

**September
2020**

**Urban Hospital
Organ and Tissue Donation Program
Alberta Health Services**



**ACCREDITATION
AGRÉMENT
CANADA**

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About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted September 27, 2020 - October 02, 2020. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve its goal of being *#AHS Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

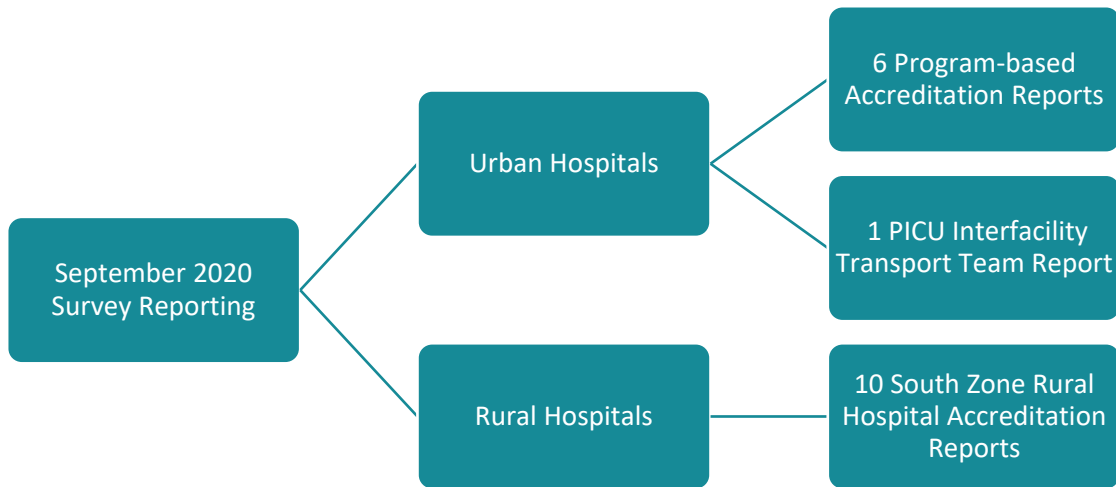
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2022), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

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

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle, in 2022, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the 2020 Survey are organized as follows:



Organ, Tissue and Transplant Program Assessment– Sites Visited

- University of Alberta

Confidentiality

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

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

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

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

Executive Summary

Surveyor Observations

The Alberta Organ and Tissue Donation and Transplant Programs survey took place from September 27 to October 2, 2020. It focused on two system-wide priority processes (People-Centered Care and Infection Prevention and Control). Eight service-level priority processes were included to assess each service area (Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes, Living Organ Donation, Organ and Tissue Donation and Organ and Tissue Transplant). The Organ and Tissue Donation and Transplant program includes three standards: Organ Donation for Living Donors, Organ Donation for Deceased Donors and Organ and Tissue Transplant. All three areas were assessed by the following system and service levels as well as selected criteria from the Infection Prevention and Control standard.

The survey was conducted by one surveyor from outside of the province. The surveyor visited the Northern Alberta Organ and Tissue Donation and Transplant Programs located at the University of Alberta Hospital in Edmonton and conducted virtual meetings with the Southern Alberta Organ and Tissue Donation and Transplant Programs located at the Foothills Medical Centre in Calgary. The two sites conducted the attestation process in advance of the survey. This assessment method helped them to prepare for the onsite visit. Another new component of this survey was the unannounced visit as sites were not aware when surveyors would be arriving to complete the assessment. Program leadership and staff have embraced the accreditation journey and the new methodologies.

The Organ and Tissue Donation and Transplant Programs in Alberta have highly engaged leaders and clinical staff who are passionate about their purpose to provide excellence in care to patients and family members. In each area there are expert clinicians, educators and researchers advancing care and outcomes for organ and tissue transplant patients. Strong partnerships abound locally, nationally and internationally, and the Alberta Program has a track record of innovation and advancing discovery in transplant care and outcomes.

The Provincial Donation and Transplant Steering Committee has identified key provincial action plans to enhance donation and recipient programs; however, there is a need to develop key metrics, timelines and accountabilities for each goal so that progress can be monitored. There is also an opportunity to ensure the goals and objectives are widely shared with staff across the program areas; therefore, they are actively engaged in advancing patient experience, program priorities, and outcomes.

The Organ and Tissue Donation and Transplant programs have a strong focus on quality, outcomes and education. In the face of increasing demand and complexity in patient populations and care needs, the program should look at how resources are aligned to meet demands and complexity to ensure timely and high-quality care.

Since the last survey, the renal transplant program transitioned from the Northern Alberta Kidney Care Program to become part of the Transplant Services at University of Alberta Hospital Program. This is a positive step in integration of transplant efforts.

The Organ and Tissue Donation and Transplant program has increased the volume of transplants and donors since the last survey; however, there is a need to further advance the action plan to increase

donations. The program is looking at a plan to increase donations to reduce the chronic disease burden in the province – a step which aligns well strategically with the AHS and provincial focus on operational excellence and value for financial investment.

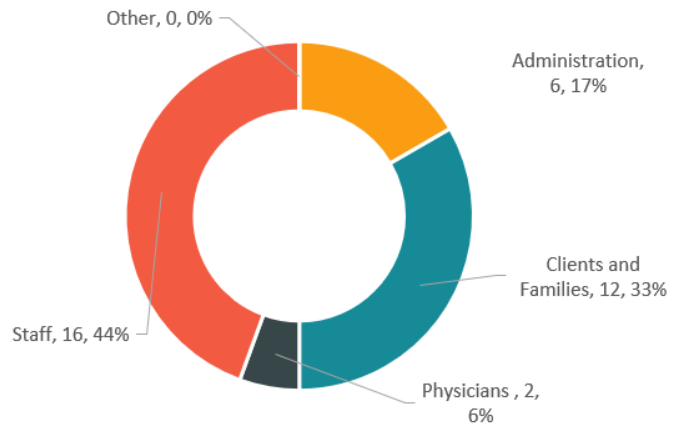
The program is commended for their work to enhance public awareness of the impact of donation through public service boards and postcards recognizing experiences for both donor families and recipients. Donors and donor families talked about how meaningful this work has been to both honor their donations and provide an opportunity to tell their story and in the case of deceased donor families, “find meaning in a meaningless situation”. This work has been very impactful for donors, recipients and the teams. Further work is underway on a coordinated public awareness campaign to enhance donation opportunities.

Finally, the team is commended for their diligence and resilience in caring for patients and themselves in the face of the challenge of COVID-19.

Survey Methodology

The Accreditation Canada Surveyor visited the Northern Alberta Organ and Tissue Donation and Transplant Programs and met with with the Southern Alberta Organ and Tissue Donation and Transplant Programs.

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



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

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Advance integration of the Northern and Southern programs to improve patient experience and program efficiency – standardize care pathways, tools and processes to enhance quality of care and care delivery as well as reduce redundancy for patients and families.
2. Develop a plan to increase organ and tissue donation rates in the province. The plan should include a review of current capacity as volumes, complexity and survivorship has grown.
3. Advance quality improvement initiatives across the programs by identifying and communicating key improvement initiatives with metrics, timelines and accountabilities.
4. Create a virtual care strategy for the organ and tissue donation and transplant programs; significant benefits for patient and family experience as teams realized during the COVID pandemic.
5. Advance client and family engagement by inviting patient/family advisors to participate on key committees and initiatives.

Areas of Excellence

1. Increased volumes across the program while maintaining a strong and relentless focus on quality and safety processes and systems in care delivery across the continuum of care.
2. Highly engaged and resilient leaders and expert clinicians in all disciplines with strong, collaborative and integrated interprofessional teams; high retention noted.
3. Long-standing track record of excellence and innovation from bench to bedside; advancing discovery, care, and outcomes in complex multi-organ and tissue transplantation.
4. Strategic partnerships, locally, nationally and internationally to advance program goals.
5. Access to data and an excellent foundation of people and systems to support success in meeting regulatory and Quality Assurance requirements.

Results at a Glance

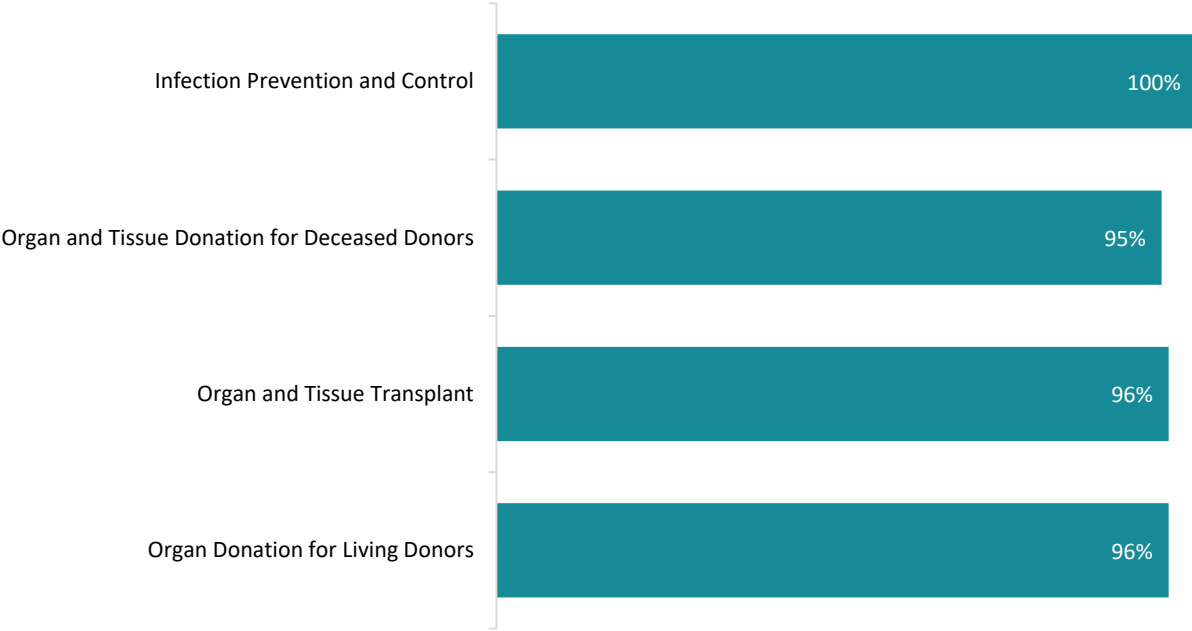
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 100% met	On-Site 94% met	Overall 96% met	
Number of attested criteria			
Attested 165 criteria	Audited 18 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

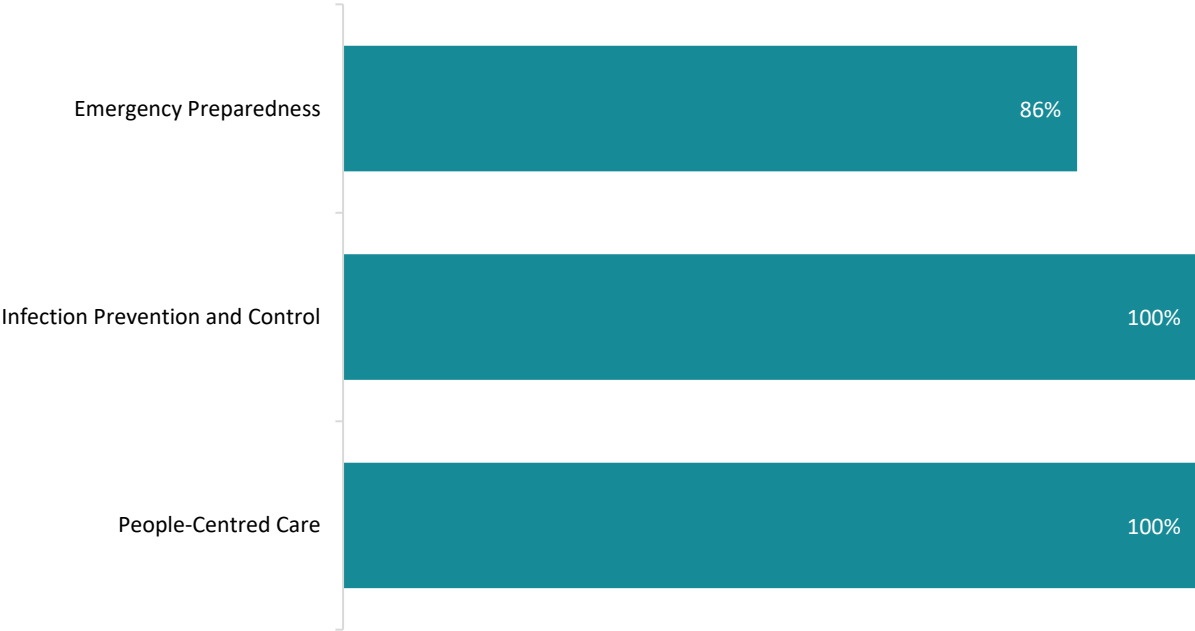
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	13	0	0	0
Organ and Tissue Donation for Deceased Donors	138	7	0	0
Organ and Tissue Transplant	194	9	0	0
Organ Donation for Living Donors	172	7	0	0
Total	517	23	0	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	1	0	0	0
Infection Prevention and Control	12	0	0	0
People-Centred Care	30	5	0	0
Total	43	5	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	15	0	0	0
Appropriateness	200	12	0	0
Client Centered Services	139	3	0	0
Continuity of Services	17	2	0	0
Efficiency	16	1	0	0
Population Focus	8	0	0	0
Safety	101	0	0	0
Worklife	21	5	0	0
Total	517	23	0	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Organ and Tissue Transplant	MET
	Organ Donation for Living Donors	MET
Safe Surgery Checklist	Organ and Tissue Transplant	MET
	Organ Donation for Living Donors	MET
Information Transfer at Care Transitions	Organ and Tissue Transplant	MET
	Organ Donation for Living Donors	MET
MEDICATION USE		
Infusion Pump Safety	Organ Donation for Living Donors	MET
Infusion Pump Safety	Organ and Tissue Transplant	MET
INFECTION CONTROL		
Hand hygiene Education and Training	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Organ and Tissue Transplant	MET
Venous thromboembolism prophylaxis	Organ and Tissue Transplant	MET
	Organ Donation for Living Donors	MET

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.

There are no unmet criteria for this Priority Process.



There is a strong focus on Infection Prevention and Control in the Organ and Tissue Donation and Transplant Programs. Staff have access to the policies, procedures and experts to prevent and minimize outbreaks.

Infection Prevention and Control

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

There are no unmet criteria for this Priority Process.



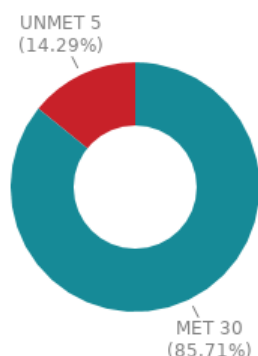
There is a strong and visible focus on hand-hygiene compliance in the team, and audits are conducted regularly. Results are shared with staff.

Patients and family members were provided with education to ensure their safety.

Staff have access to zone specific Infection Prevention and Control (IPC) information on the AHS website as well as on-site infection control practitioners.

People-Centred Care

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



Both the Northern and Southern Organ and Tissue Donation and Transplant Programs have a strong focus on people-centred care. Engagement of clients and family members occurs primarily through individual assessments, surveys on selected topics and reviews of compliments and complaints. There are plans to engage patients and families in both a Patient Education Committee and a Public awareness campaign.

Program leaders are encouraged to build on their current engagement efforts by adding client and family advisors on key committees for example on the Provincial Donation and Transplant Steering Committee. Other AHS Programs can share their experience in formalizing patient advisor engagement and the benefits of the approach.

STANDARD	UNMET CRITERIA	CRITERIA
Organ and Tissue Donation for Deceased Donors	5.16	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Organ and Tissue Transplant	4.15	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Organ and Tissue Transplant	22.5	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.
Organ Donation for Living Donors	4.19	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Organ Donation for Living Donors	22.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes; Organ and Tissue Donation.

Organ and Tissue Donation for Deceased Donors

Organ and Tissue info.



There are strong, highly engaged teams focused on Multi-organ and Tissue Donations. Collaboration with the Human and Organ Procurement and Exchange (HOPE) teams in the north as well as with the Southern Alberta Organ Donation and Transplant Programs (SAODTP) to advance donation opportunities is excellent.

The Medical and Administrative Directors for HOPE and SAODTP are working closely with the teams to address barriers to donation. There are Provincial Neurologic Determination of Death (NDD), Donation After Cardiocirculatory Death (DCD) policies in place and gaps have been discussed and outlined.

There is a plan to re-establish donor audit processes to identify missed opportunities for donation. This work was ceased in anticipation of the establishment of a Provincial Donor Agency which has not materialized. The Program team is updating tools to complete donor audits.

Further engagement work is planned to advance organ and tissue donations by building a network of champions through outreach and education sessions with hospital partners across the province, particularly in rural areas. Surveyors in rural areas noted that some sites are interested in further information about opportunities to break down barriers to organ and tissue donation.

The program is encouraged to develop and share the donation plan with metrics, timelines and accountabilities with key partners.

STANDARD	UNMET CRITERIA	CRITERIA
Organ and Tissue Donation for Deceased Donors	5.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Organ and Tissue Donation for Deceased Donors	5.17	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Organ and Tissue Donation for Deceased Donors	17.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
Organ and Tissue Donation for Deceased Donors	17.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.
Organ and Tissue Donation for Deceased Donors	17.5	Guidelines and protocols are regularly reviewed, with input from clients and families.
Organ and Tissue Donation for Deceased Donors	19.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.

Organ and Tissue Transplant

Organ and Tissue info.



There is a strong expert team in both the Organ and tissue transplant programs. Multidisciplinary rounds are in place across all organ groups and education opportunities are available for all staff. Standard Operating Procedures (SOP) are up to date and readily available. Document control and tracking systems are in place to support regulatory requirements. Operating Room and Intensive Care Unit resources are available to support transplant demands. There are periodic access issues to diagnostic imaging. The

team is working with their colleagues to look at improvement opportunities.

Implementation of Connect Care was seen by many to be a benefit to have access to information documented by various health professionals along the patient’s pathway (except for the donation phase). The integration of best practice guidelines and pre-printed order sets into Connect Care has supported evidence-based practice and consistency in case delivery.

Since the last survey, there has been further progress in the use of ex vivo organ perfusion thus improving access and outcomes for kidney, lung, liver and pancreas patients.

Patients and family members expressed significant satisfaction with the quality of their care as well as the education and information they received to support them in their journey.

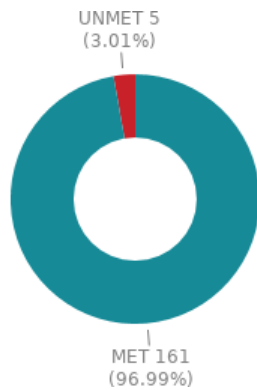
Audits are completed and feedback is provided to the teams. There is an opportunity to have a stronger focus on quality improvement initiatives with metrics and timelines.

The transplant inpatient unit hallways are very cluttered due to dated space. Clean and dirty supplies are not properly stored. Environmental services staff and the team do their best to keep the unit clean and safe for patients. There is a plan for new space in 3-4 years.

STANDARD	UNMET CRITERIA	CRITERIA
Organ and Tissue Transplant	2.11	The appropriate space and team members are available to manage recipients post-transplant.
Organ and Tissue Transplant	4.16	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Organ and Tissue Transplant	7.3	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.
Organ and Tissue Transplant	20.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
Organ and Tissue Transplant	20.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.
Organ and Tissue Transplant	20.5	Guidelines and protocols are regularly reviewed, with input from clients and families.
Organ and Tissue Transplant	22.6	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.

Organ Donation for Living Donors

Organ and Tissue info.



The Living Donor teams in the Northern and Southern Programs have a strong focus on honouring their patients' requests to donate.

There are strong and well-integrated interprofessional teams who conduct comprehensive assessments to assess donation opportunities. Comprehensive psychosocial assessments are completed. In recent years, a standardized Psychosocial Tool has been tested in the liver and lung

programs with positive results. The team is encouraged to spread the use of the tool across the program so that there is a consistent and standardized approach to psychosocial assessment across the program as well as opportunities for research and outcome analysis.

Waitlists are reviewed regularly and the team addresses barriers to move the patients forward. All donors interviewed talked about the support and education the teams provided in moving forward with their wish to donate. None of the donors expressed feeling any sense of coercion in the process.

Feedback from donors outlined some opportunities to improve both the timeliness of the donation assessment processes as well as closing the loop with donors so that they understand what may be impacting the timeliness of the process to donate. The teams are working on quality improvement initiatives to decrease the wait time for living donors. The team is encouraged to continue to look at best practices across the program to support timely donation and adapt and adopt what is working. Most importantly, the team should outline their quality improvement goal with metrics, timelines and accountabilities and share this widely with staff and patients/families to optimize input and engagement.

The COVID-19 pandemic did impact the living donor program. A survey on the impact of COVID-19 has been sent to patients, families and staff. The teams are keen to get the data and use the results to drive process improvement for patient and staff experiences and processes. The team has outlined a goal for a coordinated public awareness campaign and plan to have client and family engagement in the process.

STANDARD	UNMET CRITERIA	CRITERIA
Organ Donation for Living Donors	4.17	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Organ Donation for Living Donors	4.20	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Organ Donation for Living Donors	11.11	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.
Organ Donation for Living Donors	20.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
Organ Donation for Living Donors	22.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

There are no criteria or Required Organizational Practices identified for follow-up at this time.