

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

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Submission to Alberta Health

February 28, 2018

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

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## Executive Summary:

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

AHS activity in Accreditation Canada's QMentum program involves a four-year cycle with an annual survey each May. May 2017 marked the fourth and final on-site survey of the 2014-2017 cycle. Post survey, there are typically two follow-up evidence submissions to Accreditation Canada. The first (six months post survey) is to address unmet major tests for compliance for Required Organizational Practices (ROPs). The second (eighteen months post survey) is to address unmet minor tests for compliance for ROPs and unmet high priority criteria.

**May 2015 Survey** – A third evidence submission was submitted to Accreditation Canada in April 2017 to address two high priority criteria in two standards (Emergency Medical Services and Emergency Department). All evidence was accepted.

**May 2016 Survey**– After the first evidence submission in November 2016, Accreditation Canada requested additional evidence for one ROP (Information Transfer at Care Transitions) within two standards (Perioperative Services and Invasive Procedures and Home Care Services). This evidence was submitted along with the second submission for minor tests for compliance and high priority criteria in November 2017. All evidence was accepted.

**May 2017 Survey** – The first submission of evidence to Accreditation Canada in November 2017 included ROP major tests for compliance and select high priority criteria. All evidence was accepted with a recommendation from Accreditation Canada for continued work on an internal action plan for one high priority criteria at one site in one standard. Two additional evidence submissions are required. Evidence for the remaining high priority criteria will be submitted in May 2018 and evidence for ROP minor tests for compliance will be submitted in November 2018.

Detailed information regarding evidence submitted in the past year and progress towards achieving unmet requirements that are to be submitted in the next calendar year may be found in [Appendix B](#).

There was active planning for the next survey cycle commencing with the announcement in early 2017 of Accreditation Canada becoming an affiliate of the [Health Standards Organization \(HSO\)](#). This change requires HSO, Accreditation Canada and AHS to co-design a new assessment methodology for large health systems. A pilot to test the attestation process, unannounced survey visits and patient journey assessment methods occurred in December 2017.

The AHS existing contract with CPSA for diagnostic services was extended for one year, effective January 2018.

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

Continuing Care and Addictions and Mental Health providers contracted to AHS participate in accreditation activities to varying degrees. Participation rates have been increasing over time with enhanced accreditation compliance monitoring to ensure adherence to new service agreements. It is anticipated that these providers will increasingly participate in accreditation processes once a refreshed Ministerial Directive is released.

## Alberta Health Services Accreditation Activities – 2017

### Background:

Alberta Health Services (AHS) completed the final year of the four-year 2014-2017 cycle with Accreditation Canada. This is the second cycle of accreditation since AHS formed in 2009. The fourth on-site survey visit for this cycle occurred April 30 - May 5, 2017 and focused on specific clinical service areas. AHS hosted 30 Accreditation Canada surveyors at 129 sites (see [Appendix A](#) for a list of standards surveyed by site).

May 2014 - Foundational Standards		
<ul style="list-style-type: none"> <li>• Governance</li> <li>• Medication Management</li> <li>• Telehealth Services</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Provincial Correctional Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Infection Prevention &amp; Control</li> <li>• Reprocessing and Sterilization of Reusable Medical Devices</li> </ul>

2015	2016	2017
<p><b>Medicine</b></p> <ul style="list-style-type: none"> <li>• General (Internal) Medicine</li> </ul> <p><b>Perioperative Services and Invasive Procedures</b></p> <ul style="list-style-type: none"> <li>• Hip &amp; Knee Arthroplasty specialty service</li> </ul> <p><b>Assisted Reproductive Technology (3 standards) †</b></p> <ul style="list-style-type: none"> <li>• ART Standards for Clinical Services</li> <li>• ART Standards for Laboratory Services</li> <li>• ART Standards for Working with Third Party Donors</li> </ul> <p><b>Emergency Department</b></p> <p><b>Emergency Medical Services</b></p> <p><b>Organ and Tissue Donation (3 standards)</b></p> <ul style="list-style-type: none"> <li>• Organ and Tissue Donation Standards for Deceased Donors</li> <li>• Organ and Tissue Transplant Standards</li> <li>• Organ Donation Standards for Living Donors</li> </ul>	<p><b>Respiratory Health</b></p> <ul style="list-style-type: none"> <li>• Medicine Services</li> <li>• Ambulatory Care</li> <li>• Home Care</li> </ul> <p><b>Perioperative Services and Invasive Procedures</b></p> <ul style="list-style-type: none"> <li>• All areas of surgery and endoscopy procedures in Urban and Regional Hospitals (all areas except arthroplasty and C-Sections)</li> </ul> <p><b>Cancer Care</b></p> <ul style="list-style-type: none"> <li>• Ambulatory Systemic Cancer Therapy Services</li> <li>• Cancer Care and Oncology Services</li> </ul> <p><b>Addiction and Mental Health</b></p> <ul style="list-style-type: none"> <li>• Community-Based Mental Health Services and Supports</li> <li>• Mental Health Services</li> <li>• Substance Abuse and Problem Gambling Services Rehabilitation Services †</li> </ul> <p><b>Rehabilitation</b></p> <ul style="list-style-type: none"> <li>• Acquired Brain Injury Services †</li> <li>• Rehabilitation Services</li> <li>• Spinal Cord Injury Rehabilitation Services †</li> <li>• Spinal Cord Injury Acute Rehabilitation Services †</li> </ul>	<p><b>Medicine</b></p> <ul style="list-style-type: none"> <li>• Medicine services in Rural and Suburban Hospitals</li> </ul> <p><b>Perioperative Services and Invasive Procedures</b></p> <ul style="list-style-type: none"> <li>• Surgery and endoscopy procedures in Rural and Suburban Hospitals</li> </ul> <p><b>Continuing Care</b></p> <ul style="list-style-type: none"> <li>• Home Care Services</li> <li>• Hospice, Palliative, End-of-Life Services †</li> <li>• Long-Term Care Services</li> <li>• Population Health and Wellness (Seniors Populations)</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• Aboriginal Integrated Primary Care</li> <li>• Primary Care Services</li> </ul> <p><b>Obstetrics</b></p> <ul style="list-style-type: none"> <li>• Obstetrics Services (includes C-Sections)</li> <li>• Critical Care Services in NICUs</li> </ul> <p><b>Public Health Services</b></p>

† Standards assessed in facilities that have dedicated beds / services only

### Accreditation Status:

Following the conclusion of the 2014 – 2017 accreditation cycle, AHS received a new accreditation decision of “Accredited” and an updated certificate of accreditation, valid from May 2017 – 2022. Accreditation Canada provided two additional certificates reflecting the participation of AHS’ wholly owned subsidiaries, CapitalCare and Carewest, in the 2014-2017 survey cycle.

The Accreditation Canada 2017 survey visit [Final Report](#), [Executive Summary](#), [AHS Response](#) and [Progress Report from November 2017](#) are posted on the AHS public website <http://www.albertahealthservices.ca/190.asp>. Alberta Health received a copy of the full Accreditation Canada Report and Executive Summary following the May 2017 on-site survey.

The following were identified by surveyors as major strengths for the organization:

- significant, tangible progress towards a fully-integrated health system
- specialized clinics to serve Alberta's indigenous population
- Strategic Clinical Networks' quality work
- noticeable progress in quality and safety culture and initiatives
- strong collaboration across the entire continuum of care
- very satisfied patients, residents and families.

Surveyors also identified opportunities for improvement:

- increase input from patients and families in care planning and program design
- continued development of technology platforms (e. g. the clinical information system)
- optimize capacity of operating rooms in rural areas
- improve retention of point-of-care leaders
- better succession planning in rural areas
- better utilization of data to support quality improvement initiatives.

## **2017 Accreditation Activities:**

Service Excellence Teams (SETs) were established to support implementation of clinical service standards including patient safety and quality of care practices for Required Organizational Practices (ROPs) and high priority criteria. SETs overseeing the standards surveyed in May 2016 and May 2017 continued to address unmet ratings throughout 2017.

Follow-up evidence for unmet criteria from the May 2015, May 2016 and May 2017 surveys were reported to Accreditation Canada in 2017. All submitted evidence was accepted by Accreditation Canada with a recommendation for continued work on an internal action plan for one high priority criteria at one site in one standard for the May 2016 survey. Two additional evidence submissions for the 2017 survey for high priority criteria and ROP minor tests for compliance are due in May 2018 and November 2018 respectively. See [Appendix B](#) for a summary of these evidence submissions.

An overall summary of the deficiencies addressed by the evidence submissions for the 2015, 2016 and 2017 surveys is outlined below.

### **2015 Survey Evidence Submission to Accreditation Canada:**

The third and final evidence submission was provided to Accreditation Canada in April 2017 for two (2) unmet high priority criteria (isolation of patients with infectious diseases and appropriate securing and storage of equipment in EMS vehicles). These high priority criteria resided in two standards (Emergency Department and Emergency Medical Services). Accreditation Canada accepted all submitted evidence and no additional reporting is required. Details relating to the evidence submission for the May 2015 survey can be found in [Table B-1](#) of Appendix B.

### **2016 Survey Evidence Submission to Accreditation Canada:**

The second evidence submission was provided to Accreditation Canada in November 2017 for five (5) major tests for compliance for one (1) unmet ROP (information transfer at care transitions). Evidence was also submitted for twenty six (26) minor tests of compliance for four (4) unmet ROPs (falls prevention, venous thromboembolism (VTE) prophylaxis, information transfer at care transitions and pressure ulcer prevention). Finally, evidence was submitted for seven (7) unmet high priority criteria (computerized physician order entry/pre-printed orders, informed consent, ethical research practices, OR cleaning schedule, standardized communication tools, medication labeling in sterile field, and surgical suite dress code). These ROPs and high priority criteria reside in the nine (9) standards of Community-Based Mental

Health Services and Supports, Mental Health Services, Ambulatory Systemic Cancer Therapy, Cancer Care and Oncology, Perioperative Services and Invasive Procedures, Rehabilitation Services, Ambulatory Care, Home Care Services and Medicine Services. Accreditation Canada accepted all submitted evidence and no additional reporting is required. One site continued follow-up work following the submission of evidence to fully implement one high priority criteria. Evidence of this implementation will be confirmed on the next on-site survey.

Details relating to the evidence submission for the May 2016 survey can be found in [Table B-2](#) of Appendix B.

### **2017 Survey Evidence Submission to Accreditation Canada:**

The first of three required evidence submissions was provided to Accreditation Canada in November 2017 for thirty two (32) major tests of compliance for ten (10) unmet ROPs (infusion pump safety, skin and wound care, information transfer at care transitions, home safety risk assessment, falls prevention, suicide prevention, client identification, safe surgery checklist, pressure ulcer prevention, and venous thromboembolism (VTE) prophylaxis). Evidence was also submitted for eight (8) high priority criteria (restraint monitoring, readmission risk, informed consent, sterile supply storage, medication storage, medication labeling, infection reduction practices and prophylactic antibiotics). These ROPs and high priority criteria reside in the five (5) standards of Home Care Services, Long-Term Care Services, Medicine Services, Obstetrics Services and Perioperative Services and Invasive Procedures. Accreditation Canada accepted all submitted evidence.

A second evidence submission for two (2) high priority criteria in the two (2) standards of Obstetrics Services and Perioperative Services and Invasive Procedures is due to Accreditation Canada May 15, 2018. A third evidence submission for eighteen (18) minor tests of compliance for six (6) ROPs is due to Accreditation Canada November 14, 2018. These ROP minor tests for compliance reside in the five (5) standards of Obstetrics Services, Perioperative Services and Invasive Procedures, Long-Term Care Services, Medicine Services and Home Care Services. Details relating to evidence submissions for the May 2017 survey can be found in [Tables B-3](#) and [B-4](#) of Appendix B.

### **Changes to Accreditation Program, Next Steps and Quality Improvement:**

Recently launched Health Standards Organization (HSO) is now the parent organization to Accreditation Canada and has the primary role of standards development. Technical committees will be responsible for developing standards with a higher degree of rigor, consistent with other international standard setting bodies. Accreditation Canada will no longer develop standards as their primary role will be assessment of client organizations against the standards utilizing a more patient centered and outcomes-based focus.

HSO/Accreditation Canada and AHS agreed to co-design processes to apply new assessment methodologies to large complex health systems such as AHS. The co-design will achieve a more integrated approach to assessment of the services AHS provides, while improving the quality of accreditation experience for individual facilities. Given the significance and amount of work required for this co-design, the 2018 survey assessment has been deferred and a new four-year accreditation cycle will commence in 2019.

In 2018, AHS will focus on addressing the required follow-up from the 2017 survey, co-designing the assessment methodology with HSO/Accreditation Canada, planning for the 2019-2022 cycle, and beginning preparation for the May 2019 on-site survey.

## Other AHS Accreditation Activities – 2017

### Laboratory / Diagnostic Imaging Services

The College of Physicians and Surgeons (CPSA) provides accreditation services for Laboratory Services, Diagnostic Imaging Services, Neurophysiology Labs and Pulmonary Function Test Labs for AHS, Covenant Health and Lamont Health Care Centre. CPSA lists the accredited sites/facilities in the [Accreditation section](#) of its website. AHS Laboratory Services and Calgary Laboratory Services undergo voluntary external assessment by a number of other accrediting organizations for specialty laboratories.

#### Laboratory Services:

##### CPSA

Central Zone Laboratories were assessed in two groups, June and September 2017.

CPSA assigns interim/provisional accreditation status to laboratories as they actively work toward concrete resolution of non-conformances. The laboratory can continue to operate under the previous certificate until the non-conformance(s) is/are resolved. As of the end of November 2017, AHS Laboratory Services has 16 laboratory facilities with interim/provisional status, primarily due to space/facility issues:

- North Zone (inspected in 2016): Athabasca Healthcare Centre, Fairview Health Complex, Grande Cache Community Health Complex, Boyle Healthcare Centre, St. Paul Healthcare Centre, Whitecourt Healthcare Centre, Elk Point Healthcare Centre, Mayerthorpe Healthcare Centre.
  - Also cited for lack of a test directory – Barrhead Healthcare Centre, Bonnyville Healthcare Centre, Cold Lake Healthcare Centre, Westlock Healthcare Centre, Elk Point Healthcare Centre and Mayerthorpe Healthcare Centre. (North Zone will be compliant with the requirement for test information readily available to care providers in early 2018).
- Edmonton Zone (inspected in 2015): Sturgeon Community Hospital, Royal Alexandra Hospital
- Central Zone (inspected in 2017): Sundre Hospital and Care Centre, Red Deer Regional Hospital Centre are awaiting final accreditation certificates from the recent inspection.

All other AHS and Calgary Laboratory Services (CLS) laboratories hold full accreditation status with CPSA.

To continuously maintain compliance throughout the accreditation cycle, periodic internal audits have been put in place by all AHS and CLS laboratories. Action plans address any identified nonconformances. Internal audits performed in 2017 and planned for 2018 include:

- North Zone: audits of all sites to focus on safety, quality and transfusion medicine
- Edmonton Zone: audits of equipment and transfusion medicine have been completed
- Central Zone: completed audits for quality and safety requirements
- CLS:
  - audits of equipment and facility safety
  - quality management system (complete with no recommendations for administrative action)
  - compliance audits of the Team Care initiative implemented at the Patient Service Centres
- South Zone: audits in Medicine Hat Regional Hospital and Chinook Regional Hospital with additional rural sites planned for January 2018.

### **Other Lab Accreditation**

AHS Laboratory Services participated in other accreditation and assessment activities to enhance laboratory quality and services.

The Provincial Laboratory for Public Health site (ProvLab North & South) completed their College of Pathologists (CAP) and Canadian Association for Laboratory Accreditation (environmental microbiology) formal on-site assessments in September and October of 2017 respectively and remain accredited. ProvLab also participated in the Accreditation Canada visit in May 2017 as part of the review of Public Health services. Canadian Blood Services audited ProvLab North related to the provision of blood product segment sterility checks and syphilis testing in November 2017.

DynaLIFE Medical Labs, a private laboratory provider contracted in Edmonton Zone, was also inspected by CAP in 2017 and remains accredited.

The Histocompatibility Laboratory at the University of Alberta Hospital completed its mid-cycle, self-inspection in June 2017 and received successful confirmation from American Society of Histocompatibility and Immunogenetics (ASHI). Calgary Laboratory Services Histocompatibility and Immunogenetics Laboratory underwent its onsite assessment by ASHI in May 2017 and was granted accreditation with no citations.

The Genetic Laboratory Services laboratories in Calgary were inspected by the Canadian College of Medical Genetics in August 2017 and have received their certificate of accreditation.

AHS also complies with regulations included in Health Canada's Food and Drugs Act such as "Safety of Human Cells, Tissues and Organs for Transplantation Regulations" and "Blood Regulations" as required under Canada law. No major deficiencies were found during Health Canada's inspection of the Royal Alexandra Hospital Transfusion Medicine Laboratory in May 2017.

The Alberta Safety Council Certificate of Recognition (COR) audit was performed at Calgary Laboratory Services laboratories August 28 - September 14, 2017. The final report was received in January 2018 with a passing grade awarded.

### **2018 Next Steps:**

CPSA will be conducting an accreditation review of CLS, ProvLab North and South, and the Genetic Laboratory Services.

The University of Alberta Hospital will be undergoing onsite assessments from the AABB (American Association of Blood Banks) and ASHI.

### **Diagnostic Imaging Services:**

In 2016, the facilities located in the Central Zone underwent CPSA accreditation review. Following acceptance of responses to CPSA recommendations for ten (10) sites, all achieved full accreditation status.

The following North Zone sites were reviewed in 2017. Full accreditation will be granted once site responses to CPSA recommendations are accepted:

- Barrhead Health Centre
- Beaverlodge Municipal Hospital
- Bonnyville Healthcare Centre (Covenant Health)
- Boyle Healthcare Centre
- Central Peace Health Complex
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- Fairview Health Complex
- Fox Creek Healthcare Centre
- George McDougal – Smoky Lake
- Grande Cache Community Health Complex

- Grimshaw-Berwyn & District Community Health Centre
- High Prairie Health Complex
- Hinton Healthcare Centre
- Hythe Continuing Care Centre
- La Crete Community Health Centre
- Manning Community Health Centre
- Mayerthorpe Healthcare Centre
- Northern Lights Regional Health Centre - Fort McMurray
- Northwest Health Centre – High Level
- Peace River Community Health Centre
- Queen Elizabeth II Regional Hospital
- Sacred Heart – McLennan Community Health Centre
- Seton – Jasper Healthcare Centre
- St. Therese – St. Paul Healthcare Centre
- St Theresa – Fort Vermillion Hospital
- Swan Hills Healthcare Centre
- Valleyview Health Centre
- Wabasca -Desmarais Healthcare Centre
- Westlock Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow – Lac la Biche Healthcare Centre

### **2018 Next Steps:**

CPSA will conduct an accreditation review of diagnostic imaging sites in the Calgary Zone.

### **Neurophysiology Labs and Pulmonary Function Testing Services:**

Neurophysiology labs and pulmonary function testing laboratories are accredited with the CPSA over a four-year rotation. All public (AHS and Covenant Health) laboratories for these disciplines hold current accredited status.

- 16 neurophysiology labs - none underwent assessment in 2017
- 18 pulmonary function testing labs - one lab in the Edmonton Zone was inspected in 2017 and is fully accredited:
  - Edmonton General Continuing Care Center G. F. MacDonald Centre for Lung Health

A listing of accredited facilities may be found on the [CPSA website](#).

The CPSA standards for neurophysiology and pulmonary function laboratories were updated in 2017 to be International Organization for Standardization (ISO) compliant, with roll out in 2018.

### **2018 Next Steps:**

Three neurophysiology labs and five pulmonary function testing labs are scheduled to undergo assessment in 2018.

## **Funded Partners Activities – 2017**

### **Covenant Health**

#### **Background:**

Covenant Health completed the fourth and final year of the 2014-2017 sequential cycle with Accreditation Canada. The four-year survey schedule was adjusted to permit coordination of efforts with AHS for provincial strategic ROP initiatives. The October 15 – 20, 2017 on-site visit focused on two standards (Long-Term Care Services and Hospice, Palliative, End-of-Life Services) and 10 locations.

2014	2015	2016	2017
<ul style="list-style-type: none"> <li>• Governance</li> <li>• Leadership</li> <li>• Infection Prevention and Control</li> <li>• Reprocessing and Sterilization of Reusable Medical Devices</li> <li>• Medication Management</li> </ul>	<ul style="list-style-type: none"> <li>• Obstetrics and Perinatal Care Services</li> <li>• Medicine Services (Child Health)</li> <li>• Perioperative Services and Invasive Procedures</li> <li>• Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Medicine Services (Adult Health)</li> <li>• Emergency Department Services</li> <li>• Critical Care Services</li> <li>• Emergency Medical Services</li> </ul>	<ul style="list-style-type: none"> <li>• Long-Term Care Services</li> <li>• Hospice, Palliative, End-of-Life Services</li> </ul>

### Accreditation Status:

Following the conclusion of the four-year accreditation cycle (2014 – 2017), Covenant Health received a new accreditation decision of “Accredited with Commendation” and an updated certificate of accreditation, which is valid from October 2017 - 2021, the end of the next accreditation cycle. The Accreditation Canada survey Final Report and Executive Summary for 2017 survey will be posted on the Covenant Health public website <https://www.covenanthealth.ca/living-our-mission/quality>. No follow-up on ROPs or high priority criteria is required.

### Next Steps:

Covenant Health is entering into an agreement with Accreditation Canada with a proposed sequential survey approach with two on-site surveys over the four-year cycle. The next on-site survey will occur in October 2019. Proposed survey cycle:

Survey Year	Standards To Be Surveyed		
2019	<ul style="list-style-type: none"> <li>• Governance</li> <li>• Infection Prevention &amp; Control (Acute Care)</li> <li>• Ambulatory Services</li> <li>• Perioperative Services &amp; Invasive Procedures</li> <li>• OBS/ Perioperative Services</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Reprocessing of Reusable Medical Devices</li> <li>• Mental Health</li> <li>• Emergency Medical Services (Banff)</li> <li>• Critical Care Services (Includes NICU)</li> </ul>	<ul style="list-style-type: none"> <li>• Medication Management (Acute Care)</li> <li>• Inpatient Services</li> <li>• Emergency Department Services</li> </ul>
2021	<ul style="list-style-type: none"> <li>• Managing Medications (Community)</li> <li>• Long-Term Care Services</li> </ul>	<ul style="list-style-type: none"> <li>• Infection Prevention &amp; Control (Community)</li> <li>• Hospice, Palliative, End-of-Life Services</li> </ul>	<ul style="list-style-type: none"> <li>• Residential Care</li> </ul>

## Lamont Health Care Centre

### Background and Accreditation Status:

Lamont Health Care Centre participated in a survey of its health services with Accreditation Canada in September 2014 and continues to be “Accredited”. They are surveyed once every four years, with the next survey visit to be in September 2018. Following the survey, a new accreditation decision will be awarded by Accreditation Canada.

### Contracted Partners/Provider Activities – 2017

Service contracts with EMS, some Continuing Care (for Home Care Service contracts in Edmonton and Calgary) and Non Hospital Surgical Facilities have requirements to maintain accreditation status. AHS Contract Procurement and Supply Management (CPSM) monitors compliance with accreditation

requirements. More robust contract monitoring for Addiction and Mental Health (A&MH) contracted partners is being developed. Although mandatory accreditation is not specified in all service agreements, there is a requirement for contracted providers to comply with relevant Legislation, Regulation and Directives in Alberta. In the absence of a refreshed Ministerial Directive, many contracted providers do not feel compelled to participate in accreditation activities. AHS continues to encourage participation in accreditation programs.

Alberta Health recognizes the following accrediting organizations: Accreditation Canada, Commission on the Accreditation of Rehabilitation Facilities (CARF), College of Physicians and Surgeons of Alberta (CPSA), Canadian Accreditation Council (CAC), College of American Pathologists (CAP), Council on Accreditation (COA), Institute for Quality Management in Healthcare (IQMH) (formerly Ontario Laboratory Accreditation (OLA)) and the International Organization for Standardization (ISO).

## Continuing Care Providers Contracted by AHS

### 2017 Accreditation Activities:

AHS provincial Seniors also monitors contracted service providers for accountability to the requirements of their contracts. Annually each April, contracted service providers are required to provide specific information to AHS, including accreditation status. The data presented below was obtained in Fall 2017 using different methodology than previously, thus a year-to-year trend/comparison with 2016 is not possible for this report.

- While accreditation status for most continuing care services was provided by contract service providers, some did not report this status. The accreditation status of some non-respondents was obtained from the Accreditation Canada website. With additional follow-up and education, it is anticipated that more providers will provide this information in their April 2018 report to AHS.
- Accreditation status is reported based on an entire site not the individual services provided at each site. As such, the accreditation status of site based services was rolled up to the highest level of care provided at each site with facility living considered the highest level of care followed by supportive living, hospice and home care (e.g. if hospice care is provided at the same site as long-term care or facility living, the accreditation status is recorded under facility living not hospice care). The data was not rolled up to the highest level of care in previous reports.

Year-to-year comparison to track progress for participation in accreditation activities will resume in the next annual report.

The percent of contracted facilities that are accredited, in-progress of obtaining accreditation or not accredited in each of the Continuing Care streams as well as Hospice and Palliative and End-of-Life care by operator type (non-profit vs private) is outlined below.

Covenant Health sites are excluded from this data as their [accreditation status](#) is reported previously in this report.

Care Stream (rolled up to highest level of care)	2016 Accredited Providers (%) (Non-Profit + Private)	2017 Accredited Providers by Operator Type								Accredited (All Providers) % (total sites)
		Non-Profit % (n)				Private % (n)				
		Accredited	In-Progress	Not Accredited	Status Unknown	Accredited	In-Progress	Not Accredited	Status Unknown	
Facility Living	89% (81)	94% (31)	0	6% (2)	0	73% (35)	2% (1)	8% (5)	15% (7)	81% (66/81)
Supportive Living	34% (200)	54% (38)	10% (7)	30% (21)	6% (4)	36% (44)	11% (14)	37% (45)	16% (19)	43% (82/192)
Home Care	45% (66)	65% (11)	18% (3)	18% (3)	0	75% (18)	0	21% (5)	4% (1)	71% (29/41)
Hospice, Palliative, End-of-Life	67% (9)	75% (3)	0	25% (1)	0	100% (1)	0	0	0	80% (4/5)

**Notes:** - Before rolling up sites to the highest level of care there were 81 Facility Living, 209 Supportive Living, 52 Home Care and 8 Hospice services

## Addictions and Mental Health Contracted by AHS

### 2017 Accreditation Activities:

Addictions and mental health service contracts are managed collaboratively through AHS AMH (i.e., Zone operations and Provincial) and CPSM. The accreditation status summarized in the following table excludes AMH contracted providers which are not healthcare organizations (e.g., school boards that operate under Alberta Education), single healthcare providers (e.g., single person operator of an approved home, psychologist/counselor in sole practice - too small to be an organization), or providers of services that are generally considered adjunct/supportive (e.g., a self-help organization, recreational programs). AMH contracted providers may use a range of other oversight/accrediting bodies for accreditation activities unrelated to health services. These are not reflected in the accreditation status data reported.

Accreditation pertains to many addiction and mental health service contracts, and while some providers have pursued and obtained accreditation on their own, others have not. AMH continues to discuss the benefits of accreditation with contract providers, indicating that participation in accreditation programs demonstrates the provision of a quality service that meets standards.

In response to AHS Internal Audit recommendations to develop an AMH Contract Strategy Framework, the AMH Contract Strategy Working Group has begun to advise service providers that AMH will move towards accreditation for contracted providers beginning with residential treatment services. Looking ahead, contracted providers can consider becoming accredited as AMH plans for future contract sourcing processes which include accreditation requirements.

The percent of total contracted providers that are accredited is outlined below:

Care Stream	2016 Accredited Providers % (n)	2017 Accredited Providers % (n)	Trend
Addictions Support	53% (32)	59% (32)	↑
Mental Health Support	26% (38)	32% (44)	↑
Supportive Housing (Includes only operators with licensing requirements)	55% (110)	54% (117)	≈

## Emergency Medical Services (EMS) Contracted by AHS

### 2017 Accreditation Activities:

AHS added one ground EMS contract in 2017, for a total of 31 contracted service providers. All contracts have language requiring participation in accreditation activities. Ground EMS contracts require service providers to have a plan in place within the first year of the contract describing how accreditation will be achieved within the term of the contract (5 years). Current ground ambulance agreements are being extended for four years and some contractors will need to be re-accredited during the contract period.

A total of twenty six (26) service providers are accredited, including those who completed their primer activities in 2017. Fourteen (14) service providers are Qmentum accredited, and work to complete Accreditation Canada's full Qmentum program is ongoing for the 12 providers that have completed their primer. Two service providers had primer visits in December 2017 and are expected to receive their results in early 2018. Two had primers scheduled for 2018; however, these have been rescheduled by Accreditation Canada. The one new service provider is expected to submit their plan for accreditation by mid-2018.

Care Stream	2016 Accredited Providers			2017 Accredited Providers			Trend
	% (n)			% (n)			
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	Accredited
Ground EMS	83% (25)	13% (4)	30	84% (26)	13% (4)	31	≈

\* Accredited = Qmentum accredited or primers successfully completed

\*\* In-progress: Primer visit complete and awaiting results or primer visit scheduled

New Accreditation Canada EMS and Inter-Facility Transport standards came into effect in January 2017 and are the first standards applicable to the air ambulance service industry. Three current air service EMS providers whose contracts expire March 31, 2018 are not accredited. AHS conducted a Request for Proposal (RFP) process for new Aircraft and Air Medical Crews (AMC) in 2017. The requirement for accreditation is included in contracts for new AMC providers; providers will be required to submit accreditation plans in 2018. In total, AHS has five (5) contracts with two providers for fixed wing aircraft and three (3) contracts for AMC operating at eight locations.

Contracted Dispatch Services are not included in the AHS accreditation process. AHS has four new contracts with EMS Dispatch Services providers. One new provider is accredited with International Academies of Emergency Dispatch (IAED), one is in the process, and two are beginning accreditation in 2018. In addition to being assessed by Accreditation Canada as part of AHS' accreditation process, AHS' Emergency Medical Dispatch system has also been recognized by IAED as an Accredited Centre of Excellence (ACE).

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

## Appendix A – 2017 AHS Survey Sites and Standards

2017 AHS SURVEY SITE	ACCREDITATION CANADA STANDARD
<b>NORTH ZONE</b>	
Athabasca Community Health Services	Home Care
Athabasca Healthcare Centre	Medicine
Barrhead Healthcare Centre	Medicine
Beaverlodge Community Health Services	Home Care
Cold Lake Community Health Services	Home Care
Cold Lake Healthcare Centre	Long-Term Care
	Obstetrics
	Perioperative Services and Invasive Procedures
Dr. W. R. Keir Continuing Care Centre	Long-Term Care
Elk Point Healthcare Centre	Home Care
	Medicine
Fort McMurray Community Health Centre	Public Health
George McDougall - Smoky Lake Healthcare Centre	Medicine
Grande Prairie Provincial Building	Public Health
Grande Prairie Virene Building	Home Care
Grimshaw/Berwyn & District Community Health Centre	Long-Term Care
High Prairie Health Complex	Medicine
	Primary Care
	Public Health
Horse Lake Community	Public Health
Hythe Continuing Care Centre	Long-Term Care
J. B. Wood Continuing Care Centre	Long-Term Care
La Crête Community Health Centre	Long-Term Care
Lac La Biche Provincial Building	Home Care
	Public Health
Manning Community Health Centre	Medicine
Mayerthorpe Healthcare Centre	Long-Term Care
	Medicine
Northern Lights Regional Health Centre	Obstetrics
Northwest Health Centre	Home Care
	Obstetrics
	Perioperative Services and Invasive Procedures
Peace River Community Health Centre	Medicine
Queen Elizabeth II Hospital	Critical Care - NICU
	Obstetrics
Radway Continuing Care Centre	Long-Term Care
Redwater Healthcare Centre	Medicine

2017 AHS SURVEY SITE	ACCREDITATION CANADA STANDARD
Slave Lake Healthcare Centre	Home Care
	Medicine
	Primary Care
Smoky Lake Continuing Care Centre	Long-Term Care
St. Theresa General Hospital	Long-Term Care
	Medicine
St. Therese - St. Paul Healthcare Centre	Long-Term Care
	Perioperative Services and Invasive Procedures
Sutherland Place Continuing Care Centre	Long-Term Care
Westlock Continuing Care Centre	Long-Term Care
Westlock Healthcare Centre	Medicine
William J. Cadzow - Lac La Biche Healthcare Centre	Long-Term Care
	Perioperative Services and Invasive Procedures

2017 AHS SURVEY SITE	ACCREDITATION CANADA STANDARD
<b>EDMONTON ZONE</b>	
Anderson Hall (Royal Alexandra Hospital)	Aboriginal Integrated Primary Care
Aspen House	Long-Term Care
CapitalCare Grandview	Long-Term Care
CapitalCare Norwood	Hospice, Palliative and End-of-Life Care
CapitalCare Strathcona Care Centre	Long-Term Care
Coronation Plaza	Public Health
Devon General Hospital	Medicine
East Edmonton Health Centre	Primary Care
Edmonton General Hospital	Public Health
Edmonton Provincial Laboratory	Public Health
Evansburg Health Centre	Home Care
Fort Saskatchewan Community Hospital	Obstetrics
	Perioperative Services and Invasive Procedures
HSBC Building	Public Health
Leduc Community Hospital	Home Care
	Medicine
	Perioperative Services and Invasive Procedures
Leduc Public Health Centre	Public Health
Lois Hole Hospital for Women	Obstetrics
Mother Rosalie Health Services Centre	Home Care
Royal Alexandra Hospital	Critical Care - NICU
St. Albert Home Care Office	Home Care
St. Marguerite Health Services Centre (Grey Nuns)	Hospice, Palliative and End-of-Life Care
Stollery Children's Hospital	Critical Care - NICU
Strathcona County Health Centre	Public Health
Sturgeon Community Hospital	Obstetrics
West Jasper Place Public Health Centre	Public Health
Westview Health Centre	Home Care
	Hospice, Palliative and End-of-Life Care
	Perioperative Services and Invasive Procedures

2017 AHS SURVEY SITE	ACCREDITATION CANADA STANDARD
<b>CENTRAL ZONE</b>	
Breton Health Centre	Long-Term Care
Consort Hospital and Care Centre	Long-Term Care
Drayton Valley Community Health Centre	Home Care
	Long-Term Care
	Medicine
Drumheller Health Centre	Obstetrics
	Perioperative Services and Invasive Procedures
Innisfail Health Centre	Home Care
	Long-Term Care
	Perioperative Services and Invasive Procedures
	Public Health
Johnstone Crossing Community Health Centre	Public Health
Mannville Care Centre	Long-Term Care
Olds Hospital and Care Centre	Long-Term Care
	Obstetrics
	Perioperative Services and Invasive Procedures
Olds Provincial Building	Home Care
Ponoka Community Health Centre	Home Care
	Long-Term Care
	Obstetrics
	Perioperative Services and Invasive Procedures
Provost Health Centre	Long-Term Care
Red Deer Regional Hospital Centre	Critical Care - NICU
	Hospice, Palliative and End-of-Life Care
	Obstetrics
Rimbey Hospital and Care Centre	Long-Term Care
	Medicine
Rocky Mountain House Health Centre	Home Care
	Medicine
	Obstetrics
	Public Health
Stettler Community Health Centre	Home Care
	Public Health
Stettler Hospital and Care Centre	Medicine
	Perioperative Services and Invasive Procedures
Sundre Community Health Centre	Home Care
Sundre Hospital and Care Centre	Long-Term Care
Three Hills Health Centre	Long-Term Care
Tofield Health Centre	Long-Term Care
	Medicine
Two Hills Health Centre	Long-Term Care
	Medicine
Vegreville Care Centre	Long-Term Care
Viking Community Health Centre	Home Care
Wetaskiwin Hospital and Care Centre	Long-Term Care
	Medicine
	Obstetrics
	Perioperative Services and Invasive Procedures
Winfield Community Health Centre	Home Care

2017 AHS SURVEY SITE	ACCREDITATION CANADA STANDARD
<b>CALGARY ZONE</b>	
Alberta Children's Hospital	Critical Care - NICU
Canmore General Hospital	Home Care
	Obstetrics
Carewest George Boyack	Long-Term Care
Carewest Signal Pointe	Long-Term Care
Claresholm General Hospital	Medicine
Didsbury District Health Services	Long-Term Care
	Medicine
	Public Health
East Calgary Health Centre	Primary Care
East Lake Centre	Public Health
Elbow River Healing Lodge (Sheldon M. Chumir)	Aboriginal Integrated Primary Care
Foothills Medical Centre	Critical Care - NICU
	Hospice, Palliative and End-of-Life Care
	Obstetrics
High River General Hospital	Obstetrics
	Perioperative Services and Invasive Procedures
North West 1	Home Care
Oilfields General Hospital	Medicine
Okotoks Health and Wellness Centre	Public Health
Peter Lougheed Centre	Critical Care - NICU
	Obstetrics
Rockyview General Hospital	Critical Care - NICU
	Obstetrics
Rotary Flames House (Alberta Children's Hospital)	Hospice, Palliative and End-of-Life Care
Sheldon Kennedy Child Advocacy Centre	Public Health
Sheldon M. Chumir Health Centre	Hospice, Palliative and End-of-Life Care
South Health Campus	Critical Care - NICU
	Obstetrics
Southport Tower	Home Care
	Public Health
Strathmore District Health Services	Home Care
Vulcan Community Health Centre	Home Care
	Long-Term Care
Willow Creek Continuing Care Centre	Long-Term Care

2017 AHS SURVEY SITE	ACCREDITATION CANADA STANDARD
<b>SOUTH ZONE</b>	
Big Country Hospital	Long-Term Care
Bow Island Health Centre	Long-Term Care
Bow Island Provincial Building	Home Care
Brooks Health Centre	Medicine
	Perioperative Services and Invasive Procedures
Chinook Regional Hospital	Critical Care - NICU
	Obstetrics
Coaldale Health Centre	Long-Term Care
Crowsnest Pass Health Centre	Medicine
	Obstetrics
Lethbridge Centre	Home Care
Lethbridge Community Health Centre	Public Health
Medicine Hat Community Health Services	Public Health
Medicine Hat Home Care Office	Home Care
Medicine Hat Regional Hospital	Critical Care - NICU
	Hospice, Palliative and End-of-Life Care
	Obstetrics
Milk River Health Centre	Long-Term Care
Oyen Community Health Services	Home Care
Pincher Creek Health Centre	Medicine
	Perioperative Services and Invasive Procedures
Raymond Health Centre	Home Care
River Heights Professional Centre	Public Health
Taber Health Centre	Medicine
	Perioperative Services and Invasive Procedures

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

**Table B-1: May 2015 Survey – High Priority Criteria**

High Priority Criteria Submitted to Accreditation Canada April 14, 2017	Status	Action Plan
<b>Emergency Department</b>		
<b>Isolation of Patients with Infectious Diseases</b> The team identifies, manages, and isolates clients with known or suspected infectious diseases.	Evidence Accepted	Training on the process for isolating patients identified or suspected of having an infectious disease and personal protective equipment was provided to staff at the six North Zone sites.
<b>Emergency Medical Services (EMS)</b>		
<b>Equipment in EMS Vehicles</b> The team secures and restrains all patient care equipment in EMS vehicles.	Evidence Accepted	Audits in the Edmonton Zone were completed. Audits showed 97% of staff were familiar with the policy and feedback from the audits will be used for ongoing improvement and development.

**Table B-2: May 2016 Survey – ROP Major and Minor Tests for Compliance and High Priority Criteria**

ROPs (Major and Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada November 10, 2017	Status	Action Plan
<b>Community-Based Mental Health Services and Supports</b>		
<b>Information Transfer ROP</b> The effectiveness of communication is evaluated and improvements made as needed.	Evidence Accepted	Processes developed to standardize information transfer for community mental health sites have been audited and where issues were found, processes have been revised.
<b>Mental Health Services</b>		
<b>Falls Prevention ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Audits have been performed at two sites. Results showed the process at one site was working well and additional education was provided at another site to ensure processes are followed as intended.
<b>Ambulatory Systemic Cancer Therapy Services</b>		
<b>Information Transfer ROP</b> The effectiveness of communication is evaluated and improvements made as needed.	Evidence Accepted	Staff compliance with the provincial information transfer standard process was confirmed. A working group has been established to standardize documents and requirements for patients via Telehealth.
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Evaluation using audits and/or the reporting and learning system (RLS) data for falls has been done. Improvements to clinic lighting, a greater emphasis on falls screening and documentation and eliminating tripping hazards are some examples of changes made following evaluation.
<b>CPOE / PPO</b> Computerized physician order entry (CPOE) or Pre Printed Orders (PPO) are used when ordering systemic cancer therapy medications.	Evidence Accepted with continued work on internal action plan	Five PPO sets have been implemented at one site. Additional evidence was submitted to show another thirty PPO sets have been adapted and implemented.
<b>Informed Consent</b> The client's informed consent is obtained and documented before providing services.	Evidence Accepted	The AHS Level 1 policy for informed consent has been adopted by CancerControl Alberta, and education has been provided.
<b>Ethical Research Practices</b> There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	Evidence Accepted	A formal request and approval process for access and management of health records for research purposes has been put in place at the site.
<b>Cancer Care and Oncology</b>		
<b>Pressure Ulcer Prevention ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Based on audit results, education campaigns were conducted at two sites to increase knowledge of and compliance with screening and prevention strategies.

ROPs (Major and Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada November 10, 2017	Status	Action Plan
<b>Perioperative Services and Invasive Procedures</b>		
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Audits were being conducted at sites. Additional education for staff returning from leave at one site and improved access to wheelchairs at another site are improvements that arose following audits.
<b>Pressure Ulcer Prevention ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	An Alberta Improvement Way (AIW) pilot project focusing on communication, use of interventions and standardized documentation increased compliance at one site, and will be rolled out at all Calgary Zone sites. Results at one North Zone site show the (re)assessment tool and intervention strategies are used as required.
<b>Venous Thromboembolism Prophylaxis ROP</b> Appropriate VTE prophylaxis is established, audited and used to make improvements; information about VTE and how to prevent it is provided to clients and staff.	Evidence Accepted	Audit results have been used as an indicator of additional required refresher training. Education for clients and staff has been strengthened.
<b>Information Transfer ROP</b> Information required to be shared is defined, standardized and documented. The effectiveness of communication is evaluated and improvements made as needed.	Evidence Accepted	Information transferred is now standardized and documented at one North Zone site. Regular audits occur and are used to determine if improvements are needed.
<b>Operating Room Cleaning Schedule</b> There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.	Evidence Accepted	The OR cleaning schedule was moved to a location more accessible to staff, and an education campaign was conducted. Recent audit data shows cleaning is being conducted and documented.
<b>Standardized Communication Tools</b> Standardized communication tools are used to share information about a client's care within and between teams.	Evidence Accepted	SBAR (Situation, Background, Assessment, Recommendation) reference sheets at the nursing desk reinforce the use of the standardized communication format when providing verbal communication.
<b>Medication Labeling in Sterile Field</b> Every medication and solution on the sterile field is labeled.	Evidence Accepted	One site which adopted pre-printed sterile labels has achieved 100% compliance. Staff at another site using manual labels are looking at using pre-printed labels to reduce the incidence of labels that do not stick, or ink that bleeds.
<b>Surgical Suite Dress Code</b> A dress code is followed within the surgical suite.	Evidence Accepted	Reminders regarding the policy on operating room dress code have been provided, and one-on-one education is provided when staff are not compliant.

ROPs (Major and Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada November 10, 2017	Status	Action Plan
<b>Rehabilitation Services</b>		
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Regular audits occur and no opportunities for improvement have been noted.
<b>Ambulatory Care</b>		
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Following evaluation of the approach, increased visibility of the self-identification poster was recommended.
<b>Home Care</b>		
<b>Information Transfer ROP</b> Clients are given information required to make decisions and support their own care at care transitions; information shared at care transitions is documented. The effectiveness of communication is evaluated and improvements made as needed.	Evidence Accepted	"Caring for a Tracheostomy" education is provided to all patients as required. A client transfer checklist was implemented and client education is documented on the checklist at one Central Zone site. Regular audits began in 2017, and one South Zone site is working to standardize where the information is documented in the electronic chart.
<b>Medicine Services</b>		
<b>Pressure Ulcer Prevention ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Following audits, education campaigns were conducted at two sites to increase knowledge of and compliance with screening and documentation of prevention strategies.
<b>Venous Thromboembolism (VTE) Prophylaxis ROP</b> Appropriate VTE prophylaxis is established, audited and used to make improvements.	Evidence Accepted	Regular audits are ongoing. Education is being provided to increase use of the VTE pre-printed order set at one South Zone site. In the North Zone at one site, the VTE order set was introduced for emergency department physicians to complete on patients with a decision to admit. Evaluation will occur and if deemed successful, this process will be introduced at another site.
<b>Information Transfer ROP</b> The effectiveness of communication is evaluated and improvements made as needed.	Evidence Accepted	Sites have developed formal evaluation processes to ensure relevant information is communicated during care transitions.

**Table B-3: May 2017 Survey – ROP Major Tests for Compliance and High Priority Criteria**

ROPs (Major Tests for Compliance) and High Priority Criteria sent to Accreditation Canada November 14, 2017	Status	Action Plan
<b>Home Care Services</b>		
<p><b>Infusion Pump Safety ROP</b> A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.</p>	Evidence Accepted	Spreadsheets were created at two North Zone sites to track initial training and retraining.
<p><b>Skin and Wound Care ROP</b> An interprofessional and collaborative approach is used to assess clients who need skin and wound care and provide evidence-informed care that promotes healing and reduces morbidity and mortality.</p>	Evidence Accepted	Observational audits at one Edmonton Zone site show staff involved in wound care are generally compliant with the hand hygiene policy, and just-in-time education and support are delivered where needed. Note: focus of the surveyor comment was on hand hygiene compliance.
<p><b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Education, including a process map, was presented to staff at one North Zone site to ensure staff understand and follow the process when clients are sent to or discharged from acute care.
<p><b>Home Safety Risk Assessment ROP</b> A safety risk assessment is conducted for clients receiving services in their homes.</p>	Evidence Accepted	Home safety risk assessments are now performed at two North Zone sites and documented for all new admissions.
<b>Long-Term Care Services</b>		
<p><b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.</p>	Evidence Accepted	All clients are screened for falls risk, and the post-fall huddle process has been reviewed at one North Zone site.
<p><b>Suicide Prevention ROP</b> Clients are assessed and monitored for risk of suicide.</p>	Evidence Accepted	The new provincial suicide prevention approach for long-term care (LTC) has been implemented at all sites surveyed and will be rolled out to all remaining AHS LTC sites.
<p><b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Information transfer processes, written or verbal, have been standardized.
<p><b>Restraint Monitoring Criteria</b> A process to monitor the use of restraints is established by the team, and this information is used to make improvements.</p>	Evidence Accepted	The AHS policy on the use of restraints, which includes monitoring strategies, was reviewed with staff at one North Zone site.
<b>Medicine Services</b>		
<p><b>Client Identification ROP</b> Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.</p>	Evidence Accepted	Additional reminders/education was provided to staff on the importance of using two person-specific identifiers for all services, including medication administration.

<b>ROPs (Major Tests for Compliance) and High Priority Criteria sent to Accreditation Canada November 14, 2017</b>	<b>Status</b>	<b>Action Plan</b>
<b>Readmission Risk Criteria</b> The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.	Evidence Accepted	Robust and standardized processes for discharge planning to minimize the risk of readmission are in place. The process has now been documented at one North Zone site.
<b>Obstetrics Services</b>		
<b>Infusion Pump Safety ROP</b> A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	Evidence Accepted	Staff education, including a competency assessment, has been provided for all staff at one Central Zone site. There is a plan in place to train staff currently on leave and to reassess competency every two years.
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	Evidence Accepted	A documented and coordinated falls approach which identifies and addresses the needs of at-risk patients has now been implemented at one Central Zone site.
<b>Safe Surgery Checklist ROP</b> A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.	Evidence Accepted	One South Zone site uses an approved alternative procedure where the surgeon discusses the procedure with the patient prior to entering the operating theatre. This conversation is recorded in the chart, and the record is confirmed by staff as part of the phase 1 briefing.
<b>Informed Consent Criteria</b> When clients are incapable of giving informed consent, consent is obtained from a substitute decision maker.	Evidence Accepted	All staff have now completed three training modules on Informed Consent. To maintain competence, staff will complete the modules every two years.
<b>Perioperative Services and Invasive Procedures</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	Evidence Accepted	A documented and coordinated falls approach which identifies and addresses the needs of at-risk patients has now been implemented at all survey sites.
<b>Infusion Pump Safety ROP</b> A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	Evidence Accepted	Staff education, including a competency assessment, has been provided for all staff at one Central Zone site. There is a plan in place to train staff currently on leave and to reassess competency every two years.
<b>Pressure Ulcer Prevention ROP</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Screening and reassessments for pressure ulcer risk are now performed on all patients at one Central Zone site, and interventions are implemented where indicated.
<b>Venous Thromboembolism Prophylaxis ROP</b> Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	Evidence Accepted	The AHS VTE policy has been implemented at one Central Zone site and clients at risk of VTE are identified and provided with prophylaxis as required.

ROPs (Major Tests for Compliance) and High Priority Criteria sent to Accreditation Canada November 14, 2017	Status	Action Plan
<p><b>Sterile Supply Storage Criteria</b> Clean and sterile surgical equipment, medical devices, and supplies are stored separately from soiled equipment and waste, and according to manufacturers' instructions.</p>	Evidence Accepted	The workflow and movement of surgical equipment in the endoscopy area was reassessed and found to meet AHS requirements. Traffic is in a one-way direction, and improper storage/use is minimized due to physical layout and established routines.
<p><b>Medication Storage Criteria</b> Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.</p>	Evidence Accepted	All high alert medications are now labeled and medications are stored in locked medications carts, or on medication trays that are kept in secure restricted areas.
<p><b>Medication Labeling Criteria</b> Every medication and solution on the sterile field is labeled.</p>	Evidence Accepted	New sterile medication labels are now in use at two sites.
<p><b>Infection Reduction Practices Criteria</b> Routine practices are followed to reduce the risk of infection to clients and team members.</p>	Evidence Accepted	Expectations for hand hygiene within the operating room, including that hands are washed and gloved for intubations, have been reiterated with medical staff.
<p><b>Prophylactic Antibiotics Criteria</b> Prophylactic antibiotics are administered by qualified team members within the appropriate timeframe.</p>	Evidence Accepted	Prophylactic antibiotic administration is a standard practice, and administration is confirmed prior to surgery at one North Zone site.

**Table B-4: May 2017 Survey – ROP Minor Tests for Compliance and High Priority Criteria**

<b>ROPs (Minor Tests for Compliance) and High Priority Criteria Due to Accreditation Canada November 2018 and May 2018 Respectively</b>	<b>Status</b>	<b>Action Plan</b>
<b>Home Care Services</b>		
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	In Progress	Teams are in various stages of developing and/or implementing evaluation strategies.
<b>Skin and Wound Care ROP</b> The effectiveness of the program is monitored and improvements are made when needed.	In Progress	Sites are in various stages of evaluating the effectiveness of the program; results will be used for quality improvements when indicated.
<b>Information Transfer ROP</b> The effectiveness of communication is evaluated and improvements made as needed.	In Progress	Sites are in various stages of the planning/implementation phase of conducting client surveys and/or audits.
<b>Long-Term Care Services</b>		
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	In Progress	Audits are being conducted at one North Zone site and will be used for process improvement where indicated.
<b>Information Transfer ROP</b> The effectiveness of communication is evaluated and improvements made as needed.	In Progress	Sites are planning audit processes and will use the results for improvement purposes once implemented.
<b>Medicine Services</b>		
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	In Progress	The evaluation mechanism is being determined at two sites. Once implemented, the results will be used for improvements as needed.
<b>Perioperative Services and Invasive Procedures</b>		
<b>Infusion Pump Safety ROP</b> The effectiveness of the approach is evaluated and when improvements are needed, training is improved or adjustments are made to infusion pumps.	In Progress	Chart audits and reports in the voluntary reporting and learning system are reviewed for medication administration errors to determine if additional training is required at one Central Zone site.
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	In Progress	Sites are in various stages of implementation of evaluating falls prevention strategies and quality improvement processes.
<b>Pressure Ulcer Prevention ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed, and staff and clients are provided with information about risk factors and how to prevent pressure ulcers.	In Progress	Chart audits are completed regularly and will continue to be reviewed for quality improvement purposes as needed. Pamphlets on pressure ulcer prevention are being provided to patients.

<b>ROPs (Minor Tests for Compliance) and High Priority Criteria Due to Accreditation Canada November 2018 and May 2018 Respectively</b>	<b>Status</b>	<b>Action Plan</b>
<b>Venous Thromboembolism (VTE) Prophylaxis ROP</b> Appropriate VTE prophylaxis is established, audited and used to make improvements, and staff and clients are provided with information about VTE and how to prevent it.	In Progress	Audits are showing use of the order sets has increased at one Central Zone site; the AHS patient brochure on VTE is available to provide to patients.
<b>Investigation of Patient Rights Violations Criteria</b> A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	In Progress	The AHS Patient Concerns policy and procedure are being revised with input from the Patient and Family Advisory Group. Zones and sites are increasingly including patient advisors on quality councils to provide the patient perspective on local issues.
<b>Obstetrics Services</b>		
<b>Infusion Pump Safety ROP</b> The effectiveness of the approach is evaluated and when improvements are needed, training is improved or adjustments are made to infusion pumps.	In Progress	Chart audits and reports in the voluntary reporting and learning system are reviewed for medication administration errors to determine if additional training is required at one Central Zone site.
<b>Falls Prevention Strategy ROP</b> The effectiveness of the approach is evaluated and improvements are made when needed.	In Progress	Sites are in various stages of evaluating the use of screening tools and documentation of strategies implemented to minimize falls. Results will be used for quality improvements when indicated.
<b>Investigation of Patient Rights Violations Criteria</b> A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	In Progress	Processes to bring forth issues or complaints in all areas of care delivery and educational pamphlets were developed with input from clients and families. Local facility leadership are aware of existing processes, policies and communication tools.
<b>Sponge/Needle Counts Criteria</b> There is a policy and procedure for sponge and needle counts both before and after all vaginal births.	In Progress	Audits confirm this process has been implemented at one South Zone site.