



**ACCREDITATION  
AGRÉMENT  
CANADA**

# **Accreditation Report**

Qmentum Global™ for Canadian  
Accreditation Program

Provincial Correctional Health Services  
Program

**Recovery Alberta**

Report Issued: June 11, 2025

## Confidentiality

THIS DOCUMENT MAY CONTAIN CONFIDENTIAL INFORMATION AND IS PROTECTED BY COPYRIGHT AND OTHER INTELLECTUAL PROPERTY RIGHTS OF ACCREDITATION CANADA AND ITS LICENSORS IN CANADA AND AROUND THE WORLD.

This Accreditation Report is provided to the Organization for certain, permitted uses as set out in the Intellectual Property Client Licensee part of the Qmentum Global™ for Canadian Accreditation program agreement between Accreditation Canada and the Organization (the “Agreement”). This Accreditation Report is for informational purposes only, does not constitute medical or healthcare advice, and is provided strictly on an “as is” basis without warranty or condition of any kind.

While Accreditation Canada will treat any of the Organization’s information and data incorporated in this Report confidentially, the Organization may disclose this Report to other persons as set forth in the Agreement, provided that the copyright notice and proper citations, permissions, and acknowledgments are included in any copies thereof. Accreditation Canada will be free to deal with this Report once the Organization has disclosed it to any other person on a non-confidential basis. Any other use or exploitation of this Report by or for the Organization or any third party is prohibited without the express written permission of Accreditation Canada. Any alteration of this Accreditation Report will compromise the integrity of the accreditation process and is strictly prohibited. For permission to reproduce or otherwise use this Accreditation Report, please contact [publications@healthstandards.org](mailto:publications@healthstandards.org).

Copyright © 2025 Accreditation Canada and its licensors. All rights reserved.

# Table of Contents

<b>Confidentiality .....</b>	<b>2</b>
<b>About Accreditation Canada .....</b>	<b>4</b>
<b>About the Accreditation Report.....</b>	<b>4</b>
<b>Program Overview.....</b>	<b>4</b>
<b>Executive Summary .....</b>	<b>6</b>
About the Accreditation Cycle.....	6
Surveyor Overview of Team Observations .....	7
Key Opportunities and Areas of Excellence.....	8
People-Centred Care .....	8
<b>Accreditation Decision.....</b>	<b>9</b>
Locations Assessed during On-Site Assessment .....	9
<b>Required Organizational Practices.....</b>	<b>10</b>
Assessment Results by Standard .....	12
Core Standards.....	12
Infection Prevention and Control .....	12
Leadership.....	14
Medication Management.....	15
Service Excellence.....	18
<b>Service Specific Assessment Standards .....</b>	<b>20</b>
Provincial Correctional Health Services.....	20
<b>Criteria for Follow-up.....</b>	<b>23</b>

## 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 April 28 to May 2, 2025. 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. 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 Accreditation Cycle

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 is being divided into four distinct health agencies. Once the change 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: Recovery Alberta, Acute Care Alberta and Primary Care Alberta. Recovery Alberta, established in 2024 as the first of Alberta's new provincial health agencies, is responsible for providing comprehensive and accessible recovery-oriented mental health and addiction services and correctional health services across the province. Acute Care Alberta is the new provincial health agency, established in 2025, that oversees the governance and coordination of acute care services (including AHS), emergency medical services and cancer services across Alberta. Primary Care Alberta is the provincial health agency, established in 2025, responsible for primary care, including public health, across the province to support day-to-day health needs through every stage of life.

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 standard along with the foundational standards. This integrated assessment approach provides a more 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 Correctional Health Services (CHS) program is part of Recovery Alberta, a newly formed provincial health agency providing recovery-oriented addiction, mental health and correctional health services province-wide. The CHS program was last assessed by Accreditation Canada in 2020, at which time it was part of Alberta Health Services.

Correctional Health Services provides health care to approximately 3,500 adults and youth at Alberta's 10 provincial correctional facilities with the maximum time spent incarcerated of up to two years (less a day). For the 2025 onsite assessment, surveyors visited eight sites in Calgary, Edmonton, Fort Saskatchewan, Medicine Hat, Peace River, and Red Deer .

The CHS leadership team is commended for its focus on safe, effective, and quality focused care in these complex environments. The delivery of healthcare within correctional facilities presents many challenges including communication from or with external partners, uncertainty with release dates of patients as well as competing demands and priorities between security and healthcare teams. The CHS leadership team and front-line staff are thriving in these complicated environments, maintaining a focus on patient-focused care and safety. For example, the revamped *Suicide Risk Screening, Assessment and Management* policy, *Safe Transitions* policy and *Discharging a Patient to Correctional Health Services* information sheet all emphasize safety and quality care.

The CHS team collaborates with many community partners during transitions and discharges including regional hospitals throughout the province, justice partners, and community-based programs. The external referral analysis report from 2024 provides great insights into the challenges faced by the corrections population as they transition within and out of correctional facilities. It is important that recommendations from this report are considered and, if implemented, evaluated at regular intervals with input from patients and staff. Transitions in this population continue to be challenging, and the CHS is commended for its focus on this complex process.

CHS developed a discharge sheet to support community hospitals when discharging patients back to correctional facilities. This provides hospital staff with an overview of the services that correctional facilities provide and those that they cannot accommodate, ensuring patients are receiving care in the safest environment.

In 2023, a Patient Experience Survey, which focused on addiction and mental health (AMH), was distributed to CHS patients who recently accessed AMH care. The results included concerns related to wait times, medication regimes, staff engagement and privacy concerns. There are recommendations in place, and the CHS program is encouraged to follow up on these recommendations and outcomes.

## Key Opportunities and Areas of Excellence

### Areas of Excellence:

- Engaged & Compassionate Teams
- Visible & Supportive Leadership
- Commitment to Learning & Development
- Implementation of Connect Care
- Suicide Risk Screening, Assessment & Monitoring
- Virtual Opioid Dependency Program
- Patient Support & Engagement

### Key Opportunities:

- Enhance Prescriber Model
- Strengthen Medication Reconciliation
- Strengthen ROP and High Priority Alignment
- Enhance Discharge Planning and Evaluation

## People-Centred Care

The CHS program's approach to care strives to include individuals, families and communities' perspectives as participants in the delivery of care to patients. During the survey visit, patients expressed a high level of engagement, satisfaction and trust with the health care staff. They describe staff as being professional, respectful, and flexible. Examples were shared of staff advocating for and ensuring the required health services were available to the patients. Staff at all sites highlighted teamwork, leadership support and improving relationships with corrections partners as key factors in providing patient focused care.

The patients were well informed on the health care request process and indicated quick responses to their requests. Patients were also aware of the complaint process both at a site level and through the patient relations department.

The program is encouraged to continue to engage those with lived experience, including patients/families, in all aspects of their programs, such as policy development, re-design of health units when applicable, and role development within healthcare teams.



# 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. A new accreditation decision will be awarded at the end of the cycle to include all provincial health agencies, including Recovery Alberta.*

## Locations Assessed during On-Site Assessment

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

- Calgary Correctional Centre
- Calgary Remand Centre
- Edmonton Remand Centre
- Edmonton Young Offender Centre
- Fort Saskatchewan Correctional Centre
- Medicine Hat Remand Centre
- Peace River Correctional Centre
- Red Deer Remand Centre

<sup>1</sup>Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

## Required Organizational Practices

Required Organizational Practices (ROPs) 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
Antimicrobial Stewardship	Medication Management	0 / 5	0.0%
Client Identification	Provincial Correctional Health Services	1 / 1	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Provincial Correctional Health Services	3 / 4	75.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Suicide Prevention	Provincial Correctional Health Services	4 / 5	80.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%

## 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

Given the age of some facilities, they were well maintained and attention to cleanliness was noticeable. All sites use input gathered from infection prevention and control (IPC), environmental health and the occupational health services teams to maintain optimal environmental conditions within the centers. Standards for food safety were followed and the contracted provider audited by environmental health. The infection control practitioner (ICP) had an improvement plan. Staff had appropriate orientation and education (tracked on an ongoing basis) and followed the required processes and procedures. Staff were incredibly grateful to the expertise of the IPC team members and their responsiveness to requests. Hand-hygiene resources and hand washing sinks or stations were apparent throughout the facilities. Teams can consider adding more hand sanitizers where possible, particularly within the health care units and ensure sanitizers are always full.

Hand-hygiene audits were regularly performed, and a good compliance rate had been generally sustained. Hand-hygiene results were posted, including in the infirmaries or health care areas where patients could also see the results. Posted materials were generally laminated for cleaning. Connect Care has significantly enhanced the ability of the team to track infectious diseases and provides valuable information for transfers to/ from the facilities or discharges into the community. Staff, through Insite or the public website, had easy access to information on policies and procedures regarding which cleaning products were to be used with what surface area or equipment and followed those directions. Access to personal protective equipment was available at each site, and appropriate equipment was worn when cleaning or disinfection. Any equipment requiring sterilization was sent out to be sterilized.

The ICPs tracked information on health care-associated infections or communicable diseases and provided education and direction to staff at the centers, as well as ensured any required linkages to public health or other agencies. Staff were aware of and able to easily find the procedures and policies around outbreaks or communicable diseases. Teams should ensure wooden or cardboard storage containers within the medication or supply rooms are replaced with plastic containers that are easily disinfected or cleaned. Staff all recognized the need to do so and, in some cases, plans to make this change were imminent. When furniture is due to be replaced, sites are encouraged to consider new furniture that is easier to clean and disinfect. Presently some furniture is covered with fabric. Leather or plastic is a safer product from an IPC perspective.

## **Table 2: Unmet Criteria for Infection Prevention and Control**

There are no unmet criteria for this section.

## Leadership

### Standard Rating: 66.7% Met Criteria

33.3% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The oversight of the physical space and ensuring that all applicable laws and regulations are met is done through a partnership agreement and overseen by Infrastructure Alberta. There is a master agreement between the Public Safety and Emergency Services Ministry and Recovery Alberta, which is currently in the process of being updated. The level of information available at a site level varies across correctional centers. For example, the Correctional Services Division (CSD) team and health services team at the Red Deer Remand Centre were not aware of the building status or how it was monitored or addressed. The CSD leadership at the Fort Saskatchewan Correctional Centre were aware the oversight and monitoring were contracted to a provider, who monitored the building's ongoing compliance across several domains twenty-four hours a day and the deputy director had access to that information at any time. The monitoring included the ability to intervene locally or remotely (e.g., shutting down systems, adjusting temperature) if required.

Staff reported the process and steps taken to protect themselves and patients during construction or renovations. The ICP confirmed their involvement in ensuring work was done safely and appropriately.

Medical devices were functional, regularly tested (with testing documented), and replaced quickly as required.

**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: 89.3% Met Criteria

10.7% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The use of Connect Care has significantly enhanced the organization's ability to provide safe and effective medication management. Health care staff, providers, pharmacists and pharmacy staff referred to it multiple times as a "game changer". Computerized physician order entry (CPOE) is used with built-in alerts within the system (e.g., allergies, dosage limits) to support safe prescribing practices. Sites should ensure these are tested regularly to ensure they function as intended.

A best possible medication history (BPMH) was consistently collected for patients, and medication reconciliation was completed upon admission and reviewed by a provider and pharmacist. Ensuring medication reconciliation is completed prior to transfer or discharge was not consistently completed across sites. Only the Fort Saskatchewan Correctional Centre confirmed this was done consistently at their center. High alert medications were effectively managed with the sites with pharmacies. Pharmacists and the pharmacy teams were well integrated into health care services where they were present. The pharmacy space within the Calgary Correctional Center was clean but disorganized and could benefit from a review, including the appropriate storage of look-alike and sound alike medications. The availability of narcotic products is evaluated and limited.

An antimicrobial stewardship program was not consistently in place across the sites with in-house pharmacies, nor was any evaluation of the program completed for corrections to facilitate improvements. Some pharmacy staff were unaware of any program, while others knew that there was a provincial service accountable for corrections but received little support or information. Additional education could be considered for the corrections team on antimicrobial stewardship and for the antimicrobial stewardship team in corrections to ensure the appropriate support, evaluation, and improvement occur consistently.

Teams have access to after-hours prescribers when required but do not have after-hours access to pharmacists. The program is encouraged to ensure staff have after-hours access to a pharmacist.

**Table 4: Unmet Criteria for Medication Management**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.2.3	<p>Antimicrobial Stewardship</p> <p>1.2.3.1 An antimicrobial stewardship program has been implemented.</p> <p>1.2.3.2 The program specifies who is accountable for implementing the program.</p> <p>1.2.3.3 The program is interdisciplinary, involving pharmacists, infectious diseases physicians, infection control specialists, physicians, microbiology staff, nursing staff, hospital administrators, and information system specialists, as available and appropriate.</p> <p>1.2.3.4 The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).</p> <p>1.2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.</p>	ROP
3.2.3	Teams have access to an on-call pharmacist and prescriber to answer questions about medications or medication management.	HIGH
5.1.2	Medication storage areas are clean and organized.	HIGH
5.1.7	Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	HIGH



<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
5.1.11	Medication storage areas are regularly inspected, and improvements are made if needed.	NORMAL
6.1.1	A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	HIGH
6.1.5	There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	HIGH
7.2.1	Medication preparation areas are clean and organized.	HIGH

## Service Excellence

### Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The CHS leadership team seeks ongoing involvement and participation from patients, families and community partners. Leadership supported a positive workplace culture, and staff noted how well they are supported to make decisions at the site level. Staff across the correctional centres consistently demonstrated dedication, respect and compassion. Collaboration amongst teams and with CSD were evident in creating positive environments that supported safe, high-quality care.

A strong onboarding and education process is in place, supported by clinical education, structured training, and the use of simulation to provide quality care in a safe environment. New employees continue to receive comprehensive orientation, and all employees have access to "My Learning Link" for additional educational opportunities. Staff also identified the importance of just-in-time education they receive from their educators. The organization continues to focus on a competent workforce. The CHS program is encouraged to spread on-site simulation training across all health units, particularly for medical emergencies.

The introduction of Connect Care has significantly enhanced the accuracy and collection of standardized health information on patients and has greatly enhanced communication within and between teams. The team is encouraged to continue to receive input from staff and patients on this new system. Additionally, the leadership team should continue to explore options related to functionality and data collection in Connect Care. The introduction of Connect Care has improved overall delivery of clinical services and has made patient service safer and more efficient.

The CHS leadership and staff are committed to safety for patients and staff. Staff are knowledgeable about reporting patient safety incidents such as medication errors and staff safety incidents such as workplace violence. The staff feel supported by leadership when reporting safety issues and they indicate leadership continues to focus on systems issues versus a blameworthy approach. The CHS program continues to focus on quality initiatives at both the program and site levels. There is an opportunity for leaders to ensure that information about quality improvement activities, results and learnings are shared with staff, patients and families, organizational leaders, and partners, as appropriate.

**Table 5: Unmet Criteria for Service Excellence**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
4.3.10	The team leadership ensures that information about quality improvement activities, results and learnings are shared with staff, clients and families, organizational leaders, and partners, as appropriate.	NORMAL

# 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.

## Provincial Correctional Health Services

### Standard Rating: 94.5% Met Criteria

5.5% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The health services provided by the program include medical and nursing care, mental health and substance use treatment programs and services, opioid dependency treatment, emergency response, vaccinations, urgent dental care, pharmacy (at three sites), telemedicine and health-related discharge planning to help transition to community-based care.

At the Red Deer Remand Centre, access to and responses by prescribers/providers has been standardized with the introduction of a single nurse practitioner who provides primary care and medical support consistently three days a week. There is an opportunity to expand this approach. There is also an opportunity to ensure there is adequate and timely access to both general and specialized providers across the sites such as in mental health, addictions, and psychiatry as well as dental services specifically at the Edmonton Young Offender Centre.

The addition of the Virtual Opioid Dependency Program (VODP) has been very well received and is working well to improve access for incarcerated persons seeking support with opioid use disorder. This virtual program does not require a patient to access services at a physical site, expanding access to initiation and maintenance of Opioid Agonist Treatment across the entire province and increasing the availability of same-day medication starts supporting recovery. VODP teams consist of physicians, nurses, addictions counselors, social workers, pharmacists, and professional support staff working together to support patients.

At most sites, records of on-site simulations of medical emergencies are practiced, analyzed and maintained at least annually. There are plans to resume training at two sites.

CHS implemented a new electronic health record system called Connect Care in 2024. Despite some growing pains with this new technology, staff indicate a high level of satisfaction with the new system and its ability to support assessment and intervention by any health provider. They have identified improvements in care transitions, medication reconciliation processes, and the handover of information within teams. Connect Care has strengthened staff ability to conduct risk assessments, set goals, manage medication, and improve communication.

### Suicide risk monitoring and management

The organization has updated a comprehensive policy that focuses on the safety and monitoring of patients from their admission to their discharges back to the community. The policy clearly indicates the roles and responsibilities of all healthcare professionals involved in the care of patients. Additionally, the policy provides more flexibility so that changes to observation levels in moderate to low-risk patients can be initiated by healthcare providers other than physicians. This approach is less restrictive and more

patient centered. Staff were aware of the risks of suicides in the correctional population and identified the importance of ongoing monitoring and evaluation of this topic. The organization is encouraged to evaluate their management of suicide risk in this population. Input from patients and front-line staff is an important piece of this evaluation.

The use of a standardized tool within the Connect Care system has improved consistency of screening patients upon admission and during their stay. When screening is completed and documented, the risk rating is apparent in the patient record. Staff and the organization are encouraged to ensure every patient is assessed on admission and at regular intervals as may be required.

### **Medication reconciliation**

The implementation of Connect Care was described by staff as a “game changer” and has enabled clear patient specific goals, access to important collateral information, better medication management, and improved quality and safety of care. Every patient record reviewed had a BPMH completed on admission that had been reviewed by a provider and pharmacy.

The organization continues to have challenges in consistently adhering to all aspects of the medication reconciliation process including discharge medication reconciliation. The organization is encouraged to explore more resources and activities to increase compliance with all requirements for medication reconciliation. A few areas the organization could consider for improving compliance with the medication reconciliation process include:

- Staff surveys focused on their perceptions and challenges with medication reconciliation.
- Education of patients on the importance of being involved with this process, particularly at the point of transfer and discharge back to the community. Importance of discharge planning, including medication reconciliation, could be highlighted in an updated patient guide.
- Designated discharge planners at each site. These planners could have discharge checklists that include the discharge medication reconciliation process.

An updated and accurate list of medications for discharge may not be complete when information is sent to the community-based health provider. Therefore, the community-based health provider(s) do not consistently receive an up-to-date list of medications when the patient is discharged. The program is encouraged to ensure that final review and update is completed before a discharge list of medication is sent to community providers and provided to the patient.

### **Client Identification**

There was convincing evidence at all sites visited that two person-specific identifiers are well embedded into practice. Patients indicated staff always request these identifiers when receiving medications, and other medical interactions. This is an important safety practice to ensure the correct person receives the intended treatment or medication.

### **Transitions in Care**

Connect Care has greatly improved information sharing at critical points during transitions and discharges of patients. Transitions and discharge planning within and out of correctional facilities face specific challenges often not seen in other areas of healthcare. These challenges include unexpected releases, communication issues with security staff and lack of available resources in various communities. The organization is commended for the creation of the *Safe Transitions* policy, which provides guidance to staff on this complicated process. The organization could consider a review of the process that includes staff and patient feedback. The policy is next up for review in November 2026.

Connect Care facilitates information sharing during patient transitions within correctional facilities and between these facilities and local community hospitals or other community partners involved in care delivery. There is an opportunity to leverage Connect Care and data from community providers to

continue to improve care and services. For example, there is no evaluation of the effectiveness of transition planning, and staff receive limited feedback - typically only when a patient is readmitted to the facility. The organization is encouraged to sample transitioned or released patients to determine the effectiveness of the transition plan, rate of follow-up with referrals and any outcomes that may be available.

**Table 6: Unmet Criteria for Provincial Correctional Health Services**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.1.6	Timely access to dental care is provided for clients.	HIGH
1.3.6	Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)  1.3.6.4      The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.	ROP
1.3.8	Suicide Prevention  1.3.8.2      The risk of suicide for each client is assessed at regular intervals or as needs change.	ROP
1.8.11	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	NORMAL
1.8.16	Records of on-site simulations of medical emergencies are practiced, analyzed and maintained at least annually.	HIGH

# Criteria for Follow-up

## Criteria identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	Criterion	Due Date
Leadership	4.3.1 - The organization ensures its physical spaces are safe and meet relevant laws and regulations.	June 2, 2026 • Red Deer Remand Centre
Medication Management	1.2.3.1 - An antimicrobial stewardship program has been implemented.	June 2, 2026 • Calgary Correctional Centre
Medication Management	1.2.3.2 - The program specifies who is accountable for implementing the program.	June 2, 2026 • Calgary Correctional Centre
Medication Management	1.2.3.3 - The program is interdisciplinary, involving pharmacists, infectious diseases physicians, infection control specialists, physicians, microbiology staff, nursing staff, hospital administrators, and information system specialists, as available and appropriate.	June 2, 2026 • Calgary Correctional Centre
Medication Management	1.2.3.4 - The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	June 2, 2026 • Calgary Correctional Centre
Medication Management	1.2.3.5 - The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 2, 2026 • Calgary Correctional Centre • Edmonton Remand Centre
Medication Management	5.1.2 - Medication storage areas are clean and organized.	June 2, 2026 • Calgary Correctional Centre
Medication Management	5.1.7 - Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	June 2, 2026 • Calgary Correctional Centre
Medication Management	6.1.1 - A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	June 2, 2026 • Calgary Correctional Centre
Medication Management	7.2.1 - Medication preparation areas are clean and organized.	June 2, 2026 • Calgary Correctional Centre

Standard	Criterion	Due Date
Provincial Correctional Health Services	1.3.6.4 - The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.	June 2, 2026 <ul style="list-style-type: none"> <li>• Edmonton Remand Centre</li> <li>• Edmonton Young Offender Centre</li> </ul>
Provincial Correctional Health Services	1.3.8.2 - The risk of suicide for each client is assessed at regular intervals or as needs change.	June 2, 2026 <ul style="list-style-type: none"> <li>• Fort Saskatchewan Correctional Centre</li> </ul>
Provincial Correctional Health Services	1.8.16 - Records of on-site simulations of medical emergencies are practiced, analyzed and maintained at least annually.	June 2, 2026 <ul style="list-style-type: none"> <li>• Calgary Correctional Centre</li> <li>• Calgary Remand Centre</li> </ul>