

**JUNE
2021**

Vermilion Health Centre

Central Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



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 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 regarding sites and services 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.

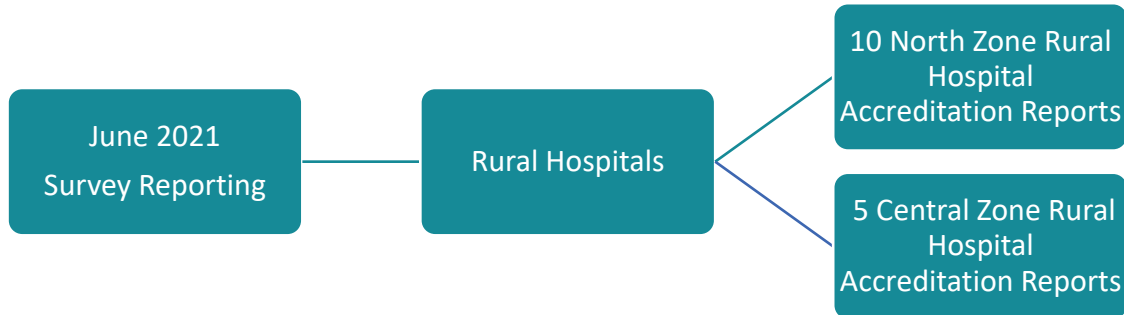
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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, Service Excellence and Leadership. 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 new assessment methods offered by Accreditation Canada. Pre-survey attestation requires sites/teams to conduct a self-assessment against specified criteria within the standards and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are validated by Accreditation Canada during the on-site survey and are used to inform an accreditation decision at the end of the four-year accreditation cycle. The second assessment method is unannounced on-site surveys. This method requires all sites and services to participate in pre-survey attestation and engage in the accreditation process to ensure the standards have been implemented and they are *accreditation ready* at all times.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. AHS's accreditation award will be granted at the end of the accreditation cycle.

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



North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Boyle Healthcare Centre
- Edson Healthcare Centre
- Elk Point Healthcare Services
- 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 for Unannounced On-site Survey

- 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

Accreditation Canada Surveyors spent two days at Vermilion Health Centre on June 21 – 22, 2021.

The team and leaders at the Vermilion Health Centre are commended for preparing for and participating in the Qmentum accreditation program. The leaders and team demonstrated a strong commitment to the quality journey. Strong multidisciplinary teams provide quality coordinated care to clients and families. The physician group is engaged and demonstrate their support for the multidisciplinary team approach. The leaders and team members are deeply committed to their patients and community. The teams have strong relationships with community partners to coordinate patient care in the hospital and community.

Vermilion Health Centre is well maintained and clean with wide corridors and large windows providing natural light. There are gardens and patios for clients, residents, and families to enjoy. The environmental services staff work diligently to ensure a clean facility. Vermilion Health Centre has sufficient space for client and resident programs and interactions. The leaders are encouraged to explore current and future program needs and to develop a responsive infrastructure plan for the facility with a commitment to quality and safe client care, access, optimal work flow, and infection prevention and control priorities.

There is a robust emergency preparedness culture with strong linkages with community partners. The occupational health and safety committees meet regularly. Codes are tested regularly with audited fire drills. Back-up systems including the emergency generators, are tested regularly. The clinical team regularly take part in Code blue and other clinical emergency practice sessions which provides invaluable clinical training and promotes coordinated team responses to potential emergencies. The leaders, team members, and physicians have responded exceedingly well to the challenges of the COVID-19 pandemic. They are to be commended for their work and commitment.

The community is very supportive of the Vermilion Health Centre. The Friends of Vermilion Health Centre provides needed equipment for the facility. Additionally, the clients, families, and community members expressed strong appreciation for the presence of the Vermilion Health Centre and the programs it provides to the community. Clients and families spoke highly of the care provided at the site. They described being treated with care, dignity, and respect. One patient described returning to Vermilion Health Centre as feeling “like I was coming home”. Patient and resident feedback is obtained, and leaders are encouraged to develop a system to capture informal feedback. The leaders are also encouraged to continue to seek client, family, and community input to further strengthen programs and services.

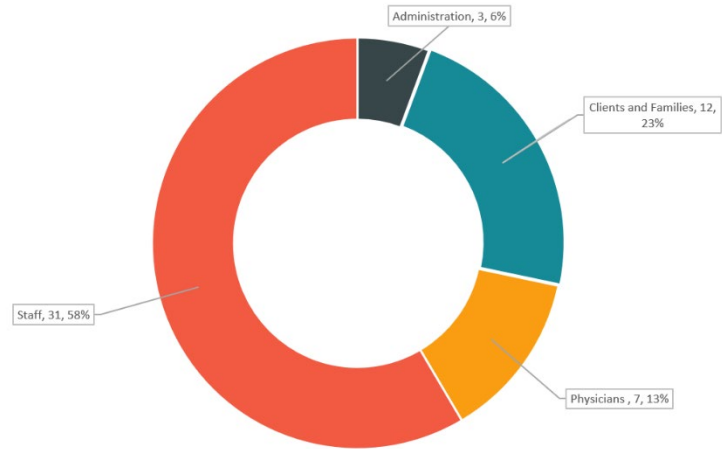
The team members and physicians are highly engaged in providing quality care to their clients and families. They are to be commended for the quality of care they provide and the commitment to patient safety. The quality board is in place and there are opportunities to expand its utilization to promote communication with team members as priorities and projects and to further engage patients and families. Moving the Quality Board to a central location may facilitate these conversations. There are many quality processes implemented including: white boards at the bedside, interdisciplinary rounding, medication reviews, bedside and leadership rounding, auditing, and quality boards. The leaders are encouraged to continue to embed the quality processes throughout all programs and services.

Furthermore, the leaders are encouraged to seek the input of clients, families, and team members in the design and implementation of quality improvement initiatives.

The team also impressed with their immediate and positive response to accreditation surveyor feedback. Where possible, the team took immediate action to address areas and demonstrate through their actions a strong willingness to make improvements and continue to strive to provide quality care for their patients and families.

Survey Methodology

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



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. Enhance Quality Improvement initiatives including further engagement of staff, patients/residents
2. Determine surgical strategic plan
3. Implement a formal Patient and Family Advisory Council
4. Increase Infection Prevention and Control support on-site and education for staff
5. Implement Pharmacy oversight of medication usage in the Operating Room
6. Regain space that is being used to store outdated equipment

Areas of Excellence

1. Facility and equipment are in good condition and well maintained
2. Great collaboration between the site, community, and home care
3. There is a culture of caring, enthusiastic, engaged staff and physicians
4. Teamwork – good interdisciplinary collaboration and respect for roles
5. Code reviews are done on a regular basis

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 98% met	Overall 98% met
Number of attested criteria		
Attested 99 criteria	Audited 26 Criteria	

Attestation:

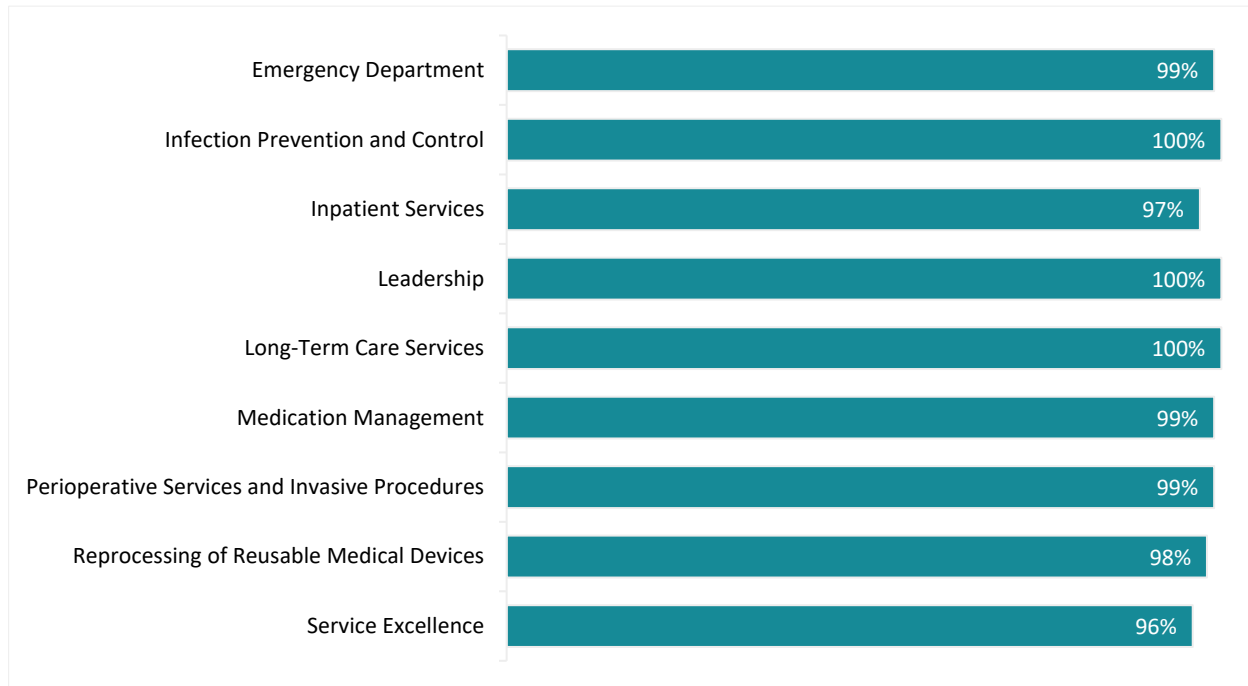
A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.

On-site Assessment:

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

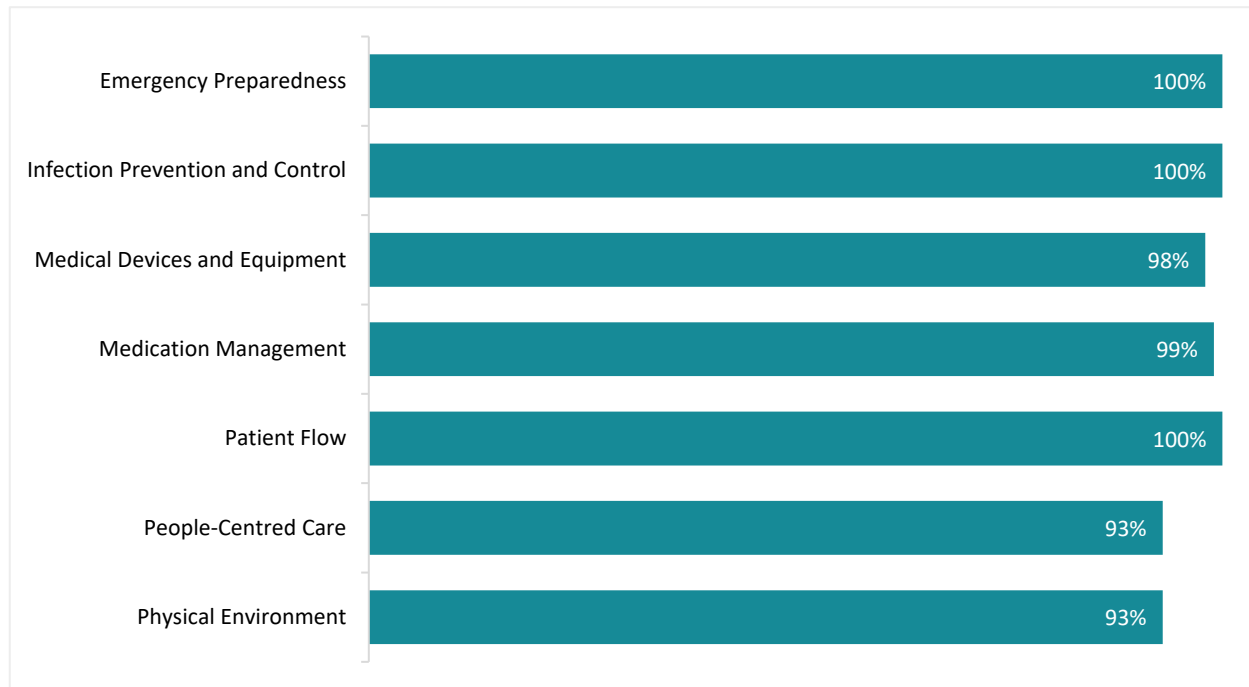
¹ In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance' are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	94	1	0	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	65	2	2	0
Leadership	9	0	0	0
Long-Term Care Services	80	0	1	0
Medication Management	69	1	17	0
Perioperative Services and Invasive Procedures	146	2	1	0
Reprocessing of Reusable Medical Devices	89	2	0	0
Service Excellence	73	3	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	109	2	1	0
Medication Management	84	1	17	0
Patient Flow	19	0	0	0
People-Centred Care	41	3	0	0
Physical Environment	13	1	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	41	0	0	0
Appropriateness	206	5	6	0
Client Centered Services	135	1	3	0
Continuity of Services	25	0	0	0
Efficiency	6	0	0	0
Population Focus	4	0	0	0
Safety	225	4	11	0
Worklife	20	1	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	MET
	Perioperative Services and Invasive Procedures	N/A
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	UNMET
	Long Term Care	MET
	Perioperative Services and Invasive Procedures	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	UNMET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	UNMET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
Infection 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	UNMET
	Long Term Care	MET
	Perioperative Services and Invasive Procedures	UNMET
Pressure ulcer prevention	Inpatient Services	UNMET
	Long Term Care	MET
	Perioperative Services and Invasive Procedures	N/A
Suicide prevention	Emergency Department	MET
	Long Term Care	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	N/A

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 refers 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.

There is a robust emergency preparedness culture with strong linkages with community partners. The site has an established Information Management System and information/tools are kept in designated areas. The occupational health and safety committees meet regularly. Codes are tested regularly with audited fire drills. Back-up systems including the emergency generators, are tested regularly. The clinical team regularly takes part in Code blue and other clinical emergency practice sessions which

provides invaluable clinical training and promotes a coordinated team response to potential emergencies.

The teams within the hospital and Long-Term Care have access to provincially established policies and procedures regarding managing outbreaks. Should an outbreak occur, the interdisciplinary team (including public health) will meet daily to review data and potential spread. The most recent outbreak was a COVID-19 outbreak in the Long-Term Care home, affecting several staff and residents. The leaders, team members, and physicians have responded exceedingly well to the challenges of the COVID-19 pandemic. They are to be commended for their work and commitment.

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.



The Vermilion Health Centre does not have an Infection Prevention and Control resource on-site but is supported by a Central Zone resource. As well, comprehensive policies and procedures and learning modules which have been developed by AHS are available to staff.

Staff interviewed indicated that they had not worked with the designated Infection Control Practitioner (ICP) but knew how to access them if needed. The teams may benefit from

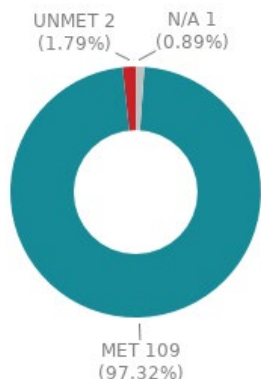
more support from the ICP. The site does have a personal protective equipment (PPE) coach who staff have found very helpful to support their learning regarding PPE and to observe staff donning and doffing PPE which provided a level of comfort throughout the pandemic.

The site is generally clean and hand hygiene dispensers are found throughout the site and Long-Term Care home. The use of hand-sanitizer was witnessed continuously. In addition, environmental services staff are seen cleaning high touch surfaces regularly.

Hand-hygiene audits are conducted quarterly at the site and monthly in Long-Term Care. Results are entered into the Clean Hand portal from which reports can be generated. Audits results are displayed on their Quality boards. The site is encouraged to increase the frequency of hand hygiene audits and both the site and Long-Term Care are encouraged to bring greater awareness of the results of these audits to staff, patients, and residents/families.

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.



The reprocessing area has a suitable space that is designed to support the flow of instruments going from dirty to clean. The team has adequate workspace in which to complete their reprocessing duties. The reprocessing area does not have designated handwashing sinks but does have ready access to hand sanitizer.

Outside of the reprocessing area, the dirty equipment does, unfortunately, have to be brought through a public hallway to move from the operating room to reprocessing. The team

has developed protocols to minimize risk with this movement but ideally, this could be mitigated if the opportunity to restructure was realized. Clean equipment flows directly from reprocessing into the perioperative clean utility room.

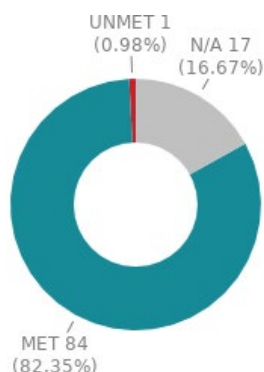
Endoscopy processing follows appropriate procedures. Tracking and reporting is still completed manually, which is labour intensive. The department reports an adequate number of endoscopes and gastroscopes and the surgical schedule provides adequate time to process these devices appropriately. The facility also provides cystoscopy service and the pace of turnover of these scopes is challenging. If Vermilion Health Centre decides that cystoscopy services are a priority, acquisition of more scopes to support this service may need to be considered.

The reprocessing team does build many different types of instrument trays. The team may consider a review to minimize types of trays to streamline processes. When the team evaluates the strategic direction of the perioperative program, they should ensure any change or new surgical procedures considered by the site is within the capacity of the reprocessing infrastructure.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	8.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.
Reprocessing of Reusable Medical Devices	8.9	Workplace assessments of the Medical Device Reprocessing (MDR) department are regularly conducted for ergonomics and occupational health and safety.

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 Vermilion Health Centre's pharmacy department operates Monday to Friday, 8 – 4 p.m. with access through the Central Zone to an on-call pharmacist in off hours. The department is staffed by a pharmacist, pharmacy technician and a pharmacy assistant. All have well defined roles and responsibilities and appear to work well as a team. The Pharmacy staff report into the Central Zone Pharmacy manager and have no direct reporting to the site manager.

The pharmacy is quite large, with good lighting and it is well ventilated. There is ample counter space for the staff to do

their work as well as a quiet area for documentation. Access to the pharmacy is controlled at all times. Most single dose medications come pre-packaged from a larger facility in the Central Zone and are transported to the patient/resident areas. The pharmacy does not do compounding nor prepare IV admixtures.

All medications, both within the pharmacy and in the patient/resident areas (other than the Operating Room [OR]) are checked monthly by the pharmacy technician to ensure expired medications are removed and disposed of. It was understood that the OR staff are responsible for checking all medications within the OR and Recovery room for the potential of expired medications. It is encouraged that the site review this practice and ensure that pharmacy staff are checking for expired drugs in all areas. In addition, the site is encouraged to review the practice of stocking high dose unfractionated heparin (50,000 units per container) in the OR.

The pharmacy team works collaboratively with physicians, staff, and patients/residents to ensure the best possible medication management throughout the facility. The site is commended for the collaboration amongst pharmacists, medical staff, and nursing staff and for the efforts made by the pharmacist to meet with patients regarding their medications.

Staff and pharmacy have access to online resources for medication management. The site is encouraged to include pharmacy in the orientation of new nursing staff who will be giving medications.

Given that much of the formal structure supporting the Antimicrobial Stewardship program is at the Zone level, further work is required to better understand the role of the rural hospital within the program. The site is encouraged to seek further clarity as to areas of concerns and their audit results.

The team follows AHS policy for look-alike and high alert medications and utilizes standardized labelling with both TALLman and generic/brand names in the pharmacy and most of the clinical areas. In the OR, the labelling is not standardized, and this is a safety concern. The team needs to review practice and consistently apply AHS policy across all areas.

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.

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.



There are no unmet criteria for this Priority Process.

The Vermilion Health Centre is fortunate to have the space and staff to support the needs of the community. The emergency and inpatient departments do have an overcapacity strategy and are fortunate to seldom require activation.

The Vermilion Health Centre has adequate space for the services provided with potential expansion areas which

could be utilized in the future should the opportunity to expand services arise.

The Vermilion Health Centre has sufficient staff and infrastructure to manage their patient flow. There are protocols in place to address overcapacity and initiatives to support patient flow including family conferences, linkages with community services, and discharge planning processes. The leaders are encouraged to continue to support patient flow initiatives as changes to capacity may occur and the site has to be prepared for such an event to protect client and staff safety.

The surgical program has short wait lists for the services provided and have recently expanded their potential catchment to outside the immediate area. The teams need to monitor how they manage increased volumes to ensure that wait list prioritization and management continues to be supported.

Vermilion Health Centre does have a discharge planner who also works in the community. These strong community partnerships and knowledge of available resources helps to facilitate the safe discharge of patients to their homes. The team may consider establishing Estimated Length of Stay (ELOS) at time of admission and communicating this on the patient care boards to establish discharge expectations and identify barriers early in the inpatient stay. Transfers of patients to Long-Term Care (LTC) remains a challenge and puts pressure on inpatient beds as the local LTC facility is a destination of choice with long wait lists.

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; Perioperative Services and Invasive Procedures; Service Excellence.



Patients/residents and their families describe being actively engaged in their own care. Family members are routinely included when the patient/resident is being discussed by the interdisciplinary team and throughout the pandemic the family has been included using Skype or by phone. Patients and residents interviewed spoke highly of the care they received. Patient/resident satisfaction is gathered through surveys that can be filled out and placed in a suggestion box. The responses gathered have been minimal and the site is encouraged to develop a more formal method of obtaining

feedback on the care and services provided. A very comprehensive admission is conducted upon the resident's admission to Long-Term Care (LTC) and the resident and family are given a detailed information booklet outlining services that are available and how to raise any concerns they may have throughout the resident's stay.

Input is gathered from patient and family advisory councils at the zone level on various standard structures and processes but there does not appear to be formal patient and family advisors as the site level. The site is encouraged to develop a local, formal patient and family advisory council to obtain the voice of the patients and families in the planning and the development of hospital-wide and program

specific structures and processes. Further engagement of patients/residents and their families in the development and monitoring of quality improvement initiatives is also encouraged.

In LTC, the Resident Council has not met since prior to the pandemic although there is some work underway to plan to have this restart as the restriction for group meetings is lifted. Residents and family members within LTC described participating in a Resident Council but could not recall being engaged in the design of programs or services.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
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.



The Vermilion Health Centre is a clean and bright facility, well cared for by the facilities and housekeeping staff. Halls and doorways are wide enough to accommodate stretchers and the facility has predominantly single rooms with private bathrooms.

There are elements of this older facility that are challenging. The laboratory access for the community is through the Emergency Department which increases crowding and movement inside the department. Plans are underway to modify the laboratory access and the site is encouraged to

involve frontline staff, patients, and families in developing these plans. The emergency room entrance is immediately beside the main entrance to the hospital and is not immediately identifiable as the emergency entrance.

The perioperative area has some challenges with flow, particularly with the post-operative recovery area being separate from the operating room area. The reprocessing area has great flow but the movement of dirty equipment to the department is not ideal. If an opportunity arises to redevelop underutilized spaces adjacent to the operating room, the site is encouraged to mitigate these risks with input from frontline staff, patients, and families.

Signage throughout the hospital is problematic, indicating services that have been moved or are no longer offered. It is recommended that these signs be removed and replaced with accurate signage reflecting current services.

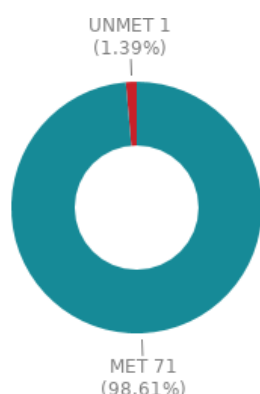
STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.10	There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.

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.



Vermilion Health Centre Emergency Department (ED) includes three assessment rooms, a procedure room, and a trauma bay. With the COVID-19 pandemic, the team has made many changes to the department to mitigate infection and contamination risk including designating a room for those who meet infectious disease criteria, separating waiting areas and placing all patient room medical supplies in plastic, closed totes.

The medication room in the ED is small, but recent establishment of the night cupboard has improved

functionality of this space. Regular review of the type and number of medications stored is encouraged as this may help mitigate storage concerns and there may be opportunities to further improve this space.

The triage area was previously at the desk but the team has moved it into a more private area at the front of the department. With the changes to the laboratory entrance, there may also be an opportunity to improve the privacy in triage.

The room used for mental health observation is situated directly across from the nursing station to improve monitoring capacity with limited staff. This room should be reviewed to minimize potential hazards such as long cords, which could pose a risk.

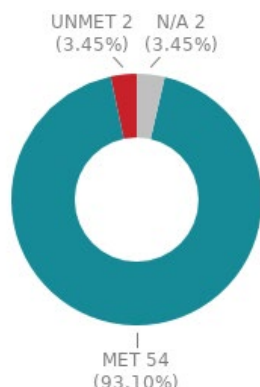
The team should review all areas of the department to minimize unnecessary materials, paperwork, and clutter. Training materials are currently stored in the ED alongside acute care supplies. All training supplies should be clearly labeled as such and the team should discuss options as to where best to store these training resources.

The team regularly undergoes clinical training with the physician group on Code blue response and other emergent and urgent scenarios. There may be an opportunity to expand telemedicine capacity in the ED to facilitate support from tertiary centres for complex situations including trauma, pediatrics and obstetrics and the team is encouraged to engage AHS to continue to increase tertiary support to rural centres. The ED team utilizes standardized order sets and follows clinical care pathways to standardize care in support of evidence-based practice. Overall, the emergency team provides a coordinated approach to essential services, to the supported community in collaboration with community partners.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.

Inpatient Services

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



Vermilion Health Centre has a 25-bed inpatient unit with an additional two-bed overcapacity. Three of these beds are designated as palliative care beds with one containing an adjacent family space overlooking the green space and gardens. Most of the rooms are single and have private bathrooms with adequate space for mobility aids and assistance and six have ceiling lifts. There are five double rooms with shared bathrooms.

Within the inpatient unit, there are areas previously used for programs that are no longer offered. The site is encouraged to clear out these spaces and assess how best to re-purpose these rooms to support current and future hospital initiatives.

While the inpatient unit does not have a dedicated room for mental health patients who pose a risk to themselves, they do have a room they use for this purpose. Reviewing this room to remove potential risks and developing a checklist of procedures (such as zip-tying cords) is recommended.

The interdisciplinary team in the inpatient area is energetic and demonstrates great communication and support for each other and the patients in their care. Vermilion Health Centre has been fortunate to attract and recruit many new staff and utilize their orientation and strong mentorship program to provide support. The physician group is collaborative with other interdisciplinary team members and there is respect for others' areas of expertise. With a large proportion of new staff comes opportunities to emphasize and entrench education and training on clinical care pathways and processes to help support patient safety and quality care.

Within the hospital, the team does not have dedicated or specialized support in geriatrics or palliative care but are able to obtain these valuable resources, when required, from the community or the zone. As Vermilion Health Centre has palliative care beds, developing further resources and supports for admission and management in conjunction with palliative care may be considered to help support staff in caring for patients and families.

From a clinical perspective, the ROPs are well entrenched in the culture of caring at this site. Closing the loop to extract the audit information and share this information with staff, patients, and families on the quality board or through other means is encouraged. Utilizing this and other data to inform future quality initiatives is encouraged. The leaders and staff would benefit from support from the zone to expand the utilization of these boards and improve access to centralized audit information.

The team do not use IDRAW for transfer at end of shift. The standardized form they use communicates the same pertinent information with sign off of responsibility but in the paper-based chart the team has

assessed the IDRAW creates too much bulk in the file. The team utilizes a taped handover and may consider shifting the report to the bedside to involve the patient and family in the transfer of information.

Care boards are utilized and updated daily with care information and goals. The team may consider including the estimated date of discharge (ELOS) on the board to facilitate conversation with the patient and family about the planned discharge timeline and identify potential barriers.

The team does have a telemedicine suite for outpatient appointments and are encouraged to continue to push for expanded telemedicine consultation for inpatients as well. There is an opportunity to work with AHS and tertiary care hospitals to expand teleconsultation for inpatients to minimize the requirement for interfacility transfer.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.1	Services are co-designed to meet the needs of an aging population, where applicable.
Inpatient Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Long-Term Care 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.

The Long-Term Care facility is adjacent and connected by walkways to the Vermilion Health Centre. A total of forty-eight beds are found within four separate pods each with their own kitchen and dining area. An accessible garden is found in the centre of the four pods. Within the garden there is a lovely gazebo and raised flower beds which the residents water and tend to. All resident rooms are private rooms with large windows and are spacious enough to support the resident having some of their own personal

furniture within the room. The entire facility has a warm, home-like atmosphere with the frequent smell of food being prepared in the kitchen located in each pod.

The pods are staffed with registered staff as well as resident care aides. All care aides are cross trained to prepare meals for the residents as well as perform light housekeeping duties. The site is commended for this approach as it facilitates the resident perception of the staff as “care supports” and also provides greater staffing flexibility. The pods are all secured with key-pad locks and any storage or equipment areas are also secured.

Residents are encouraged to participate in their own care and to also take part in group activities supported in the common areas. There is access to a small gym area with several pieces of equipment

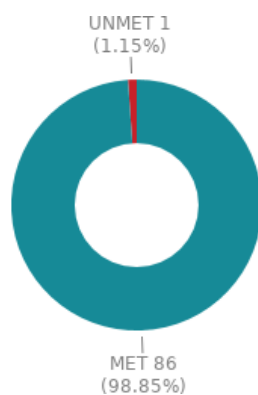
that can be utilized by the residents when supervised. Each resident has an individualized care plan that is well known to staff.

Staff appear to have a good relationship with the residents and were seen sitting and spending time with them. Interviewed staff varied in the length of time they had been with the site and all indicated they had access to the resources they required and felt supported by their supervisor. Not all staff interviewed were aware of the quality initiatives currently being monitored. The site is encouraged to expand the areas of improvement (beyond falls and hand hygiene) and further engage staff, residents, and families in these initiatives.

Despite very comprehensive infection prevention and control mechanisms, the facility did experience a COVID-19 outbreak involving both staff and residents. The experience has heightened even further, the strict application of protocols and procedures to prevent infections.

Perioperative Services and Invasive Procedures

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



The Vermilion Health Centre has two operating rooms that operate five days a week and a cystoscopy suite that operates two weeks a month. The operating rooms provide a wide range of services covering general surgery, orthopedic surgery, podiatry, urology, and endoscopic procedures. The site has laparoscopic equipment but is not currently utilizing these assets. As the team reviews their operating room capabilities, they are encouraged to work with AHS to ensure that the potential increase in services is in line with that of other AHS facilities and supports the

needs of the community.

The three increasingly restrictive areas of the operating room are delineated. The door from the operating room to the hallway has a keypad but was unlocked and is often propped open for patient movement out of the operating room and into recovery. Fitting locks and automatic door openers to secure this area is recommended.

Medication management in the perioperative program at Vermilion Health Centre was separated from pharmacist oversight and the nursing team did not have standardized processes in place to support medication checks. Surveyor review found expired medications in the pre-operative and surgical areas and high dose heparin in the operating room. The malignant hyperthermia kit was not labeled. The fridge in the semi-sterile area of the operating room is not a medication fridge and had no temperature monitoring device attached. When these deficiencies were identified, the team took immediate steps to label the malignant hyperthermia kit, order a temperature probe and place a temperature check worksheet on the fridge, establish a formal medication checklist on the computerized spreadsheet with the other operating room checklists and are including the pharmacy team in the perioperative medication management process moving forward. These immediate actions to mitigate risk demonstrates the responsiveness of the team and leadership.

The pre-operative area is immediately adjacent to the operating room. Unfortunately, the post-operative recovery area is down a separate hallway in the inpatient area. If an opportunity arises to redesign the areas around the operating room, utilizing adjacent space for the recovery room may be considered to keep these services closer together.

The team is encouraged to review all the perioperative areas to focus on decluttering and ensure drawer labels are accurate. If there is an opportunity to remove drawers and replace them with open shelving and bins so that equipment and labels are visible, it may help to organize and keep track of equipment and stores.

The perioperative booking staff prioritize those who require operative services in the extended community. There are opportunities to expand to a wider community and the team will need to ensure that their systems are robust to include a wider catchment area and prioritization of services to meet the needs of the larger community.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	15.17	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

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.

The Vermilion Health Centre and Long-Term Care offer bright, accessible environments to patients and residents. Members of the community are proud of the site and support it in special projects such as the building of the gazebo located in the courtyard between the facilities. The environment is universally accessible with all services on one floor. There is ample space to support the services being provided.

The site participates in a local planning group (Yellowhead Advisory Council) which includes health and social services providers, residents of the community, and local political representatives. This Council discusses the growing and changing health and social service needs of the community.

A key local partnership that supports both the site and Long-Term Care services is the Home Care Services in the area. Through the partnership, the site receives mental health support, community-based palliative care as well as daily discharge planning support for inpatients.

The site has recently undergone a significant hiring of new staff, many of whom are early in their careers. Some of these staff have been brought on as part of the province wide surgical initiative to address a backlog of surgeries due to the pandemic. This has been identified as a potential risk and management has increased the education opportunities for all through the clinical educator.

Both the hospital and Long-Term Care are commended for the efforts that have been shown to routinely conduct performance reviews. Staff commented they are appreciative of the feedback they receive, as well as the opportunities for growth and development that may arise from the review.

The team appears to work very collaboratively with frequent discussions at the central desk area involving members of the interdisciplinary team. There is sharing of workload and evidence of strong teamwork.

The Vermilion Health Centre has not yet implemented Connect Care and most of the documentation is in paper form. Laboratory and Diagnostic Imaging reports and dictated summaries by physicians are electronic as part of NetCare. The paper charts are standardized and appear to be consistently completed. Long-Term Care, however, does the majority of resident documentation electronically.

The hospital offers patients/residents and their families the opportunity to complete a satisfaction survey and place it in suggestion boxes located in various areas. There does not appear to be a great deal of feedback provided and the site is encouraged to identify further proactive methods of obtaining feedback from patients/residents and their families.

Quality boards are present in both acute and long-term care with a varying amount of information. The quality initiatives being monitored appear to be limited to falls and hand hygiene. The site is encouraged to expand the number and types of initiatives being undertaken. Given that many audits are being performed and submitted to AHS, there is an opportunity to trend the results to identify additional opportunities for improvement which can then be shared with staff, physicians, and patients/residents. The Long-Term Care area is commended for conducting a post-fall huddle to analyze potential contributing factors and altering actions accordingly.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.	June 30, 2022
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.	June 30, 2022
Perioperative Services and Invasive Procedures	1.10	There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.	June 30, 2022

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
Inpatient Services	Falls Prevention and Injury Reduction	
	5.8.3 The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	June 30, 2022
	Pressure Ulcer Prevention	
	5.9.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	June 30, 2022
	Information Transfer at Care Transitions	
	6.18.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer. Asking clients, families, and service providers if they received the information they needed. Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	June 30, 2022
Medication Management	Antimicrobial Stewardship	
	2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2022
	Heparin Safety	
	9.3.2 High dose unfractionated heparin (50,000 units total per container) is not stocked in client service areas.	June 30, 2022
	9.3.3 Steps are taken to limit the availability of the following heparin products in client service areas: Low molecular weight heparin: use of multi-dose vials is limited to critical care areas for treatment doses Unfractionated heparin (high dose): greater than or equal to 10,000 units total per container (e.g., 10,000 units/1 mL; 10,000 units/10 mL; 30,000 units/30 mL) is provided on a client-specific basis when required Unfractionated heparin for intravenous use (e.g., 25,000 units/500 mL; 20,000 units/500 mL) is provided on a client-specific basis when required.	June 30, 2022
Perioperative Services and Invasive Procedures	Falls Prevention and Injury Reduction	
	6.10.3 The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	June 30, 2022