

**October
2019**

**CORPORATE
ACCREDITATION REPORT**

Alberta Health Services



**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 October 21 to 25, 2019. 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 their goal of being #AHSAccreditationReady every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

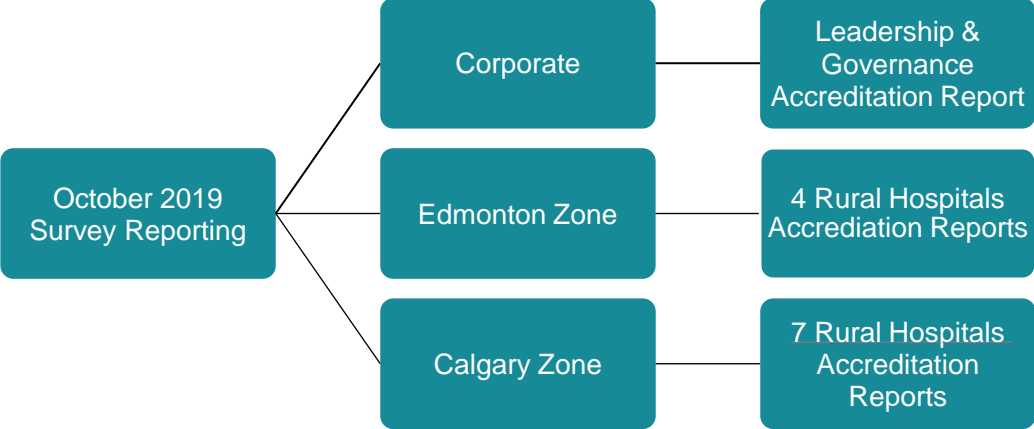
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occur in the first year of the cycle (Spring and Fall surveys for 2019).

For the duration of the cycle (2019- 2022), site-based assessments for rural hospitals will 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 whereby specialized 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 holistic 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, interim reports will be issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle, in 2022, a final report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the October 2019 survey are organized as follows:



Corporate Assessment – Sites Visited

- Alberta Children’s Hospital
- Chinook Regional Hospital
- East Lake Centre
- Medicine Hat Regional Hospital
- Michener Bend
- Northern Lights Regional Health Centre
- Queen Elizabeth II Hospital
- Red Deer Regional Hospital Centre
- Rockyview General Hospital
- Royal Alexandra Hospital
- Seven Street Plaza
- Sturgeon Community Hospital
- Southport Tower

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.

Corporate Report: Leadership and Governance Standards

1. Corporate Executive Summary

Over the course of the survey, the Accreditation Team observed many examples of practice excellence. Alberta Health Services is viewed as a leader in providing integrated health services in Canada. Further, other jurisdictions such as Ontario, Nova Scotia and Saskatchewan have come to Alberta to seek advice on how to approach system integration. Alberta Health Services is on the verge of implementing a province-wide health information system, Connect Care. While this is a complex and challenging exercise, the result will transform the delivery of healthcare for every Albertan. It is to be noted that no other jurisdiction in Canada has done anything of this scale and complexity. Alberta is commended for their efforts in leading the country in integrated quality improvement and inclusion of the patient voice.

The Board and Executive and Senior Leadership Team are very engaged and committed to continuous quality improvement. The patient voice permeates the fabric of the organization. The organization has created numerous venues such as the 12 Health Advisory Councils, four Provincial Advisory Councils, and the Wisdom Council that facilitates the integration of the patient voice into organizational planning. The Strategic Clinical Networks (SCN) are truly impressive and drive improved patient experience, quality initiatives, and promote patient safety. The networks are designed to translate knowledge-to-action and improve patient care. The networks use data and evidence to identify gaps in care and work collaboratively with clinicians and operational leaders to design, test, and evaluate strategies at a provincial, zone, and site levels. This allows the organization to enhance evidence-based best practice, and then operationalize these practices to improve outcomes and value.

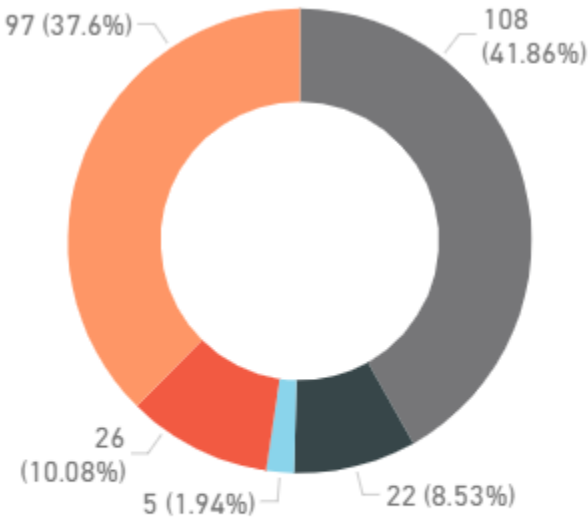
Connect Care will drive quality, standardize practice, and use evidence to improve outcomes and the overall patient experience. Because this program will be provincial in scope, it will standardize order sets provincially, enable safer transitions of care, and allow for easier adoption of medication reconciliation across the province. The workflow changes that will accompany the deployment of Connect Care will ensure consistent practice and monitoring of patient care across AHS. The organization is commended for their work and vision associated with Connect Care.

Survey Methodology: Corporate Assessment

The Accreditation Canada survey team spent five days assessing Alberta Health Services.

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

During the survey 258 interviews were conducted.



Category ● Administration ● Clients and Families ● Others ● Physicians ● Staff

¹ 'Other' interviewees refer to individuals such as students or volunteers.

Opportunities and Areas of Excellence: Corporate

KEY OPPORTUNITIES

1. Policy standardization across AHS remains a challenge.
2. Formal monitoring regarding the span of control for managers.
3. Continue to implement coaching (performance) conversations, as these are not consistently occurring at this time.
4. Continued focus on standardizing measurement and reporting tools in combination with developing leaders' skills in data literacy

AREAS OF EXCELLENCE

1. Excellent Ethics Framework, with timely access to clinical ethicists.
2. The Board Skill Matrix is well-defined and precise.
3. The Board is mindful of the patient voice.
4. The Strategic Clinical Network's Return on Investment (ROI) and Value and Impact is truly impressive
5. The AHS innovation pipeline merits a best practice consideration.
6. Focus on workplace violence and commitment to staff safety.
7. Raising the awareness and profile of protective services.
8. Coordinated, expertly led Emergency Preparedness program.
9. Academic approach to decision making and improvement.

2. Results at a Glance

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

Compliance Overall²

% of criteria		
Attested	On Site	Overall
98% met	100% met	98% met

# of attested criteria	
Attested	Audited
234 criteria	12 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.

² 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



Fig. 1 Compliance by Standard

STANDARD	MET	UNMET	N/A	NOT RATED
Governance	86		1	
Leadership	144	4		
Total	230	4	1	

Compliance by Priority Process



Fig. 2 Compliance by Priority Process

PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Communication	11			
Governance	79		1	
Integrated Quality Management	32			
Medical Devices and Equipment	5			
Patient Flow	4			
People-Centred Care	16			
Physical Environment	4			
Principle Based Care and Decision Making	9			
Resource Management	11			
Human Capital	25	1		
Planning and Service Design	25	1		
Emergency Preparedness	9	2		
Total	230	4	1	

Compliance by Quality Dimension



Fig. 3 Compliance by Quality Dimension

QUALITY DIMENSION	MET	UNMET	N/A	NOT RATED
Client Centered Services	16			
Continuity of Services	2			
Efficiency	21			
Safety	23			
Appropriateness	105	2	1	
Worklife	44	1		
Population Focus	20	1		
Total	230	4	1	

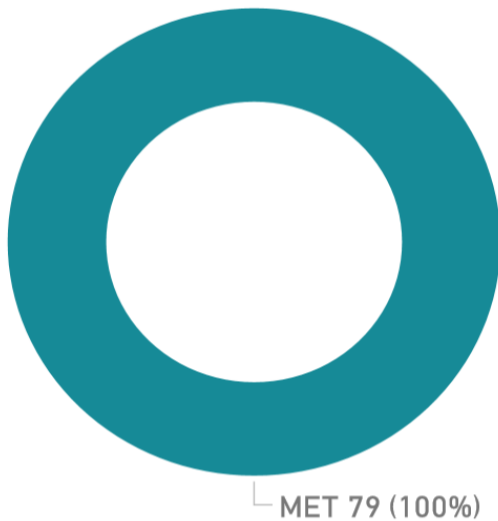
3. Detailed Results: System-wide Priority Processes

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 refer to criteria that are tagged to one of the following priority processes: Governance, Planning and Service Design, Resource Management, Human Capital, Integrated Quality Management, Principle-Based Dare and Decision Making, Communication, Physical Environment, Emergency Preparedness, People-Centred Care, Patient Flow, and Medical Devices and Equipment.

Note that the following calculations in this section exclude Required Organizational Practices.

Governance

All criteria are met for this Priority Process.



Priority Process Description:

Meeting the demands for excellence in governance practice.

The Board is engaged and operates at a strategic level. There is an excellent Ethics Framework the Board approves, adopts, and follows. The Board's Skill Matrix is well defined, precise, and is followed in a thoughtful way.

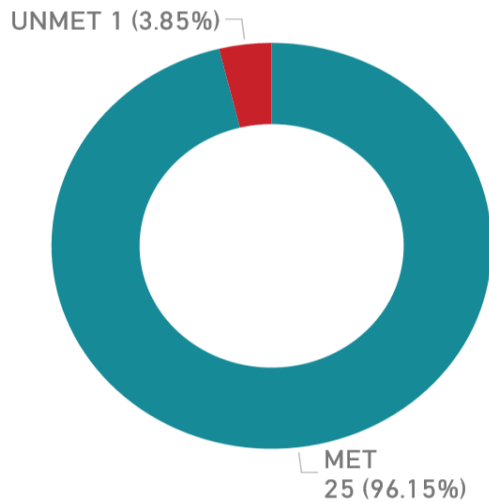
There are established mechanisms for the Board to hear from and incorporate the voice and opinion of clients and families.

The Board has an excellent program to ensure it receives ongoing education, which helps them fulfill their individual roles and responsibilities and those of the governing body as a whole. New members of the Board receive an orientation before attending their first meeting. Each member of the Board signs a statement acknowledging his or her role and responsibilities, including expectations of the position and legal duties.

The Board demonstrates accountability for the quality of care provided by the organization. The Board is knowledgeable about quality and safety principles, by recruiting members with this

knowledge or providing access to education. As part of their performance evaluation, leaders who report directly to the Board body (e.g. the CEO) are held accountable for the quality performance of the organization.

Planning and Service Design



Priority Process Description:

Developing and implementing the infrastructure, programs and services to meet the needs of the populations and communities served.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	4.12	Policies and procedures for all of the organization's primary functions, operations, and systems are documented, authorized, implemented, and up to date.

Annual operational plans focus on actions and initiatives required to achieve the goals, objectives and public performance measures targets outlined in the Health Plan and Business Plan. The operational plan provides a "line of sight" from the AHS Health Plan and Business Plan's goals and objectives and translates them into local actions and identifies specific zone priorities. Operational planning supports the organization by focusing on accountabilities and actions. They provide a common approach to ensure alignment of activities to support the achievement of performance targets.

AHS creates an Annual Action Plan that is a consolidation of all the actions and accountabilities that are contained in over 35 operational plans that align directly with the Health Plan and to the accountability requirements identified by the Minister of Health. AHS is required to provide this update to the Minister 75 days after the end of each quarter detailing how AHS fulfills these expectations. These reports are vetted and approved by AHS Executive Leadership and the AHS Board prior to formal submission. Operational plans also include local, or portfolio specific

areas of priority that are tracked by individual leaders and not necessarily tracked and reported to AHS Executive Leadership, Board or Ministry.

The Enterprise Risk Register is refreshed on an annual basis to confirm that AHS' key strategic risks are prioritized appropriately, that they are aligned with AHS' goals and objectives, and to assist AHS Executive Leadership Team and the AHS Board in carrying out their governance and oversight responsibilities. Elements from the Risk Register are fed into the development of the AHS Health Plan.

AHS has developed partnerships with other organizations in the community to efficiently and effectively deliver and coordinate services.

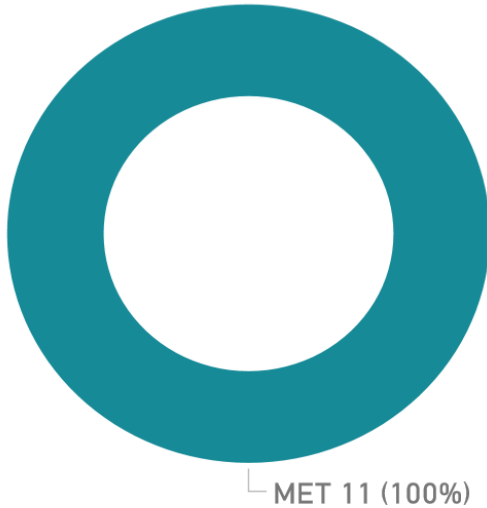
In developing the three-year Health Plan, a thorough engagement process is undertaken. The process includes consultation with Advisory Councils (comprised of community members), patient and family advisors, focus groups with populations vulnerable to poor outcomes, organization leaders, and the Ministry of Health and additional stakeholders. Other inputs include recommendations from the Office of the Auditor General, the Alberta Health Business Plan, the AHS Risk Registry and recommendations from other sources (e.g., Health Quality Council of Alberta). On an annual basis, the Health Plan and Business Plan undergo a standard review and approval process. Updates are added based on emerging priorities from AHS Executive and Board, "what we heard" documentation from ongoing community engagement processes and accountability expectations from Alberta Health.

AHS has made good progress in reducing duplicate and/or standardizing policies and procedures. However, due to the number of AHS documents and continued change within AHS, not all documents are up to date. In 2016, the AHS Policy Development Framework (the Framework) was created which outlines the foundational elements that are critical to the successful development, approval, implementation, and review of policies, procedures, directive, standards, protocols or guidelines ("policies") within AHS. The document replaced the 2011 AHS Governance Document Framework.

With the new Policy Development Framework, AHS has been able to decrease the number of dated policies. In 2016, there were 12,314 documents on the AHS policy website. Policy Services' consolidation initiative was implemented to support updating these policies. As of Spring 2019, there were 6,692 documents on the AHS policy website; the reduction in number was in part due to the consolidation initiative.

Resource Management

All criteria are met for this Priority Process.



Priority Process Description:

Monitoring, administration, and integration of activities related to the allocation and use of resources.

Financial resources are allocated either as part of the annual budget planning process or as part of the budget intake process.

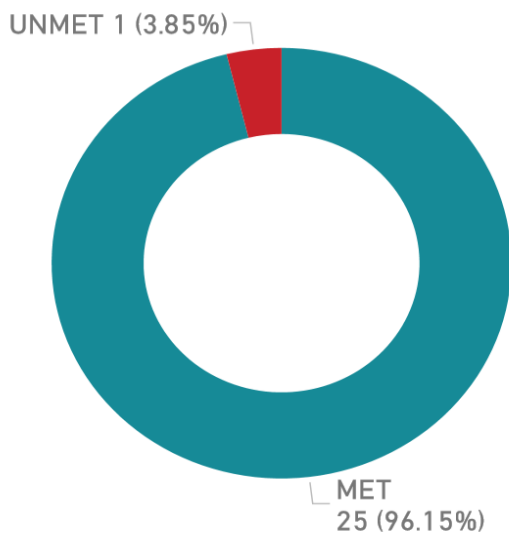
A new methodology is being developed to help the organization make budget allocation decisions that are transparent and objective. One part of this methodology is the annual budget planning process that begins in the fall and is directly linked to the strategic planning process. The AHS Health Plan and the AHS Business Plan are developed and updated together to ensure a direct linkage between the strategic priorities of the organization and the allocation of the budget. Regular meetings are held with the Executive Leadership Team and the Board to ensure all budget planning assumptions, including allocations of new resources or reallocations of existing resources, are reviewed and approved. Executive Leadership Team and the Board review and approve the AHS Health Plan and Business Plan and Budgeted Financial Statements on an annual basis. Based on the approved budget assumptions, Finance teams ensure that budget is allocated appropriately in Hyperion (the system where budgets are loaded and calculated) and are reported against on a monthly basis.

AHS offers numerous opportunities for leaders to receive education on how to manage and monitor their budgets. The AHS New Manager Preparation Program includes a section on Finance related responsibilities and is offered via online courses through MyLearningLink . Additional online courses are also available through MyLearningLink. Also, all AHS leaders are assigned a Finance Business Advisory Services (BAS) representative to help with finance related queries including monitoring budgets. BAS also holds quarterly training sessions for managers where an overview of the systems, processes and reporting requirements are summarized.

The Budget Framework is a methodology that helps the organization make budget allocation decisions that are transparent and objective. The budget planning process is also directly linked to the strategic planning process and the priorities set out in the Health Plan.

Once Executive Leadership Team reviews and approves all budget planning assumptions, the operating and capital budgets are reviewed and approved by the AHS Board. This includes approval of the Health and Business Plan and the Budgeted Financial Statements. After AHS Board approval, the Health and Business Plan and the Budgeted Financial Statements are sent to the Minister of Health for approval.

Human Capital



Priority Process Description:

Developing the human resource capacity to deliver safe, high quality services.

TANDARD	UNMET CRITERIA	CRITERIA
Leadership	10.10	Reporting relationships and leaders' span of control is regularly evaluated.

The organization has a robust People Strategy that was initiated in 2015. This strategy was developed with the involvement of over 60 thousand staff members and identified opportunities for the organization to improve its engagement with its staff. Alberta Health Services has been recognized with several awards including Top Employer award, Best Diversity Employer, and the Canadian College of Health Leaders Excellence in Diversity and Inclusion Award.

The organization monitors the performance of its People Strategy through two key performance

indicators: Disabling Injury Rate and the Gallup Employee Engagement score. While the organization has seen improvement in the Gallup Employee Engagement scores, the Disabling Injury Rate has remained steady with a slight increase. The organization is undertaking significant efforts to reduce the disabling injury rate and is encouraged to continue its efforts towards making disabling injuries a “never event”.

Performance reviews for unionized staff appear to be inconsistently applied across AHS. In some sites, staff reported having performance reviews conducted on an annual basis, while at other sites staff report that they have not had a performance review for many years.

For non-unionized staff, AHS piloted a new program focusing on developmental conversations in 2018. This program has been fully spread across AHS in 2019 and is focused on supporting staff with their development needs. The development conversations are intended to occur on a quarterly basis between the supervisor and the non-unionized staff members. Based on surveyor conversations across the organization, this program is well received by the management and non-unionized staff. Leaders reported that they regularly have coaching and mentoring conversations in real-time with non-unionized staff.

While managers reported that they have regular development conversations with staff who need support, they routinely admitted that for “high performers” conversations about their professional development and growth may not be happening. The organization is encouraged to consider developing a standardized method to developmental conversations to ensure that the discussions are associated with the development of the individual, not simply with the provision of support related to day-to-day operations.

Alberta Health Services has developed a uniform single leadership framework based on the Canadian College of Health Leaders LEADS framework and has used it to support the nearly 3300 managers within AHS. The building of leadership capabilities within the organization is a key strategic focus. With many competing priorities, management staff indicated significant pressures associated with the workload.

Many managers indicated significant fatigue linked to organizational activities driven from provincial, zone, and site levels. A front-line leader advisory council has been developed to support the Human Resources department with strategies intended to reduce the workload burden on managers. Some managers commented on challenges associated with “self-service” tools that have been developed to support them. While the tools are seen as excellent, many managers feel that these tools have “downloaded” work to them rather than assisting in alleviating their workload.

The Human Resources department has actively implemented strategies to reduce manager workload including off-loading human resource activities back to the shared human resources department. Alberta Health Services is encouraged to investigate with the front-line management teams whether these tools have had the intended outcomes. A Manager preparation program has been developed to support new managers with the management tools

that they need to deal with their new roles.

Spans of control have been reviewed in some areas, however, individuals expressed concern related to many competing priorities straining the capacity of front-line managers. Staff indicated challenges with recruitment to front-line management positions due to compensation compression and job security associated with leaving unionized roles. The workload pressures and compensation compression has also led to significant middle-management turnover within the organization. Alberta Health Services is encouraged to continue to work with its management team and Alberta Health to review opportunities for improvement associated with supporting front-line managers.

The organization has a continuum of resources available through human resources, professional practice, clinical programs, etc. available for individuals seeking professional development opportunities. While this model presents great opportunities for individuals who want to pursue professional development, the organization may benefit from a coordinated approach to training and education across AHS. Alberta Health Services does not have a single point of accountability for learning or education supports within the organization. Additionally, training that is occurring within the organization may not be captured in the MyLearningLink portal. The organization is encouraged to review the opportunities for a more coordinated approach towards learning and development across AHS.

Alberta Health Services has seen an increase in reporting of workplace violence incidents. The online reporting system has made it easy for staff to report workplace violence incidents and for AHS to collect reliable data on the frequency of the incidents. Comprehensive security needs assessments are conducted in areas where workplace violence incidents are rising. An organization-wide violence initiative was formalized in 2019 and AHS is encouraged to continue with this important work with the aim of reducing violence in the workplace. Resources such as the Employee Family Assistance program are available to anyone experiencing violence or subsequent psychological trauma associated with violent incidents.

Alberta Health Services has a very robust Protection Services program that balances the expertise of in-house peace and security officers with out-sourced security officers to support the service. While challenged with increasing demand for its services, the protection services team is actively balancing the need for fiscal accountability while ensuring that the workplace remains safe.

Alberta Health Services has a robust recruitment and retention strategy. There are some challenges associated with staff turnover and the ability to sustain the workforce in certain communities and amongst certain professions. Salary compression and hard-to-fill vacancies have compounded some of these challenges and AHS is actively working to address these issues. Partnerships with post-secondary institutions allow AHS to support the development of future health professionals through its support of clinical placements. There may be an opportunity for AHS to work with the educational institutions and the responsible Ministries in government to best plan for future health human resource needs based on the demands that

AHS is experiencing for certain professions. As the healthcare system continues to evolve with changing professional needs, AHS possesses a wonderful opportunity to influence the need for future educational and clinical placements.

For medical staff needs, AHS has a strong process for forecasting health human resource needs. Forecasting is conducted by program and specialty-based services, on patient volume data, provincial billing data, and clinical expertise to identify the growth needs. These plans are developed at a site and zone levels and then aggregated at an AHS-wide enterprise view.

Staff and physician wellness initiatives are actively being developed within the organization. Teams are beginning the work associated with changing the culture within the organization to address systemic issues incongruent with the organization's values. The recruitment and selection of leaders (both operational and medical) is focusing on individuals who illustrate the values that the organization has established.

Integrated Quality Management

All criteria are met for this Priority Process.



Priority Process Description:

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives

Alberta Health Services is governed by the provincial Health & Safety Legislation. The Board approves and provides oversight on healthy and safe work environment priorities by approving foundational governance documents, plans, and strategies, and supporting senior leadership in articulating and modelling healthy and safe work environments.

At the strategic level, AHS' leaders implement an integrated risk management approach to mitigate and manage key risks to organizational objectives. Enterprise, clinical and other risk management practices are incorporated into planning, performance management, and

continuous improvement processes.

As part of the integrated risk management approach, AHS's leaders develop risk mitigation plans. The risk management approach and contingency plans are disseminated throughout the organization.

At least one patient safety-related prospective analysis has been conducted within the last year and appropriate improvements have been made as a result. Alberta Health Services regularly assesses its patient safety culture and acts on their patient safety culture assessment results.

An integrated quality improvement plan is developed and implemented. A defined process is followed to select and monitor system-level process and outcome measures to evaluate the organization's performance at a strategic level.

AHS regularly assesses client (patient) experience and acts on their client experience assessment results.

Opportunities for quality improvement are identified based on trends in patient safety incidents, performance data, patient experience data, feedback from Client and Family advisory councils and other sources, and plans are developed to prioritize and address those opportunities. Alberta Health Service's leaders verify that the quality improvement plans, and related changes are implemented. The results of AHS's quality improvement activities are communicated broadly, as appropriate.

Principle-Based Care and Decision Making

All criteria are met for this Priority Process.



Priority Process Description:

Identifying and decision making about ethical dilemmas and problems.

Alberta Health Services has a well-developed Ethics Framework that outlines the resources available to AHS staff in the areas of clinical ethics, ethics and corporate compliance, research ethics, evaluation, and quality improvement. The framework was originally developed in 2014 and recently refreshed in 2019. The new framework was approved by the AHS Executive Leadership team in September 2019, and in early October the Governance committee of the Board approved presenting it to the full Board in November for final approval. The process of review of the Ethics Framework included the clinical, corporate, and research teams at AHS, the quality committees, and patient and family members through the various advisory committees. The Ethics Framework is available on both the AHS intra- and internet web pages.

At AHS, ethics issues are reviewed through three teams: clinical ethics (related to issues associated with the delivery of care), corporate ethics (issues related to conflict of interest, whistleblower, complaints about breaches to the code of conduct or policies, etc.) and research ethics (issues related to research activities conducted within the organization).

The Corporate ethics group is a 6-person advisory group that provides support and options to protect the interests of the organization. The team is comprised of a Chief Ethics and Compliance Officer, ethics advisors, education and awareness advisor and a conflict of interest coordinator. They report to the Governance committee of the Board and actively review trends every quarter. The Chief Ethics and Compliance Officer also connects with the Chair of the Governance committee on a monthly basis to ensure that they are apprised of any pending issues. The team refreshed the organization's conflict of interest bylaws in 2018, and sought input from a number of groups including, but not limited to: internal audit, employee relations, and the front-line leaders' advisory council. Any individual in the organization can report a breach of the organizational code of conduct through the complianceofficer@ahs.ca email address.

The team has a database to track and monitor incidents. While the tool is adequate for the team's current needs, the organization is encouraged to continue its work in assessing alternate products to provide more robust tracking, monitoring, and reporting tools.

The clinical ethics team is distributed throughout AHS zones. There are 11 ethicists across Alberta Health Services and 19 clinical ethics committees across the organization. AHS has also funded two clinical ethics fellows that support the team. Each clinical ethicist works with their respective clinical ethics committee to build ethics capacity within the organization. These committees meet once per month and are comprised of physicians, nurses, allied health professionals, support staff, administration and patient representatives (on some committees). The committees operate to share information, review ethics cases and provide support. In the past year, the clinical ethics service conducted approximately 700 consultations, over 170 educational events and numerous policy reviews. In addition to reaching out directly to the clinical ethicist supporting the respective site and zone, staff can request support through email at clinalethics@ahs.ca.

Research ethics is overseen by three research ethics boards: University of Calgary, University

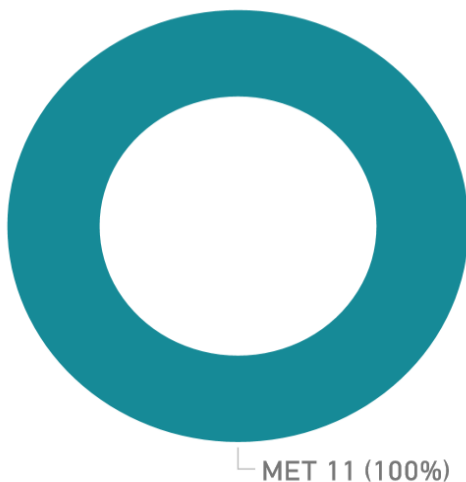
of Alberta, and Alberta Innovates. Research ethics board approvals are required to initiate any research studies at AHS. The Principal Investigator is responsible for seeking research ethics approval from the institution to which they are affiliated.

Additionally, the ethics team is actively engaged with leadership on organizational ethics matters. For example, the team has recently undertaken work with the University of Calgary to refine a resource allocation framework that would support the ethical review of organizational resource allocation decisions at AHS. Many of the clinical ethicists are also very actively engaged with discharge planning meetings as the teams are reviewing complex patient discharges.

The team regularly evaluates its services and publishes an annual report. While there is good awareness of the ethics services within AHS and amongst staff, there is an opportunity for the organization to further promote the program to patients and families who might benefit from the service. AHS is encouraged to continue the promotion of this excellent service.

Communication

All criteria are met for this Priority Process.



Priority Process Description:

Communicating effectively at all levels of the organization and with external stakeholders.

Alberta Health Services has a strong Community Engagement and Communications team that focuses on promoting the organization and its reputation with the public, develop relationships with communities, governments (local and provincial), patients and families, and issues management.

The team is divided into five main streams of activity: community and external relations, foundation relations, communications, innovation, and digital solutions, and issues management. The community and external relations team leads the engagement strategies for the organization to develop broader awareness of AHS' programs and services. A key focus of

this team is engaging patients, families and the broader public in meaningful discussions associated with AHS' programs and services, strategic directions, and specific projects. There are a variety of forums that AHS has created to ensure that this work is completed in a respectful and meaningful way. The 16 Advisory councils (12 geographically-based and 4 provincial councils) and Wisdom Council are excellent venues to fulfill this mission. The councils have regular meetings throughout the year and ad-hoc meetings to focus on key strategic priorities of the organization. The four provincial advisory councils focus on the areas of cancer, mental health and addictions, senior's care, and LGBTQ+ services. These respective councils meet four times per year. AHS also has patient and family advisory groups that meet consistently. Regular evaluations of the effectiveness of these forums are conducted and improvements implemented as warranted.

Discussions with the chairs of some of the Health Councils indicated that the councils have been successful in allowing AHS to have meaningful engagement on key strategic priorities, stimulate meaningful conversations about the priorities of communities, patients and families, and to connect the priorities of AHS to other agencies within the community. While very successful, a couple of opportunities were identified, including:

1. Enhanced awareness of the Health Councils and their role amongst AHS staff so that the councils can be engaged earlier in planning processes.
2. The development of a toolkit for Health Council members to promote AHS initiatives and activities to local communities. The AHS communications team also identified the need to better support key stakeholders in promoting the great work of AHS.

Alberta Health Services is encouraged to continue the great work of supporting these councils as they support the work of Alberta Health Services.

The Communications and Community engagement team also supports the relationships with key municipal and provincial government officials. The team supports local, site, and zone, operational leaders, as they build relationships with the respective leaders in their communities. The organization has built great relationships with these leaders and is encouraged to continue this best practice.

The team also conducts regular reputational surveys to assess the perception of AHS within the community and the public at large. Monitoring of social media is active and provides good insight into AHS' reputation amongst the public.

A key role of the Communications and Community Engagement team is managing the relationship with the 69 foundations that support the organization. A small subset of the team is responsible for working with the foundations and local AHS leadership to identify the organizational priorities to the foundations. In many circumstances AHS employees sit on the boards of the foundations and are full voting members.

The internal communications team is responsible for communicating information to all levels of

the organization. Various tools are utilized to communicate with staff including the internal website, InSite, the AHS app, social media platforms, and blogs. As with many organizations, front-line staff indicated that they like to hear communication about the organization from their direct supervisors. This presents a challenge for middle managers as they are often tapped on to deliver key organizational priorities, implement new initiatives and communicate the key organizational messages.

One of the challenges that is apparent in conversations with leadership at AHS is that there is significant organizational fatigue. The uncertainty in the health system associated with the impact of the provincial budget, operational best practices, Ernst and Young review, Federal government, Connect Care, etc. is compounding the pressures on the communications team and front-line managers. AHS is encouraged to continue to monitor the level of change within the organization and where possible, reduce lower priority activities. The organization is also encouraged to continue to leverage its relationships with the community, foundations, and municipal and provincial leaders to support and help the organization promote its very positive impact on the health of Albertans.

Physical Environment

All criteria are met for this Priority Process.



Priority Process Description:

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The design and maintenance of physical space within AHS facilities meets applicable laws, regulations, and codes. Gaps within older facilities that may be grandfathered under previous regulations are identified and brought up to date through redevelopment projects or resource allocation based on risk assessment.

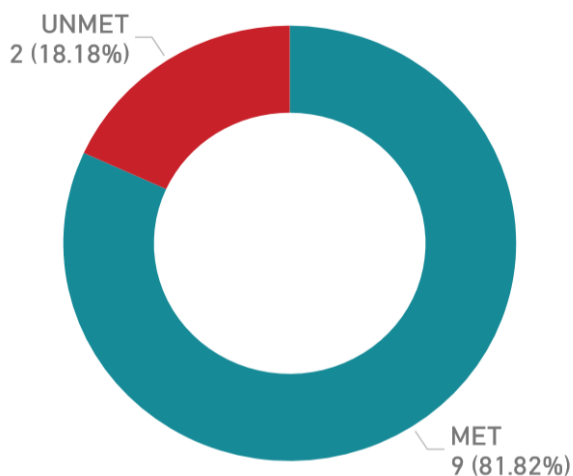
Back-up systems and other redundancies are in place to mitigate the impact of utilities and other critical functions on client and health team safety. Key facilities' functions are monitored

and there are formal response processes in place. Consistent, effective collaboration exists between Facilities, Maintenance, and Engineering (FME) and Infection Prevention and Control teams to ensure that prevention and control measures are in place for construction, renovation, and remediation of events causing high risk conditions like water damage. Facilities team members are educated and certified according to related CSA standards.

FME projects are coordinated with clinical teams to minimize the impact on safety, comfort and service delivery. Planning for improvements to the physical environment and for new facilities include input from family advisors, patients, and community stakeholders. Renovated and newly built facilities take into account patient and family experience, safety, efficiency and consider future needs.

A wide variety of initiatives are in place to minimize the organizational impact on the environment including energy efficiency, waste reduction, and the adoption of new technology.

Emergency Preparedness



Priority Process Description:

Planning for and managing emergencies, disasters, or other aspects of public safety.

STANDARD	UNMET CRITERIA	CRITERIA
Leadership	14.9	A business continuity plan is developed and implemented in order to continue critical operations during and following a disaster or emergency.
Leadership	14.10	The business continuity plan addresses back-up systems for essential utilities and systems during and following emergency situations.

Well-developed plans are in place to prevent, mitigate, and manage disasters and emergencies

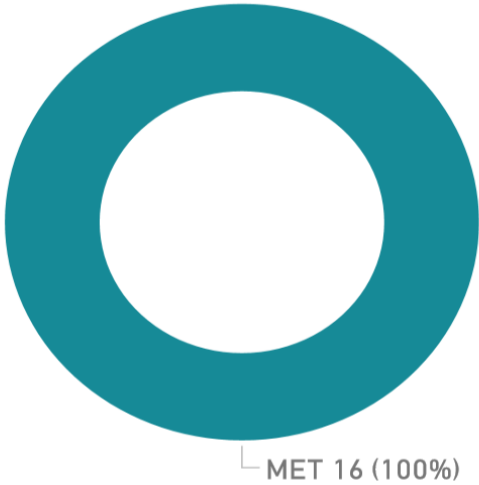
using an all-hazard functional planning framework. Response plans are aligned across the province and with partner organizations. Supportive education is provided through a combination of frequently accessed e-Learning programs combined with hands-on learning and scheduled simulation exercises. Comprehensive reference materials, planning tools, and other resources are available online to all staff.

Significant resources have been allocated to enhance standardized business continuity planning processes across AHS. The process and its effectiveness will be measured against published standards. The initiative is in its second phase of engaging AHS and community stakeholders and when complete, will be an industry benchmark.

A high degree of awareness and active involvement in preparation exercises is evident at hospital sites. There are standardized processes to share lessons learned from both actual incidents and simulated exercises. As in many organizations, there are competing demands for time and attention. There are occasional challenges to sustain planned educational plans. The AHS Emergency Preparedness team demonstrates professional leadership through presentation, publication, and representation on internal and external committees and Boards.

People-Centred Care

All criteria are met for this Priority Process.



Priority Process Description:

Working with clients and their families to plan, improve and provide care that is respectful, compassionate, culturally safe, and competent.

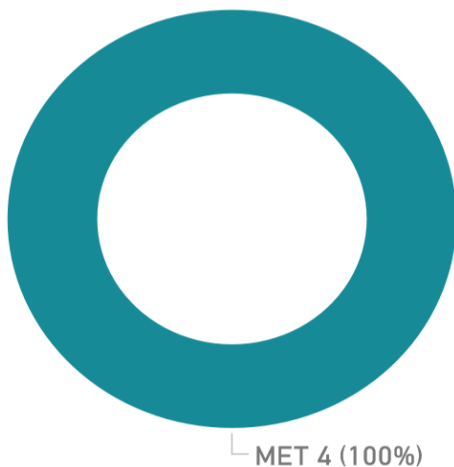
There are established mechanisms for the Board to hear from and incorporate the voice and opinions of clients and families. The Board includes clients as members, where possible. The Board provides oversight of the organization's efforts to build meaningful partnerships with clients and families. The Board monitors and evaluates the organization's initiatives to build and maintain a culture of client and family-centred care. The Board regularly hears about quality and safety incidents from the clients and families that experience them.

The Executive/Senior Leadership Team is supported in their efforts to partner with clients and families in all aspects of their care. Teams, clients, and families are supported to develop the knowledge and skills necessary to be involved in quality improvement activities. There is regular dialogue between the organization's leaders and clients and families to solicit and use client and family perspectives and knowledge on opportunities for improvement. The strategic goals and objectives are communicated to team members throughout the organization, and to clients and families. When developing the operational plans, input is sought from team members, clients and families, and other stakeholders, and the plans are communicated throughout the organization.

There are mechanisms to gather input from clients and families in co-designing new space and determining the optimal use of current space to best support comfort and recovery.

Patient Flow

All criteria are met for this Priority Process.



Priority Process Description:

Assessing the smooth and timely movement of clients and families through service settings.

The proactive and continuous improvement of patient flow is an identified strategic priority for AHS. The strategy has been developed using available data to understand the populations served, demand for service, and barriers to optimal flow. Patient, family, and community engagement is evident in strategic planning and in ongoing collaboration to improve access to services.

Operational and physician leaders are accountable to improve patient flow using performance data measured against internal and external benchmarks toward established targets. Standardized reporting tools, strategic improvement initiatives, and accountabilities are in place. The "Home to Hospital to Home Transitions in Care" Provincial Guidelines and the CoACT

program and suite of tools support leaders and staff to enact the access improvement strategies in a standardized way.

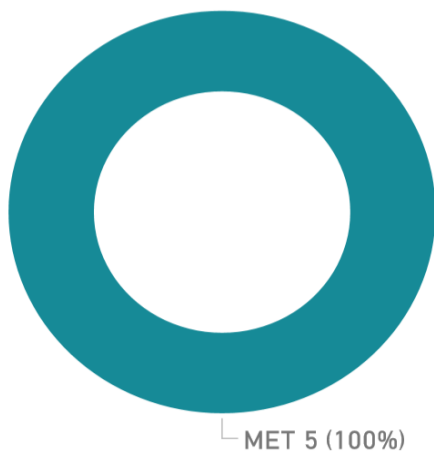
In addition to those initiatives, other Provincial strategies including Primary Healthcare Integration Network initiatives, Addiction, and Mental Health strategies, the adoption of care paths, Rapid Rounds, patient communication boards and improvements to surgical wait times were evident at most sites.

At the same time, local innovations are supported and shared with the intent of expanded adoption when appropriate. Many effective contextually specific improvement initiatives were observed. Zones and sites analyze performance, population differences and needs, and customize access initiatives accordingly. For example, the South Zone has initiated a funded study to better understand effective co-design of health services for improved indigenous health; have opened an on-reserve continuing care facility and an on-reserve safe withdrawal program to provide better access to required care for people in that community.

Surge capacity plans for seasonal variation are in place. Several examples of space re-design to expand capacity and improve the care environment for patients with mental health and addiction service requirements were observed particularly adjacent to Emergency Departments.

Medical Devices and Equipment

All criteria are met for this Priority Process.



Priority Process Description:

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Medical devices and equipment are selected and procured following standardized open processes that engage a wide range of stakeholders. Educational programs are in place to enable teams to use devices and equipment safely. Comprehensive programs and processes are in place for maintaining, upgrading, and replacing medical devices and equipment.

Standardized policies, processes, and procedures are in place for the preventative maintenance of medical devices, equipment, and technology. Preventative Maintenance schedules and performance are tracked and reported from a centralized system. Systems are in place to effectively manage recalls and safety incidents resulting from the use of medical devices, equipment, and technology. Medical Device Safety (MDS) teams are used to integrate procurement, engineering, and clinical perspectives in identifying and managing related safety issues.

A commitment to the continuous improvement of systems and processes is evident by several innovative initiatives to enhance safety, reduce unnecessary variation, and enhance case costing. Improvement aims and performance metrics are closely aligned with legislation, regulations, and published practice standards.

4. Detailed Results: Required Organizational Practices

Compliance by Required Organizational Practice (ROP) OVERALL

REQUIRED ORGANIZATIONAL PRACTICE	STANDARD	RATING
COMMUNICATION		
Medication reconciliation as a strategic priority	Leadership	Met
WORKLIFE/WORKFORCE		
Client flow	Leadership	Met
Patient safety: education and training	Leadership	Met
Patient safety plan	Leadership	Met
Preventive maintenance program	Leadership	Met
Workplace violence prevention	Leadership	Met
SAFETY CULTURE		
Accountability for quality	Governance	Met
Patient safety incident disclosure	Leadership	Met
Patient safety incident management	Leadership	Met
Patient safety quarterly reports	Leadership	Met

Compliance with ROPs Test for Compliance

PATIENT SAFETY AREA	ROP	TESTS FOR COMPLIANCE
Communication	Medication reconciliation as a strategic priority	5 of 5 Test for Compliance Met
Worklife/Workforce	Client flow	8 of 8 Test for Compliance Met
	Patient safety: education and training	1 of 1 Test for Compliance Met
	Patient safety plan	4 of 4 Test for Compliance Met
	Preventive maintenance program	4 of 4 Test for Compliance Met
	Workplace violence prevention	8 of 8 Test for Compliance Met
Safety Culture	Accountability for quality	6 of 6 Test for Compliance Met
	Patient safety incident disclosure	6 of 6 Test for Compliance Met
	Patient safety incident management	7 of 7 Test for Compliance Met
	Patient safety quarterly reports	3 of 3 Test for Compliance Met

5. Criteria Identified for Follow-up by the Accreditation Decision Committee

STANDARD	CRITERIA TYPE	CRITERIA # & TEXT	DUE DATE
Leadership	Regular	14.9 A business continuity plan is developed and implemented in order to continue critical operations during and following a disaster or emergency.	June 30, 2020
Leadership	Regular	14.10 The business continuity plan addresses back-up systems for essential utilities and systems during and following emergency situations.	June 30, 2020

6. Required Organizational Practices Identified for Follow-up by the Accreditation Decision Committee

The Accreditation Decision Committee has not identified any Required Organizational Practices for follow up. All applicable Required Organizational Practices are met.