

Accreditation, Quality and Healthcare Improvement
Response to Accreditation Canada report (4th Component 2014 – 2017 Cycle)
July 7, 2017

Alberta Health Services (AHS) is pleased to share the results of the April 30 – May 5, 2017 [Accreditation Canada](#) on-site survey. AHS has completed the final on-site survey of this four-year (2014-2017) cycle, demonstrating our commitment to meeting national standards for quality and safety in healthcare. Accreditation Canada surveyors noted the strong organizational commitment to the accreditation process and the flexibility and creativity that AHS applies to adapting the process to our large and complex operations. Overall, the results accurately capture the successes, challenges and growing maturity of our province-wide, integrated health system. Based on AHS performance over the four-year cycle, we continue to hold 'Accredited' status.

Accreditation Canada surveyors visited 129 sites and reviewed 198 services across Alberta in May 2017, located mostly in rural and remote facilities. Small services, such as Aboriginal Integrated Primary Care, were visited at both clinics where the service is offered; other services offered at multiple sites were sampled across Alberta (e.g., 41 AHS owned and operated [Long Term Care](#) services sites).

Accreditation Canada surveyors noted AHS' strong commitment to quality and safety. [Required Organizational Practices \(ROPs\)](#), defined by Accreditation Canada as "an essential practice that organizations must have in place to enhance patient safety and minimize risk", were rated as 'met' at the majority of sites. Surveyors noted that ROPs have been widely adopted; however, evaluation of the effectiveness of implementation is the next step to fully meet all requirements of any particular ROP.

AHS is reviewing the detailed survey results and within the spirit of our values, holding ourselves accountable where there is need to further improve the quality and safety of services. We are planning for spread and sustainability of ROPs and best practices, and respectfully working with staff and patients to achieve greater excellence in care.

We will build on our strengths, noted by the survey team as:

- significant, tangible progress towards a [fully-integrated health system](#)
- standardized use of common tools and strategies in many areas
- AHS' ability to focus and finish on initiatives before moving onto the next area
- truly passionate and caring staff, physicians, and volunteers who show pride in their work and a strong understanding of the [AHS values](#)
- good professional development and educational opportunities
- specialized [clinics and health services](#) to serve Alberta's indigenous population
- [Strategic Clinical Networks \(SCNs\)](#)
- noticeable progress in quality and safety culture and initiatives
- depth and diversity of community partnerships
- strong collaboration across the entire continuum of care
- very satisfied patients, residents and families.

Noted opportunities for improvement:

- enhancing opportunities for input from patients and families in care planning and program design
- continued development of technology platforms (e.g., the [clinical information system](#))
- optimizing capacity of operating rooms in rural areas
- retention of point-of-care leaders and better succession planning in rural areas

- completing staff performance reviews with more regular frequency
- better utilization of [data](#) to support quality improvement initiatives
- more consistent evidence of quality, safety and person centered care initiatives across sites and in acute in-patient services.

Many of the opportunities for improvement outlined in this report had previously been self-identified by the organization. Multiple initiatives are already underway, all of which are linked to our four foundational strategies:

[AHS Patient First Strategy](#) –Foundational to the strategy is the recognition that patients and their families are the centre of everything we do and every decision we make. [The Patient First Strategy](#) focuses on promoting respect, enhancing communications, supporting a team-based approach to care and improving transitions in care. [Patient and family advisors](#) are increasingly providing input to provincial committees, SCNs and research activities. Our next steps are to further standardize processes for and integrate [patient/family input closer to the point of care](#) within local programs and quality committees. The patient/family voice is captured in real time through introduction of bedside shift reports and leader rounding. Processes to meaningfully include patients and families in service planning, quality improvement, policy development and evaluation at program, zone and local levels will be further formalized. Use of [telehealth technology](#) will be enhanced to provide care to our patients and families regardless of their geographical location in the province. Increased standardization for care transitions as patients move across care settings (e.g., acute to long-term care) and across zones (where different IT platforms are used for patient care records) is underway to improve experience for patients and families. Accreditation Canada surveyors acknowledged the good work done at many long-term care facilities with regard to ROPs. The provincial suicide prevention suite was only recently rolled out to long-term care facilities at the time of the onsite survey and efforts are ongoing to fully implement the risk assessment and prevention tools.

[Our People Strategy](#) - As noted by the survey team, [AHS values](#) are well understood and integrated into practice. Overall, we can do better to ensure our staff receive coaching and mentoring to improve their performance and to provide them with recognition for a job well done. Similar to Alberta's population, many AHS employees are approaching retirement. As a result, we are increasing our focus on succession planning and leadership development. Improved communication and engagement with physicians and staff and effective leadership will also help to successfully achieve change to improve the services we provide.

Our community stakeholders are an integral part of supporting healthcare in Alberta and we recognize the need to enhance our partnerships with [primary care](#) physicians and [Primary Care Networks](#). All solutions and work toward standardization must be informed by the perspectives of those we serve, our patients/residents and their families.

[AHS Strategy for Clinical Health Research, Innovation & Analytics](#) - Our [SCNs](#) continue to engage partners and identify gaps where research and innovation would significantly benefit patients and the health system. Easy, timely and secure access to health information assists application and spread of knowledge and innovation across the system to achieve service excellence. Local levels have access to [data](#) to develop meaningful goals and objectives and track performance indicators to guide quality improvement initiatives. Education and support for the analysis and interpretation of data, such as that

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currently tracked through Tableau software, will be provided to make the information meaningful for even our smallest sites. Our [Health Plan and Business Plan](#) sets the goals and specific actions that will continue to improve the high-quality health care provided to Albertans.

[Information Management/Information Technology Strategy](#) – The main objective is to make the right information available to the right people at the right time across the health system, so that providers have access to complete information at the point of care. Patient access to health information will increase through [MyHealth.Alberta.ca](#). Clinical knowledge content embedded into our new [Clinical Information System \(CIS\)](#) will be very helpful to standardize clinical practice. Development of Clinical Knowledge topics is underway with input from physicians, staff and patients and families (where appropriate). AHS is very close to announcing the vendor for our new provincial CIS. Full implementation will span several years, connecting and unifying information that currently exists in more than 1,300 different IT systems across the province. The transition from paper-based to electronic health records will enhance [patient/resident safety](#), contributing to reduced adverse drug events, better management of chronic conditions, improved continuity of care, improved personal health and better health outcomes.

In February 2017, [Accreditation Canada](#) announced their affiliation with the newly founded [Health Standards Organization \(HSO\)](#) and development of a new accreditation assessment methodology was envisioned. A co-design approach with AHS was proposed by Accreditation Canada. Anticipated benefits of co-designing assessment methodology for a large complex health system include more integrated assessment of the services provided and improved quality of accreditation experience for individual facilities. Given the significance and amount of work required for this co-design work, Accreditation Canada recommended that AHS defer the next survey assessment and start a new four-year accreditation cycle in 2019. AHS Executive Leadership and the Board are in agreement with this plan; therefore, AHS will not undergo an on-site survey in 2018.

As we reflect on the results from the hundreds of sites, services and programs surveyed over the [2014-2017 accreditation cycle](#), we have used the information to further develop the patient and family focus within our health system while improving quality and safety of the care we provide. We look forward to our next cycle, anticipating a review process that will better suit the needs of a large integrated health system. As noted above, we will use this process to develop our next cycle of accreditation activities, with the first on-site visit occurring in 2019.