

**2022**

# Critical Care Program Report

Alberta Health Services

Fall 2022 Survey  
September 18-23



ACCREDITATION  
AGRÉMENT  
CANADA

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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 September 18-23, 2022. 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 where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

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

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

## Critical Care Program Assessment– Sites Visited

- Chinook Regional Hospital
- Foothills Medical Centre
- Grande Prairie Regional Hospital
- Medicine Hat Regional Hospital
- Northern Lights Regional Health Centre
- Peter Lougheed Centre
- Red Deer Regional Hospital Centre
- Rockyview General Hospital
- Royal Alexandra Hospital
- South Health Campus
- Stollery Children’s Hospital
- University of Alberta Hospital

## Critical Care Program Assessment– Standards Assessed

- Critical Care Services
- Infection Prevention and Control
- Medication Management
- Service Excellence

## 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 unannounced survey for the Critical Care Program was conducted by nine surveyors visiting 12 locations across the province. The attestation process was leveraged for those standards with tangible evidence supporting compliance in advance of the survey. Some attestations were completed in 2020, when the program was originally slated to be assessed, but due to the COVID-19 Pandemic, the survey was postponed.

The calibre and commitment of leadership across the sites visited was exceptional. While some leaders are new to their role there are many others who supported their teams with courage and resilience throughout the pandemic. The collaboration across the regional critical care units serves the system well as load leveling has become common place ensuring units experiencing surge can manage extreme swings in patient volume. Many units more than doubled their beds at peaks of the COVID-19 Pandemic.

The culture across all sites was noted to be supportive and collaborative. The staff are passionate about their purpose, providing compassionate care and support to patients and family members. These teams are tired, and the level of stress and potential burnout is notable. From a health human resources perspective, vacancies are at an all-time high. Historically staff turnover in critical care was low and recruitment efforts netted multiple qualified candidates. In the current environment there are many gaps in schedules, recruitment is very challenging, and newly recruited staff are often novice and require more intensive orientation and support.

In the face of these unprecedented challenges, teams have forged ahead with quality improvement efforts. Many sites have recently undergone massive transformational change associated with the introduction of the electronic health record, Connect Care, or are preparing for upcoming go-lives. Further, teams have embraced new models of care including the introduction of the intensivist model and nurse practitioner models. Nurse navigators, who provide outreach to inpatient units and post ICU discharge support, have been introduced. At the provincial level, quality improvement initiatives such as safety bundles (e.g., prevention of ventilator associated pneumonia, prevention of catheter associated urinary tract infections) are well embedded as standard practice throughout the units surveyed. The Venting Wisely campaign supported by the provincial Critical Care Strategic Clinical Network is getting traction as it seeks to improve outcomes by optimizing and standardizing mechanical ventilation.

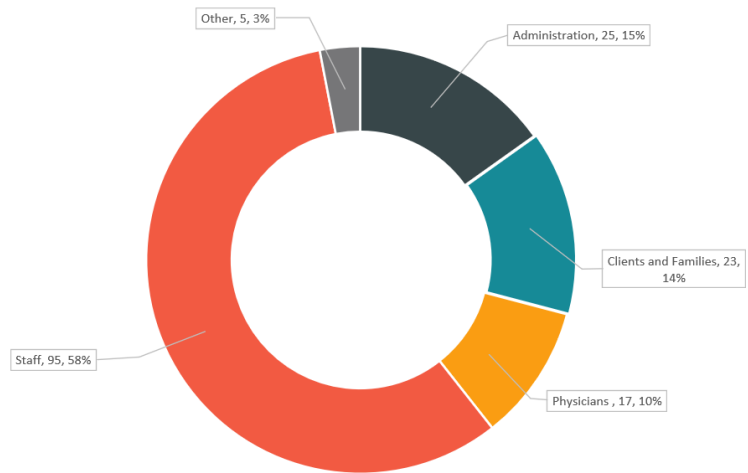
Patient and family-centred care is a pillar of this program. Families are encouraged to attend shift report and rounds and participate actively in care of the patient. As well, there is a sincere commitment to providing culturally sensitive care across the sites. Staff go to great lengths to ensure cultural and spiritual beliefs are supported and honoured through the patient's stay and when needed, after death.

## Survey Methodology

The Accreditation Canada Surveyors assessed the Critical Care program.

To conduct their assessment, the survey team gathered information from the following groups<sup>1</sup>

Groups	Total # of interviews
Administration	25
Client & Families	23
Physician	17
Staff	95
Other	5



<sup>1</sup> "Other" interviewees refer to individuals such as students or volunteers

## Key Opportunities and Areas of Excellence

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

### Key Opportunities

1. Complete performance reviews for all staff and leaders
2. Staff recruitment and retention
3. Share information and key performance indicator data with staff, patients, and families
4. Advance client and family engagement
5. Develop a strategy to address infrastructure deficiencies in older facilities to meet current infection and medication safety standards

### Areas of Excellence

1. Staff are supportive, collaborative, and passionate to provide the safest and highest quality of care
2. Ability to surge throughout the pandemic with some units more than doubling their bed count
3. Commitment to family engagement, innovation, collaboration, and wellness of staff as well as patients and families
4. The impact of having an ICU navigator in early intervention preventing admission and readmission to ICU
5. Orientation for new hires has been adjusted to meet the needs of novice recruits demonstrating clear commitment to support staff in their learning journey



# Results at a Glance

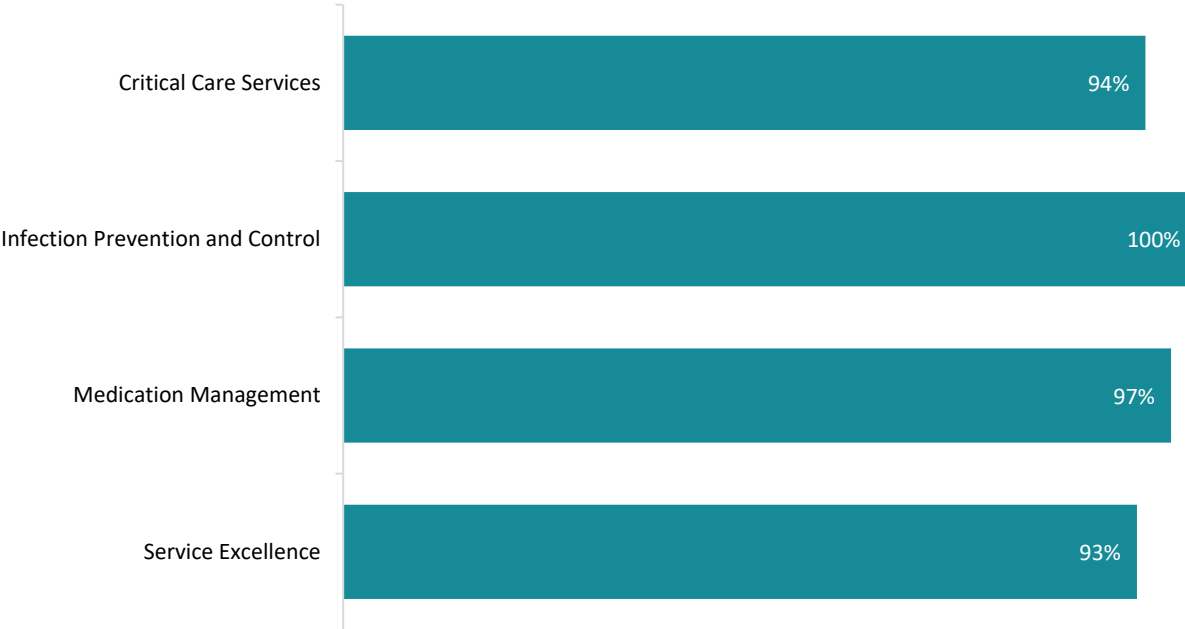
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

## Compliance Overall<sup>1</sup>

Percentage of criteria			<b>Attestation:</b> 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.
<b>Attested</b> 100% met	<b>On-Site</b> 95% met	<b>Overall</b> 95% met	
Number of attested criteria			
<b>Attested</b> 343 criteria	<b>Audited</b> 60 criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Critical Care Services	85	5	0	0
Infection Prevention and Control	13	0	0	0
Medication Management	31	1	0	0
Service Excellence	71	5	0	0

### Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	9	1	0	0
Appropriateness	68	4	0	0
Client Centered Services	53	4	0	0
Continuity of Services	9	0	0	0
Efficiency	5	0	0	0
Population Focus	2	0	0	0
Safety	47	0	0	0
Worklife	7	2	0	0
Total	200	11	0	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client identification	Critical Care Services	MET
Medical Reconciliation at Care Transitions	Critical Care Services	MET
Information Transfer at Care Transitions	Critical Care Services	UNMET
<b>MEDICATION USE</b>		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
<b>INFECTION CONTROL</b>		
Hand-hygiene Education and Training	Infection Prevention and Control	MET
<b>RISK ASSESSMENT</b>		
Falls Prevention and Injury Reduction	Critical Care Services	UNMET
Pressure Ulcer Prevention	Critical Care Services	UNMET
Venous Thromboembolism Prophylaxis	Critical Care Services	MET

## Detailed Results: System-level Priority Processes

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

### Emergency Preparedness

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



The massive fire six years ago, the large flood three years ago, and the COVID-19 Pandemic have encouraged the organization to be disaster ready. There are policies, procedures, and protocols in place that are easily accessible, and the role of the staff is well defined, however, there is an opportunity to update some of them.

Information is readily available to staff and the community about emergencies and disasters. For example, with the recent and ongoing wildfires in Jasper National Park, information is being made readily available to the community. Albertans can connect to Alberta Health Services via social media to connect them with health information, resources, and supports they may need especially in times of emergencies. Emergency alerts for large-scale public health and safety impacts are also now available.

Information is readily available to staff and the community about emergencies and disasters. For example, with the recent and ongoing wildfires in Jasper National Park,

### Infection Prevention and Control

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



There is an interdisciplinary team that provides guidance about the Infection Prevention and Control (IPC) program. The committee is involved in developing policies and procedures, education programs, and evaluation of activities.

IPC policies and procedures are easily accessible to healthcare providers. There are policies and procedures for disposing of sharps and handling biohazardous materials, hand hygiene practices, aseptic techniques, and performing

invasive procedures, to name a few. High-risk activities, such as performing aerosol generation medical procedures, have policies that are easily accessible, and compliance is monitored.

Different teams were involved in the planning stages of the new Grand Prairie Regional Hospital. For example, input from IPC and Occupational Health and Safety (OH&S) teams was used to maintain optimum environmental conditions within the site. Input for planning around the COVID pandemic was gathered from the IPC team with ongoing tracking and monitoring of COVID infections, and the utilization of resources attached to the pandemic. Tracking of other healthcare associated infections is also evident.

A comprehensive hand hygiene strategy was evident throughout the sites with alcohol-based rubs in many locations especially at the point of care. Compliance with hand hygiene practices is encouraged and monitored. There are posted reminders throughout the sites and there are educational sessions and videos used to increase awareness and compliance.

Information on how to safely perform high-risk activities is easily accessible (e.g., appropriate use of PPE). Staff are required to attend an IPC education program at orientation. Negative pressure rooms and isolation rooms are utilized depending on set criteria.

There is ongoing screening of staff and visitors to enter the hospitals.

## Medication Management

**Priority Process Description: Using interdisciplinary teams to manage the provision of medication to clients. This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management.**



Organizational commitment to patient safety as it relates to medication management is evident throughout all critical care areas. Staff are well informed, educated, and aware of current evidence-based best practices. Pharmacists and pharmacy technicians are key members of the healthcare team supporting safe medication use. Best practice requirements related to high alert medications are well established. Most medication rooms are secure, organized, and well lit.

There is an opportunity to review, evaluate, and standardize the use of automated dispensing cabinets across sites to optimize safety and efficiency. Line ups were noted at one site for staff removing medications.

Relevant, updated, and clear policies, procedures, and protocols are available to staff for review, should concerns or questions arise. Current drug information resources are readily available as well. The introduction of closed loop medication administration with Connect Care will take the safety of the medication use process to the next level. Medication related patient safety events are reported and investigated promptly, and the team collaboratively identifies contributing factors and prevention strategies.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	21.3	Information is shared with each client about who to contact and how to reach that person if they have concerns or questions about their medication while receiving care.

### 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: Critical Care Services; Service Excellence.**



Alberta Health Services (AHS) continues to work towards weaving people-centred care into the fabric of the organization provincially. There is a recognition and appreciation that the involvement of patients and families in all aspects of care and decision making elevates and advances patient-centred care.

The pandemic has caused a regression in patient and family engagement at the local level. Some sites have re-engaged advisors, and some are in the process of re-establishing these connections. Many sites now need to recruit new advisors as many have stepped away from their roles. Patient and family engagement surveys, feedback boxes, and the complaints process do support the engagement although in a more reactive versus proactive way.

It is notable that at the provincial level, quality initiatives such as Venting Wisely and the development and ongoing improvement of the Organ Donation after Cardiac Death process have extensively engaged families and patients. Further, in some areas, patients were engaged in design and implementation of Connect Care.

Locally, there are many defined processes in regard to patient communication, multidisciplinary rounding, and patient care. The bedside rounding includes the patient (if able) and family members to actively participate. The staff and physicians are proactive in advocating for their patients when difficult issues arise.

As the system stabilizes, staff and leaders are encouraged to continue the strategies to engage patients and families that were in flight pre-pandemic. Program leaders are encouraged to build on their current engagement efforts by adding client and family advisors on key committees. Using an appreciative inquiry approach other AHS programs should be encouraged to share their experience in formalizing patient advisor engagement and the benefits of the approach. Units are at different stages in their advancement of people-centred care and to improve practices across all sites, oversight with appropriate strategies and monitoring needs to continue.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.



## Detailed Results by Service-Level Priority Process

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

### Critical Care Services

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



programs and partner agencies.

It was clear to surveyors that staff throughout critical care units in the province are resilient and adaptive to many changes that COVID presented, and units are commended for their ability to significantly surge in the face of soaring infection rates.

Criteria for admission and transfer are well established. Of note, the ability to load-level patient volumes across the province were identified by staff, physicians, and leaders as invaluable and was facilitated by strong partnerships across

Patient flow challenges remain in many sites and the ability to transfer patients ready for inpatient acute care is sometimes delayed due to bed availability.

Families are encouraged to partner in care and family presence at rounds and shift change is welcomed. All family members interviewed reflected the staff are compassionate, caring, and professional and share information openly and transparently. This high level of professionalism was witnessed consistently throughout the survey.

While team members face ethical dilemmas on a frequent basis, there is an opportunity to leverage the ethical framework and ethics supports to facilitate generative dialogue and decision making.

Teamwork and collaboration appear to be embedded in the culture of the critical care units. Standard communication tools have been developed, however, with the introduction of Connect Care these tools will be obsolete. Teams and leaders must ensure careful audit and evaluation of new communication methods as the electronic record continues to roll out.

There is clear evidence of a strong commitment to providing excellent care and service to the patients and families in critical care. A significant component of excellent care, however, is the need to engage clients and family members significantly and meaningfully in all aspects of their care. There are outstanding examples where the tenants of people-centred care are embraced and successfully maturing, but many strategies were abandoned in the pandemic. There are expectations that client and family members participate in co-design, analysis, and evaluation of programs and services such as potential new builds, renovations, clinical practice guidelines, ethical research practices, areas of safety and risk, hiring, and new policies, to name a few. Clients and families should also be engaged to provide

input and feedback on their roles, responsibilities and even role designs. There is significant opportunity to improve in this area.

Patient assessment protocols are well established and effective in the current electronic documentation record, promoting best practices related to delirium, sedation, and prevention of patient safety events. As the organization rolls out Connect Care, special attention must be paid to sustaining these gains.

Lastly, the teams’ commitment to supporting equity, diversity, and belonging among staff and patients and families is exceptional. All staff are required to complete Indigenous culture safety training. Further, staff were observed seeking to learn about cultural beliefs and practices from families and colleagues as they sought to support those in their care in a culturally sensitive manner and particularly during the end-of-life process.

STANDARD	UNMET CRITERIA	CRITERIA
Critical Care Services	3.14	Ethics-related issues are proactively identified, managed, and addressed.
Critical Care Services	3.15	Clients and families are provided with information about their rights and responsibilities.
Critical Care Services	3.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Critical Care Services	5.6	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.
Critical Care Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

## Service Excellence

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



The Critical Care Strategic Clinical Network (CCSCN) and critical care community have identified three foundational principles underpinning the work in advancing critical care in the province: patient and family-centred care, evidence-informed decision making, and quality improvement. The three principles were evident across several sites where surveyors conducted tracers.

In many areas, teams were able to talk about their goals and objectives, many of which were in alignment with the CCSCN quality improvement initiatives. It was observed that there were many new leaders in several units. The organization is encouraged to look at support for new leaders as they transition into their roles.

The critical care unit teams are commended for their efforts during the pandemic as surge beds opened, staff recruited, models of care shifted, and staff cared for critically ill patients in challenging and uncertain times. The impact on staff and teams was significant and they continue to support each other as they address burnout and other issues. The organization recently completed a Worklife Pulse survey. Leaders are encouraged to develop plans to address mental health concerns and support resilience.

Advancing the Intensivist care model and having closed ICUs has enhanced the opportunities for evidence-based practice in critical care. Position profiles with roles and responsibilities exist for all positions. With additional beds added to the critical care system, there has been significant efforts to recruit new staff. New staff attend the Orientation Program for Adult Critical Care in Alberta (OPACCA). The course is followed by preceptorship in their unit by expert nurses and clinical educators. Annual clinical skills updates are carried out at sites to support competency development and continuous learning. While a number of staff have been hired, vacancies remain. It is suggested that the organization monitor workload in the critical care units and develop plans to support recruitment and retention as well as leverage resources to help managers continue to hire and plan for additional bed capacity.

Performance reviews have not been conducted on a regular basis and some staff have never had one despite several years at a site. It is suggested that the organization look at tracking and reporting performance reviews so that the organization has a pulse on activities that promote professional development and retention.

With a bedside clinical system and data warehouse in place, the Critical Care program had reports for overall performance and monitoring of provincial key performance indicators (KPIs). A provincial bed occupancy dashboard is available to support operations, patient flow, and tracking outcomes for key strategic priorities. The data available is also used to support quality improvement efforts. The CCSCN is encouraged to look at how key KPIs can be organized into unit-based scorecards that can be used by managers and quality and safety councils to drive local quality improvement efforts and support benchmarking across units.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.7	A universally-accessible environment is created with input from clients and families.
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.

## Criteria for Follow-up

### Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria				
Standard	Criteria	Site	Due Date	
Critical Care Services	3.15	Clients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> <li>• Foothills Medical Centre</li> <li>• Peter Lougheed Centre</li> <li>• Red Deer Regional Hospital Centre</li> </ul>	October 31, 2023
	3.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.	<ul style="list-style-type: none"> <li>• Peter Lougheed Centre</li> <li>• Red Deer Regional Hospital Centre</li> </ul>	October 31, 2023
	4.7.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	<ul style="list-style-type: none"> <li>• Grande Prairie Regional Hospital</li> </ul>	October 31, 2023
	4.8.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	<ul style="list-style-type: none"> <li>• Grande Prairie Regional Hospital</li> </ul>	October 31, 2023
	5.6	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	<ul style="list-style-type: none"> <li>• Grande Prairie Regional Hospital</li> </ul>	October 31, 2023
	5.23.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	<ul style="list-style-type: none"> <li>• Foothills Medical Centre</li> <li>• Grande Prairie Regional Hospital</li> </ul>	October 31, 2023