Alberta Health Services Accreditation Status and Activities for Health Facilities and Programs

Submission to Alberta Health

March 21, 2024

This report contains detailed information regarding Alberta Health Services accreditation activities, as well as a summary of the activities of Alberta Health Services' contracted partners.

Contents

Executive Summary:

The *Alberta Health Services (AHS) Accreditation Status and Activities for Health Facilities and Programs* annual report summarizes AHS participation in Accreditation Canada's QMentum program and the College of Physicians and Surgeons of Alberta (CPSA) accreditation programs for diagnostic services. A summary of the accreditation activity for health services provided by our funded partners (Covenant Health and Lamont Health Care Centre) and contracted partners for Mental Health and Addictions (MHA), Continuing Care, and Emergency Medical Services (EMS) is also provided.

Alberta Health Services completed the final survey of the 2019 – 2023 cycle in Spring 2023 and the first survey of the new 2023 – 2027 cycle in Fall 2023. The Spring survey focused on Mental Health and Addictions, Continuing Care, Rehabilitation and Public Health services. Sites were assessed for all applicable clinical service standards as well as for the foundational standards of Leadership, Infection Prevention and Control, Medication Management and Service Excellence. Evidence submission demonstrating compliance for Required Organizational Practices (ROPs), high priority and other criteria rated as 'unmet' from the Spring 2023 survey will be submitted to Accreditation Canada in June 2024.

In the Fall 2023 survey, the foundational standards of Governance and Leadership were assessed at the Official Administrator and Executive/ Senior Leadership levels. The foundational standards of Infection Prevention and Control, Medication Management and Reprocessing of Reusable Medical Devices were assessed at the provincial level and in large urban hospitals. Perioperative services, including invasive procedures, such as endoscopy, were assessed at urban hospitals along with the foundational standards of Infection Prevention and Control, Medication Management and Service Excellence. Evidence submission demonstrating compliance for Required Organizational Practices (ROPs), high priority and other criteria rated as 'unmet' from the Fall 2023 survey will be submitted to Accreditation Canada in December 2024.

A new accreditation decision was awarded following the conclusion of the 2019 – 2023 survey cycle. AHS continues to be "Accredited" with Accreditation Canada until the end of 2027. The next accreditation decision will be calculated at the end of the 2023 - 2027 survey cycle.

AHS funded partners, Covenant Health and Lamont Health Care Centre, maintained 'accredited' status with Accreditation Canada.

AHS continues to work with contracted providers for Mental Health and Addictions and Continuing Care to increase participation rates in accreditation activities. In 2021, non-accredited providers were informed that Directive D5-2008: Mandatory Accreditation in Alberta's Health System would be enforced. Providers were granted 24 months to engage with an approved accrediting body and initiate the accreditation process, with expectation that they would be fully accredited within 48 months. Progress towards achieving accreditation is being monitored.

Alberta Health Services Accreditation Activities

Background:

AHS engaged in a four-year (2019 - 2022) cycle with Accreditation Canada, with the cycle extended into 2023 to accommodate surveys deferred due to the pandemic. The Spring 2023 survey, which concluded the accreditation cycle, focused on Mental Health and Addictions, Continuing Care, Rehabilitation and Public Health services. The survey occurred from May 29 – June 2, 2023. Please see below for a breakdown of the standards by year:

2019 – 2023 Cycle:

<table>
<tr><th colspan="5">FOUNDATIONAL STANDARDS</th></tr>
<tr><td colspan="2">2019 Spring:
(Corporate and Tertiary, Regional, Urban Hospitals)</td><td colspan="3">2019 Fall:</td></tr>
<tr><td colspan="2">• Infection Prevention and Control
• Medication Management
• Reprocessing of Reusable Medical Devices</td><td colspan="3">• Governance
• Leadership</td></tr>
<tr><td colspan="2">2020 – 2022 (Spring and Fall):</td><td colspan="3"></td></tr>
<tr><td colspan="2">• Service Excellence †
• Medication Management †</td><td colspan="3">• Infection Prevention and Control †
• Reprocessing of Reusable Medical Devices †</td></tr>
<tr><th colspan="5">RURAL HOSPITALS (Site-Based Approach)</th></tr>
<tr><td>2019: Spring</td><td>2019: Fall</td><td>2020: Spring</td><td>2021: Spring</td><td>2022: Spring</td></tr>
<tr><td>Lacombe Hospital and Care Centre
Barrhead Healthcare Centre</td><td>Edmonton Zone
Calgary Zone</td><td>South Zone
(postponed to Fall 2020)</td><td>North Zone
Central Zone</td><td>North Zone
Central Zone</td></tr>
<tr><th colspan="5">PROVINCIAL AND URBAN HOSPITAL PROGRAMS (Program-Based Approach)</th></tr>
<tr><td>2020 Spring:</td><td>2020 Fall:</td><td>2022 Spring:</td><td>2022 Fall:</td><td>2023 Spring:</td></tr>
<tr><td>• Correctional Health (postponed to Fall 2020)</td><td>• Emergency Department
• Emergency Medical Services
• Inpatient Services ‡
• Perioperative Services and Invasive Procedures ‡
• Organ and Tissue Donation:
○ Organ and Tissue Donation for Deceased Donors
○ Organ and Tissue Transplant
○ Organ Donation for Living Donors</td><td>• Long-Term Care</td><td>• Cancer Care
• Cardiovascular Health:
○ Ambulatory Care
○ Critical Care
○ Inpatient
○ Perioperative Services and Invasive Procedures
• Critical Care: Adult, Pediatric and Neonatal ICU
• Inpatient Services ‡
• Perioperative Services and Invasive Procedures ‡
• Women's Health:
○ Obstetrics
○ Population Health and Wellness</td><td>• Mental Health and Addictions:
○ Community-Based Mental Health
○ Mental Health
○ Substance Abuse and Problem Gambling
• Continuing Care:
○ Home Care
○ Hospice, Palliative and End-of-Life
• Rehabilitation:
○ Acquired Brain Injury
○ Rehabilitation Services
○ Spinal Cord Injury (Acute and Rehab)
• Public Health</td></tr>
</table>

† Applies to all program and site-based surveys
‡ Due to Connect Care roll-out, assessment of standard split into two years.

AHS entered a new four-year (2023 - 2027) cycle with Accreditation Canada; the fourth cycle of accreditation since AHS formed in 2009. The first survey of the accreditation cycle occurred in Fall 2023 from October 16 – 20, 2023. AHS was assessed against system-wide foundational standards at a provincial level and at urban, regional and tertiary hospitals. Perioperative services and invasive procedures such as endoscopy were surveyed in urban areas.

Two on-site surveys (Spring and Fall) will occur each year (dates unannounced) and will focus on specific clinical service areas, patient conditions and patient populations. Please see below for a breakdown of the standards by year (subject to change):

2023 – 2027 Cycle:

<table>
<tr><th colspan="5">FOUNDATIONAL STANDARDS</th></tr>
<tr><td colspan="2">2023 Fall:
(Corporate and Tertiary, Regional, Urban Hospitals)</td><td colspan="3">2024 Spring:
(Corporate and Tertiary, Regional, Urban Hospitals)</td></tr>
<tr><td colspan="2">Governance
Leadership
Infection Prevention and Control
Medication Management
Reprocessing of Reusable Medical Devices</td><td colspan="3">Emergency and Disaster Management</td></tr>
<tr><th colspan="5">2023 – 2027 (Spring and Fall):</th></tr>
<tr><td colspan="2">Emergency and Disaster Management †
Leadership †
Service Excellence †</td><td colspan="3">Medication Management †
Infection Prevention and Control †
Reprocessing of Reusable Medical Devices †</td></tr>
<tr><th colspan="5">RURAL HOSPITALS (Site-Based Approach)</th></tr>
<tr><th colspan="2">2024: Spring</th><th>2025: Spring</th><th colspan="2">2026: Spring</th></tr>
<tr><td colspan="2">Edmonton Zone
Calgary Zone
South Zone</td><td>North Zone</td><td colspan="2">Central Zone</td></tr>
<tr><th colspan="5">PROVINCIAL AND URBAN HOSPITAL PROGRAMS (Program-Based Approach)</th></tr>
<tr><td>Fall 2023
Perioperative Services and Invasive Procedures</td><td>Fall 2024
Emergency Department
Inpatient Services
Critical Care
Emergency Medical Services
Transplant Care (Organ and Tissue Donation [living & deceased], Organ and Tissue Transplant)</td><td>Spring 2025
Correctional Health
Fall 2025
Long-Term Care (AHS, CapitalCare and Carewest)
Rehabilitation (Rehabilitation, Acquired Brain Injury)</td><td>Spring 2026
Population Health and Wellness
Ambulatory Care
Fall 2026
Home Care
Cancer Care
Maternal Health (Obstetrics, Neonatal Intensive Care)</td><td>Spring 2027
Addiction and Mental Health (Mental Health and Addictions, Intellectual Developmental Disabilities)
Public Health</td></tr>
</table>

† Foundational standards apply to all program and site-based surveys throughout the entire cycle

Accreditation Status:

A new accreditation decision was awarded following the conclusion of the 2019 – 2023 survey cycle. AHS continues to be “Accredited” with Accreditation Canada until the end of 2027. The next accreditation decision will be calculated at the end of the 2023 - 2027 survey cycle.

2023 Accreditation Activities:

Provincial Service Excellence Teams (SETs) continued to support a standard approach to foundational and clinical standards being surveyed in 2023 as well as service areas with follow-up reporting requirements still outstanding from the 2019 - 2022 survey years.

The Spring 2023 survey focused on Mental Health and Addictions (including Mental Health, Substance Abuse and Problem Gambling, Intellectual and Developmental Disabilities and Community-Based Mental Health), Continuing Care (including Home Care and Hospice, Palliative and End-of-Life Care), Rehabilitation (including Rehabilitation, Acquired Brain Injury and Spinal Cord Injury [Acute and

Rehabilitation]) and Public Health services. Sites prepared for an integrated assessment of the appropriate clinical service standard, as well as the foundational standards of Leadership, Infection Prevention and Control, Medication Management, and Service Excellence. Using sampling methodology, Accreditation Canada conducted unannounced surveys on a subset of sites. Applicable clinical service standards, as well as the foundational standards of Leadership, Infection Prevention and Control, Medication Management and Service Excellence were surveyed. See Appendix A, Table A-1: Spring 2023 Survey Sites for a list of standards surveyed by site.

In the Fall 2023 survey, Accreditation Canada surveyors assessed five foundational standards (Governance, Leadership, Infection Prevention and Control, Medication Management and Reprocessing of Reusable Medical Devices) at a corporate level and in urban hospitals across the province. Surgical services in urban, regional and tertiary hospitals also participated in the *accreditation ready* process in anticipation of the survey. Sites prepared for an integrated assessment of the Perioperative Services and Invasive Procedures standard, as well as the foundational standards of Leadership, Infection Prevention and Control, Medication Management and Service Excellence. See Appendix A, Table A-2: Fall 2023 Survey Sites for the list of sites sampled for survey by standard.

An overall summary of outstanding 'unmet' survey ratings requiring follow up evidence submissions to Accreditation Canada in 2023 is outlined below. See Appendix B for a detailed summary of these evidence submissions.

2022 Survey Evidence Submission to Accreditation Canada

The Spring and Fall 2022 surveys assessed remaining North and Central zone rural hospitals, provincial Continuing Care and Cancer Care sites, and urban, regional and tertiary programs. Evidence of compliance was submitted to Accreditation Canada in June and October 2023 respectively. See Tables B-1 (Spring 2022: North and Central Zone Rural Hospitals) , B-2 (Spring 2022: Continuing Care Sites), B-3 (Fall 2022: Program Based Survey) and B-4 (Fall 2022: North Zone Rural Hospitals) for a summary of evidence submitted.

2023 Survey Evidence Submission Requirements

AHS staff, leaders and physicians are developing and implementing plans to address unmet ROPs as well as other opportunities for improvement identified by Accreditation Canada surveyors during the Spring and Fall 2023 surveys. Evidence of compliance for unmet ROPs, high priority and other criteria from the Spring and Fall 2023 surveys is due to Accreditation Canada in June 2024 and December 2024 respectively. See Tables B-5 (Spring 2023: Program-Based Services) , and B-6 (Fall 2023: Urban Foundational and Perioperative Services) for a summary of required evidence needing to be submitted.

2024 Next Steps:

The Spring and Fall 2024 surveys (dates unannounced) will focus on the new Emergency and Disaster Management standard, rural hospitals in Edmonton, Calgary and South zones, urban hospital programs (Emergency Departments, Inpatient services, Critical Care and Transplant Care) and provincial Emergency Medical Services. Site operations are conducting self-assessments to prepare for the pre-survey attestation and on-site survey assessments. Zone/site operations are working to establish priorities and spread evidence-based practices wherever improvements are needed to address quality and patient safety issues.

Other AHS Accreditation Activities

Laboratory / Diagnostic Imaging Services

The College of Physicians and Surgeons (CPSA) provides accreditation services for Laboratory Services, Diagnostic Imaging Services, Neurophysiology, Pulmonary Function Testing and Sleep Medicine diagnostic labs. Laboratories and Diagnostic Imaging departments located at Covenant Health sites and Lamont Health Care Centre are surveyed in conjunction with accreditation surveys for AHS sites for a provincial approach.

Laboratory Services:

CPSA

2021-2022 Accreditation Follow-up Activities:

A facility related citation for the Central zone Killam Health Care Centre rural laboratory assessed in September 2021 continues to be worked on.

Calgary zone sites were assessed in 2022. Full accreditation was received in 2023 for Alberta Children's Hospital following acceptance of a citation response submitted to CPSA in 2022. A facility related citation for the Calgary zone Didsbury District Health Services rural laboratory assessed in October 2022 continues to be worked on.

The following received full accreditation status in 2023 from their 2022 assessments:

- Public Health Laboratory South
- Molecular Pathology North and South
- Genetics and Genomics North and South

2023 Accreditation Activities

South zone rural and urban laboratory sites were assessed May 29 to June 2, 2023. All sites have received full accreditation status.

Edmonton zone rural and urban laboratory sites were assessed in September 2023. All sites have received full accreditation status.

The former DynaLIFE Edmonton zone Base Lab and Boyle McCauley Patient Service Centre were assessed in October 2023 and have both received full accreditation status.

The Peter Lougheed Centre (PLC) in Calgary zone underwent a full assessment on November 20, 2023. This assessment was deferred from the rest of the 2022 Calgary zone assessments due to the laboratory's imminent move to a new laboratory space (move completed in June 2023). PLC received full accreditation status.

Other Lab Accreditation

In addition to CPSA accreditation, APL laboratories undergo external assessment by a number of other accrediting organizations, including some voluntary assessments, to enhance laboratory quality and services for specialty laboratories.

Health Canada Blood Regulations inspection was conducted for the Foothills Medical Centre Transfusion Medicine Department in 2022. The inspection was finalized/closed in 2023 following post-inspection activities.

Public Health Laboratory North underwent a full on-site inspection for the College of American Pathologists in 2023 and received full accreditation status.

Public Health Laboratory North and South underwent Canadian Association for Laboratory Accreditation (CALA) inspections in October 2023. Both sites have received full accreditation status.

Calgary zone Histocompatibility and Immunogenetics Laboratory underwent American Society for Histocompatibility and Immunogenetics (ASHI) inspection in September 2023. The site received full accreditation status.

University of Alberta Hospital Transfusion Medicine Department underwent an Association for the Advancement of Blood and Biotherapies (AABB) inspection in 2022. The site received full accreditation status in 2023 following post-inspection activities.

2024 Next Steps:

CPSA

North zone laboratories are scheduled to undergo CPSA assessments in 2024.

CPSA confirmed as laboratory areas at the new Arthur J.E. Child Comprehensive Cancer Centre that require assessment are moves as opposed to new, these laboratories will be assessed during Calgary zone's next assessment year which will be in 2026.

Other Lab Accreditation

- ASHI inspection for Edmonton zone Histocompatibility and Immunogenetics Laboratory
- Health Canada Blood Regulations inspections for Transfusion Medicine laboratory departments at:
  - Royal Alexandra Hospital
  - Wainwright Health Centre (unconfirmed for inspection in 2024 at this time)
- University of Alberta Hospital Transfusion Medicine Department for AABB

Diagnostic Imaging Services:

2021 Accreditation Follow-up Activities:

The North zone underwent CPSA assessment in two separate sessions: May 3-7, 2021 and Sept 13-17, 2021. Full accreditation has been granted for all north zone sites following acceptance of responses from the following sites in 2023:

- Beaverlodge Municipal Hospital
- Central Peace Health Complex †
- Fairview Health Complex †
- Fox Creek Healthcare Centre
- Grande Cache Community Health Complex
- Grimshaw/Berwyn and District Community Health Centre
- High Prairie Health Complex †
- LaCrete Community Health Care Centre
- Northern Lights Regional Health Centre
- Northwest Health Centre
- Peace River Community Health Centre
- Sacred Heart Community Health Centre
- Seton-Jasper Healthcare Centre
- St. Theresa General Hospital †
- Westlock Healthcare Centre
- William J. Cadzow – Lac La Biche Healthcare Centre

† *Image reviews were conducted at sites indicated*

2022 Accreditation Follow-up Activities:

The new Grande Prairie Regional Hospital Diagnostic Imaging (DI) department received provisional accreditation status prior to opening in December 2021. No major patient safety/radiation safety concerns were identified. Full Accreditation was received May 1, 2023 following a mandatory image review initiated 3-months post-opening, and response for outstanding citations.

The Calgary zone sites were assessed by CPSA in 2022; no image reviews were requested. Full accreditation has been granted for all Calgary zone sites following acceptance of responses from the following sites in 2023:

- Alberta Children's Hospital
- Airdrie Community Health Center
- Oilfields General Hospital
- Canmore General Hospital
- Claresholm General Hospital
- Cochrane Community Health Center
- Didsbury District Health Services
- High River General Hospital
- Okotoks Health and Wellness Centre
- Peter Lougheed Center
- Rockyview General Hospital
- Strathmore District Health Services
- Vulcan Community Health Center

The Queen Elizabeth II Hospital (QEII) in Grande Prairie retained one x-ray imaging suite to support remaining outpatient services. The QEII DI site was assessed on November 30, 2022. Full four-year accreditation was received on July 20, 2023.

2023 Accreditation Activities

Fort Saskatchewan Hospital received full accreditation for a new modality (echocardiography) on February 16, 2023 following a mandatory image review for new facilities.

Olds General Hospital and Pincher Creek Health Center both received full accreditation for a new modality (fluoroscopy) on May 2, 2023.

Edmonton zone sites were assessed between April 4 – 8, 2023 except for the Edmonton Remand Center and Northeast Community Health Center which took place on April 18, 2023. No image reviews were requested for Edmonton zone sites. The following sites received citations that have all been addressed:

- Cross Cancer Institute
- Devon General Hospital
- Fort Saskatchewan Community Hospital
- Glenrose Rehabilitation Hospital
- Leduc Community Hospital
- Northeast Community Health Center
- Radius Community Health & Healing (formerly Boyle McCauley)
- Redwater Health Center
- Royal Alexandra Hospital
- Strathcona Community Hospital
- Sturgeon Community Hospital
- University of Alberta Hospital / Stollery Children's Hospital

Full four-year accreditation was granted for all sites on or before November 30, 2023.

South zone sites were assessed between June 19 - 21, 2023. No image reviews were requested for South zone sites. The following sites received citations that have all been addressed:

- Bassano Health Center
- Big Country Hospital
- Bow Island Health Center
- Brooks Health Center
- Cardston Health Center
- Chinook Regional Hospital
- Crowsnest Pass Health Center
- Fort Macleod Health Centre
- Medicine Hat Regional Hospital
- Milk River Health Centre
- Pincher Creek Health Center
- Piyami Health Center
- Raymond Health Center
- Taber Health Center

Full four-year accreditation was granted for all sites on or before November 8, 2023.

2024 Next Steps

To allow concurrent CPSA assessment of laboratory and diagnostic services, North zone sites (35) will undergo accreditation assessments in 2024 rather than 2025. With the revision in the survey cycle and

earlier assessment of North zone sites, mid-cycle reviews were not able to be scheduled. The assessments will take place in the months of April, May, September and October of 2024.

Neurophysiology Diagnostic Labs:

All public (AHS and Covenant Health) laboratories hold current CPSA accredited status.

2023 Accreditation Activities

The following neurophysiology labs from the Calgary zones underwent assessment in 2023 and have full accreditation status:

- Alberta Children's Hospital
- Foothills Medical Centre
- Rockyview General Hospital Clinical Neurophysiology Lab
- Rockyview General Hospital Ophthalmology Clinic
- Peter Lougheed Centre
- South Health Campus - Clinical Neurophysiology Lab

Three neurophysiology testing labs in Central and South zones underwent assessment in 2023 after deferral in 2022. All three now have full accreditation status:

- Chinook Regional Hospital
- Red Deer Regional Hospital
- Medicine Hat Regional Hospital

2024 Next Steps

The following neurophysiology labs will undergo assessment in 2024:

- Grey Nuns Community Hospital
- Misericordia Community Hospital
- Clinical Electrophysiology Lab (Kaye Edmonton Clinic)
- Royal Alexandra Hospital
- University of Alberta Hospital and Stollery Children’s Hospital
- Grande Prairie Regional Hospital
- Center for Psychiatric Assessment and Therapeutics, Alberta Hospital Edmonton

Pulmonary Function Diagnostic Testing Labs:

All public (AHS and Covenant Health) laboratories hold current CPSA accredited status.

2022 Assessment Follow-up Activities

Six pulmonary function testing labs that underwent assessment in 2022 submitted evidence demonstrating compliance in 2023 and now have full accreditation status:

- Chinook Regional Hospital
- Cancer Care Cross Cancer Institute
- Edmonton General Continuing Care Center – GF MacDonald Center for Lung Health
- Royal Alexandra Hospital
- Grey Nuns Community Hospital
- Misericordia Community Hospital

2023 Accreditation Activities

Eight pulmonary function labs underwent assessment in 2023 and the following labs have received full accreditation status:

- Medicine Hat Regional Hospital
- Foothills Medical Center
- Rockyview General Hospital
- South Health Campus
- Peace River Community Health Center

The following pulmonary function labs are submitting evidence of compliance to CPSA and once accepted, these labs will have full accreditation status.

- Alberta Children's Hospital
- Peter Lougheed Center
- University of Alberta Hospital (and Kaye Edmonton Clinic)

Two additional labs scheduled for assessment in 2023 were deferred to 2024.

2024 Next Steps

Two pulmonary function lab accreditation assessments deferred from 2023 and will undergo assessment in 2024:

- Grande Prairie Regional Hospital
- Wetaskiwin Hospital & Care Center

Sleep Medicine Diagnostics (SMD):

As of January 1, 2022, in accordance with amendment to the Health Professions Act, Alberta physicians may no longer refer patients to sleep medicine diagnostic (SMD) laboratories that are not accredited.

2021 Assessment Follow-up Activities

Of the four Alberta Health Services SMD laboratories that underwent College of Physicians and Surgeons of Alberta (CPSA) accreditation assessments in 2021, all four are now fully accredited:

- Alberta Children's Hospital Sleep Lab
- Foothills Medical Centre Sleep Centre
- South Zone Sleep Lab Lethbridge
- University of Alberta Sleep Disorders Lab

2022 Accreditation Activities:

Stollery Pediatric Sleep Lab assessment was conducted in 2022 and this lab is working on final details of the peer review program component to receive full accreditation.

2024 Next Steps

Sleep medicine diagnostic (SMD) laboratories are not due for assessment again until 2025.

Funded Partner Activities

Covenant Health

Background:

Covenant Health participates in a four-year sequential cycle with Accreditation Canada. The first onsite survey of the cycle occurred on October 22-27, 2023.

2022	2023	2024	2025	2026
No Survey	**FOUNDATIONAL** • Governance • Leadership • Emergency Disaster Management	**FOUNDATIONAL** • Infection Prevention and Control • Medication Management • Reprocessing and Sterilization of Reusable Medical Devices • Service Excellence **CLINICAL** • Critical Care Services (includes NICU) • Emergency Department Services • Emergency Medical Services (Banff) • Inpatient Services • Obstetrics and Perinatal Care Services • Perioperative Services and Invasive Procedures • Mental Health Services	**FOUNDATIONAL** • Infection Prevention and Control (Community) • Medication Management (Community) • Service Excellence **CLINICAL** • Ambulatory Care Services • Community Mental Health Services • Hospice, Palliative, End-of-Life Services • Long-Term Care Services (includes Supportive Living)	No Survey

2023 Accreditation Activities

Accreditation Canada visited Covenant Health's One Twelve Campus (Corporate Services), Misericordia Community Hospital and the Banff Mineral Springs Hospital from October 22-27, 2023, to assess the Governance, Leadership and Emergency Disaster Management standards. There are two high priority criteria requiring follow-up: one Emergency Disaster Management criteria related to business continuity plans, and one Leadership criteria related to a policy on impairment in the workplace. Evidence of compliance is due April 2024.

Accreditation Status:

Covenant Health continues to be "Accredited" until 2026. The Accreditation Canada report for 2023 is posted on Covenant Health's public website (https://covenanthealth.ca/about/governance/accreditation).

2024 Next Steps:

Planning and preparation for the 2022-2026 cycle continues. On-site surveys are scheduled for March 2024 and October 2025, following the schedule above. Service Excellence Teams (SET) are established and supporting the preparation for the upcoming cycle by reviewing all criteria related to their service standards and establishing priorities to address areas where improvements would enhance quality and patient safety.

Lamont Health Care Centre

Background and Accreditation Status:

Lamont Health Care Centre, as a single-site facility, continues to be “Accreditation with Commendation”, valid from September 2022-2026. The accreditation status is posted on the Lamont Health Care Centre public website (https://lamonthealthcarecentre.ca/).

Follow-up Activities

Evidence of actions taken to address unmet ROPs and high priority criteria was submitted to Accreditation Canada February 15, 2023. All evidence was accepted. A second evidence submission to address remaining unmet ROPs and high priority criteria will be submitted to Accreditation Canada on February 29, 2024 (deadline extended from August 15, 2023).

Next Steps:

Lamont Health Centre is surveyed once every four years; the next survey visit is expected to be in September 2026.

Contracted Partner/Provider Activities

In collaboration with Alberta Health, AHS continues to work with contracted providers for mental health and addictions services and continuing care services to ensure participation in accreditation programs, as required by Directive D5-2008: Mandatory Accreditation in Alberta's Health System. Over the summer and fall of 2021, AHS formally notified contracted providers of the requirement to achieve ‘accredited’ status from an Alberta Health approved accrediting body and information sessions were held. Contracted providers were to confirm engagement with an approved accrediting body, thus beginning the accreditation process in 2023. Full accredited status is required within 48 months of the original notification to contracted providers maintain the service contract with AHS.

All service agreements with AHS require contracted providers to comply with relevant Legislation, Regulation and Directives in Alberta, including accreditation requirements. Prospective contracted providers are informed of the requirement to be accredited during procurement processes. AHS monitors compliance with accreditation requirements.

Alberta Health recognizes the following accrediting organizations: Accreditation Canada, Commission on the Accreditation of Rehabilitation Facilities (CARF), College of Physicians and Surgeons of Alberta (CPSA), Canadian Accreditation Council (CAC), College of American Pathologists (CAP), Council on Accreditation (COA), Institute for Quality Management in Healthcare (IQMH), and the International Organization for Standardization (ISO). Accreditation awards are based on standards applicable to all services provided by an organization and is awarded to organizations as a whole, rather than individual sites/programs.

Mental Health and Addictions Contracted by AHS

2023 Accreditation Activities:

Community-based operators are grouped into three categories: Treatment, Housing, and Support Programs. Only treatment and housing contracted providers providing health services are subject to Directive D5-2008: Mandatory Accreditation in Alberta's Health System.

In 2021, existing contracted sites providing treatment services were granted 24 months to initiate accreditation (by July 2023), with an expectation that they will be fully accredited within 48 months (by July 2025). In February 2023, the Ministry of Mental Health and Addiction subsequently provided family

violence treatment programs (FVTP) a one-year exemption for Directive D5-2008 while a review of the current state was completed. As a result, these contracts were excluded from calculations in the table below.

Accreditation status is awarded to organizations based on an assessment of all services offered within all facility(s)/program(s). Calculations for 2022 and prior were based on the number of contracts, not the number of organizations. In 2023, the number of organizations was used for calculations. A single provider may have multiple contracts with Mental Health and Addictions; therefore, there was a significant drop in the number of contracts/organizations in 2023.

The accreditation status of contracted providers providing health services is outlined below:

Category	2022 Organizations n (%)				2023 Organizations n (%)				Trend
	Not Accredited	In-Progress *	Accredited	Total # of ***Contracts***	Not Accredited	In-Progress *	Accredited	Total # of ***Organizations***	
Treatment	40 (37%)	15 (14%)	53 (49%)	108	13 (24%)	9 (17%)	31 (58%)	53	↑
Housing	7 (44%)	4 (25%)	5 (31%)	16	4 (40%)	4 (40%)	2 (20%)	10	↑

* In-progress: Engaged with an accrediting organization.

2024 Next Steps

The Provincial Mental Health and Addictions team will continue to monitor progress towards achieving accreditation. Accreditation rates are expected to rise in 2024 once contracted providers who have initiated accreditation activities have successfully completed the process and achieved full ‘accredited’ status.

The family violence treatment programs (FVTP) exemption from Directive D5-2008 will not be extended beyond the one-year period. Provincial Mental Health and Addictions team will monitor progress as these contracted providers begin to participate in accreditation programs.

Continuing Care Providers Contracted by AHS

2023 Accreditation Activities:

AHS monitors contracted service providers for accountability to the requirements of their contracts. Annually, contracted service providers are required to provide specific information to AHS, including accreditation status.

In July 2021, all contracted service providers were formally advised by AHS that Ministerial Directive D5-2008 directs all contracted service providers to achieve accreditation and that will now be enforced. The accreditation process requires time to engage an approved accreditation organization and prepare for submission of organizational information and on-site surveys. Existing non-accredited continuing care operators are required to have engaged with an accrediting organization by June 2023 and to be fully accredited by June 2025.

As of this reporting period, 65% of contracted sites are accredited and 35% of contacted sites are not accredited. The non-accredited sites represent 17% of total beds. For facilities engaged with Accreditation Canada, once their Primer visit is successfully completed, they are considered accredited.

Standard wording requiring accreditation is part of the current Master Service Agreement and is being updated on older contracts as they are amended to ensure clauses obligating accreditation are consistent.

Accreditation status is awarded to organizations based on assessment of all services offered in all facility(s)/program(s). Due to this practice, accreditation status is not broken down by individual services provided at each facility/program. The accreditation status for facilities/programs providing multiple services is reflected within the highest level of service offered (e.g., if a site has both Designated Supportive Living spaces and Long-Term Care spaces it would be counted as a Long-Term Care site).

The accreditation status of contracted providers in each of the Continuing Care streams by operator type (non-profit/private) is outlined below. Since 2019, Covenant Health sites have been included in the tables.

Care Stream (rolled up to the highest level of care)	**2022 Sites**	**2023 Accredited Sites/Programs by Care Stream**						
	% Accredited (Accredited Non-Profit + Private / total sites)	**Non-Profit** % (n)			**Private** % (n)			**% Accredited** (Accredited Non-Profit + Private / total sites)
		Accredited	Not Accredited	Not Reported	Accredited	Not Accredited	Not Reported	
Long-Term Care Living Facility	85% (88/103)	94% (46/49)	4% (2/49)	2% (1/49)	87% (47/54)	13% (7/54)	0	90% (93/103)
Designated Supportive Living Facility	49% (97/199)	54% (41/76)	43% (33/76)	3% (2/76)	40% (52/130)	60% (78/130)	0	46% (93/206)
Home Care Program	77% (24/31)	61% (11/18)	39% (7/18)	0	88% (14/16)	12% (2/16)	0	74% (25/34)
Hospice Facility	80% (4/5)	100% (4/4)	0	0	100% (1/1)	0	0	100% (5/5)

Notes:
- Data source: AHS CC Staffed and In Operations Report March 31, 2023, CPSM Contract Monitoring Annual Report 2022/2023
- Sites are rolled up to the highest level of care. The hierarchy for the levels of care is 1) Long-Term Care (LTC), 2) Designated Supportive Living (DSL), 3) Home Care (HC) (where provided at a congregate site) and 4) Hospice. After rolling up the sites to the highest level of care, there are 103 LTC sites, 206 DSL sites, 34 HC service providers, and 5 Hospices.
- 53 Personal Care Homes (PCH) are counted as DSL
- Adult Day Support Programs are excluded
- 55 DSL Sites with mental health beds only excluded

The percent of beds that are accredited in each of the Continuing Care streams in 2023 is outlined below:

Care Stream	**2022**	**2023**		
	% Beds in Accredited Facilities	# Accredited Contracted Beds / Total Beds	# of AHS Beds (All Accredited)	% Beds in Accredited Facilities
Long Term Care Living Facility	91%	10,525 / 11,309	4,684	95%
Designated Supportive Living Facility	66%	7,414 / 11,540	838	67%
Hospice Facility	82%	214 / 220	39	97%

Notes:
- Data source for number of beds: AHS CC Staffed and In Operations Report March 31, 2023, provided by Strategy Accountability & Performance
- Data source for contracted beds accreditation status: CPSM Contract Monitoring Annual Report 2022/2023
- Sites who have not reported are considered to be Not Accredited for the purposes of this report
- Beds in facilities operated by AHS, Carewest, CapitalCare are accredited and included in the calculation of the % beds in accredited facilities
- % beds in accredited facilities represents all beds located in accredited contracted and AHS operated sites

2024 Next Steps:

Of sites which are currently not accredited, 43% have indicated that they are in contact with an approved accreditation organization and have initiated their accreditation process. AHS follows-up with operators who have indicated that they are not in process of becoming accredited to ensure they are aware of their obligations and the expected timelines within which they are required to become accredited.

Emergency Medical Services (EMS) Contracted by AHS

2023 Accreditation Activities:

Ground Crews

AHS has service agreements with thirty-one (31) contracted ground service partners. Within the first year of their contract, contracted service partners must have a plan in place describing how accreditation will be achieved within the term of the contract. All agreements have language requiring participation in accreditation activities.

All thirty-one (31) ground ambulance service providers are considered accredited. Thirty (30) have achieved full accreditation status from Accreditation Canada. One (1) service completed their Primer survey in June 2023 and have their on-site survey scheduled for June 2025 to achieve full accredited status.

AHS has one service provider contracted for Non-Ambulance Transport (NAT) in the Central Zone. This service provider also has an agreement for ground emergency response and is fully accredited.

Air Medical Crews and Aviation

AHS has two Air Medical Crew (AMC) providers that were awarded an agreement in 2017. At the time of award, no accrediting body was available for AMC services. In 2019, Accreditation Canada made accreditation surveys available for this specific type of service. Both AMC providers are considered accredited with one having achieved full accreditation status, while the other is at the Primer stage with their on-site survey scheduled for Spring 2024 to achieve full accredited status.

AHS has two contracted aviation companies that provide the transportation for the Air Medical Crews. Accreditation Canada has not made a survey available for this type of service currently.

Helicopter Emergency Medical Services (HEMS)

AHS has three contracted HEMS providers that are currently negotiating performance-based agreements with AHS. Two of these are aviation companies that provide transportation only and Accreditation Canada does not have a program to assess aviation services for medical transport. One of the three HEMS providers has both Air Medical Crews and provides aviation transportation. They are Accredited through the Commission on Accreditation of Medical Transport Systems or CAMTS, which was approved by Alberta Health at the end of 2023 as an accrediting body in Alberta for this service only.

Care Stream	2022 Accredited Providers % (n)			2023 Accredited Providers % (n)			Trend
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	Accredited
Ground EMS	97% (30)	1	31	100% (31)	0	31	↑
Air Medical Crews	100% (2)	0	2	100% (2)	0	2	=
Aviation	0	0	2	0% (0)	0	2	=
HEMS	N/A	N/A	N/A	1 (33%)	0	3	N/A

* Accredited = Accreditation Canada accredited, or primers successfully completed

** In-progress: Primer visit complete and awaiting results or primer visit scheduled / registered with Accreditation Canada

2024 Next Steps:

AHS continues to monitor the progress of EMS contracted providers through quarterly performance meetings. Provider policies are reviewed at these meetings to ensure they meet AHS standards and legislative requirements and to help them prepare for accreditation.

Appendix A – 2023 Survey Sites

Table A-1: Spring 2023 Survey Sites

Clinical standards surveyed with foundational standards (Infection Prevention and Control [IPC], Medication Management [MM] and Service Excellence [SE]).		
PROGRAM AREA **ZONE**	**SITE**	**CLINICAL STANDARD**
REHABILIATION SERVICES		
Edmonton	Duggan Health Centre	Rehabilitation Services
	Glenrose Rehabilitation Hospital	Rehabilitation Services Acquired Brain Injury Spinal Cord Injury Rehabilitation
	Royal Alexandra Hospital	Rehabilitation Services
Central	Centennial Centre for Mental Health and Brain Injury	Rehabilitation Services Acquired Brain Injury
	Red Deer 49 Street Community Health Centre	Rehabilitation Services
Calgary	Alberta Children's Hospital	Rehabilitation Services
	Foothills Medical Centre	Acquired Brain Injury Spinal Cord Injury Acute Spinal Cord Injury Rehabilitation
	South Calgary Health Centre (CAR Clinic)	Rehabilitation Services
South	Brooks Health Centre	Rehabilitation Services
	Chinook Regional Hospital	Rehabilitation Services
	Medicine Hat Regional Hospital (Outpatient)	Rehabilitation Services
HOME CARE AND HOSPICE, PALLIATIVE, END-OF-LIFE (HPEOL) SERVICES		
North	Thickwood Medical Plaza	Home Care
	Westlock Continuing Care Centre	Home Care
Edmonton	Plaza 124 Building	Home Care
	Seventh Street Plaza	HPEOL
	Strathcona County Health Centre	Home Care
Central	Innisfail Health Centre	Home Care
	Lacombe Community Health Centre	Home Care
	Red Deer Regional Hospital Centre	HPEOL
Calgary	Alberta Children's Hospital (Rotary Flames House)	HPEOL
	Airdrie Community Health Centre	Home Care
	Nanton Community Health Centre	Home Care
	North Hill Community Health Centre	Home Care
	Okotoks Health and Wellness Centre	Home Care
	Strathmore District Health Services	Home Care
South	Fort Macleod Health Centre	Home Care

PROGRAM AREA ZONE	SITE	CLINICAL STANDARD
ADDICTION AND MENTAL HALTH		
Provincial	Virtual Opioid Dependency Program	Community-Based Mental Health (CBMH)
North	Fort McMurray Recovery Centre	Substance Abuse and Problem Gambling (SAPG)
	Wood Buffalo Addiction & Mental Health	CBMH
Edmonton	Alberta Hospital Edmonton	CBMH, Mental Health Services
	COAST Program	Intellectual and Developmental Disabilities Services (IDDS)
	Edmonton Youth Recovery (Crowsnest House)	SAPG
	Glenrose Rehabilitation Hospital	Mental Health Services
	Henwood Treatment Centre	SAPG
	Morinville Provincial Building	CBMH
	Protection of Children Abusing Drugs (Jasper House)	SAPG
	St. Albert Provincial Building	CBMH
	University of Alberta Hospital	Mental Health Services
Central	Centennial Centre for Mental Health and Brain Injury	Mental Health Services
	Innisfail Health Centre	CBMH
	Red Deer 49 Street Community Health Centre	CBMH
	Red Deer Regional Hospital Centre	Mental Health Services
Calgary	Alberta Children's Hospital	Mental Health Services
	Arnika Centre	IDDS
	Peter Lougheed Centre	CBMH, Mental Health Services
	Renfrew Recovery Centre	SAPG
South	Chinook Regional Hospital	Mental Health Services
	Crowsnest Pass Provincial Building	CBMH
	Medicine Hat Provincial Building	CBMH
	Medicine Hat Recovery Centre	SAPG
	Melcor Centre	CBMH
PUBLIC HEALTH		
North	Westlock Community Health Services	
Edmonton	106 Street Tower	
	Strathcona County Health Centre	
Central	Lacombe Community Health Centre	
	Red Deer Johnstone Crossing Community Health Centre	
Calgary	Airdrie Community Health Centre	
	Sheldon M. Chumir Health Centre	
	Sunridge Professional Building	
South	Lethbridge Community Health Centre	

Table A-2: Fall 2023 Survey Sites

Foundational standards		
ZONE/SITE		**STANDARD SURVEYED**
CORPORATE:		
Southport Tower		Governance
Seventh Street Plaza		Leadership
URBAN SITES:		
North	Grande Prairie Cancer Centre	Infection Prevention and Control (IPC), Medication Management (MM)
	Grande Prairie Regional Hospital	Leadership, IPC, MM, Reprocessing of Reusable Medical Devices (RMD)
Edmonton	Alberta Hospital Edmonton	IPC, MM
	Cross Cancer Institute	Leadership, IPC, MM, RMD
	Glenrose Rehabilitation Hospital	Leadership, IPC, MM
	Mazankowski Alberta Heart Institute	IPC
	Royal Alexandra Hospital	MM, RMD
	Stollery Children's Hospital	IPC
	Sturgeon Community Hospital	RMD
	University of Alberta Hospital	IPC, MM, RMD
Central	Centennial Centre for Mental Health and Brain Injury	IPC, MM
	Central Alberta Cancer Centre	IPC, MM
	Red Deer Regional Hospital	Leadership, IPC, MM, RMD
	Wetaskiwin Hospital and Care Centre	IPC
Calgary	Alberta Children's Hospital	IPC
	Foothills Medical Centre	Leadership, MM, RMD
	Peter Lougheed Centre	IPC, MM, RMD
	Rockyview General Hospital	Leadership, RMD
	South Health Campus	IPC, MM, RMD
	Southern Alberta Forensic Psychiatry Centre	IPC, MM
	Tom Baker Cancer Centre	IPC, MM
South	Chinook Regional Hospital	Leadership, IPC, MM, RMD
	Jack Ady Cancer Centre	IPC, MM
	Margery E. Yuill Cancer Centre	IPC, MM
	Medicine Hat Regional Hospital	Leadership, IPC

Clinical standards surveyed with foundational standards (Leadership, Emergency & Disaster Management [EDM], Infection Prevention and Control [IPC], Medication Management [MM] and Service Excellence [SE]).	
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES	
ZONE	**SITE**
Edmonton	Kaye Edmonton Clinic
	Stollery Children's Hospital
	University of Alberta Hospital
Central	Red Deer Regional Hospital
Calgary	Alberta Children’s Hospital
	Foothills Medical Centre
	Rockyview General Hospital

Appendix B – AHS Follow-Up Action for Accreditation Canada Unmet

Table B-1: Spring 2022 Survey – North and Central Zone Rural Hospitals

Evidence submitted to Accreditation Canada June 30, 2023.

STANDARD / CRITERIA	STATUS	ACTION PLAN
INFECTION PREVENTION AND CONTROL		
REQUIRED ORGANIZATIONAL PRACTICE		
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	Evidence Accepted	One North and four Central zone sites trained hand-hygiene reviewers and are consistently performing audits and reviewing results for improvement purposes.
HIGH PRIORITY CRITERIA:		
Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.	Evidence Accepted	Information regarding routine practices and additional precautions was prominently displayed at one North zone site.
Team members, client, families, and volunteers have access to alcohol-based hand rubs at the point of care.	Evidence Accepted	Additional hand sanitizer stations were installed following a review of placement at one Central zone site.
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE		
Antimicrobial Stewardship There is an antimicrobial stewardship program to optimize antimicrobial use.	Evidence Accepted	A site Antibiotic Report Card is now reviewed semi-annually with medical staff at one Central zone site.
Heparin Safety The availability of heparin products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	Evidence Accepted	A review of storage practices at one Central zone site confirmed AHS policy is appropriately followed.
'Do Not Use' List of Abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	Evidence Accepted	Central zone rural hospitals transitioned to Connect Care in 2022, which almost eliminates the use of abbreviations. Each order is reviewed by pharmacy where abbreviations in free text fields would be flagged and fixed.
HIGH PRIORITY CRITERIA:		
Access to medication storage areas is limited to authorized team members.	Evidence Accepted	Two Central zone sites provided additional education on the requirement to secure medication rooms and carts; subsequent audits have found rooms and carts are appropriately secured.
Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.	Evidence Accepted	Reminders to staff of fridge storage procedures were provided at one Central zone site; subsequent audits have shown full compliance.
Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.	Evidence Accepted	One North zone site changed storage practices of expired, discontinued, recalled, damaged and contaminated medications to follow AHS routine practices.
The use of multi-dose vials is minimized in client service areas.	Evidence Accepted	Reminders were provided at one Central zone site that when single dose vials are not available, multi-use vials must be labeled and used for a specific patient.
Compliance with the policies and procedures regarding medication orders is regularly monitored, and improvements are made as needed.	Evidence Accepted	Following the transition to Connect Care in 2022, all medication orders are now reviewed by pharmacy at one Central zone site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.	Evidence Accepted	Additional education and resources were provided to staff at two Central zone sites when urgent delivery of IV medications at point-of-care is required and there is no access to laminar flow hoods.
Medications are dispensed in unit dose packaging.	Evidence Accepted	To prevent errors, medications are packed in single tablet packages rather than unit dose. Following the transition to Connect Care, the medication administration process includes scanning medication package bar codes prior to administration; the system will notify the nurse if the full dose has not been scanned.
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.	Evidence Accepted	Audits confirm physician progress notes are documented for medication orders at one Central zone site. Connect care prompts first-dose education. Verbal and written (when available) education will continue to be provided to patients and families.
REPROCESSING OF REUSABLE MEDICAL DEVICES		
HIGH PRIORITY CRITERIA:		
The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	Evidence Not Accepted; to be reviewed at next on-site survey.	Until new MDRs are commissioned at two Central zone sites, current strategies to mitigate cross contamination risk posed by infrastructure challenges are a temporary solution.
Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	Evidence Not Accepted; to be reviewed at next on-site survey.	Until new MDRs are commissioned at two Central zone sites, current strategies to mitigate cross contamination risk posed by infrastructure challenges are a temporary solution.
The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	Evidence Not Accepted; to be reviewed at next on-site survey.	Until new MDRs are commissioned at two Central zone sites, current strategies to mitigate cross contamination risk posed by infrastructure challenges are a temporary solution.
The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	Evidence Not Accepted; to be reviewed at next on-site survey.	The MDR renovations currently underway at one Central zone site will fully address this criterion. Mitigation strategies to reduce risk have been implemented as a temporary solution while the renovations are completed.
Access to the sterile storage area is limited to authorized team members.	Evidence Not Accepted; to be reviewed at next on-site survey.	Until new MDRs are commissioned at two Central zone sites, current strategies to mitigate risk posed by infrastructure challenges are a temporary solution.
REGULAR PRIORITY CRITERIA:		
All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	Evidence Accepted	Renovations to fully separate clean and dirty work areas and install dedicated plumbing drains and proper air ventilation were completed at one North zone site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE		
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	Evidence Accepted	Reminders to staff regarding client identification processes were sent to staff at two Central zone sites. Subsequent audits indicate compliance rates meet AHS targets.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	One North and six Central zone sites provided additional training to staff on information transfer practices to ensure information shared at care transitions is standardized, documented, shared and evaluated.
HIGH PRIORITY CRITERIA:		
Entrance(s) to the emergency department are clearly marked and accessible.	Evidence Accepted	New signage at one North zone site was installed to ensure entrances are clearly marked.
A triage assessment for each client is completed and documented within established timelines, and in partnership with the client and family.	Evidence Accepted	A new triage process was implemented at one Central zone site to ensure clients are assessed within established timelines.
A triage assessment for each pediatric client is conducted within established timelines, and in partnership with the client and family.	Evidence Accepted	Two Central zone sites transitioned to Connect Care in 2022. Connect Care contains standardized triage assessments for specific patient populations, including pediatric clients.
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Information on client rights and responsibilities is prominently displayed for clients and families at one North and three Central zone sites.
Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.	Evidence Accepted	Leadership at one Central zone site sent an e-mail to managers and staff communicating regular hours for laboratory and diagnostic imaging services, and how to access after-hours on-call services.
Urgent medications and pharmacy staff can be accessed 24 hours a day, 7 days a week.	Evidence Accepted	Remote medication order review occurs when there is no on-site pharmacist at one Central zone site to ensure appropriate access to medications not stocked in the night cupboard or ward stock. Ward stock provides access to medications needed in life-threatening emergency situations.
INPATIENT SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Additional education was provided, and safety reports reviewed at one North and two Central zone sites. Results of safety reports were shared with staff for awareness.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	One North and four Central zone sites conducted audits to determine prevalence of pressure ulcers and regularly monitor completion of regular skin assessments.
VTE Prophylaxis Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and	Evidence Accepted	Information about the risks of VTE and how to prevent it was shared with clients at one Central zone site. Audit results are shared with medical staff to

STANDARD / CRITERIA	STATUS	ACTION PLAN
pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.		encourage increased compliance at one North and one Central zone site.
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	Evidence Accepted	Reminders to staff regarding client identification processes were sent to staff at one Central zone site. Subsequent audits indicate compliance with procedures.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	One North and four Central zone sites provided additional training to staff on information transfer practices to ensure information shared at care transitions is standardized, documented, and evaluated.
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Information on client rights and responsibilities is prominently displayed for clients and families at one North and four Central zone sites.
A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.	Evidence Accepted	One Central zone site transitioned to Connect Care in 2022, which contains a standardized geriatric assessment. Downtime procedures were shared with staff to ensure assessments are always completed.
REGULAR PRIORITY CRITERIA:		
A process to monitor the use of restraints is established by the team, and this information is used to make improvements.	Evidence Accepted	A tracking tool was implemented at one Central zone site to track restraint use daily. Restraint use is discussed during daily rounds, with the goal to decrease restraint use.
LONG-TERM CARE		
REQUIRED ORGANIZATIONAL PRACTICE		
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Pressure injury prevalence audits were conducted at one Central zone site, and pressure injury education resources were sent to staff for increased awareness.
Suicide Prevention Clients are assessed and monitored for risk of suicide.	Evidence Accepted	Two Central zone sites have fully implemented suicide prevention programs to ensure treatment and monitoring strategies for at-risk clients are identified and documented.
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	Evidence Accepted	Resident photos were updated in the medication administration record and chart to aid in facial recognition for long-term clients. A process for annual updates of photographs was implemented.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Three Central zone sites reviewed communication documentation and patient safety reports to evaluate the effectiveness of information shared at care transitions. Transition processes for respite patients at one site were revised to ensure appropriate information is communicated.
HIGH PRIORITY CRITERIA:		
Residents and families are provided with information about their rights and responsibilities.	Evidence Accepted	Information on client rights and responsibilities is prominently displayed

STANDARD / CRITERIA	STATUS	ACTION PLAN
		for clients and families at one Central zone site.
A process to monitor the use of restraints is established by the team, and this information is used to make improvements.	Evidence Accepted	One Central zone site implemented a spreadsheet to track and monitor restraint use; monthly; cases are reviewed with the goal of reducing restraint use.
There are regular, standardized interdisciplinary reviews of each resident's medications and adjustments are made as necessary.	Evidence Accepted	A new medication review process was implemented at one North zone site, and quarterly medication reviews are now documented.
OBSTETRICS		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Hourly comfort rounds were implemented at one Central zone site; a decrease in falls was noted.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Following the transition to Connect care, one Central zone site now documents information transferred using standardized tools. Site managers regularly review charts for completion of handover notes and patient safety reports for improvement purposes at two Central zone sites.
Safe Surgery Checklist A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.	Evidence Accepted	Two Central zone sites provided additional education to staff and conducted compliance audits to confirm all members of the surgical team are involved in all three phases of the safe surgical checklist.
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Information on client rights and responsibilities is prominently displayed for clients and families at one Central zone site.
The rights of newborn babies are promoted and respected.	Evidence Accepted	One North zone site posted signage indicating access to the obstetrical unit is restricted has ensured doors are closed. Visitors are to report to the nursing station.
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Hourly comfort rounds were implemented at one Central zone site; a decrease in falls was noted. Additional education was provided at a second site. Safety reports are regularly reviewed for improvement purposes.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Completion of pressure ulcer reassessment risk is regularly reviewed at two Central zone sites. Written information is provided to patients informing them of the risks of pressure injuries.

STANDARD / CRITERIA	STATUS	ACTION PLAN
VTE Prophylaxis Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	Evidence Accepted	One Central zone site now provides pamphlets to clients about the risks of VTE and how to prevent it.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Two Central zone sites provided additional training to staff on information transfer practices to ensure information shared at care transitions is standardized, documented, and shared. Following the Connect Care transition, reviews of patient safety reports show no information transfer issues.
Safe Surgery Checklist A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.	Evidence Accepted	Additional education at one Central zone site regarding inclusion of all members of the surgical team in all three phases of the safe surgical checklist was provided. Audit results indicate increased compliance.
HIGH PRIORITY CRITERIA:		
The operating/procedure room has a restricted-access area for the sterile storage of supplies.	Evidence Not Accepted; to be reviewed at next on-site survey.	Infrastructure changes currently underway at one Central zone site will fully address this criterion. Mitigation strategies were implemented to ensure risk is reduced while space planning is completed and renovations occur at a second site.
Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	Evidence Not Accepted; to be reviewed at next on-site survey.	Infrastructure changes currently underway at one Central zone site will fully address this criterion. Strategies to mitigate risk are in place until construction is complete in 2024.
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Information on client rights and responsibilities is prominently displayed for clients and families at two Central zone sites.
Counts for sponges, sharps, and instruments are documented in the client record.	Evidence Accepted	Additional education was provided regarding surgical counts at one Central zone site; subsequent audits confirm compliance.
SERVICE EXCELLENCE		
REQUIRED ORGANIZATIONAL PRACTICE		
Infusion Pump Safety A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	Evidence Accepted	Annual staff competency was completed at two North zone sites; two Central zone sites reviewed training records and safety reports to evaluate the effectiveness of infusion pump safety.
HIGH PRIORITY CRITERIA:		
Required training and education are defined for all team members with input from clients and families.	Evidence Accepted	The orientation program at one Central zone site was updated to ensure consistent training.
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.	Evidence Accepted	Health Information Management monitors charts/system for privacy breeches and that documents added to the patient chart are in the right location. Site leaders review health records for completion.

Table B-2: Spring 2022 Survey – Continuing Care Sites

Evidence submitted to Accreditation Canada June 30, 2023.

ORGANIZATION	STATUS	ACTION PLAN
STANDARD / CRITERIA		
ALBERTA HEALTH SERVICES		
LEADERSHIP		
HIGH PRIORITY CRITERIA:		
The organization's all-hazard disaster and emergency response plans are regularly tested with drills and exercises to evaluate the state of response preparedness.	Evidence Accepted	Three sites implemented expanded testing/drills of hazard codes beyond code-red.
INFECTION PREVENTION AND CONTROL		
HIGH PRIORITY CRITERIA:		
Safety engineered devices for sharps are used.	Evidence Accepted	Three sites ensured only safety engineered devices for sharps are available for use.
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE		
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	Evidence Accepted	Two sites ensured audits of HAMs are conducted as required.
Narcotics Safety The availability of narcotic products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	Evidence Accepted	Two sites ensured audits of narcotic products are conducted as required.
'Do Not Use' List of Abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	Evidence Accepted	The 'Do Not Use' list of abbreviations was posted at nursing stations, in the pharmacy, and in resident charts at one site; subsequent audits indicated abbreviations on the list are not used.
HIGH PRIORITY CRITERIA:		
Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.	Evidence Accepted	A process was developed at one site to ensure expired medications are removed.
LONG-TERM CARE SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE		
Medication Reconciliation Medication reconciliation is conducted in partnership with the resident, family, or caregiver to communicate accurate and complete information about medications across care transitions.	Evidence Accepted	Reminders of medication reconciliation practices were sent to staff at one site; no issues have been noted since audits began.
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, a risk assessment is conducted for each resident and interventions are implemented.	Evidence Accepted	Following additional education, audits of resident charts were conducted to determine (re)assessment rates at two sites. Results will be used for improvement purposes.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Processes to ensure regular reassessments of pressure ulcer risk were developed at two sites; audits confirm compliance.
Suicide Prevention Clients are assessed and monitored for risk of suicide.	Evidence Accepted	Additional education and resources were provided on the process for suicide risk screening. A review of charts indicate regular reassessments are being performed at three sites.

ORGANIZATION	STATUS	ACTION PLAN
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Feedback from Resident Council and nursing staff meetings regarding transitions and communication did not bring forward any concerns at one site.
HIGH PRIORITY CRITERIA:		
The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.	Evidence Accepted	Transition audits that look at communication and documentation for patient transitions, and feedback from Resident Council and nursing staff meetings regarding transitions and communication and did not bring forward any concerns at one site.
CAPITALCARE		
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE		
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented	Evidence Accepted	CapitalCare updated the policy to include an up-to-date list of HAMs, including concentrations and volume options.
HIGH PRIORITY CRITERIA:		
Teams can access information on high-alert medications (including current protocols, guidelines, dosing recommendations, checklists, and standard order sets) both in the pharmacy and clinical service areas.	Evidence Accepted	CapitalCare updated the HAM policy and posted it on the internal website for staff.
COMMUNITY-BASED MENTAL HEALTH SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE		
Suicide Prevention Clients are assessed and monitored for risk of suicide.	Evidence Accepted	CapitalCare updated the suicide policy to include language for assessment and reassessments using standardized tools.
LONG-TERM CARE SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE		
Suicide Prevention Clients are assessed and monitored for risk of suicide.	Evidence Accepted	CapitalCare updated the suicide policy to include language for assessment and reassessments using standardized tools.
CAREWEST CONTINUING CARE		
INFECTION PREVENTION AND CONTROL		
HIGH PRIORITY CRITERIA:		
Safety engineered devices for sharps are used.	Evidence Accepted	One site communicated expectations for use of safety engineered sharps to all shifts and completed a walkthrough of all care areas. Only safety-engineered devices can be ordered.
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE		
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented	Evidence Accepted	Carewest updated the policy to include an up-to-date list of HAMs, and who is responsible for implementing and monitoring the policy. One site relabeled all HAMs following the policy and conducted audits.
'Do Not Use' List of Abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented	Evidence Accepted	All preprinted forms were revised to ensure no 'Do Not Use' List of Abbreviations are in the instruction sections. Audits were restarted at all Carewest sites to confirm compliance with the list.

ORGANIZATION	STATUS	ACTION PLAN
LONG-TERM CARE SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE		
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Three sites fully implemented the updated policy, and residents are regularly reassessed.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Not Accepted; to be reviewed at next on-site survey.	One unit at one site began following the updated standard Carewest guide for shift report. The transition to Connect Care will provide a standardized tool for sites to use.

Table B-3: Fall 2022 Survey – Program-Based Survey

Evidence submitted to Accreditation Canada October 31, 2023.

Program Area	Status	Action Plan
Standard / Criteria		
Cancer Care		
Infection Prevention and Control		
REQUIRED ORGANIZATIONAL PRACTICE		
Hand-Hygiene Education Hand-hygiene education is provided to team members and volunteers.	Evidence Accepted	All nursing staff had hand-hygiene education updated in Spring 2023 at one Central zone site.
Cancer Care		
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Two Central and one Calgary zone site will ensure staff and patients continue to receive written information on rights and responsibilities as part of orientation. To increase awareness, posters were displayed in high visibility areas in Summer 2023.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	Evidence Accepted	Two Central and one Calgary zone site will ensure staff and patients continue to receive written information on how to file a complaint as part of orientation. To increase awareness, posters were displayed in high visibility areas in Summer 2023.
Perioperative Services and Invasive Procedures		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Evaluation of the fall prevention program was expanded to all surgical areas at one Calgary zone site.
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	One Calgary zone site will ensure staff and patients continue to receive written information on how to file a complaint as part of orientation. To increase awareness, posters were displayed in high visibility areas in Summer 2023.
Service Excellence		
HIGH PRIORITY CRITERIA:		
Policies and procedures for securely storing, retaining, and destroying client records are followed.	Evidence Accepted	Record storage practices were reviewed at one North zone site. Additional education was provided regarding record storage, privacy and safe management of patient information. All charts are now securely stored.
Continuing Care		
Infection Prevention and Control		
REQUIRED ORGANIZATIONAL PRACTICE		
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	Evidence Accepted	Hand-hygiene reviewers were trained at three Central zone sites; audits conducted show improvement with compliance.

Program Area	Status	Action Plan
Medication Management		
REQUIRED ORGANIZATIONAL PRACTICE		
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented	Evidence Accepted	Results of high-alert medication audits conducted by contracted pharmacies were shared with Leaders at two Central zone sites. No concerns were noted.
Heparin Safety The availability of heparin products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas	Evidence Accepted	High-alert medication audits conducted by the contracted pharmacist for one Central zone site identified no issues with availability of heparin on-site.
'Do Not Use' List of Abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented	Evidence Accepted	Compliance with the 'Do Not Use' list of abbreviations has increased following additional education at one Central zone site.
Long-Term Care Services		
REQUIRED ORGANIZATIONAL PRACTICE		
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	Evidence Accepted	Where required, up-to-date photos were added to the Medication Administration Record to facilitate client ID processes. A plan has been developed to ensure new photos are taken annually for all residents.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Evaluation of information transfer processes led to process changes that decreased the number of incidences where information is missing upon transfer back from acute care facilities.
Service Excellence		
REQUIRED ORGANIZATIONAL PRACTICE		
Infusion Pump Safety A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	Evidence Accepted	Competency evaluations for all nursing staff were conducted in Fall 2023 at one Central zone site and a plan for regular review was put in place.
Critical Care Services		
Critical Care		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Results of quarterly trending of the number of falls occurring at one North zone site was shared with staff to increase awareness.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Results of quarterly trending of the number of pressure injuries occurring at one North zone site was shared with staff to increase awareness.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Reporting and Learning System (RLS) reports regarding communication during care transitions were reviewed at one North and one Calgary zone site. Increased collaboration has resulted in decreased instances of missing information.
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Brochures and posters were made available at one Central and two Calgary zone sites; staff were reminded to discuss rights and responsibilities with patients.

Program Area	Status	Action Plan
Clients and families are provided with information about how to file a complaint or report violations of their rights.	Evidence Accepted	Posters were displayed at one Central and one Calgary zone site; staff were reminded to discuss how to file a complaint with patients.
Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	Evidence Accepted	Leaders confirmed approved provincial order sets are consistently used by the intensive care unit team at one North zone site.
Urban Hospital Program		
Inpatient Services		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Following quarterly trending of falls, one North zone site developed an algorithm for staff to follow during post-fall huddles to ensure all possible contributors to falls are reviewed and appropriate interventions are implemented.
Women's Health		
Critical Care (Neonatal Intensive Care)		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Reminders of universal precautions were provided to one Calgary zone site to increase awareness. A review of RLS reports indicate no falls occurred in the last year, but processes are in place at one North and one Central zone site if a fall were to occur.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Chart reviews conducted at one Central zone site indicate standardized skin assessments are being completed regularly.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	An RLS review indicated there are no reports about ineffective communication following the transition to Connect Care at one Central zone site.
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Brochures and posters were made available at one Central zone site; staff were reminded to discuss rights and responsibilities with patients.
REGULAR PRIORITY CRITERIA:		
The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	Evidence Accepted	Findings from patient satisfaction surveys, which include questions regarding information provided, are regularly shared with staff at one Central zone site. A review of RLS reports at that site indicated no issues.
Obstetrics		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	One North, one Central and two Calgary zone sites confirmed universal falls precautions were implemented and procedures are in place to review interventions when falls occur.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Staff feedback at one Central zone site revealed inconsistency with some handovers. A handover note was created and is now being utilized; follow-up indicates communication has improved.

PROGRAM AREA	STATUS	ACTION PLAN
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Placemats and posters were made available at one Central zone site; staff were reminded to discuss rights and responsibilities with patients.
A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	Evidence Accepted	One Central zone site is now reviewing Connect Care dashboards to ensure documentation completion, including medication reconciliation.
REGULAR PRIORITY CRITERIA:		
The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	Evidence Accepted	Effectiveness of transitions is evaluated by reviewing RLS reports and patient feedback at one Central zone site.
SERVICE EXCELLENCE		
REQUIRED ORGANIZATIONAL PRACTICE		
Infusion Pump Safety A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	Evidence Accepted	Recertification processes are now in place at one Calgary zone site.

Table B-4: Fall 2022 Survey – North Zone Rural Hospitals

Evidence submitted to Accreditation Canada June 30, 2023.

STANDARD / CRITERIA	STATUS	ACTION PLAN
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE		
Antimicrobial Stewardship There is an antimicrobial stewardship program to optimize antimicrobial use.	Evidence Accepted	One site commenced reviewing antimicrobial use in Spring 2023.
HIGH PRIORITY CRITERIA:		
Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	Evidence Accepted	The medication room at one site was reorganized to ensure storage followed AHS medication storage policies.
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE		
Suicide Prevention Clients are assessed and monitored for risk of suicide.	Evidence Accepted	A review of suicide risk assessment practices at one site indicate staff appropriately use clinical judgement, combined with standardized triage assessments, to identify clients at risk of suicide.
REGULAR PRIORITY CRITERIA:		
Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.	Evidence Accepted	To improve line of sight from nursing station to waiting room at one site, a camera was directed at the waiting room for staff to monitor regularly.
INPATIENT SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	RLS reports are reviewed for falls and to ensure post-fall huddles and required interventions are implemented at one site.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	RLS reports are reviewed for evaluation purposes at one site; new supplies were ordered so they are available for earlier intervention, when required.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	One site adopted standardized AHS documentation tools, and provided additional reminders and education for staff on their use.
LONG-TERM CARE SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, a risk assessment is conducted for each resident and interventions are implemented.	Evidence Accepted	One site reviews RLS reports at biweekly interdisciplinary meetings and shares the results with staff and residents.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	One site conducted an annual pressure injury point prevalence audit to determine the number of residents with pressure injuries.
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
REQUIRED ORGANIZATIONAL PRACTICE		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	RLS reports are reviewed for falls and to ensure post-fall huddles and required interventions are implemented at one site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	One site adopted standardized AHS documentation tools, and provided additional reminders and education for staff on their use.
SERVICE EXCELLENCE		
REQUIRED ORGANIZATIONAL PRACTICE		
Infusion Pump Safety A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	Evidence Accepted	Processes were put in place at two sites to ensure staff competency is reviewed every two years. Sites review RLS reports and feedback from patients to determine if there have been safety incidents related to infusion pumps.

Table B-5: Spring 2023 Survey – Program-Based Services

Evidence to be submitted to Accreditation Canada June 28, 2024.

Program Area	Status	Action Plan
Standard / Criteria		
Rehabilitation Services		
Medication Management		
HIGH PRIORITY CRITERIA:		
Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	In-Progress	Storage of look-alike, sound-alike medications will be reviewed at one site.
An independent double check is conducted at the point of care before administering high-alert medications.	In-Progress	One site will review the process for independent double check before administering high-alert medications.
Acquired Brain Injury		
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	Two sites will ensure patients and families are aware of their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In-Progress	One site will ensure patients and families are provided with information on how to file a complaint or report a violation of their rights.
Rehabilitation Services		
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	Three sites will ensure patients and families are aware of their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In-Progress	Three sites will ensure patients and families are provided with information on how to file a complaint or report a violation of their rights.
Spinal Cord Injury Acute Services		
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One site will ensure patients and families are aware of their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In-Progress	One site will ensure patients and families are provided with information on how to file a complaint or report a violation of their rights.
A process to investigate and respond to claims that patients' rights have been violated is developed and implemented with input from patients and families.	In-Progress	One site will review the process to investigate and respond to patient rights violations and ensure patients and families have input.
Spinal Cord Injury Rehabilitation Services		
HIGH PRIORITY CRITERIA:		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One site will ensure patients and families are aware of their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In-Progress	Two sites will ensure patients and families are provided with information on how to file a complaint or report a violation of their rights.

Program Area	Status	Action Plan
Home Care and Hospice, Palliative, End-of-Life Care Services		
Infection Prevention and Control		
REQUIRED ORGANIZATIONAL PRACTICE		
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	In-Progress	Hand-hygiene audits will be conducted at two sites; results will be shared and used for improvement purposes.
Medication Management		
REQUIRED ORGANIZATIONAL PRACTICE		
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	In-Progress	The policy is being reviewed to ensure all required procedures are included and the previous Continuing Care exemption will be removed. Two home care sites will ensure audits of high-alert medications are consistently conducted.
Home Care Services		
REQUIRED ORGANIZATIONAL PRACTICE		
Medication Reconciliation Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.	In-Progress	Medication reconciliation processes will be reviewed at two sites to ensure AHS policies are consistently followed.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	The information shared at care transitions will be evaluated at one site to ensure it is standardized, documented and effective.
HIGH PRIORITY CRITERIA:		
Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	In-Progress	Treatment protocols will be reviewed at one site to ensure all clients receive the same standard of care.
Community-Based Mental Health Services		
Infection Prevention and Control		
REQUIRED ORGANIZATIONAL PRACTICE		
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	In-Progress	One site will ensure hand-hygiene compliance is evaluated, shared and used for improvement purposes.
Community-Based Mental Health Services and Supports		
REQUIRED ORGANIZATIONAL PRACTICE		
Medication Reconciliation Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.	In-Progress	Medication reconciliation process will be reviewed at two sites to ensure AHS policies are consistently followed.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	The information shared at care transitions will be evaluated at one site to ensure it is effective.
HIGH PRIORITY CRITERIA:		
Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	In-Progress	Universal fall precautions will be reviewed at two sites.

Program Area	Status	Action Plan
Intellectual and Developmental Disabilities Services		
HIGH PRIORITY CRITERIA:		
Orientation to the field of intellectual and developmental disabilities is provided to new team members.	In-Progress	Orientation for new staff will be reviewed at one site.
Mental Health Services		
Service Excellence		
REQUIRED ORGANIZATIONAL PRACTICE		
Infusion Pump Safety A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	In-Progress	Infusion pump training will be re-implemented at one site. Staff competency and the effectiveness of infusion pump safety will be evaluated for improvement purposes.
Mental Health Services		
HIGH PRIORITY CRITERIA:		
The client's informed consent is obtained and documented before providing services.	In-Progress	One site will confirm that client consent is received and documented before providing services.
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One site will ensure patients and families are aware of their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In-Progress	One site will ensure patients and families are provided with information on how to file a complaint or report a violation of their rights.
Addiction Treatment Centres and Programs		
Substance Abuse and Problem Gambling		
REQUIRED ORGANIZATIONAL PRACTICE		
Medication Reconciliation Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.	In-Progress	Medication reconciliation process will be reviewed at one site to ensure AHS policies are consistently followed.
Public Health Services		
Infection Prevention and Control		
REQUIRED ORGANIZATIONAL PRACTICE		
Hand-Hygiene Education and Training Hand-hygiene education is provided to team members and volunteers.	In-Progress	One site will ensure that required hand-hygiene training is completed by all staff.
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	In-Progress	Hand-hygiene audits will be conducted at two sites; results will be shared and used for improvement purposes.
HIGH PRIORITY CRITERIA:		
Team members and volunteers are required to attend the Infection Prevention and Control (IPC) education program at orientation and on a regular basis based on their IPC roles and responsibilities.	In-Progress	One site will ensure staff complete IPC education and update their training as appropriate.

Table B-6: Fall 2023 Survey - Urban Foundational and Perioperative Services

Evidence to be submitted to Accreditation Canada December 2, 2024.

Program Area	Status	Action Plan
Standard / Criteria		
Urban Foundational		
Leadership		
HIGH PRIORITY CRITERIA:		
The organization ensures its physical spaces are safe and meet relevant laws and regulations.	In-Progress	Three sites will ensure their physical spaces meet AHS best practice standards and conform to Alberta Building Code.
The organization maintains, upgrades, and replaces medical devices, equipment, and technology as needed, to ensure they are safe.	In-Progress	Isolation carts in use will be reviewed at one site to ensure they are appropriate.
Infection Prevention and Control		
REQUIRED ORGANIZATIONAL PRACTICE:		
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	In-Progress	Three sites will ensure hand-hygiene audits are consistently completed, and results are reviewed for improvement purposes and shared with teams.
HIGH PRIORITY CRITERIA:		
When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.	In-Progress	One site will ensure they have an appropriate, designated area for cleaning equipment.
The area where cleaning, disinfection, and/or sterilization of medical devices and equipment are done is equipped with hand hygiene facilities.	In-Progress	Hand-hygiene facilities in the temporary MDR will be reviewed at one site.
Items that require cleaning, disinfection, and/or sterilization are safely contained and transported to the appropriate area(s).	In-Progress	One site will review the pathways used for transporting contaminated equipment.
Areas for reprocessing flexible endoscopes are physically separate from client care areas.	In-Progress	One site will ensure the area for primary cleaning of endoscopes is physically separate from client care areas.
Medication Management		
REQUIRED ORGANIZATIONAL PRACTICE:		
Antimicrobial Stewardship There is an antimicrobial stewardship program to optimize antimicrobial use	In-Progress	Three sites will ensure the antimicrobial stewardship program is implemented at the local level.
HIGH PRIORITY CRITERIA:		
A policy is developed and implemented on when and how to override the CPOE system alerts.	In-Progress	Relevant stakeholders are determining suitable content and options for the development of a CPOE policy.
Access to medication storage areas is limited to authorized team members.	In-Progress	Nursing unit medication rooms will be secured to limit access to authorized team members at one site.
Medication storage areas are clean and organized.	In-Progress	Three sites will ensure medication storage areas are clean and organized.
Medication storage areas meet legislated requirements and regulations for controlled substances.	In-Progress	Identified gaps in the controlled substance reconciliation process will be reviewed at one site.
Medication preparation areas are clean and organized.	In-Progress	Seven sites will ensure their medication preparation areas are clean and organized.
There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	In-Progress	Infrastructure changes are required at one site to ensure hazardous medications are prepared in a separate, 100% vented, negative pressure area.

Program Area	Status	Action Plan
Sterile products are prepared in a separate area that meets standards for aseptic compounding.	In-Progress	Four sites will ensure clean rooms, for preparing sterile products, conform to national standards.
Medications are delivered securely from the pharmacy to client service areas.	In-Progress	The process for securely delivering medications to client service areas will be reviewed at one site.
Reprocessing of Reusable Medical Devices		
HIGH PRIORITY CRITERIA:		
Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	In-Progress	Access to the MDR decontamination area will be reviewed at one site to ensure it is restricted to authorized team members.
Appropriate environmental conditions are maintained within the Medical Device Reprocessing (MDR) department and storage areas.	In-Progress	One site will review alert processes if environmental conditions fall outside acceptable parameters.
Preventive maintenance is documented for reprocessing equipment.	In-Progress	Preventive maintenance documentation for reprocessing equipment will be reviewed at one site.
The reprocessing area is equipped with hand hygiene facilities at entrances to and exits from the reprocessing areas, including personnel support areas.	In-Progress	One site will ensure adequate access to hand-hygiene stations at the entrances and exits of the MDR.
Hand hygiene is performed before beginning and after completing work activities, as well as at other key points, to prevent infection.	In-Progress	Hand-hygiene practices will be reviewed at one site.
Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.	In-Progress	Storage of flexible endoscopes will be reviewed at two sites.
Standard operating procedures (SOPs) are followed for handling, distributing, and transporting sterile medical devices and equipment.	In-Progress	One site will review their process for transporting equipment and devices to the MDR decontamination area to ensure they are meeting standard operating procedures.
All sterilized items in storage, or transported to patient service areas or other organizations, can be tracked.	In-Progress	The tracking process for sterilized items will be reviewed at one site.
Perioperative Services and Invasive Procedures		
Reprocessing of Reusable Medical Devices		
REQUIRED ORGANIZATIONAL PRACTICE:		
Venous Thromboembolism Prophylaxis (VTE) Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	In-Progress	One site will re-initiate VTE audits and use results to make improvements to services.
HIGH PRIORITY CRITERIA:		
Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	In-Progress	The transportation of contaminated items will be reviewed at two sites.
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One site will ensure patients and families are aware of their rights and responsibilities.
Availability of all necessary supplies and functionality of equipment is confirmed before the client enters the operating/procedure room.	In-Progress	One site will ensure the functionality of equipment is confirmed before the client enters the operating room.