Urban Hospital
Inpatient Services Program

Alberta Health Services

Table of Contents

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:
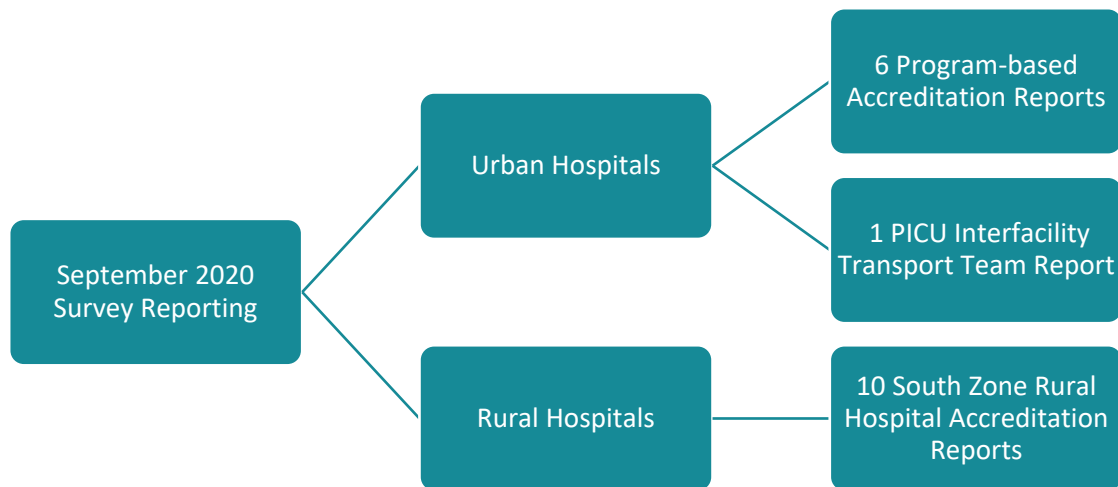
Inpatient Services Program Assessment– Sites Visited

- Chinook Regional Hospital
- Medicine Hat Regional Hospital
- Northern Lights Regional Health Centre
- Peter Lougheed Centre
- Red Deer Regional Hospital Centre
- Stollery Children's Hospital
- University of Alberta Hospital
- Wetaskiwin Hospital and Care 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 Inpatient Services Program Survey took place from September 27 to October 3, 2020. It focused on four system-wide priority processes (People-Centred Care, Infection Prevention and Control, Emergency Preparedness, and Medication Management), and five service-level priority processes were included to assess this program (Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes). The following standards were applied: Inpatient Services, Medication Management, Infection Prevention and Control and, Service Excellence.

The survey was conducted by four surveyors from outside of the province. The surveyors visited 8 locations across the province. Urban hospitals conducted the attestation process in advance of the survey. This assessment method helped them to prepare for the onsite visit. Another new component of this survey was the unannounced visit as sites were not aware when surveyors would be arriving to complete the assessment. Program leadership and staff have embraced the accreditation journey and the new methodologies.

Surveyors recognized the significant work and achievements that are taking place across the province to support quality patient care. Units are achieving success in being focused on delivering patient-centred care and staff are utilizing whiteboards for daily conversations to highlight goals of care. During shift reports, staff update the whiteboard and check all vital equipment to ensure that information and equipment is available for safe care.

Patient flow continues to be a challenge for inpatient units as many sites have overcapacity related to increased demand for acute care with admitted patients. Site managers work with all the inpatient units daily to assess and plan for admissions and discharges to ensure access to care. During the visit, Foothills Medical Centre was experiencing a site outbreak related to COVID-19 and many staff were in quarantine. It was remarkable to see how hospitals were connected and supporting the flow of patients to appropriate hospitals to provide support.

Integrated patient flow activities to support inpatient care across urban hospitals is very positive and teams work to support patients wherever possible. An opportunity exists, concerning patient flow, to have stronger and more engaged physician leadership at the site and zone level to advance system efficiencies and achieve increase operational effectiveness related to patient flow. Besides, technology enablers with patient flow metrics would assist in ensuring accurate data is readily available to drive system performance related to patient flow.

The units that were surveyed across the province are commended for their performance in managing the COVID-19 pandemic. The inpatient units initially scaled back their inpatient activity to be able to respond to the pandemic; however, the community rates have remained low and slowly they are opening their beds. In the South Zone, the surgical and day procedures are nearing 100% level, and the teams are proud of the work that they are doing to clear the list of procedures that were rescheduled due to COVID-19.

The teams are commended for their response and ability to implement the provincial infection control standards that have enabled the site and units to successfully manage the COVID-19 impacts to date. Staff are focused on re-opening and supporting patient care.

The front-line staff and managers work well together, and the COVID-19 pandemic has increased this engagement and support amongst units. Staff at the front line are comfortable with the supports they have received; however, would appreciate enhanced communication regarding larger AHS communication changes that impact their unit during COVID-19. One area that was not communicated well to the site was the pause in completion of Hand-Hygiene audits over the summer and the units expressed concern as to why their last results are not posted.

An opportunity exists in the further sharing of quality indicators at the front line and unit level and support for quality improvement initiatives. The pandemic has caused many projects to take a pause; however, there is an opportunity for further enhancement of unit base indicators that align with larger program projects to advance quality with the front-line staff.

Survey Methodology

The Accreditation Canada Surveyors visited 8 sites over the five days of the survey.

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

Other, 5, 6%

Administration, 12, 14%

Clients and Families, 16, 18%

Physicians , 4, 5%

Staff, 50, 57%

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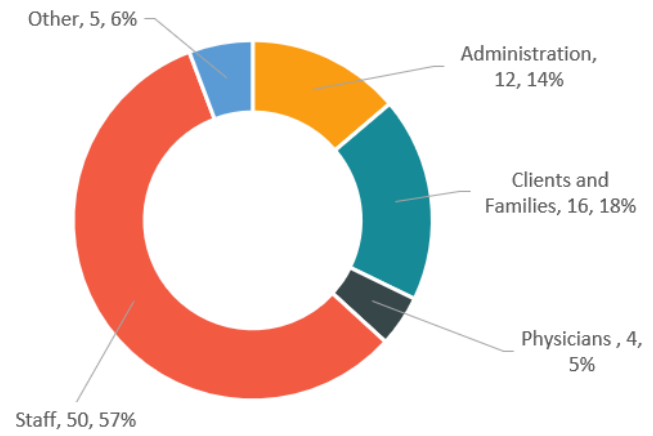
[1] "Other" interviewees refer to individuals such as students or volunteers

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. Quality Projects and Indicators – Unit Level

2. Leadership Rounding

3. Unit Specialization – Populations (Medicine / Surgery / Ortho / Palliative)

4. Stability of Unit leadership

5. Performance Appraisals

Areas of Excellence

1. Patient White Boards

2. Strong Interdisciplinary Teams

3. Patient flow engagement across units, sites and zones

4. COVID-19 Response

5. Rapid Rounds and Bedside Hand-Over

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			Attestation:
Attested	On-Site	Overall	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.
99% met	87% met	87% met	
*Number of attested criteria			**On-site Assessment:**
Attested	Audited		Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
296 Criteria	52 Criteria		

*The metric 'number of attested criteria' is calculated by summing all criteria attested to at each site included in the composite survey. The metric 'number of audited criteria' is calculated by summing the number of attested criteria that were audited during the onsite survey.

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[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
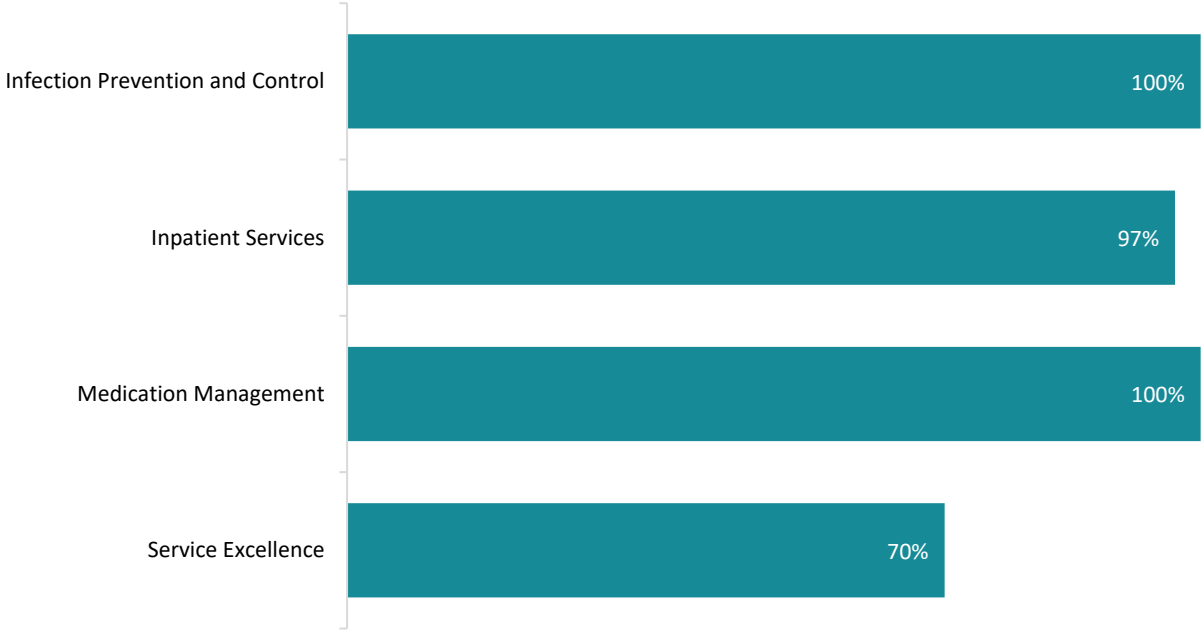
STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	13	0	0	0
Inpatient Services	67	2	0	0
Medication Management	31	0	0	0
Service Excellence	53	23	0	0
Total	164	25	0	0

Compliance by Quality Dimension

Dimension	Compliance
Accessibility	92%
Appropriateness	78%
Client Centered Services	89%
Continuity of Services	100%
Efficiency	100%
Population Focus	100%
Safety	92%
Worklife	78%

DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	11	1	0	0
Appropriateness	46	13	0	0
Client Centered Services	42	5	0	0
Continuity of Services	8	0	0	0
Efficiency	1	0	0	0
Population Focus	2	0	0	0
Safety	47	4	0	0
Worklife	7	2	0	0
Total	164	25	0	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Inpatient Services	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Inpatient Services	MET
Information Transfer at Care Transitions	Inpatient Services	UNMET
MEDICATION USE		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand hygiene Education and Training	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	UNMET
Pressure ulcer prevention	Inpatient Services	MET
Venous thromboembolism prophylaxis	Inpatient 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.

Ample evidence exists to demonstrate the organizational ability to meet the Infection Prevention and Control (IPC) criterion, under the emergency preparedness priority process.

MET 1
(100%)

Current and updated policies and procedures are available and shared with staff and volunteers to help identify and manage outbreaks. Ongoing IPC education is delivered consistently and regularly, starting at orientation, and annually and more frequently if needed thereafter.

Return to work for volunteers is predicated on the completion of relevant IPC and COVID-19 focused educational modules. Staff are provided with appropriate and adequate information and IPC resources, to help maintain safety and avoid the spread of infections. It is possible that the current COVID-19 pandemic further focused attention on IPC training, education and auditing, which would only enhance the already robust practices and performance throughout the programs.

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.

There are no unmet criteria for this Priority Process.

Evidence exists to support organizational commitment to keep staff, volunteers, patients, and families safe and protected as best as possible. Dedicated infection control practitioners are available to staff, patients, and families for consultation and support. Ample resources, policies and procedures are available and are updated regularly to ensure best practices are always in place.

MET 12
(100%)

Regular auditing and review of practice take place, with consistent follow up and adjustments to support optimal IPC practices. Hand-hygiene audits are conducted regularly, and results are posted and widely shared on quality boards. IPC resources including personal protective equipment (PPE) and hand sanitizers are widely available throughout the buildings in all patient care and public areas.

Staff, volunteers, and visitors are screened as per provincial requirements and granted or denied entry to the hospitals based on screening results. There are regular and on-going educational opportunities and visual cues to remind individuals on proper IPC practices and emphasize individual commitment and contribution to prevention activities that help limit the spread of infections.

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 no unmet criteria for this Priority Process.**

Organizational commitment to patient safety as it relates to medication management is evident throughout all patient care areas. Staff are well informed, educated and aware of current evidence-based best practices as they apply to medication management. All areas meet the required criteria and the required organizational practices (ROPs), pharmacy services, including the availability of pharmacists during regular hours, as well as on-call services after hours provide essential support to staff and promote patient safety.

MET 31
(100%)

Relevant, updated and clear policies, procedures, and protocols are available to staff for review, should concerns or questions arise. Medication management incidents are completed as necessary and

managed expeditiously with appropriate educational activities to prevent future recurrence. Opportunities exist in certain areas to further improve the utilization of the 'do not use' list of abbreviations and symbols to enhance patient safety.

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.
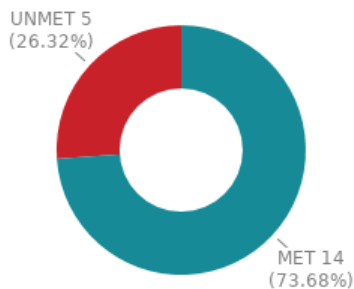
Alberta Health Services is working toward increasing people-centred care across the province. Many units across the zones are working daily to integrate patients and families in the discussions, and whiteboards are filled out with staff and patients to guide care and give visual cues on the daily plan of care. Many of the items that are updated focus on small but important items such as the date, expected discharge date, health care team names, and plan of care. In conversation with patients, the shift-to-shift update is meaningful and provides at a glance key information for orientation and awareness of care.

As well, many units have laminated posters on patients' doors that welcome them to the unit, including what to discuss with the health care team, what to expect during the stay, and questions and contact information. Consistency in the approach is needed across all units within AHS. The organization is encouraged to celebrate and provide meaningful conversations across units on how to elevate and raise the profile of this information. Units and sites are at different stages in their advancement of people-centred care and to improve practices across all sites, oversight with appropriate strategies and monitoring needs to continue.

The role of patient advisors is being introduced at AHS and various teams are at different stages establishing this important role with programs. There is a recognition that the involvement of patients and families in all aspects of care, and care making decision elevates and advances patient-centred care at AHS. The zones are working towards integration, and it will be critical that strong patient advisors are recruited and involved in the planning and design of programs and services in the future.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.1	Services are co-designed with clients and families, partners, and the community.
Service Excellence	1.3	Service-specific goals and objectives are developed, with input from clients and families.
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	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

Detailed Results by Service-Level Priority Process

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

Inpatient Services

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

UNMET 2
(3.45%)

MET 56
(96.55%)

The AHS on-site survey recognized the important achievements in the inpatient units every day to ensure safe and high-quality care is delivered.

The role of the patient and family is changing, and ongoing efforts are needed to ensure they are the center of care participating in all areas of program design and evaluation of care as it exists on the units.

The inpatient units across the hospitals for the most part have been designed to meet the needs of the patients and are based on traditional units for adults and pediatrics. Many of the medical-surgical units with upward of 30 beds or more care for various populations that are mixed (e.g. Orthopedics, gynecology, oncology, palliative, general surgery, stroke etc.). There is an opportunity at some of the sites to consider more focus specialization of units, and this would enable staff to develop stronger expertise in certain areas and potentially impact unit effectiveness and efficiency. As well, the sites in overcapacity can see the growth in the need for inpatient beds, and an annual review of the bed map could assist with bed alignment for services and avoid off-servicing where possible.

As the zones move towards more integrated programming and structures to enhance patient care, having patients included in the design and evaluation of the processes and pathways for care will be beneficial.

There is a positive focus on education at the sites and teams require consistent education to keep abreast of the care needs and requirements that undergo continuous change. There have been many changes in leadership roles at the unit level and education and support need to be available and consistent for new leaders who manage complex units.

With the many changes in AHS as they work toward Connect Care, support needs to be provided to new managers and leaders with the tools and mentorship to lead. Leaders are in favour of the changes with zone directorship; however, many of the new managers are feeling unsupported by this change and have limited ability to connect to the Director. Leadership stability needs to be considered in the context of the significant changes that have occurred within the zones and the Connect Care project.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	1.3	Equipment and supplies appropriate for pediatric clients are available and accessible.
Inpatient Services	4.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.

Service Excellence

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

UNMET 18 (26.47%)

MET 50 (73.53%)
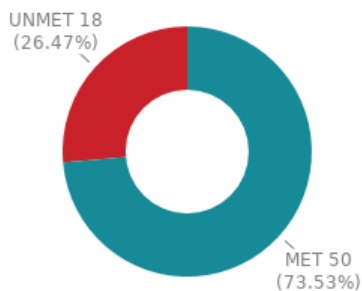
There are many achievements and areas of excellence that have been identified related to service excellence. There is a strong and positive culture of learning and education and staff opportunities for growth, personal development and career choices. Clinical areas have educational roles and support to ensure that annual competencies are maintained and built-in accountability to ensure that staff embrace learning and education to guarantee best-practice care is available to patients and their families.

The organization overall is continually working to ensure that care remains central and programming is being advanced to ensure that patients and families are more integrated into daily care. In conversations with patients and families, communication whiteboards are being introduced to ensure that key information is available to patients and families and inform them of what to expect during their hospital stay. These daily conversations are important as they assist in bringing the voice of patients to all staff who are caring for them and identify what is important.

As integration advances at the unit, site and zone level, it will be critical to ensure that patients and families are a part of this evolving infrastructure and participate in the design of patient-centred care initiatives. The units visited have high functioning teams that are interdisciplinary and focus on planning and providing the best care possible to patients.

AHS is working to bring in technology through Connect Care that will hopefully advance the integrated chart and enable teams to have information in a timely, seamless way to improved care delivery.

Focusing on outcomes enables individuals, teams and programs to understand the outcomes of care and whether this was achieved. During the site visits, it was clear that different units, sites and teams are at various stages in utilizing data to drive performance and quality of care. Alignment across units, sites, and zones will be important with common indicators at the system, program and unit level that enables everyone to understand the connection point and goals. Depending on the site and unit, the understanding of indicators of performance varied and this is an opportunity area for improvement.

During transitions in leadership structure and change, it will be important to use information and data to assist areas to increase their focus on quality and safety with a few vital indicators. Having information enables staff and leaders to make decisions that can improve care practices and performance. This will be an area to evolve and mature as the integrated zone structure advances.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
Service Excellence	3.1	Required training and education are defined for all team members with input from clients and families.
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	6.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.
Service Excellence	7.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.
Service Excellence	8.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.
Service Excellence	8.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
Service Excellence	8.5	Guidelines and protocols are regularly reviewed, with input from clients and families.
Service Excellence	9.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.
Service Excellence	9.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.
Service Excellence	9.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.
Service Excellence	9.4	Safety improvement strategies are evaluated with input from clients and families.

Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.5	Quality improvement activities are designed and tested to meet objectives.
Service Excellence	10.7	There is a process to regularly collect indicator data and track progress.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
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: Inpatient Services			
#	Criteria	Site	Due Date
4.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	University of Alberta Hospital	May 30, 2021

Follow-up ROPs			
Standard	ROP - Test of Compliance	Site	Due Date
Inpatient Services	**Falls prevention and injury reduction**		
	5.8.3 The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	Red Deer Regional Hospital Centre	May 30, 2021
	Information Transfer at Care Transitions		
	6.18.1 The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	Peter Lougheed Centre	May 30, 2021
	6.18.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer.	Peter Lougheed Centre	May 30, 2021