Public Health Accreditation Report

Alberta Health Services

Spring 2023 Survey
May 29 – June 2, 2023

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About this Accreditation Report

Alberta Health Services (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 May 29 – June 2, 2023. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

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

About the AHS Accreditation Cycle

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

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2023). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

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

During the cycle (2019- 2023), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, 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 for both small rural hospitals, large urban hospitals and provincial programs provides a more comprehensive assessment.

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

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2023, an overall decision will be issued that includes the organizations' accreditation award.

Public Health Program Assessment– Sites Visited

- Airdrie Community Health Centre
- Lacombe Community Health Centre
- Lethbridge Community Health Centre
- Red Deer Johnstone Crossing Community Health Centre
- Sheldon M. Chumir Health Centre
- Southport Tower
- Strathcona County Health Centre
- Sunridge Professional Building
- Westlock Community Health Services

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 main functions of Public Health services include Health Promotion, Communicable Diseases, Safe and Healthy Environments, Emergency Disaster Management, and Surveillance and Informatics. Nine public health locations were visited across all five zones.

An excellent Surveillance and Informatics team is in place. The structure within this team is comprehensive and includes public health informatics, public health surveillance, epidemiology, population health analytics and quality assurance. It was clear at all sites, that access to data and reports are well used and could be enhanced. All sites will continue to benefit from these resources as quality improvement activities become more targeted and formalized. The objectives of using data to inform action can certainly be further realized.

The Population Public Health (PPH) Team clearly has a strong research and evidence-based approach to public health strategies. Community health approaches engage community partners to test and implement public health strategies, especially in rural areas and with Indigenous communities as confirmed through conversations with Medical Officers of Health (MOH). Healthier Together is a new initiative/unified approach driven by local priorities (implemented in 5 communities to date) and well done.

Members of the safe and healthy environment team are committed to keeping Albertans safe from food borne illness by investigating complaints, providing food safety information and education as well as ongoing monitoring and inspections. While their work is regulatory in nature, the team has been paying new attention in determining ways to support organizations and communities in meeting regulations taking into consideration social determinants of health.

Across many sites there was excellent evidence of system support to ensuring full scope of practice by many providers. Examples include nurse run clinics using the delegation to Registered Nurses under the Public Health Act (delegation) from the Medical Officer of Health and the expanded role of Licensed Practical Nurses in many areas. Many staff interviewed noted that the team culture and the ongoing training are a big reason "I love this job."

Staff throughout all zones have remained committed to remaining in their roles despite experiencing post-COVID fatigue, burnout, and mental health issues. Staff embrace their roles and responsibility of "community first approach." In some areas, focused teams are being developed based on high volumes of service. Throughout the survey and across all sites, it was noted that the public's post-COVID reluctance to vaccinations has increased. A one staff noted, it is important to now take a 'post trauma healing approach'. Further, in working with vaccine hesitant populations, public health staff are mobilizing a relational approach and working on ways to re-establish relationships with the community. It is suggested that this is an opportunity to re-engage clients and communities in numerous areas such as quality improvement strategies and community capacity building work.

Quality improvement activities are in place at many sites. There is the opportunity to enhance quality improvement beyond audits and review of results. Each team would benefit from further education and support in the areas of identifying priority areas of improvement, defining measurable objectives with

associated indictors, setting realistic targets, and using data to evaluate progress against intended results.

The change in Calgary Vaccine Depot organization structure May 2023 to transition the Depot to Calgary Zone from central management out of Edmonton was noted to be beneficial as Calgary supplies the largest volume of vaccines in Alberta. The space and location and some equipment of the Depot are problematic and warrants a review.

Survey Methodology

The Accreditation Canada Surveyors assessed the Public Health program.

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

Groups	Total number of touchpoints
Administration / Leadership	44
Client & Families	22
Physician	8
Staff	88
Other	1

Other, 1, 1%
Administration, 44, 27%
Clients and Families, 22, 13%
Staff, 88, 54%
Physicians, 8, 5%

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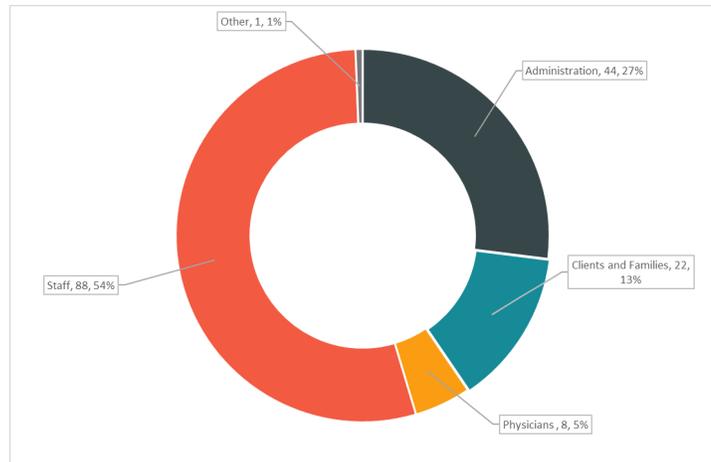
[1] "Other" interviewees refer to individuals such as students or volunteers.

Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for Public Health Services:

Key Opportunities

- Formalize client and community input regarding quality of services and develop indicators to monitor progress. There is the opportunity to further develop local quality improvement activities with measurable objectives with client/community input. Further, as the overarching strategic public health priorities and objectives evolve, community partner and community consultation are planned. This may further support local site activities in this area.

- The links and complementary activities between the organization and each zone will continue to be a challenge to support a population approach while addressing the unique needs of communities.

- Ensure enhanced communication across service areas and between providers - the planned implementation of Connect Care will be most beneficial in this endeavour.

- Rebuild public trust post COVID-19 through enhanced client and public engagement.

- Ensure that required Infection Prevention and Control (IPC) training is consistently monitored and hand hygiene audits are fully reinstated across all sites.

Areas of Excellence

- The work done to date on moving forward with the all-hazards emergency preparedness plan. Of note is the current application of COVID-19 learnings now being applied to Alberta wildfires disaster management processes.

- Surveillance and Informatics team and support; a strong commitment to the use of data to inform actions.

- Culturally informed, customized programming based on local community needs and priorities.

- At all sites, staff awareness of the ethics framework, ethical issues and available supports were evident. Consistently, examples were provided. Well done!

- Remarkable commitment of staff to client and community service.

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria			Attestation:
Attested	On-Site	Overall	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.
99% met	95% met	92% met	
Number of attested criteria			On-site Assessment:
Attested	Audited		Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
712 criteria	98 Criteria		

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[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

Infection Prevention and Control	91%
Public Health Services	92%

STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	31	3	0	0
Public Health Services	107	9	0	0

Compliance by Quality Dimension
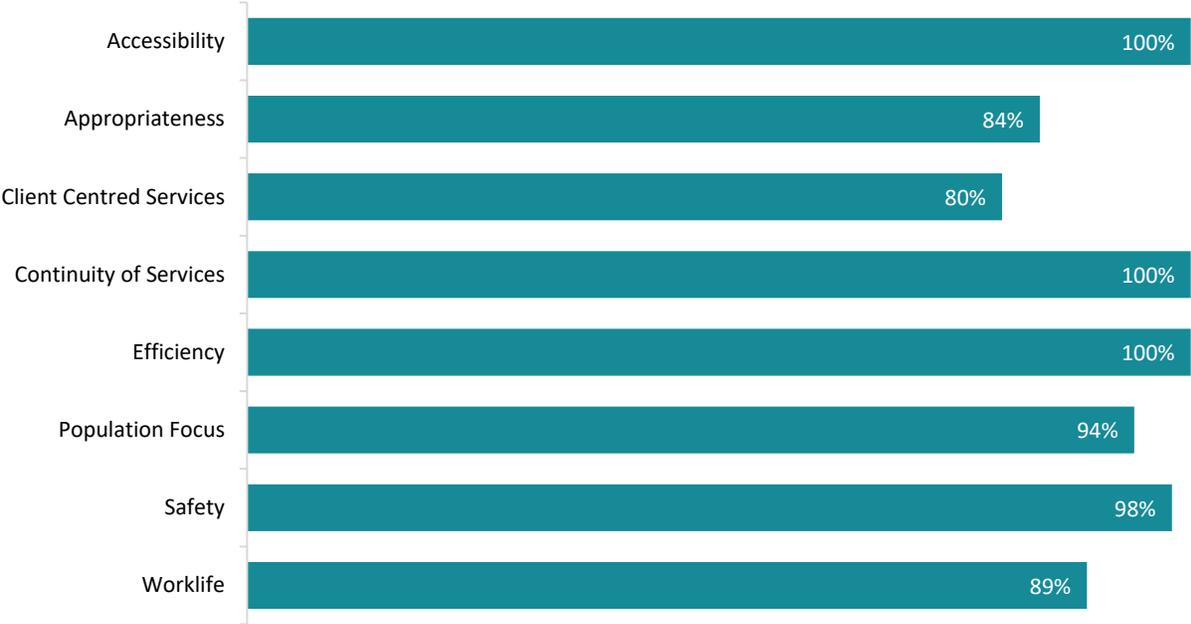
DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	7	0	0	0
Appropriateness	37	7	0	0
Client Centered Services	4	1	0	0
Continuity of Services	1	0	0	0
Efficiency	5	0	0	0
Population Focus	31	2	0	0
Safety	45	1	0	0
Worklife	8	1	0	0
Total	138	12	0	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	UNMET
Hand-hygiene Education and Training	Infection Prevention and Control	UNMET
Reprocessing	Infection Prevention and Control	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; People-Centred Care. 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; Public Health Services.

MET 11
(100%)

A system-wide emergency preparedness plan is in place. All sites visited were aware of their local role(s) in the event of an emergency and were clear regarding the direction from the overall organizations. Each of the local sites is strongly encouraged to review their emergency binders. Although all the information is available online, many staff (one site had a recent emergency call) first go to the hard copy binders at each site. It was observed that hard copy information is incomplete and/or outdated at most sites.

The work done to-date on moving forward with the all-hazards emergency preparedness plan is commended. Of note is the current application of COVID-19 learnings now being applied to Alberta wildfire disaster management processes.

The Emergency/Disaster Management team is committed to the continued development of the all-hazards emergency preparedness plan with enhanced engagement of others. It will be important that the organization encourages support from others to ensure that the evolving all hazards plan represents ideas and concerns across the system.

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.
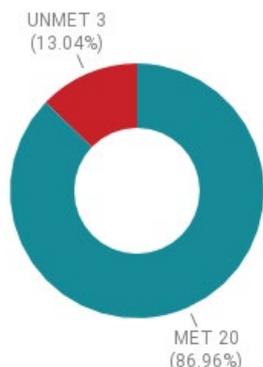
Infection prevention and control leads and resources are available at all sites. All sites visited felt very supported in this regard. At most sites, team members regularly attend IPC education sessions. At one site, when the surveyor viewed the record for this training, 50% of the staff had the education completed. The rest were overdue or no record of completion on orientation was noted. The organization is encouraged to ensure that required IPC training is consistently monitored at all sites.

For the most part, compliance with infection prevention and control policies is in place and monitored. Hand hygiene audits have recently (January 2023) been re-implemented at some sites and others are planning to do the same. Minimal packaged foods are kept at public health sites (e.g., juice boxes). Public health sites visited do not prepare or handle food.

At some sites, leadership and team members are not aware of any quality improvement plans for infection prevention and control. The organization is encouraged to engage frontline leadership and staff in the development and implementation of the IPC quality plan. Further, where IPC audits are completed, there is an opportunity to further engage staff in reviewing the results and identifying further opportunities for improvement.

Safety engineered sharps are used at all sites. Policies, procedures, and legal requirements are followed when handling bio-hazardous materials although many public health sites do not directly handle bio-hazardous materials. Public health is often co-located with other services such as home care and urgent care. All biohazardous waste is managed based on organization wide processes and policies. Hand hygiene rubs were readily accessible at all sites. All products used are accessed through the organization's procurement services.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	4.6	Compliance with infection prevention and control policies and procedures is monitored and improvements are made to the policies and procedures based on the results.
Infection Prevention and Control	5.5	Team members and volunteers are required to attend the Infection Prevention and Control (IPC) education program at orientation and on a regular basis based on their IPC roles and responsibilities.
Infection Prevention and Control	14.1	There is a quality improvement plan for the infection prevention and control program.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.

MET 8
(100%)

Cleaning processes for all equipment between client use are in place at all sites. Standard and approved cleaning products are used. There are minimal medical devices and equipment in public health. All equipment cleaning is completed as per manufacturer instructions for use. AHS Best Practice Recommendations are used for the purchasing of all medical devices such as thermometers and breast pumps.

Training/material is provided by vendor as per AHS governance. Orientation on the job training is provided to teams as required.

There is no sterilizing of devices done at public health sites. Single use devices are used for the most part. In the event equipment sterilization is required, equipment is sent to local hospitals to provide this service within AHS.

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: Public Health Services.

UNMET 1
(100%)

These comments apply to people centred care/service at both the individual client and aggregate population levels.

All public health services were noted to be culturally informed and culturally safe. At all sites visited, services were delivered in a person and community centred manner. Each site was very aware of the community they serve, and the local community needs and priorities. This community centred approach certainly supports addressing the impacts of health and social determinants. Further, all service and program design processes were noted to consider health equity, diversity, and inclusion. Client and family feedback was very positive.

At many sites, quality improvement objectives are well defined. Examples include access to public health clinics and immunization rates. As the organization's public health priorities are confirmed and measurable objectives articulated, there will be an excellent opportunity to work with the zones in supporting locally aligned quality improvement objectives. There will also be opportunities to further engage communities and partners in this work.

At all sites, staff awareness of the ethics framework, ethical issues and available supports were evident. Consistently examples were provided. Well done!

STANDARD	UNMET CRITERIA	CRITERIA
Public Health Services	16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

Public Health Services

Priority Process Description: Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect and promote health. This system-level priority process refers to criteria that are tagged to one of the following standards: Public Health Services.
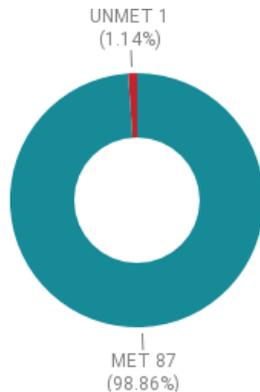
At most sites, community engagement occurs on an ad hoc basis. In some areas, community public health advisory committees are in place but have been on 'pause' since the COVID-19 pandemic. Evidence of local community involvement in the design of public health services was not provided at some sites. All sites are encouraged to develop local plans and initiatives that will encourage community input into the design of local services. As further community engagement and community development strategies evolve, it may be beneficial to consider the International Association for Public Participation (IAP2) framework to support this work.

Of note is the CDC's Healthy Built Environment Linkages Toolkit: Healthy Communities by Design (HCBD). This toolkit is an excellent example of the organization's commitment to leveraging partnerships with not only local communities but also, intersectoral partnerships.

STANDARD	UNMET CRITERIA	CRITERIA
Public Health Services	3.1	The community is involved and engaged in the design of its public health services.

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: Competency; Impact on Outcomes.

Public Health Services

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

UNMET 7
(36.84%)

MET 12
(63.16%)
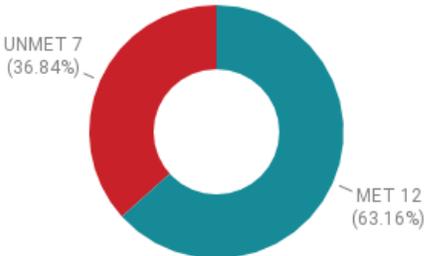
Health promotion facilitators are in place in all zones. Discussion with numerous staff indicated a collaborative relationship between the public health services and the broader health promotion strategies. Local health promotion issues are clearly addressed based on population characteristics and needs. Health promotion activities are also based on solid partnerships.

Performance evaluations are not up to date at all public health sites. There is the opportunity to regularly evaluate performance and ensure staff input which can support staff professional development.

There is the opportunity to further explore enhancing client and community input in providing feedback regarding the quality of services at the local level as well as further develop local quality improvement activities with measurable objectives with client/community input. As the organization's public health priorities are confirmed and measurable objectives articulated, there will be an excellent opportunity to work with the zones in supporting locally aligned QI objectives.

STANDARD	UNMET CRITERIA	CRITERIA
Public Health Services	4.2	Required training and education are defined for all team members with input from clients and families.
Public Health Services	4.3	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Public Health Services	16.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.
Public Health Services	16.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
Public Health Services	16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Public Health Services	16.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Public Health Services	16.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

		Follow-up Criteria		
Standard		Criteria	Site	Due Date
Infection Prevention and Control	5.5	Team members and volunteers are required to attend the Infection Prevention and Control (IPC) education program at orientation and on a regular basis based on their IPC roles and responsibilities.	• Southport Tower	June 28, 2024
	8.1.1	Team members and volunteers are provided with education about the hand-hygiene protocol.	• Southport Tower	June 28, 2024
	8.6.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: Team members recording their own compliance with accepted hand-hygiene practices (self-audit). Measuring product use. Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	• Lethbridge Community Health Centre • Southport Tower	June 28, 2024
	8.6.2	Hand-hygiene compliance results are shared with team members and volunteers.	• Lethbridge Community Health Centre • Southport Tower	June 28, 2024
	8.6.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	• Lethbridge Community Health Centre • Southport Tower	June 28, 2024