Olds Hospital and Care Centre

Central Zone

Alberta Health Services

Spring Survey

April 25 – May 6, 2022

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About this Accreditation Report

AHS (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted April 25 – May 6, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada 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:

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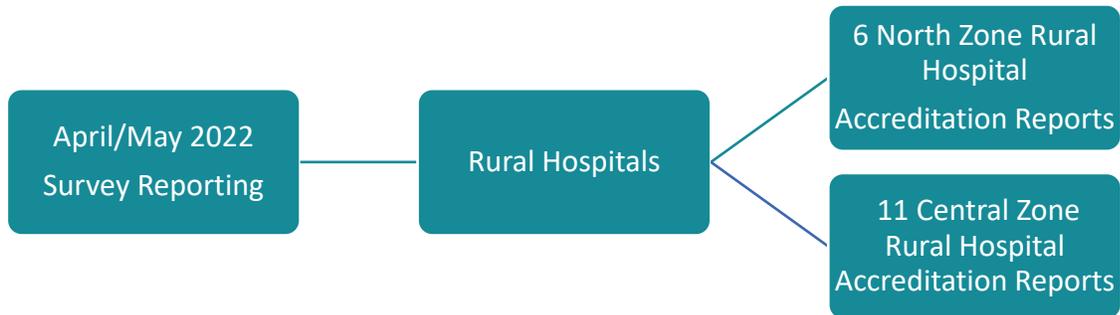
North Zone Rural Hospital Assessment – Sites Visited

- Beaverlodge Municipal Hospital

- Fox Creek Healthcare Centre

- Grande Cache Community Health Complex

- Northwest Health Centre

- St. Theresa General Hospital

- Valleyview Health Centre

Central Zone Rural Hospital Assessment – Sites Visited

- Drayton Valley Hospital and Care Centre

- Drumheller Health Centre

- Hanna Health Centre

- Innisfail Health Centre

- Olds Hospital and Care Centre

- Ponoka Hospital and Care Centre

- Rimbey Hospital and Care Centre

- Rocky Mountain House Health Centre

- Stettler Hospital and Care Centre

- Myron Thompson Health Centre

- Three Hills Health Centre

Confidentiality

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

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

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

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

Executive Summary

Surveyor Observations

The Olds Hospital and Care Center was built in 1986. Three of the managers we met were new to this site as of January 2022. The facility is clean but would benefit from a coat of paint throughout. The decorations of many photos are exchanged regularly by the local Photo Club and are located throughout the facility.

There is a strong sense of partnership with the township, the fire department, and the police for emergency planning. Mocks emergency planning has been done within the past few months. While we were onsite, there were many signs of collaboration with the community. Notes were posted on the various windows of thank you cards for providing health care, and during the surveyor visit a class of students from a local school showed up to decorate the sidewalks with wishes of kindness.

The current survey focused on system-level priority processes of Emergency Preparedness, Infection Prevention and Control, Medical Devices and Equipment, Medication Management, Patient Flow, People-Centered Care and Physical Environment. Service level priority processes of Emergency Department, Inpatient Services, Perioperative, Obstetrical Services and Service Excellence were assessed. The survey involving two surveyors from across Canada and were conducted May 1 and 2nd 2022.

Client feedback is actively sought with the LTC Resident and Family Council. Feedback from patients is sought with feedback loops from complaints, compliments, and the use of questionnaires following discharge from acute care and post-surgical.

The site is supported with an energetic and involved pharmacist, two pharmacy aides and two technicians. The staff speak highly of this service, and it is hoped there will be an electronic dispensing unit alongside the implementation of Connect Care.

The team members and leaders at Olds Hospital and Care Center are acknowledged for preparing for and participating in the Qmentum accreditation program, using semi-announced visits and Attestation as the methodology. The leaders and team members were truly surprised at our arrival, and truly accreditation ready.

Survey Methodology

The Accreditation Canada Surveyors spent two days at Olds Hospital and Care Centre.

To conduct their assessment, the survey team gathered information from the following groups[1]

Groups	# Of interviews
Administration	8
Client & Families	9
Physician	6
Staff	28
Other	6

Other, 6, 11%
Administration, 8, 14%
Clients and Families, 9, 16%
Staff, 28, 49%
Physicians , 6, 10%

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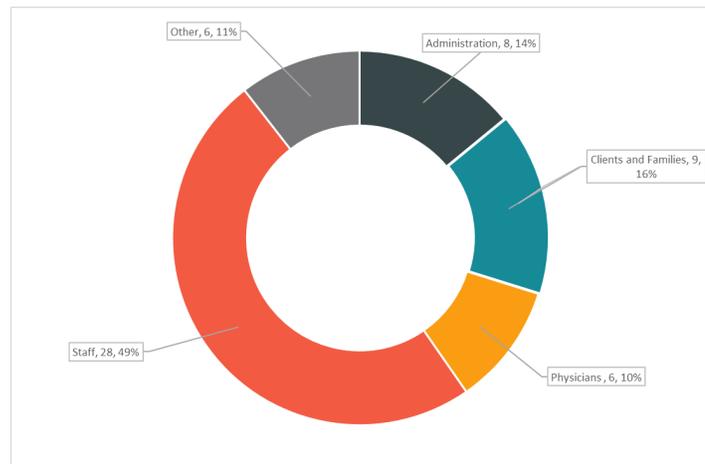
[1] "Other" interviewees refer to individuals such as students or volunteers

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. Create a more robust patient advisory involvement for Quality Improvement initiatives.

2. Wheelchair accessibility with automatic door openers and secure areas created for ER and Labour and Delivery.

3. Physical improvement of the air exchanges for the OR.

4. Review of current utilization of space and services with data driven decisions.

5. Overall decluttering and freshening up of the care areas.

Areas of Excellence

1. Commitment to provision of excellent care.

2. New vitalized management.

3. Ability of staff to be versatile to work in all areas of the hospital.

4. Well established auditing process in OR and MDR, Acute and LTC.

5. Collaborative team approach between and within departments.

6. Promotion of safe surgery through exceptional team collaboration.

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria			Attestation:
Attested 99% met	**On-Site** 98% met	**Overall** 98% met	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.
Number of attested criteria			**On-site Assessment:**
Attested 110 criteria	**Audited** 16 Criteria		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	Compliance
Emergency Department	95%
Infection Prevention and Control	100%
Inpatient Services	100%
Leadership	100%
Long-Term Care Services	100%
Medication Management	94%
Obstetrics Services	100%
Perioperative Services and Invasive Procedures	99%
Reprocessing of Reusable Medical Devices	100%
Service Excellence	99%
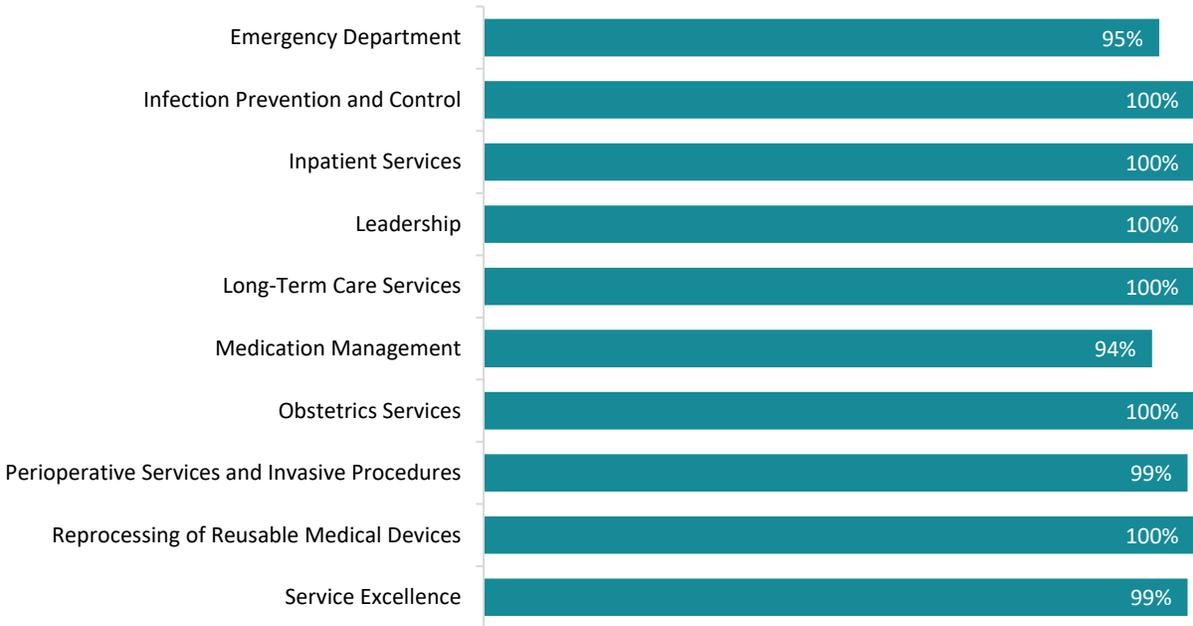
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	90	5	0	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	68	0	1	0
Leadership	9	0	0	0
Long-Term Care Services	80	0	1	0
Medication Management	77	5	7	0
Obstetrics Services	82	0	1	0
Perioperative Services and Invasive Procedures	144	1	4	0
Reprocessing of Reusable Medical Devices	80	0	11	0
Service Excellence	75	1	0	0

Compliance By System Level Priority Process

Priority Process	Compliance
Emergency Preparedness	100%
Infection Prevention and Control	100%
Medical Devices and Equipment	100%
Medication Management	95%
Patient Flow	100%
People-Centred Care	100%
Physical Environment	93%
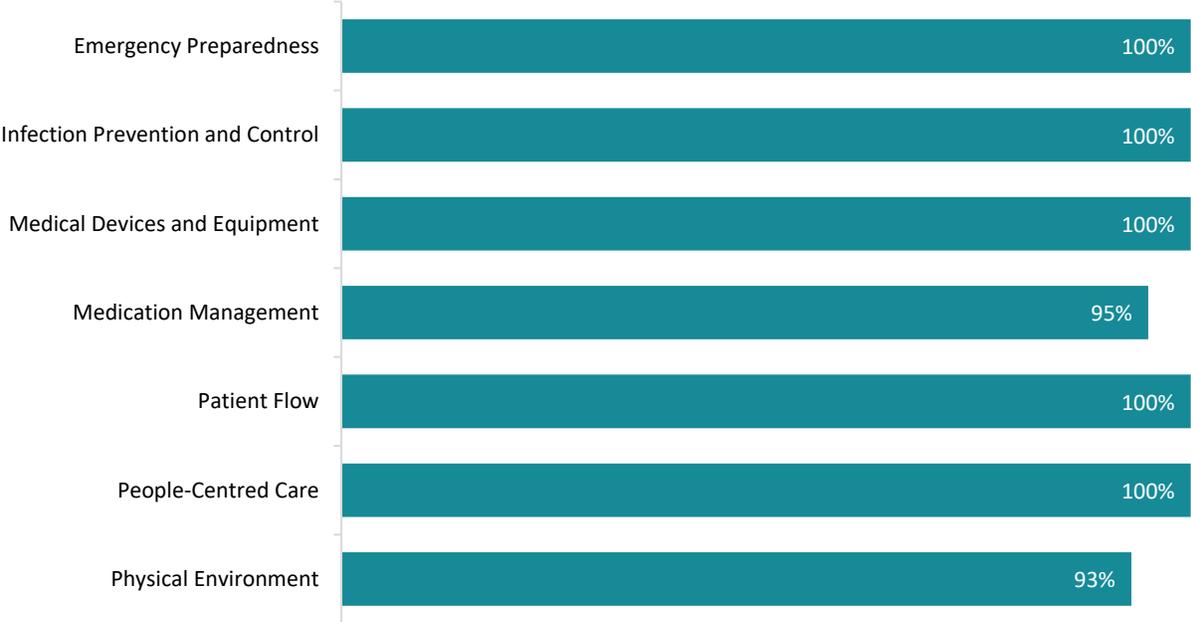
PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	98	0	14	0
Medication Management	92	5	7	0
Patient Flow	19	0	0	0
People-Centred Care	54	0	0	0
Physical Environment	13	1	0	0

Compliance by Quality Dimension

Dimension	Compliance
Accessibility	98%
Appropriateness	98%
Client Centered Services	100%
Continuity of Services	100%
Efficiency	100%
Population Focus	100%
Safety	98%
Worklife	95%

DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	48	1	0	0
Appropriateness	227	4	13	0
Client Centered Services	166	0	0	0
Continuity of Services	30	0	0	0
Efficiency	6	0	0	0
Population Focus	4	0	0	0
Safety	241	6	11	0
Worklife	20	1	1	0
Total	742	12	25	0

Compliance by Required Organizational Practice (ROP)

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

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes 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.

MET 7
(100%)

There is a strong sense of partnership with the township, fire, and the police for emergency planning. Mock codes have continued to be practiced throughout the past two years. Recently there was a shutdown of the town water pumps and within two hours there was fresh water available to the town and the hospital. The all-hazard disaster response plan is developed with input from the township, fire, and police department. There is a debrief following all codes, and plans are instituted to improve on the findings.

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.

MET 34
(100%)

The findings for infection prevention and control (IPC) are based on the observations and comments from the managers and staff. Hand hygiene compliance is high, and improvements are made if the compliance falls. There is a system for tracking infections, the spread and analysis. There was a client positive for COVID-19 on the acute medical unit during the survey, and this was reported to IPC. The process was immediately implemented to isolate the client, and to support the staff and other patients on the unit.

The laundry is contracted for daily linens. Resident laundry is done within the site. There is adequate hand hygiene products available and dedicated hand washing sinks. The environmental staff were noted to be cleaning windows and handrails, and stated they just keep things clean.

The site is encouraged to reinforce that when there is an outbreak, the doors to the unit should remain closed. Despite the notice and physical closing of the acute medical unit's door, it was continually noted to be open. Decluttering of the patient care areas in acute, perioperative, day surgery and emergency is also encouraged.

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.

N/A 14
(12.50%)

MET 98
(87.50%)
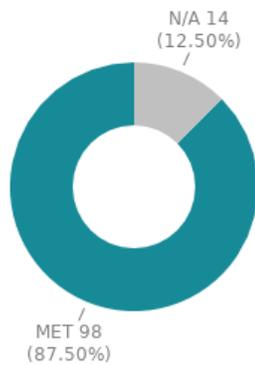
The site follows applicable CSA and ORNAC standards for the reprocessing of equipment. There is attention to ensuring that the staff are certified through recognized programs in sterile reprocessing. Individual team members are audited annually by zone leads to assess competency in reprocessing with feedback for course correction where applicable. There are space constraints, but the team can maintain both clean and dirty spaces with dedicated clean and dirty elevator access for the OR team. There is redundancy of equipment to avoid the need for flash sterilization or rapid turn-over of equipment. Preventative maintenance is regularly scheduled and documented for reprocessing equipment as well as appropriate daily testing according to CSA standards.

Opportunity was noted in the need to expand the department to meet the growing needs of the organization. Space is limited and needs to be reviewed. A manual process for washing of the case carts is in place with a need for substantial renovations including an upgrade to the RO system as well as the addition of a new boiler to upgrade to an automatic cart washer.

Medication Management

Priority Process Description: Using interdisciplinary teams to manage the provision of medication to clients. This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management; Perioperative Services and Invasive Procedures.
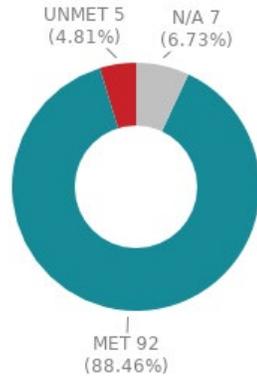
The site is supported by an energetic and involved pharmacist, two pharmacy aides and two technicians. The staff speak highly of this service, and it is hoped there will be an electronic dispensing unit alongside the implementation of Connect Care.

In conversation with the pharmacist, there were some minor improvements to be implemented, including combining the medications in ER to be in the same cupboard and clearly labeling same name different concentrations of medications. The site is encouraged to review the packaging of the single dose medications to be the entire dosage rather than a 1 of 3, 2 of 3 and 3 of 3 system, resulting in underdosing, and incidents in medication delivery due to human factors. Food was noted in both the acute medication and emergency refrigerators.

Implementation of an electronic dispensing unit in conjunction with implementation of Connect Care is an area of improvement for the site. Of note, one medication cart is unable to be locked, and both carts in the acute area were unlocked.

Overall, the service provided by the pharmacy is exceptional. Quality projects are being continually done to improve the service, and a recent improvement project was to have the benzothiazines addressed as high alert as narcotics. All the required audits are conducted yearly. Recently, medication management has been added to the orientation of new staff.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.
Medication Management	12.2	Medication storage areas are regularly cleaned and organized.
Medication Management	12.5	Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.
Medication Management	12.8	The use of multi-dose vials is minimized in client service areas.
Medication Management	18.2	Medications are dispensed in unit dose packaging.

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.

MET 19
(100%)

Client flow throughout the organization is addressed and managed in collaboration with the teams in the organization. There is a daily bed meeting with the Central Zone leads to discuss and manage flow within the region. Attention to acuity and volumes across the region is discussed with a focus on getting clients care in their home base or nearby to manage volumes across the region.

Red Deer Regional Hospital is the Hub for referrals for clients who require a higher level of care and there are processes and procedures to coordinate timely inter facility client transfers. Protocols for overcrowding and to address surge are available to the team. Within the organization LEAN staffing models can present a barrier for accessing assistance. An example of this was observed when the ED became increasingly busy requiring additional staff support for the in-patient unit. The inpatient unit was unable to support due to women in active labour.

People-Centred Care

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

MET 54
(100%)

Despite the pandemic, the LTC Resident and Family Council has continued to meet, assisting with decision making by leadership. Feedback from patients is sought with feedback loops from complaints, compliments, and the use of questionnaires following discharge from acute care and post-surgical.

There is evidence throughout the facility of the community involvement in the hospital. From the local schools, there are numerous poster boards wishing staff and patients well and messages of kindness and gratefulness. The volunteers are being welcomed back, with the auxiliary and the work they help with. The foundation is supportive and provides a lot of the equipment needed to increase and improve care.

Physical Environment

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

UNMET 1
(7.14%)

MET 13
(92.86%)

The Facilities Maintenance and Engineering (FME) leadership is very dynamic and involved. There have been several incidents of concern recently including a power outage for the town of Olds and the breakdown of the Town's freshwater pump. These emergent incidents have been handled and resolved without harm to the residents, patients, and clients of the hospital.

Inspections are up to date, and regular maintenance is completed by the engineers or by a contracted company. Back up is tested regularly and has been tested in real life recently. Renovation projects are approved and worked on with an interdisciplinary team including IPC, and Infection Control Risk Assessment (ICRA), the vendor and FME.

There are several green initiatives taking place within the facility including the implementation of decreased use of water for the air coolers and toilets. Energy use is being reduced with the use of energy efficient pumps. The boiler room has an enclosed "light bulb buster" able to safely contain the mercury contained in the light bulbs, and then to be transported to a recycling plant. Metal, electronics, and plastics are all being separated and recycled by FME staff.

At this time work is being done towards ensuring there is proper air exchange for the surgical suite. This was made to accommodate the regulations of 1986 which have increased since then. The site FME is encouraged to consider an overall refresh of the patient and public areas. A new coat of paint perhaps to brighten the place up.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.

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.

UNMET 5 (6.94%)

MET 67 (93.06%)
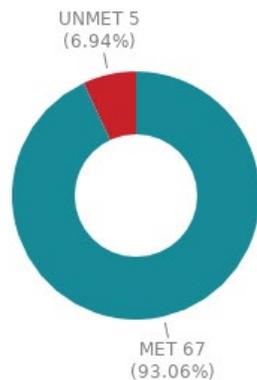
The team in the Emergency Department (ED) is accreditation ready and in compliance with all applicable ROP's. The team has access to appropriate training to deliver high quality evidence-based care to the clients they serve.

There is an abundance of metrics available to make data driven decisions for delivery of care. The metrics should be reviewed to understand where additional resources are needed or if the services offered are appropriate in the department. Currently, in addition to ED services the team provides infusion services for the community as well as registration and cleaning duties. Staffing consists of two RNs, an ED physician and housekeeping on call. Consideration should be given to the right staff doing the right job. An example would be support staff to address increasing demands if supported by the metrics. Consider a dedicated triage nurse, housekeeping, clerical personnel, or Nurse Practitioner roles to support high activity based on the metrics that should be shared and reviewed regularly.

Noted by the ED physician is the need for more family physicians in the community as there is an increased number of clients seen that could have been seen by family physicians. The ED physician interviewed noted that their clinic has over 1200 clients waiting for acceptance into a practice. If the ED is to support this short fall, attention should be given to resourcing the area appropriately to assess and treat these lower acuity clients with appropriate staffing for efficiency and flow.

The team would benefit from a review of their space with attention to improving compliance with eliminating wooden services that are difficult to clean. Providing a safe space for clients and staff should be a priority. Review sight lines, camera views, Mental Health dedicated area and ability to maintain a secure area with locking mechanisms. Accessibility to the department would be improved with automatic door openers to support movement of clients from the waiting area to the assessment area.

Highlighted is the need for a glidescope to assist with intubation when needed. Currently one is shared with the OR. There is a well-equipped two bed triage area and there is access to a ventilator if needed as well as appropriate advanced resuscitation equipment. There is also a Broselow Cart stocked with the necessary paediatric supplies. The team is trained to support emergencies through specialty courses and SIM learning on site with the educator.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	1.5	Workload is assessed and team members are reassigned as required during periods of high volume and surges in the emergency department.
Emergency Department	5.8	Seclusion rooms and/or private and secure areas are available for clients.
Emergency Department	10.1	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.
Emergency Department	10.2	Ambulance offload response times are measured and used to set target times for clients brought to the emergency department by Emergency Medical Services.
Emergency Department	10.3	Data on wait times for services, the length of stay in the emergency department, and the number of clients who leave without being seen is tracked and benchmarked.

Inpatient Services

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

N/A 1 (1.72%)
MET 57 (98.28%)

The inpatient unit is currently dealing with a COVID-19 outbreak. The team has implemented an appropriate response for outbreak management with the support of the Zone IPC team. The unit routinely operates at 85-100% occupancy and can support patient flow throughout the organization. There are protocols in place to support patient placement from ED, Surgery and from external needs such as repatriation from the region.

The inpatient unit is a mix of medical and surgical clients as well as two labour beds. The team is cross trained to be able to care for all patients including a small portion of paediatric and neonatal clients as needed. Clients appropriate to the level of service receive care on the unit and the team has a collaborative and well-established relationship with Red Deer Regional Hospital for transfer of clients requiring a higher level of care. All ROP's were met with an acknowledgement that the long-awaited electronic Connect Care will improve compliance with tools to assist assessments.

Leadership on the unit has plans to embed collaborative, patient focused care through the principles of the CoACT program. Whiteboards are already used on the unit to communicate care but there is a need to provide bedside shift report with frequent check-ins between team members to ensure continuity of care. The leader also has plans to improve the quality board on the unit to monitor unit specific metrics focused on care excellence and safety. Rapid Rounds take place on the unit where the interprofessional team meets to review each patient's plan of care to identify what needs to be done that day to move

the plan forward. The team effectively collaborated on the needs of the clients; however, rapid rounds are meant to be structured and brief. Consideration should be given to understanding the necessary information that needs to be shared to improve efficiency.

There is not a formal opportunity for client participation in development of unit goals and objectives however client feedback is obtained and helps drive process improvement.

Long-Term Care Services

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

N/A 1
(1.30%)

MET 76
(98.70%)
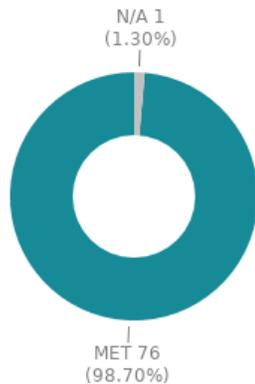
Olds Hospital and Care Center hosts 50 long term care beds. The unit is divided into continuing care and a locked unit for clients with signs of dementia. Many rooms in the locked unit are three to four beds, and in the non-locked care there are five private rooms. AHS is moving towards a model of one resident for each room, and this will impact the number of residents at this site. An area of improvement is to ensure all residents have photos to support the identification process and encourage the completion of photos in places designated for posting (e.g., resident rooms, charts, and the medication containers).

The foundation has recently received donations for redecorating of the units. Work has already been started with a lovely mural on the elevator to allow less of an industrial feeling. The volunteers create elevated gardens of flowers in the large green space accessible for the residents. Residents are treated with care and respect. There is support from recreation therapy to encourage residents to participate in social events. The kitchen staff offer a selection of foods for people during meals, and the Resident and Family Council provides overall input to the menu choices.

The manager puts out a weekly newsletter for residents and sends this electronically to the families. Included in this are dedications for deceased residents, recognitions of help, good deeds, and anecdotes of the day-to-day events of the unit. There are quarterly updates with the interdisciplinary team, including the patient and family, for the care planning. Whiteboards have successfully been implemented, and it was noted these were all completed during the survey.

Obstetrics Services

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

N/A 1
(1.37%)

MET 72
(98.63%)
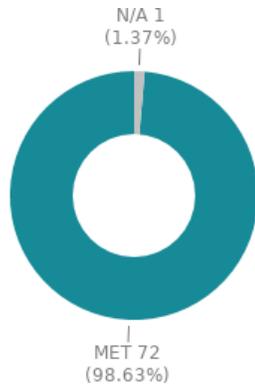
Obstetrics at the Olds Health and Care Center hosts a two-bed labour and delivery unit. The unit is managed by the Acute Care manager who is new to the site since January 2022. The staff rotate through this Labour Delivery room (LDR) between medicine and emergency. Many staff are new graduates from nursing. Last year there were 280 deliveries. There is an average of two to three scheduled caesarian sections per month. There is one OBGYN specialist to support the service, and nursing staff are equipped with the additional required education to support deliveries.

The LDR is exceptionally well organized with no clutter. Conversations with the clients is clear and compassionate providing choices of care and potential side effects. There are standardized forms for antenatal risk, newborn clinical pathway, a discharge check list, and an obstetrical form clients take home with post-natal care for the infant and the mother. Once the infant is delivered, the mother and infant are provided a private room on the acute unit.

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.

N/A 1
(1.15%)

MET 86
(98.85%)
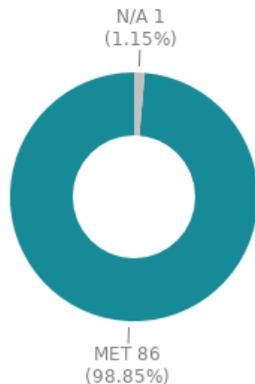
The Perioperative Services Team is dedicated to providing high quality care to the clients they serve. In this demanding, stressful, and complex working environment there is evidence of a collaborative team all working together to deliver exceptional, safe, client focussed care.

The Perioperative Services Team follows Operating Room Nurses Association of Canada (ORNAC) standards to contribute to the continued improvement of safe patient care and perioperative registered nursing practice in Canada. These standards assist the Perioperative Registered Nurse in attaining and maintaining competence in the performance of quality patient care. Staff are responsible for providing a cross section of care throughout the program. The team is responsible for preoperative phone call assessments, intraoperative care, and post operative care in the recovery area. The team works collaboratively with the Red Deer Regional Hospital to manage waitlists and help reduce the back log of surgeries across the region. The team is fortunate to have a full complement of staff however, for future expansion of the services offered or to support recruitment of staff there is an opportunity to incorporate additional LPNs into the department to support the delivery of care. Noted by the team is

the need for dedicated housekeeping staff or Operating Room (OR) attendants to expedite room turnovers to ensure full utilization of OR time.

Documentation in the OR is electronic on Meditech but will move to Connect Care when implemented. Many of the current processes to support smooth operation of the OR are paper based and dependent on manual entry for tracking and ordering of extra equipment and supplies. The hope is that the new electronic system will support some of these processes better.

It was noted in the Day Surgery Patient preparation area that there is no soiled room to support the team. There are space constraints that need to be reviewed to understand if there are opportunities to declutter. Consider incorporating 5S principles to help organize both the Day Surgery and Operating Room area as both areas need additional space to allow for improved efficiencies.

The OR has many redundancies in equipment and supplies to minimize surgical interruptions, however, it was noted that the OR shares a glidescope with the ED department. This important intubation tool is needed in both areas and the team would benefit from an additional glidescope. The other need identified is for a C-Arm with trained personnel to operate it. The team often has multiple competing priorities for the current mini- C-Arm and by adding a large C-Arm the pressures could be reduced as well as enable an increased scope of services provided.

Service Excellence

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

UNMET 1
(1.47%)

MET 67
(98.53%)
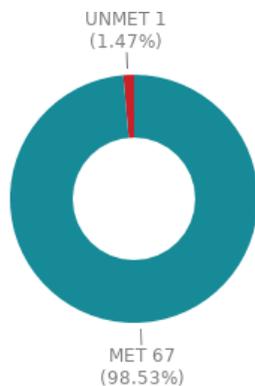
Resources requirements are met with support of the Foundation, Auxiliary and Volunteers. The Community plays an active role to assist in a positive and supportive environment. The site staff are both excited and concerned for the implementation of Connect Care. Other than the pandemic, one of the biggest concerns there are from leadership is the recruitment of registered nurses to fill the many vacant positions. The second concern is the length of stay for Alternate Level of Care (ALC) patients while waiting for placement to Continuing Care.

There are palliative beds and a palliative care coordinator to support the community. Patients and families receive questionnaires on discharge from services. The results combined with complaints and concerns are used to assess changes to service delivery models. Designated staff members perform audits on charts to ensure ROP strategies are in good practice. The results are posted on quality boards located in long term care, and the inpatient unit. Staff are current in the required training needed to work in acute care to care for all ages of people.

Other important work is the continued quality improvement initiatives. Several have included CoACT, introduction to Name, Occupation and Duty (NOD), Rapid Rounds, and improvements to the orientation provided to new staff. The manager for Acute care has implemented the weekly quick notes to keep staff up to date.

One concern held by leadership and staff is the need to feel safe. There could be a review of the flow of potential nonusers of health care through the site. Increased locking units for safety and personal response bells for unsafe situation alerts. The ambulance bay requires a camera to be repaired, and there is a potential need to increase the security presence during the day to provide 24 x 7 security onsite.

An opportunity for leadership is to monitor the data to be able to make decisions on services and their design. The understanding of the data such as length of stay, c-section rates, ER wait times and CTAS data is a valuable tool to inform decisions.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		**Criteria**	**Due Date**
Long-Term Care Services	5.2.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	June 30, 2023
Medication Management	12.1	Access to medication storage areas is limited to authorized team members.	June 30, 2023
	12.5	Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.	June 30, 2023
	12.8	The use of multi-dose vials is minimized in client service areas.	June 30, 2023
	18.2	Medications are dispensed in unit dose packaging.	June 30, 2023