

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

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Submission to Alberta Health

January 20, 2015

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## Alberta Health Services Accreditation Activities – 2014

### 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 first on-site survey visit of this cycle occurred May 12-16, 2014, focusing on system-wide, foundational standards. Twenty two Accreditation Canada surveyors visited 79 AHS, CapitalCare and Carewest sites (see Appendix A for a list of standards surveyed by site).

The next survey visits are scheduled for May 10-15, 2015, May 2016 (dates TBD) and May 2017 (dates TBD), and will 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
<ul style="list-style-type: none"> <li>• Medicine               <ul style="list-style-type: none"> <li>General (Internal) Medicine</li> </ul> </li> <li>• Perioperative Services and Invasive Procedures               <ul style="list-style-type: none"> <li>Hip &amp; Knee Arthroplasty specialty service</li> </ul> </li> <li>• Assisted Reproductive Technology (3 standards) †</li> <li>• Emergency Department</li> <li>• Emergency Medical Services</li> <li>• Critical Care (adult &amp; pediatric)</li> <li>• Organ and Tissue Donation (3 standards)</li> </ul>	<ul style="list-style-type: none"> <li>• Medicine               <ul style="list-style-type: none"> <li>Sub-specialty TBD</li> </ul> </li> <li>• Perioperative Services and Invasive Procedures               <ul style="list-style-type: none"> <li>General Surgery in Urban and Regional Hospitals</li> </ul> </li> <li>• Acquired Brain Injury Services †</li> <li>• Ambulatory Systemic Cancer Therapy Services</li> <li>• Cancer Care and Oncology Services</li> <li>• Community-Based Mental Health Services and Supports</li> <li>• Mental Health Services</li> <li>• Rehabilitation Services †</li> <li>• Spinal Cord Injury Rehabilitation Services †</li> <li>• Substance Abuse and Problem Gambling Services</li> </ul>	<ul style="list-style-type: none"> <li>• Medicine               <ul style="list-style-type: none"> <li>Sub-specialty TBD</li> </ul> </li> <li>• Perioperative Services and Invasive Procedures               <ul style="list-style-type: none"> <li>General Surgery in Rural and Suburban Hospitals</li> </ul> </li> <li>• Community Health Services</li> <li>• Home Care Services</li> <li>• Hospice, Palliative and End-of-Life Services †</li> <li>• Long-Term Care Services</li> <li>• Obstetrics Services</li> <li>• Critical Care Services for NICU</li> <li>• Primary Care Services</li> <li>• Aboriginal Health Standards</li> <li>• Population Health and Wellness (Seniors Populations)</li> </ul>

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

### Accreditation Status:

AHS continues to be “Accredited” with Accreditation Canada until the next accreditation decision is calculated at the end of the cycle in 2017. The 2014 Accreditation Canada survey Executive Summary and AHS Accreditation Update 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 on-site survey.

Surveyors identified the following as major strengths for the organization: Medication Reconciliation Plan, Ethics Framework, use of telehealth technology, the integration of correctional health services, medication safety culture, and the use of the Alberta Health Services Improvement Way (AIW). They noted that AHS has made improvements in areas such as infection prevention and control, provincial medication management oversight, and collaboration with patients and community partners. The Official Administrator and Advisory committee governance model is successfully performing functions required by the Accreditation Canada Governance standards. AHS efforts to align health and business planning with the Alberta Quality Matrix for Health were noted.

## 2014 Accreditation Activities:

Service Excellence Teams (SETs) were established to address the standards being surveyed in 2014 and in 2015.

2014: SETs reviewed and developed resources to support patient safety and quality of care by addressing the Required Organizational Practices (ROPs) and high priority criteria in the applicable standards. Further targeted support has been provided to address follow-up criteria reportable to Accreditation Canada in October 2014 and October 2015 (see Appendix B for list) and to support spread throughout AHS sites and services.

In October 2014, AHS provided the first report of additional evidence for 22 major tests of compliance for the 13 unmet ROPs within four standards. Accreditation Canada accepted the submitted evidence for 17 tests for compliance; more evidence is required for five major tests of compliance.

2015: Following the May 2014 on-site survey, the 2015 SETs began working with sites to identify risks to achieving the ROPs for the May 2015 on-site survey. Seven standards, including 14 ROPs will be surveyed, with ten ROPs applicable to two or more standards. Four ROPs are in the EMS standards only (note: EMS standards did not include ROPs when surveyed in 2011). Accreditation Canada and AHS have identified over 110 sites to be visited in May 2015.

## 2015 Next Steps and Quality Improvement:

Evidence for the five major tests for compliance not accepted by Accreditation Canada following the October 2014 submission, as well as the unmet high priority conditions (across four service areas) and minor tests for compliance (ten ROPs across three service areas) must be submitted to Accreditation Canada by October 16, 2015. Action plans are in place to ensure that these required follow-ups are addressed. Please see Appendix B for the list of recommendations and quality improvement activities underway.

## Other AHS Accreditation Activities – 2014

### College of Physicians and Surgeons of Alberta (CPSA)

#### Background:

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, as applicable. Accreditation information is posted on the AHS and CPSA websites.

The fourth year cycle inspections of the 2011-2014 service agreement occurred during 2014.

The 2015-2017 service agreement was negotiated and signed in late 2014.

#### Laboratory Services:

The following zones/programs underwent CPSA inspections:

- Calgary Zone – Nineteen laboratories were inspected, 18 of these are managed by Calgary Laboratory Services and one by Covenant Health. Inspections occurred in spring and fall 2014.
- Genetics Laboratory Services (North and South locations) were inspected in October 2014.
- Provincial Laboratory for Public Health was inspected in October 2014.

These laboratories are working toward correction of relatively straightforward non-conformances found and anticipate receiving full accreditation certificates.

### Interim/Provisional Accreditation Status

Since the 2012 CPSA inspections, the College has begun assigning a status of interim/provisional status until concrete resolution of citations is completed within a specified time frame. Interim/Provisional status means the laboratory can continue to operate under the previous certificate until the citation(s) is/are resolved.

Currently AHS has the following number of laboratory facilities in provisional status due to space / facility issues:

Central Zone – 4    Edmonton Zone - 2  
North Zone – 6

These 12 sites are continuing to respond to CPSA requests for evidence of compliance and laboratory services continues to work with the AHS Capital Management, Project Management and Facilities, Maintenance and Engineering to address the requirements.

### **Diagnostic Imaging Services:**

Diagnostic Imaging sites in the Calgary zone underwent accreditation review. The following sites received (including Covenant sites) full accreditation.

- Alberta Children’s Hospital
- Airdrie Regional Community Health Centre
- Claresholm General Hospital
- Cochrane Community Health Centre
- Didsbury District Health Services
- High River General Hospital
- Mineral Springs Hospital – Banff
- Oilfields General Hospital – Black Diamond
- Peter Lougheed Centre
- Sheldon M Chumir Health Centre
- Strathmore District Health Services
- Vulcan Community Health Centre

The following sites are currently in the accreditation review process:

- Canmore General Hospital
- Foothills Medical Centre
- Richmond Road Diagnostic Treatment Centre
- Rockyview General Hospital
- South Calgary Health Centre
- South Health Campus

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

Fifteen publically funded neurophysiology labs and 20 pulmonary function testing labs are accredited.

### **2015 Next Steps, CPSA:**

Upcoming Laboratory CPSA accreditation visits for 2015 include:

- Edmonton Zone –Spring
- South Zone –Fall

Internal audit activities are well underway in preparation for these inspections.

In 2015, Diagnostic Imaging sites in the Edmonton and South zones will undergo accreditation review.

## Other Lab Accreditation and 2015 Next Steps:

AHS Laboratory Services participates in other non-mandatory accreditation activities to enhance laboratory quality and services.

Provincial Laboratory for Public Health North and South Environmental Microbiology laboratories underwent Canadian Association for Laboratory Accreditation Inc (CALA –ISO17025) surveillance visits in October 2014 and expect their full accreditation visit in the fall of 2015.

The Provincial Laboratory for Public Health North and South is expecting to have their College of American Pathologist (CAP) inspection in the summer of 2015.

Edmonton Zone laboratory personnel who preceptor students from the University of Alberta Medical Laboratory Science Program participated in the Canadian Medical Association (CMA) accreditation of the program in late November 2014. The Medical Laboratory Science Program met all 30 criteria set out by the CMA and was granted a 6 year accreditation.

The University of Alberta Hospital Transfusion Medicine Laboratory has received full accreditation from the American Association of Blood Banks (AABB) for the next two years.

University of Alberta Hospital Laboratory was inspected in October 2012 by the College of American Pathologists (CAP) and had their CAP accreditation revoked in 2014 due to noncompliance with the standards relating to competency requirements for non-laboratory personnel administering blood products. The CPSA released new standards in 2013 which now apply to all AHS medical laboratories with transfusion services. As a result of this new requirement, Laboratory Services has worked collaboratively with the AHS Policy Department and various nursing representatives to develop a provincial administration blood policy and procedures as well as training and competency materials. These are in the final approval stages before proceeding to implementation.

The Histocompatibility Laboratory at the University of Alberta Hospital Laboratory underwent a successful inspection with the American Society of Histocompatibility and Immunogenetics (ASHI) in spring-summer 2014. This accreditation is for Solid Organ Transplantation: Living Donor and Solid Organ Transplantation: Diseased Donor, and is internationally recognized as the “gold standard” for Histocompatibility laboratories in North America. The Histocompatibility Laboratory supports the very active transplantation programs at the University of Alberta Hospital.

Calgary Laboratory Services' Tissue Typing Laboratory is also accredited by ASHI and the next accreditation visit is expected in 2015. The Foundation for the Accreditation of Cellular Therapy (FACT) inspects the Cellular Therapy Laboratory as part of its assessment of the Alberta Blood and Marrow Transplant Program and the next inspection is anticipated in 2015.

AHS Laboratory Services continues to address the recommendations of the Health Quality Council of Alberta Report to AHS - *Rockyview General Hospital and Calgary Laboratory Services Diagnostic and Scientific Centre and Royal Alexandra Hospital: Review of the Quality of Anatomical Pathology Specimen Preparation and Interpretation 2010–11*. It is anticipated that all recommendations will be successfully implemented by end of 2016.

## Funded Partners Activities – 2014

### 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, permitting coordination of efforts on provincial

strategic initiatives related to ROPs. Covenant Health is surveyed in the fall, with the 2014 on-site survey being held October 6 - 10, 2014. Please see the cycle of the survey schedules 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> </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 2014 Accreditation Canada Executive Summary is posted on the Covenant Health public website <http://www.covenanthealth.ca/living-our-mission/quality/accreditation>.

## 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 during the four year cycle; the next survey visit will be in 2018.

## Contracted Partners/Provider Activities – 2014

AHS continued throughout 2014 to discuss the refresh of the Ministerial Directive for Mandatory Accreditation of Alberta’s Health System with Alberta Health. Clarity around application of the Directive and the approved accrediting bodies is a theme noted in AHS Continuing Care and Addictions and Mental Health services.

The Ministry of Health added the International Organization for Standardization (ISO) to the list of recognized accrediting organizations in July 2014. This adds one more accrediting organization to the list, which also includes 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), Institute for Quality Management in Healthcare (IQMH) (formerly Ontario Laboratory Accreditation (OLA)) and the Council on Accreditation (COA).

## AHS Continuing Care

### 2014 Accreditation Activities:

A review of the 2014 AHS Continuing Care Contracted Service Providers list indicates that 44% are accredited with recognized accrediting bodies, up from 34% in 2012. An additional 9% are in the process of accreditation; these numbers are not reflected in the number of accredited providers. The majority of organizations are designated as facility living or supportive living with the remaining organizations designated as home living facilities. Accreditation rates for the three care streams follows: facility living (88%; same as in 2013), supportive living (28%; 16% in 2013) and home living (57%; 42% in 2013). Existing individual service agreements with contracted providers have not universally included clauses requiring participation in accreditation programs. As these service agreements expire, mandatory accreditation clauses will be included in new service agreements with continuing care contracted providers.

Mandatory independent accreditation is most often achieved for health service organizations whose roles are defined in law (e.g., *Nursing Homes Act, Hospital Act*). Contracted partners, particularly small Home Care and Supportive Living providers, continue to face a number of challenges in achieving accreditation, including financial and human resources required for the accreditation process.

## **AHS Addictions and Mental Health**

### **2014 Accreditation Activities:**

A review of the accreditation status of contracted providers indicates that approximately 28% of providers classified as addictions support, 22% classified as mental health support and 1% classified as supportive housing are accredited with approved accrediting bodies. Mandatory accreditation applies to addiction and mental health service providers; however existing individual service agreements with these contracted providers do not currently contain clauses requiring mandatory accreditation and will need to be addressed in future service agreements.

Addiction and mental health service providers use a range of other oversight/accrediting bodies not included in this count. Not included in this list are a number of school divisions, municipal services, education services and lifestyle supports to which the Ministerial Directive for Mandatory Accreditation of Alberta's Health System would not apply.

## **Emergency Medical Services (EMS)**

### **2014 Accreditation Activities:**

AHS has twenty eight (28) ground EMS contracts, twenty five (25) of which are required to become accredited with Accreditation Canada. 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).

Four providers have achieved accreditation and seven providers have completed their primer activities and are working towards completing Accreditation Canada's full program. Nine providers are scheduled for their primer visits in Winter/Spring 2015 and four providers are expected to submit their plans for accreditation by Fall/Winter 2015. One provider is currently in the process of divesting and accreditation requirements will be fulfilled by the new provider for the area.

AHS has 12 contracts with nine providers for fixed wing and airport transfer services. Presently there is not an appropriate accrediting organization for air ambulance services in Alberta. When an accrediting organization is identified and providers are notified, they will have six months to complete a plan for becoming accredited prior to the end of the contract term.

AHS will continue 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.



## Appendix A – 2014 AHS Survey Sites and Standards

### ACRONYMS

Emerg. Prep.	Emergency Preparedness (in Leadership Standards)
IPC	Infection Prevention & Control
IQM	Integrated Quality Management (in Leadership Standard)s
Med. Mgmt	Medication Management
PBC & DM	Principle-Based Care and Decision-Making (in Leadership Standard)
PCHS	Provincial Correctional Health Services
Plan & SD	Planning & Service Design (in Leadership Standards)
Reproc./Ster. of RMD	Reprocessing and Sterilization of Reusable Medical Devices
Res. Mgmt.	Resource Management (in Leadership Standards)

NORTH ZONE			
SITE	STANDARD		
Elk Point Healthcare Centre	Leadership:	PBC & DM	Medical Devices
		Physical Environment	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Mayerthorpe Healthcare Centre	Leadership:	Emerg. Prep.	PBC & DM
	IPC	Reproc./Ster. of RMD	
Northern Lights Regional Health Centre	Leadership:	Human Capital	Medical Devices
		IQM	Physical Environment
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Peace River Community Health Centre	Leadership:	Communication	IQM
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Peace River Correctional Centre	Leadership:	Medical Devices	Physical Environment
	IPC	PCHS	
Queen Elizabeth II Hospital	IPC	Med. Mgmt.	
	Telehealth Services	Reproc./Ster. of RMD	
Sacred Heart Community Health Centre	Leadership:	Emerg. Prep.	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Slave Lake Healthcare Centre	Leadership:	Emerg. Prep.	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
St. Therese - St. Paul Healthcare Centre	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Swan Hills Healthcare Centre	Leadership:	Communication	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Whitecourt Healthcare Centre	IPC	Med. Mgmt.	Reproc./Ster. of RMD

EDMONTON ZONE			
SITE	STANDARD		
Addiction Recovery Centre	Leadership:	Medical Devices	Physical Environment
	IPC		
Alberta Hospital Edmonton	Leadership:	Emerg. Prep.	Medical Devices
		Physical Environment	
	IPC		
CapitalCare Corporate Office	Leadership:	Human Capital	
CapitalCare Dickinsfield	Leadership:	Communication	
	Med. Mgmt.		
CapitalCare Grandview	Leadership:	Emerg. Prep.	Medical Devices
		Physical Environment	
	IPC		
Coronation Plaza	Leadership:	Resource Management	
Cross Cancer Institute	Leadership:	Human Capital	Medical Devices
		Physical Environment	
	IPC	Med. Mgmt.	Telehealth Services
East Edmonton Health Centre	Leadership:	Medical Devices	Physical Environment
	IPC		Reproc./Ster. of RMD
Edmonton Remand Centre	Leadership:	Emerg. Prep.	
	Med. Mgmt.	PCHS	
Fort Saskatchewan Community Hospital	Reproc./Ster. of RMD		
Fort Saskatchewan Correctional Centre	Med. Mgmt.	PCHS	
Glenrose Rehabilitation Hospital	Leadership:	Communication	IQM
	Telehealth Services		
Royal Alexandra Hospital	Leadership:	Medical Devices	Physical Environment
		PBC & DM	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Seventh Street Plaza	Leadership:	IQM	Patient Flow
		Plan & SD	Res. Mgmt.
		Human Capital (include Physicians)	
Stollery Children's Hospital	Leadership:	Medical Devices	Physical Environment
	Med. Mgmt.	IPC	
	Reproc./Ster. of RMD	Telehealth Services	
Strathcona County Health Centre	Leadership:	Emerg. Prep.	Medical Devices
		Physical Environment	
	IPC		
Sturgeon Community Hospital	IPC	Med. Mgmt.	Reproc./Ster. of RMD
University of Alberta Hospital	Leadership:	Medical Devices	Physical Environment
		Communication	IQM
	IPC	Med. Mgmt.	
	Reproc./Ster. of RMD	Telehealth Services	
Westview Health Centre	IPC	Reproc./Ster. of RMD	

CENTRAL ZONE			
SITE	STANDARD		
Bentley Care Centre	Leadership:	Medical Devices	Physical Environment
	IPC	Med. Mgmt.	
Breton Health Centre	Leadership:	Medical Devices	Physical Environment
	IPC	PBC & DM	
Centennial Centre for Mental Health & Brain Injury	Leadership:	Emerg. Prep.	IQM
	IPC	Medical Devices	Physical Environment
Consort Hospital and Care Centre	Telehealth Services		
Coronation Hospital and Care Centre	Med. Mgmt.		
Drayton Valley Hospital and Care Centre	Leadership:	Medical Devices	Physical Environment
	IPC		
Drumheller Health Centre	Med. Mgmt.	Reproc./Ster. of RMD	
Galahad Care Centre	Leadership:	Medical Devices	Physical Environment
	IPC	Med. Mgmt.	
Hanna Health Centre	Leadership:	Medical Devices	Physical Environment
	IPC	Med. Mgmt.	
Innisfail Health Centre	Reproc./Ster. of RMD		
Lacombe Hospital and Care Centre	Leadership:	Communication	Medical Devices
	IPC	Physical Environment	
Michener Bend (Central Zone ECC)	Leadership:	Emerg. Prep.	
Red Deer Remand Centre	PCHS		
Red Deer Regional Hospital Centre	Leadership:	Human Capital	IQM
	IPC	Medical Devices	Physical Environment
Rimbey Hospital and Care Centre	Leadership:	Med. Mgmt.	Reproc./Ster. of RMD
	IPC	Medical Devices	Physical Environment
Rocky Mountain House Health Centre	Leadership:	Medical Devices	Physical Environment
	IPC	Med. Mgmt.	
Serenity House	Leadership:	Communication	Medical Devices
	IPC	Physical Environment	
Stettler Hospital and Care Centre	Leadership:	Medical Devices	Physical Environment
	IPC	Med. Mgmt.	
Sundre Hospital and Care Centre	Leadership:	Medical Devices	Physical Environment
	IPC	Med. Mgmt.	
Wetaskiwin Hospital and Care Centre	Leadership:	Emerg. Prep.	Medical Devices
	IPC	Physical Environment	

CALGARY ZONE			
SITE	STANDARD		
Airdrie Community Health Centre	Leadership:	IQM	Physical Environment
		Medical Devices	
	IPC	Reproc./Ster. of RMD	
Alberta Children's Hospital	Leadership:	Communication	IQM
		Medical Devices	PBC & DM
		Physical Environment	
	Med. Mgmt.	IPC	
	Reproc./Ster. of RMD	Telehealth Services	
Calgary Remand Centre	PCHS		
Calgary Young Offenders Centre	Leadership:	Emerg. Prep.	
	Med. Mgmt.	PCHS	
CAREWEST Corporate Office	Leadership:	Human Capital	
CAREWEST - Dr. Vernon Fanning	Leadership:	Communication	
	Med. Mgmt.		
CAREWEST - Glenmore Park	Leadership:	Medical Devices	Physical Environment
	IPC		
Central Production Pharmacy	Med. Mgmt.		
East Lake Centre (Provincial ECC)	Leadership:	Emerg. Prep.	
Foothills Medical Centre	Leadership:	Emerg. Prep.	
	IPC	Reproc./Ster. of RMD	
	Telehealth Services	Med. Mgmt.	
Okotoks Health and Wellness Centre	Leadership:	Medical Devices	Physical Environment
	IPC		
Peter Lougheed Centre	Leadership:	Medical Devices	Physical Environment
	Med. Mgmt.	IPC	
Rockyview General Hospital	Leadership:	IQM	
	Med. Mgmt.		
Sheldon M. Chumir Health Centre	Leadership:	PBC & DM	
	Med. Mgmt.		
South Health Campus	Leadership:	Emerg. Prep.	
	Reproc./Ster. of RMD		
Southern Alberta Forensic Psychiatric Centre	Leadership:	Medical Devices	Physical Environment
		PBC & DM	
	IPC		
Southport Tower	Leadership:	Human Capital	
	Governance		
Tom Baker Cancer Centre	Leadership:	Medical Devices	Physical Environment
		PBC & DM	
	IPC	Med. Mgmt.	Telehealth Services
Willow Creek Continuing Care Centre	Leadership:	Communication	Medical Devices
		Physical Environment	
	IPC		

SOUTH ZONE			
SITE	STANDARD		
Bow Island Health Centre	IPC	Med. Mgmt.	
	Reproc./Ster. of RMD	Telehealth Services	
Cardston Health Centre	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Chinook Regional Hospital	Leadership:	Human Capital	IQM
		Medical Devices	Patient Flow
		Physical Environment	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Coaldale Health Centre	Leadership:	Emerg. Prep.	Medical Devices
		Physical Environment	
	IPC		
Lethbridge Correctional Centre	IPC	PCHS	Telehealth Services
Medicine Hat Regional Hospital	Leadership:	Communication	IQM
		PBC & DM	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD
Prairie Ridge Seniors Mental Health Day and Outreach Program	Med. Mgmt.		
Raymond Health Centre	Leadership:	Communication	
	IPC	Med. Mgmt.	Reproc./Ster. of RMD

## Appendix B – AHS Follow-Up for Accreditation Canada Recommendations

ROPs (Major Tests for Compliance) Report Submitted to Accreditation Canada October 16, 2014	Status	Action Plan
<b>Infection Prevention and Control</b>		
<b>Infection Rates</b> The organization tracks infection rates; analyzes the information to identify clusters, outbreaks, and trends; and shares this information throughout the organization.	October 16, 2014 Evidence Accepted	The Infection Prevention and Control (IPC) Service Excellence Team (SET) and Public Health worked together to develop a plan to support tracking of outbreaks in Addictions, Forensic Mental Health, and Corrections Health settings.
<b>Hand Hygiene Education and Training</b> The organization delivers hand-hygiene education and training for staff, service providers and volunteers.	October 16, 2014 Evidence Partially Accepted (Accepted for 5/6 sites; 1 site with further reporting requirements)	AHS staff receive hand-hygiene education when hired and during Annual Continuing Education (ACE). Volunteers are provided with a General Volunteer Orientation and a guidebook which include detail on proper hand hygiene to prevent the spread of infections.
<b>Hand Hygiene Compliance</b> The organization measures its compliance with accepted hand-hygiene practices.	October 16, 2014 Evidence Accepted	Staff trained as Hand Hygiene Reviewers have performed regular reviews. Increased knowledge and compliance has been demonstrated.
<b>Reprocessing</b> The organization monitors its processes for reprocessing equipment, and makes improvements as appropriate.	October 16, 2014 Evidence Not Accepted (1/1 site has further reporting requirements)	Processes in the Alberta Hospital Edmonton Dental Clinic are reviewed through an established, rotational audit process. The Fall 2014 review results and corrective action plans will be further reported to Accreditation Canada in October 2015.
<b>Leadership</b>		
<b>Client Safety: Education and Training</b> The organization delivers client safety training and education at least annually to the organization's leaders, staff, service providers and volunteers, including education targeted to specific client safety focus areas.	October 16, 2014 Evidence Accepted	While Annual Continuing Education (ACE) covers some aspects client safety training, AHS takes an active role in educating staff and physicians on patient safety issues. AHS focused on the Medication Reconciliation (MedRec) ROP for staff and physician education in 2014. Additional education, focused on ROPs, is scheduled for future years.
<b>Preventive Maintenance</b> The organization's leaders implement an effective preventive maintenance program for medical devices, medical equipment, and medical technology.	October 16, 2014 Evidence Not Accepted (1/1 site has further reporting requirements)	The Health Equipment Loaner Program (HELP) database at Strathcona County Health Center is regularly monitored to ensure that loaned equipment retains its functionality and is safe for client use.
<b>Workplace Violence Prevention</b> The organization implements a comprehensive strategy to prevent workplace violence.	October 16, 2014 Evidence Accepted	An updated policy, Workplace Violence: Prevention and Response, was released in 2014. AHS has established by-laws and resources to support the policy, including a Workplace Violence Prevention and Response Handbook (2014).

ROPs (Major Tests for Compliance) Report Submitted to Accreditation Canada October 16, 2014	Status	Action Plan
<b>Medication Management</b>		
<p><b>Antimicrobial Stewardship</b> The organization has a program for antimicrobial stewardship to optimize antimicrobial use.</p>	<p>October 16, 2014 Evidence Partially Accepted (organizational evidence required for one major test for compliance)</p>	<p>Implementation and education is ongoing, awareness and point of contact posters were circulated to pharmacy departments at all sites. This is the first phase of a larger communication plan that is being developed to enhance awareness of support available to frontline staff to improve antimicrobial use. Reports on utilization of antimicrobials related to C.difficile are shared with AHS Executive on a quarterly basis commencing Quarter 2 2014/15. The Antimicrobial Stewardship Committee is involved when antibiotics are proposed in order sets and care pathway development.</p>
<p><b>High Alert Medications (HAM)</b> The organization implements a comprehensive strategy for the management of high-alert medications.</p>	<p>October 16, 2014 Evidence Accepted</p>	<p>A new provincial HAM policy, procedure, and guidelines were approved in September 2014 and the policy implementation date is March 31, 2015. The policy creates and expands HAM safety strategies across all care areas and a provincial HAM list has been created as part of the policy suite. A communication plan is underway to share resources and education that have been developed to improve practice</p>
<p><b>Heparin Safety</b> The organization evaluates and limits the availability of heparin products to ensure that formats with the potential to cause harmful medication incidents are not stocked in client service areas.</p>	<p>October 16, 2014 Evidence Accepted</p>	<p>The AHS Pharmacy Services Medication Quality and Safety Team (MQST) followed up with all AHS Pharmacy sites to ensure that all safeguards identified in the AHS approved exceptions for heparin were applied in all approved client service areas.</p>
<p><b>Narcotics Safety</b> The organization evaluates and limits the availability of narcotic (opioid) products to ensure that formats with the potential to cause harmful medication incidents are not stocked in client service areas.</p>	<p>October 16, 2014 Evidence Accepted</p>	<p>An annual Medication Management Compliance Assessment will be performed to ensure ongoing compliance and sustainability.</p>
<p><b>Concentrated Electrolytes</b> The organization evaluates and limits the availability of concentrated electrolytes to ensure that formats with the potential to cause harmful medication incidents are not stocked in client service areas.</p>	<p>October 16, 2014 Evidence Accepted</p>	<p>Where alternatives to concentrated electrolytes were not feasible, exceptions were screened by MQST and then presented to the AHS Quality and Safety Executive Committee (QSEC) for final approval. Safeguards are in place for approved exceptions including segregation and appropriate HAM labeling.</p>
<p><b>Dangerous Abbreviations</b> The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.</p>	<p>October 16, 2014 Evidence Accepted</p>	<p>Education has been delivered to all Pharmacy staff and is being delivered to nursing staff. The policy has been communicated with the physician group, who understand their role / responsibility. A review of the dangerous abbreviations policy is included in all new staff orientation. Audits are being completed to ensure compliance.</p>

<b>ROPs (Minor Tests for Compliance and continued follow-up from October 2014) &amp; High Priority Criteria Report Due to Accreditation Canada October 16, 2015</b>	<b>Status</b>	<b>Action Plan</b>
<b>Infection Prevention and Control</b>		
<b>Infection Rates ROP</b> The organization tracks infection rates; analyzes the information to identify clusters, outbreaks, and trends; and shares this information throughout the organization.	In Progress	The Communicable Disease Control (CDC) is working with the Medical Officer of Health to provide regular reports to sites serving vulnerable populations to support their infection tracking initiatives to inform strategic planning at the program and site levels.
<b>Hand Hygiene Education and Training ROP</b> The organization delivers hand-hygiene education and training for staff, service providers and volunteers.	October 16, 2014 Evidence Partially Accepted; In Progress	Volunteers are provided with a General Volunteer Orientation and a guidebook which includes detail on proper hand hygiene to prevent the spread of infections.
<b>Hand Hygiene Compliance ROP</b> The organization measures its compliance with accepted hand-hygiene practices.	In Progress	Regular audits are occurring and results shared with service providers and volunteers.
<b>Reprocessing ROP</b> The organization monitors its processes for reprocessing equipment, and makes improvements as appropriate.	October 16, 2014 Evidence Not Accepted; In Progress	The Fall 2014 AHS Infection Prevention and Control review results and corrective action plans will be further reported to Accreditation Canada in October 2015.
<b>IPC Policies &amp; Procedures</b> The organization develops policies and procedures to address infection prevention and control issues.	In Progress	Specific review of application to addictions and mental health services is occurring.
<b>Storage to Prevent Contamination</b> The organization stores and handles linen, supplies, devices and equipment in a manner that protects them from contamination.	In Progress	Open carts of supplies are being covered and protected in corridors.
<b>Cleaning of Client &amp; Staff Areas</b> The organization properly cleans and disinfects client and staff areas.	In Progress	Medication rooms and client waiting areas are targeted.
<b>Handling Soiled Materials</b> The organization follows policies and procedures for handling soiled laundry, infectious material and hazardous waste.	In Progress	Soiled utility rooms are reviewed to ensure that soiled and contaminated items are not mixed with clean supplies.
<b>Personal Protective Equipment (PPE)</b> Staff members wear appropriate PPE when handling contaminated materials and equipment.	In Progress	Specific review of application to the cleaning of donated home care equipment.
<b>Endoscopy Reprocessing</b> Qualified staff follows manufacturer recommendations to reprocess endoscopy devices immediately following the procedure.	In Progress	Specific review of rhinolaryngoscopes.
<b>Leadership</b>		
<b>Preventive Maintenance ROP</b> The organization's leaders implement an effective preventive maintenance program for medical devices, medical equipment, and medical technology.	October 16, 2014 Evidence Not Accepted; In Progress	The Health Equipment Loaner Program (HELP) database at Strathcona County Health Center is regularly monitored to ensure that loaned equipment retains its functionality and is safe for client use.



<b>ROPs (Minor Tests for Compliance and continued follow-up from October 2014) &amp; High Priority Criteria</b> <b>Report Due to Accreditation Canada October 16, 2015</b>	<b>Status</b>	<b>Action Plan</b>
<b>Emergency Response Testing</b> The organization regularly tests all-hazard disaster and emergency response plans.	In Progress	Provincial, zone and site drills/simulation/table top exercises are being increased. A Emergency Response 'code of the month' program is in place.
<b>Medication Management</b>		
<b>Antimicrobial Stewardship</b> The organization has a program for antimicrobial stewardship to optimize antimicrobial use.	October 16, 2014 Evidence Partially Accepted; In Progress	Zone and provincial committees are targeting interventions.
<b>High Alert Medications (HAM)</b> The organization implements a comprehensive strategy for the management of high-alert medications.	In Progress	The HAM policy creates and expands safety strategies across all care areas and a provincial HAM list has been created as part of the policy suite.
<b>Dangerous Abbreviations</b> The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.	In Progress	Audits are being completed to ensure compliance.
<b>Medication Storage</b> The organization limits access to medication storage areas to authorized staff and service providers.	In Progress	Infrastructure review and secure storage implementation (e.g. Pyxis machines) are occurring.
<b>Look Alike; Sound Alike Medication Storage</b> The organization separates look-alike, sound-alike medications, different concentrations of the same medication and high alert medications in the pharmacy and client service areas.	In Progress	Instructions for separation of these products are being applied.
<b>Use of Multi-Dose Vials</b> The organization minimizes the use of multi-dose vials in client service areas.	In Progress	Labeling is occurring to reduce the use of multi-dose vials.
<b>WHMIS Regulations</b> The organization complies with WHMIS regulations for handling raw materials used for compounding in the pharmacy, including storing and cleaning up spills	In Progress	WHMIS training and updates are occurring for all pharmacy staff.
<b>Compound Labeling</b> All compounds and intravenous admixture containers are labeled with specific information, including total volume of solution in the container.	In Progress	Labeling of containers is occurring, with a focus on labeling of pediatric compounds and admixtures.
<b>Dispensing Chemo Medications</b> The organization protects the health and safety of service providers.	In Progress	Chemo safe gloves and personal protective equipment are used.
<b>Reprocessing and Sterilization of Reusable Medical Devices</b>		
<b>Use of Flash Sterilization</b> Team works with others to limit the use of flash sterilization to emergencies only.	In Progress	Continued concerted effort to review each time flash sterilization occurs. Purchase of additional dental instruments to prevent whole sets of instruments being flash sterilized for needed cases.
<b>Cross-Contamination</b> The MDR area is designed to prevent cross-contamination, including clearly separated different work areas.	In Progress	Infrastructure and adaptations are being applied.

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<b>Instrument Tracking</b> Individual items or devices associated with a sterilizer or sterilization cycle.	In Progress	Tracking systems vary across the province from manual to electronic, but all items can be tracked back to an individual sterilizer or sterilization cycle.
<b>Safe Work Practices</b> Team follows safe work practices and infection control precautions when handling contaminated devices and equipment.	In Progress	Re-education of staff is occurring.
<b>Recall Procedures</b> The team follows an established procedure to recall sterilized items that may have been compromised.	In Progress	Standard Operating Procedures are being followed when recall of instruments is indicated.