

2023

Addiction Treatment Centres and Programs Accreditation Report

Alberta Health Services

Spring 2023 Survey
May 29 – June 2, 2023



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 May 29 – June 2, 2023. 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, provincial, and community-based programs 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, large urban hospitals and provincial programs 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 decision will be issued that includes the organizations’ accreditation award.

Addiction Treatment Centres and Programs Assessment– Sites Visited

- Edmonton Youth Recovery (Crowsnest House)
- Fort McMurray Recovery Centre
- Henwood Treatment Centre
- Medicine Hat Recovery Centre
- Jasper House (PChAD)
- Renfrew Recovery 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

Surveyors visited six (6) addictions treatment centres and programs across the zones. AHS is commended for their commitment to provide an integrated and recovery-oriented system of care for their clients in a safe and welcoming environment in the residential addiction treatment, detoxification, and Protection of Children Abusing Drugs (PChAD) programs.

Clients are supported by passionate, collaborative, and client-centred staff that builds on a client's strengths and focuses on increased quality and control of one's life. Staff provide evidence-based care through client-centred referral, admission, assessment, treatment, and discharge planning processes. A recovery-oriented approach recognizes that recovery is a journey, unique to each person. To that end, staff are wholly invested in the service and the client's journey to recovery.

Staff treat clients with respect and dignity without judgment, stigma, or discrimination. There is a recognition that clients come with their own history, culture, beliefs, and experiences of trauma, family, and health.

Referrals and access to the programs is available to all Albertans with wait times being four (4) weeks or less.

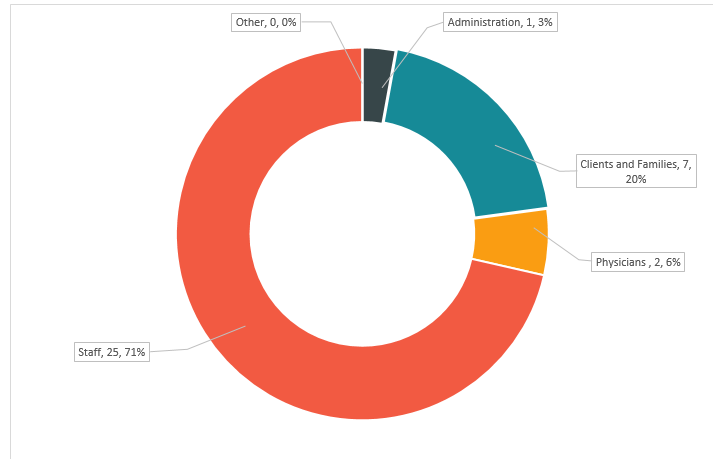
In the provincial PChAD program the staff is to be commended for their people-centred care approach under circumstances where all their clients are court ordered to attend. Staff build relationships with the clients despite these circumstances, and they work together as a team to achieve the client's goals. There is a strong connection between families and the program.

Survey Methodology

The Accreditation Canada Surveyors assessed the Addictions Treatment Centres and Programs.

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

Groups	Total number of touchpoints
Administration/Leadership	1
Client & Families	7
Physician	2
Staff	25
Other	0



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 program:

Key Opportunities

- Consider ways to develop dedicated spiritual care spaces for prayer, meditation, or cultural practices, and connect clients with the appropriate resources.
- Consider enhancing the physical environment to be more “home like” by creating more of a welcoming environment with meaningful input from clients (youth and adult) to co-design space whenever appropriate.
- Assess potential physical and psychological risk regarding low barriers to program entry and ongoing gaps in security services.
- Assess opportunities to have an onsite or on-call pharmacist.
- Monitor indicators and evolve and enhance programs and services using quality plans with measurable objectives and indicators.
- Continue working towards standardizing services, documentation and communication and sharing successes across the program.

Areas of Excellence

- Passionate, knowledgeable, and experienced staff who are wholly invested in the service and client’s journey to recovery.
- Strong community partnerships.
- Robust standardized orientation program for new employees.
- Comprehensive admission package and checklist for new clients with efforts made for individual goal setting and transition planning.
- Comprehensive “Event Incident Level Response Protocol” pathways for client safety incidents.
- Recipient of a Health Canada grant to implement the “Asokan – Bridging Indigenous Programming” (aims at offering culturally sensitive services to Indigenous youth and families with living experiences of substance use).

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 99% met	On-Site 100% met	Overall 100% met	
Number of attested criteria			
Attested 108 criteria	Audited 24 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
Infection Prevention and Control	45	0	0	0
Leadership	8	0	0	0
Medication Management	47	1	2	0
Service Excellence	75	0	1	0
Substance Abuse and Problem Gambling	52	0	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	12	1	0	0
Appropriateness	78	0	2	0
Client Centered Services	48	0	0	0
Continuity of Services	8	0	1	0
Efficiency	1	0	0	0
Population Focus	5	0	0	0
Safety	64	0	0	0
Worklife	11	0	0	0
Total	227	1	3	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Substance Abuse and Problem Gambling	MET
The 'Do Not Use' List of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Substance Abuse and Problem Gambling	UNMET
Information Transfer at Care Transitions	Substance Abuse and Problem Gambling	MET
MEDICATION USE		
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
Reprocessing	Infection Prevention and Control	MET
RISK ASSESSMENT		
Suicide Prevention	Substance Abuse and Problem Gambling	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; 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.



MET 7
(100%)

There is evidence of commitment to emergency preparedness processes and systems that include communication, coordination, and collaboration. Regular drills are conducted, and results are used to review and revise processes as deemed necessary by the team. There are strong policies and procedures for identifying and managing outbreaks.

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.



MET 34
(100%)

Food preparation and serving of meals is done in a clean, well-organized and maintained area.

Team members, clients and families are provided with education about the hand-hygiene protocol.

Health care-associated infections are tracked, information is analyzed to identify outbreaks and trends, and this information is shared throughout the organization.

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.



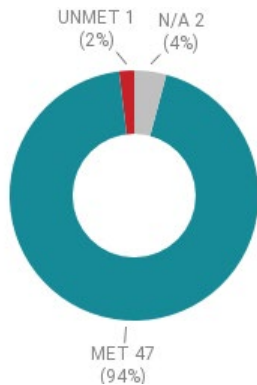
local hospitals to provide this service within AHS.

Cleaning processes of all equipment between client use is in place at all sites. Standard and approved cleaning products are used. There are minimal medical devices and equipment in use (e.g., vital sign machine and weigh scale). All equipment cleaning is completed as per manufacturer instructions.

There is no sterilizing of devices done at the sites visited. Single use devices are used for the most part. In the event equipment sterilization is required, equipment is sent to

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.



medication safety, as evidenced by a recent quality improvement initiative to enhance the medication reconciliation process. The pharmacists are now directly involved with all aspects of the medication reconciliation process at admission, transfer, and discharge; thereby increasing capacity for the nursing team to focus on nursing related duties. The full implementation of Connect Care has been a significant enhancement to their medication management program, and it has furthered the partnership between the centre and pharmacy toward successful and safe administration of medications.

Henwood Treatment Centre is commended for their commitment to high quality and safety as it relates to medication management. Medication management services are provided by a high functioning pharmacy partnership with the contracted pharmacy services. The pharmacy is located onsite at Henwood Treatment Centre. This partnership is well integrated, and much effort has been made to ensure clear policies and procedures with respect to safe and effective medication management at the centre.

The team members demonstrate a strong commitment to

Medicine Hat Recovery Centre is commended for their commitment to high quality and safety as it relates to medication management. The medication management system is organized, and geared towards client safety and staff are practicing within their scope. Staff participate in continuous education and also have the opportunity to self-evaluate their own practice related to medication skills

and knowledge annually and review webinars and education topics using their online eLearning platform.

The medication storage room is secure, well-lit, ventilated, and highly organized. Medication audits are conducted and up to date. There is no onsite or on-call pharmacist – there is opportunity to explore options to connect with a pharmacist remotely.

The leadership and staff are looking forward to the Connect Care conversion given the significant enhancement the digital solution it will bring to their medication management program.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	6.5	Teams can access an on-site or on-call pharmacist at all times to answer questions about medications or medication management.

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: Service Excellence; Substance Abuse and Problem Gambling.



It was evident throughout the survey that the interdisciplinary care team involves the clients and their family in care planning, are recognized as vital team members, and clients are encouraged to actively participate in the care process. It was observed and reported that clients and families felt included and respected, which aligns with best practice and AHS’s Patient First Strategy.

While clients and family members do provide input on clinical care needs of their loved ones, there is no evidence of a systematic and strategic approach to obtaining input prior to the development of operational plans at the site level. At the site level, the team is encouraged to seek out intentional opportunities to seek input from clients and family in setting timeframes or measurable objectives for improvement initiative.

The leadership and interdisciplinary team need to continue their quality improvement journey and consider how to actively involve input and feedback from clients and families with their quality initiatives. One consideration is to create quality improvement boards at the sites so that the information can be communicated to clients, families, and team members. The initiatives can be highlighted with ways that client and families can be involved in providing feedback.

Physical Environment

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



The teams are encouraged to enhance the physical environment to be more “home like” by creating more of a welcoming environment. For example, the office space used for the initial admission assessment at Henwood Treatment Centre was observed to be very “sterile” - devoid of any artwork, bright wall paint, and there were cluttered shelves of disorganized medical supplies. The team is encouraged to seek meaningful input from the residents to co-design the space.

The provincial PChAD program recently moved into a new location within a hospital. A challenge for the program is ensure that they are continued to be viewed as a community-based service. They are continually adapting the physical environment to make it less like a hospital unit and more into a home-like environment. The program unit is secured due to the nature of the program.

At Edmonton Youth Recovery, an opportunity exists to create a more home-like/welcoming environment at their new location and seek meaningful input from youth and their families in the co-design of their new location.

At the Renfrew Recovery Centre limitations arise from the age of the space, leading to issues such as crowding and impacts the infection prevention and control processes and practices. While the center's staff excels in providing compassionate and effective treatment, the physical environment impedes their ability to deliver optimal care. Staff expressed concern with an ongoing gap in security services within a 24-hour period.

The Medicine Hat Recovery Centre was established in 2014. The facility was built by Infrastructure Alberta and positively designed for residential recovery for medical detox and residential treatment. The facility is aesthetically pleasing, bright, and clean. There is a shared dining room, exercise and games room, outdoor areas for meditation, gardening, volleyball, and a fire pit.

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.

Substance Abuse and Problem Gambling Services

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



The leaders, interdisciplinary team, and physicians throughout program are committed to quality care for clients and their families. The clients and families stated that they were treated with care, dignity, and respect. While clients and family members do provide input on clinical care needs of their loved ones, there is no evidence of a systematic and strategic approach to obtaining input prior to the development of operational plans at the unit or site level.

There are pockets of excellence that were observed by surveyors. For example, the leadership team at Henwood Treatment Centre has demonstrated their ongoing commitment to people-centred care by recently hiring and integrating peer support workers to their interdisciplinary team composition. The role of the peer support worker is to enhance recovery program by having team members who use their personal experience of addictions to assist others going through a crisis. Team members indicated that the peer support workers have been successful in helping others experiencing similar situations in their recovery process. Through shared understanding, respect, and mutual empowerment, the peer support workers have helped clients at the centre become and stay engaged in the recovery process and reduce the likelihood of relapse and early discharge from the program. It was reported by the team that this enhanced interdisciplinary team model has been extremely beneficial. At present, Henwood Treatment Centre is the only treatment centre in Alberta Health Services that has integrated peer support workers into their interdisciplinary team. The leadership team is encouraged to submit this initiative to Accreditation Canada for consideration as a Leading Practice.

The provincial PChAD program is a community-based inpatient program. The clients are court mandated and when they join the program, they bring their own medication that staff administer and store using a medication administration record (MAR). There is currently no documented medication reconciliation process in place. The program is encouraged to review this process.

The Medicine Hat Recovery Centre receives referrals from across Alberta. Clients can self-refer to the service and are screened by the Clinical Care Assistant. There are six private rooms, each with an attached bathroom and one room is barrier-free. Clients have access to distracting areas, TV, nourishment, and hydration.

After a nurse reviews the client’s history the program uses Opioid Agonist Therapy which is customized for each client by the Medical Director. The physician is connected to provincial resources and ensures best practice protocols are used. The average length of stay is five (5) days, however, for opioids and alcohol it is 7-10 days.

The Clinical Opiate Withdrawal Scale (COWS) is used to effectively monitor and manage withdrawal. A vital signs monitor is used in client management. The CIWA-Ar is a 10-item scale used to quantify the severity of alcohol withdrawal. It can also be used to monitor withdrawal and medicate accordingly.

The detox unit is staffed with an assistant head nurse, medical director, RN, LPN, and clinical care assistant. Environmental and kitchen services are contracted to a company called Aramark. There is a manager for the facility.

In the residential treatment area at Medicine Hat Recovery Centre there are seven (7) rooms – two (2) are private (one (1) is barrier-free) and five (5) rooms are shared – with space for 12 clients. The residential treatment plan is a four (4) week program which consists of group and individual sessions with continuous intake on the weekends and facilitated by the addiction counselors. Some of the educational content includes cognitive behavioural therapy skills, triggers, cravings, anger and emotional management, and stress tolerance. Note that clients typically complete the detox first and then consider the residential treatment program.

The resident treatment unit is staffed with a clinical supervisor, three addiction counselors, a medical director, and a recreation therapist.

Service Excellence

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter. Priority Processes included in this section are: clinical leadership, competency, decision support, and impact of outcomes.



It was evident throughout the survey that there are strong committed leadership and interdisciplinary teams are very engaged, working collaboratively and embracing the client and their families as key members of the team. The client and families are actively involved from admission to discharge in identifying, revising/modifying their goals of care with direction and input from the team. It was observed and reported that clients and families felt included and respected, which aligns with best practice and AHS’s Patient First Strategy.

While clients and family members do provide input on clinical care needs of their loved ones, there is no evidence of a systematic and strategic approach to obtaining input prior to the development of operational plans at the unit or site level. At the site level, the team is encouraged to seek out opportunities to gather input from clients and families in setting measurable objectives and timelines for improvement initiatives.

Clients and families are encouraged to provide regular input and feedback to the team members so that services can be adjusted and improved. One mechanism that has been successful is the implementation of client experience surveys that are completed at discharge. The results are reviewed by the leadership team to determine opportunities that are flagged in the reports and to determine strategies to improve and/or strengthen service delivery. These reports are generated on a quarterly basis and the feedback received is taken seriously to provide direction on improvements.

There is a process in place for clients to know which team member is responsible for overseeing their care plan. Clients wishes and goals are factored into transition and discharge planning especially when the client feels returning back home might not be the best choice for them to succeed. The team incorporates these wishes and feedback into the transitional planning.

The team uses the reporting and learning system (patient incident reporting system) to learn lessons from incidents that have occurred and make adjustment to reduce the likelihood of similar incidents reoccurring.

At the provincial PChAD site, Connect Care has been implemented. The program is still working through the system and assessing what changes may need to occur. For instance, care plans have changed in this new system, and it is encouraged that the team explore ways to maximize the capabilities of the system to enhance care planning.

The interprofessional team has done an excellent job of providing counselling and assessing willingness and readiness for addiction services. Ensuring the healthcare team has the continued opportunities for education as well as support for their own self-care and wellbeing is something the leadership is encouraged to keep as a priority. As well, the program is encouraged to increase communication and engagement of staff in the design and implementation of quality improvement initiatives.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria				
Standard	Criteria		Site	Due Date
Substance Abuse and Problem Gambling	3.5.1	The types of clients who require medication reconciliation are identified and documented.	<ul style="list-style-type: none"> Jasper House (PChAD) 	June 28, 2024
	3.5.2	At the beginning of service, a Best Possible Medication History (BPMH) is generated and documented in partnership with the client, family, health care providers, caregivers, and others, as appropriate.	<ul style="list-style-type: none"> Jasper House (PChAD) 	June 28, 2024
	3.5.3	Medication discrepancies are resolved in partnership with clients and families or communicated to the client's most responsible prescriber, and the actions taken to resolve medication discrepancies are documented.	<ul style="list-style-type: none"> Jasper House (PChAD) 	June 28, 2024
	3.5.4	When medication discrepancies are resolved, the current medication list is updated and provided to the client or family (or primary care provider, as appropriate) along with clear information about the changes that were made.	<ul style="list-style-type: none"> Jasper House (PChAD) 	June 28, 2024