

2022

Sacred Heart Community Health Centre

North Zone

Alberta Health Services

Fall 2022 Survey

September 18-23



ACCREDITATION
AGRÉMENT
CANADA

Table of Contents

About this Accreditation Report	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited	4
Confidentiality	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	8
Key Opportunities and Areas of Excellence	9
Key Opportunities	9
Areas of Excellence	9
Results at a Glance	10
Compliance Overall	10
Compliance by Standard	11
Compliance By System Level Priority Process.....	12
Compliance by Quality Dimension	13
Compliance by Required Organizational Practice (ROP).....	14
Detailed Results: System-level Priority Processes	16
Emergency Preparedness	16
Infection Prevention and Control	16
Medical Devices and Equipment.....	17
Medication Management	18
Patient Flow	19
People-Centred Care.....	19
Physical Environment.....	20
Detailed Results by Service-Level Priority Process	21
Inpatient Services.....	21
Perioperative Services and Invasive Procedures	22
Service Excellence	23
Criteria for Follow-up.....	24
Criteria Identified for Follow-up by the Accreditation Decision Committee	24

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 September 18-23, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

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

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

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

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

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

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



North Zone Rural Hospital Assessment – Sites Visited

- Peace River Community Health Centre
- Grimshaw/Berwyn and District Community Health Complex
- Sacred Heart Community Health Centre

Confidentiality

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

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

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

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

Executive Summary

Surveyor Observations

Sacred Heart Community Health Centre was opened in 1988 and serves residents of McLennan and several surrounding communities. There is a 24/7 emergency room (ER), a 15-bed inpatient unit, and an endoscopy program. Within the facility there is also a public health unit, a home care team, and a dental clinic. Surveyors spent two days speaking with staff, clients, and families, conducting tracers, and observing the health care team in action. The entire team was welcoming and eager to discuss their programs.

The Sacred Heart Community Health Centre is led by a strong, long tenure site leader as well as a physician lead who also has been at the site for many years. In addition, the site is supported by several very knowledgeable department leaders who take pride in their programs and are dedicated to serving their community. The facility is older but very well maintained and promotes good patient flow throughout the various clinical areas. It is bright, clean, and spacious. The grounds are very well maintained.

The main risk identified by leadership is staff shortages, specifically nursing staff. There have been service closures directly related to staffing availability, resulting in ER shutdowns and the closure of five of the original twenty acute care beds. Staff report often needing to work short-staffed. Another key vacancy is the absence of a clinical coordinator for the acute care programs. Despite this, excellent client care is provided and there is still good energy and a very positive work culture.

In addition to the client engagement activities that occur at the Zone level, the site manager works diligently to engage clients and the community at large in service design and programming via multiple outreach tactics. Front line staff also ensure that the client is at the centre of the care team and that they are involved in all decision making about their care. The site is encouraged to keep searching for ways to include the client voice and engage clients and families in service and space design.

There is a strong Infection Prevention and Control (IPC) presence that is evident in all service areas. As well, the recent addition of a pharmacist on-site three times per week provides support to staff and assists with medication reviews.

AHS' investment and commitment to their intranet site, Insite, has provided staff with a wealth of current knowledge, standardized and up-to-date policies, and education resources. In addition, Connect Care has been fully implemented at this site and has provided standardization of assessments and guidelines, as well as electronic medication ordering and verification.

There are several resources available at this site that are somewhat unique to rural areas, including a clinical educator, a nurse specializing in elder care, as well as both francophone and indigenous liaisons. These liaisons help to ensure services are culturally relevant as well as provide language interpretation and supportive care.

The endoscopy program is efficient, with short wait times, and is a great example of providing quality care close to home. It serves as a model for which other rural sites could look to implement with success.

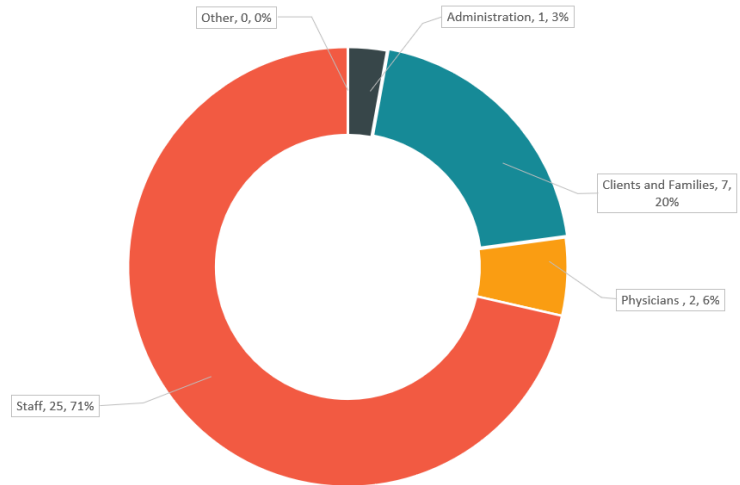
There is a strong focus on quality, with multiple quality boards displaying audit results, incident report tracking and quality improvement initiatives. The site is encouraged to continue to build on these successes in their journey towards continuous quality improvement

Survey Methodology

The Accreditation Canada Surveyors spent two days at Sacred Heart Community Health Centre.

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

Groups	# of interviews
Administration	1
Client & Families	7
Physician	2
Staff	25
Other	0



¹ "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Recruitment and retention of clinical and allied health staff.
2. Standardized tools and process for information transfer at key care transitions

Areas of Excellence

1. Knowledgeable and dedicated site management and strong support from the front-line leadership in key areas such as maintenance and environmental services
2. Standardized practice and documentation made possible with Connect Care
3. An efficient and client-centered endoscopy program
4. Strong Infection Prevention and Control (IPC) program, with supportive IPC lead
5. Organized and efficient reprocessing program that also supports other sites
6. High praise from clients for clinical teams and the care they provide

Results at a Glance

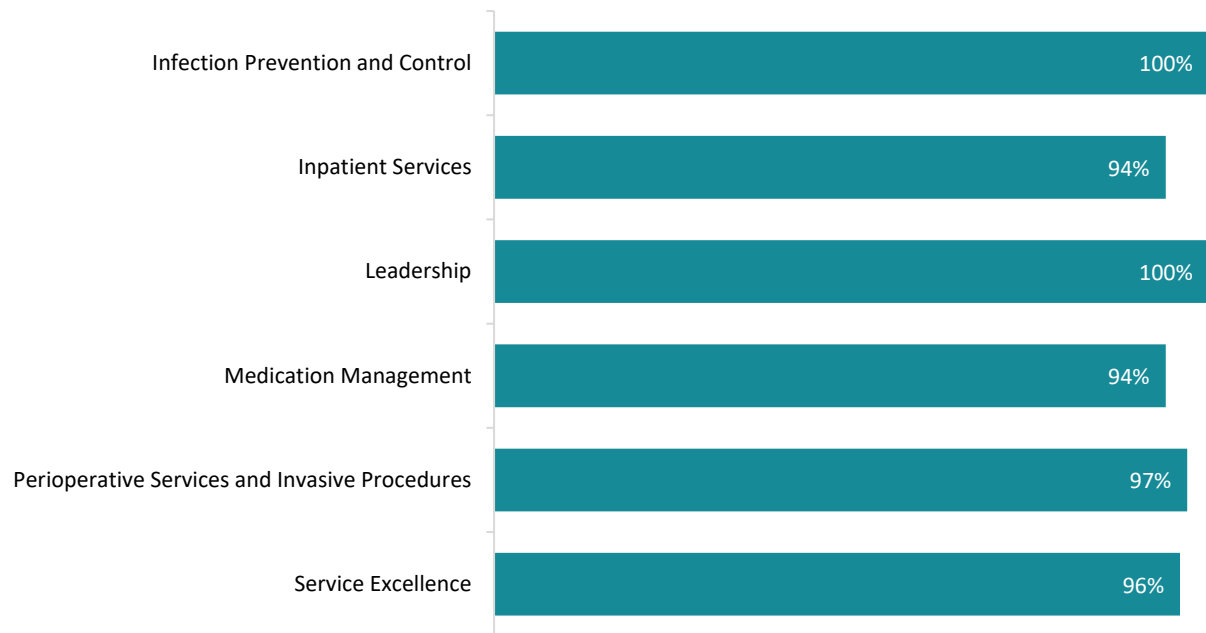
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			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.
Attested 100% met	On-Site 96% met	Overall 97% met	
Number of attested criteria			On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
Attested 73 criteria	Audited 13 criteria		

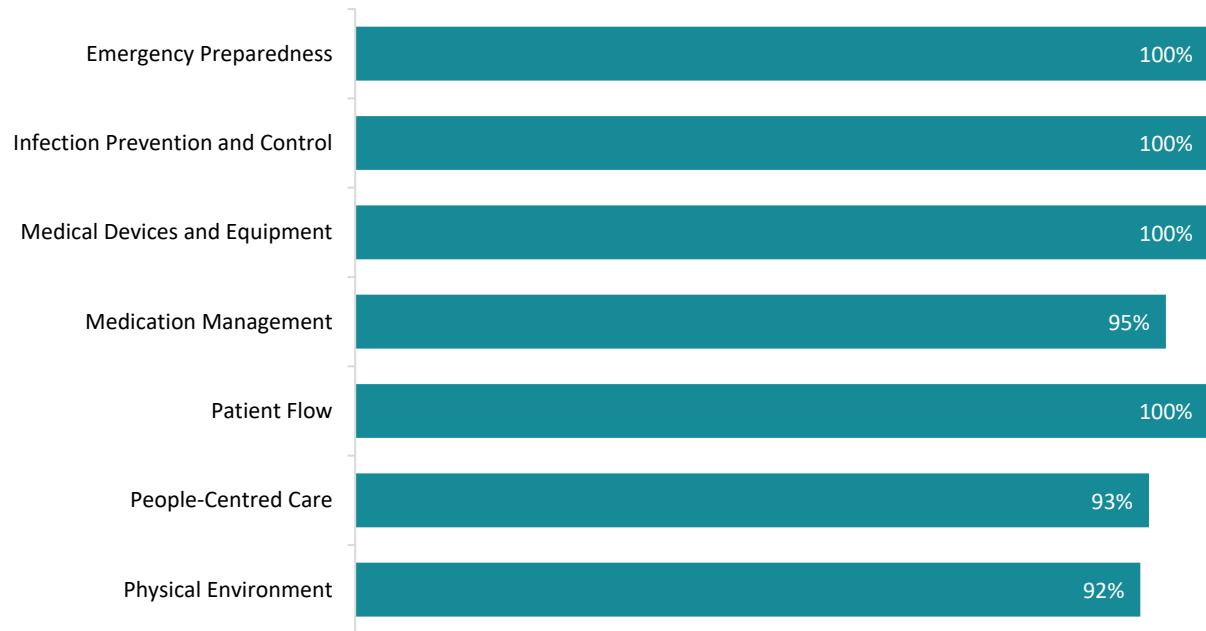
¹ In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance' are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	64	0	0	0
Inpatient Services	63	4	2	0
Leadership	9	0	0	0
Medication Management	65	4	20	0
Perioperative Services and Invasive Procedures	115	3	31	0
Service Excellence	72	3	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	43	0	5	0
Medication Management	72	4	28	0
Patient Flow	6	0	0	0
People-Centered Care	28	2	0	0
Physical Environment	12	1	1	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	19	1	1	0
Appropriateness	126	5	10	0
Client Centered Services	70	2	5	0
Continuity of Services	16	0	0	0
Efficiency	2	0	0	0
Population Focus	4	0	0	0
Safety	142	5	36	0
Worklife	9	1	2	0
Total	388	14	54	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Inpatient Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	NOT APPLICABLE
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	UNMET
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
Reprocessing	Infection Prevention and Control	MET

RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Inpatient Services	UNMET
	Perioperative Services and Invasive Procedures	UNMET
Pressure Ulcer Prevention	Inpatient Services	UNMET
	Perioperative Services and Invasive Procedures	NOT APPLICABLE
Venous Thromboembolism Prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	NOT APPLICABLE

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.



The Sacred Heart Community Health Centre has site-wide engagement in emergency preparedness. There are detailed all-hazard and outbreak management plans. There is monthly drill testing of emergency codes involving all departments. Staff are well-versed on emergency protocols.

There was a rapid and effective response to provide care to COVID-19 clients and still maintain operations.

There is collaboration with external partners in the community, including EMS, RCMP, and the fire department in developing and rehearsing site processes for dealing with emergencies.

Infection Prevention and Control

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



The Infection Prevention and Control (IPC) program is led by an offsite practitioner who covers multiple facilities. The practitioner makes regular site visits, partakes in the local IPC committee and is readily available to staff as a resource. The Infection Control Practitioner provides guidance on isolation precautions, outbreak management and healthcare associated infection (HCAI) investigations. IPC is consulted for any construction projects and involved in environmental services and waste management programming.

Hand Hygiene education is mandatory for all staff to complete annually and is also provided during compliance audits, as required. The audit results are disseminated to the staff via multiple methods including verbal reports in real-time and at IPC and site

meetings which are open to all staff. There is an IPC quality board where they posted, along with HCAI tracking data, visible to clients and families as well as staff. IPC manuals were readily available in clinical areas as well as easily accessible on Insite.

The IPC program is championed by very knowledgeable and dedicated staff and leaders, including the Facility, Maintenance and Environment Lead, the Team Lead for Environmental Services, the kitchen staff, and the Medical Device Reprocessing Technician, who have integrated IPC into their programs and routines. COVID-19 screening is required prior to entry to the facility, as is masking and hand hygiene. Hand hygiene stations are prevalent throughout the clinical areas of the facility. The site is encouraged to provide additional hand sanitizing stations in non-clinical areas.

A creative provincial quality initiative that has been introduced at the site is the “Dofficer” Personal Protective Equipment (PPE) safety coach program, to provide just-in-time training on the correct use of PPE and hand hygiene.

Medical Devices and Equipment

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



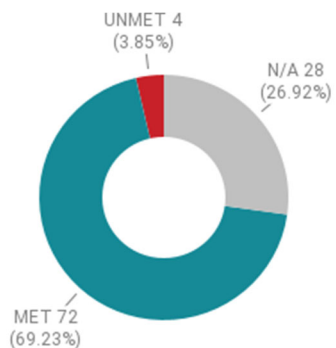
The reprocessing department at this facility functions as a hub and provides reprocessing services to multiple other small health care centres in the area. It is run by a very experienced Medical Device Reprocessing Technician. The sterilizing equipment is operated according to manufacturer's guidelines and is serviced regularly. Detailed quality control logs are maintained, and policies and standard operating procedures (SOPs) are followed.

There is a standardized process for moving soiled and clean equipment through the building and separate areas for both during the reprocessing stages, moving equipment from dirty to clean. There also is a well-defined process for reprocessing of flexible endoscopes.

The reprocessing area is functional with non-porous surfaces and is centrally located adjacent to the perioperative area and near the ER and inpatient unit. It is clearly delineated as restricted access, with signage that includes pictures of the required dress. Chemical indicators are utilized, and sterile packaging is clearly identifiable and distinguishable from non-sterile items.

Medication Management

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



The Sacred Heart Community Health Centre pharmacy is staffed by a pharmacy technician and a pharmacy assistant 5 days a week. New is the addition of an on-site pharmacist support 3 days a week. There is access to a pharmacist 24/7 via telephone for support and clinical guidance. Medications are received prepackaged, in unit dose, from the regional pharmacy.

Safe medication management practices are significantly enhanced by the information system, Connect Care, which allows for CPOE and rapid remote pharmacy verification of

orders, access to clinical guidelines and medication dosing and administration information, such as product monographs. There is also a robust suite of policies, procedures, and education material (for both staff and clients) available on Insite. Staff report that both Connect Care and Insite are easy to use and invaluable tools.

High-alert medications and look-alike/sound-alike medications are labelled as such and there are adequate safety warnings on packaging where required.

The pharmacy and medication rooms were secure with restricted access. While very small, they were both clean and well lit. The site is encouraged to work with front line staff to employ strategies to reduce distractions during medication processes, such as ordering and administration.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	14.2	The team regularly assesses local attitudes toward non-injectable medications and, when necessary, addresses misconceptions about the efficacy of non-injectable medications through education and training.
Medication Management	14.6	Steps are taken to reduce distractions, interruptions, and noise when team members are prescribing, writing, and verifying medication orders.
Medication Management	21.1	Information about medications is discussed and documented prior to the initial dose and when the dose is adjusted, in partnership with the client and family.
Medication Management	21.2	Information on how to prevent patient safety incidents involving medications is discussed with the client and family.

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: Leadership; Perioperative Services and Invasive Procedures.



The Sacred Heart Community Health Centre is a small facility that is well laid-out, allowing for a flow of clients from the central entrance and registration area, where all staff are greeted and screened for COVID-19.

The dedicated leadership team works hard to identify and mitigate barriers to access. A very efficient endoscopy program has wait-lists lower than the provincial average.

There have been service closures related to nursing staffing issues, including shifts where the ER has had to close and the closure of five of twenty inpatient beds. There are processes in place for addressing increase demand for services, including transferring clients to other facilities, and temporarily going over census.

Inpatients requiring services not available at the site, such as physiotherapy or ultrasound are sent via emergency medical services (EMS). However, staff report that many of these appointments are missed and must be rescheduled due to lack of available EMS transport.

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: Inpatient Services; Perioperative Services and Invasive Procedures; Service Excellence.



Clients and families are very much partners in their health care journey at this site and are the centre of all aspects of their care. Clients and families had nothing but resounding praise for the care they received and for the staff providing it. They indicated they were “in very safe and capable hands”.

The site manager is to be commended on her dedication to engage the community at every opportunity to gain feedback on how to improve operations. The site is encouraged to further engage clients and look to include the client voice in service and space design. There are both Francophone and Indigenous liaisons at this site to facilitate culturally appropriate health care and support. Further, efforts to engage patients are also in place at the North Zone level. Three clients from the Zone sit on the North Zone accreditation committee. North zone residents were engaged in design and implementation of Connect Care clinical information system wherein

multiple client/family inputs and feedback were provided. Provincial initiatives such as COPD and Heart failure pathways benefitted from similar engagements of clients and families. There is a Patient Family Steering Team that has hosted education sessions for managers to share people-centred care expectations and strategies. A key initiative from a boot camp for managers in the North Zone has been Leadership Rounding where leaders are expected to be out on floors soliciting input. This initiative has been implemented by the site lead.

There is a lot of client education material available and quality audit results are posted in areas where clients have access to review them. The site is encouraged to maintain the patient whiteboards, which were not always current, in order to keep patients informed.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	3.5	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.
Service Excellence	1.3	Service-specific goals and objectives are developed, 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 Sacred Heart Community Health Centre is an older building that has been very well maintained. As a single-floor structure with wide hallways and doors and is accessible and inviting to the public. There is clear signage, in both English and French as well as ample parking for patients, visitors, and staff. Restricted areas are designated as such. Their grounds are well kept, and every window has a great view.

The facility is very clean. The medical equipment is ample and in good working order. There is no clutter in the hallways. It is evident that the maintenance and environmental services teams take a tremendous amount of pride in their work and should be commended. In addition, clients commented on how well their rooms were cleaned and how good the food was.

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.

Inpatient Services

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



The inpatient service currently has fifteen open beds with high occupancy rates. There is an observation room located behind the nursing desk where clients who require closer monitoring are located. Emergency equipment is available for both pediatrics and adults. Clients are transferred out to larger hospitals centres when higher levels of care are required.

Care is provided collaboratively by the onsite interdisciplinary team and a strong consultation network for disciplines and services that are not available onsite through

Connect Care. Medication reconciliation, and assessments for falls risk, pressure ulcer risk and need for VTE prophylaxis are also completed through Connect Care, and the clinical care provided is in keeping with the requirements of the relevant Required Organizational Practices (ROPs), with evidence visible in the clinical care provided.

Connect Care has increased communication of health information via standardized assessments, clinical guidelines, interdisciplinary documentation, automatic consults, care plans, and built-in prompts. Staff report that Connect Care allows them to have “everything at my fingertips”. There is also a robust suite of policies, procedures, and education material (for both staff and clients) available on Insite. Staff report that both Connect Care and Insite are easy to use, albeit time consuming at times, and invaluable tools.

There are opportunities for improving and standardizing documented communication at shift change and admission handover from the ER. In addition, routine update of client white boards and implementation of strategies to reduce distraction during medication administration should be reviewed.

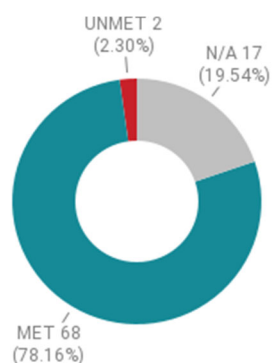
Multiple clients were interviewed, and all spoke very highly of the care they received and the care team providing it. The unit is very clean, and every client commented on this.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	5.3	The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients

		who enter into the organization through the emergency department.
Inpatient Services	6.8	Clients who have received sedatives or narcotics are monitored.
Inpatient Services	7.2	For pediatric or youth clients, transition planning to adult care is completed in partnership with the client and family and is identified in the care plan.

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.



Formerly a full surgical service, the perioperative program now solely focuses on endoscopy, on which it excels. They are to be commended on their wait-times, which are lower than the provincial average. Clients can receive endoscopy without travelling too far from their home, for which those interviewed were very grateful. The service is provided by a group of surgeons from surrounding larger hospitals who rotate to Sacred Heart Community Health Centre throughout the month. Conscious sedation is used, and no anesthesia support is required.

The clinical team is knowledgeable and passionate about the care they provide and took every opportunity to engage their clients in their care, from admission to discharge. The clients are continuously monitored throughout the procedure. The equipment is new and in good working order. All the documentation is completed in Connect Care, including consent, resulting in a paperless OR. This program is supported by a strong medical device reprocessing process located adjacent to the OR.

It is recommended to further strengthen this program by adopting standardized criteria and tools for information transfer at the transition from the endoscopy suite to the recovery room as well as for discharge. Use of volumetric IV pumps for all infusions is also suggested.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	15.4	Standardized criteria are applied to determine whether a client is fit for discharge from the recovery unit.
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.



The Sacred Heart Community Health Centre exemplifies service excellence. A talented team led by a dedicated site manager continues to provide quality health services amidst acute staffing shortages, which is identified by leadership as the biggest risk the site faces. Teamwork and a sense of community is evident.

Quality improvement is ingrained in the operations at Sacred Heart. There is renewed energy to resume quality initiatives post COVID-19. There are multiple quality boards throughout the facility, including in public areas, displaying

audit results, incident report trends, and quality updates.

Staff are credentialed and provided with throughout onboarding via the AHS online learning platform. Multiple educational opportunities and training are available online including mandatory annual continuing education (ACE). There is an onsite clinical educator as well as documented evidence of the infusion pump training. Staff express a desire for the certification of resuscitation training (ACLS, PALS) to be offered to the team at no cost, so that all staff are trained to respond to code blue.

Connect Care is fully implemented at this site and leadership is to be commended, as it has been embraced by the entire team, who recognize the value and safety benefits of this platform. Leadership continues to look for new ways to utilize the functions and capabilities of this new electronic system.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	6.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Inpatient Services	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.	October 31, 2023
	5.9.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	October 31, 2023
	6.18.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	October 31, 2023
	6.18.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	October 31, 2023
	6.18.4	Information shared at care transitions is documented.	October 31, 2023
	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)	October 31, 2023
Medication Management	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	October 31, 2023
Perioperative Services and Invasive Procedures	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.	October 31, 2023
	7.11.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	October 31, 2023
	7.11.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	October 31, 2023

	7.11.4	Information shared at care transitions is documented.	October 31, 2023
	7.11.5	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).	October 31, 2023
Service Excellence	3.8.5	The effectiveness of the approach is evaluated. Evaluation mechanisms may include: Investigating patient safety incidents related to infusion pump use Reviewing data from smart pumps; Monitoring evaluations of competence; Seeking feedback from residents, families, and team members	October 31, 2023
	3.8.6	When evaluations of infusion pump safety indicate improvements are needed, training is improved, or adjustments are made to infusion pumps.	October 31, 2023