

2022

Urban Program Report

Alberta Health Services

Fall 2022 Survey
September 18-23



ACCREDITATION
AGRÉMENT
CANADA

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About this Accreditation Report

AHS (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.

Urban Program Assessment– Sites Visited

- Grande Prairie Regional Hospital
- Royal Alexandra Hospital
- Sturgeon Community Hospital

Urban Program Assessment– Standards Assessed

- Emergency Department
- Infection Prevention and Control
- Inpatient Services
- 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

The urban program survey was conducted by six surveyors from across Canada, visiting a total of three locations: Grande Prairie Regional Hospital, Royal Alexandra Hospital and Sturgeon Community Hospital. The Alberta Health Services (AHS) urban hospital team members conducted an attestation process for some standards in advance of the survey which enabled them to prepare for the onsite visit. The site visits were unannounced. Uniformly across Alberta Health Services (AHS), leadership and staff have embraced the quality improvement process, being “Accreditation-ready” at all times and the new unannounced survey methodology.

There is significant work underway across the province in continuing to respond to COVID-19, addressing the surgical backlog, dealing with increased emergency room presentations and the associated patient flow challenges. The survey team was impressed with the commitment and dedication displayed by the AHS leadership and care teams. The commitment to quality and safety is evident in everything the teams are doing. Zone level and provincial quality improvement activities continue to be active with patient partner engagement. The ongoing deployment of the Connect Care information system is a great enabler for quality, safety, and ongoing performance improvement. The organization is encouraged to continue these activities and extend the quality improvement and measurement focus to the local level.

Patient flow continues to be a challenge for the Emergency room and inpatient areas. Increased emergency demand and inpatient over capacity with admitted patients has presented a real challenge for many sites. Excellent work is underway with site leadership focusing on daily action rounds, transferring patients to the most appropriate setting and working with zone leadership to level activity across the zone. Connect Care is an excellent enabler providing visibility across the system and the organization is encouraged to continue along its patient flow journey to support the right patient, being in the right location, for the right amount of time. Leveraging key performance indicators available in Connect Care in partnership with care teams, physicians, and community resources will support optimized patient flow across the system.

The teams are commended for their response to the surgical backlog and the ramping up of activity to address the challenging wait-times. The provincial focus on preoperative and system-wide improvement activities is commendable and AHS is encouraged to continue this great work. Leaders, staff, and physicians are all focused on addressing wait-times and supporting patient care needs.

There is a strong cohesion evident amongst leaders and their front-line staff. Excellent staff orientation and education resources are available across the sites, zones, and AHS. Professional development opportunities are available through the on-line learning system as well as front-line educator supports. An opportunity for AHS to further augment these supports would be to ensure that performance conversations are being conducted on a regular basis.

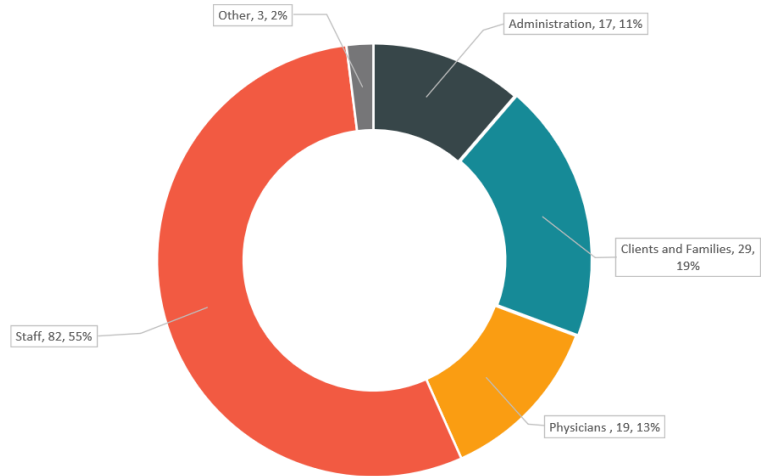
AHS is commended for its commitment to people-centered care. Throughout the pandemic and beyond, patient partners have worked with AHS at the zone and provincial levels to respond to quality improvement opportunities. Re-activating client and family engagement at the local level that was paused during COVID-19 is underway and AHS is encouraged to expedite this activity as able.

Survey Methodology

The Accreditation Canada Surveyors assessed the Urban program.

To conduct their assessment, the survey team gathered information from the following groups¹

Groups	Total # of interviews
Administration	17
Client & Families	29
Physician	19
Staff	82
Other	3 (students)



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

Key Opportunities and Areas of Excellence

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

Key Opportunities

1. Further medication management standardization - automated dispensing
2. Continue to focus on people-centered care/engagement at the local level as there is opportunity to renew processes within the current state
3. Address Patient Flow Processes as there is overcapacity in some crowded facilities which impacts access to services
4. Find strategies to keep up with the demand of care required to address patients who have had delays in treatment

Areas of Excellence

1. Daily leaders focus on ensuring access to services with the aid of dashboard visibility to help patient flow and overcapacity
2. Interdisciplinary teams and rounding
3. Connect Care and the ability to standardize care processes and improve communication

Results at a Glance

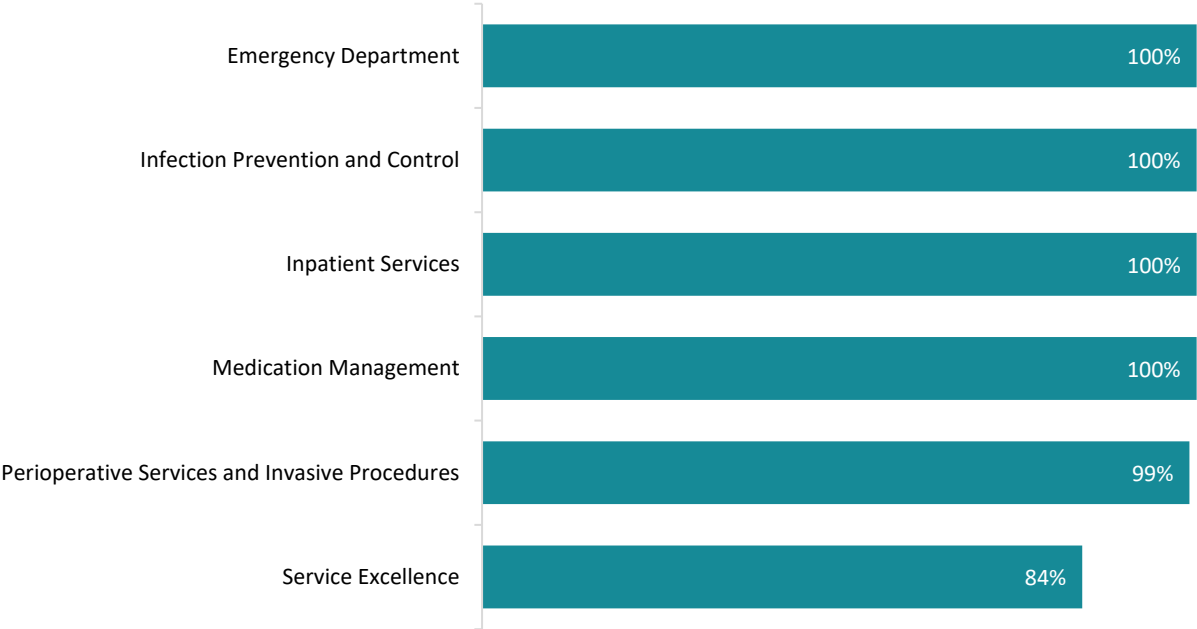
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: 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.
Attested 96% met	On-Site 97% met	Overall 97% met	
Number of attested criteria			
Attested 257 criteria	Audited 23 criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

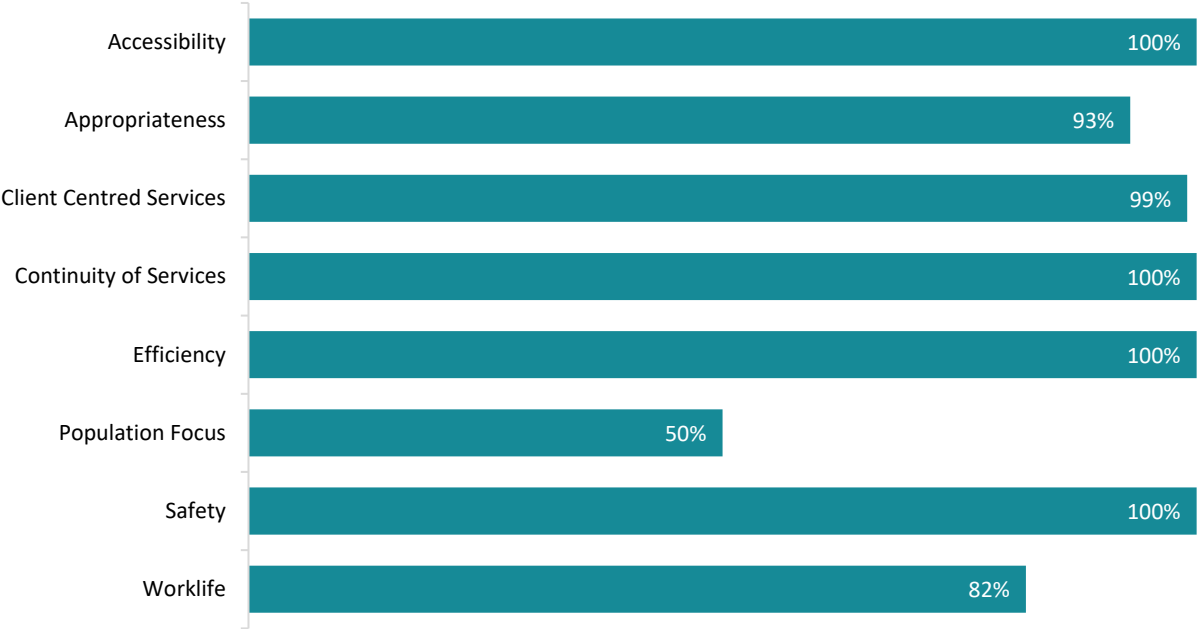
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	102	0	1	0
Infection Prevention and Control	18	0	0	0
Inpatient Services	69	0	0	0
Medication Management	33	0	0	0
Perioperative Services and Invasive Procedures	148	1	0	0
Service Excellence	64	12	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	29	0	0	0
Appropriateness	121	9	1	0
Client Centered Services	99	1	0	0
Continuity of Services	20	1	0	0
Efficiency	8	0	0	0
Population Focus	1	1	0	0
Safety	147	0	0	0
Worklife	9	2	0	0
Total	434	14	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
	Emergency Department	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	MET
MEDICATION USE		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Education and Training	Infection Prevention and Control	MET

RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Inpatient Services	UNMET
	Perioperative Services and Invasive Procedures	MET
Pressure Ulcer Prevention	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	MET
Suicide Prevention	Emergency Department	MET
Venous Thromboembolism Prophylaxis	Inpatient Services	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.



All sites visited were validated to have system level Emergency Response Plans. Proactive planning for emergency and unexpected situations is a focus of AHS at all sites. During the past couple years there have been some organizations that have been more heavily impacted by the pandemic through the various waves of COVID-19. The incident management team approach across zones and/or across AHS depending on the circumstances is used whenever there is a facility in need of support, relief of pressure and actions from other sites to enable safe

practices. With the new Connect Care (EPIC) implementation, staff are trained in downtime procedures.

Team members are supported with information to manage outbreaks with onsite or zone infection prevention control practitioners assigned. In addition, proactive testing of individuals who meet specific criteria is completed when transferring between sites or with known travel history.

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.



Zone specific hand hygiene results were posted and available throughout sites by quarter. AHS publicly posts hand hygiene results on its website and information can be drilled down by location however, when tested may not be the easiest to navigate. Signage was evident throughout the hospitals visited along with good evidence of hand hygiene stations, availability of Personal Protective Equipment (PPE) and staff compliance with IPC standards. Infection control policies were readily accessible and site-specific infection control practitioners were available to support staff and ensure compliance along with providing evidence on the most current and up to date evidence. Precaution signage was available and posted where applicable, information and education for visitors was provided and overall, well supported during and after hours. Education on hire during orientation and regular offerings by the infection control practitioners was noted to be offered monthly. Visiting is slowly returning to the pre-pandemic state of open access. This was evidenced as fully implemented in facilities with private rooms, for example.

There was opportunity noted to post in some departments more current and local hand hygiene compliance results. Huddle boards throughout hospital sites were not being consistently utilized as a result of pauses through the pandemic or in the case of GPRH the recent move. It is recommended to have more frequent auditing and sharing of information so that teams can implement actions.

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: Perioperative Services and Invasive Procedures.



equipment.

Alberta Health Services (AHS) regularly calibrates and monitors medical devices and equipment to ensure that they are functioning according to manufacturer's specified instructions. The organization has a good process for managing equipment including the identification of risks, alerts or recalls. Contaminated equipment from the perioperative suites is transported to the reprocessing unit soiled supply rooms in appropriate containers. Equipment is then transferred to the medical device reprocessing areas where a dedicated team reprocesses and sterilizes the

Flash sterilization is limited in usage throughout the AHS sites surveyed. In many sites the ability to perform flash sterilization has been removed from the perioperative suites. The organization has a good process to identify and report any equipment failures to the medical device reprocessing areas as well as biomedical engineering.

Medication Management

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



There is a Medication Quality and Safety Team that reviews issues with medication, addresses requests for non-formulary drugs, and ensures that Required Organizational Practices (ROPs) are met. The pharmacy service is supported by skilled clinical pharmacists across the sites visited. They provide guidance with medication ordering and administration in the clinical areas.

For sites with Connect Care, it was observed that bar coding of all medications was complete with medications in unit doses and available to the numerous clinical areas in automated dispensing units. All orders are entered by a provider into the computer and verified by a pharmacist prior to dispensing. In these sites, the pharmacy is barcoding all items upon delivery to the hospital, scanning individual medications, preparing in a unit-dose format, and loading into the distribution carts, which in some areas are Pyxis machines and other areas, patient bins. This has eliminated possible errors in the loading process.

Medication audits have been done inconsistently throughout the pandemic but have restarted recently. AHS is encouraged to ensure that medication audits are conducted consistently and at all sites. In addition to the completion of the audits, AHS is encouraged to follow-up with staff and clinicians who may not be following policy and procedures consistently to ensure that they are provided with the necessary education and supports (for example, follow-up with clinicians who enter an order with a Do Not Use abbreviation or symbol).

High dose unfractionated heparin and concentrated electrolytes are either removed or very limited in the clinical areas. High alert medications are clearly labelled in the pharmacy and in the patient areas. There are spill kits throughout the pharmacies visited, including when they transport medications to the different patient areas. In some inpatient areas, it was observed that medication rooms were unsecured and open. Narcotics were secured; however, the organization is encouraged to ensure that areas where medications are stored are restricted with limited access.

The best possible medication history and medication reconciliation processes were well executed throughout the sites visited. However, for the transfer of patients between sites, there appeared to be an opportunity to support the medication reconciliation process. Specifically, AHS may be able to improve communication and the transfer of accountability between sending and receiving sites to ensure safe medication documentation practices are completed.

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: Emergency Department; Perioperative Services and Invasive Procedures.



The implementation of Connect Care across the Edmonton Zone has provided the organization with an excellent resource to address and manage patient flow. With the ongoing demand and acuity pressures across the health system, it is particularly important for the organization to utilize this resource to level activity throughout the zone and to identify opportunities to ensure that clients transition to the most appropriate setting. Daily huddles to review capacity at the site and zone levels are excellent. The organization may want to consider standardizing capacity

management (over capacity) levels and protocols across the zone to better define action triggers and optimize zone level huddles and patient flow processes.

Staff report higher levels of acuity of patients with more social issues challenging the system's ability to transition to community. In some sites, a review of high users who present to the hospital emergency rooms have identified opportunities to better attach clients to primary care and avoid hospital presentation. The organization is encouraged to assess whether this type of review might assist in better understanding who is presenting to the emergency rooms across the zone.

Discharge planning processes are well done with daily rapid rounds being conducted across sites by multidisciplinary teams. With the implementation of Connect Care, there may be an opportunity to ensure that care pathways have an associated length of stay attached to the admission to assist the teams with a target action plan in support of the client transitioning home or back to the community at the right time.

People-Centred Care

Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Perioperative Services and Invasive Procedures; Service Excellence.



deployment of the Connect Care system which involved community representatives in the design and implementation of the system.

It was evident that people-centred care is excellent in the care being provided at the frontline. Patients and their family members expressed enormous appreciation for the care they received and the engagement that staff provided in their care. All patients and family members had a good understanding of the care they were receiving, and they were active participants in their care planning. Staff seemed to have a very good understanding of people-centred care and reported it was part of their orientation and ongoing education.

Some clients indicated a lack of understanding of their care plan and follow-up care requirements once they were leaving the hospital. There may be an opportunity for AHS to assess the effectiveness of the discharge education that is being provided to clients and their families. There was also inconsistent understanding of how patients and families can report concerns to AHS. This may also present an education opportunity for patients and families entering the acute environment.

It is important to note that many clients and families expressed great appreciation for the care teams and the services that they received at AHS. Many commented that recent media coverage was not reflective of their experiences and that they were very thankful to AHS for the compassionate care that they received.

AHS is well along its journey to provide people-centred care and has accomplished a great deal since beginning this work. The COVID-19 pandemic has disrupted some of the engagement of patients, clients and families at the local level. Some sites have been able to maintain patient advisory committees while others have struggled to engage patient partners in Patient Centred Care and Quality Improvement Initiatives. Simultaneously, however, engagement has continued at the zone and provincial levels through the Service Excellence Teams (SETs) and Strategic Clinical Networks. A good example of this would be the

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 environment and layout of the facilities visited was designed to consider client flow and the types of procedures being performed in the facility. There were no concerns with regards to the ability to maintain climate control across any of the locations. Procedure rooms across all locations are designed to accommodate the students, staff, and equipment necessary for the range of services that are provided.

The facilities appeared well maintained. In some locations, there was some clutter with stretchers and equipment lining the hallways of the perioperative areas. AHS may want to consider assessing the supplies and equipment that is present within the perioperative areas to optimize the space utilization.

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; Organ and Tissue Donation.

Emergency Department

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



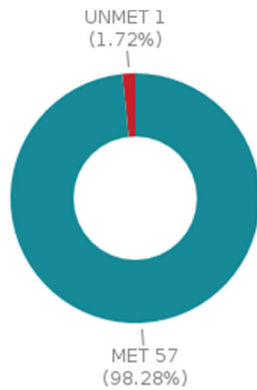
The Emergency Department at the Sturgeon Community Hospital was visited. The emergency team is a dedicated group of staff who are singularly focused on the provision of emergency medicine to patients who are presenting at the site. The team reported seeing increasing presentation of patients in the emergency room with many clients presenting with complex conditions and requiring admission to the hospital.

As with many other jurisdictions, the Emergency Department at Sturgeon Community Hospital was filled with many admitted patients leaving limited space for non-admitted patients to be seen. The site has a good patient flow process to try to transition patients to inpatient units either at the site or throughout the zone. Capacity is clearly strained given the lack of inpatient capacity throughout the system.

Patients who present to the Emergency Department are triaged appropriately and separated by those with COVID and non-COVID symptoms. As patients transition from the waiting area into the emergency treatment space, the team proceeds with a standardized assessment process that involves the patient and any accompanying family members. The Connect Care system provides a standardized approach in ensuring that all required organizational practices are being met. Two client identifiers were observed being utilized at all touch points through the episode of care. There was very good transition of relevant information as the patient transitioned from the Emergency Department to the inpatient unit.

Inpatient Services

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



Overall strengths include the general observation and enthusiasm of staff who have worked through the pandemic and commitment they have to working within their community hospitals. There is a genuine positivity noted. The interdisciplinary inpatient teams who rounded together daily were comprised of Social Workers, Physical and Occupational Therapists, Dieticians, Transitions Coordinators, along with Physicians, Nurses, and additional support staff.

The implementation of Connect Care (EPIC) has standardized processes and care plans across departments along with improved communication. Although it was noted there is further opportunity to standardize care treatment plans rather than by individual provider. At Grande Prairie Regional Hospital it was noted that the facility was state of the art, met current facility standards and the focus on family and care partners was evident in the design for rooming in throughout with open visiting.

Opportunities include revisiting quality huddles consistently and having a focus on performance management, auditing and sharing the results proactively with teams along with patients and families so that actions can be implemented to address. While some sites had visibility with their quality boards it was noted that this was not the case at all. Reports from the incident management system, Reporting and Learning System (RLS) were regularly reviewed for trends and opportunities to proactively address improvements.

There has been a significant turn over in leadership with very committed individuals who are doing their best to continue to navigate the current outcome of the past two years and complexity in patients, addressing care and treatment delays resulting in overcapacity of facilities. It is recommended to focus on leadership support through peer mentorship along with development to address current operations.

Addressing the challenges of health human resources and the need to continue to focus on innovative recruitment and retention strategies is imperative. It was noted the number of individuals who have left roles during the pandemic, many working in interim positions, have dropped hours/FTE and the prevalence of travel agency nurses that are working in AHS has increased at this time. Continued support for compassionate work life and workflow improvement opportunities is encouraged.

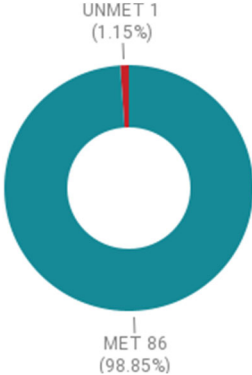
Addressing workplace disruptive behaviours and supporting the many new managers/directors and up and coming leaders is important from a retention and workplace wellness perspective. Coaching and mentorship programs for management were discussed as AHS does have a program to support. Buddy programs are beneficial to provide emerging leaders with the added confidence to address the many complex situations in our current healthcare system.

Encouraging conversations about professional development and opportunities for personal growth is encouraged through the reflective performance review process. Upon interviews of staff throughout the survey this was found to be unmet.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	4.12	Ethics-related issues are proactively identified, managed, and addressed.

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.



Uniformly across sites visited, the care and compassion provided by the perioperative teams were exceptional. Patients and families were actively involved in their care, had a solid understanding of the procedure they were undergoing and were regularly encouraged to be actively engaged in their care. On numerous occasions, patients and their family members expressed thanks and gratitude, not only for the care provided, but also the compassion and support that the care team offered.

The perioperative teams are in the process of implementing surgical COVID-19 recovery plans. Various streams of work are underway including referral management, wait list management, surgical capacity optimization, as well as stabilizing the surgical workforce. The demands to improve the patient journey and surgical access are putting pressure on the care teams as staff recruitment and retention is being challenged by workload fatigue and ongoing vacancies.

In addition to the Alberta Provincial Surgical Recovery Plan, numerous quality improvement activities are underway at the zone and provincial levels. Multiple sites reported a pause on local quality improvement activities because of the COVID-19 response and associated activities. With numerous pressures being placed on care teams, the organization may want to assess the capacity of the teams and their respective leadership to be engaged in numerous priorities.

The hospitals surveyed have well developed services that are focused on the provision of high-quality care. The entire care team is clearly proud of the work they do and the services they offer. Care pathways are well defined, and the three-phase surgical safety checklist is extremely well done.

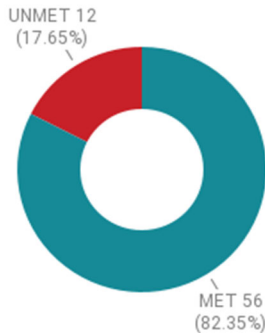
The intake and assessment process for patients receiving perioperative and invasive procedures has been streamlined through the introduction of the Connect Care system. The standardized processes in the system are a positive improvement in the safe provision of care.

Through conversations, it was shared that many of the leaders in the organization are fairly new in their roles. This has led to inconsistency in the deployment of quality improvement activities as well as performance conversations for staff.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	5.14	Ethics-related issues are proactively identified, managed, and addressed.

Service Excellence

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



The commitment of leaders, physicians, and staff members to provide compassionate, comprehensive care is evident throughout all the sites visited. There is a very strong culture throughout the organization related to ongoing education and learning. The nursing leadership program which has fourth year nursing students shadowing leaders through the organization is an exceptional tool to develop future healthcare leaders.

Staff also commented on the numerous resources available to them for growth and professional development. The clinical areas have very robust educators who support new staff in their orientation and localized skill building. Staff did report, however, that performance conversations are not being regularly done which presents an opportunity for AHS to better support team members in their professional development. Multiple reasons were cited for the lack of performance conversations being completed in a timely manner. COVID-19 and leadership turnover were most often mentioned. The organization is encouraged to ensure performance conversations are being done in a timely manner to best support staff and encourage retention.

With the leadership turnover and response to COVID-19, localized quality improvement activities have been paused. While zone and provincial level quality improvement activities continue with the involvement of patient partners, there is limited knowledge of these activities at the front-line. The presence of quality improvement boards varies by site and unit. As a result, there is a high degree of variability in quality improvement activities and their associated key performance indicators. The deployment of Connect Care presents an opportunity to the organization in the standardization of measurement metrics and the associated quality activities that could be driven from them. Leaders throughout the organization are excited about the data and information available to drive performance through Connect Care. However, there is a lack of understanding as to how to extract information from the system, the vast number of reports available and what to do with them. As AHS continues to deploy Connect Care throughout the province, the organization is encouraged to leverage the data and information available through the system by ensuring that there are standardized approaches to quality improvement at the local level. The ability to align priorities across units, sites, zones, and the province is enabled by Connect Care. However, without the associated local quality improvement processes, AHS will not be able to harness the full potential of the system.

Consideration could be given towards the deployment of standardized quality boards, located in a public area on the unit, to harness the energy of a very committed workforce and enhance communication of the quality initiatives that are underway throughout the unit(s) and activities taking place throughout the zone and province. Key performance indicators related to quality, safety, efficiency/patient flow, etc. can be displayed. Associated with daily huddles (which are occurring at some sites), quality boards can coalesce care teams and clients/families in understanding what activities are underway and engaging them in improvement activities.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
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	10.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.5	Quality improvement activities are designed and tested to meet objectives.
Service Excellence	10.6	New or existing indicator data are used to establish a baseline for each indicator.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.
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
Inpatient Services	5.8.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	<ul style="list-style-type: none">Grande Prairie Regional Hospital	October 31, 2023