

2022

Maternal/Child Program Report

Includes Indigenous Maternal Health

Alberta Health Services

Fall 2022 Survey
September 18-23



ACCREDITATION
AGRÉMENT
CANADA

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About this Accreditation Report

Alberta Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted September 18-23, 2022. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

About the AHS Accreditation Cycle

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2023). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready every day* by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2023), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

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

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

Maternal/Child Program Assessment– Sites Visited

- Alberta Children’s Hospital
- Chinook Regional Hospital
- Foothills Medical Centre
- Grande Prairie Regional Hospital
- Medicine Hat Regional Hospital
- Northern Lights Regional Hospital
- Peter Lougheed Centre
- Red Deer Regional Hospital Centre
- Rockyview General Hospital
- Royal Alexandra - Lois Hole Hospital
- South Health Campus
- Southport Tower
- Stollery Children’s Hospital
- Sturgeon Community Hospital
- Wetaskiwin Hospital and Care Centre

Maternal/Child Program Assessment– Standards Assessed

- Critical Care Services
- Infection Prevention and Control
- Medication Management
- Obstetrics Services
- Population Health and Wellness
- 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 Alberta Health Services (AHS) Maternal/Child Program is delivered at all Urban Hospitals and consists of members who are very focused on the needs of their patients and families. Care delivery models are driven with a strong patient focus. The teams are populated with highly competent and dedicated health professionals that care for mothers and babies. There is a good working relationship between the many sites that endeavour to make care transitions seamless by standardization of procedures and processes.

The sites visited demonstrated a strong culture of improvement and patient safety. The medical and nursing leadership work to improve metrics respective to their areas of practice. Leadership has worked diligently to ensure education is paramount therefore creating an environment of 'confidence and competence'. Aggressive recruitment initiatives are in place to ensure the program sustains its safe and high-quality care.

Building infrastructure has been renewed in many sites with patients and their families in the forefront of its design. There are infrastructure challenges in other areas within the sites, but the staff continue to deliver excellent care despite space issues. Patients can live where they like and still enjoy the birthing experience within the Maternal/Child Program. The many members of the multidisciplinary team such as midwives, obstetricians, anesthetists, and nurses work in a collaborative fashion to advocate for patients and their families.

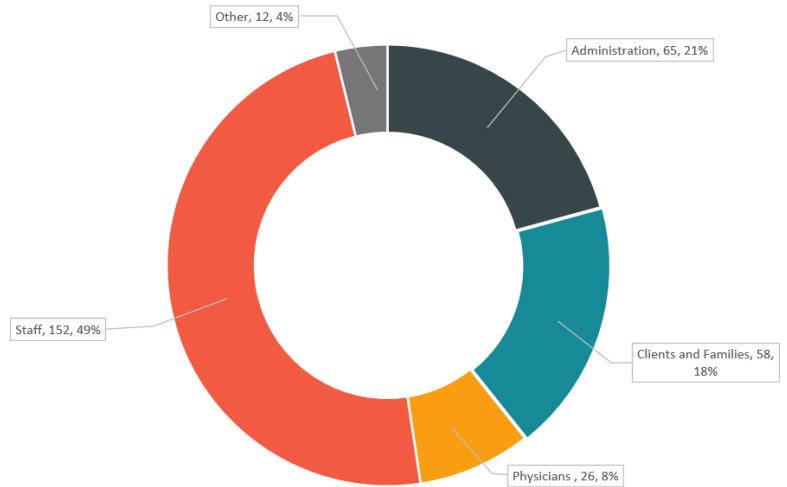
Lastly, while the patients come from diverse backgrounds and experiences, the teams continually seek to grow and better understand their patients' needs to ensure their journey through the Maternal/Child program is a positive experience.

Survey Methodology

The Accreditation Canada Surveyors assessed the Maternal/Child program.

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

Groups	Total # of interviews
Administration	65
Client & Families	58
Physician	26
Staff	152
Other	12



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. Implement electronic health record (planned for 2023)
2. Renewed commitment to best practices (re-enrolling in moreOB)
3. Ensure the Unit Based Quality Committees have representation from patients and community members
4. Identify key roles in the program (e.g., a full time Nurse Educator and full-time Pharmacist)

Areas of Excellence

1. Excellent data surrounding infection control practices, fall rates, and moreOB benchmarks
2. Delivery of care along the continuum
3. Excellent care from the teams (e.g., clear communication, patients' voices were heard, patients are active members in their personal care plan)
4. Indigenous Cultural Liaison embedded in the team in Edmonton and a focus on Indigenous maternal/child health as a priority population
5. Collaboration and support between sites in each zone

Results at a Glance

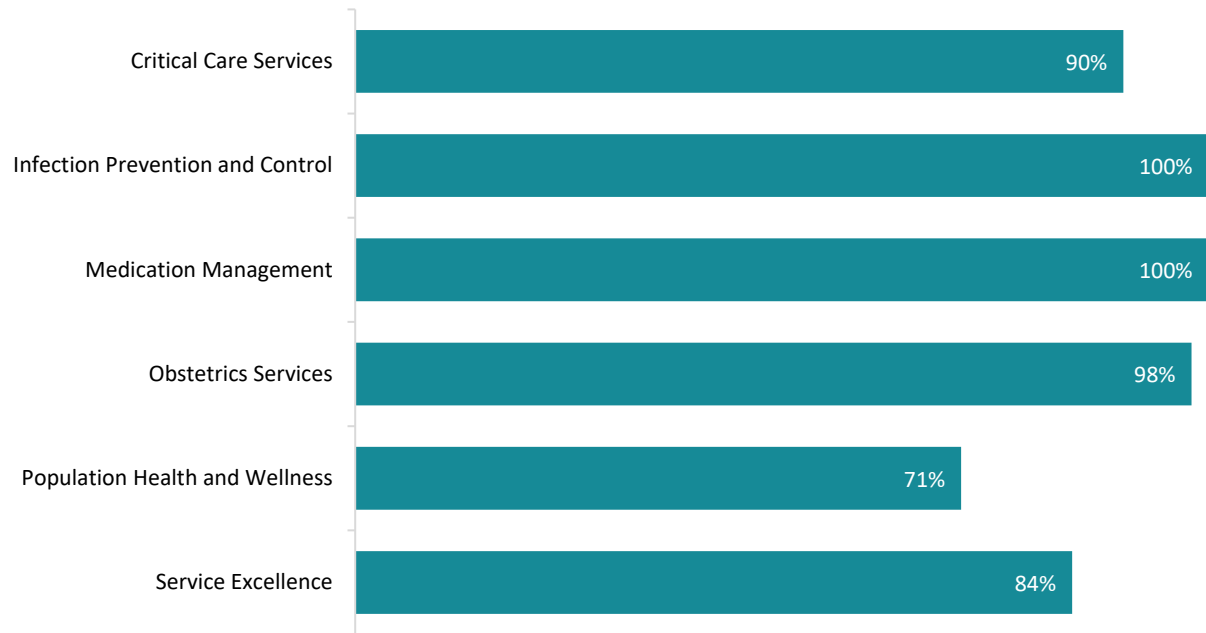
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

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 100% met	On-Site 90% met	Overall 90% met	
Number of attested criteria			
Attested 559 criteria	Audited 85 criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

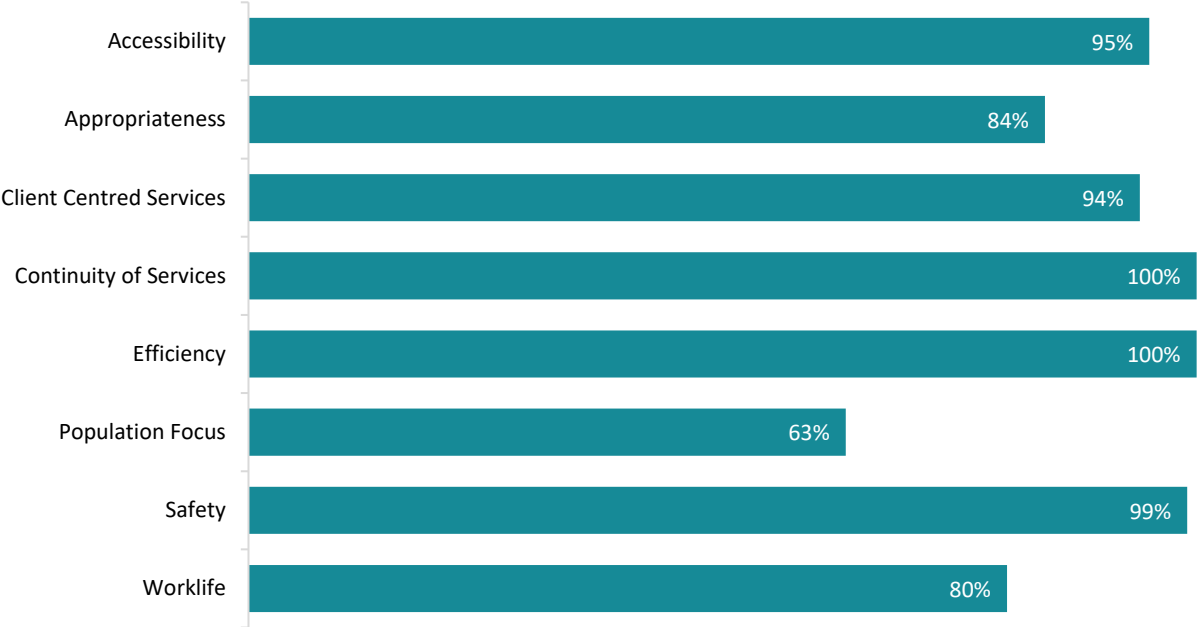
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Critical Care Services	80	9	1	0
Infection Prevention and Control	18	0	0	0
Medication Management	33	0	0	0
Obstetrics Services	81	2	0	0
Population Health and Wellness	25	10	4	0
Service Excellence	64	12	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	19	1	0	0
Appropriateness	94	18	1	0
Client Centered Services	80	5	4	0
Continuity of Services	14	0	0	0
Efficiency	5	0	0	0
Population Focus	10	6	0	0
Safety	71	1	0	0
Worklife	8	2	0	0
Total	301	33	5	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Critical Care Services	MET
	Obstetrics Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Critical Care Services	MET
	Obstetrics Services	MET
Information Transfer at Care Transitions	Critical Care Services	UNMET
	Obstetrics Services	UNMET
Safe Surgery Checklist	Obstetrics Services	MET
MEDICATION USE		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	UNMET
INFECTION CONTROL		
Hand-hygiene Education and Training	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls Prevention and Injury Reduction	Critical Care Services	UNMET
	Obstetrics Services	UNMET
Pressure Ulcer Prevention	Critical Care Services	UNMET
Venous Thromboembolism Prophylaxis	Critical Care Services	NOT APPLICABLE

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 Emergency Response Plans. Staff were able to speak about ways their experiential learning throughout the waves of COVID-19 enhanced their understanding of the value of such plans. Fire drills have been regularly scheduled at all sites through a weekly rotation of units in most facilities. Reviews of the drills and protocols provide targeted information for policy clarification or other quality improvements in patient flow and role assignments, as well as targeted re-education.

Wayfinding signage is good even though sites have fortunately never encountered a need to do so, the use of tabletop exercises has been value-added and are encouraged.

At Grande Prairie Regional Hospital a newborn resuscitation NICU team activation protocol is in place to identify potential high-risk deliveries and alert the team with three response levels; moderate; pre-activation and code pink activation.

Opportunities for ongoing oversight and quality improvement include review and update of policies and procedures for each site-based Emergency Response Manual, as some are dated four or five years ago, and the pandemic response took precedence. This will necessitate ongoing education and practice for all staff, physicians, volunteers, and students. Appropriate engagement of patient representatives in the process is encouraged.

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) team works diligently throughout all the sites visited to ensure infection rates are very low. The Infection Control Practitioners (ICPs) use key components to combat healthcare associated infections as evidenced by their infection control policies, procedures, and algorithms available to staff. The overarching responsibilities of the IPC team were planning, education, and maintaining quality practices throughout the pandemic and beyond.

Hand hygiene audits are evident in some facilities and not in others. Teams had put hand hygiene audits on hold during the pandemic and are slowly starting to resume this practice. Staff are encouraged to implement strategies to improve and sustain these excellent endeavours. Tracer exercises validated that patients and their families were given exceptional education on the importance of hand hygiene and the use of Personal Protective Equipment (PPE).

Opportunities for improvement include revitalizing audit processes with robust communication/dissemination structures to team members in their respective programs. Sustainability of improved key performance indicators related IPC is paramount in the delivery of care to patients and families.

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.



In the Edmonton Zone, there are a couple of sites that have 24-hour pharmacies that service the rest of the sites during off hours. These pharmacies are at the University of Alberta Hospital, Stollery Children's Hospital, and the Royal Alexandra Hospital. Barcoding is done onsite, and most sites have an automated dispensing unit in the clinical areas that dispense in unit doses.

At the Stollery Children's Hospital, anesthesia kits, code kits for transport, and EMS specialty kits are also prepared at the site. There are discussions regarding separating the pediatric pharmacy from the main pharmacy as there is a satellite pharmacy already for pediatric oncology medications. High dose unfractionated heparin and concentrated electrolytes are either removed or are

very limited in the service area. High alert medications are clearly labelled in the pharmacy and patient areas.

At the Royal Alexandra Hospital there is also a satellite pharmacy in the NICU which is a funded, 69-bed unit. There is a Medication Quality and Safety Team that reviews all issues with medication, addresses requests for non-formulary drugs, and ensures that there is compliance with the Required Organizational Practices.

It is strongly encouraged that sites continue to audit – some sites have just restarted since the start of the pandemic and provide education around the use of Do Not Use abbreviations or symbols. This is usually corrected before dispensing, however, education at the source may help to ensure that it would not be repeated.

In Central Zone, the Maternal/Child team and leadership at Red Deer Regional Hospital invested in Pyxis to better support the departments with automated and secure medication storage and dispensing. This system effectively supports the team in safely managing medications within the unit. The team looks forward to the implementation of Connect Care which will further support medication safety.

The sites visited in the Calgary and South Zones (Medicine Hat Regional Hospital, Chinook Regional Hospital, and Rockyview General Hospital), the Best Possible Medication History and medication reconciliation processes are well executed. However, in the neonatal ICUs, there were issues when patients travelled from one site to another. It was evident in the repatriations from Calgary to Medicine Hat and Chinook hospitals that there was a disconnect where medication reconciliation was concerned. There are opportunities to improve communication and transfer of information between sending and receiving sites to ensure safe medication documentation practices are completed.

People-Centred Care

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



Maternal/Child services demonstrate patient and family-centered care across the continuum of care. There is evidence of patient and family involvement in space design, service design, and development of policies and guidelines at the provincial level through the Maternal Newborn Child and Youth Network (MNCY) Strategic Clinical Network and at regional levels. Local patient and family advisory groups are in place at several sites. All teams are encouraged to re-establish local patient and family involvement where local quality improvement initiatives are underway. All sites are encouraged to share their quality metrics and improvement

ideas in patient care areas using quality boards.

At the individual level, patients and families are actively involved in individual care. The Family Integrated Care (FICare) initiative is implemented in NICUs across the province and NICU parents are

supported to develop skills to care for their infants and preparation for transitions and discharge. Innovative approaches to include families through virtual technology are occurring at larger sites. Palliative and end-of-life care supports are robust. While overwhelmingly positive feedback about quality of care was heard, patients and families were unaware of the Patient Relations program for reporting concerns. There are opportunities to improve visibility of this program through signage in patient care areas, providing patients information leaflets, and considering alternative approaches to reduce barriers to provide feedback.

Social supports are in place at most sites. Appropriate access to supports for Indigenous patients and families could be further explored with input from clients and families. The cultural safety training for staff and physicians is underway via MyLearningLink modules. Feedback from patients and clients suggest the impact of this training is not yet evident and culturally safe methods to obtain feedback could be explored. The Indigenous Wellness Core and specifically the MNCY standing committee has been established to provide leadership in this area.

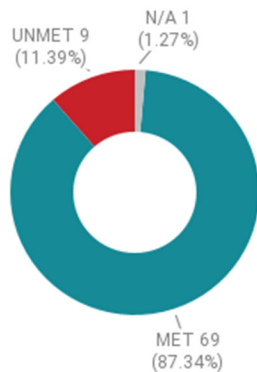
STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	3.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
Service Excellence	9.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

Detailed Results by Service-Level Priority Process

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

Critical Care Services (NICU)

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



Neonatal Intensive Care Services across Alberta Health Services demonstrate patient and family-centered care and partner with families throughout the health encounter. Neonatal services are well coordinated within the Edmonton and Calgary zones, with Foothills Medical Centre and Stollery Children's Hospital providing outreach supports as well as coordination and management of neonatal transport teams in each zone.

Provincial and zone evidence-based policies are available and with the implementation of Connect Care a focus on standardization is evident. There is input from families into new guideline development. The phased roll-out of the electronic health record has provided opportunity for collaboration across sites and the benefits of the single platform includes enhanced information sharing. The teams are to be commended on their commitment to the implementation and to building consensus around guidelines to reduce unnecessary variation in practice.

Quality improvement and patient safety feature prominently in the NICUs visited and there is a clear culture of safety across the province, with active use of the Reporting and Learning System. Many level II units have been challenged to continue quality improvement work as focus has moved to the implementation of Connect Care. While all units face daily staffing and recruitment challenges, this is more evident in the smaller sites. Despite this, all sites had quality improvement work underway or planned with a focus on improving patient safety. Staffing challenges have resulted in a reduction in unit level audits. Data reports through Connect Care are still being established at several sites.

Communication at transitions of care and skin care management is done well across all sites. The introduction of Connect Care has facilitated all points of medication reconciliation and is particularly evident when there is a transfer between sites that are using the platform. Falls prevention policies specific to neonatal care have been developed. Sites with informal strategies in place are encouraged to raise awareness of falls prevention and implement the guidelines. There is opportunity to enhance family awareness of the process for escalating care concerns through the Patient Relations office.

There are several single-family room NICUs across the province supporting family participation in care and optimizing infection control management. Involvement of patients and staff in the design of the new units has resulted in highly effective spaces supporting safe, effective, and family-centered care.

Expansion of the NICU space and bed capacity is underway at Foothills Medical Centre NICU. Units continuing to face more challenging environments include Red Deer Regional Hospital and Rockyview General Hospital where the infrastructure provides inadequate space for patient equipment, clinical staff, and families causing infection control to be a challenge. The teams are to be commended for their innovative mitigation strategies and provision of high-quality care despite these challenges.

The infant population is recognized in the provincial organ and tissue donation policy. There is opportunity for all urban hospitals to raise awareness of the policy and potential opportunities for organ and tissue donation.

STANDARD	UNMET CRITERIA	CRITERIA
Critical Care Services	3.14	Ethics-related issues are proactively identified, managed, and addressed.
Critical Care Services	3.15	Clients and families are provided with information about their rights and responsibilities.
Critical Care Services	3.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
Critical Care Services	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
Critical Care Services	8.5	Appropriate information about the implications of neurological death is provided to the family.
Critical Care Services	8.6	A policy is followed that meets legal requirements when approaching clients and families about organ and tissue donation.
Critical Care Services	8.7	Clinical referral triggers are established to identify potential organ and tissue donors.
Critical Care Services	8.8	Training and education on organ and tissue donation is provided to the team.
Critical Care Services	8.9	Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from families.

Obstetrics Services

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



Strengths of the Obstetrical Program include but are not limited to excellent data surrounding infection control practices, fall rates, and Managing Obstetrical Risk Efficiently (moreOB) Program benchmarks in their patient-centered approach to best practice. Delivery of care along the continuum was articulated well by the team.

Throughout each zone, there is demonstrated evidence of a standardized approach to the use of clinical practice guidelines and risk assays. What was particularly evident was

the importance of the inclusion of the patient voice directly into the care delivery model which was validated by many patient interviews at each site. Patients, their families, and children were at the forefront of the design of the acute care building, completed in 2017 in Medicine Hat Regional Hospital. Chinook Regional Hospital delivers excellent care complimented with patient friendly birthing suites and two easily accessible operating theatres for caesarean section patients. Beautiful artwork was esthetically welcoming to patients during their journey throughout the Obstetrical Programs in all the sites. Patient-centred care values emanate through discussions with the many members of the multidisciplinary team. Rockyview General obstetrical patients are met by welcoming staff. Despite the high volumes of deliveries, each obstetrical patient and family has input into a customized care plan to ensure their experience is memorable. It was evident that all staff, from management to the frontline, take great pride in their work.

The obstetrics program at the Royal Alexandra Hospital (RAH) is a very large and highly specialized service for high-risk pregnancies for the North and adjoining provinces. They provide high risk antenatal services, labour, and delivery suites within their labour area with a recovery section, and there are numerous inpatient postpartum beds. The assessment unit will accommodate women throughout the pregnancy for any concerns – even ones that are not necessarily associated with the pregnancy and they also welcome women for up to 14 days postpartum with any concerns about their health.

An Indigenous Cultural Liaison leader has just been added to the Maternal/Child team at the RAH and is a welcomed addition to provide insight and guidance on quality initiatives and cultural services. There is a Program Quality Council, which includes a patient adviser, that have worked on numerous initiatives in the past year or so, including creating and training a Critical Incident Stress Management and Peer Support Team, forming, and training the Obstetrics Critical Care Team for early intervention in emergencies. All services are family-centered with extensive engagement in all processes; parents have input in all quality improvement initiatives and planning of services and spaces. Interdisciplinary teams consist of family physicians, nurse practitioners, midwives, and obstetricians. There is a wide variety of nursing expertise and allied health professionals.

There is extensive orientation and mentoring for new hires and continuous education and skills maintenance. Performance appraisals are regularly done. There are several innovative quality improvement initiatives in progress at the moment. Audits are regularly done to evaluate outcomes and

posted for all to see. Patients express that they are very pleased with the preparation for transition at all stages of care and for the actual care provided. Information on falls prevention is provided in every patient room and displayed in all the care areas. In the past year, the RAH collaborated with the North Zone who were experiencing major staffing shortages and took close to 100 women for planned deliveries to lighten the workload in the North. The Obstetric Quality Council is linked to the moreOB program; they review the goals for the year and incorporate it into their program strategic plan and review the research activities.

Electronic health record implementation is planned for 2023 and the teams are looking forward to the efficiencies it will bring. This will certainly enhance patient care, which will allow for health professionals to access and document health information in a timely fashion. As well, the Obstetrical Program has renewed its commitment to best practices by re-enrolling in moreOB. This valuable program will continue to support their ‘confidence and competency’ formula to support staff in their care delivery practices.

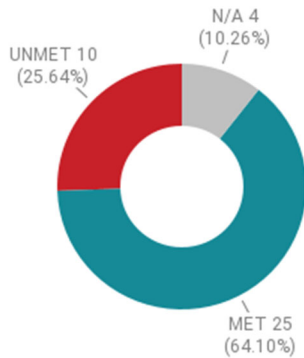
An opportunity that was identified for improvement would be to standardize the transfer of information within the department. Tightening up communication processes during points of patient transitions is encouraged.

Lastly, a quality initiative was identified in the labour and delivery area of the Medicine Hat Regional Hospital Obstetrical Program. The safe transport of newborns via bassinets would mitigate potential injury from slips and falls if carried by the parents or staff. The idea was met with positivity and the staff immediately thought of ways to ensure its most vulnerable population was safely cared for while in hospital.

STANDARD	UNMET CRITERIA	CRITERIA
Obstetrics Services	2.14	clients and families are provided with information about their rights and responsibilities.
Obstetrics Services	8.8	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Population Health and Wellness

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



The Indigenous maternal/child population was the focus of the population health and wellness priority process during this survey.

The Indigenous Wellness Core (IWC) mandate includes facilitation of system-wide integration and coordination to generate quality and culturally safe outcomes. The focus on maternal health is central to the mandate, recognising the importance of healthy mothers and babies for the health of the community. The Indigenous Maternal Newborn Child

and Youth (I-MNCY) Standing Committee has a leadership role in strategic planning and research with emphasis on access to prenatal services among Indigenous women in Alberta. Two Indigenous specific programs were visited during the survey – Elbow River Healing Lodge in Calgary and the Edmonton Indigenous Wellness Clinic (Royal Alexandra Hospital). These small teams are an asset to Alberta Health Services (AHS).

The Indigenous Wellness Clinic was created in 1996 alongside family physicians with a primary focus on diabetes care. As it has grown to include nurses, dieticians, physiotherapists, an Indigenous health coordinator, a mental health and addiction navigator, and an Indigenous Elder Advocate, they are also supported by the Edmonton Maternal/Child program. The aim is to provide outreach in the community and build relationships in the numerous home communities of their clients.

Elbow River Healing Lodge provides longitudinal primary care health services in conjunction with traditional wellness and healing including spiritual, cultural, and ceremonial supports from the First Nations Traditional Wellness Counsellor and Elder. Maternity services include prenatal care, outreach, community liaison, and mental health supports. Community partnerships are an important aspect of the services provided. The Elbow River Healing Lodge is highly successful and cost-efficient in promoting access to services for their population. The ability to provide equitable access is currently limited to specific locations and a small population of clients in need. Liaison nurses are highly valued in the urban facilities; expansion of this program to provide representation of multiple indigenous communities, support more patients within acute care and across the province may promote improved access, efficient use of resources, and improved health outcomes.

Both teams provided examples of success in reducing barriers to access for healthcare and optimized resource utilization through providing the right care at the right time. The teams are to be commended for their achievements in providing a holistic approach to wellness and supporting their clients to navigate the healthcare system. There is significant opportunity to support Indigenous maternal-child health around the province through expansion of the successful care models in place. Collaborative work with the community is taking place in isolated areas (Maskwacis, Inner City Edmonton) and work through the I-MNCY standing committee engages with communities. The focus is on equity and addressing barriers to access and to social determinants of health as well as healthcare. A strength-based approach is being taken and AHS is encouraged to review the impact of this approach and explore

opportunities for scale and spread and build on these successes. It is recommended that AHS conduct a review of resource allocation to determine whether appropriate resources have been made available to meet the needs of the population. There appears to be limited knowledge of the work of I-MNCY. Sharing the achievements and plans for the future would be a helpful step to provide reassurance to all stakeholders that this is a valued program. Relationship building is a key component of I-MNCY and IWC, who provides a foundation for system wide integration and coordination of Indigenous health. There is opportunity to increase the partnerships with clinical care providers within and outside of AHS. The size of the population involved, and number of partners presents challenges for a small team.

There are significant disparities in outcomes that have been identified between the indigenous and non-indigenous population in Alberta. Although there is information collected to identify priorities for programs and services with input from Indigenous communities, there is opportunity to continue the collaborative work to identify specific needs for communities across the province. Even though some specialist expertise is available, a review of current access to specialist expertise in relation to the needs of the population is needed (e.g., specialists are available at the Edmonton Indigenous Wellness Clinic, but funding models limit the availability of medical specialists at the Elbow River Healing Lodge).

There is opportunity to include the Indigenous community perspective in the development of guidelines as there is a lack of Indigenous population specific guidelines.

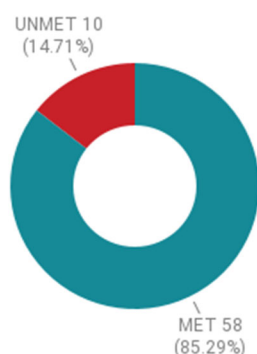
Cultural competency training is available through on-line learning but evaluation tools to establish that activities underway are addressing the specific needs of the priority population are not apparent. Data availability for Indigenous population is limited. There are systemic barriers to patient, client, and family feedback through existing reporting mechanisms and consideration to culturally appropriate and safe methods of identifying and monitoring outcomes and process measures may be helpful in improving Indigenous maternal health equity.

STANDARD	UNMET CRITERIA	CRITERIA
Population Health And Wellness	2.3	The organization dedicates resources to services and programs for its priority population(s).
Population Health And Wellness	2.4	Staff and service providers have access to education and training activities specific to the needs of its priority population(s).
Population Health And Wellness	3.2	The organization encourages and participates in community action to promote health, prevent disease, and support the community to manage its own health.
Population Health And Wellness	4.1	The organization works with partners to help members of its priority population(s) access appropriate services and community resources.
Population Health And Wellness	5.1	The organization has a process to select evidence-based guidelines for its services for its priority population(s).
Population Health And Wellness	5.5	The organization shares benchmark and best practice information with its partners and other organisations.

Population Health And Wellness	7.2	The organization obtains feedback from clients about their perspectives on the quality of IT services.
Population Health And Wellness	7.4	The organization compares its results with other similar interventions, programs, or organisations.
Population Health And Wellness	7.5	The organization uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.
Population Health And Wellness	7.6	The organization shares information about its successes and opportunities for improvement, improvements made, and what it is planning for the future with staff, service providers, clients and families.

Service Excellence

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



The NICU are very child and parent centered in their approach to the care of the patients. Training and continuous education is extensive; they are also in the process of assigning levels to the nursing staff, based on their experience and skills. Some sites have gotten caught up on development discussions and performance appraisals, but others are still working towards getting back to this practice.

No matter what the space situation is like at the sites, all teams are performing at a high level. They are very focused on providing safe and quality care and have several initiatives focused on safety and quality of care that are being worked on. There are collaborative teams within the units (e.g., allied health, physicians, support staff) and outside the units (e.g., other services or programs at the site, across the region, and across the country). To help alleviate workload in areas that are experiencing major staffing shortages, women with planned deliveries were transferred to other sites in Edmonton to lighten the workload.

Parents attend rounds at the bedside and at some sites, if they are not able to be onsite, they can be linked in by Zoom. Program Quality Councils include patient advisors who are usually parents of former patients. The patients and families' voices are sought and included at every step in their care.

At the Royal Alexandra Hospital and the Grande Prairie Regional Hospital an Indigenous Cultural Liaison leader has been added to the Maternal/Child team to provide insight and guidance on quality initiatives and cultural services.

At one site, it was noted that a falls prevention program does not exist. It is highly encouraged that teams look into how risks may be mitigated and improved upon.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.
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	10.2	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	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings are 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	
Critical Care Services	3.15	Clients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> Red Deer Regional Hospital Centre 	October 31, 2023
	4.7.1	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	<ul style="list-style-type: none"> Peter Lougheed Centre 	October 31, 2023
	4.7.2	Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling.	<ul style="list-style-type: none"> Peter Lougheed Centre 	October 31, 2023
	4.7.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	<ul style="list-style-type: none"> Red Deer Regional Hospital Centre Grande Prairie Regional Hospital 	October 31, 2023
	4.8.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	<ul style="list-style-type: none"> Red Deer Regional Hospital Centre 	October 31, 2023
	5.23.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed; Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	<ul style="list-style-type: none"> Red Deer Regional Hospital Centre 	October 31, 2023
	7.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	<ul style="list-style-type: none"> Red Deer Regional Hospital Centre 	October 31, 2023
Obstetrics Services	2.14	Clients and families are provided with information about their rights and responsibilities.	<ul style="list-style-type: none"> Red Deer Regional Hospital Centre 	October 31, 2023

	3.6.1	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	<ul style="list-style-type: none"> Grande Prairie Regional Hospital Peter Lougheed Centre South Health Campus Wetaskiwin Hospital and Care Centre 	October 31, 2023
	3.6.2	Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling.	<ul style="list-style-type: none"> Grande Prairie Regional Hospital Peter Lougheed Centre Wetaskiwin Hospital and Care Centre 	October 31, 2023
	3.6.3	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 Wetaskiwin Hospital and Care Centre 	October 31, 2023
	3.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	<ul style="list-style-type: none"> Wetaskiwin Hospital and Care Centre 	October 31, 2023
	4.16.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed; Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)	<ul style="list-style-type: none"> Wetaskiwin Hospital and Care Centre 	October 31, 2023
	8.8	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	<ul style="list-style-type: none"> Wetaskiwin Hospital and Care Centre 	October 31, 2023
Service Excellence	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	<ul style="list-style-type: none"> Peter Lougheed Centre 	October 31, 2023