

**JUNE
2021**

Daysland 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.

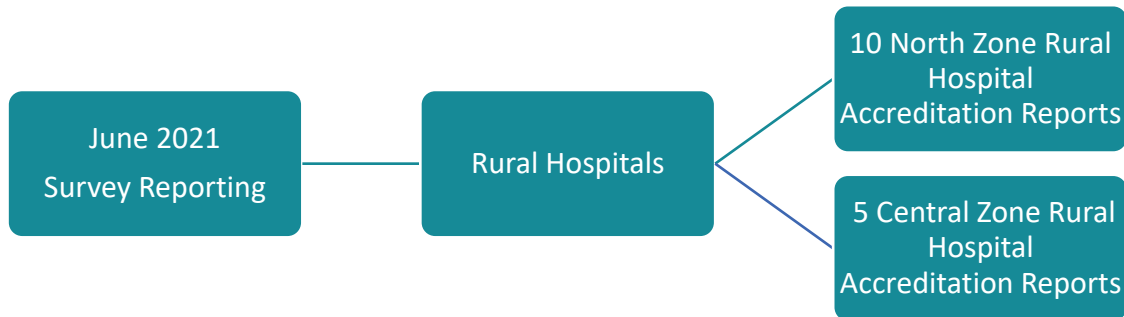
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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 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 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

The team members and leaders at the Daysland Health Centre are acknowledged for preparing for and participating in the Qmentum accreditation program, using unannounced visits and attestation. They have embraced the accreditation journey. A leader provided the surveyors with their thoughts on accreditation, “We are comfortable with accreditation. The staff offer amazing service. We are excited to share with you.” Furthermore, they noted that they were interested in receiving feedback and suggestions.

Dedicated interdisciplinary teams have an unwavering commitment to quality People-Centred Care. There is a strong focus on quality, patient safety, and on positive patient experience. Timely access to professional resources in mental health was expressed as an opportunity for improvement. The team members are proud to work at the Daysland Health Centre saying, “I love working here. There is a great team.” There are linkages and collaboration across the sites and within the Central Zone to ensure the best possible care for clients and families. Strong linkages and communications are demonstrated between Central Zone leadership and the Daysland Health Centre.

The Daysland Health Centre was built in 1992. The team members and leaders are proud of the Daysland Health Centre and enjoy coming to work. The facility is clean and well maintained. There is minimal clutter in patient areas. There are wide corridors and large windows providing natural light. The client rooms look out to a beautiful green space and there are gardens and patios for clients, families, and team members. There are private spaces for client interactions. The environmental services team are commended for their great work in ensuring a clean and safe environment for clients. There are hand hygiene stations throughout the site with dedicated hand-washing sinks available for team members and volunteers. Although, the facility is approximately 30-years old, it has sufficient space for client programs and interactions.

The Daysland Health Centre is supported by the community. The Daysland Health Foundation was established in 1985 with a purpose to raise funds to enable the Daysland Health Centre to both maintain and broaden the scope of services through the purchase of special equipment. Additionally, the Ladies Auxiliary funded a palliative care room and participated in the design. Compassionate care is the cornerstone of the programs and services provided. Clients and families spoke highly of the care provided. They described being treated with care, dignity, and respect. A client stated, “They [team members] are wonderful. You could not ask for better. They have taken time to know who I am.” While client feedback is obtained, the leaders are encouraged to continue to seek client and family input to further strengthen programs and services.

There is a visible and engaged interdisciplinary team. They are acknowledged for their commitment to quality care and patient safety. An Infection Prevention and Control Practitioner supports the team and visits the site monthly. CoACT, has been implemented, thus, creating an environment in which care providers work together to provide timely information to patients and families, perform regular check ins, and help patients and families understand the roles of care providers. There are quality processes implemented including white boards at the bedside, interdisciplinary rounds, bedside rounding, auditing, huddles, and quality improvement boards. The leaders are encouraged to continue to cascade

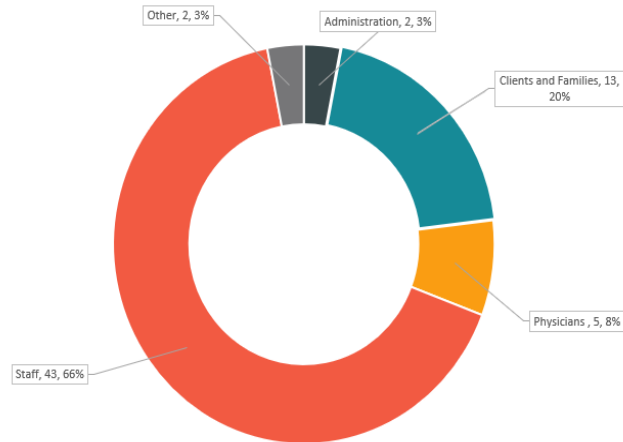
the quality processes throughout all program and services. Furthermore, the leaders are encouraged to seek the input of clients, families, and team members in the design and implementation of quality improvement initiatives.

Patient flow processes are a strength. The team members and leaders are committed to ensuring appropriate patient flow. As well, the unwavering commitment to ensure a culture of emergency preparedness should be commended. Comprehensive emergency preparedness processes are developed, implemented, and evaluated. A highlight of the emergency preparedness response was in relation to the effective management by team members, physicians, and leaders to the COVID-19 pandemic. This has included the procurement of appropriate supplies and personal protective equipment (PPE), establishment of screeners at the entrances, rigorous attention to hand hygiene, enhanced cleaning, and communication with clients, families, and the community, to name just a few. The team members and leaders quickly pivoted to meet this unprecedented event.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Daysland Health Centre.

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. Continue to support and ensure client and family engagement
2. Continue to cascade quality improvement initiatives throughout the facility
3. Implement Connect Care resulting in the elimination of hybrid charts
4. Optimize access to mental health training and resources
5. Explore the implementation of a single-entry process for rehabilitation services across the Central Zone

Areas of Excellence

1. Strong interdisciplinary team with an unwavering commitment to client centered care
2. Comprehensive patient flow strategies
3. Exemplary medication reconciliation
4. Comprehensive emergency preparedness processes including an effective response by team members, physicians, and leaders to the COVID-19 pandemic
5. Policies and procedures are consistently implemented by team members

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 108 criteria	Audited 17 Criteria	

Attestation:

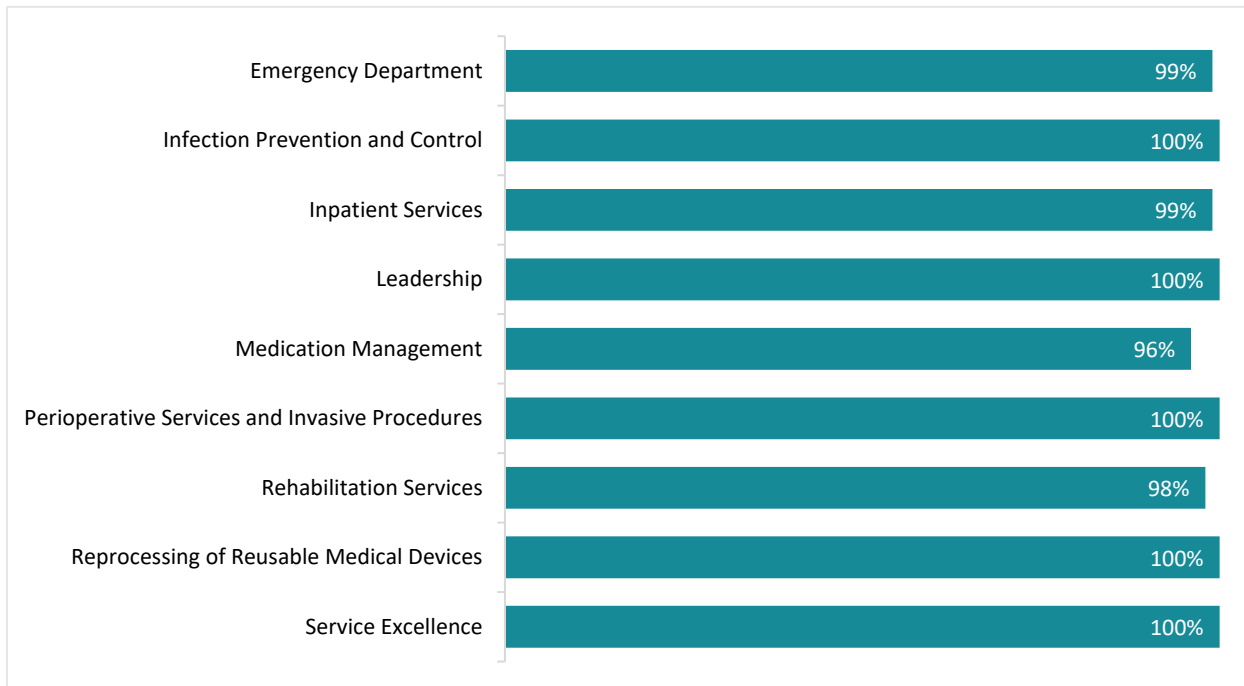
A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.

On-site Assessment:

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

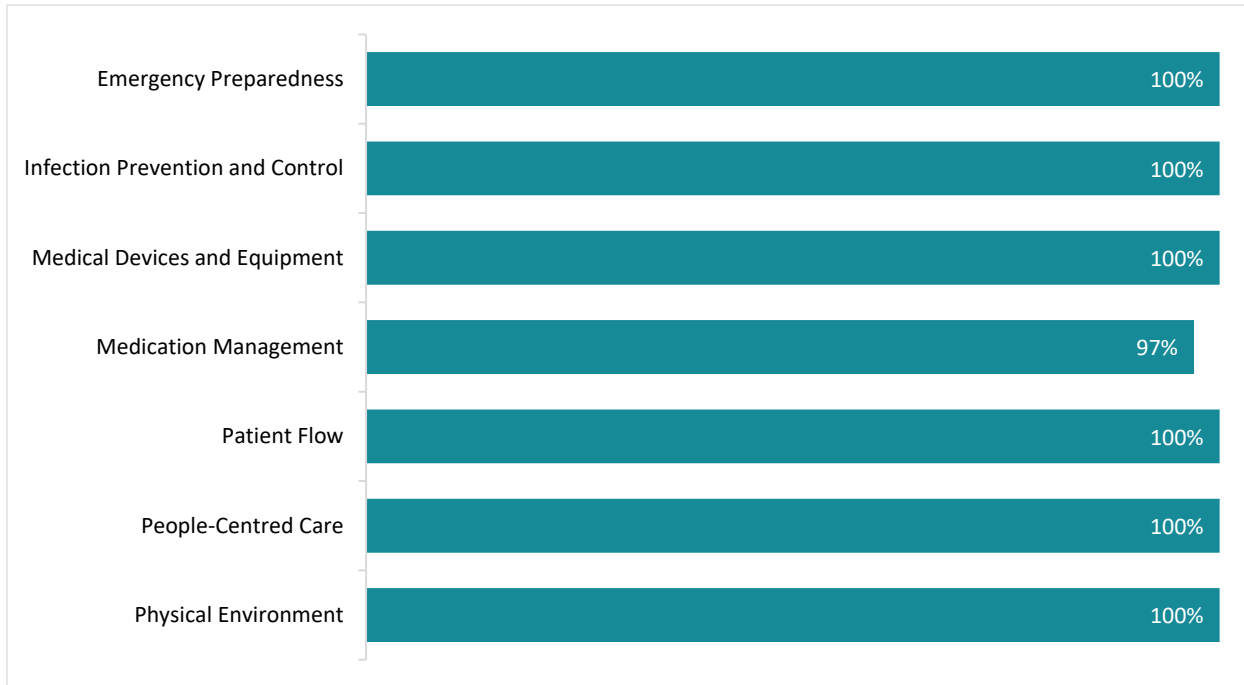
¹ In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance' are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

Compliance by Standard



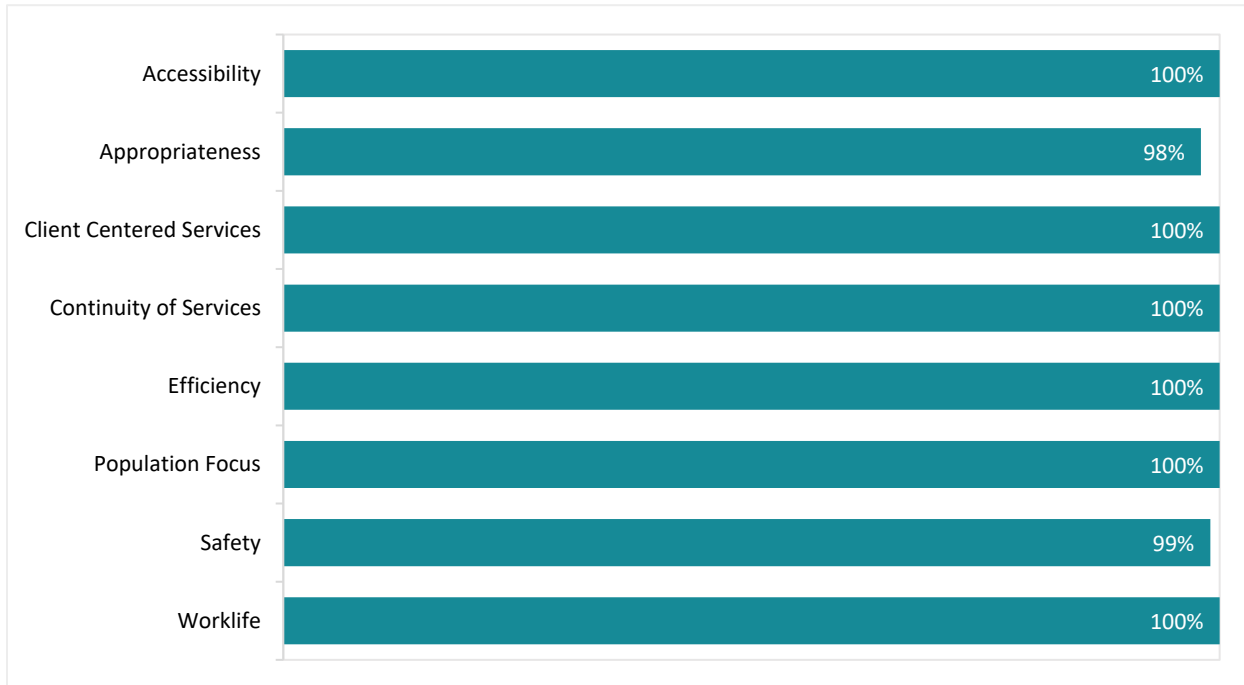
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	1	1	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	66	1	2	0
Leadership	9	0	0	0
Medication Management	76	3	8	0
Perioperative Services and Invasive Procedures	144	0	5	0
Rehabilitation Services	48	1	1	0
Reprocessing of Reusable Medical Devices	91	0	0	0
Service Excellence	75	0	1	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	0	3	0
Medication Management	91	3	8	0
Patient Flow	19	0	0	0
People-Centred Care	51	0	0	0
Physical Environment	14	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	42	0	0	0
Appropriateness	197	4	7	0
Client Centered Services	132	0	1	0
Continuity of Services	25	0	0	0
Efficiency	6	0	0	0
Population Focus	4	0	0	0
Safety	212	2	9	0
Worklife	21	0	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
	Rehabilitation Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
	Rehabilitation Services	MET
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
	Rehabilitation Services	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	UNMET
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
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	MET
	Perioperative Services and Invasive Procedures	MET
	Rehabilitation Services	MET
Pressure ulcer prevention	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	N/A
	Rehabilitation Services	MET
Suicide prevention	Emergency Department	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.



At Daysland Health Centre the emergency preparedness team is extremely vigilant about keeping the staff, medical team, volunteers and patients and families safe and secure and well prepared to face emergency situations. There is a robust emergency response plan with well-defined algorithms for all types of emergencies. Emergency code policies are regularly updated and are easily accessible on the AHS Insite homepage.

Partnerships with infection prevention and control (IPC), the Police and Fire departments and with other agencies ensure emergency preparedness. In response to the COVID-19 pandemic, the teams are commended for implementing a “silent alarm” code red fire drill.

The organization has a monthly schedule of codes and drills, as well as mechanisms for staff to ensure codes are reviewed. The teams communicate with patients and families during a code. Fan out lists are updated twice a year.

A fire drill is practiced monthly, and every drill is followed by a debriefing exercise and opportunities for improvement are implemented; a recent fire drill resulted in the need to increase the overhead volume announcing the code red. Fire extinguishers are placed in strategic areas and every new employee receives training on how they are utilized.

An agreement to accommodate patients during a hospital evacuation is established with the Catholic church that is adjacent to the hospital.

There is one emergency generator that can support the facility for several hours in the event of a power disruption. The generator is tested weekly.

The facility Leadership and the Workplace Health and Safety committees collaborate to identify and resolve health and safety issues and to better understand staff, patients, and family’s safety concerns.

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 Infection Prevention and Control (IPC) Program at the Daysland Health Centre is well organized with support provided to the team members and leaders who stated that they have appropriate access to infection prevention and control.

The infection control practitioner is involved in the planning and construction of the physical environment. The hospital acquired infection rates are tracked and the information is

shared. The infection rates are extremely low, and the leader noted it has been approximately five years since there has been a hospital acquired infection.

Input is not gathered from team members, volunteers, and clients and families on components of the IPC program. The leaders are encouraged to obtain input from team members, volunteers, clients, and families using methodologies such as surveys, focus groups, interviews, or meetings. Furthermore, the Zone leaders are encouraged to continue to assess the workload of the infection control practitioner in keeping with emerging infection prevention issues and trends.

The team members and leaders are proud of their work in responding to the COVID-19 pandemic. They are acknowledged for their commitment to client and staff safety. There is a screener at the hospital entrance to ensure COVID-19 symptom screening is conducted, masks are provided, and hand hygiene completed. There are IPC processes implemented. The team members stated that they have received education and training on hand hygiene, the use of personal protective equipment, and IPC processes. There are hand hygiene stations located throughout the facility as well as dedicated hand hygiene sinks. Hand hygiene audits are completed, and the results are posted and available for team members and volunteers. The leaders are encouraged to comprehensively share the IPCI evaluation results and improvements to assist team members and volunteers to become familiar with the concept and benefits of quality improvement.

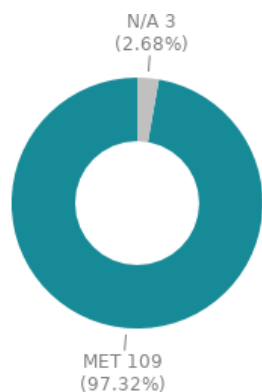
The quality of the cleaning provided throughout Daysland Health Centre is exceptional. The environmental services staff are to be commended for their excellent work. The environmental services team has access to current policies and procedures and have utilized check lists to confirm that the cleaning has been completed. The team members stated that they “love their jobs” and are committed to doing the best possible work to ensure a safe environment for clients and families. Environmental services, laundry and dietary team members stated that they have received education on hand hygiene, personal protective equipment, and the use of hazardous products. Additionally, they stated that they felt safe at work. Furthermore, they are aware of the process to follow if they have issues or concerns. Biomedical waste is transported in keeping with policies and procedures.

The laundry service is located off-site. The team members follow policies and procedures to ensure the safe transportation of dirty and clean laundry. The storage areas for both the clean and dirty linens is well organized and maintained. There is no clutter.

The dietary department is clean and well organized. The fridge and freezer temperatures are monitored and recorded. There have been no incidents of food borne illness reported. The team members have received education on food safety.

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 are no unmet criteria for this Priority Process.

At Daysland Health Centre the Medical Devices Reprocessing department (MDRD) is bright, clean, and has sufficient space for the MDR technicians to perform their reprocessing responsibilities. The department was completely renovated in 2006. The environment as well as the processes respect expected practices with a clear separation of dirty and clean areas. There are no wooden counters and cabinets in MDRD. The MDRD is open 2 to 3 days a week and both MDR technicians are certified medical

device reprocessing technicians (CMDRT).

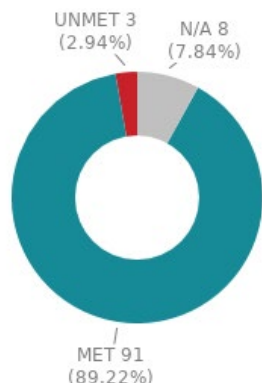
There is a robust orientation program for new employees. The activity in the department during the tracer was non-stop. There is good workflow between MDRD and the operating room. To keep patients safe, the MDR technicians take great pride in performing their work with extreme rigour. Although signage appropriately indicates that access to the assembly area is restricted, the site is encouraged to ensure that the door to that unit is always locked.

All MDR equipment is reprocessed centrally. Single use medical supplies are rarely used and never reused. There are standardized policies and procedures in place regarding the cleaning and reprocessing of medical equipment used within the organization. Flash utilization does not occur at this site.

All cleaning and sterilization processes meet the required standards of care allowing tracking and recall when necessary. Manufacturer recommendations, as well as infection prevention and control best-practices are incorporated into policy and procedure development. There is a manual documentation system used to document reprocessing quality control records. Although the manual system allows for tracking recalled equipment or instruments, the site is encouraged to invest in an automated system for recording quality control and tracking data.

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 pharmacy team at Daysland Health Centre includes a pharmacist, pharmacy assistant, and pharmacy technician. The pharmacy team are proud of their work in providing quality medication processes. The pharmacy team are responsive to the needs of the health care team and there are on-call processes implemented.

There are strong working relationships with physicians and other members of the health care team. The pharmacy team is visible in the patient care areas and actively engaged with supporting client care. This includes bedside rounding,

medication reviews and participating in interdisciplinary rounds. They are a resource to the health care team and are available for consultation on medication issues. The intent of the pharmacy service is pharmacist-supported patient care and safe drug production and distribution. This includes the following: pharmacists monitoring drug therapy to ensure it is appropriate for the patient and making therapy recommendations, providing direct patient care by reviewing patient clinical status and drug therapy, identifying drug-related problems, and working with the healthcare team to resolve them and the pharmacy department providing a safe, accurate, and timely drug distribution system.

The pharmacy at Daysland Health Centre is located in a restricted area with controlled access. There is an area for medication distribution, storage and preparation and an office where the night cupboard is also located. The pharmacy area is quiet, clean, has good lighting, and is well organized. There is limited space for program expansion. Computer stations are available. The team members have access to policies and procedures and resource material. Medications are safely transported to the patient units in keeping with protocol. There was a recent review of the medications contained in the night cupboard. Audits are completed in conjunction with the Central zone. The leaders are encouraged to continue to share the audit results with team members.

Conditions appropriate to protect medication stability are maintained in medication storage areas. Appropriate storage conditions have considered the temperature and light sensitivity, packaging and delivery containers. Medications are stored in fridges with temperature controls which are checked and recorded on a regular basis. The medication fridge has an alarm which the team members check on during working hours including checking the temperature strips indicating when the temperatures have varied beyond the approved measures. However, during after-hours the temperature alarm is not transferred to an external source for a response. This may cause a break in the cold chain and loss of medication. The leaders are encouraged to identify a process to ensure that the vaccine fridge alarms are responded to after-hours.

Anesthetic gases and volatile liquid anesthetic agents are not stored in an area with adequate ventilation, as per the manufacturer's instructions. The anesthetic gases and volatile liquid anesthetic agents are stored in a locked cupboard in the pharmacy. The leaders are encouraged to relocate the

anesthetic gases and volatile liquid anesthetic agents in an area with adequate ventilation, as per the manufacturer's instructions. Adequate ventilation minimizes the exposure of team members to harmful gases in case one or more bottles break.

Look-alike/sound-alike medications, different concentrations of the same medication, and high-alert medications need to be stored separately, both in the pharmacy and client service areas. They are stored in an area separate from the other medications in the pharmacy. The team members are encouraged to review all clinical areas and ensure the processes in the policy are followed and consistently applied across all services.

The Antimicrobial Stewardship Program includes the provincial oversight program and the five zone Antimicrobial Stewardship working groups and their activities, one of which is the Central Zone Antimicrobial Stewardship Working Group. An Antimicrobial Stewardship Manual was developed, and an Antimicrobial Stewardship Program has been implemented. Actions in keeping with the program have been implemented. The pharmacist attends patient rounds and interdisciplinary meetings. Medications are reviewed and in keeping with the antimicrobial stewardship program and the input of the physician and clinical team, changes are made as appropriate. Medication reviews are completed. The Antimicrobial Stewardship Program is not evaluated on an ongoing basis. The leaders are encouraged to evaluate the program on a regular basis and share the results with stakeholders in the organization.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.3	Conditions appropriate to protect medication stability are maintained in medication storage areas.
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.
Medication Management	13.4	Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.

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.

At Daysland Health Centre patient flow is not a challenge. There are no lengthy wait lists in acute care, in the emergency department, in the operating room or in the rehabilitation department. When a patient requires an admission to the inpatient care unit or a transfer to another facility the entire team collaborates to ensure a smooth and efficient transfer. In addition, daily rounds provide accurate and timely information about bed demand and availability, and they constitute an

excellent opportunity to assess and to optimize patient flow across the site. An expected date of discharge is located on the white boards in client rooms. The clients and families are involved in discharge planning. There are protocols in place to address overcapacity. There are initiatives to support appropriate patient flow including family conferences, linkages with community services, discharge planner, and bedside rounds. However, there are still opportunities to enhance patient flow. One example is an opportunity for leaders to explore the implementation of a single-entry process for rehabilitation services across the Central Zone.

The community liaison coordinator works closely with the communities and plays an instrumental role in facilitating the transition of alternate level of care (ALC) patients to long term 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; Perioperative Services and Invasive Procedures; Rehabilitation Services; Service Excellence



There are no unmet criteria for this Priority Process.

The leaders and team members are committed to providing people-centered care and are highly responsive to the needs of clients and families.

The community is supportive of the site and financial support to enhance health care is provided by the Daysland Health Foundation. A refurbishment of a palliative care room occurred through the support of the Ladies Auxiliary. They participated in

the re-design and selected colors and furniture for the room.

The clients and families stated that they were treated with care, dignity, and respect. Furthermore, they commented that they received “excellent care” and “couldn’t ask for anything more. It is great. A ten out of ten.” These are foundational elements which can be used to further the people-centered care journey.

The leaders are encouraged to continue co-designing programs, services, and spaces with the input of clients, families, and team members. For example, based on the inpatient population a commitment to a senior friendly hospital may further the quality of the programs and services provided. The participation and input of clients and families into the development, implementation, and evaluation of services and program will enhance the quality of the care provided. Furthermore, the leaders are encouraged to embed the perspectives of clients and families into programs and services. This includes identifying barriers to access services and participating in quality initiatives.

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.

There are no unmet criteria for this Priority Process.



Daysland Health Centre was built in 1909 and in 1950 the hospital underwent major renovations. In 1992 a new hospital was built on a site adjacent to the old one; it is well maintained, uncluttered, bright, clean, and conducive to optimal patient flow and to wayfinding.

Since the onset of the COVID-19 pandemic, signage and posters throughout the hospital are constantly changing. In some areas informational pamphlets, patients' Rights and

Responsibilities, the hospital’s mission and value statements have been removed. Decisions regarding their relocation can be a challenge and the hospital is encouraged to seek patient and family input when these discussions take place.

In terms of patient and staff safety, fire exits are free from obstruction. Airflow and air quality in strategic areas are monitored, medical gas and pipeline systems are checked regularly and access to the perioperative department and to medical device and reprocessing is restricted. And as a system’s upgrade, nurse call bells in patients’ rooms are planned for next year.

All requests for facility services are tracked and prioritized and managers are provided with feedback regarding the date that the repair will be completed.

There is a complete preventative maintenance program that is managed by trained personnel. The organization has one generator that has considerable unused capacity once engaged. Fire drills are regularly practiced and followed by a debriefing exercise where opportunities for improvement are discussed.

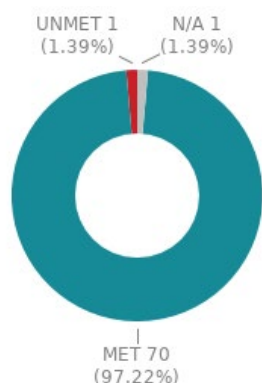
The number of air exchanges per hour meets the standard of 20.

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.



At Daysland Health Centre the emergency department team is fully engaged and passionate about the care and services they provide. The emergency department is a bright uncluttered area with two trauma beds, three observation rooms, one waiting room, and one isolation room.

When patients require emergency care that cannot be provided at the facility, the team works collaboratively with the Referral, Access, Advice, Placement, Information and Destination (RAAPID) for interfacility transfers. In addition, partnerships with the fire department, the RCMP, protective

services and with other agencies ensure patient and staff safety in the facility.

The emergency department is functional and safe for patients and training and education for staff is tailored to the population that is served including pediatrics, trauma, cardiac care, diabetes, respiratory system, and neurology to name a few. A request for improved access to professional resources for the management of patients with mental health conditions was expressed.

Upon entering the emergency department, patients are registered and triaged appropriately before they are placed in a bed or requested to stay in the waiting room, where they are appropriately monitored. Patients expressed their satisfaction with the care they receive and talked about how they felt treated with respect and with compassion which speaks to the values of the organization.

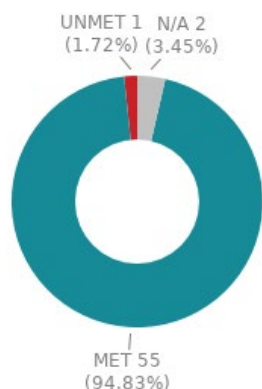
Care transitions between the emergency department and the inpatient unit is based on the IDRAW communication tool and the staff is extremely sensitive to the importance of communicating thoroughly all aspects of patient care. Staff are encouraged to evaluate the effectiveness of communication during transition of care to ensure that key factors related to the patient's condition are communicated.

Charting in the emergency department is paper based and standardized order sets are available in a trauma binder in the trauma room. Nurses agree that the trauma binder is an excellent reference tool. There are multiple clinical documentation modalities in the emergency department and the organization is encouraged to streamline charting into a fully integrated electronic one.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, 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.



The inpatient unit at Daysland Health Centre consists of sixteen acute inpatient beds. There are five private rooms, one palliative care room, and five semi-private rooms with a shared washroom. There are four rooms with ceiling track lifts. There is one private room which is used for isolation purposes or if a client requires a higher level of observation. The unit has two corridors which may impede lines of sight from the nursing station, however, the team members make frequent rounds.

The inpatient unit is clean, bright with large windows in client rooms and overlook a green space. The corridors are wide and free from clutter. There are adequate storage spaces which are well organized. The environmental services staff provide exceptional cleaning of the inpatient unit. They are very proud to provide clean and safe spaces for clients, following policies and procedures in completing the work. There is a private space for clients and families also available for use. White boards are used in client rooms and clients see the benefit to this as it gives them access to information (e.g., staff member providing their care, communication regarding medications, etc.).

The team members, leaders and physicians in the inpatient unit are committed to providing a quality, safe, and person-centered care to clients and families. The team is passionate about providing excellent care. There is a strong interdisciplinary team consisting of nurses, health care aides, physiotherapist, social worker, occupational therapist, discharge planner, clinical educator, dietician, and pharmacist. A palliative care nurse also supports clients and families. Additionally, there is a strong working relationship with EMS staff.

The team members stated that they felt supported in doing their work and stated, “We have a great team. That’s why I stay.” The clients and families were very complementary regarding the care provided at the site. They stated that they received excellent care and had no suggestions for improvement. A client stated, “They are absolutely wonderful. They come into my room with a big smile.” Additionally, the clients stated that they were prepared for discharge and knew what to expect when they went home. Furthermore, the clients and families stated they were treated with care, dignity and respect and were encouraged to ask questions. The client’s Rights and Responsibilities were shared on admission using a laminated placemat.

The team described the importance of education and training to effectively work in inpatient services. The leaders are supportive of and encourage the team to participate in education and training. The new team members stated that orientation prepared them to work in the inpatient service. The team noted that they felt safe at work and had processes to follow if there was a delayed response in receiving assistance. The Protective Services team are supportive and visit the site to obtain feedback from the team members. They are proud of their work during the COVID-19 pandemic. The team and leaders are to be commended for their work with medication reconciliation. There is a strong commitment to auditing. The team and leaders are encouraged to continue with this important work.

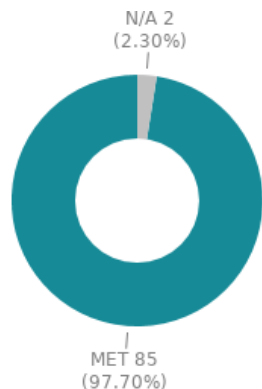
CoACT has been implemented. Quality improvement activities include quality boards, auditing processes, interdisciplinary rounds, bedside rounding, interdisciplinary discharge rounds and huddles. Safe medication practices are supported, including a pharmacist taking part in daily bedside rounds and completing medication reviews. The implementation of Connect Care has a go-live-date anticipated in 2022. There is a quality improvement board located at the facility, however locating the quality board in a prominent area in the inpatient unit may lead to greater visibility of the quality initiatives for clients, families, and team members.

The leaders are encouraged to continue to seek the input of clients and families into the development, implementation and evaluation of programs and services and to continue embed the quality processes throughout program and services.

STANDARD	UNMET CRITERIA	CRITERIA
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.

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.



There are not unmet criteria for this Priority Process

At Daysland Health Centre the perioperative environment consists of one operating room (OR) theater that operates two to three days a week from 0700 - 1515. Approximately 120-day surgery cases and 350 endoscopies are performed annually. All cases are elective.

The operating room staff demonstrate an outstanding commitment to excellence and to quality and safety. The nursing staff appreciate the learning opportunities that are

offered in the operating room (OR), in the post anesthesia care unit (PACU) and in day surgery. The site may wish to revise the nurse's role in the OR particularly in relation to the time nurses spend replenishing the anesthesia medication cart.

The patient's experience with the surgical procedure begins in the pre-admission unit that is adjacent to the OR and to the PACU. Nurses are cross trained between the PACU, the OR, and the inpatient unit.

The hospital is to be congratulated for not having flash sterilization in the OR, instead adequate supplies of instruments are on-site as a substitute for flashing.

Quality indicators are tracked, and results are discussed amongst staff. The OR surgical checklist is rigorously implemented for all day surgery and endoscopy patients. Over the past six months, OR cancellations increased by 10%. The site is encouraged to track the reasons for patient cancellations for surgery to identify trends and to implement strategies to avoid OR cancellations. Involving the medical team in this would be an opportunity to engage physicians in quality improvement initiatives.

For patients who undergo an endoscopy a Global Rating Scale (GRS) keeps track of their satisfaction level and this, in turn, allows the OR team to develop opportunities for improvement. An opportunity that derived from the survey results was to reinforce post operative discharge instructions and to apply the surgical checklist to patients who undergo an endoscopy.

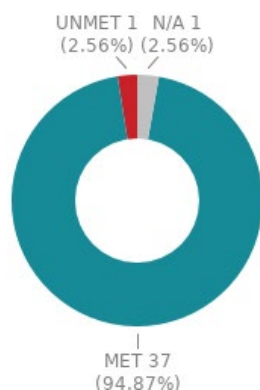
Patient flow along the perioperative continuum is seamless. The IDRAW (identify patients, diagnosis and/or current problems, recent changes, anticipated changes, what to watch for) tool is used for reporting on patients' status. Timely access to care was observed without impact to flow and operations.

From a patient safety perspective all required organizational practices (ROPs) that were assessed during the survey were met. The use of a safe surgical checklist and consent were observed, as were discussions between the most responsible physician and the patient and family both pre- and post-op. Standardized protocols are used with one-to-one nursing care.

A strict adherence to side rails being up is followed and two patient identifiers are used for all patient along their surgical journey. The OR is set up functionally with easy access to all supplies. All OR procedures are followed and meet best practice standards.

Rehabilitation Services

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



Rehabilitation services are provided in a 10-bed referral-based inpatient unit. The goal of the program is to assist clients to become stronger so they may regain independence. This service provides care to people who have had significant medical events that have led to deconditioning. There is an intake process with the referral and assessment sent to the registered nurse and then reviewed by the multi-disciplinary rehabilitation team. There is no wait list. The numbers of clients on the rehabilitation unit varies. The leaders are encouraged to

explore the implementation of a single-entry process for rehabilitation services across the Central Zone thus, resulting in efficiency across the rehabilitation units.

The Daysland Orthopedic Active Rehabilitation (DOAR) program is provided in a space with has natural light, wide corridors, and looks out upon a green space. There are four private rooms and three semi-private rooms with a shared washroom. There is one room with a ceiling track lift. The client areas are clean and uncluttered. There is a dining room with windows overlooking a beautiful garden. There is a kitchen for use of the occupational therapists to assist clients with activities of daily living, and an area for clients to take part in recreation activities. An activities schedule is posted. The recreation staff plan activities to meet the goals and needs of clients. A client stated that he enjoyed the recreation activities such as playing crib. The rehabilitation department is well organized, clean, and provides sufficient space for the therapists to complete their work. There have not been recent renovations. The leaders are encouraged to continue co-designing services and space with clients, families, and team members.

CoACT has been implemented. Quality improvement activities include auditing processes, interdisciplinary rounds, bedside rounding, interdisciplinary discharge rounds and huddles. Hand hygiene audits are completed. The leaders are encouraged to continue to embed quality processes throughout the DOAR program.

The transition of clients and families are not being evaluated in a formal process. The team and leaders are encouraged to regularly contact a sample of clients, families, or referral organizations to determine the effectiveness of the transition or end of service and monitor client perspectives and concerns after the transition. The client feedback and results of the evaluation could then be used to improve transitions.

There is a strong engaged interdisciplinary team committed to providing comprehensive rehabilitation programs. The team members include social workers, nurses, occupational therapist, physiotherapist, health care aides, recreation therapist, rehabilitation therapist assistants, and physicians. The DOAR program is well equipped with the team members stating that they have the resources to do their work. The rehabilitation team works in collaboration to meet the needs of clients. The team members have described feeling professionally fulfilled when clients meet their rehabilitation goals. A team member stated, ““I have a soft spot for seniors and the team is amazing.” The DOAR program was described by the team members as a great place to work. A team member stated that a strong orientation was provided, and it prepared them to do their work. Furthermore, they noted that they receive ongoing education and training. The members stated that they felt safe at work. They have access to hand hygiene sinks and products.

The health care aides are able to administer medication after completing a learning module with a two-part assessment. The leaders are encouraged to explore the implementation of a recertification process for medication administration for non-regulated health care workers and implement program changes accordingly.

The clients are very satisfied with the services provided by the DOAR program. The program was described as “wonderful”, and the clients had no suggestions for improvement. The clients noted that they felt part of the care team and were encouraged to participate in their care. Furthermore, the clients stated that they are treated with care, dignity, and respect.

STANDARD	UNMET CRITERIA	CRITERIA
Rehabilitation Services	5.8	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.

At Daysland Health Centre team members are enthusiastic, caring, respectful, and nimble. The camaraderie and the interprofessional collaboration are obvious and contribute to an excellent working environment. Staff members expressed their appreciation towards the organization and the community with many employees having worked over 15 years at the hospital.

Strong partnerships exist between the Daysland Health Centre and other health care organizations. Clients who require emergency medical attention that cannot be provided at the Daysland site are transferred expeditiously to the nearest facility that is able to administer a higher level of care.

Professional development was cited by staff as being a priority and they stated how receptive the hospital was regarding their educational needs. Because patient volume can be low at times and for the clinical staff to maintain their competencies, regular mock codes are carried out. Staff also commented on how they felt supported by their colleagues and by the site manager and emphasized the importance the hospital places on communication.

Clinical teams conduct daily rounds and discuss the care plan for each patient's day. It is also a time to review with the site manager quality improvement initiatives and follow-ups. Team members expressed their appreciation for the daily rounding exercise and said that they felt that it was a way to connect with the site manager and to identify and resolve patients concerns. The next step would be for the site to further engage patients during this important activity and to encourage them to offer their opinions on how their care is delivered.

The Daysland Health Centre has an interprofessional team practice model that integrates quality of care and educational excellence. Clinical care is based on best practice models and on evidence-based guidelines. Front line staff refer regularly to Insite to review the policies and procedures that guide their practice and appreciate the standardization of care across the system. The staff could clearly express their understanding of the many tools they use to assess risks such as the Morse tool to prevent falls, the Braden scale to assess pressure ulcers, the surgical checklist to ensure safety in the operating room, etc.

What was evident throughout exchanges with all staff members was the continuous support they receive from the medical team and from the site manager. In addition, during the onset of COVID-19 staff expressed the availability, knowledge, and support they received from the infection prevention and control team. They also felt safe and satisfied with the availability of personal protective equipment.

The Daysland Health Centre has a clear complaint and compliment process. The patients that were met during the survey stated that although they knew who to speak with should they have a complaint/compliment to share, they were unaware of the forms to complete. One patient also said that feedback regarding his recent complaint was not provided to him. The site may wish to remind patients about the complaint/compliment process that exists and reassure them that their feedback will help the site further understand their needs.

The Daysland Health Centre has a robust process for release of information. Patients can access their chart at any time and are assisted by the most responsible person who helps them to navigate their chart and to understand the information it contains.

The hospital uses a Reporting and Learning System (RLS) solution for incident reporting and near misses. The process is clear and opportunities for improvement that emanated from hospital incidents were discussed during the survey. Because of the few incidents that were reported over the past year, trending was not able to help identify areas that are doing well and those that require improvement.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria		
Standard	Criteria	Due Date
Medication Management	12.3 Conditions appropriate to protect medication stability are maintained in medication storage areas.	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
Medication Management	13.4 Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.	June 30, 2022

Follow-up ROPs		
Standard	ROP - Test of Compliance	Due Date
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