



Alberta Health Services

Accredited

Alberta Health Services continues to be Accredited until the next accreditation decision is calculated in 2017.

Alberta Health Services is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Alberta Health Services** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Alberta Health Services (2015)

Alberta Health Services (AHS) is Canada's largest healthcare organization serving over four million Albertans. More than 104,000 skilled and dedicated health professionals, support staff, volunteers and physicians promote wellness and provide healthcare every day in 450 hospitals, clinics, continuing care and mental health facilities, and community sites throughout the province. Our Health and Business plan outlines our goals of ensuring quality throughout the health system while placing the patient experience at the centre of everything we do. This supports our mission to "provide a patient-focused, quality health system that is accessible and sustainable for all Albertans".

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every year, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit Alberta Health Services and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

May 10, 2015 to May 15, 2015

Locations surveyed

- **106** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **11 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Alberta Health Services continues to demonstrate its commitment to continuous quality improvement and the accreditation process. The surveyor team was composed of 25 surveyors from across Canada who visited 106 sites between May 11-15. Surveyors reviewed the following programs and services: assisted reproductive technology, critical care, emergency department, emergency medical services, general internal medicine, hip and knee arthroplasty, and organ and tissue donation.

Since the last survey visit in 2014, Alberta Health Services has developed a new health plan for 2015-18, with three strategic directions: ensuring quality of care, partnering for better health outcomes, and achieving health system sustainability.

Priorities to ensure quality of care include enhancing continuing care living options, providing better transitions in care, improving hospital flow, improving surgical capacity management and reducing wait times, and improving coordination and response time of emergency medical services in rural and remote communities. These initiatives are consistent with the organization's Patient First strategy to ensure all parts of the health system are designed and organized to better meet the needs and expectations of patients and their families.

Priorities to partner for better health outcomes include improving the patient experience, ensuring a quality and safety focus in patient care and promoting and supporting wellness in the community. Alberta Health Services has made a commitment to achieving accreditation standards of excellence as a mechanism to inform, focus, and achieve improvements in service quality and safety.

The strategic direction of achieving health system sustainability is focused on engaging staff, physicians, and volunteers in a culture of patient- and family-centred care, investing in new technology and information systems, optimizing service delivery through needs-based service planning, and integrating research, innovation, and analytics in the delivery of care. Commitment to these strategic directions was observed throughout the accreditation survey process. In particular, surveyors noted the focus and progress on achieving Required Organizational Practices (ROPs) and adopting other evidence-based practices.

Alberta Health Services has adopted a provincial programmatic structure supported by the Strategic Clinical Networks. The benefits of this approach, which involves strong clinical leadership and allows for some degree of local variation, was seen by surveyors. The Bone and Joint Strategic Clinical Network is a role model for system-level clinical leadership and quality improvement. Under the network's leadership and working in a partnership model with critical partners such as the Alberta Bone and Joint Institute, the network has introduced evidence-based protocols for many elements of care for the hip/knee arthroplasty population. There is a clear quality improvement cycle in operation with standard key performance indicators tracked at every site. The depth of analysis allows the program to target specific areas of improvement. The use of quarterly meetings and annual educational sessions has resulted in strong staff engagement in network activities. Even though this is a large service operating on multiple sites, the team has been able to strike a balance between regional standardization versus attention to local issues. Patients consistently expressed satisfaction with the efficiency and effectiveness of the process once they were accepted into the central intake process. The team is encouraged to look at the waiting period before intake to ensure that all Albertans have reasonably similar access to care and service.

The organization will need to continue to determine the best balance between centralization and decentralization. Although considerable progress has been made, there is still significant variation within and across Zones in implementing the ROPs and other quality improvements. Although some site- and program-specific variation may be appropriate, there is still a significant opportunity to standardize policy and practices across the organization. In some cases, site-specific efforts to customize policies, forms, decision support tools (e.g., algorithms) and practices appear to represent unnecessary duplication of time and effort. It also results in a variation in practice that makes organizational comparisons and performance monitoring more difficult.

The organization has an opportunity to leverage evidence-based practices and innovations that are already in place in various programs and sites. Throughout the survey, the survey team identified many examples of exceptional, innovative programs.

The organization has established a number of system performance metrics which are posted on the Alberta Health Services public website. The Strategic Clinical Networks are leading adoption of evidence-based practices, network-wide improvements, and performance metrics. This is commendable. Although some performance metrics are also reported and monitored at the local level, there is an opportunity for further development of meaningful, timely performance metrics and increased transparency at the site and unit level. Although some units have developed and posted a few performance indicators such as hand hygiene, staff engagement and immunization rates, and hospital-acquired infection on some general medicine units, at most sites there is a notable lack of daily visual management—the use of real-time performance indicators at the team level to monitor and improve the quality and safety of service delivery. This is an opportunity to engage staff and physicians in identifying those metrics which are meaningful to them in managing and improving their daily work.

Throughout the organization, there are some impressive examples of supporting technology such as the use of phone apps by emergency medical services (EMS) providers to access practice guidelines, the new Simulation Lab at the Alberta Children's Hospital and use of telemedicine to support patients requiring repeat intravenous antibiotics. The organization is supported in enhancing these systems and patient care equipment through the generous support of its foundations, auxiliaries, and communities. However, throughout the organization there is considerable variation in access to technology, with some sites and programs still relying on paper-based documentation and outdated information systems. This makes it challenging to communicate within the care team and between facilities. The organization is encouraged to continue its investments in information technology as part of its strategy to develop a truly integrated health system.

Across the organization, other infrastructure is quite variable with regard to age and condition. Some facilities are very well designed and support current models of care. In other instances, the aging infrastructure impacts care, including patient confidentiality and patient flow. The organization is encouraged to proceed with provincial capital planning to prioritize the many needs for both facilities and patient care equipment.

Alberta Health Services is fortunate to have a talented, dedicated workforce of physicians, employees, and volunteers. The many structural and other changes have inevitably resulted in stress and some change fatigue for the organization's leaders and point of care providers. Alberta Health Services has adopted a People Strategy to enhance staff and physician engagement. Throughout the site visits, surveyors met many highly engaged, enthusiastic staff and physicians. Alberta Health Services is rolling out the CoAct model of collaborative practice. CoAct is creating a more interdisciplinary approach and better team communications. This model optimizes the skills of all team members and increases the consistency and predictability of care processes for patients. Alberta Health Services is encouraged to continue the spread of this innovative program. Staff also expressed appreciation for the access to professional development including online education modules. At many sites, performance appraisals are not being done on a regular basis and the organization is encouraged to ensure this important feedback is provided to staff.

The organization has focused on recruiting and retaining a highly skilled workforce. Of particular note is the presence of pharmacists on many clinical units who serve as an expert resource to the team and enhance the adoption of safe medication management processes. Partnerships such as the use of EMS staff in rural acute care facilities when they are not out on service calls help optimize the organization's human resources.

Throughout the on-site survey, surveyors met many highly dedicated physicians who are actively involved in delivering and improving care. In some instances physician practice patterns and resistance to some changes appear to be a barrier to achieving the organization's goals of evidence-based, standardized care processes. It will be important for these particular circumstances to be addressed and performance expectations clearly established.

The organization has made a commitment to putting patients first and to patient- and family-centred care. Progress has been made in engaging patients and families as partners in improving care processes and the care experience. Some programs and sites have established patient and family groups. Alberta Health Services benefits from the Aboriginal Wisdom Council. The organization is encouraged to continue this important work and to pursue further opportunities to meaningfully engage patients and families in improving care processes. Although some mechanisms exist for communication and consultation with communities, the organization is encouraged to enhance mechanisms for those community partnerships and stakeholder feedback. Formal mechanisms for timely client feedback other than a complaints process and the organizational patient survey appear to be limited and could be enhanced at the site and program level as part of the continuous improvement strategy.

An important part of the care experience relates to patient flow. An increasing burden of illness and population growth continue to place pressure on the organization's services. Many initiatives are showing progress in reducing wait times and improving flow. Sites have established over-capacity protocols, increased teamwork, enhanced community partnerships, and implemented process improvements. Many staff have been educated on Lean and other quality improvement methodologies to eliminate waste, and improve efficiency and the patient experience. There are opportunities to spread and accelerate this work to better meet community needs.

Alberta Health Services is the largest, most comprehensive health system in Canada. Many other jurisdictions continue to watch with interest its progress in developing a fully integrated system serving more than four million people. Over the past five years, Alberta Health Services has been building the foundation of a patient-focused, quality health system that is accessible and sustainable to the province it serves. The opportunity exists for the organization to build upon this good work and accelerate the establishment of a more consistent, evidence-based, and standardized platform for service delivery. The accreditation standards and ROPs can serve as one mechanism to assist the organization in achieving this goal.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

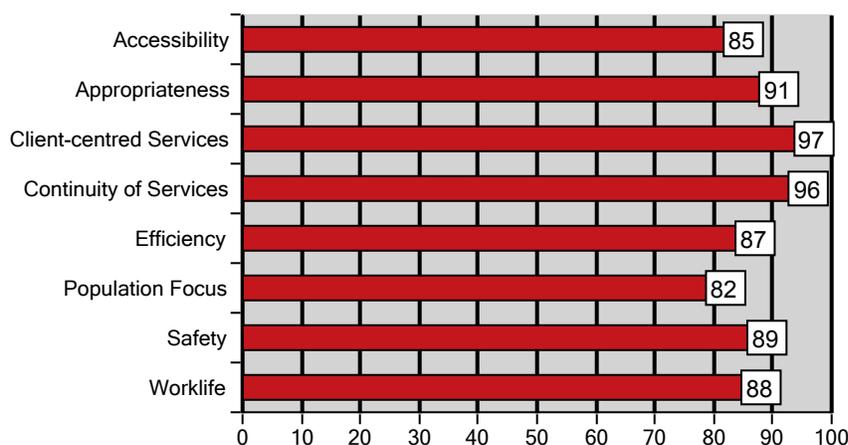
The quality dimensions are:

-  **Accessibility:** Give me timely and equitable services
-  **Appropriateness:** Do the right thing to achieve the best results
-  **Client-centred Services:** Partner with me and my family in our care
-  **Continuity of Services:** Coordinate my care across the continuum
-  **Efficiency:** Make the best use of resources
-  **Population Focus:** Work with my community to anticipate and meet our needs
-  **Safety:** Keep me safe
-  **Worklife:** Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

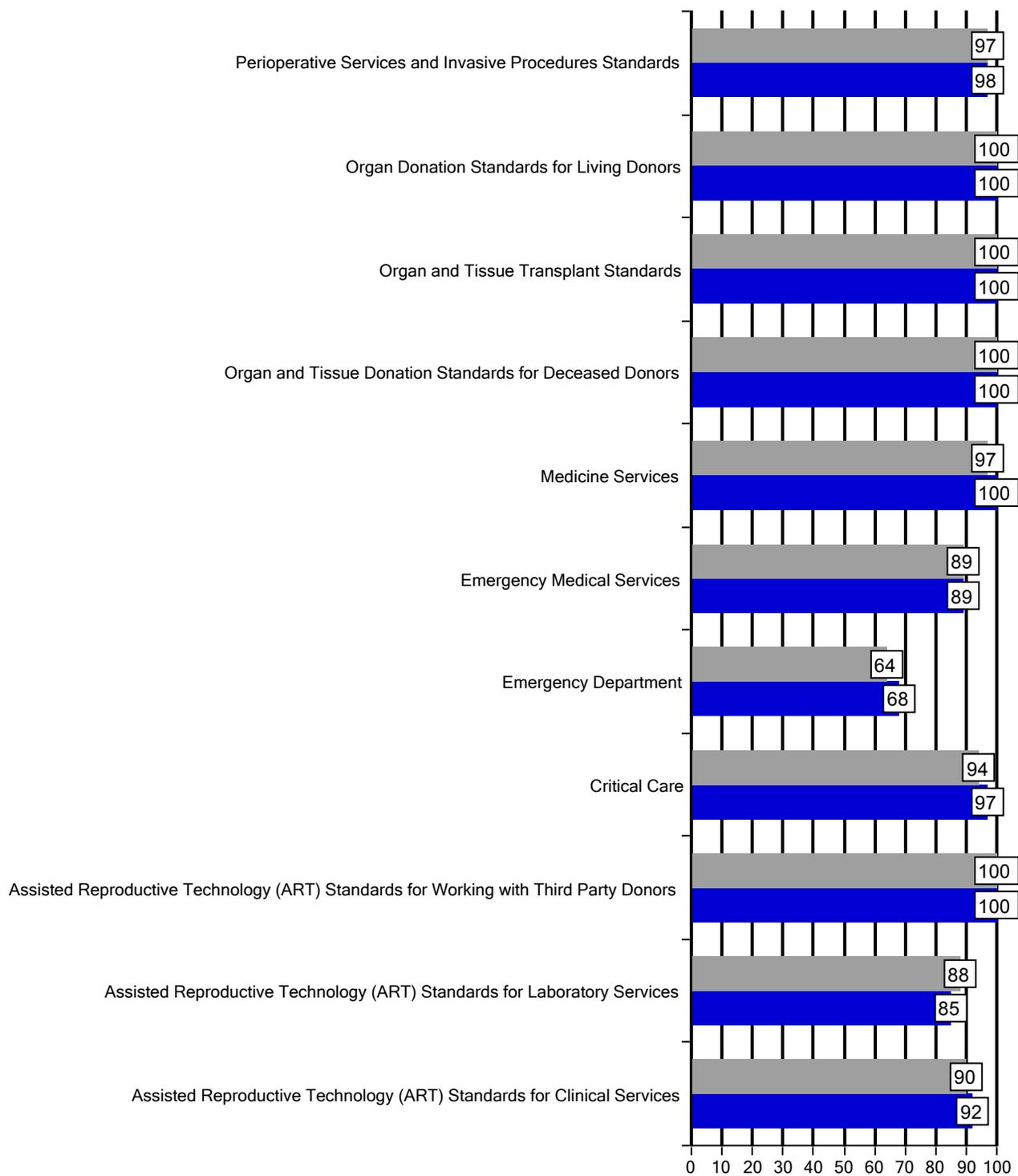
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

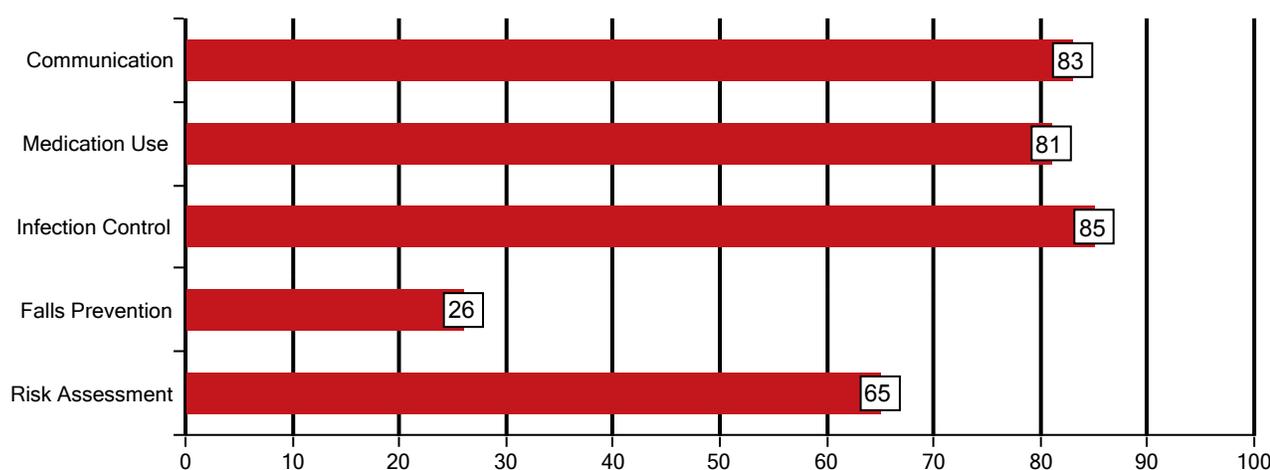
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



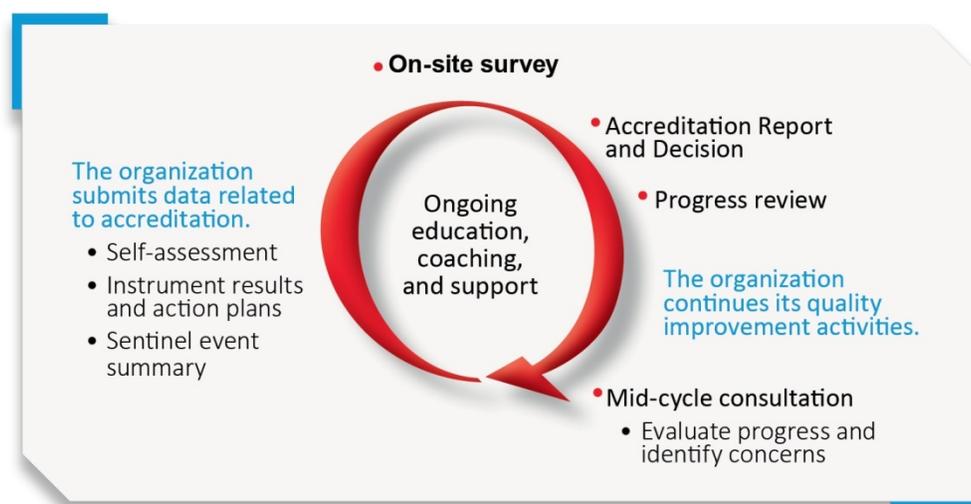
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Alberta Health Services** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Alberta Children's Hospital
- 2 Beaverlodge Municipal Hospital
- 3 Bow Island Health Centre
- 4 Boyle Healthcare Centre
- 5 Brooks Health Centre
- 6 Central Peace Health Complex
- 7 Chinook Regional Hospital
- 8 Claresholm General Hospital
- 9 Cochrane Community Health Centre (Urgent Care)
- 10 Cold Lake Healthcare Centre
- 11 Coronation Hospital and Care Centre
- 12 Crowsnest Pass Health Centre
- 13 Daysland Health Centre
- 14 Didsbury District Health Services
- 15 Elk Point Healthcare Centre
- 1* EMS-Airdrie Station 1 (AIRD-1)
- 1+ EMS-Bashaw (BASH-1)
- 1, EMS-Beaverlodge (BLDG-1)
- % EMS-Black Diamond (BKDM-1)
- 2\$ EMS-Bow Island (BOWI-1)
- 2% EMS-Brooks (BROO-1)
- 2& EMS-Calgary Station 22 (CALG-22)
- 2' EMS-Calgary Station 23 (CALG-23)
- 2(EMS-Calgary Station 28 (CALG-28)
- 2) EMS-Calgary Station 3 (CALG-3)
- 2* EMS-Calgary Station 5 (CALG-5)
- 2+ EMS-Central Communications Centre (CCC)
- 2, EMS-Central Zone Headquarters
- &- EMS-Claresholm (CLAR-1)
- 3\$ EMS-Cochrane (COCH-1)
- 3% EMS-Crowsnest Pass (BLAI-1)
- 3& EMS-Daysland (DAYS-1)
- 3' EMS-Didsbury (DIDS-1)
- 3(EMS-Edmonton STN 24 Terwillegar (EDMO-24)
- 3) EMS-Edmonton STN 30 Oxford (EDMO-30)

- 3* EMS-Edmonton STN 33 Kildare (EDMO-33)
- 3+ EMS-Fort Macleod (FMCD-1)
- 3, EMS-Gibbons (GIBB-1)
- ' - EMS-Grande Cache (GRCH-1)
- 4\$ EMS-Grande Prairie - Headquarters (GRPR-1)
- 4% EMS-Hardisty (HARD-1)
- 4& EMS-High Prairie (HIPR-1)
- 4' EMS-High River (HIRV-1)
- 4(EMS-IFT Edmonton STN 35 Gateway - Headquarters (EDMO-35)
- () EMS-IFT North Station District 2
- 4* EMS-IFT Southgate Station District 4 (Calgary Station 41 attached)
- 4+ EMS-Lacombe (LACO-1)
- 4, EMS-Manning (MANN-1)
- (- EMS-Medicine Hat - Main Ambulance Station (MEDI-1)
- 5\$ EMS-Medicine Hat Sub Station - Headquarters (MEDI-2)
- 5% EMS-Nanton (NANT-1)
- 5& EMS-Northern Communications Centre (NCC)
- 5' EMS-Okotoks (OKOT-1)
- 5(EMS-Olds (OLDS-1)
- 5) EMS-Slave Lake (SLAV-1)
- 5* EMS-Southern Communications Centre (SCC)
- 5+ EMS-Spirit River (SPIR-1)
- 5, EMS-Sundre (SUND-1)
-)- EMS-Taber (TABE-1)
- 6\$ EMS-Three Hills (THRE-1)
- 6% EMS-Valleyview (VALL-1)
- 6& EMS-Wabasca (WBSC-1)
- 6' Foothills Medical Centre
- 6(Fort Macleod Health Centre
- 6) Fort Saskatchewan Community Hospital
- 6* George McDougall - Smoky Lake Healthcare Centre
- 6+ Grande Cache Community Health Complex
- 6, Grimshaw/Berwyn Community Health Complex
- *- Hardisty Health Centre
- 7\$ High Prairie Health Complex
- 7% High River General Hospital
- 7& Innisfail Health Centre
- 7' Lacombe Hospital and Care Centre
- 7(Leduc Community Hospital
- 7) Lois Hole Hospital for Women

- 76 Manning Community Health Centre
- 77 Mazankowski Alberta Heart Institute
- 78 Medicine Hat Regional Hospital
- 79 Northeast Community Health Centre
- 80 Northern Lights Regional Health Centre
- 81 Okotoks Health and Wellness Centre (Urgent Care)
- 82 Olds Hospital and Care Centre
- 83 Peace River Community Health Centre
- 84 Peter Lougheed Centre
- 85 Queen Elizabeth II Hospital
- 86 Red Deer Regional Hospital Centre
- 87 Redwater Health Centre
- 88 Rockyview General Hospital
- 89 Royal Alexandra Hospital
- 90 Sheldon M. Chumir Health Centre (Urgent Care)
- 91 Slave Lake Healthcare Centre
- 92 South Health Campus
- 93 St. Therese - St. Paul Healthcare Centre
- 94 Stollery Children's Hospital
- 95 Strathcona Community Hospital
- 96 Sturgeon Community Hospital
- 97 Sundre Hospital and Care Centre
- 98 Taber Health Centre
- 99 Three Hills Health Centre
- 100 Two Hills Health Centre
- 101 University of Alberta Hospital
- 102 Valleyview Health Centre
- 103 Wabasca/Desmarais Healthcare Centre
- 104 Westlock Healthcare Centre
- 105 Wetaskiwin Hospital and Care Centre
- 106 William J. Cadzow - Lac La Biche Healthcare Centre

Appendix B

Required Organizational Practices for 2015 survey

Communication

- Client And Family Role In Safety
 - Information Transfer
 - Medication reconciliation at care transitions
 - Safe Surgery Checklist
 - Two Client Identifiers
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Medication Use

- High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
-

Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Reprocessing
-

Risk Assessment

- Pressure Ulcer Prevention
 - Venous Thromboembolism Prophylaxis
-