

**2022**

# Cancer Care Program Report

Alberta Health Services

Fall 2022 Survey  
September 18-23



ACCREDITATION  
AGRÉMENT  
CANADA

# Table of Contents

About this Accreditation Report .....	3
About the AHS Accreditation Cycle.....	3
Cancer Care Program Assessment– Sites Visited .....	4
Confidentiality .....	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	8
Key Opportunities and Areas of Excellence .....	9
Key Opportunities .....	9
Areas of Excellence .....	9
Results at a Glance AC to complete .....	10
Compliance Overall.....	10
Compliance by Standard AC to complete .....	11
Compliance by Quality Dimension AC to complete.....	12
Compliance by Required Organizational Practice (ROP) AC to complete.....	13
Detailed Results: System-level Priority Processes .....	14
Emergency Preparedness .....	14
Infection Prevention and Control .....	14
Patient Flow .....	17
People-Centred Care.....	18
Physical Environment.....	19
Detailed Results by Service-Level Priority Process .....	20
Cancer Care.....	20
Perioperative Services and Invasive Procedures .....	21
Service Excellence .....	22
Criteria for Follow-up.....	24
Criteria Identified for Follow-up by the Accreditation Decision Committee.....	24

## 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.

## Cancer Care Program Assessment– Sites Visited

- Alberta Children’s Hospital
- Bow Valley Community Cancer Centre
- Camrose Community Cancer Centre
- Central Alberta Cancer Care
- Cross Cancer Institute
- Drumheller Community Cancer Centre
- Fort McMurray Community Cancer Centre
- Grande Prairie Cancer Centre
- Jack Ady Cancer Centre
- Margery E. Yuill Cancer Centre
- Peace River Community Cancer Centre
- Stollery Children’s Hospital
- Tom Baker Cancer Centre

## Cancer Care Program Assessment– Standards Assessed

- Cancer Care
- Infection Prevention and Control
- Medication Management
- Perioperative Services and Invasive Procedures
- 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

AHS provides cancer care and support for patients and their family members along their cancer journey from diagnosis to survivorship at designated cancer facilities and programs across Alberta.

There are two adult tertiary centres (Edmonton and Calgary), two pediatric centres (Edmonton and Calgary), four regional centres spread over the north, central, and south zones of the province and 11 rural community centres. Numerous partnerships are in place to support and enable care delivery across the province. Radiation therapy is provided at three of the four regional centres, as well as the tertiary centres. The adult tertiary centres coordinate with the pediatric facilities to provide radiation therapy treatment services for pediatric patients.

Cancer Care Alberta (CCA) population-based screening programs are in place for three key populations (breast, cervical, and colorectal) and this year will be adding lung cancer.

Surveyors visited 13 sites and observed the CCA vision '*Leading through compassion, courage, learning and discovery*' in action.

At the provincial level, there is significant patient and family engagement, and there is good movement on this at many sites. Patients and families were true partners in care and spoke highly of the compassionate, individualized care and support they received from all staff. Many examples of patient and family engagement were provided. The organization is encouraged to advance this work to support more engagement at the local level.

The cancer care teams are commended for navigating the pandemic and for delivering care in challenging times and supporting patients and families. The surveyor team observed a passionate, patient-centric, competent, and supportive interprofessional team culture. Teams are working together to support each other to manage volumes and flow and flex to meet patients' changing needs. The cancer program has recently received staff experience survey data. As they navigate Connect Care implementation, the leaders are encouraged to look at action plans based on the results. In addition, the program is encouraged to look at staff support and processes at smaller sites to ensure they have what they need to continue to meet patient, family, and staffing needs.

The program has a strong focus on quality and safety and has standardized processes across sites as well as access to data and analytics to support quality improvement initiatives. Work is underway to establish a program wide quality metrics dashboard. The organization is encouraged to ensure that quality improvement lives at all the sites by providing a site-based quality dashboard so that managers and teams can move forward with local quality initiatives that align with strategic priorities. As the pandemic impacted some audit processes, it is suggested that the program review the plan for required audits and establish timelines for completion. Finally, the program is encouraged to look at systems and processes at smaller sites with a small number of staff to support them in review of standards and processes and ensure they are in alignment with safety and strategic priorities.

Cancer Care Alberta has had several successes in recent years with expansion of sites, new programs and models of care. The program is commended for the "Care Closer to Home" model where, currently,

87% of patients receive systemic or radiation therapy in their zones of residence. Patients and families greatly appreciate this model and the fact that they do not need to travel outside the zone for specialty services or access to family support. The program is encouraged to continue to advance virtual care access for those whose care needs can be met using this technology. The expansion of the Hospital at Home model for pediatric patients is another example of the teams taking action to support patients and families in their cancer journey.

The Cancer Care program is affected by increasing demands for service related to the pandemic and increased incidence and prevalence, as well as complexity of care. In preparation for Connect Care implementation in November 2022, the program has done significant workflow mapping, developed practice standards and reviewed committee structures. It is suggested that the program use that work to identify opportunities for efficiency and capacity management. In addition, the program is encouraged to look at the successes and opportunities in the pediatric launch of Connect Care prior to implementation.

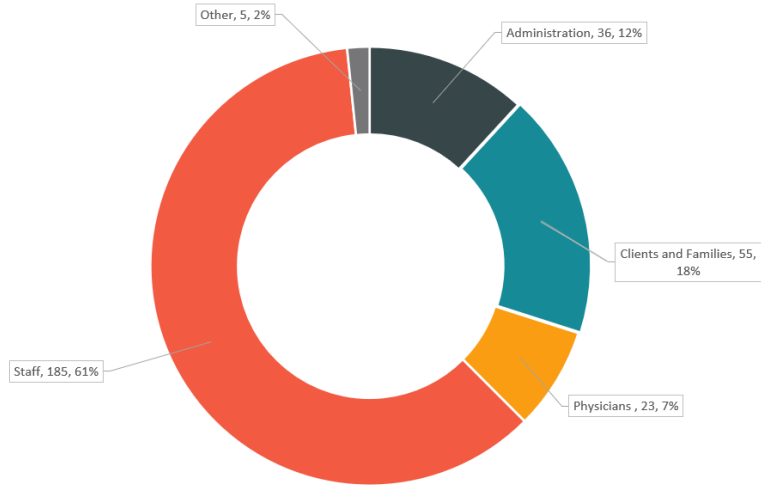
Finally, the Cancer Care Strategic Clinical Network is commended for the extensive work and collaboration carried out in developing the Future of Care Impact in Alberta (FOCI) report. With a focus on the year 2040, the report positions AHS to look at future challenges and opportunities for models of care, health equity, infrastructure, and research.

## Survey Methodology

The Accreditation Canada Surveyors assessed the Cancer Care program.

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

Groups	Total # of interviews
Administration	36
Client & Families	55
Physician	23
Staff	185
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. Develop plans to address significant demands for service and growing complexity of care and treatments
2. Wait time reduction initiatives
3. Recruitment, retention, and workforce planning; stabilizing unit and program-based leaders
4. Finalizing the program wide quality metrics dashboard and advancing local quality improvement initiatives
5. Develop action plans for staff engagement based on AHS survey results

### Areas of Excellence

1. Patients and families are true partners in care at all sites
2. Strong, supportive, and compassionate interprofessional team culture
3. Structured processes and tools to support the focus on quality and safety, enabling a learning environment with Reporting and Learning System (RLS) reviews
4. Advancing care closer to home strategy and Hospital at Home for pediatrics
5. Future of Cancer report 2040

## Results at a Glance

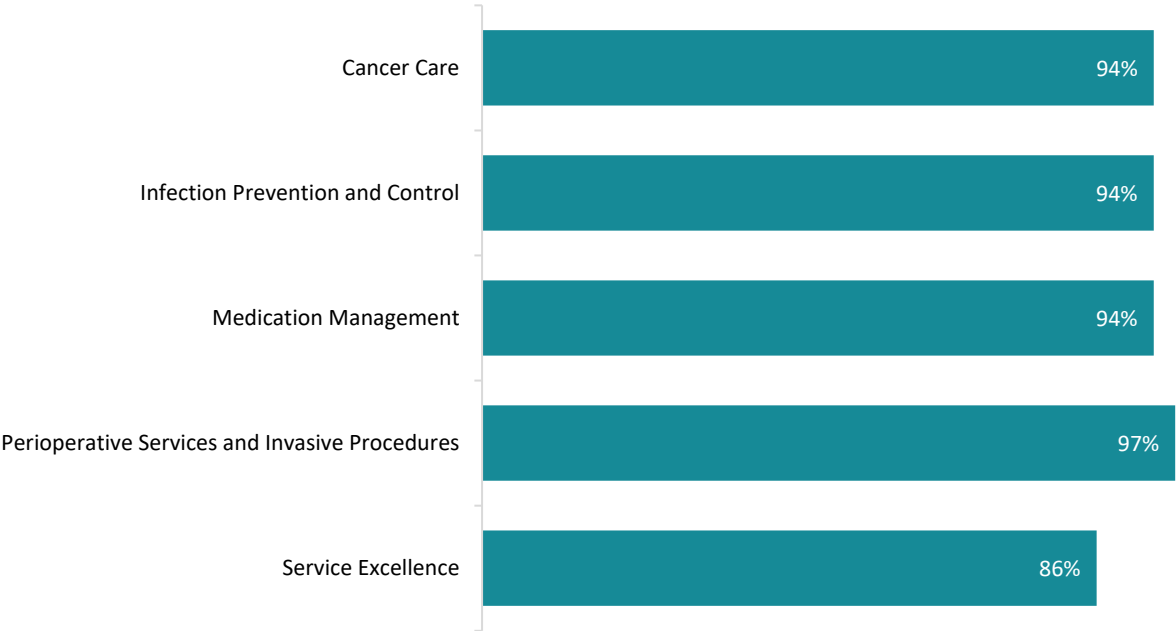
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

### 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> 98% met	<b>On-Site</b> 94 % met	<b>Overall</b> 94% met	
Number of attested criteria			
<b>Attested</b> 759 criteria	<b>Audited</b> 93 criteria		<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

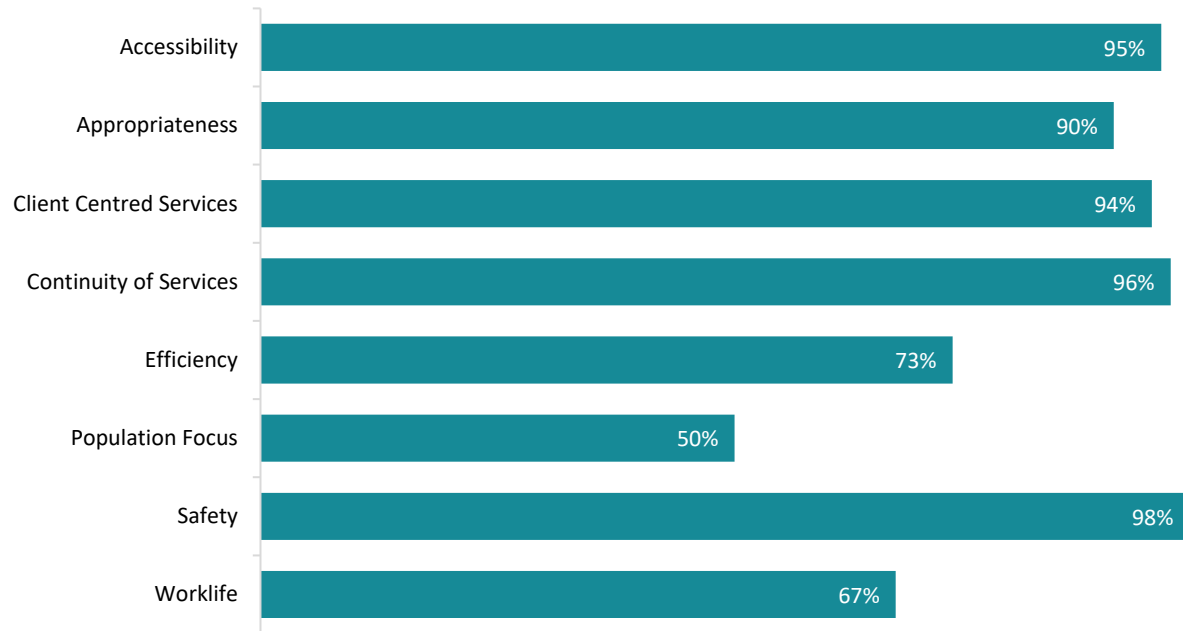
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance'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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Cancer Care	143	9	0	0
Infection Prevention and Control	17	1	0	0
Medication Management	31	2	0	0
Perioperative Services and Invasive Procedures	143	4	2	0
Service Excellence	65	11	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	20	1	0	0
Appropriateness	82	9	0	0
Client Centered Services	74	5	0	0
Continuity of Services	24	1	0	0
Efficiency	8	3	0	0
Population Focus	1	1	0	0
Safety	184	4	2	0
Worklife	6	3	0	0
Total	399	27	2	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Cancer Care	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Cancer Care	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Cancer Care	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	MET
<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	UNMET
<b>RISK ASSESSMENT</b>		
Falls Prevention and Injury Reduction	Cancer Care	MET
	Perioperative Services and Invasive Procedures	UNMET
Pressure Ulcer Prevention	Cancer Care	MET
	Perioperative Services and Invasive Procedures	MET
Venous Thromboembolism Prophylaxis	Cancer Care	MET
	Perioperative Services and Invasive Procedures	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.**



This service has an ongoing pandemic preparation process. Emergency preparedness is an essential component of Infection Prevention and Control. AHS recognizes the importance of monitoring for, recognizing and appropriately managing outbreaks and has dedicated resources to support staff, physicians, patients, and families.

Valuable information on outbreaks and outbreak prevention is provided to team members and the community. AHS staff are provided with annual infection prevention and control training specific to outbreak recognition and management.

### 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.**



The Infection Prevention and Control (IPC) program in AHS is well supported by regional and local resources. Policies and procedures are robust and available to physicians and staff. Extensive IPC resources are also available to patients, families, and the community. Training on IPC policies and procedures, hand hygiene, and team members' role in promoting the IPC program is provided at orientation and annually.

The Environmental Services teams within AHS understand their role in patient safety. Team members spoke knowledgeably about their position and the cleaning requirements of different departments. They recognized the value of audits and spoke positively about audits as an educational and confirmatory experience.

Some older facilities and departments do have issues with clutter which do present an IPC risk (e.g., Peace River Community Cancer Centre). The Cancer Care Units reviewed all have suitable furniture and cleanable surfaces, but it was noted that some spiritual care areas had furniture that was not wipeable, and it is suggested that the team review these areas.

Hand hygiene was observed to be well done throughout the organization. It is recognized that hand hygiene audits were paused in many areas and the organization is encouraged to ensure these are re-implemented. There is further opportunity to revitalize audit processes to include more robust communication and dissemination of information and results to the teams, patients, and families.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	5.5	Team members and volunteers are required to attend the Infection Prevention and Control (IPC) education program at orientation and on a regular basis based on their IPC roles and responsibilities.

## Medical Devices and Equipment

**Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Cancer Care, Perioperative Services and Invasive Procedures.**



As per the Canadian Nuclear Safety Commission (CNSC) mandate, radiotherapy equipment have monthly, quarterly, and yearly safety and quality assurance reviews. There are daily logs accessible on SharePoint and Monthly Quality Assurances meetings are conducted. There are defined policies and procedures in place to protect clients in the event of equipment failure, damage, or malfunction and the radiotherapy treatment program has a process for managing radioactive waste.

Systemic therapy infusion pumps are clearly labelled and easy to follow instructions with limited variety accessible to staff. A formal process is in place for acquisition and replacement.

Surgical equipment and medical devices are immediately removed from service when functionality issues are noted. The maintenance repair completed is documented and communicated before returning to the perioperative area for use. Contaminated items are transported separately from clean or sterilized items. Flash sterilization is not available at the Cross Cancer Institute. There is always enough equipment readily available to replace an item if it becomes contaminated and needs to be replaced. Appropriate precautions are followed to reduce the risk of fire associated with the use of surgical equipment. The sterilization and reprocessing unit is adjacent to the operating room.

STANDARD	UNMET CRITERIA	CRITERIA
Cancer Care	1.8	Radiotherapy only: Information about equipment is provided to clients and families.
Perioperative Services and Invasive Procedures	2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.

### 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: Cancer Care, Medication Management, Perioperative Services and Invasive Procedures.**



The medication management teams at the surveyed sites were knowledgeable about their roles and are engaged in the clinical frontline within their full scope of practice.

The pharmacy infrastructure at multiple sites is inadequate to accommodate the variety of tasks and roles supported. Some pharmacy spaces were noted to be crowded and staff are not provided space without noise and distraction. The teams have worked within these infrastructure constraints to maximize function despite the space limitations.

Multiple sites involved with chemotherapy preparation have facilities that fall below standards established by the National Association of Pharmacy Regulatory Authorities (NAPRA). Some sites (such as the Tom Baker Cancer Centre) will expand with the move to the new build. AHS may like to keep an eye on opportunities to provide appropriate space to support the medication management teams for critical tasks and to provide facilities compliant with NAPRA standards.

As more facilities move to Connect Care, the support of a shared health record and barcoded medications will further enhance patient safety. This move to standardization with CPOE and medication reconciliation will more fully support the medication management program. This will allow the pharmacy team to focus on supporting clinical decision making.

It was noted at one location (Cross Cancer Institute) that although vaccine expiry dates were checked prior to administration, expiry dates were not documented on the chart. It is suggested that AHS review their processes to ensure that complete documentation including expiry date documentation is supported at all sites.



STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	14.6	Steps are taken to reduce distractions, interruptions, and noise when team members are prescribing, writing, and verifying medication orders.
Medication Management	23.6	Lot numbers and expiry dates for vaccines are recorded in the client record following administration.

**Patient Flow**

**Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures.**



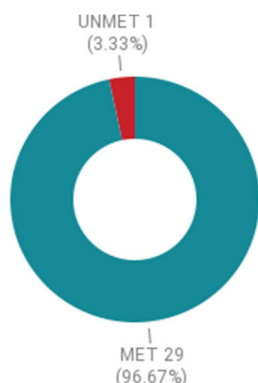
The surveyor had the chance to follow a patient who presented to surgical day care two hours prior to their scheduled surgery. A nursing history was completed, and education had been provided by telephone interview several days prior. The patient was prepped and transferred to the recovery room space for an anesthesia assessment. The transition of care was very thorough: a comprehensive assessment was conducted, an individualized care plan was discussed and communicated to the patient, consent confirmed, and surgical anaesthesia discussed. This was all happening as the OR room was being prepared. In the OR

suite, the three-phase safe surgery checklist was completed, and surgery proceeded. Postoperatively, the patient transferred to recovery room for short stay and was discharged back to Day Surgery when discharge criteria was met. Again, the transition of care was thorough and seamless at every point. Complete and accurate information was shared with the patient in a very timely manner and their wishes for their care respected. The patient was educated on postop wound care, when a community health nurse would visit, what to expect, and that she would receive a call from AHS to check on her in a day or so. The patient episode of care was seamless from point of entry to discharge.

The operating room uses scheduling strategies such as block times to achieve optimal flow but do not utilize OR time per case based on surgeon practice and operating time duration specific to the surgeon. There was a significant amount of scheduling adjustment to optimize the allocated time during the day, but the team work very collaboratively to ensure optimization of the allocated time and wait times are regularly monitored.

## People-Centred Care

**Priority Process Description: Working with clients and their families to plan, improve and provide care that is respectful, compassionate, culturally safe, and competent. This system-level priority process refers to criteria that are tagged to one of the following standards: Cancer Care, Perioperative Services and Invasive Procedures, Service Excellence.**



The principles and practices of people-centered care (PCC) were observed across all cancer sites. Patients and family members talked about being members of the team and having a role in safety and quality. They expressed gratitude for the individualized care and support provided by the entire cancer team across the cancer journey. Staff demonstrated a strong focus on PCC and were driven by values that focused on providing safe, high quality and compassionate care across the cancer trajectory.

Patients and families were consistently aware of the team member(s) who were responsible for coordinating their care and how to reach that person whether it was the physician, nurse, or patient navigator. A comprehensive and individualized care plan was developed with the patient and documented. The patient's progress toward plan of care and expected results were monitored and adjusted accordingly with active engagement in planning and preparing for transitions in their care.

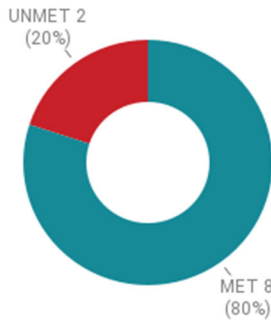
Patients indicated that they receive superb care from compassionate, caring staff. The clients and families stated that they are heard, and that they have a voice. The care provided was respectful, compassionate, culturally safe, and competent. They are intimately involved in the decision-making process. There are extensive resources available to support clients and families. These include nutrition and psychosocial therapy, pain and symptom management clinics, and educational material. Patient navigators are in place at several sites.

Patients and families are highly engaged in their care both at the local level and at the provincial level. There is some variation of the level of engagement at some local sites. The organization is encouraged to continue to work with the patients and their families to determine what level of engagement is required and needed.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

## Physical Environment

**Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures.**



The physical layout of the operating room at the Cross Cancer Institute was optimal for patient flow, ergonomics, and equipment movement. Heating, ventilation, temperature, and humidity are monitored and maintained according to standards and regulations. The OR room has twenty complete air exchanges per hour and ducts have microbic filters. The OR suite has the required restricted area, semi-restricted and unrestricted areas.

At Tom Baker Cancer Center, there were several limitations in the physical operating room space. The space is small, dated, and not conducive for invasive procedures, however, brachytherapy is currently performed there. A new physical space is required with twenty complete air exchanges per hour. There is an anticipated move within one year to a new space which will meet such requirements.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services And Invasive Procedures	1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.
Perioperative Services And Invasive Procedures	1.3	Heating, ventilation, temperature, and humidity in the area where surgical and invasive procedures are performed are monitored and maintained according to applicable standards, legislation, and regulations.

## 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.

### Cancer Care

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



The cancer program has multiple pathways to meet the diverse needs of cancer patients. Standardized assessment tools and processes were in place. At the centre of each pathway are the patients and family members as true partners. Patients and family members are actively engaged in education, exploring options for care, and making decisions regarding their treatment plan. Decisions can be challenging given the circumstances, however patients and families talked about the education, support, positive encouragement, and counselling that team members provided them along their journey. They were aware of the

variety of resources available to support them to make choices about their care. Informed consent was provided, and decisions were respected by the team as patient preferences were communicated.

Patients and family members acknowledged that questions about their care were answered in a way they could understand, and translation and interpretation were available when needed. Staff are encouraged to continue to ensure that patients and families members understand treatment plans and side effects so that they can continue to actively manage their care.

Patients and families were keenly aware of their role in quality and safety and could talk about steps staff took to support their safety. Disclosure about near misses and incidents were made and questions answered.

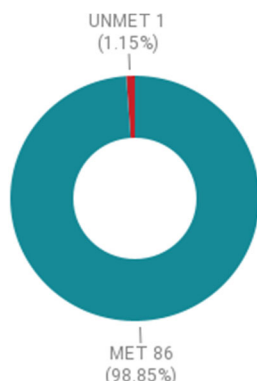
Staff were highly engaged in their teams and consistently talked about patients/families and their team members as the reason they worked in cancer care.

STANDARD	UNMET CRITERIA	CRITERIA
Cancer Care	9.13	Ethics-related issues are proactively identified, managed, and addressed.
Cancer Care	9.14	Clients and families are provided with information about their rights and responsibilities.
Cancer Care	9.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.

Cancer Care	10.12	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.
Cancer Care	17.13	There is a policy regarding cancer care record retention.
Cancer Care	18.3	Radiotherapy only: Data are collected about peer review rates for radiotherapy treatment plans.
Cancer Care	18.4	Client-reported outcomes are collected and reviewed as part of the cancer program's quality improvement initiatives.
Cancer Care	18.5	Data about Disease Control and survival outcomes are collected.

## Perioperative Services and Invasive Procedures

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



The inclusion of the patient voice directly into the care delivery model was validated by many patient interviews at each site. Patients and families were consistently encouraged to be involved in their care. The patients' wishes regarding family involvement in their care was respected and followed. The patients' informed consent was obtained after thorough explanation and confirmation regarding the surgery taking that would be done. A BPMH was obtained and a treatment plan which included pain management, identification and treatment of side effects, and possible

complications was discussed. Relevant information was communicated effectively during all care transitions. Patients were treated with care, compassion, and respectfully in a culturally safe environment.

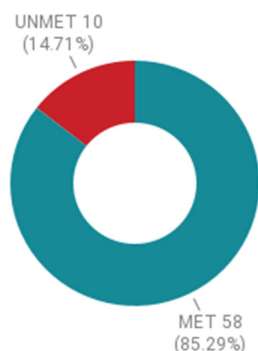
A comprehensive admission and pre-anesthetic assessment were completed with spiritual care being offered. Postoperatively, a confirmation of postoperative care instructions was explained, and the patient acknowledged that they understood prior to being discharged.

Patient-centred care values emanate through discussions with the many members of the multidisciplinary team, and it was evident that all staff – from management to the frontline – take great pride in their work.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	5.15	Clients and families are provided with information about their rights and responsibilities.

## Service Excellence

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



In the North Zone, two patient relations consultants are part of the zone quality and systems transformation team. They bring tremendous input into the provision of safe, quality care.

North zone residents were engaged and gave input where appropriate in the design and implementation of Connect Care and were involved in the planning stages of the new Grand Prairie Cancer Centre.

There is a standardized and comprehensive procedure to select evidence informed guidelines. Guidelines are selected by Cancer Care Alberta and integrated into service delivery. Clients and families then provide input on these guidelines by reviewing the implementation of the guidelines in the services provided.

There is an opportunity to ensure performance reviews are consistently completed across sites.

At Peace River Community Cancer Centre there is an opportunity to strengthen the culture of quality improvement as well as record-keeping practices to ensure client records are stored securely.

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 at to follow up on issues and opportunities for growth identified through performance evaluations.
Service Excellence	6.3	Policies and procedures to securely collect, document, access, and use client information are followed.
Service Excellence	6.6	Policies and procedures for securely storing, retaining, and destroying client records are followed.
Service Excellence	6.8	There is a process to monitor and evaluate record keeping practices, designed with input from clients and families, and the information is used to make improvements.
Service Excellence	10.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.

Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard	Criteria	Site	Due Date
Cancer Care	9.14	<p>Clients and families are provided with information about their rights and responsibilities.</p> <ul style="list-style-type: none"> <li>Bow Valley Community Cancer Centre</li> <li>Central Alberta Cancer Centre</li> <li>Drumheller Community Cancer Centre</li> </ul>	October 31, 2023
	9.15	<p>Clients and families are provided with information about how to file a complaint or report violations of their rights.</p> <ul style="list-style-type: none"> <li>Central Alberta Cancer Centre</li> <li>Drumheller Community Cancer Centre</li> </ul>	October 31, 2023
Infection Prevention and Control	8.1.1	<p>Team members and volunteers are provided with education about the hand-hygiene protocol.</p> <ul style="list-style-type: none"> <li>Central Alberta Cancer Centre</li> </ul>	October 31, 2023
Perioperative Services and Invasive Procedures	5.15	<p>Clients and families are provided with information about their rights and responsibilities.</p> <ul style="list-style-type: none"> <li>Tom Baker Cancer Centre</li> </ul>	October 31, 2023
	6.10.3	<p>The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.</p> <ul style="list-style-type: none"> <li>Tom Baker Cancer Centre</li> </ul>	October 31, 2023
Service Excellence	6.6	<p>Policies and procedures for securely storing, retaining, and destroying client records are followed.</p> <ul style="list-style-type: none"> <li>Peace River Community Cancer Centre</li> </ul>	October 31, 2023