

# Alberta Health Services Accreditation Status and Activities for Health Facilities and Programs

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Submission to Alberta Health

February 13, 2017

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## Executive Summary:

The Alberta Health Services (AHS) Accreditation Status and Activities for Health Facilities and Programs annual report summarizes AHS participation in Accreditation Canada's QMentum program and the College of Physicians and Surgeons of Alberta (CPSA) accreditation programs for diagnostic services. A summary of the accreditation activity for our funded partners (Covenant Health and Lamont Health Care Centre) and contracted partners for Continuing Care, Addictions and Mental Health (A&MH) and Emergency Medical Services (EMS) is also provided.

AHS activity in Accreditation Canada's QMentum program involves a four year cycle with an annual survey each May. Post survey, there are typically two follow up evidence submissions to Accreditation Canada. The first (six months post survey) is to address unmet major tests for compliance for Required Organizational Practices (ROPs). The second (seventeen months post survey) is to address unmet minor tests for compliance for ROPs and unmet High Priority criteria. Currently there are two evidence submissions pending in follow-up to unmet ratings received from the May 2015 and May 2016 surveys.

**May 2014 Survey** – A third evidence submission was submitted to Accreditation Canada in April 2016 to address minor tests for compliance for three ROPs (Hand Hygiene Compliance, Dangerous Abbreviations and High Alert Medications). All evidence was accepted.

**May 2015 Survey** – After the second evidence submission in October 2016, Accreditation Canada requested a third evidence submission relating to high priority criteria within two standards (Emergency Department and Emergency Medical Services). The submission is due in April 2017.

**May 2016 Survey**– After the first evidence submission in November 2016, Accreditation Canada requested additional evidence for one ROP (Information Transfer) within two standards (Perioperative Services and Invasive Procedures and Home Care Services). This evidence will be submitted along with the second submission for minor tests for compliance and high priority criteria, which is due in November 2017.

Detailed information regarding evidence submitted in the past year and progress towards achieving unmet requirements that are to be submitted in the next calendar year may be found in Appendix B.

**May 2017 Survey** – Approximately 120 AHS sites will be assessed against eleven different service standards and twelve ROPs (page 6). Preparations for the site visit are well underway.

AHS existing contract with CPSA for diagnostic services was extended for one year, effective January 2017.

AHS funded partners, Covenant Health and Lamont Health Care Centre, maintain accredited status with Accreditation Canada.

Continuing Care and Addictions and Mental Health providers contracted to AHS participate in accreditation activities to varying degrees. It is anticipated that these providers will increasingly participate in accreditation processes once a refreshed Ministerial Directive is released and accreditation compliance monitoring is enhanced to ensure adherence to new service agreements.

## Alberta Health Services Accreditation Activities – 2016

### Background:

Alberta Health Services (AHS) is engaged in a four year (2014-2017) cycle with Accreditation Canada; the second cycle of accreditation since AHS formed in 2009. The third on-site survey visit of this cycle occurred from May 1-6, 2016 and focused on specific clinical service areas. AHS hosted 25 Accreditation Canada surveyors at 89 sites (see Appendix A for a list of standards surveyed by site).

The next survey visit is scheduled for April 30 - May 5, 2017, and will continue to focus on specific clinical service areas, patient conditions and patient populations. Please see below for a breakdown of the standards by year:

May 2014 - Foundational Standards		
<ul style="list-style-type: none"> <li>• Governance</li> <li>• Medication Management</li> <li>• Telehealth Services</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Provincial Correctional Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Infection Prevention &amp; Control</li> <li>• Reprocessing and Sterilization of Reusable Medical Devices</li> </ul>
2015	2016	2017
<p><b>Medicine</b></p> <ul style="list-style-type: none"> <li>• General (Internal) Medicine</li> </ul> <p><b>Perioperative Services and Invasive Procedures</b></p> <ul style="list-style-type: none"> <li>• Hip &amp; Knee Arthroplasty specialty service</li> </ul> <p><b>Assisted Reproductive Technology (3 standards) †</b></p> <ul style="list-style-type: none"> <li>• ART Standards for Clinical Services</li> <li>• ART Standards for Laboratory Services</li> <li>• ART Standards for Working with Third Party Donors</li> </ul> <p><b>Emergency Department</b></p> <p><b>Emergency Medical Services</b></p> <p><b>Organ and Tissue Donation (3 standards)</b></p> <ul style="list-style-type: none"> <li>• Organ and Tissue Donation Standards for Deceased Donors</li> <li>• Organ and Tissue Transplant Standards</li> <li>• Organ Donation Standards for Living Donors</li> </ul>	<p><b>Respiratory Health</b></p> <ul style="list-style-type: none"> <li>• Medicine Services</li> <li>• Ambulatory Care</li> <li>• Home Care</li> </ul> <p><b>Perioperative Services and Invasive Procedures</b></p> <ul style="list-style-type: none"> <li>• All areas of surgery and endoscopy procedures in Urban and Regional Hospitals (all areas except arthroplasty and C-Sections)</li> </ul> <p><b>Cancer Care</b></p> <ul style="list-style-type: none"> <li>• Ambulatory Systemic Cancer Therapy Services</li> <li>• Cancer Care and Oncology Services</li> </ul> <p><b>Addiction and Mental Health</b></p> <ul style="list-style-type: none"> <li>• Community-Based Mental Health Services and Supports</li> <li>• Mental Health Services</li> <li>• Substance Abuse and Problem Gambling Services Rehabilitation Services †</li> </ul> <p><b>Rehabilitation</b></p> <ul style="list-style-type: none"> <li>• Acquired Brain Injury Services †</li> <li>• Rehabilitation Services</li> <li>• Spinal Cord Injury Rehabilitation Services †</li> <li>• Spinal Cord Injury Acute Rehabilitation Services †</li> </ul>	<p><b>Medicine</b></p> <ul style="list-style-type: none"> <li>• Medicine services in Rural and Suburban Hospitals</li> </ul> <p><b>Perioperative Services and Invasive Procedures</b></p> <ul style="list-style-type: none"> <li>• Surgery and endoscopy procedures in Rural and Suburban Hospitals</li> </ul> <p><b>Continuing Care</b></p> <ul style="list-style-type: none"> <li>• Home Care Services</li> <li>• Hospice, Palliative and End-of-Life Services †</li> <li>• Long-Term Care Services</li> <li>• Population Health and Wellness (Seniors Populations)</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• Aboriginal Integrated Primary Care</li> <li>• Primary Care Services</li> </ul> <p><b>Obstetrics</b></p> <ul style="list-style-type: none"> <li>• Obstetrics Services (includes C-Sections)</li> <li>• Critical Care Services in NICUs</li> </ul> <p><b>Public Health Services</b></p>

† Standards will be assessed in facilities that have dedicated beds / services only

## Accreditation Status:

AHS continues to be “Accredited” with Accreditation Canada. The next accreditation decision will be calculated at the end of this survey cycle, and will be awarded in June 2017. The Accreditation Canada 2016 survey visit [Final Report](#), [Executive Summary](#), [AHS Response](#) and [Progress Report from November 2016](#) are posted on the AHS public website <http://www.albertahealthservices.ca/190.asp>. Alberta Health received a copy of the full Accreditation Canada Report and Executive Summary following the May 2016 on-site survey.

The following were identified by surveyors as major strengths for the organization: passionate and caring staff; committed executive leadership and front line managers; strong interdisciplinary teams working collaboratively; continued progress and dedication to quality improvement; medication reconciliation significantly improved from previous surveys; and positive interactions between staff, patients and families at the point of care. An Accreditation Canada surveyor was at Northern Lights Regional Hospital just an hour prior to the evacuation that occurred as a result of the Fort McMurray wildfire and surveyors noted how being a single, integrated health system benefited AHS’ response the wildfire.

Surveyors also identified opportunities for improvement: further standardization and spread of best practices across the province; expand use of the AHS Improvement Way (AIW); consistent input from patients and families in care process and program design and greater staff engagement in quality improvement processes.

## 2016 Accreditation Activities:

Service Excellence Teams (SETs) are established to address the standards being surveyed and support patient safety and quality of care by addressing the Required Organizational Practices (ROPs) and high priority criteria in the applicable standards. SETs overseeing preparations for the May 2017 survey were established beginning in the spring of 2016. SETs overseeing the standards surveyed in May 2015 and May 2016 continue to address unmet ratings.

Follow-up evidence for unmet criteria from the May 2015 and May 2016 survey was reported to Accreditation Canada in October and November 2016 respectively. A second evidence submission for the 2016 survey is due in November 2017. A third evidence submission for the May 2015 survey is due in April 2017. The status of these evidence submissions is outlined in Appendix B.

An overall summary of the deficiencies addressed by the evidence submissions for the 2014, 2015 and 2016 surveys is outlined below.

### 2014 Survey Evidence Submission to Accreditation Canada:

The third evidence submission was provided to Accreditation Canada in April 2016 to address three unmet ROPs (Hand Hygiene Compliance, Dangerous Abbreviations and High Alert Medications) from two standards (Infection Prevention and Control and Medication Management).

Accreditation Canada has now accepted all evidence for ROPs and high priority criteria from the May 2014 survey. All details relating to the evidence submitted for the May 2014 survey can be found in Table B-1 of Appendix B.

### 2015 Survey Evidence Submission to Accreditation Canada:

The second evidence submission was provided to Accreditation Canada in October 2016 for five unmet ROPs (Hand Hygiene Compliance, Venous Thromboembolism (VTE) Prophylaxis, Falls Prevention Strategy, Pressure Ulcer Prevention and Safe Surgery Checklist) and fourteen (14) high priority criteria. These ROPs and high priority criteria resided in six standards (Assisted Reproductive Technology

[Laboratory Services], Critical Care, Emergency Department, Emergency Medical Services, Medicine Services and Perioperative Services and Invasive Procedures).

With the exception of two high priority criteria, Accreditation Canada accepted all submitted evidence for the May 2015 survey. The evidence submitted for the two high priority criteria (isolation of patients with infectious diseases and appropriate securing and storage of equipment in EMS vehicles) was partially accepted by Accreditation Canada. Details relating to evidence submissions for the May 2015 survey can be found in Table B-2 of Appendix B.

#### **2016 Survey Evidence Submission to Accreditation Canada:**

The first evidence submission was provided to Accreditation Canada in November 2016 for twenty one (21) major tests of compliance for five (5) unmet ROPs (Falls Prevention Strategy, Venous Thromboembolism (VTE) Prophylaxis, Client Identification, Information Transfer and Safe Surgery Checklist). These ROPs reside in the six standards of Community-Based Mental Health Services and Supports, Perioperative Services and Invasive Procedures, Rehabilitation, Ambulatory Care, Home Care and Medicine Services.

With the exception of one ROP (information transfer at care transitions) in two standards (Perioperative Services and Invasive Procedures and Home Care Services), Accreditation Canada accepted all submitted evidence. Additional evidence will be submitted along with the second submission for ROP minor tests for compliance and high priority criteria in November 2017.

A second evidence submission relating to twenty one (21) minor tests of compliance for four (4) ROPs and seven (7) high priority criteria is due to Accreditation Canada November 14, 2017. These minor tests for compliance and high priority criteria reside in the nine (9) standards of Perioperative Services and Invasive Procedures, Medicine, Community-Based Mental Health Services and Supports, Mental Health, Ambulatory Systemic Cancer Therapy, Cancer Care and Oncology, Ambulatory Care, Rehabilitation and Home Care Services. Details relating to evidence submissions for the May 2016 survey can be found in Tables B-3 and B-4 of Appendix B.

#### **2017 Preparation Activities:**

Following the May 2016 on-site survey, the 2017 SETs began working with sites and services, with a focus on the twelve (12) applicable ROPs that reside in the eleven (11) standards that will be assessed by Accreditation Canada during the May 2017 on-site survey. Nine (9) of the ROPs are applicable to two or more standards. Accreditation Canada and AHS have identified approximately 120 sites to be visited in May 2017.

ROPs*	Medicine	Perioperative and Invasive Procedures	Obstetrics		Continuing Care			Aboriginal Integrated Primary Care
			Obstetrics Services	Critical Care in NICU's	Home Care	Hospice, Palliative and End-of-Life	Long Term Care	
Infusion Pump Safety	✓	✓	✓	✓	✓	✓	✓	
Medication Reconciliation	✓	✓	✓	✓	✓	✓	✓	✓
Falls Prevention Strategy	✓	✓	✓	✓	✓	✓	✓	✓
Pressure Ulcer Prevention	✓	✓		✓		✓	✓	
Venous Thromboembolism	✓	✓						
Client Identification	✓	✓	✓	✓	✓	✓	✓	✓
Information Transfer	✓	✓	✓	✓	✓	✓	✓	✓
Safe Surgery Checklist		✓	✓					
Skin and Wound Care					✓			
Suicide Prevention							✓	✓
Home Safety Risk Assessment					✓			

\* Public Health Services, Population Health and Wellness (Seniors) and Primary Care standards do not contain ROPs

## 2017 Next Steps and Quality Improvement:

Action plans are in place to ensure that required follow-up from the 2015 and 2016 survey years are addressed. The tables in Appendix B outline the follow-up and quality improvement activities underway.

## Other AHS Accreditation Activities – 2016

### Laboratory / Diagnostic Imaging Services

College of Physicians and Surgeons (CPSA) provides accreditation services for Laboratory Services, Diagnostic Imaging Services, Neurophysiology and Pulmonary Function Test Labs for AHS, Covenant Health and Lamont Health Care Centre. CPSA lists the accredited sites/facilities in the [Accreditation section](#) of its website. AHS Laboratory Services and Calgary Laboratory Services undergo voluntary external assessment by a number of other accrediting organizations for specialty laboratories.

#### Laboratory Services:

##### CPSA

North Zone Laboratories were assessed in two groups, June and September 2016.

CPSA assigns interim/provisional accreditation status to laboratories as they actively work toward concrete resolution of non-conformances. The laboratory can continue to operate under the previous

certificate until the non-conformance(s) is/are resolved. As of the end of October 2016, AHS Laboratory Services has 15 laboratory facilities with interim/provisional status due to space/facility issues:

- North Zone: Hinton Healthcare Centre, Boyle Healthcare Centre, Elk Point Healthcare Centre, Barrhead Healthcare Centre, Grande Prairie Queen Elizabeth II Hospital, Fairview Health Complex, Mayerthorpe Healthcare Centre, St. Paul Healthcare Centre, Whitecourt Healthcare Centre, Grande Cache Community Health Complex
- Edmonton Zone (inspected in 2015): Sturgeon Community Hospital, Royal Alexandra Hospital
- Central Zone (inspected in 2014): Sundre Hospital and Care Centre, Red Deer Regional Hospital Centre, Innisfail Health Centre.

Calgary Laboratory Services (CLS): Laboratories at the Foothills Medical Centre, which relocated in 2015 / 2016, underwent several phases of post-move assessments with the last completed in February 2016. All laboratories were granted full accreditation status.

Periodic internal audits have been put in place by all AHS Laboratory Services and CLS laboratories to more continuously maintain compliance throughout the accreditation cycles. CLS is conducting ongoing internal audits of the CLS Patient Service Centres (PSC's) and Outpatient Laboratories, focusing on pre-examination processes, safety and the physical environment of the sites.

#### **Other Lab Accreditation**

AHS Laboratory Services participated in other accreditation activities to enhance laboratory quality and services.

The Provincial Laboratory for Public Health site (North & South) successfully completed their College of Pathologists (CAP) formal self-evaluation in preparation for an on-site assessment.

In the Edmonton Zone:

- University of Alberta Hospital Transfusion Medicine Laboratory was assessed by the AABB (formerly known as American Association of Blood Banks) in November 2016,
- University of Alberta Hospital Histocompatibility Laboratory was assessed by the American Society of Histocompatibility & Immunogenetics (ASHI) in September 2016,

DynaLIFEdx Laboratories, a private provider contracted in Edmonton Zone was inspected by CAP in 2015 and remains accredited.

Calgary Laboratory Services Histocompatibility and Immunogenetics Laboratory completed a formal self-evaluation and submitted documentation to the American Society of Histocompatibility and Immunogenetics (ASHI) in February 2016.

AHS also complies with regulations included in Health Canada's Food and Drugs Act such as "Safety of Human Cells, Tissues and Organs for Transplantation Regulations" and "Blood Regulations" as required under Canada law.

#### **Neurophysiology and Pulmonary Function Testing Services:**

Sixteen publicly funded neurophysiology labs and eighteen pulmonary function testing labs hold current accreditation status.

Eight (8) neurophysiology labs between North, Edmonton and Calgary Zones were inspected in 2016 and have provisional accreditations status pending satisfactory responses to deficiencies:

- Queen Elizabeth II Hospital (North Zone)
- Clinical Electrophysiology Lab (Edmonton Zone)
- Grey Nuns Community Hospital & Health Centre (Edmonton Zone)



- Misericordia Community Hospital (Edmonton Zone)
- Royal Alexandra Hospital (Edmonton Zone)
- University of Alberta Hospital & Stollery Children's Hospital (Edmonton Zone)
- Centre for Psychiatric Assessment and Therapeutics, Alberta Hospital (Edmonton Zone)
- South Health Campus - Clinical Neurophysiology Lab (Calgary Zone)

One (1) pulmonary function testing lab in the Calgary Zone was inspected in 2016 and is fully accredited:

- Calgary COPD & Asthma Program (Calgary Zone)

### Diagnostic Imaging Services:

In 2015, the facilities located in the Edmonton and South Zones underwent CPSA accreditation review. Following acceptance of responses to CPSA recommendations for four sites, all achieved full accreditation status.

In 2016, Diagnostic Imaging sites located in the Central Zone underwent CPSA accreditation review. The following sites received full accreditation status:

- |  |  |
|--|--|
| • Centennial Centre for Mental Health and Brain Injury | • Mobile MRI                                 |
| • Daysland Health Centre                               | • Olds Hospital and Care Centre              |
| • Drumheller Health Centre                             | • Provost Health Care Centre                 |
| • Eckville Community Health Centre                     | • St. Joseph's General Hospital – Vegreville |
| • Hanna Health Centre                                  | • Tofield Health Centre                      |
| • Hardisty Health Centre                               | • Vermilion Health Centre                    |
| • Killam Health Care Centre                            | • Viking Health Centre                       |
| • Lamont Health Care Centre                            | • Wainwright Health Centre                   |

The following sites were reviewed in 2016; full accreditation will be granted once site responses to CPSA recommendations are accepted:

- Our Lady of the Rosary Hospital and Care Centre – Castor
- Consort Hospital and Care Centre
- Coronation Hospital and Care Centre
- Drayton Valley Hospital and Care Centre
- Innisfail Health Centre
- St. Mary's Hospital – Camrose
- Sundre Hospital and Care Centre
- Sylvan Lake Community Health Centre
- Two Hills Health Centre
- Red Deer Regional Hospital

### 2017 Next Steps:

CPSA will be conducting an accreditation review of Central Zone laboratories and diagnostic imaging sites in the North Zone.

No neurophysiology labs or public pulmonary function testing labs will be assessed in 2017.

The Provincial Laboratory for Public Health site (North & South) will have a CAP on-site assessment in the summer 2017.

## Funded Partners Activities – 2016

### Covenant Health

#### Background:

Covenant Health participates in a four-year sequential cycle with Accreditation Canada that is similar to the AHS schedule and is adjusted for scope of services to permit coordination of efforts on provincial strategic initiatives related to ROPs. Covenant Health is surveyed in the fall, with the 2016 on-site survey being held October 3-7, 2016 for four standards and six locations. Please see the cycle of the survey schedule below:

2014	2015	2016	2017
<ul style="list-style-type: none"><li>• Governance</li><li>• Leadership</li><li>• Infection Prevention and Control</li><li>• Reprocessing and Sterilization of Reusable Medical Devices</li><li>• Medication Management</li></ul>	<ul style="list-style-type: none"><li>• Obstetrics and Perinatal Care Services</li><li>• Medicine Services (Child Health)</li><li>• Perioperative Services and Invasive Procedures</li><li>• Mental Health Services</li></ul>	<ul style="list-style-type: none"><li>• Medicine Services (Adult Health)</li><li>• Emergency Department Services</li><li>• Critical Care Services</li><li>• Emergency Medical Services</li></ul>	<ul style="list-style-type: none"><li>• Long Term Care Services</li><li>• Residential Homes for Seniors</li><li>• Hospice, Palliative, End of Life Services</li></ul>

#### Accreditation Status:

Covenant Health continues to be “Accredited with Exemplary Standing” until the next accreditation decision is calculated at the end of the cycle in 2017. The Accreditation Canada survey Final Report and Executive Summary for 2016 survey is posted on the Covenant Health public website <http://www.covenanthealth.ca/living-our-mission/quality/accreditation>. No follow up on ROPs is required.

### Lamont Health Care Centre

#### Background and Accreditation Status:

Lamont Health Care Centre, as a single site facility, participated in a survey of its health services with Accreditation Canada September 2014 and continues to be “Accredited”. Lamont Health Care Centre is surveyed once every four years; the next survey visit will be in September 2018.

## Contracted Partners/Provider Activities – 2017

Throughout 2016, AHS continued to discuss the refresh of the Ministerial Directive for Mandatory Accreditation of Alberta’s Health System with Alberta Health. In the absence of a refreshed Ministerial Directive, many contracted providers do not feel obligated to participate in accreditation activities. AHS continues to encourage participation in accreditation programs.

Alberta Health recognizes the following accrediting organizations: Accreditation Canada, Commission on the Accreditation of Rehabilitation Facilities (CARF), College of Physicians and Surgeons of Alberta (CPSA), Canadian Accreditation Council (CAC), College of American Pathologists (CAP), Council on Accreditation (COA), Institute for Quality Management in Healthcare (IQMH) (formerly Ontario Laboratory Accreditation (OLA)) and the International Organization for Standardization (ISO).

## Continuing Care Providers Contracted by AHS

### 2016 Accreditation Activities:

A review of the 2016 Continuing Care Service Providers Contracted to AHS list indicates that 33% of these organizations (many have multiple sites) are accredited with recognized accrediting bodies. The majority of organizations are designated as facility living (long term care providers) or supportive living, with the remaining organizations designated as home care or adult day programs. The percent of facilities that are accredited in each of the three Continuing Care streams as well as Hospice, Palliative and End-of-Life organizations by operator type (non-profit Vs private) is outlined below:

Care Stream	2015 Percentage Accredited Providers	2016 Accredited Providers by Operator Type			Trend
		Non-Profit % (n)	Private % (n)	Non-Profit + Private % (n)	
Facility Living	88%	91% (35*)	85% (46)	89% (81)	≈
Home Care	49%	21% (14)	52% (52)	45% (66)	↓
Supportive Living	34%	60% (70**)	19% (130)	34% (200)	≈
Hospice, Palliative, End-of-Life	N/A	60% (5)	75% (4)	67% (9)	N/A

\* One site is in the preliminary stage of accreditation (Primer Accreditation status with Accreditation Canada)

\*\* Fives sites are in the preliminary stage of accreditation (Primer Accreditation status with Accreditation Canada)

Service agreements include a requirement that Service Providers comply with relevant Alberta Health Directives, however mandatory accreditation is not specified. While AHS collects information on Accreditation activities of service providers, most service providers do not feel compelled to obtain accreditation. There are no plans to include mandatory accreditation in service agreements. Upon further direction from the Ministry, AHS can then provide direction to Service Providers.

## Addictions and Mental Health Contracted by AHS

### 2016 Accreditation Activities:

Addictions and mental health service contracts are managed collaboratively through AHS Addictions and Mental Health (AMH) (i.e., Zone operations and Provincial) and AHS Contracting, Procurement and Supply Management (CPSM). Several contracted providers do not require accreditation with an approved healthcare accrediting body as they are not a healthcare organization (e.g., school boards that operate under Alberta Education), the healthcare provider is too small to be an organization (e.g., single person operator of an approved home, psychologist/counselor in sole practice), or they provide a service that is generally considered voluntary (e.g., a self-help organization, recreational programs).

Of the contracted providers that could benefit from accreditation with an approved healthcare accrediting body, some have pursued and obtained accreditation on their own, while others have not, generally due to a lack of funding. In the absence of a refreshed Ministerial Directive and with existing service contracts lacking clauses requiring accreditation, contracted providers consider participation in accreditation activities to be voluntary. AMH continues to discuss the benefits of accreditation with contract providers, indicating that participation in accreditation programs not only demonstrates the provision of a quality service that meets standards, but also, and in the future, accreditation could be made mandatory in the contracts.

The AMH Contract Strategy Working Group (identified as an A&MH Working Group in the 2015 report) was formulated in June 2015 to address the following goals in two phases:

**Phase I:** To develop the Standards and Requirements that will be applied in a contracting strategy that will inform future Residential Addiction Treatment service contracts through a fair and equitable process across the five AHS Zones.

**Phase II:** To apply the Standards and reporting requirements in the development and implementation of current and new contracts with Residential Addiction Treatment service providers.

This Working Group's priority has been responding to the AHS Internal Audit recommendations around contract monitoring and compliance for Residential Addiction Treatment services. There is no timeline for rewriting AMH contracts which include accreditation requirements. AMH will continue to advise providers that AMH will move towards mandatory accreditation for contracted services, therefore, providers can consider becoming accredited as AMH plans for future contract sourcing processes.

Contracted providers were classified into addictions support, mental health support, or supportive housing; the percent of contracted providers that are accredited is outlined below:

Care Stream	2015 Percentage Accredited Providers % (n)	2016 Percentage Accredited Providers % (n)	Trend
Addictions Support	54% (36)	53% (32)	≈
Mental Health Support	27% (64) *	26% (38)	≈
Supportive Housing (Includes only operators with licensing requirements)	52% ** (111)	55% (110)	≈

\* This may include contracts with organizations that provide prevention, promotion and liaising services - not the provision of mental health services.

\*\* Number reported in 2015 Accreditation Annual Report included approved homes of individual operators with 3 or fewer beds (which do not need to be licensed). Numbers revised to include only operators required to be licensed.

## Emergency Medical Services (EMS) Contracted by AHS

### 2016 Accreditation Activities:

AHS added one ground EMS contract in 2016, and one operator divested for a total of thirty (30) contracts; all contracts have language requiring participation in Accreditation Canada's accreditation process. Current ground EMS contracts require the providers to have a plan in place within the first year of the contract describing how accreditation will be achieved within the term of the contract (5 years).

A total of twenty five providers are accredited, including providers who completed their primer activities in 2016; work to complete Accreditation Canada's full Qmentum program is ongoing. Two providers with primer visits in December 2016 are expected to receive their results in early 2017, and two providers have their primer visits scheduled in early 2017. The one new contractor is expected to submit their plan for accreditation by mid-2017. Current ground ambulance agreements are being extended for four years and some contractors will need to be re-accredited.

Care Stream	2015 Accredited Providers % (n)		2016 Accredited Providers % (n)		Trend
	Accredited	In-progress	Accredited	In-progress	Accredited
Ground EMS	53%* (16)	43%* (13)	83% (25)	13% (4)	↑

\* 2015 numbers reviewed and corrected.

AHS has twelve (12) contracts with nine (9) providers for fixed wing and airport transfer services. In January 2016, Accreditation Canada released the new EMS and Inter-Facility Transport standards which come into effect in January 2017. These new standards are the first ones that are applicable to the air ambulance service industry. EMS is completing the Request for Proposal process for air providers and the requirement for accreditation is included for Air Medical Crew providers. These may all be new providers in June 2017.

AHS continues to monitor the progress of EMS contracted providers through quarterly performance meetings. Provider policies are reviewed at these meetings to ensure they meet AHS standards and legislative requirements and to help them prepare for accreditation.

## Appendix A – 2016 AHS Survey Sites and Standards

2016 AHS SURVEY SITE	STANDARD
<b>NORTH ZONE</b>	
Athabasca Community Health Services	Community-Based Mental Health Services and Supports
	Substance Abuse and Problem Gambling Services
Barrhead Community Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Barrhead Healthcare Centre	Community-Based Mental Health Services and Supports
Bonnyville Community Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Bonnyville New Park Place	Community-Based Mental Health Services and Supports
Fort McMurray Community Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Fort McMurray Provincial Building	Substance Abuse and Problem Gambling Services
Grande Prairie Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Grande Prairie Virene Building	Home Care - Respiratory Health
Northern Addictions Centre	Community-Based Mental Health Services and Supports
	Substance Abuse and Problem Gambling Services
Northern Lights Regional Health Centre	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
Queen Elizabeth II Hospital	Ambulatory Care - Respiratory Health
	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
	Rehabilitation Services
St. Therese - St. Paul Healthcare Centre	Community-Based Mental Health Services and Supports
	Mental Health Services

2016 AHS SURVEY SITE	STANDARD
<b>EDMONTON ZONE</b>	
Aberhart Centre	Ambulatory Care - Respiratory Health
Addiction Recovery Centre	Substance Abuse and Problem Gambling Services
Addiction Services Edmonton	Substance Abuse and Problem Gambling Services
Alberta Hospital Edmonton	Mental Health Services
Centre Hope Building	Community-Based Mental Health Services and Supports
Cross Cancer Institute	Ambulatory Systemic Cancer Therapy Services
	Cancer Care and Oncology
	Perioperative Services and Invasive Procedures
East Edmonton Health Centre	Community-Based Mental Health Services and Supports
	Home Care - Respiratory Health
Forensic Assessment and Community Services	Community-Based Mental Health Services and Supports
Glenrose Rehabilitation Hospital	Acquired Brain Injury Services
	Mental Health Services
	Rehabilitation Services
	Spinal Cord Injury Rehabilitation Services
Henwood Treatment Centre	Substance Abuse and Problem Gambling Services
Kaye Edmonton Clinic	Ambulatory Care - Respiratory Health
Kingsway Professional Building	Home Care - Respiratory Health
Lois Hole Hospital for Women	Perioperative Services and Invasive Procedures
Mazankowski Alberta Heart Institute	Perioperative Services and Invasive Procedures
Mother Rosalie Health Services Centre	Rehabilitation Services
Northeast Community Health Centre	Community-Based Mental Health Services and Supports
Northgate Centre	Community-Based Mental Health Services and Supports
Respiratory Outreach Program (Edmonton General Continuing Care Centre)	Home Care - Respiratory Health
Royal Alexandra Hospital	Ambulatory Care - Respiratory Health
	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
St. Albert Provincial Building (Children's Community Mental Health Clinic)	Community-Based Mental Health Services and Supports
Stollery Children's Hospital	Ambulatory Systemic Cancer Therapy Services
	Cancer Care and Oncology
	Medicine Services - Respiratory Health
	Perioperative Services and Invasive Procedures
Strathcona Community Hospital	Community-Based Mental Health Services and Supports
Sturgeon Community Hospital	Perioperative Services and Invasive Procedures
University of Alberta Hospital	Acquired Brain Injury Services
	Medicine Services - Respiratory Health
	Perioperative Services and Invasive Procedures
Youth Residential Addiction Services	Substance Abuse and Problem Gambling Services
<b>2016 AHS SURVEY SITE</b>	<b>STANDARD</b>

2016 AHS SURVEY SITE	STANDARD
<b>CENTRAL ZONE</b>	
Camrose Community Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Centennial Centre for Mental Health and Brain Injury	Acquired Brain Injury Services
	Mental Health Services
Central Alberta Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Drayton Valley Community Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Drayton Valley Community Health Centre	Substance Abuse and Problem Gambling Services
Drumheller Health Centre	Community-Based Mental Health Services and Supports
Kentwood Place	Community-Based Mental Health Services and Supports
Lloydminster Community Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Olds Provincial Building	Substance Abuse and Problem Gambling Services
Red Deer 49th Street Community Health Centre	Community-Based Mental Health Services and Supports
Red Deer Bremner Ave Community Health Centre	Home Care - Respiratory Health
Red Deer Provincial Building	Substance Abuse and Problem Gambling Services
Red Deer Regional Hospital Centre	Cancer Care and Oncology
	Medicine Services - Respiratory Health
	Perioperative Services and Invasive Procedures
	Rehabilitation Services
Rocky Mountain House Health Centre	Community-Based Mental Health Services and Supports
	Substance Abuse and Problem Gambling Services
Stettler Addictions Office	Substance Abuse and Problem Gambling Services
Sylvan Lake Community Health Centre	Community-Based Mental Health Services and Supports
Two Hills Health Centre	Rehabilitation Services
Vegreville Community Health Centre	Community-Based Mental Health Services and Supports
Vermilion Provincial Building	Community-Based Mental Health Services and Supports
Wetaskiwin Provincial Building	Community-Based Mental Health Services and Supports



2016 AHS SURVEY SITE	STANDARD
<b>CALGARY ZONE</b>	
Alberta Children's Hospital	Ambulatory Systemic Cancer Therapy Services
	Cancer Care and Oncology
	Home Care - Respiratory Health
	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
Bridgeland Seniors Health Centre	Community-Based Mental Health Services and Supports
Calgary Youth Addiction Services	Substance Abuse and Problem Gambling Services
Carewest Sarcee	Rehabilitation Services
Chestermere Community Health Centre	Community-Based Mental Health Services and Supports
Claresholm Centre for Mental Health and Addictions	Mental Health Services
Cochrane Community Health Centre	Community-Based Mental Health Services and Supports
East Calgary Health Centre	Community-Based Mental Health Services and Supports
Foothills Medical Centre	Ambulatory Care - Respiratory Health
	Cancer Care and Oncology
	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
	Spinal Cord Injury Acute Services
Spinal Cord Injury Rehabilitation Services	
High River Community Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Lander Treatment Centre	Substance Abuse and Problem Gambling Services
Peter Lougheed Centre	Ambulatory Care - Respiratory Health
	Medicine Services - Respiratory Health
	Perioperative Services and Invasive Procedures
Renfrew Recovery Centre	Substance Abuse and Problem Gambling Services
Rockyview General Hospital	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
Sheldon M. Chumir Health Centre	Community-Based Mental Health Services and Supports
	Substance Abuse and Problem Gambling Services
	Rehabilitation Services
South Calgary Health Centre	Community-Based Mental Health Services and Supports
South Health Campus	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
Southern Alberta Forensic Psychiatric Centre	Mental Health Services
Sunridge Mall - 2580	Community-Based Mental Health Services and Supports
	Home Care - Respiratory Health
Tom Baker Cancer Centre	Ambulatory Systemic Cancer Therapy Services
	Perioperative Services and Invasive Procedures

2016 AHS SURVEY SITE	STANDARD
<b>SOUTH ZONE</b>	
Brooks Health Centre	Community-Based Mental Health Services and Supports
	Rehabilitation Services
Chinook Regional Hospital	Medicine Services - Respiratory Health
	Perioperative Services and Invasive Procedures
Fort Macleod Health Centre	Community-Based Mental Health Services and Supports
Jack Ady Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Lethbridge Centre	Home Care - Respiratory Health
Lethbridge Provincial Building	Community-Based Mental Health Services and Supports
Margery E. Yuill Cancer Centre	Ambulatory Systemic Cancer Therapy Services
Medicine Hat Regional Hospital	Ambulatory Care - Respiratory Health
	Medicine Services - Respiratory Health
	Mental Health Services
	Perioperative Services and Invasive Procedures
	Rehabilitation Services
Regional Resource Centre	Community-Based Mental Health Services and Supports
Taber Health Centre	Community-Based Mental Health Services and Supports
Youth Residential Treatment Centre	Substance Abuse and Problem Gambling Services

## Appendix B – AHS Follow-Up Action for Accreditation Canada Unmet Ratings

**Table B-1: May 2014 Survey – Outstanding ROPs**

ROPs (Minor Tests for Compliance) Submitted to Accreditation Canada April 15, 2016	Status	Action Plan
<b>Infection Prevention and Control</b>		
<b>Hand Hygiene Compliance ROP</b> The organization measures its compliance with accepted hand-hygiene practices.	Evidence Accepted	Regular audits occur. Evidence submitted focused on how results from hand hygiene audits are shared with volunteers.
<b>Medication Management</b>		
<b>High Alert Medications (HAM) ROP</b> The organization implements a comprehensive strategy for the management of high-alert medications.	Evidence Accepted	Results of the annual audit of the new HAM Policy Suite, effective June 2015, for three sites was provided.
<b>Dangerous Abbreviations ROP</b> The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.	Evidence Accepted	Information on implementation of process changes based on audit results was provided.

**Table B-2: May 2015 Survey – ROP Minor Tests for Compliance and High Priority Criteria**

ROPs (Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada October 14, 2016	Status	Action Plan
<b>Assisted Reproductive Technology (ART - Lab Services)</b>		
<p><b>Authorization of ART Procedures</b> The request for procedure includes the client identifiers, the name of the person requesting the procedure, the date and time the procedure will be performed, the type of procedure, and any special instructions.</p>	Evidence Accepted	Treatment plans have been updated to include signatures for all physician authorized procedures. Audits show 90-100% compliance among both embryology staff and physicians.
<b>Critical Care</b>		
<p><b>Venous Thromboembolism Prophylaxis ROP</b> The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.</p>	Evidence Accepted	Audits are occurring and are meeting their targets. Training is completed as part of annual education requirements, and is tracked.
<b>Emergency Department</b>		
<p><b>Emergency Response Plan</b> The team works with the organization's leaders to define the role of the emergency department in the organization's all-hazard disaster and emergency response plan.</p>	Evidence Accepted	Sites reviewed their plans that outline roles and responsibilities in the all-hazard disaster and emergency response plan. Table top and/or full drills have been developed
<p><b>Proactive Approach to Overcrowding</b> The team works in collaboration with organizational leaders to take a proactive approach to prevent and manage overcrowding in the emergency department.</p>	Evidence Accepted	Expectations of physician presence during and documentation of shift change handovers the emergency department (ED) have been clarified. Audits have shown compliance with documentation expectations.
<p><b>Patient Flow</b> The team has established protocols to identify and manage overcrowding and surges in the emergency department.</p>	Evidence Accepted	A patient flow guideline was developed, shared with staff and implemented at all sites.
<p><b>Team Member Safety</b> The team has a process for identifying and reducing risks to team members while delivering emergency department services.</p>	Evidence Accepted	Additional investments in staff security and safety have been made and more are being considered. Regular code white (violence/aggression) drills occur at all sites and several non-violent crisis intervention training sessions were held for staff. Emergency departments have excellent working relationships with local RCMP detachments.
<p><b>Canadian Triage and Acuity Score (CTAS)</b> The team completes and documents a triage assessment for each client within CTAS timelines.</p>	Evidence Accepted	The Assessment and Reassessment of Patients Practice Support Document provides direction for the initial assessment and ongoing reassessment of patients in the ED or Urgent Care Center. Educators conducted a learning fair for staff prior to implementation of CTAS.
<p><b>Pediatric Canadian Triage and Acuity Score (P-CTAS)</b> The team conducts a triage assessment for each pediatric client within P-CTAS timelines.</p>	Evidence Accepted	At one community hospital, there is always a nurse on triage duty, therefore patients are triaged immediately. An educator has been trained to help roll out triage assessments according to P-CTAS timelines to all south zone sites. Time from triage to being seen is tracked in the electronic emergency record, and is a key metric for monitoring system performance and client flow.

<b>ROPs (Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada October 14, 2016</b>	<b>Status</b>	<b>Action Plan</b>
<b>Client Diagnoses / Discrepancies</b> The team follows a process for team members to communicate and validate client diagnoses when there is discrepancy between the initial diagnosis and diagnostic imaging or laboratory results.	Evidence Accepted	Additional access to radiology expertise is available between the hours of 2300-0700, which has helped resolve critical results. Critical lab results are provided to the physician on duty who takes responsibility for following up on them.
<b>Isolation of Patients with Infectious Diseases</b> The team identifies, manages, and isolates clients with known or suspected infectious diseases.	Evidence Partially Accepted (Evidence required for six sites in April 2017)	At one central zone site, the process of isolating patients with known infectious diseases, or if symptoms indicate possible infectious disease was reviewed with staff. Health Information Management has standardized the approach in the north zone for notification of patients who have previously been identified with an infectious disease. Additional information on staff training of the approach will be compiled.
<b>Falls Prevention Strategy ROP</b> The team implements and evaluates a falls prevention strategy to minimize client injury from falls.	Evidence Accepted	The provincial falls audit tool was rolled out at all sites. Emergency departments are encouraged to continue working on universal falls precautions.
<b>Emergency Medical Services (EMS)</b>		
<b>Hand Hygiene Compliance ROP</b> The organization measures its compliance with accepted hand-hygiene practices.	Evidence Accepted	Audits are being done consistently and show very high compliance at key points in the care delivery process. Results are shared with staff and discussed in an open manner for improvement opportunities.
<b>Sterile Linen &amp; Supplies Storage</b> The team stores and handles sterile linen, supplies, devices, and equipment appropriately.	Evidence Accepted	Storage moved from the garage to an appropriate room in the hospital on a draped cart.
<b>Hazardous Materials Incidents</b> The team follows a standardized process when responding to hazardous materials incidents.	Evidence Accepted	There are training modules for hazardous materials incidents, and it is part of orientation. Training is documented. The Emergency Response Guidebook (ERG) is a standard stocked item on every response vehicle.
<b>Equipment in EMS Vehicles</b> The team secures and restrains all patient care equipment in EMS vehicles.	Evidence Partially Accepted (Evidence required for three sites in April 2017)	A provincial procedure describes the pre-departure inspection and requirement that all equipment and supplies are secured in place, as well as expectations for maintaining safe and secure transport of patients and staff. The plan includes three audit periods where EMS vehicle inspections for non-secured items will be conducted randomly between metro, suburban and rural areas. Audit results for three sites in one zone will be compiled.
<b>Patient Safety in EMS Vehicles</b> The EMS team secures and positions the patient in a way that prevents the risk of injury during transport.	Evidence Accepted	The use of a five point harness when transporting patients is addressed in provincial policy, and compulsory professional driving courses. Compliance is confirmed by supervisors.
<b>Medicine Services</b>		
<b>Venous Thromboembolism Prophylaxis ROP</b> The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.	Evidence Accepted	A physician champion regularly reviews charts for appropriate prophylaxis.

<b>ROPs (Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada October 14, 2016</b>	<b>Status</b>	<b>Action Plan</b>
<b>Pressure Ulcer Prevention ROP</b> The team assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development.	Evidence Accepted	Audits show new processes put in place have increased compliance with screening for at-risk patients.
<b>Falls Prevention Strategy ROP</b> The team implements and evaluates a falls prevention strategy to minimize client injury from falls.	Evidence Accepted	Regular audits show high compliance with falls screening tools.
<b>Perioperative and Invasive Procedures</b>		
<b>Pressure Ulcer Prevention ROP</b> The team assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development.	Evidence Accepted	Regular audits show clients are (re)assessed and receive appropriate prevention strategies.
<b>Safe Surgery Checklist ROP</b> The team uses a safe surgery checklist to confirm safety steps are completed for a surgical procedure.	Evidence Accepted	Audits are performed regularly, submitted to the provincial surgical clinical network, and results are shared.
<b>Flash Sterilization</b> The team uses immediate-use (or "flash") sterilization in the operating/procedure room only in an emergency, and never for complete sets or implantable devices.	Evidence Accepted	Enhancements to the sterilization process to improve turn-around-time for instrument processing, purchase of additional instruments and enhanced training have reduced the use of flash sterilization to true emergencies only.

**Table B-3: May 2016 Survey – ROP Major Tests for Compliance**

<b>ROPs (Major Tests for Compliance) Submitted for Accreditation Canada November 10, 2016</b>	<b>Status</b>	<b>Action Plan</b>
<b>Community-Based Mental Health Services and Supports</b>		
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	Evidence Accepted	Processes have been developed to standardize information transfer for community mental health sites.
<b>Perioperative Services and Invasive Procedures</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	Evidence Accepted	Approaches to falls prevention which identify populations at risk for falls and ensures their needs are met have been implemented.
<b>Venous Thromboembolism (VTE) Prophylaxis ROP</b> Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	Evidence Accepted	Surgeons assess all surgical patients for VTE risk and order appropriate prophylaxis as required.
<b>Client Identification ROP</b> Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	Evidence Accepted	Education was provided which emphasized the importance of using two client identifiers at each interaction, especially when administering medications.
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	Evidence Partially Accepted (Evidence for three major tests for compliance required at one site in November 2017)	One site has defined and standardized their workflow from the pre-admission clinic to the operating room to ensure consistent information was transferred. Another site needs to submit evidence that the form that is being developed for the transfer of information to and from the operating room has been finalized.
<b>Safe Surgery Checklist ROP</b> A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.	Evidence Accepted	The expectation that surgeons remain in the room for all components of the checklist has been communicated at one site. Nurses have been empowered to articulate the message if necessary.
<b>Rehabilitation Services</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	Evidence Accepted	Education emphasizing the importance of following the site's falls prevention approach was provided to ensure the needs of those identified at risk for falls are addressed.
<b>Ambulatory Care</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	Evidence Accepted	Falls prevention strategies that include universal precautions, screening and assessment, intervention strategies and tools to measure and evaluate the strategy to support quality improvement have been implemented.
<b>Home Care</b>		

<b>ROPs (Major Tests for Compliance) Submitted to Accreditation Canada November 10, 2016</b>	<b>Status</b>	<b>Action Plan</b>
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	Evidence Partially Accepted (Evidence for two major tests for compliance required at one site in November 2017)	A provincial airway protocol was implemented to ensure communication of critical patient information from acute care and community respiratory therapists (RTs). A tracheostomy care checklist will accompany patients and will ensure education provided to patients is documented and shared with RTs in the community. A discharge summary for artificial airway patients will be completed. Additional information will be provided to indicate all processes have been fully implemented.
<b>Medicine Services</b>		
<b>Venous Thromboembolism Prophylaxis ROP</b> Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	Evidence Accepted	VTE audits at two south zone sites show appropriate prophylaxis is being used 80-100% of the time. The zone is correlating this data with patient outcomes as part of quality improvement work.
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	Evidence Accepted	Shift exchange information has been standardized at one north zone site by sharing information extracted from the chart on a pre-printed Kardex. To increase collaboration, units are transitioning to bedside shift reports.



**Table B-4: May 2016 Survey – ROP Minor Tests for Compliance and High Priority Criteria**

<b>ROPs (Minor Tests for Compliance) and High Priority Criteria Report due to Accreditation Canada November 2017</b>	<b>Status</b>	<b>Action Plan</b>
<b>Community-Based Mental Health Services and Supports</b>		
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	In Progress	Zone approaches will be developed to standardize chart audits for information transfer and share the results with staff, identifying areas for improvement.
<b>Mental Health Services</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	In Progress	One site's audit results show 100% compliance with the falls prevention strategy; results are shared with staff. A second site needs to implement evaluation of the falls prevention strategy and quality improvement processes.
<b>Ambulatory Systemic Cancer Therapy Services</b>		
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	In Progress	CancerControl Alberta information transfer guidelines have been finalized and implemented. An evaluation process will be put in place.
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	In Progress	Sites are in various stages of evaluation of the recently implemented falls prevention strategy.
<b>CPOE / PPO</b> Computerized physician order entry (CPOE) or Pre Printed Orders (PPO) are used when ordering systemic cancer therapy medications.	In Progress	A working group will address PPO sets for chemotherapy.
<b>Informed Consent</b> The client's informed consent is obtained and documented before providing services.	In Progress	A working group has been formed to identify the consent process for CancerControl Alberta.
<b>Ethical Research Practices</b> There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	In Progress	Education has been provided to emphasize the importance of compliance with Standard Operating Procedures from the Health Research Ethics Board of Alberta.
<b>Cancer Care and Oncology</b>		
<b>Pressure Ulcer Prevention ROP</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In Progress	One site has commenced auditing the Pressure Ulcer Prevention (re)assessment strategy, and a second will start evaluation of their program once the risk assessment is added to the electronic medical record. Sites will explore quality improvement initiatives.
<b>Perioperative Services and Invasive Procedures</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	In Progress	Monthly audits of the falls prevention strategy will be implemented, and the results used for quality improvement purposes.
<b>Pressure Ulcer Prevention ROP</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In Progress	Sites are evaluating compliance with screening processes. Sites will use audit results to develop quality improvement initiatives.

<b>ROPs (Minor Tests for Compliance) and High Priority Criteria Report due to Accreditation Canada November 2017</b>	<b>Status</b>	<b>Action Plan</b>
<b>Venous Thromboembolism Prophylaxis ROP</b> Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	In Progress	Units are in various stages of implementation of audits. Results will be used for quality improvement where necessary. Education for clients and team members will be strengthened.
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	In Progress	Sites are in various stages of developing formal evaluation processes to ensure relevant information is communicated during care transitions.
<b>Operating Room Cleaning Schedule</b> There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.	In Progress	The program will develop a plan to document cleaning and an audit schedule to ensure compliance with the cleaning policy in place.
<b>Standardized Communication Tools</b> Standardized communication tools are used to share information about a client's care within and between teams.	In Progress	A form is being developed for the transfer of information to and from the operating room.
<b>Medication Labeling in Sterile Field</b> Every medication and solution on the sterile field is labeled.	In Progress	Staff are following medication labeling policies. Audits will be performed to monitor compliance.
<b>Surgical Suite Dress Code</b> A dress code is followed within the surgical suite.	In Progress	Surgery Strategic Clinical Network is revising the policy on operating room dress code that will clarify requirements for the use of masks in the operating rooms.
<b>Rehabilitation Services</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	In Progress	Audits have shown additional education has increased compliance with the falls prevention strategy.
<b>Ambulatory Care</b>		
<b>Falls Prevention Strategy ROP</b> To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	In Progress	A universal falls checklist has been incorporated into quarterly inspections.
<b>Home Care</b>		
<b>Information Transfer ROP</b> Information relevant to the care of the client is communicated effectively during care transitions	In Progress	Sites are developing plans to evaluate and improve their information transfer tools.
<b>Medicine Services</b>		
<b>Pressure Ulcer Prevention ROP</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In Progress	Audits of pressure ulcer prevention strategies in pediatric populations are in various stages of implementation.

ROPs (Minor Tests for Compliance) and High Priority Criteria Report due to Accreditation Canada November 2017	Status	Action Plan
<p><b>Venous Thromboembolism (VTE) Prophylaxis ROP</b>            Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.</p>	In Progress	Sites need to develop quality improvement initiatives based on available audit results of compliance with VTE order sets and administration of appropriate prophylaxis.
<p><b>Information Transfer ROP</b>            Information relevant to the care of the client is communicated effectively during care transitions</p>	In Progress	Sites are developing formal evaluation processes to ensure relevant information is communicated during care transitions.