: Team members recording their own compliance with accepted hand-hygiene practices (self-audit). Measuring product use. Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	June 30, 2023
Infection Prevention and Control	8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	June 30, 2023
Service Excellence	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	June 30, 2023