September 2020

Correctional Health Services

Alberta Health Services

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 27, 2020 - October 02, 2020. 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 (2019-2022). Accreditation visits are helping AHS achieve its goal of being #AHS*AccreditationReady* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

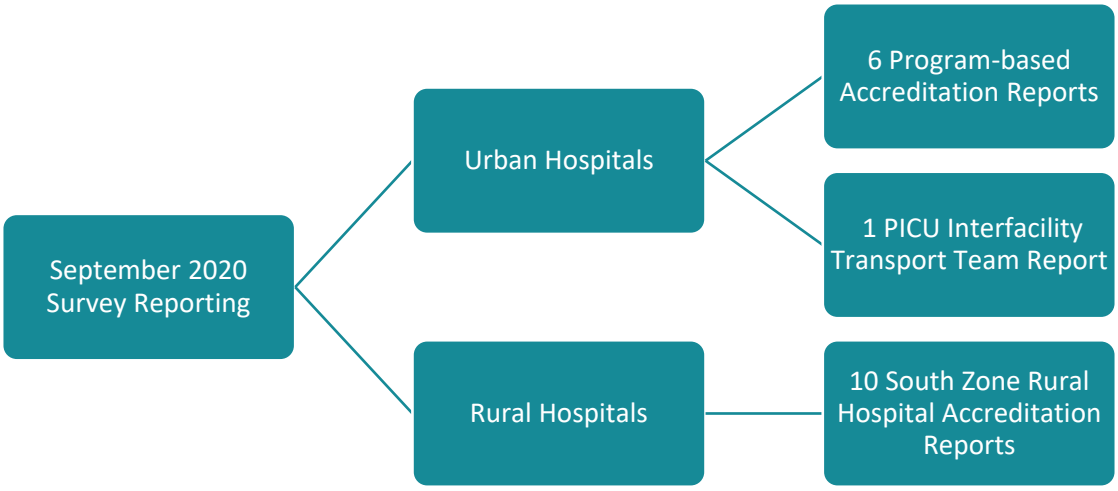
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2022), 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 four-year accreditation cycle, in 2022, an overall report will be issued that includes the province's overall accreditation award.

The accreditation reports for the 2020 Survey are organized as follows:



South Zone Rural Hospital Assessment – Sites Visited

- Calgary Correction Centre
- Calgary Remand Centre
- Calgary Young Offenders Centre
- Edmonton Remand Centre
- Edmonton Young Offender Centre
- Female Annex - Calgary Young Offender Centre
- Fort Saskatchewan Correctional Centre
- Lethbridge Correctional Centre
- Red Deer Remand Centre

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 AHS Correctional Health Services had their last Accreditation Canada on-site survey in 2014, and the standards have since been updated to include People-Centred Care in a much more robust way. The standards provide a tool for organizations to embed accreditation and quality improvement activities into daily operations with a focus on including the client and family as partners, to the extent possible in service delivery.

AHS' Correctional Health Services Centres house inmates serving sentences of up to 2 years (less a day) and Remand Centres house those awaiting trial. AHS health services work within the Justice and Solicitor General facilities. The Correctional Health leadership team is to be commended for **its** commitment to quality improvement and patient safety. A strong culture of engagement is widespread throughout Corrections Health Services. Leaders, staff and physicians demonstrate a commitment to accreditation and were open and engaging with the survey team. Although there is some variation across the sites regarding patient input and partnership, patient experience is emphasized in many aspects of the organization. Patient experience surveys are garnering information and insights to continuously improve quality of care. There is an excellent understanding of ethics and decision making, and the collaboration with the University of Alberta and the University of Calgary supports key research projects in Correctional settings.

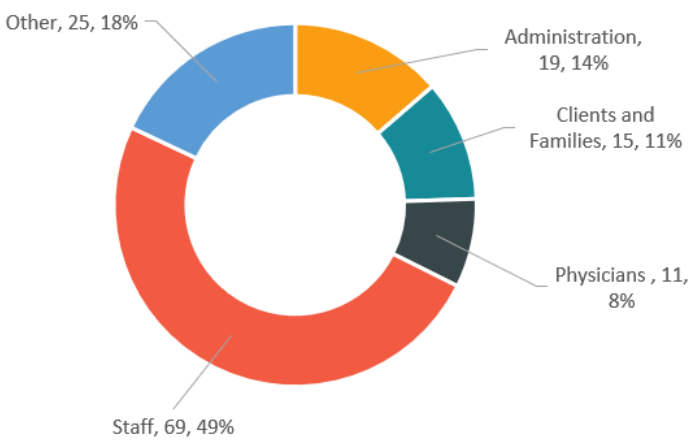
Despite the leadership changes and turnover, teams are engaged, and their passion for Correctional health is apparent. Corrections Health Services has nurtured many positive partnerships with the community, particularly public health in recent months. Although some of the sites have an ag**e**ing and limiting infrastructure, staff do their best to ensure safe care. Healthcare teams indicated that they work well together and are respectful of each other and of their clients. The decision not to delay the Accreditation Canada survey demonstrates the organization's openness to all the vulnerabilities. COVID-19 has challenged everyone and has provided new learnings and clarity on moving forward with focus.

Correctional Health Services' mission, vision and values are aligned with corporate goals and objectives and there is palpable momentum in program growth and development. The multidisciplinary teams are addressing service delivery demand and are making every effort to care for the client holistically.

Survey Methodology

The Accreditation Canada Surveyors went to 9 Correctional Facilities.

To conduct their assessment, the survey team gathered information from the following groups[1]



[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. Medication Reconciliation & medication processes
2. Holistic care and information sharing (Most responsible physician)
3. Virtual health expansion (specialty services)
4. Vacancy management and staffing
5. Antimicrobial Stewardship

Areas of Excellence

1. Suicide risk assessment
2. Orientation & educational support
3. Long term employees - compassionate & respectful care
4. Relationship with Justice and Solicitor General
5. Coping with COVID-19 - congregate living "in a jail"

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria		
Attested 98% met	On-Site 89% met	Overall 89% met
Number of attested criteria		
Attested 225 Criteria	Audited 53 Criteria	

Attestation:

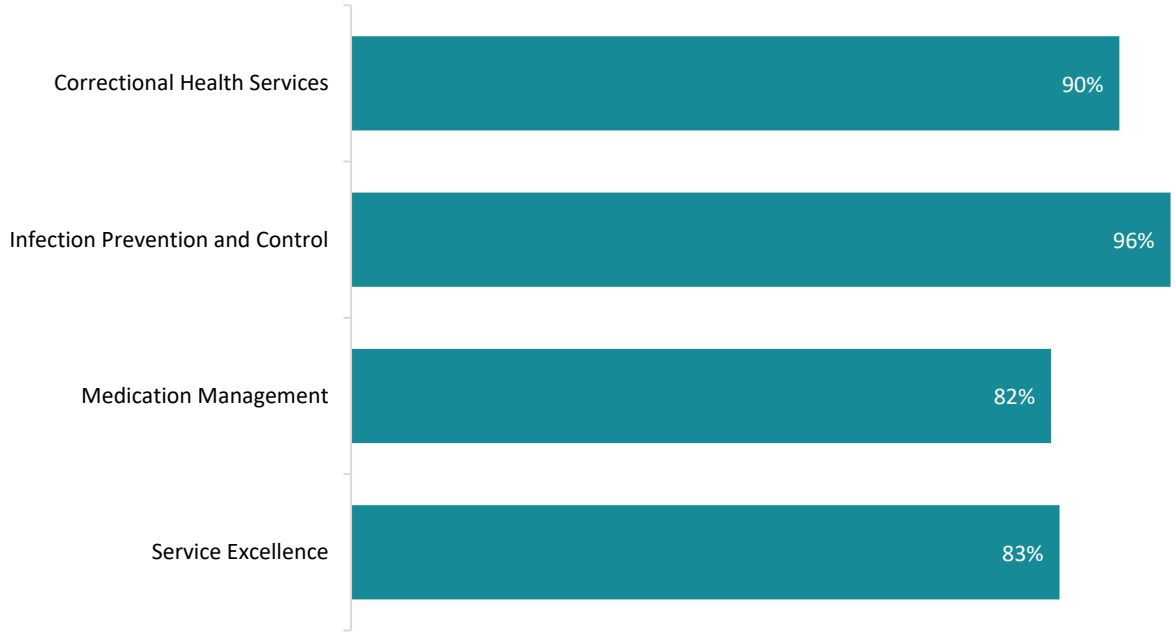
A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization's knowledge. This data is used to inform an accreditation award.

On-site Assessment:

Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

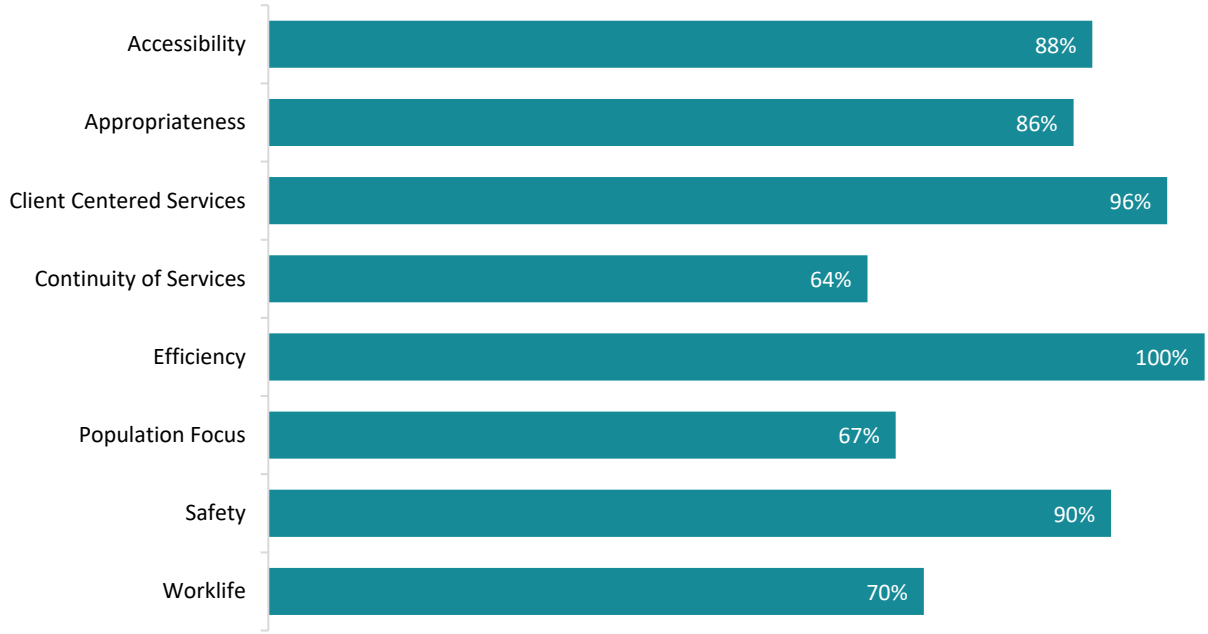
[1] In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance' are detailed in the section titled *Detailed Results: Required Organizational Practices (ROPs).* Number of criteria represents the total across all sites surveyed.

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Correctional Health Services	73	8	0	0
Infection Prevention and Control	47	2	2	0
Medication Management	60	13	0	0
Service Excellence	63	13	0	0
Total	243	36	2	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	14	2	0	0
Appropriateness	87	14	0	0
Client Centered Services	46	2	0	0
Continuity of Services	9	5	0	0
Efficiency	1	0	0	0
Population Focus	2	1	0	0
Safety	77	9	1	0
Worklife	7	3	1	0
Total	243	36	2	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Correction Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Correction Services	UNMET
Information Transfer	Correction Services	MET*
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	N/A
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Suicide prevention	Correction Services	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; Leadership.

There are no unmet criteria for this Priority Process.

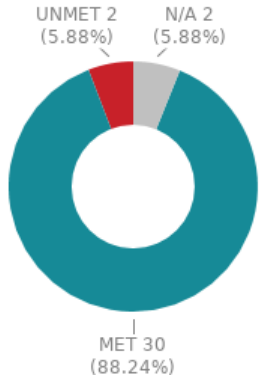
There are Provincial Corrections Guidelines established by the Justice and Solicitor General for emergency preparedness. Based on efforts made by the AHS Correctional Health Services regarding COVID-19 outbreak guidelines, each corrections site has developed a unit-specific reference guide with specific procedures. There is a strong relationship between Solicitor General and AHS Correctional Health Services, appreciating that the two may use different language for example “jail” vs “congregate living’.

Health service staff receive an orientation to both AHS and Corrections codes, and security has standing orders. Mandated ACE (Annual Continuing Education) is completed by corrections health staff which covers a range of required education, from ethics and infection control to code red. Insite is referred to as “the source of truth” for policies, procedures and information.

The Chief Medical Officer of Health determines if and when an outbreak is determined in order to be accurate and consistent. There has been a great deal of learning during COVID-19, with many processes already in place as a result of alignment with Accreditation Canada standards. AHS Correctional Health staff and the Justice and Solicitor General have worked hard to limit the risk of COVID-19 transmission to protect inmates and staff. If an outbreak is confirmed, the facility is locked down and signage is displayed on doors and on-line with contact information for visitors and the community. Timely communication with the courts through a Justice and Solicitor General joint communication memo is completed. The team was proactive in inviting public health officials to tour the Correctional facilities approximately two years ago to be ready with an influenza plan, this heightened awareness and knowledge has been helpful in the COVID-19 response.

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 Correctional Health Services program has worked hard in maintaining and improving the Infection Prevention and Control (IPC) approach, particularly in light of COVID-19. The Justice and Solicitor General relationship with health services has been further strengthened with AHS and Public Health, with senior leaders saying “amazing…thank you COVID, I think”.

There is some variation across Correctional Centres about the age of the facility and cleaning practices. Laundry services are contracted provincially. The IPC team is involved in design planning, new equipment and changes that may impact infection control practices. Policies and procedures are in place via AHS’ Insite (including corrections specific), and staff report receiving the information and education they require, tailored to the unique environments of Correctional facilities. Access to experts is variable. Infection Control Practitioners are spread with small fractions of full-time equivalent (FTE) staff across several facilities. On-site staff are grateful for their expertise and would benefit from more consultation and on-site support.

Hand-hygiene audits have been paused for the most part since late 2019 and early 2020. With the single nurse model in many of the Correctional settings, the clinical nurse educator has conducted these audits in the past. The organization is encouraged to address the “huge gap” described by staff in this effort and re-start their hand-hygiene auditing.

Comprehensive discussions with staff and infection control practitioners confirmed that “healthcare-associated infections” are not tracked in the way they are in an inpatient acute care setting, where beds and nursing care are provided. As not all inmates are patients of the health service, infections are often acquired in the community. There is surveillance and any trends are acted upon. Congregate living has presented challenges with COVID-19 control. We encourage ongoing review of PPE adherence with all staff and during the intake process. It is important to ensure the wearing of a PPE gown during COVID-19 nasopharyngeal swab sampling when the client is not wearing a mask or is within close proximity.

The Correctional Health Services COVID-19 outbreak guidelines have been adapted by the Justice and Solicitor General with each Correctional Centre developing a unit-specific reference guide with detailed procedures. This has improved the relationship through the sharing of best practices. Ongoing quality improvement initiatives, especially when the volumes in the various centres are reduced, is suggested.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	9.1	The areas in the physical environment are categorized based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services team members required.
Infection Prevention and Control	9.5	Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly evaluated, with input from clients and families, and improvements are made as needed.

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: Infection Prevention and Control.

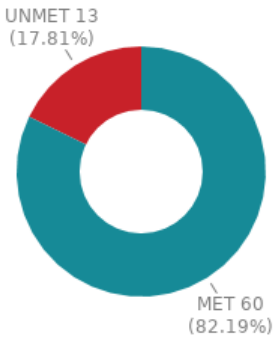
There are no unmet criteria for this Priority Process.

There are relatively few equipment items in the predominantly ambulatory services provided at Correctional Health Centres. Items under $5,000 can be purchased by the manager and items over $5,000 are listed as capital purchases. Nurses or service workers wipe down equipment according to appropriate procedures. For dental equipment, the service worker conducts a gross debris cleaning, followed by the dental instruments being sterilized and reprocessed in centralized sterilization at acute sites within AHS. All instruments are “trackable” if needed.

AHS provides biomedical support to the sites on a schedule, which ranges from one to three-year intervals, depending on the nature of the equipment. New equipment is approved and checked by 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.



There are variations in practice regarding medication management across the Correctional Health Services Centres of AHS. Some sites have completed reviews on medication dispensing and are implementing a standard approach to replenishing the medication cassettes for the units. A reduction in medication errors has been noted for those sites, and the staff have indicated they will continue to monitor progress.

Most sites do not have a prescriber order entry system, so orders are processed by a unit clerk, or more often a nurse, and a MAR (Medication Administration Record) is created, along with medication cards (for some locations). Some sites have created a "workaround" to meet the volume demand by taping the medications to the MAR sheet in advance in the healthcare office and then administer the medications through a medication window. Once client identification is done, staff sign off that they have been administered. Other sites use an outdated approach where medication cards are transcribed from the MAR, medications are poured by the nurse by the medication card and a tray is used to take the medications to the unit to be administered and upon return to the health office, sign off on the MAR. A medication administration review for best practices should be performed to create safer medication administration at the point of care. Electronic solutions and unit dose packaging will help; however, Connect Care is not scheduled for the corrections sector until 2023.

There is a gap in the Best Possible Medication History (BPMH) reconciliation on Netcare when it comes to sharing or obtaining current medication lists when a client has been in a Remand centre for an extended period. Given medications are dispensed from the Remand pharmacy centre, there is no integration with the current Netcare provincial Electronic Health Record system. External stakeholders can see the abbreviation TCE (Transitional Care Edmonton), therefore must assume it's the Correctional Centre and call the Remand pharmacy to obtain a most recent BPMH list. Continuity of care and dose adjustment are a challenge for external agencies when information is fragmented.

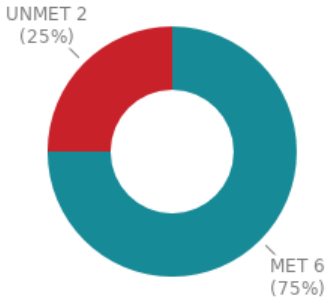
Although there is an antimicrobial stewardship program for AHS, this has not been implemented formally at Corrections. With most sites using strictly paper-based systems for medication orders, data and tracking are extremely challenging. Clear accountability and a plan for antimicrobial stewardship for the Correctional Health sector is recommended.

There are excellent examples of forward-thinking, for example, the use of student pharmacy technician placements to help support recruitment and retention. The formulary committee and non-formulary process appear to be working well according to staff. Where there are clinical pharmacists in place, staff report strong and positive working relationships.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	5.2	Teams have timely access to the client's medication profile and essential client information.
Medication Management	12.2	Medication storage areas are regularly cleaned and organized.
Medication Management	12.4	Lighting in medication storage areas is sufficient for teams to read medication labels and information sheets.
Medication Management	14.1	All instructions related to medications (including medication orders, reorders, and reassessments) are recorded in a timely manner upon admission, end of service, or transfer to another level of care.
Medication Management	14.3	A standardized procedure is followed for sending medication orders to the pharmacy.
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.
Medication Management	16.5	Direct contact with medication is avoided during preparation.
Medication Management	17.1	Medication packages/units are labelled in a standardized manner.
Medication Management	17.4	Unit dose oral medications are kept in manufacturer or pharmacy packaging until they are administered.
Medication Management	18.1	Medications prepared in the pharmacy are visually inspected and the medication orders are verified against the prescription.
Medication Management	18.2	Medications are dispensed in unit dose packaging.
Medication Management	21.5	At the end of service transfer of service, written information is shared with each client about who to contact for questions about medications and when that person can be reached.
Medication Management	23.2	Each medication is verified against the client's medication profile prior to administration.

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; Long-Term Care Services; Service Excellence.



A few strategies are used to seek patient and family input to improve care and service delivery. Client and family engagement within a Correctional setting has its challenges, especially in a Remand setting where the average length of stay is three days. The organization has done five meaningful engagement surveys with clients and families, most recently on how COVID-19 measures have impacted them, as well as on Opioid Antagonist Therapy (OAT) treatments. Most of the feedback is obtained informally, or just in time through client dialogue during healthcare visits.

In meeting with clients during this survey, they confirmed that their choices were respected and heard by the healthcare team, they felt actively involved; however, their rights and responsibilities or “Patient First Proclamation” were not consistently communicated, nor were they clear on how to file a complaint if they felt the need to do so. Clients did share how difficult it was to talk about "private stuff" with the mental health teams on the living units and the stigma attached to seeking help for mental health services. We encourage AHS to review space allocations at sites for confidentiality and privacy concerns as it relates to mental health provisions and the therapeutic environment.

Clients expressed deep appreciation for healthcare services and the staff’s caring approach to care. They feel supported and cared for in a meaningful way.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
Service Excellence	9.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, 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.

Correctional Health Services

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

There is a strong commitment from the leadership team to continue to enhance services within the Correctional Centres as well as growing community connections and partnerships. A recent proposal was put forward to expand the Community Transitions Teams (CTT) across the zones and to expand access to addiction services and Opioid Antagonist Therapy (OAT) treatments earlier in the client's journey. We encourage the teams to engage with local communities, Justice and Solicitor General and treatment Centres on barriers to providing care to incarcerated individuals. Continuous quality improvement initiatives, goals and objectives will be important as AHS advances in the CTT and OAT expansion. Stigma reduction on who and how OAT is administered within the Centres would also be an opportunity as the program grows.

Continuity of care extends beyond the Correctional Centres and information sharing "need to know" between transitional teams was identified as a barrier. As clients navigate in and out of Correctional settings, acute and forensic hospitals, access to client's medical information history or interventions can be a challenge to obtain in its current state. Who is part of the circle of care is not clear within AHS Centres and community agencies. The implementation of Connect Care EMR will address many issues relating to information sharing. Teams are spending an exponential amount of time "chasing charts" and manually transcribing medication administration records (MARs) and medication cards.

Many medical and operational vacancies and resource allocations towards opening the Female Annex units have put extra workload needs on staffing requiring doing more overtime shifts or doubles. A resource allocation review would help determine pressure points to ensure safe and efficient service delivery to clients.

The healthcare teams are commended for consistently evaluating the risk for suicide for incarcerated clients. Rigorous practices are in place in keeping clients safe. The caring and compassionate approach they use is felt by clients and commended by Justice and Solicitor General. The staff receive letters of appreciation after code debriefings recognizing them for the work that they do every day. Peer support teams are also being explored to help support staff post-incident. Despite many changes in leadership at various sites, overall healthcare teams feel supported by their leadership team and by the organizations.

STANDARD	UNMET CRITERIA	CRITERIA
Correctional Health Services	1.2	Services are coordinated with correctional partners including treatment centres, psychiatric centres, and community correctional centres.
Correctional Health Services	1.6	Timely access to dental care is provided for clients.
Correctional Health Services	2.10	The health care centre has sufficient space to ensure the safe delivery of medical, dental, and medication management services.
Correctional Health Services	3.15	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
Correctional Health Services	8.2	The transition plan is coordinated with the correctional, probation, or parole team member responsible for planning the client's end of service, transition or release.
Correctional Health Services	8.11	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
Correctional Health Services	8.12	Client information is shared with team members, other correctional facilities, and other community health organizations, as needed and based on confidentiality provisions.
Correctional Health Services	8.14	Access to experts trained in medical crisis intervention and advanced emergency techniques is available.

Service Excellence

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

There is a strong orientation program in place for staff that are onboarding and for continuous educational needs. There have been significant efforts made in standardizing and maintaining policies and procedures current and up to date on Insite. Sites are looking at innovative new ways of providing care and attracting staff to Corrections employment with student placements for paramedics, and nurse practitioners to address succession planning. Recruitment and retention are an ongoing issue in corrections and sites are encouraged to grow the student placement opportunities further into other disciplines.

Healthcare space was identified as an issue as teams grow larger to address service demand. This was particularly identified by mental health teams across sites and their challenges in seeing clients in their respective cells or eating area within the living unit. The lack of privacy and confidentiality can make it challenging for clients to openly share with healthcare teams on physical and emotional state.

During the survey, structural issues were identified relating to the standard functionality of the provincial mandate with Community Transitions Teams (CTT) across zones, team composition, reporting structures, workflows and overall CTT program goals and objectives. Having a standardized acceptance criterion amongst the CTT/ICT to services would facilitate client transitioning planning from one area to another. The Intensive Community Transitions (ICT) are designated to support clients living in the downtown core, however, the collaboration between CTT teams and ICT teams' roles and responsibilities could be clarified or expanded to support all clients during transitions. These variations would be an opportunity to further engage with client and family input.

OAT was another common theme identified during this survey as an opportunity for AHS and the Justice and Solicitor General to continue their collaboration efforts on how to provide timely access to OAT treatments for clients needing the service. Early or new starts are operational pressures on teams; therefore, it is important to continue education for OAT treatment needs with healthcare staff and Correctional leadership on addiction disease management. Teams have been evaluating ways to reduce stigma and potential adverse "targeting" for clients on OAT which is commendable.

Performance reviews are conducted for some staff, however, there have been delays in completing them due to COVID-19 related priorities.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.5	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.
Service Excellence	2.1	Resource requirements and gaps are identified and communicated to the organization's leaders.
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	5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.
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	10.8	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 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: Correctional Health Services			
#	Criteria	Site	Due Date
1.2	Services are coordinated with correctional partners including treatment centres, psychiatric centres, and community correctional centres.	• Calgary Correction Centre	May 30, 2021
2.10	The health care centre has sufficient space to ensure the safe delivery of medical, dental, and medication management services.	• Calgary Correction Centre	May 30, 2021
3.15	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	• Edmonton Remand Centre	May 30, 2021
8.14	Access to experts trained in medical crisis intervention and advanced emergency techniques is available.	• Fort Saskatchewan Correctional Centre	May 30, 2021
Standard: Infection Prevention and Control			
9.1	The areas in the physical environment are categorized based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services team members required.	• Fort Saskatchewan Correctional Centre	May 30, 2021
Standard: Medication Management			
12.2	Medication storage areas are regularly cleaned and organized.	• Red Deer Remand Centre	May 30, 2021
14.3	A standardized procedure is followed for sending medication orders to the pharmacy.	• Calgary Remand Centre	May 30, 2021
16.5	Direct contact with medication is avoided during preparation.	• Red Deer Remand Centre	May 30, 2021
17.1	Medication packages/units are labelled in a standardized manner.	• Calgary Remand Centre • Calgary Young Offenders Centre • Female Annex - Calgary Young Offender Centre	May 30, 2021
17.4	Unit dose oral medications are kept in manufacturer or pharmacy packaging until they are administered.	• Calgary Correction Centre • Calgary Remand Centre • Calgary Young Offenders Centre • Female Annex - Calgary Young Offender Centre	May 30, 2021

		• Red Deer Remand Centre	
18.2	Medications are dispensed in unit dose packaging.	• Calgary Correction Centre • Calgary Remand Centre • Calgary Young Offenders Centre • Female Annex - Calgary Young Offender Centre • Red Deer Remand Centre	May 30, 2021
23.2	Each medication is verified against the client's medication profile prior to administration.	• Calgary Remand Centre	May 30, 2021

Follow-up ROPs				
Standard	ROP - Test of Compliance		Site	Due Date
Correctional Health Services	**Medication Reconciliation at Care Transition**			
	3.6.3	The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	• Calgary Remand Centre • Edmonton Young Offender Centre • Female Annex - Calgary Young Offender Centre • Fort Saskatchewan Correctional Centre • Lethbridge Correctional Centre • Red Deer Remand Centre	May 30, 2021
	3.6.4	The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.	• Calgary Correction Centre • Calgary Remand Centre • Edmonton Remand Centre • Edmonton Young Offender Centre • Female Annex - Calgary Young Offender Centre • Fort Saskatchewan Correctional Centre • Lethbridge Correctional Centre • Red Deer Remand Centre	May 30, 2021