ACCREDITATION AGRÉMENT CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Ambulatory Care Specialty Program
Alberta Health Services

Report Issued: June 17, 2026

Confidentiality

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from May 4, 2026 to May 8, 2026. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an action planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs/RSPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and surveyor findings are organized by Standard, within this report.

Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a continuous approach to quality by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

As part of government restructuring, AHS has been divided into four distinct provincial health agencies. Once the transition is complete, AHS will serve as a Service Delivery Organization, with a focused mandate on delivering acute care services within hospitals operated by AHS. Current agencies include: Acute Care Alberta, Assisted Living Alberta, Recovery Alberta, and Primary Care Alberta. Acute Care Alberta, established in 2025, oversees the governance and coordination of acute care services (including AHS), and the new provincial health corporations of Emergency Health Services Alberta and Cancer Care Alberta. Assisted Living Alberta, established in 2025, will provide Albertans with a comprehensive, holistic system of continuing care with a full range of wrap-around services including medical and non-medical supports, home care, community care and social services. Recovery Alberta, established in 2024 provides comprehensive and accessible recovery-oriented mental health and addiction services and correctional health services across the province. Primary Care Alberta, established in 2025, is responsible for primary care, including public health, across the province to support day-to-day health needs through every stage of life. Health Shared Services, established December 2025, supports Alberta's provincial health agencies and corporations by delivering shared expertise, systems and resources across finance, data and technology, human resources and governance to enable timely, high-quality care for patients and families.

Accreditation Canada conducts two accreditation visits per year for the duration of the cycle (2023-2027). Accreditation visits help organizations achieve the goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices (where applicable) occur at tertiary, regional and urban acute, rehabilitation and psychiatric hospitals, as well as cancer centers in the first survey of the cycle (Fall 2023).

During the cycle, location-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 Emergency and Disaster Management, Infection Prevention and Control, Leadership, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, provincial, and community-based programs where clinical services are assessed against the respective clinical service standards along with the foundational standards. This integrated assessment approach provides a comprehensive assessment and aligns with different levels of accountability.

To further promote continuous improvement, organizations have adopted the assessment method referred to as attestation. Attestation requires teams 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.

Following each accreditation survey, reports are issued to support the organizations' quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organization's accreditation award.

Surveyor Overview of Team Observations

The area of focus for this assessment was the ambulatory gastroenterology subspeciality program in urban hospitals. The program encompasses both gastroenterology and hepatology services, supporting patients with general gastrointestinal (GI) symptoms, chronic GI conditions such as inflammatory bowel disease, recurrent *Clostridioides difficile* infections (*C. diff*) requiring fecal microbiota transplant, and a range of hepatology needs including acute and chronic liver failure, hepatitis and liver malignancies. Care is delivered through multidisciplinary teams that include licensed practical nurses, registered nurses with specialized expertise and nurse practitioners, depending on the service area.

Team-based care models were evident at each of the five sites visited. Staff huddles are well integrated into the clinical workflow. Huddles observed on this survey included those related to patient specific clinical conversations, access and flow, Reporting and Learning System reports, commendations, and clinic performance to name a few. Staff within a zone connect with each other to share ideas, and there are emerging discussions and connections across zones that further support collaboration and coordinated care.

The compilation of the team varied by site, however interprofessional respect, case management, and a learning health system philosophy were consistently demonstrated. There are some differences in staffing models and complements that appear to be historical versus needs or data driven. Examples include one team not having access to mental health supports, or social work support when another does, or nurse practitioners being included at one site but not another, even when the patient populations were similar.

Communication among providers, and the continuity of care this supports, are significantly enhanced by the Connect Care electronic health record. The system is comprehensive and enables secure communication between practitioners, as well as between patients and clinics. It also incorporates essential quality and safety features, including pathways, indicators, alerts, and prompts.

The innovative use of technology, specifically the physician-designed AI scribe “Jenkins” created in Alberta, demonstrated across three clinics, highlighted both the respectful patient and family consent process and the strong potential of a secure, integrated AI scribe to free up clinician time for more meaningful family interaction. Nursing staff working in central access and triage roles also emphasized the time-saving benefits of “smart phrases.” There is an opportunity to expand the AI scribe pilot to additional professional groups, with ambulatory care nursing workflows representing a particularly promising area for further testing.

The concern raised by staff is that they are stretched, in some cases not providing the level of care and interaction that they used to, and that their continued efforts and ability to service their patient/client’s needs may be interpreted as staffing being “okay”. They identified the challenge in combining the different sources of administrative and unfunded activity data to accurately portray the quality of care in their areas. It was also noted that there have been significant efforts made to provide leaders with data and that the data elements and processes are continually being updated with user feedback, which is a significant strength, and again attributed to the information systems that are in use.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Team-based care and collaboration
- Advanced technological integration
- Robust clinical trials engagement - The opportunities to participate in clinical trials, whether a drug trial, imaging trial, pain management trial, or others were plentiful. Information related to these trials was shared in a respectful way, patient choice respected, and offered in a variety of ways from QR codes in the waiting room, to conversations with clinicians, to website-based information.
- Responsive, data-driven leadership

Key Opportunities

- Standardized staffing models
- Align resources with patient volume
- Significant waitlists
- Integrate unfunded activity data - A general theme in these clinics was related to increasing patient volumes, much of which was attributed to the population growth in the province. Depending on the clinic, actual activity could be as much as double the funded activity without additional resources.

People-Centred Care

Patient and family participation in conversations and in care planning were evident in every clinic visited. The shared commitments document was prominently displayed in the clinic space and referred to by patients and staff during the survey.

The team demonstrated a commitment to the care of the patients and families they work with and were continually seeking opportunities to be more efficient and to support more appointments; but did note an overarching concern for delays in patient access.

Patients shared they were well informed of their clinical paths, options, and choices related to their care. The care plans were developed in partnership with the patient/family and incorporated patient priorities related to activity, travel, compliance, social stigma and others. The chronicity of the patient's care concerns provides them with expertise about their health and goals, and the clinical team incorporates that expertise into the plan.

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program. The current accreditation decision covers all locations that were previously part of Alberta Health Services, and that continue to operate within the same Accreditation Program-related governance and accountability framework. A new accreditation decision will be awarded at the end of the cycle to include locations owned by:

- *Alberta Health Services*
- *Assisted Living Alberta (Home and Community Care, Continuing Care)*
- *Recovery Alberta*
- *Primary Care Alberta (Public Health Services)*
- *Cancer Care Provincial Health Corporation*
- *Emergency Health Services Provincial Health Corporation*
- *Organ and Tissue Donation and Transplantation Provincial Health Corporation*

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Alberta Children's Hospital
- Foothills Medical Centre
- South Health Campus
- Stollery Children's Hospital
- University of Alberta Hospital

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

Required Organization Practices (ROP) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	Medication Management	5 / 5	100.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	5 / 5	100.0%
Client Identification	Ambulatory Care Services	1 / 1	100.0%
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	N/A	N/A
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	N/A	N/A
Maintaining an Accurate List of Medications during Care Transitions	Ambulatory Care Services	5 / 5	100.0%
Managing High-Alert Medications	Medication Management	N/A	N/A
Suicide Prevention Program	Service Excellence	2 / 4	50.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The clinical spaces are in a variety of different building types and builds, ranging from shared university space to older spaces, to clinics purpose-built in newer facilities. The team in all spaces demonstrated a shared commitment to keeping the spaces clean and safe for their patients.

Hand hygiene stations were available throughout the space and hand hygiene compliance was monitored and posted for staff and patients to see. The team has access to infection prevention and control support, and implements appropriate precautions based on clinical presentation.

The work in the gastrointestinal (GI) and hepatology clinics do not involve high risk or invasive procedures. The ultrasounds and fibroscans that were used were appropriately cleaned per the organization guidelines and manufacturer directions.

Table 2: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 50.0% Met Criteria

50.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The physical environment is well maintained in each site. The main clinical work is carried out in clinical exam rooms which were designed for that purpose. Access and egress are generally reasonable from these rooms; however it was noted at the Zeidler GI clinic in Edmonton that the clinician could not exit the room easily should there be a violent or aggressive patient. This is a University of Alberta building, and as such is not connected to the typical AHS overhead paging or alert system. Providers were issued with "screamers", which are handheld fobs that emit a scream to signal to others that help is needed, but at the time of survey they were missing in some rooms. The site/clinic staff say they have never had an aggressive patient in the clinic; however, the organization is encouraged to review the use of the physical space and safety protocols.

There is an opportunity to improve the physical layout associated with the GI clinic at the Foothills Medical Centre in the University of Calgary Medical Clinic. The clinic is co-located with other services that carry out procedures such as fecal microbial transplant, thin scope endoscopy, sigmoidoscopy, *C. diff* Infection clinics, and care for patients who are immuno-compromised. The workflow in this clinic is such that staff routinely transit between the clinic space and their desk spaces. The desk space area is carpeted. There is observed movement between the carpeted office area and the clinical procedure area, creating a risk that contaminants may be transferred between spaces. Staff move between these areas, and this workflow pattern raises infection prevention and control (IPC) concerns, particularly given the potential for body fluids from the procedure area to be tracked into office spaces and vice versa. The staff report that this concern has been raised to multiple levels of clinical and administrative leadership. While there is acknowledgment that the current state is not ideal, there is no consistent agreement on whether carpet should be replaced with a more easily cleanable surface or whether workflow adjustments are required to mitigate IPC risks. The organization is encouraged to document a clear decision regarding how this risk will be managed, including consideration of environmental surfaces and workflow practices to support safe care delivery.

Table 3: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
4.3.1	The organization ensures its physical spaces are safe and meet relevant laws and regulations.	HIGH

Medication Management

Standard Rating: 85.7% Met Criteria

14.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Medication administration is not a component of the clinical practice in the clinics visited. There are clear processes in place to support therapeutic conversations related to medications, for example escalating therapies for inflammatory bowel disease, the consideration of adjunct therapies (black coffee, turmeric), the interaction with patient's supplements and prescribed therapies were expertly discussed with the patient.

Core AHS material related to Do Not Use Abbreviations were present throughout the clinics, best possible medication histories and medication reconciliation were consistently completed, and staff were well versed in medication safety principles.

The majority of medication use in the clinic is related to sample medications. The AHS overall policy was complied with, local processes to confirm/track expiry dates were in place at every clinic, and sample medications were only dispensed to patients by the most responsible provider.

The lack of access to clinical pharmacists was highlighted at every clinic visited. Some clinics had access due to proximity, others via community partnerships, but in no setting were pharmacists formally integrated into the care team. As a result, significant physician and nurse practitioner time is spent providing medication education and teaching that may be better supported by a clinical pharmacist. The organization is encouraged to explore options to formally integrate pharmacist roles into the care team across all clinics.

Table 4: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.3.1	The organization integrates pharmacists into designated interprofessional clinical teams to provide proactive care for client-engaged medication management.	NORMAL
1.3.2	Pharmacists collaborate with clients and interprofessional clinical teams to provide care using evidence-informed care activities associated with improved client and system outcomes.	HIGH

Criteria Number	Criteria Text	Criteria Type
1.3.3	The organization has developed local implementation action plans that include prioritizing which high-risk client populations or units receive the evidence-informed care activities from pharmacists.	NORMAL
3.2.3	Teams have access to an on-call pharmacist and prescriber to answer questions about medications or medication management.	HIGH

Service Excellence

Standard Rating: 94.8% Met Criteria

5.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The clinics are designed to meet the needs of the populations they serve. AHS has supported the clinics to self-organize in many ways around clinical/physician practice and this has resulted in different mixes of services being co-located but also in collaborative professional relationships benefiting as a result (for example the co-location of the Home Parenteral Therapy Program with GI/hepatology at the South Health Campus). They update their services based on patient needs and are continually seeking new opportunities to improve the quality of their care, through research, quality improvement, and innovation.

The use of philanthropic dollars to establish the Edmonton Pancreaticobiliary Cancer (EPIC) clinic is an example of matching community interest and funding, with urgent clinical need to address an opportunity for improvement.

There is work underway with respect to the suicide prevention required organizational practice. A screening tool has been developed, local contextualized scripts are being developed, and psychosocial questions are featured in intake and assessment conversations, however implementation is still in the planning stage at most sites. The clinic at South Health Campus has successfully used the screening tool and as a result were able to facilitate an assessment in the emergency department late on a Friday for a client who was identified as high risk. There is significant effort and support behind this work, along with a clear plan for completion. Teams are encouraged to continue progressing this important work.

There are opportunities to enhance the performance and learning conversations between team members, and to broaden the "network" associated with Ambulatory Care so that clinical and operational learning can extend beyond traditional zones. Team leadership across clinics are encouraged to regularly evaluate and document each staff member's performance in an objective, interactive, and constructive way and identify opportunities for growth through development conversations.

Table 5: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH

Criteria Number	Criteria Text	Criteria Type
4.2.2	Suicide Prevention Program 4.2.2.3 The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders. 4.2.2.4 The team leadership ensures the team refers clients who screen positive for suicide risk to a person with the competencies to do a suicide risk assessment and put the necessary safety plan in place.	ROP

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Ambulatory Care Services

Standard Rating: 96.6% Met Criteria

3.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The ambulatory care clinics are comprised of dedicated expert clinicians and staff. The outpatient nature of their work, with a patient population facing chronic health concerns results in long standing and meaningful therapeutic relationships. The clinical team displays a holistic approach to health and wellness, and thoroughly assesses health status from multiple perspectives, guided by the client/family.

The teams working in these spaces are constantly navigating funding and insurance realities, access challenges, space constraints, increased demand for their services. They do this effectively and are continually pursuing improvement and innovation opportunities to benefit their populations. The pilot of an Edmonton Pancreaticobiliary Cancer (EPIC) clinic to ensure that individuals are quickly seen and supported given the aggressive nature of their cancer is a recent example. The Children's Hospital Intestinal Rehabilitation Program (CHIRP) in Calgary is a longer standing example established through the identification of a clinical/patient need.

The spaces are welcoming, the staff engaging, and patients report feeling respected, heard, and comfortable attending these clinics for their care. The low turnover of staff in this area means that patients and families are known by their team, and that the patients and families know their providers. The rapport that was noted in clients who had been with the clinic for a longer time was supportive, conversational, and respectful.

Access to psychosocial and/or supportive care services varied across the clinics visited, with some having designated access to resources such as social work or mental health, and others who did not. There is an opportunity as AHS looks at ambulatory care GI/hepatology services across the province to address historical resources/relationships to support equitable access for care givers, patients and families.

To date there has been limited use of patient experience data to inform processes or clinical care guidelines across all clinics. There is an opportunity to include formal patient/family/peer participation at the clinic level.

Clients and families are actively engaged in planning and preparing for transitions in care. There is an opportunity to strengthen the transition from paediatric to adult care.

With the decision to view ambulatory care from an AHS program perspective there has been increased conversation and sharing between sites who perform similar work. This is best integrated within traditional zones; however educators and managers are starting to reach out to share best practices and lessons learned. This will be important as there were numerous instances observed in which staff at one site

described the “better” resources and funding that another similar site enjoyed (for example from Calgary to Edmonton or vice versa). During visits to various clinics these perceptions were largely debunked, however it does underscore the opportunity to have teams that are doing similar work for similar populations to connect on a more formal basis.

The number of clients who fail to present at scheduled appointments is monitored. Where attendance is problematic this may result in opportunities to better use those clinics slot for other clients. The organization is encouraged to pursue formal approaches to improve attendance at scheduled appointments across all sites, with input from clients and families.

Triage

Triage and referral processes are not standardized across sites and vary by location and service. The pediatric clinics visited each had their own triage approach and for the most part were physician led. There was an improvement example in place at Alberta Children’s Hospital related to celiac patients which supported nursing triage of patients for this population.

Other sites were supported by one of the GI Central Access and Triage Teams (GI CAT). The GI CAT in Calgary has been established for a longer time than the GI CAT in Edmonton and has more resources associated with it. Historically the GI CAT in Calgary has been able to manage its referral volume, but in the past year with staff changes, increased referral volumes, and other factors they now have more than 2300 clients currently waiting to be triaged. The GI CAT in Edmonton now has over 9500 clients waiting to be triaged. These wait lists are a source of significant distress for the staff in the CATs and in the clinics. Each can describe a scenario when the delay impacted the patient's clinical outcome.

The data provided by this team is routinely reviewed at the site and clinic level and has been the impetus for different tests of change to improve the efficiency of CAT processes. Conversations related to using intelligent automation, or other AI supported work tools to improve the team's efficiency have begun.

Table 6: Unmet Criteria for Ambulatory Care Services

Criteria Number	Criteria Text	Criteria Type
1.1.5	The number of clients who fail to present at scheduled appointments is monitored and strategies to improve attendance are implemented with input from clients and families.	NORMAL
1.4.8	Clients and families have access to psychosocial and/or supportive care services, as required.	NORMAL

Criteria for Follow-up

Criteria identified by the Accreditation Decision Committee for follow-up reporting to Accreditation Canada

Follow- up Requirements		
Standard	**Criterion**	**Due Date for sites**
Leadership	4.3.1 The organization ensures its physical spaces are safe and meet relevant laws and regulations.	June 8, 2027 • Foothills Medical Centre
Medication Management	1.3.2 Pharmacists collaborate with clients and interprofessional clinical teams to provide care using evidence-informed care activities associated with improved client and system outcomes.	June 8, 2027 • Foothills Medical Centre • University of Alberta Hospital
	3.2.3 Teams have access to an on-call pharmacist and prescriber to answer questions about medications or medication management.	June 8, 2027 • Foothills Medical Centre • University of Alberta Hospital
Service Excellence	4.2.2.3 The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders.	June 8, 2027 • Alberta Children's Hospital • University of Alberta Hospital
	4.2.2.4 The team leadership ensures the team refers clients who screen positive for suicide risk to a person with the competencies to do a suicide risk assessment and put the necessary safety plan in place.	June 8, 2027 • Alberta Children's Hospital • University of Alberta Hospital