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Accreditation Report

Qmentum Global^{TM} Program

Alberta Health Services

Corporate Report

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of the ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from October 16-20, 2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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Executive Summary

About the Organization

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 (2023-2027). Accreditation visits are helping AHS achieve its goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management, and Reprocessing of Reusable Medical Devices occur in the first survey of the cycle (Fall 2023).

During the cycle, location-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, provincial, and community-based programs where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach provides a more comprehensive assessment and aligns with different levels of accountability.

To further promote continuous improvement, AHS has adopted the 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 survey, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organizations’ accreditation award.

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Surveyor Overview of Team Observations

AHS is to be applauded for its continued commitment to quality improvement. The accreditation process is a mechanism for organizations to assess how they are doing in relation to nationally (and internationally) developed best practices. As the first organization in Canada to support unannounced accreditation surveys, AHS should be incredibly proud of its leadership in supporting patient safety and quality improvement. All staff, community partners, patients, and families that the survey team interacted with were welcoming of the accreditation process and proud to share the excellent work that has been carried out and that is underway within the organization.

In November 2022, the AHS Board was replaced by an Official Administrator (OA) who the Minister of Health appointed with full authority to govern the organization. The OA holds all the responsibilities, duties, and powers of the Board. The OA has appointed a four-member, skills-based advisory council to support them in governing the organization and making meaningful and rapid improvements. The OA has maintained the excellent governance practices AHS developed and continues to receive reports necessary to fulfill its fiduciary responsibilities. The OA completed the recruitment of the new AHS CEO, a process initiated by the previous Board, and has an excellent working relationship with them. It was evident in the discussion with the OA that they are dedicated and committed to ensuring that Albertans have the best possible health system. The current governance structure is heavily reliant on the efforts of the full-time OA and, while it is currently functional, may not be a sustainable approach to the long-term governance of AHS. Organizational leadership and the OA are encouraged to continue working with Alberta Health and the Minister of Health to implement a more "normalized" governance structure that is not reliant on one individual to ensure best practice oversight of the organization.

Alberta Health Services has undertaken some significant work to improve several key strategic priorities:

1) Reducing emergency medical services (EMS) response times.
2) Decreasing emergency department wait times.
3) Reducing surgery wait times.
4) Improving local decision-making.
5) Improving patient flow and continuity of care.
6) Building the workforce.
7) Strengthening mental health and addiction recovery-oriented services and supports.
8) Improving engagement and access to care for Indigenous people; and
9) Improving access to care for rural and remote communities.

AHS is to be commended for the numerous improvements achieved over the past year, as articulated in the Official Administrator's 90-day report on the Health Care Action Plan.

Alberta Health Services has created an excellent infrastructure to support patient, family, and community engagement at all levels of the organization. The OA and CEO regularly meet at the governance level with the Council of Chairs of the Health Advisory Councils (HACs), Provincial Advisory Councils (PACs), and Wisdom Council. Members of these Councils articulated the opportunity to meet with the OA and CEO as an "earth-shattering" opportunity to connect with AHS leadership and have a meaningful exchange of information and ideas. At the provincial and zone levels, a vast network of over 1300 patient and family partners collaborate on various topics with AHS towards the betterment of the system. AHS is encouraged to continue its great work in patient engagement to support further opportunities to enhance localized performance improvement and drive improvements in the overall patient experience. As already witnessed across AHS, in communities where enhanced patient and community partner engagement is present, there is greater trust, collaboration, and partnership is addressing health system improvement opportunities.

While the advisory council members who collaborated with AHS identified good collaboration, there continue to be opportunities for the organization to better partner with community groups. Specifically, there may be an opportunity to support improvement for localized decision-making as it relates to AHS's relationship with some primary care partners. Primary care community partners identified significant

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challenges in accessing services to support the transition of patients from primary care, acute care, and the home community. For example, partners referenced the inability to access community-based allied health support in the primary care setting without sending the patient to an acute care facility or requiring "intake" into the home and community care system. AHS is encouraged to continue to work with these partners to eliminate some of the barriers to care and enable opportunities for patients to access care within the community.

AHS is continuing to invest in many facility and infrastructure upgrades to improve the physical environment. Several sites and program areas continue to require infrastructure investment to address environmental deficiencies. While there are effective processes for resource allocation and prioritization of needs, AHS may benefit from developing site-based facility master plans further to support the prioritization of investment in more extensive facilities.

Quality improvement (QI) activities are well-defined at the provincial and zone levels. AHS has a strong culture of safety, quality, and risk management. There may be an opportunity for AHS to better align some of the provincial and zone quality improvement activities. The Learn Improve Together (LIT) initiative is intended to support this work. AHS is encouraged to continue to develop and roll out this program in collaboration with various QI teams, operators, patients, and families. Further opportunities exist for localized quality improvement activities. Some units have well-developed QI programs, while others do not. AHS has excellent qualitative and quantitative data collected. The organization could benefit from identifying additional opportunities to disseminate information to front-line staff better, enabling localized QI activities. AHS is encouraged to continue its ongoing work to promote QI activities at the unit and site level with input from clients and families.

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Key Opportunities and Areas of Excellence

Overall Observations

Areas of Excellence:

- Compassionate care
- Strong commitment to patient safety
- Culture of quality improvement
- Data collected for planning and system performance
- Collaboration between programs and services
- Dyad model is mature and co-leadership in sync
- Investments in leadership
- Responsive to health and psychological safety of staff

Key Opportunities:

- Access and flow – adherence to overcapacity protocol
- Accelerate implementation of digital solutions
- Empower staff / physicians to lead local QI
- Harness data for quality improvement
- Engage clients and families
- Physical environment - Infrastructure rejuvenation
- Continue to achieve gains in recruitment and retention
- Development conversations

Governance and Leadership

Areas of Excellence:

- Governance structure with Advisory Councils
- Commitment to quality improvement & performance measurement
- People-Centred Care and community engagement (HACs, PACs, Wisdom Council)
- Shared Commitments
- Support of diversity, equity & inclusion

Key Opportunities:

- Governance best practice through re-establishment of a Board
- Supporting local decisions to deliver safe and quality care
- Build relationships with community partners
- Communication with workforce
- Learn Improve Together (LIT)
- Continue to support diversity, equity and inclusion

Medication Management

Areas of Excellence:

- Provincial standardization of practices, order sets and formulary
- Enhanced safety and communication through Connect Care
- Clinical pharmacists in patient care areas as part of team

Key Opportunities:

- Antimicrobial stewardship strategy
- Align facilities with National Association of Pharmacy Regulatory Authorities (NAPRA) standards for compounding sterile non-hazardous and hazardous preparations
- Automated dispensing cabinet strategy
- Management of alert fatigue

Infection Prevention and Control (IPC)

Areas of Excellence:

- Medical Leadership is engaged & active in IPC
- Useful information for public on AHS website
- IPC dashboard providing an overview of patients in facilities

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- Strong partnerships with provincial & organizational partners

Key Opportunities:
- Hand hygiene education & audits
- Decluttering clinical areas
- Opportunity to cascade provincial strategic plan for IPC down to the local level

Reprocessing of Reusable Medical Devices

Areas of Excellence:
- Collaboration at Provincial level with IPC
- Sterile Processing Microsystem tracking system
- Consolidation of reprocessing under oversight of MDRD
- Cross trained MDRD staff

Key Opportunities:
- Infrastructure & equipment rejuvenation
- Impact of surgical volumes
- Endoscopy reprocessing
- Sterile Processing Microsystem expansion

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Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with.

To promote alignment with our standards, assessments results have been organized by core/foundational and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

Alberta Health Services accreditation decision continues to be:

Accredited

The organization has met the fundamental requirements of the accreditation program.

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Locations Assessed in Accreditation Cycle

The following table provides a summary of locations[1] assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Chinook Regional Hospital	☑
Cross Cancer Institute	☑
Foothills Medical Centre	☑
Glenrose Rehabilitation Hospital	☑
Grande Prairie Regional Hospital	☑
Medicine Hat Regional Hospital	☑
Red Deer Regional Hospital Centre	☑
Rockyview General Hospital	☑
Seventh Street Plaza	☑
Southport Tower	☑

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

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Required Organizational Practices (ROPs)

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Accountability for Quality of Care	Governance	6 / 6	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Client Flow	Leadership	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%

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Assessment Results by Standard

Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Governance

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

AHS is governed by a full-time Official Administrator (OA), appointed by the Government of Alberta in November of 2022 for a six-month term. The OA operates as the Board of Alberta Health Services with the mandate and all legislated responsibilities of the Board of Directors. In June 2023, the OA's time was extended, and they are expected to remain in office until December 2023 when the Government of Alberta is projected to establish a new governance structure.

The OA demonstrates an excellent understanding of the governance roles and responsibilities of the governing body for the organization. They have established a skills-based advisory Board of four individuals (with expertise in quality, human resources, representing key stakeholders, and includes the former Board chair of AHS) that supports the OA role in governing the organization. The cadence of all reporting related to Quality and Patient Safety, Finance and Audit, Human Resources and any issues that may pose a risk to the organization have continued from the previous Board structure. The corporate secretary to the Board supports the meetings, and the sessions are captured with a documented decision record.

The former Board's calendar of reporting including evaluation mechanisms and educational orientation have been maintained under the OA’s leadership and will ensure good continuity when a new governing body is appointed for AHS. AHS and the OA are encouraged to continue to work with the Government of Alberta to support the appointment of a new governing body comprised of individuals possessing the professional attributes identified in the Board skills matrix that has been developed.

AHS has placed a significant focus on quality improvement activities related to four priority areas as directed by the OA: (1) Improving EMS response times; (2) Improving patient flow throughout the healthcare continuum; (3) Decreasing emergency department wait time; and (4) Reducing wait times for surgeries. The OA is very active in working with the CEO and Leadership Team to identify, implement, and deliver opportunities for improvement.

The former Board of AHS had initiated a robust process to recruit a new CEO for the organization following the departure of the previous leader. This process continued when the OA was appointed, and a new CEO was hired in March 2023. An excellent working relationship exists between the OA, the CEO, and executive team members of AHS. The CEO and executive team provide regular reporting to the OA.

Medical privileging and credentialling for the organization have been delegated to the office of the Vice President, Quality and Chief Medical Officer, with oversight of the process from the OA. Any medical

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performance issues, disputes, or appeals that require follow-up may be brought forward to the OA for review, as necessary.

There is excellent engagement between the OA, CEO, executive team, and zone leadership with the community, community partners, patients, and families. AHS has established robust mechanisms to engage with the community meaningfully and authentically through several Advisory Councils. These Advisory Councils enable patients, clients, families, and the broader community to contribute to healthcare solutions to improve the health system. There are three Advisory Councils: the Health Advisory Council (HAC), the Provincial Advisory Council (PAC), and the Wisdom Council.

The Health Advisory Councils comprise twelve councils representing different geographical areas across the province. These councils develop work plans that include goals, objectives, and proposals for formal consultations and community engagement. The work of the Councils is shared with the OA through an annual published report. The Provincial Advisory Councils consist of four councils advising on province-wide services and programs, including Addiction & Mental Health, Cancer, Seniors & Continuing Care, Sexual Orientation, and Gender Identity & Expression. The Wisdom Council provides guidance and recommendations, ensuring that AHS develops and implements innovative health services that are culturally appropriate for Indigenous Peoples. The Council comprises members from across treaty areas and Alberta Health Services zones. Membership across all these Councils currently includes 243 individuals.

Table 3: Unmet Criteria for Governance

There are no unmet criteria for this section.

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Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Infection Prevention and Control (IPC) is a provincial system-wide program that provides expertise and support to all AHS programs and partners across the continuum of care. The program is led by a Senior Leadership team that is comprised of a Senior Provincial Director, Executive Directors, and/or Directors for the five provincial zones. In addition, there is a Provincial Standards and Surveillance team comprised of analysts and epidemiologists who provide the expertise for IPC surveillance activities. IPC medical expertise and support are provided by IPC physicians in Edmonton, Calgary and Red Deer, and the Medical Officers of Health (MOH) province wide. In addition, there are several physicians with IPC duties in their portfolios. These physicians provide guidance and evidence-informed recommendations when needed. There are Infection Control Practitioners (ICP) at each of the local sites that were assessed. In addition, there is an ICP available on an on-call basis after hours and on the weekend.

During the COVID-19 pandemic, IPC played a key role in supporting the pandemic response resulting in a demand for IPC services that increased substantially both in volume and complexity. To maintain effective IPC service delivery and to support increased demand within AHS, the IPC program hired an additional temporary 18 FTEs which have since become permanent positions. However, at the current time, there are ICP staffing shortages and/or new staff at several of sites that were visited. There is an on-going opportunity for AHS to develop strategies that will attract, retain, and optimize a skilled ICP workforce.

AHS should be commended for their focus on education and training for ICP practitioners, not only upon hire but on an on-going basis. Clinical competencies, workbooks, online modules, sponsors, and training academies have been created to ensure new ICPs receive a well-rounded experience. Professional development as well as education and training opportunities are also available to ensure the ICPs remain proficient.

“The Use of Masks to Prevent Transmission of COVID-19 Directive” went into effect during the on-site survey. Surveyors witnessed in real time how AHS adopted the masking directive in determining if additional masking would be necessary in acute care facilities. In collaboration with the Zone Medical Officer of Health, The Zone Executive Leadership or Chief Program Officers and Site Leadership could make site and zone-specific enhanced masking decisions based on a risk assessment. The risk assessment considered the rate of hospitalizations in people with COVID-19, outbreak number, size, and impact, percentage of beds occupied by COVID-19 patients, test positivity and situational context.

Policies, procedures, standard operating procedures (SOP), practice support documents and recommendations are developed to reflect international and national standards from a number of experts such as the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC US), Public Health Agency of Canada, Infection Prevention and Control- Canada, Canadian Association of Medical Device Reprocessing, and the Provincial Infectious Disease Advisor Committee (PIDAC), to name a few.

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Alberta Health established an IPC Strategy in 2008 which was refreshed in 2015 and additionally released a series of Standards (2008, refreshed in 2011/2019) that require AHS to establish and maintain an accountability framework that includes relevant IPC committees and the appointment of an IPC executive. It also defined reporting relationships that include, but are not limited to, communication with the CEO, AHS executive, the Senior Medical Officer of Health, and Medical Officers of Health; and Organizational policies and practices that align with The Reusable & Single-Use Medical Device Standards. These standards cover the reprocessing of reusable medical devices and for the use of single-use medical devices in all healthcare facilities and settings.

There is a Provincial IPC interdisciplinary committee (PIPCC) in place as required by the IPC Accountability & Reportability Standard with multiprogram and multidisciplinary representation. There are Zone IPC committees in place and report into the PIPCC.

To meet the priorities outlined in the Alberta Health IPC Strategy, the Corporate IPC team have created a 5-year vision and strategic plan for AHS IPC, with the end date of March 31, 2026. The four pillars of the Strategic Plan include Partnerships, Surveillance and Reporting, Learning, Research and Innovation and People. Yearly metrics for monitoring success are contained in the Operating Plan. There is an opportunity to translate this strategy into everyday operations, ensuring that the strategic priorities are both tangible and relevant across all programs at the local IPC sites.

AHS IPC is responsible for conducting provincial surveillance on a variety of healthcare-associated infections and antimicrobial-resistant organisms. Additionally, AHS IPC participates in activities led by the Public Health Agency of Canada including the Canadian Nosocomial Infection Surveillance Program.

There is a Provincial PPE Safety Coach Program in place. While the intent was to have site leadership and unit management identify a minimum of two coaches per unit or program area (either staff or physicians) for a coach to be available and accessible on each shift, this was not in place at several of the sites visited during the on-site survey. AHS may benefit from re-establishing the program.

There is a wealth of useful information on the IPC website page, both internally and externally. Policies, manuals, Best Practice Recommendations, Education and Training materials, and guidelines are posted to the site, all dedicated to preventing infections acquired within healthcare facilities. Notably, there are very impressive Pandemic Surge Units in Edmonton and in Calgary.

Table 4: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

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Leadership

Standard Rating: 96.8% Met Criteria

3.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Planning and Service Design
AHS has a robust process involving several teams focused on planning and service design. The organization has various resources such as planning, business analytics, health analytics, health economics, performance optimization supporting the planning processes. AHS' strategic plan, mission, vision, and values guide the work documented in a three-year business plan. The plan is refreshed annually with the support of data analytics and input from the local, zone, and provincial leadership teams.

Key performance indicators have been developed for priority projects within the organization, and the provincial strategic clinical networks (SCNs) are responsible for driving innovative transformational change across AHS. There has been an enhanced focus from the SCNs to support provincial standardization while enabling local customization to meet the needs of each community. The organization is commended for their significant efforts to enable localized decision-making in minimizing provincial clinical variation.

Several localized quality improvement activities have been undertaken; however, AHS has placed concerted efforts into four strategic priority areas as directed by the OA: improving patient flow through the healthcare continuum, decreasing emergency room wait times, improving EMS response times and reducing the wait times for surgery. The organization is to be commended for the measurable improvement in the key indicators representing these areas, especially in the context of the several emergency responses that AHS has had to support (including the evacuation of communities due to wildfires in Alberta and the Northwest Territories).

AHS is also to be commended for the significant engagement of patients and families in their co-design, development, and implementation of quality improvement activities. Community partners identified that AHS has been very collaborative in their engagement. Specifically, the HAC and PAC chairs appreciated the Council of Chairs meetings held with the CEO and the OA. Some opportunities for improvement were identified in the community partner focus group discussions, including (1) creating a mechanism for better communication from AHS on the outcomes of the feedback provided by the HACs and PACs; (2) developing a more robust template of how the HACs and PACs (chairs and committee members) should be fulfilling their roles in relation to bringing information "up" from the community and "down" from AHS; (3) leveraging Council evaluation tools (i.e. effectiveness of the meetings) being utilized across some PACs to the HACs; and (4) leveraging opportunities to connect HACs and PACs to other community agencies/partners who might benefit from this collaboration. AHS is encouraged to continue this good work and identify further opportunities to leverage collaboration within and between the HACs, PACs, and Wisdom Council.

Alberta Health Services has an extraordinary amount of data utilized in organizational planning and service design. Quantitative and qualitative data are used to develop the health system plan and identify areas requiring improvement at the provincial and zone levels. The use of data for localized quality improvement has been identified as an area of possible development for the organization. AHS is encouraged to continue to support local teams in their quality improvement efforts driven by information garnered through this data. This includes exploring opportunities for people-centred care activities at the local level. Policies and procedures across the organization are updated regularly, with input from patients, clients, and families, where appropriate.

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Communication

AHS is a massive organization serving the healthcare needs of an entire province. Leaders and communication teams work diligently to ensure that stakeholders are engaged in developing processes. Multiple modes of communication are employed to communicate outwardly and internally. However, despite these great efforts, staff across sites and members of the public reported feeling out of the loop in terms of plans and priorities of the organization moving forward. They reported hearing conjecture in the media without comment from AHS leadership and by the time the information is received it has been filtered leading to skepticism about decisions being made within the organization. There is opportunity to enhance transparency.

Alberta Health Services recently refreshed its Community Engagement and Communications Strategy. This document had broad input from stakeholders and community leaders. It is a public-facing document that is accessible from the AHS public website. This provides transparency and accountability to the community it serves. The strategy was also informed by AHS's Vision, Mission, Values and Four Strategies, the Government of Alberta mandate letter for the Health and Mental Health and Addiction ministries, and a current state understanding of trends and best practices related to communications, community engagement, social media, and digital solutions.

Leadership rounds whereby senior leaders in the organization attend units and other locations at the point of care were discussed to connect with front-line staff. The value these hold for improving communication with staff and physicians cannot be overstated. These opportunities are strongly encouraged to be integrated into the work of senior leaders within the organization to enhance two-way communication with point-of-care providers, increase morale amongst the workforce and provide leadership with insights into the daily realities their people face.

Principle-Based Care and Decision-Making

The profile of the Clinical Ethics department was raised during the COVID-19 pandemic, and the recognition of its importance has been consistently maintained. During the pandemic, an emergency operations centre was established for AHS to direct the response from a command-and-control perspective. Embedded on that team was the AHS organizational ethicist. The pandemic required intense and frequent ethics analysis of issues raised. The 14 ethicists across the province saw their consults increase dramatically during the pandemic using the ethical framework to guide those consulting their service. Several ethics consults arising from the pandemic resulted in guidelines that will be used and impact practice continuously. Ethics spotlight sessions were also held on big ethical topics facing the workforce during the pandemic, such as mandatory vaccination and moral distress.

Post-pandemic, the team has continued to collaborate with Emergency and Disaster Management. This includes work on refreshing emergency code responses across the province and decision-making around evacuations of smaller community hospitals due to wildfires. Leaders also acknowledged awareness on how to access ethics services should the need arise during challenging periods. Ethicists are regularly integrated into multidisciplinary teams to address various ethical questions, from patient autonomy to end-of-life care to discharge planning. The ethics department has developed a novel tool for reviewing policies from an ethics lens, deepening its partnership and involvement with AHS' Policy Services. This has enabled them to have greater input in reviewing draft policies and become more involved in policy development working groups at an earlier stage.

Human Capital

Like other jurisdictions, AHS struggles with staff recruitment and retention. However, recent efforts to increase healthcare workers in the province have proven practical, as vacancies have been reduced for healthcare workers across disciplines in all parts of the province. This has been achieved through a multi-pronged health workforce strategy. It has focused on recruitment, retention, and optimization for clinical and non-clinical staff as well as physicians in both the short and long term. These efforts have also involved the expansion of international healthcare worker recruitment, particularly in communities outside of Edmonton and Calgary. In these areas a whole of community approach to recruitment and retention is often needed. Despite early successes, AHS still faces human resource challenges, and continued focus is encouraged.

Leadership is distributed throughout the organization by a zonal model with dyad leadership between an

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administrative and medical leader for each of the five zones. They have the decision-making ability to tailor services and programs to their respective zones to ensure they are provincially supported but locally delivered to patients. Leadership acknowledges that the provincial command and control approach was needed during the pandemic to ensure a solid response to the challenges faced however, there is recognition now that a more distributed leadership model is required to foster autonomy in its leaders and responsiveness to local needs.

The organization is striving to cultivate a leadership culture by providing leadership training tailored to roles within the organization, including front-line staff, new leaders, and more seasoned leaders. This is a commendable initiative. However, given the human resource crisis, front-line staff and managers report there is little time available for this type of training, unless someone is in a formal leadership role. While well-intentioned, the initiative has not unfolded as intended yet.

AHS has implemented a Diversity, Equity and Inclusion Strategy that focuses on hardwiring equity into the system and ensuring that its workforce meets the diverse health and social service needs of the community. An example is gender-diverse staff are encouraged to identify their gender and name of choice through the employee portal. A Diversity and Inclusion Council acts as an oversight group that advises leadership. This is one of many working groups that are comprised of people with lived experience to inform programs and policies.

The organization has established a goal of having development conversations that will be required twice yearly, initially focused on non-unionized staff. The intention is to shift away from performance appraisals based on the provision of ratings and move towards development plans and coaching conversations which are considered a more neuroscience-friendly approach to professional development. These discussions allow staff to connect with their leaders and discuss their goals and needs including career mapping, succession planning, mentorship among others. The Medical Staff Bylaws also outline developmental conversations for physicians with their respective medical leaders. Currently, different formats for development plans emerge from these conversations, and the goal is to standardize the format provincially, depending on the healthcare workers role within the organization.

The initiative is laudable and holds great promise for the organization and its workforce, staff and physicians acknowledge that they are inconsistently completed indicating this is a work in progress. Understandably, there have been various distracting events for leaders within AHS preventing full implementation, including but not limited to the COVID-19 response, the Connect Care rollout, high turnover rates for leaders and their people, capacity pressures, and health human resource crises. While the foundation is being established, the personalized professional development plans are not consistently occurring as envisioned at this time.

Interestingly, even though the organization currently uses traditional, standardized staffing schedules, HR leadership and point of care management have recognized the necessity for innovative and new scheduling options to recruit and retain a new generation of healthcare workers. These workers are not seeking traditional, full-time work opportunities but value flexibility, self-scheduling, and access to vacation time. Engaging with union leadership is encouraged to working towards innovative solutions for workforce scheduling and addressing this pervasive human resource challenge.

AHS has a robust approach to preventing workplace violence within its Workplace Health and Safety Management System. This document was last updated in 2019. Given the increased risk that its workforce faces from the growing public hostility toward healthcare workers, AHS is encouraged to update this document within the post-pandemic reality. Greater focus could be placed on the psychological safety of the workforce. The need for education and training has increased in recent years. In response, AHS has developed extensive resources to support staff and leaders in de-escalating workplace violence incidents, primarily those related to social media or on-site occurrences. While most focus on patient-to-worker harassment and violence, some resources also relate to worker-to-worker relationships and domestic or personal relationship violence. The policy suite covers reporting and investigation processes. AHS conducts quarterly reviews of safety incidents to support quality improvement across its programs.

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Integrated Quality Management

AHS has a Quality and Healthcare Improvement (QHI) team that partners with various AHS programs and Zone Integrated Quality Management (IQM) teams to deploy quality and client safety initiatives across the organization. There are several teams across AHS involved in quality and healthcare improvement activities including, but not limited to, Accreditation, Engagement & Patient Experience, eSIM, Improving Health Outcomes Together (IHOT), Patient Safety, Process Improvement, SCN, and Quality & Patient Safety Education (QPSE). Each team collaborates with AHS leaders, physicians, clinicians and patient and family advisors to support quality improvement across AHS.

Recognizing that there may be opportunities to better align various resources focused on integrated quality management, Alberta Health Services has launched the Learn Improve Together (LIT) initiative to evolve and further mature existing organizational governance structures, improvement teams, priority-setting mechanisms, and processes. The goal is to better align improvement and innovation efforts across AHS. The vision of this work is to drive excellence in health outcomes and the patient experience through an effective and evidence-driven approach. LIT would enable broader, better-integrated engagement of operations, clinical support services, provincial programs and quality, research, innovation, analytics, and digital health support areas. AHS is proposing the formation of new Program Improvement and Integration Networks that would be established to bring analytics, digital health, SCNs, QHI, project management and clinical champions together to leverage synergies, support provincial standardization, and promote equity across the health system. AHS is encouraged to continue with this initiative to mature an integrated quality management system and leverage the numerous resources focused on quality improvement across the organization.

AHS has a well-defined process for engaging patients, clients and families that leverages approximately 1300 patient advisors engaged in quality assurance processes. There is excellent engagement between the patient advisors and zone provincial-level-led initiatives. However, there continues to be an opportunity for AHS to engage patient advisors more consistently during local (site level) quality improvement activities.

AHS has excellent data analytics and performance management systems. Key performance indicators are captured for all priority initiatives, and the performance of these activities is monitored against anticipated targets. Based on feedback from the quality team, there may be an opportunity to better support front-line leaders in accessing, understanding, and utilizing data for local quality improvement activities. There may also be an opportunity for AHS to develop a standardized approach to sharing key performance indicators at the unit level. While several units displayed key safety indicators (such as hand hygiene compliance) and quality/safety boards, others did not have quality boards, or the information had not been updated for some time. AHS is encouraged to assess whether there is an opportunity to share information more visibly on quality improvement activities and associated indicators at the unit level by posting information on quality boards and displaying indicators and information on quality improvement activities for staff, clients, and families.

AHS has an established process for reporting safety incidents across the organization. Staff receive training on using the Reporting and Learning (RLS) system to submit reports, review patient safety incidents, and identify which incidents may require a broader quality assurance review. With this system, AHS has a well-defined disclosure process, tools to support staff with disclosure, information on conducting disclosure conversations, and resources to help patients and families related to safety incidents. Although the disclosure process is well defined in policy and procedure, there may be an opportunity for AHS to assess and evaluate whether the disclosure policy is consistently being applied at the local and zone levels.

Patient experience surveys are conducted across AHS and the organization actively identifies opportunities to improve the overall patient experience scores. As articulated in the draft AHS Health and Business Plan, there are short- and medium-term initiatives to develop further patient experience surveys targeting some key priorities/groups, such as Mental Health and Addiction Recovery and Indigenous communities. AHS has set a target of achieving 65% of adult patients rating their satisfaction with hospital experience as 9 or 10 out of 10 by 2025/2026. The organization is encouraged to continue this important work in partnership with patients, families, operational teams, and the broader community.

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Resource Management

AHS has well-established resource management and allocation processes aligned with the strategic plan. Standardized methods for the development of annual operating and capital plans have been established with Alberta Health. Rolling three-year health plans are updated annually, enabling the organization to identify future needs and opportunities for allocating and reallocating resources and to plan for future demands accordingly. AHS and Alberta Health are to be commended for the relationship and partnership established in this budget development process.

The team has outlined a well-defined process that enables AHS to conduct activity-based budgeting at the local level to accommodate changing demographics and the resources that may be required. Stakeholders at the local, zone, and provincial levels are engaged in the budget development process and resource allocation. These stakeholders include community partners, patients, families, and other social service partners in their decision-making and prioritization processes.

Appropriate financial and decision-making controls are in place across the organization with well-defined delegations of authority. Integrating financial resources with clinical care teams at the zone and local levels has enhanced collaboration, thereby supporting a focus on quality healthcare delivery while optimizing financial performance. AHS has identified opportunities further to support localized (and zonal) decision-making enabling more rapid improvements to health system challenges. The organization is encouraged to continue this work while maintaining prudent financial oversight.

AHS's partnership with Alberta Innovates - Partnership for Research and Innovation in the Health System (PRIHS) Program is an innovative approach providing project funding to support the implementation of innovative care models. PRIHS works collaboratively with the (SCNs and Integrated Provincial Programs to identify and implement improvements focused on quality and health outcomes. AHS and Alberta Innovates should be commended for this unique resource allocation model, which concentrates on identifying, supporting, and implementing promising new health innovations that can address health system challenges.

AHS has achieved a balanced budget over the past several years. However, population growth, changing demographics, increasing acuity demands, and unanticipated events (e.g., wildfires in Alberta and the Northwest Territories) are anticipated to present future budgetary challenges. AHS is encouraged to continue its excellent work in health system planning, maintaining close collaboration with Alberta Health, and implementing sustainability initiatives across the organization.

The AHS Capital Management team is responsible for managing building and equipment maintenance, planning, design, construction and leasing of all health buildings and spaces across the organization. They work closely with Alberta Health to develop long-range Capital plans, working with clinical staff and leaders across the organization on major capital projects (managed by Alberta Infrastructure). AHS has a well-developed process of allocating capital resources for infrastructure and equipment. Several sites visited required infrastructure upgrades to refresh and rejuvenate the physical environment. Resources have been allocated to the highest priority areas using risk management criteria. The organization is encouraged to continue to explore alternative resourcing methods for addressing infrastructure rejuvenation.

Patient Flow

The leaders and team members are highly committed to ensuring adequate patient flow. There is evidence of organizational leaders optimizing client flow at the site level, with an organization-wide client flow strategy that aligns with the needs of the population it serves.

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AHS has identified key organizational priority areas to improve patient flow through their sites and programs. These initiatives include improving EMS response times, decreasing emergency department wait times and reducing surgical wait times.

To support these initiatives, there has been the recruitment of additional nursing staff and the introduction of allied health staff into the emergency departments. The procurement of required equipment and the expansion of the emergency department at Peter Lougheed Centre have been pivotal. Increased access to diagnostics has also contributed to addressing capacity and flow issues.

The flow has also been enhanced for surgical wait times through the utilization of an improved provincial referral pathway, optimization of surgical activity at rural sites, improved efficiency, rapid access to orthopedic clinics, surgical volume targets and capital projects aimed at upgrading operating theatres and medical device reprocessing departments (MDRDs).

Improving patient flow through sites and programs has been strategically supported by creating supported living spaces, improving access to long-term care beds, transition beds, enhancing repatriations and conducting renovations.

These initiatives have been reflected in a highly integrated system linking partnerships of hospitals, EMS, long-term care, diagnostics, rehabilitation, and the community to expedite the consideration and flow of patients.

Physical Environment

AHS has an integrated and coordinated approach across the organization to address the physical environment, engaging a dedicated facility, engineering, and maintenance support team. The leaders are deeply committed to providing safe, quality buildings to support staff, clients, and families.

The organization ensures that the physical environment complies with relevant laws, regulations, and codes. Regular inspections are conducted, including occupational health and safety assessments, fire safety and testing of systems such as generators and backup utilities, to name a few.

There is a solid commitment to environmental stewardship with initiatives implemented to support energy efficiency and cost savings. There are defined performance indicators to evaluate the effectiveness of its environmental stewardship initiatives, using the results to make improvements.

An ongoing assessment of building infrastructure occurs with strategic capital maintenance and renewal plans in place. However, there are ongoing challenges to ensuring the buildings meet the code, as many facilities have an aging infrastructure that requires renovations and upgrades.

Medical Devices and Equipment

There is a strong commitment to ensuring safe and quality medical devices and equipment to support client care. AHS has established a highly structured, integrated, and formalized system for managing medical devices and equipment. They employ a formal and transparent process with defined criteria for selecting and purchasing safe and appropriate medical devices, equipment, technology, and supplies as well as choosing qualified suppliers. There is an ongoing comprehensive strategy for replacing medical devices and equipment.

All medical devices, equipment and technology are evaluated before purchased to ensure they are safe and appropriate. A cross-functional team reviews products and equipment to be purchased, with a focus on providing education and orientation for front-end users and ensuring adequate maintenance. Additionally, there is ongoing surveillance of device failures and monitoring of trends, with reporting to a provincial committee. Product quality and recalls are closely monitored.

AHS has a comprehensive program to ensure timely upgrades and replacement of medical devices, equipment and technology as needed to ensure safety.

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Table 5: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
1.3.7	The organization measures, regularly monitors, and evaluates the effectiveness of its people-centred care efforts, and uses the results for improvement.	NORMAL
1.4.3	The organization keeps stakeholders informed throughout key organizational decision-making processes and ensures they are aware of the rationale for decisions.	NORMAL
2.2.6	The organization communicates its strategic plan, goals and objectives to staff, clients, families, the community, and other stakeholders to keep them informed.	NORMAL
2.3.8	The organization communicates its operational plans to stakeholders, both throughout the organization and externally, to keep them informed.	NORMAL
3.4.9	The organization supports ongoing professional development for staff, including personalized professional development plans.	NORMAL
3.4.10	The organizational leaders regularly inform staff and the governing body about the organization’s talent management activities and how they align with the strategic plan.	NORMAL

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Medication Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Provincial Medication Management Committee (PMMC) oversees the medication management system to provide quality and safe practices within AHS. There are numerous committees and working groups that report to PMMC, such as Provincial Accreditation Medication Management Committee (PAMMCo) for accreditation readiness, hazardous medications, infusion pumps, bar code medications, parenteral monographs, Automated Dispensing Cabinets (ADCs), parenteral optimization, and local zone/program medication committees. The Drugs and Therapeutic Committee manages the drug formulary, drug utilization and therapeutic use of medications at AHS.

A significant amount of standardization in care processes such as parenteral therapy, order set development, and barcoding of products has been achieved by supporting the implementation of Connect Care, which began in 2019 and is expected to be completed by 2024. The Connect Care system can provide real-time metrics on various medication management system processes, such as Bar Code Medication Administration scanning rates; however, many medication safety processes are not yet tracked. AHS would benefit from regular auditing of SMART pumps compliance usage within the drug libraries.

The Provincial Drug Procurement and Inventory services provide a comprehensive and standardized approach to managing backorders and medication backorder bulletins, assisting in coordinating medications throughout the province to support patient care.

Several hospitals in the Edmonton Zone have all medications stored in Automated Dispensing Cabinets (ADCs), which is inconsistent within the zone and throughout the province. AHS is encouraged to develop a comprehensive plan for deploying the ADCs throughout the province, with a focus on supporting the storage of narcotic and high-alert medications. Drug diversion is challenging to track or trend unless the technology is consistently available in the facility, with all narcotics stored in an ADC.

Table 6: Unmet Criteria for Medication Management

There are no unmet criteria for this section.

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Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

Reprocessing of Reusable Medical Devices

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Oversight for Medical Device Reprocessing (MDR) in AHS is clearly defined. The Service Excellence Team provides leadership and sets the direction to ensure standardization and the quality of reprocessing processes. This structure has been in place for many years and is noted to be working well. The Provincial MDR Quality Committee and the MDRD Working Group provide oversight and are critical to the success of the service. The group has ensured that all reprocessing activities, including those at satellite sites, adhere to MDRD processes. The relationship between MDRD and IPC was positive, and together, they have worked toward implementing best practices and quality systems. The Quality Committee has been fortunate to have a Patient Advisor as a member. The Advisor was actively engaged and brought a positive lens to the committee. Unfortunately, this individual had to leave, and the recruitment for a new advisor is underway.

A Zone Director and an IPC Practitioner lead the MDRD Working Group. Together, they address critical issues such as standard operating procedures, loaners, and debris reduction. Leaders provided examples of how the structure lends itself to quickly managing critical incidents in their reporting system, communicating the issues, and propose solutions to stakeholders to mitigate further risks.

Quality reviews and audits are conducted in all reprocessing areas every three years, with some catch-up being carried out due to the COVID-19 pandemic. A standardized checklist is used for audits/reviews, and results are used to make improvements. One example of this is the shift of ownership of automated endoscope reprocessors (AERs) to the Edmonton Zone to ensure standardization. Reviews also occur in the Chartered Surgical Facilities and are led by IPC, MDRD and an operational lead.

Preventive maintenance is managed at the site level by Facilities personnel. Alerts are received through the E- Facilities program and entered once completed. Equipment under contract from the vendor is regularly inspected, and documentation was in place and up to date.

The Sterile Processing Microsystem tracking system (SPM) has been implemented in 13 sites across AHS. A review of the SPM implementation is planned, and the findings will help inform planning for further implementation of the tracking system. Feedback regarding the usefulness of the SPM and the reports that can be generated was positive. The organization is encouraged to continue implementing the system at those sites where it will be beneficial. Ongoing work is also underway to update SOPs for reprocessing across each zone.

Upcoming challenges involve changes to CSA standards. For example, the requirement to use Boroscopes to visualize material that may be difficult to wash from the lumens of the scopes will increase workload and costs. Increases to surgical volumes mandated by the Alberta Surgical Initiative are another example of the impact on the workload of many MDRD sites. Currently, rural sites are experiencing significant staff

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vacancies, and the physical plant in some areas may not readily support additional volumes. The organization is encouraged to continue to work with the local sites to ensure that issues are heard and addressed where possible. While funding for renovations in some areas has been approved, renovations take time to be completed. It will be important that mitigation strategies are in place until renovations can be completed. An Infrastructure Plan has identified project requests and funding approvals.

Reprocessing has been consolidated within sites and falls under the oversight of MDRD. Satellite sites, such as Diagnostic Imaging, have MDRD technicians assigned to reprocess devices. The leadership is confident that they know all the sites and locations. Standards and processes have been established. It is important to note that AHS has mandated the certification of medical device reprocessing staff to ensure the adoption of best practices and expertise across the province.

Table 7: Unmet Criteria for Reprocessing of Reusable Medical Devices

There are no unmet criteria for this section.

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Quality Improvement Overview

AHS has a mature quality improvement program with several teams focused on implementing quality and client safety initiatives across the organization. Each team collaborates with physicians, staff, patients, and family advisors to support quality improvement across the organization.

AHS has recently launched the Learn Improve Together initiative to evolve existing organizational structures and quality improvement teams to integrate better engagement of operations, provincial programs, research, and several support areas.

Leveraging a team of over 1300 patient advisors, AHS demonstrates excellent engagement of patients and families in people-centred care (PCC) and quality improvement activities across the organization. PCC is evident throughout AHS, with one example being the implementation of the Shared Commitments initiative. Launched in September 2023 at six to eight sites, it is expected to have a broader rollout across AHS in early 2024. Replacing the legacy patient rights and responsibilities documents used across various zones, AHS worked with numerous stakeholders (including marginalized populations in the community) to develop Shared Commitments as the guide to promote the respectful, collaborative, and caring relationship desired between patients and providers. AHS is encouraged to continue refining Shared Commitments as feedback is received from the pilot sites and additional community consultations to deploy them across the organization. Suitable mechanisms are in place to evaluate the effectiveness of PCC activities at the provincial and zone levels. However, teams have reported that while PCC initiatives are being undertaken locally, there is limited capacity to evaluate their effectiveness. AHS is encouraged to review the processes at the local level to enable the assessment and evaluation of the efficacy of PCC activities underway.

Good educational resources are readily available to both staff and physicians across AHS to support quality improvement. The learning management system includes several mandatory training programs on patient safety. Additionally, the Academy of Quality Improvement Sciences (AQuIS) provides a range of online educational resources to support learning related to patient safety and quality improvement. The AQuIS curriculum is an approved and accredited program by the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada, which further enables and supports medical participation. Patients and families can access a variety of resources on patient safety topics through the AHS website.

Quality and performance improvement activities are closely monitored at the governance and leadership levels of the organization. Performance indicators related to key strategic priorities and patient safety activities are regularly collected, monitored by leadership to ensure the achievement of results, and reviewed by the Official Administrator and Advisory Council.

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