

# Resident/Family Awareness, Safety and Quality Improvement Guide



St. Michael's  
HEALTH GROUP

# TABLE OF CONTENTS

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Introduction.....	3
1.0 Resident Safety.....	4
2.0 Accreditation.....	4
3.0 Advanced Directives.....	5
4.0 Adverse Events.....	5
5.0 Behaviour Management.....	6
6.0 Critical Incident Management.....	7
7.0 Fair and Just Culture.....	7
8.0 Family Role in Safety at St. Michael's.....	8
9.0 Full Disclosure.....	8
10.0 Emergency Preparedness.....	9
11.0 Television, Telephone and Computer Service.....	10
12.0 Health Information Management.....	11
13.0 How to Raise a Safety Concern.....	11
14.0 Influenza and Pneumococcal Vaccines.....	12
15.0 Least Restraint Procedure.....	14
16.0 No Unsafe Lift.....	14
17.0 Medication Reconciliation.....	15
18.0 Pressure Ulcers Management and Prevention.....	16
19.0 Quality Improvement.....	17
20.0 Risk Management.....	17
21.0 Safety Culture.....	18
22.0 Safe Food Handling.....	19
23.0 Medication Administration.....	20
24.0 Fall Prevention Management.....	20
25.0 Balanced Score Card Report: Alberta Health Services - Edmonton Zone.....	21
26.0 Pandemic Planning "Business Continuity".....	22
27.0 Infection Prevention and Control.....	22
28.0 Long Term Care Accommodation Standards - Alberta Health and Wellness.....	23
29.0 Continuing Care Health Services Standards.....	24

## TABLE OF CONTENTS

---

---

30.0 Alberta Health Services - Edmonton Zone - Continuing Care Peer Review Audit.....	25
31.0 Safety and Ethics.....	25
32.0 Monitoring.....	26
33.0 Partners in Injury Reduction.....	26
34.0 Occupational Health and Safety.....	27
35.0 Resident Unique Identifiers.....	27
36.0 Standardized Use of Abbreviations.....	27
37.0 Building Safety.....	28
38.0 In Case of Emergency.....	28
39.0 A Smoke Free Environment.....	29
40.0 Secure Unit.....	29
41.0 Personal Belongings and Valuables.....	29
42.0 Staff Identification.....	29
43.0 Your Identification.....	29
44.0 Life at St. Michael's.....	30
45.0 Measuring Our Successes.....	30
Our Values.....	31
Notes.....	32

## **INTRODUCTION**

Safe Resident Care is essential to quality health care services. Recognizing the need for discussion and action on Resident Safety Awareness, St. Michael's Health Group has developed this guide to assist the Residents and the families involved who are interested in/or becoming more aware of the safety practices and program in place.

St. Michael's' goal is to provide support and aid the Resident's physical, emotional, spiritual and social well-being. The team of health professionals and staff strive to maintain a healthy and independent lifestyle for the Residents.

"Care with Love and Dignity" is the fundamental foundation of St. Michael's Health Group. We place the utmost, crucial importance and attention upon our Residents and, of course, the families of the Residents.

The aim of this guide is to provide a more in-depth look of Resident and Family Safety and Awareness. St. Michael's Health Group hopes that this guide will become an important source of information that would readily inform inquisitive Residents, family and/or future Residents.

Lucas Gelink  
Director, Resident Care

## **1.0 Resident Safety**

The definition of safety is “the condition to which risks are managed to accepted levels”. At St. Michael’s Health Group, we apply seven crucial steps everyday to maintain Resident safety.

1. Build a Safety Culture – Create a culture that is open and fair.
2. Lead and Support Staff – Establish a clear and strong focus on Resident safety throughout the facility.
3. Integrate Risk Management Activity – Implement and monitor systems and processes to manage the risks and identify things that could go wrong.
4. Promote Reporting – Ensure that staff can easily report incidents or near misses.
5. Involve and Communicate with Resident and the Public – Develop ways to communicate openly with and listen to Residents and their families.
6. Learn and Share Lessons – Encourage staff to use Root Cause Analysis to learn how and why incidents happen.
7. Implement Solutions to Prevent Harm – Embed lessons through changes to practice processes or systems.

## **2.0 Accreditation Canada**

Accreditation Canada Qmentum Accreditation Program places enhanced emphasis on health system performance and fosters an increased awareness of Accreditation as a powerful tool for accountability, quality and patient safety. Qmentum’s strengths are:

- A fundamental focus on quality improvement, patient/client safety and effective governance.
- A simple, flexible process that uses existing organizational processes and teams, and that can be customized to an organization’s specific needs and priorities.
- An alignment of Accreditation with the organization’s ongoing Quality Improvement program, thus streamlining the work and enabling Accreditation to more effectively support the Quality Improvement goals.

### **3.0 Advance Directives**

Advance Directives provide individuals with a method to identify their health care preferences for the event that they become incompetent to make such decisions in the future. Many Residents and their families have advance directives such as a Do Not Resuscitate (DNR) and/or a Power of Attorney for Person Care Decisions. In short, Advance Directives reflect the Resident's wishes about medical treatment, personal care and financial decision-making if the Resident is no longer able to communicate these wishes to family members or care providers.

### **4.0 Adverse Events**

An Adverse Event is an injury that was caused by medical management rather than the Resident's underlying disease/condition. In many cases, an expression of regret and an apology is mixed up.

- An apology is a statement of remorse acknowledging that something went wrong in the Resident's care.
- An expression of regret is a sincere statement of sympathy for the unfortunate circumstances with no acknowledgement of error or responsibility.

## 5.0 Behaviour Management

There is zero tolerance for inappropriate behaviour at St. Michael's Health Group. A safe environment is implemented for Residents/visitors, staff and volunteers.

St. Michael's Health Group follows these basic steps for the management of all conditions and problems that occur in the facility:

1. Assessment/Recognition – The purpose of this step is to provide a rational basis for deciding whether there is a need, risk or problem and what to do about it. The staff and attending physician collect relevant information about the Resident (history, signs and symptoms, known medical conditions, personal habits and patterns, etc.) and then
  - evaluate and organize that information to identify whether the individual has a specific need, condition or problem
  - describe and define the nature (onset, duration, frequency, etc.) of the risk, condition or problem
2. Diagnosis/Cause Identification – The staff and the Resident's attending physician attempt to identify causes of a condition or problem, or explain why causes cannot or should not be identified.
3. Treatment/Management – The staff and the Resident's attending physician use the above information to decide how to manage a Resident's condition, symptom, or situation. Where causes may be identifiable and correctable, they seek and address them or explain why they could not or should not have done so.
4. Monitoring – The staff and physician evaluate the individual's progress over time in relation to a risk, need, problem, condition or symptom, consider the effectiveness of interventions, and make a systematic determination about what to do next.

## **6.0 Critical Incident Management**

“Critical Incident” is an unintentional event that occurs when health services are provided to an individual and results in a consequence to him or her that: is serious and undesired, such as death, disability, injury or harm, unplanned admission to an acute care facility or unusual extension of a hospital stay; and does not result from the individual’s underlying health condition or from a risk inherent in providing the health services reported to Alberta Health Services Board and are appropriately investigated.

St. Michael’s Health Group shall ensure all Critical Incidents are reported (including debriefing of appropriate staff, Resident and family whenever possible) in order to promote system-wide learning through the Quality Improvement and Risk Management Committee, as described in the Alberta Evidence Act.

## **7.0 Fair and Just Culture**

As part of our quality improvement program is a proactive approach to encourage spotting and reporting of safety issues that involves Residents and all staff, and a system for acknowledging a rewarding participation. A system’s review will be the first response to establishing the cause of error and there is a process for managing each event, reducing harm where possible, sharing information with those involved and planning and taking remedial action.

Where someone is found to be willfully negligent in their care, appropriate remedial and/or disciplinary steps are taken to remedy the situation through a performance management process.

St. Michael’s Health Group provides a safe, comfortable environment for the Resident to live in. We encourage a Just Culture within the organization by ensuring that all team members feel comfortable and safe to discuss concerns or events that might arise on the nursing unit and within the facility. A Just Culture promotes safety through honesty.

## **Tips for Residents and Families**

You have a role to play in promoting a Just Culture. You can:

- Be curious - observe what is happening around you.
- Learn – listen – take the time to get to know the Continuing Care Standards (see [www.continuingcare.gov.ab.ca](http://www.continuingcare.gov.ab.ca)).
- Be safe – follow easy safety measures like washing your hands regularly to stay healthy and prevent infection.
- Get involved – join the Families that Care Committee.

### **8.0 Family Role in Safety at St. Michael's**

Family members are encouraged to be part of St. Michael's Health Group – helping to plan for Resident care and taking part in programs when appropriate. Our staff will do everything possible to establish positive, trusting relationships with your relatives.

### **9.0 Full Disclosure**

Every Resident has the right to be treated with care, consideration and respect.

When a Resident is harmed, it affects the Resident, his or her family and the health care provider team. While people are aware harm can occur in the health care system, it is not expected that it would happen. When it does happen, Residents and family need to know what happened and the consequences, to receive an appropriate apology and be provided with the information and what will be done to ensure a similar situation does not occur again.

St. Michael's Health Group respects this right and is committed to improving the quality and safety of the care that is delivered. A disclosure policy is to help Residents who have been harmed during the health care treatment.

From our perspective, full disclosure is the right thing to do. Open and timely disclosure can benefit Residents and families by:

- Enabling the Resident to receive the appropriate treatment to reduce the complications resulting from the harm experienced.
- Enabling informed choices to be made regarding the Resident's care plan.
- Helping Residents, as a group, to develop a greater understanding and more realistic expectation about the health care system and the care they receive.
- Promoting the development of trust within the Resident/healthcare provider relationship.

## **10.0 Emergency Preparedness**

St. Michael's Health Group has a Business Continuity Plan in place for pandemic outbreak.

There are three important processes for emergency preparedness at St. Michael's Health Group.

### *Risk Evaluation*

Frequency	- Low
Liability	- High
Potential Liabilities	- High
Potential Recurrences	- Reduction, Prevention

### *Risk Monitoring*

- Bomb Threat Form/Unusual Incident Report – Manager/Director/President & CEO
- Health and Safety statistics – quarterly – Manager/Director/President & CEO
- Quality Improvement/Risk Management statistics – monthly – Manager/Director/Executive Director
- Partners in Injury Reduction/Safety audit – monthly
- Liability insurance

### *Preventive Activities*

- Mock fire drills – monthly, semi-annual fire inspection, debriefing documentation
- Mock disaster drills – every three years, debriefing documentation
- Ongoing staff orientation and annual inservice
- Compliance with policies and procedures
- Emergency Preparedness

## **11.0 Television, Telephone and Computer Service**

Televisions are available in the lounge areas of the Care Centre. Cable TV services are available for a fee. If you would like your own TV in your room, we suggest a smaller TV (21”) or flat screen. We encourage you to use earphones so you can enjoy your favourite TV and radio programs in comfort without disturbing others. You will be responsible to arrange for installation. Please contact the maintenance staff to review and approve the installation method.

Public telephones are available on each nursing unit adjacent to the Nursing Desk. If you would like telephone service in your room, please contact your preferred provider to make arrangements for activation. There is a monthly charge for this service and the provider will bill you, a family member, or a trustee directly. Please check with staff before making these arrangements.

You may also bring a small computer or lap top into your room. You will be responsible to coordinate payment of any fees for internet service.

Our in-house TV station (channel 117) is available for you to view the daily menu and the recreational activities and any other messages that might be posted.

## **12.0 Health Information Management**

Under the Health Information Act (HIA), there are protocols that are enforced to provide safe management in regards to health information.

The Health Information Act was developed to:

- Establish strong and effective mechanisms to protect the privacy of individuals with respect to their health information and to protect the confidentiality of that information.
- Enable health information to be shared and accessed where appropriate, to provide health services and manage the health system.
- Prescribe rules for collection, use and disclosure of health information, which are to be carried out in the most limited manner and with the highest degree to anonymity that is possible under the circumstances.
- Provide individuals with a right of access to their own health information. This right of access is subject to limited and specific exceptions as set out in the Act.
- Provide individuals with the right to request correction or amendment of health information about themselves.
- Establish strong and effective remedies for contraventions of the Act.
- Provide for independent reviews of decisions made by custodians (organization or regulated health professional) and resolution of complaints under this Act.

To learn more about the HIA, visit [www.assembly.ab.ca](http://www.assembly.ab.ca)

## **13.0 How to Raise a Safety Concern**

We encourage Residents and family members to express their opinions, compliments as well as concerns. Please address any questions or concerns directly to the Case Manager you are assigned to or to a Registered Nurse or another member of your Care Team. Also, you can attend "Families That Care" to express concerns or, leave a note in the mailbox at the Resident telephone desk near the nursing station.

## 14.0 Influenza and Pneumococcal Vaccines

Influenza is a highly-contagious respiratory illness caused by a virus. There are two main types of influenza viruses: type A and type B. Each type has many different sub-types or strains. Influenza, type A, causes moderate to severe illness. Type B causes milder disease and primarily affects children. Influenza can occur throughout the year, but seasonally peaks from December to March.

Annual influenza vaccine immunization has been up to 90% effective in preventing influenza in young healthy adults and while only 30% to 40% effective in preventing illness among frail elderly persons, it is 80% effective in preventing influenza-related deaths in the elderly. During a community outbreak of influenza, type A, anti-viral medications may be used by persons who are unable to take the influenza vaccine. Anti-viral medications are also indicated when outbreaks are caused by a variant strain of influenza, type A, which might not be controlled by the vaccine.

Influenza vaccine is updated annually to match the circulating strain and provides immunity for approximately one year. The vaccine should be taken each fall, between October and mid-November. It takes about one to two weeks for the antibody to develop and provide protection.

Pneumococcal disease is an infection caused by the bacteria *Streptococcus pneumoniae*.

When the bacteria enters the body, it can cause ear and sinus infections, as well as more serious infections such as pneumonia and meningitis, or severe long-term effects like deafness and brain damage.

Recognizing the major impact and mortality of pneumococcal disease on Residents of nursing homes and the effectiveness of vaccines in reducing health care costs and preventing illness, hospitalization and death, this facility has adopted the following policy statements:

- All Residents of our facility should receive the pneumococcal vaccine if they are 65 years of age or older or younger than 65 years with underlying conditions that are associated with increased susceptibility to infection of increased risk for serious disease and its complications.
- Re-vaccination with the pneumococcal vaccine if five or more years have passed since the previous dose and the person was less than 65 years at the time of the previous dose.
- These vaccines may be administered by an appropriately qualified personnel who are following facility procedures without the need for an individual physician evaluation or order.

Every year, a log will be maintained documenting the number of Residents who received the vaccine, as well as the number who refused or did not get vaccinated.

## **15.0 Least Restraint Procedure**

At St. Michael's Health Group, we believe that Residents should be allowed to maintain their dignity and independence. At the same time, we recognize our responsibility to provide a safe environment for our Residents, and so we make every effort to identify and manage the risk factors that exist.

When all other interventions, including changes to the environment, have been tried and proven unsuccessful, restraints may be used if Residents are potentially at risk of causing serious bodily harm to themselves or others. In all cases, the least restrictive type of restraint will be used for the shortest time possible, according to the guidelines in our policy on physical restraint. The use of restraints will be fully discussed and consent obtained from the Resident and/or family members. Decisions involving restraints will be reviewed by the staff with the Resident and/or family on a periodic basis.

## **16.0 No Unsafe Lift**

One of the basic abilities for a physically disabled Resident is the transfer from one place to another - such as getting out of bed into a wheelchair, getting from a wheelchair onto a toilet, or into a car, with no or minimal assistance. Even when assistance is required, the Resident can exert as much effort as capable.

Based on an assessment by a Physical Therapist or Occupational Therapist and in consultation with nursing staff, a transfer technique is recommended and recorded in the nursing care plan and a transfer symbol applied to the foot of the bed. The two basic forms of transfer are standing and sitting.

In a standing transfer, the Resident takes weight on one or both legs and comes to an upright position before setting down in a new place.

In a sitting transfer, the Resident does not rise but moves the hips sideways from one surface to another.

There will be no manual lifting of Residents following a fall. In the situation where the Resident is uninjured following a fall and is unable to get up independently, a mechanical lift must be performed. When the Resident is injured, the Registered Nurse/Licensed Practical Nurse will do an assessment and transfer to emergency may occur.

## **17.0 Medication Reconciliation**

Residents will have their medications reconciled within 24 hours of admission and at parts of transfer within the health care system. The final outcome of this process is to generate the most accurate medication list available.

An up-to-date and accurate medication list is essential to ensure safe prescribing across the continuum of care. Ultimately, the goal is to develop a process which provides an accurate list that can be used for medication orders by all health care providers as Residents are admitted, transferred through the facility and discharged back out to the community or to another care facility.

Medication reconciliation is an interdisciplinary process between nursing, physician and pharmacy that compares the Resident's most current list of medications against the physician's orders upon admission, transfer and discharge, addressing discrepancies, thereby decreasing potential Adverse Drug Events (ADE) and omissions. St. Michael's Health Group defines medication reconciliation as a process designed to prevent medication errors at Resident transition points (admission, transfer for consultation and discharge). It is a three-step process entailing:

1. Creating the most complete and accurate list possible of all medications for each Resident.
2. Using that list when writing medication orders.
3. Comparing the list against the physician's admission, transfer and/or discharge orders, identifying and bringing any discrepancies to the attention of the physician and, if appropriate, making changes to the order.

Any resulting change in orders are documented preventing Adverse Drug Events at Resident transition points, is the impetus behind the concept of medication reconciliation. Involvement of the Resident/family is an essential component of medication reconciliation.

## **18.0 Pressure Ulcers Management and Prevention**

Pressure ulcers are commonly known as bedsores. They are lesions caused by many factors such as: unrelieved pressure, friction, humidity, shearing forces, temperature, age, continence and medications, to any part of the body.

St. Michael's Health Group's Goal:

- Implement a preventative approach to management of pressure ulcers.

### *Risk Evaluation:*

- Frequency - Medium
- Liability - High
- Potential Liabilities - High
- Potential Recurrences - Reduction, Prevention

### *Risk Monitoring:*

- Assessment by Wound Care Team
- Statistical record and trends
- Liability insurance
- Braden scale (monitors a Resident's risk to skin breakdown)
- Nutritional and hydration monitored

### *Preventive Activities:*

- Education of staff – yearly – Pressure Areas and Skin Care and Wound Reduction
- Ongoing assessment of pressure ulcer and wound management procedures
- Sitting and positioning assessment
- Special adaptive aids provided for Residents with impaired skin integrity
- Daily review of pressure points, turning and positioning

## **19.0 Quality Improvement (QI)**

Good management ensures that, through observations or reports, actions are evaluated. The evaluation process for quality improvement is determined through budgets, norms, criteria, etc., which are called standards. Based on these standards, adjustments are made for improvement. QI is to be practiced by all. The objective of this procedure is to create awareness and explain methodology to use QI and incorporate it into work patterns at every level of endeavor.

There are five areas for Quality Improvement:

1. Assessment Area – either goals or the performance of tasks or services.
2. Standards – the desired, achievable level (or range) of performance.
3. Evaluation – the process of comparing the Outcome to Standards.
4. Decision – a recommendation for a plan of action which evolves out of the evaluation.
5. Adjustment – represents new action taken which is designed to change the original Outcome.

## **20.0 Risk Management**

Risk Management is the systematic process of identifying, evaluating and addressing potential and actual risks. Risk Management is a shared responsibility of the Board, all levels of management, medical staff and employees of St. Michael's Health Group to prevent injury/loss, as well as reduce liability and claims. Beyond the official program, is a state of awareness and good judgment by all those who are associated with the corporation. The main function of Risk Management is to deal with the assessment, identification, prioritization, monitoring and addressing identified Risk Management issues.

- Identify and plan the management and reduction of key risks to Residents and staff.
- Reduce the number and severity of incidents, sentinel and adverse events.
- Encourage and reward the reporting of all incidents and near misses.
- Record, analyze and report on key risk areas and trends in safety incidents and adverse events.
- Address and resolve identified risk issues.
- Conduct Root Cause Analysis on sentinel and other severe events.
- Report as required to Alberta Health Services Board on any critical incidents and other high risk and high impact events.
- Widely share and apply the information gained from the organization.

## **21.0 Safety Culture**

“Safety Culture” is the culture of an organization in that pattern of beliefs, values, attitudes, norms, unspoken assumptions and entrenched processes shapes how people behave and work together. It is also a culture that is open and fair and one that encourages people to speak up about mistakes. People are able to learn about what is going wrong and put things right.

A safety culture is at the forefront of everyone’s mind, not only in delivering health care, but when:

- Setting objectives
- Developing procedures
- Purchasing new products and equipment
- Influencing the overall vision, mission and goals of the organization

## 22.0 Safe Food Handling

At St. Michael's Health Group, we follow a strict policy that ensures the facility practices safe food handling. We:

- Inspect food items before storage. Reject the delivery of food in damaged containers or of questionable quality of freshness.
- Store food items in appropriate areas promptly after delivery. Be sure that food items are appropriately contained and labeled with date.
- Routinely monitor and record temperatures of food storage areas on a daily basis:
  - Dry storage – equal or less than 32 degrees Celsius
  - Refrigerated storage – equal or less than 4 degrees Celsius
  - Frozen storage – equal or less than 18 degrees Celsius
- Store food at least six inches off of the floor and away from the walls.
- Check dates on food items regularly. Discard expired items. Rotate stock so that the first items in are the first to be used.
- Maintain provincial and local requirements for food storage.
- Thaw meat products under refrigerated conditions to minimize any microbial growth.
- Never thaw and then re-freeze food.
- Prepare food in batches to assure thorough cooking and rapid chilling in shallow pans.
- Cook all foods thoroughly. Use appropriate temperature measurements to assure meats are fully cooked.
- Maintain "hot" and "cold" foods at appropriate temperatures when holding:
  - Hot foods – at least 60 degrees Celsius
  - Cold foods – 4.44 degrees Celsius or below
- Check and record food temperatures during cooking, holding, serving and reheating.

- Chill perishable leftover food items within two hours of preparation. Use refrigerated items to make salads.
  - Leftover food is not be mixed with unprepared foods.
  - Rapidly heat leftover foods to at least 74 degrees Celsius and then hold at that temperature.
  - Use gloves and utensils for food handling.
  - Food is to remain covered when unattended.
  - Transport food in thermal carts to maintain appropriate food temperature.
  - Thoroughly clean and dry all utensils, surfaces and equipment used in the preparation of food items. Use appropriate disinfectants and detergents. Keep cleaning agents and supplies away from food preparation surfaces when food is being prepared.

## **23.0 Medication Administration**

At St. Michael's, we strive to ensure that when medication is administered, it is done in the safest manner possible. The Medication Administration Committee at St. Michael's has the objective to provide an effective and safe drug distribution and medication administration system. The Committee has standing agenda items that are addressed on a monthly basis:

- Medication Reconciliation
- Medication Errors/Near Misses
- Use of Prohibited Abbreviations
- Pharmacy Audits
- Practice Standards

## **24.0 Fall Prevention Management**

St. Michael's goal is to reduce the number of Resident falls and fall-related injuries. A fall is defined as an event which results in the Resident, or any part of the Resident's body, coming to rest inadvertently on the floor, or other surface lower than the Resident.

In the event that a Resident experiences a fall, the Resident Care staff follows a protocol to assess the Resident and identify ways to reduce the incidence of the Resident falling. An example of this is to put green balls on the bottom legs of a Resident's walker to identify him or her as an individual at risk for falls.

Falls are tracked on a monthly basis and reported to Alberta Health Services – Edmonton Zone as part of their data collection for the Balanced Scorecard Report.

## **25.0 Balanced Score Card Report: Alberta Health Services - Edmonton Zone**

Once a year, Alberta Health Services publishes the Edmonton Integrated Living Facility Balanced Scorecard Report.

The Balanced Scorecard provides a framework to advance quality within the continuing care system. The Balanced Scorecard supports:

- Facilitating linkages and aligning quality improvement initiatives between stakeholders
- Policy development
- Describing, evaluating, measuring and assessing organizational performance
- Assessing knowledge needs and identifying gaps
- Establishing processes to support quality improvement initiatives
- Educating stakeholders regarding health care quality

For the Balanced Scorecard Report 2011 – 2012, St. Michael's indicators were in the range that did not require follow up. An Action Plan for any indicator below acceptable range would need to be done and forwarded to Alberta Health Services – Edmonton Zone Facility Living Services for follow up.

## **26.0 Pandemic Planning “Business Continuity”**

“Business Continuity” means ensuring that essential business functions can survive a natural disaster, technological failure, human error or other disruption. Pandemic flu demands a different set of continuity assumptions since it will be widely dispersed geographically and potentially arrives in waves that could last several months at a time.

St. Michael’s has developed a Pandemic Plan for the facility in the event that we experience a pandemic. This Pandemic Plan was developed with information from Alberta Health and Wellness and Alberta Health Services – Edmonton Zone.

## **27.0 Infection Prevention and Control**

Healthcare-associated infection impacts Resident outcomes across the healthcare continuum. Impact includes both morbidity and decreased quality of life. St. Michael’s places great emphasis to ensure that healthcare providers and Residents follow best practices in infection prevention and control procedures. Hand hygiene is the single most important factor in reducing the spread of infections.

St. Michael’s staff are regularly given in-services on hand hygiene and basic infection prevention and control practices.

On a monthly basis, Residents with infections are tracked on the Infection Control Log. At month end, the Infection Control Log entries are reviewed by the Infection Prevention Control Nurse and Director, Resident Care to check if there are any trends emerging.

On a quarterly basis, the Infection Rate per 1000 Resident Days is shared with Resident Care staff.

## **28.0 Long Term Care Accommodation Standards - Alberta Health and Wellness**

The purpose of Accommodation Standards is to ensure that long term care facilities, like St. Michael's, maintain a high quality of accommodation services that promote the safety, security and quality of life for Albertans living in long term care facilities.

Once a year, St. Michael's is surveyed by Accommodation Standards inspectors and a report is prepared. In the event that the Accommodation Standards inspectors identify areas for improvement, St. Michael's is given time to develop and implement an Action Plan to address the concern. Inspectors will return to ensure that the Action Plan has been fully implemented by the facility.

In addition, Alberta Health Services environment officers come in at least twice a year to monitor our compliance with best practices for infection, prevention and control.

The Accommodation Standards are categorized into eight broad themes. Within each theme, there are a series of detailed standards:

- Physical Environment
- Hospitality Services
- Safety Services
- Personal Services
- Coordination and Referral Services
- Residential Services
- Human Resources
- Management and Administration

The Accommodation Standards can be found on the internet at:

<http://www.continuingcare.gov.ab.ca>  
<http://www.seniors.gov.ab.ca>

## 29.0 Continuing Care Standards

The intent of the Continuing Care Health Service Standards is to identify standards for the provision of quality continuing care health services that take into consideration the individual needs, preferences and abilities of each Client. The standards are divided into two parts:

1. Putting Individuals First-Providing Quality Continuing Care Health Services
2. Quality Improvement and Quality Assurance

The Continuing Care Health Services Standards are based on the principles of:

- Client-Centered Care – care planning, coordination and delivery of services are centred on the Client and their unique needs and preferences. The Client participates in decisions regarding their care and their decisions/choices are respected to the extent possible.
- Integrated Care Teams – all individuals who are providing care, work together to develop and implement a care plan. Team members know their roles and responsibilities and work together and support one another in delivering the best possible care.
- Client and Family Involvement – Clients/families are part of the integrated care team. They understand their roles/responsibilities and what is expected of them and are supported in making informed decisions about their care.
- Wellness and Safety – Clients are provided with services designed to address their assessed health needs and promote and maintain their wellbeing in a safe manner.
- Quality Assurance – making sure a minimum quality of care is provided through compliance with the standards.

- Quality Improvement – improving the quality of care being provided through evidence-based best practices, supporting innovation and creativity, and creating a culture of quality. This should incorporate the six dimensions of quality of the Alberta Quality Matrix for Health developed by the Health Quality Council of Alberta.

The Continuing Care Health Services Standards can be found on the internet at:

<http://www.health.alberta.ca>

<http://www.continuingcare.gov.ab.ca>

### **30.0 Alberta Health Services - Edmonton Zone - Continuing Care Peer Review Audit**

Once every three years, Alberta Health Services – Edmonton Zone conducts an in-depth audit to assess St. Michaels’ compliance to Edmonton Zone policies and procedures, as well as to Accommodation Standards and the Continuing Care Health Services Standards. In the event there are areas for improvement, St. Michael’s must develop an action plan on how we will rectify the concern. Follow-up is done by Alberta Health Services – Edmonton Zone to ensure that corrective action has occurred.

### **31.0 Safety and Ethics**

Professional staff, such as Registered Nurses, Licensed Practical Nurses, Occupational Therapists, Physiotherapists and Clinical Pharmacists, all have their Code of Ethics which is a guide for promoting patient safety, and provides up-to-date information on their professional obligations and appropriate ethics.

## **32.0 Monitoring**

We cannot manage what we do not measure. Without indicators of processes and results, it is impossible to know whether or not our human and material resources are being used appropriately to provide patient safety, whether or not we have achieved the strategic objectives of the organization. It is well-known that proper information fosters improvement by identifying the needs and practices that need improving and by targeting specific means for achieving improvement.

## **33.0 Partners in Injury Reduction**

Partners in Injury Reduction (PIR) encourages the development of effective workplace health, safety and disability management programs in Alberta. Through this voluntary program, the Alberta Workers' Compensation Board, Alberta Employment and Immigration, industry partners, safety associations, employers and labour groups offer WCB premium incentives to employers who reduce the claim costs between predicted targets and meet specified standards for health and safety.

A Certificate of Recognition (COR) is given to employers (such as St. Michael's) who develop health and safety programs that meet established standards. Certificates are issued by Certifying Partners and co-signed by Alberta Employment and Immigration. St. Michael's Long Term Care Centre was awarded the Certificate of Recognition on 29 November 2006.

## **34.0 Occupational Health and Safety**

St. Michael's has an active Occupational Health and Safety Committee in place in accordance with the Alberta Occupational Health and Safety Act which sets out the rights and duties of all parties in the workplace. Its main purpose is to protect the workers against health and safety hazards on the job.

St. Michael's conducts monthly departmental audits to inspect various work sites to ensure that the area is in compliance with the standards and thus ensuring a safe and health environment for Residents, families, volunteers, visitors and staff. In the event a concern is identified, corrective action is undertaken and tracked to ensure that corrective action actually did occur.

## **35.0 Resident Unique Identifiers**

Staff are to use at least two (Resident) identifiers when providing care, treatment and services. Wrong Resident/Client errors occur in virtually all stages of diagnoses and treatment. The intent of the goal is two-fold-first to reliably identify the individual as the person from whom the service or treatment is intended and second, to match the service or treatment to that individual.

## **36.0 Standardized Use and Abbreviations**

St. Michael's has a standardized list of abbreviations, acronyms, symbols and dose designations that are not to be used through the organization.

St. Michael's has implemented the "Do Not Use" list of abbreviations, acronyms, symbols and dose designations. This applies to all orders and all medication related documentation that is handwritten or entered as free text into the computer.

## **37.0 Building Safety**

Safety rounds are conducted on a regular basis to identify risks and ensure follow-up with any recommendations from reported safety hazards or incident investigations. If you notice anything that may constitute a safety hazard or cause some level of concern or risk, please speak with any St. Michael's employee.

A nurse call bell near your bed will alert the care staff that they are needed in your room.

We are committed to providing you with a safe, respectful environment. Because of this, some exits and stairwells are alarmed or secured in the centre. Please check with staff for the access codes of secure doors. Outside doors are locked at night with access to the care centre obtained by ringing a doorbell at the centre's main entrance. In special circumstances, family members can obtain a swipe card to gain access to the centre after the centre's doors are locked.

We appreciate your assistance in following these essential safety measures to ensure the safety of not only yourself, but the centre's other Residents, staff and volunteers.

## **38.0 In Case of Emergency**

Our main concern is to ensure your safety during any emergency. The centre has a Fire Safety Plan and conducts regular fire drills. During these drills, you will hear the fire alarms and messages over the overhead paging system. Please follow the instructions given by staff members. If you would like more specific information on emergency procedures, please ask the staff.

## **39.0 A Smoke-Free Environment**

For your safety and well-being, smoking regulations are enforced. A designated smoking room for Resident use only is available on the first floor. Outside of the designated room, smoking is not allowed anywhere on St. Michaels' property.

## **40.0 Secure Unit**

The second floor Nursing Unit is secure for those Residents who may be unsafe if they leave the unit unaccompanied. This means that a code is required to enter or exit the nursing unit. As you exit the nursing unit, please ensure that Residents who are leaving the unit are accompanied by staff or a family member.

## **41.0 Personal Belongings and Valuables**

You are responsible for the care and security of your personal belongings. We ask that you do not bring valuable jewellery or large sums of money when you come to stay at St. Michael's. Personal property insurance is an option that we would encourage you to consider.

## **42.0 Staff Identification**

St. Michael's staff must wear visible name tags at all times when they are on duty. If you notice someone who is carrying out a staff role but is not wearing a name tag, please notify a member of your care team.

## **43.0 Your Identification**

You will be asked upon admission if your photo can be taken to assist with identification process. Standards require staff to use at least two identifiers before providing any service or procedure such as delivering medications. You may also be asked by staff to state your name and date of birth to confirm accurate identity.

## **44.0 Life at St. Michael's**

St. Michael's has some semi-private and private rooms. The room you move to depends on availability and your particular care needs. In a semi-private room, compatibility with your roommate will be a consideration.

To make your room comfortable and homelike, you may want to bring some personal belongings such as a favourite quilt, pictures or plants from home. While we encourage you to personalize your room, it's necessary that your belongings do not limit movement throughout the room in a way that could create an unsafe situation. Please discuss the items you wish to bring with your Case Manager before you bring them in.

If there are changes in your care needs, it is possible that you may have to be relocated to another room during your stay. If there is a need to relocate you, we will do our very best to minimize any disruption this may cause.

## **45.0 Measuring Our Success**

We invite feedback from you through satisfaction surveys that are administered throughout all our programs. It is important for St. Michael's to hear from you and your families to continue to improve the services we provide. These surveys are given at different times depending on the program. We encourage you to respond when a survey is provided.

# OUR VALUES

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## **Excellence**

- Set high goals;
- Express pride;
- Challenge leadership to move beyond status quo.

## **Integrity**

- Act consistently with values;
- Take personal responsibility;
- Ensure transparency.

## **Community**

- Collaborate with others;
- Foster partnerships;
- Be respectful of our community of care.

## **Accountability**

- Regularly evaluate goals/progress;
- Report results honestly;
- Financial accountability.

## **Communications**

- Communicate regularly;
- Ensure residents have a forum and voice in planned care.



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