

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

Submission to Alberta Health

March 14, 2019

This report contains detailed information regarding Alberta Health Services accreditation activities, as well as a summary of the activities of Alberta Health Services' contracted partners.

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Executive Summary:

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

AHS activity in Accreditation Canada's QMentum program involves a four-year cycle; May 2017 marked the fourth and final on-site survey of the 2014-2017 cycle. AHS continues to be "Accredited" with Accreditation Canada.

May 2017 Survey – Follow-up evidence for unmet criteria from the May 2017 survey, addressing minor tests for compliance for Required Organizational Practices and high priority criteria, was reported to Accreditation Canada in 2018. All submitted evidence was accepted by Accreditation Canada, and there is no outstanding follow-up. Detailed information regarding evidence submitted in the past year may be found in [Appendix A](#).

During 2018, AHS worked with Accreditation Canada to co-design processes for the application of Health Standards Organization (HSO) new assessment methodology to a large health system. Pilot testing of a new site-based assessment for rural hospitals was undertaken in Summer 2018. This approach integrates assessment for all clinical service standards applicable at the site, as well as the foundational standards (Medication Management, Infection Prevention and Control and Reprocessing of Resuable Medical Devices). Large urban and tertiary hospitals will continue to be assessed using a program approach whereby specialized clinical services are assessed against the respective clinical service standard, along with the foundational standards.

The AHS existing contract with CPSA for diagnostic services has been extended to March 31, 2019.

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

Continuing Care and Addictions and Mental Health providers contracted to AHS participate in accreditation activities to varying degrees. Participation rates have been generally increasing over time with enhanced accreditation compliance monitoring to ensure adherence to service agreements. It is anticipated that these providers will increasingly participate in accreditation processes once a refreshed Ministerial Directive is released.

Looking forward, AHS entered into a new four-year (2019-2022) cycle with Accreditation Canada; the third cycle of accreditation since AHS formed in 2009. During this cycle, surveys will occur twice a year. Generally, rural hospitals will be undergoing site-based assessment in the spring, and urban and tertiary hospitals will undergo program-based assessment in the fall. The next accreditation decision for AHS will be calculated at the end of the 2019-2022 survey cycle, and will be awarded in 2022.

Alberta Health Services Accreditation Activities – 2018

Background:

AHS entered into a new four-year cycle (2019 - 2022) with Accreditation Canada; the third cycle of accreditation since AHS formed in 2009. As reported previously, the 2018 survey assessment of AHS services was deferred and AHS continues to engage with Health Standards Organization (HSO) and Accreditation Canada to co-design processes for the application of new assessment methodologies to large health systems.

Co-design of New Assessment Methodology

Tertiary, regional and urban hospitals will be assessed using a program-based (e.g., Critical Care, Emergency Department, Obstetrics) approach and will include parts of the foundational standards (i.e., Infection Prevention and Control, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence) that have direct patient impact along with the applicable clinical standard. Rural hospitals will be assessed using a site-based approach against patient-focused criteria in the foundational standards and all applicable clinical standards. Accreditation Canada assessment methodology now includes a pre-survey attestation process (a subset of defined criteria within each standard that will be attested to prior to the on-site assessment) and unannounced on-site visits. There will now be two on-site survey assessments per year.

AHS continues to work with HSO/Accreditation Canada to co-design and refine processes to apply these new assessment methodologies to AHS.

Pilot of Site-Based Approach in Rural Hospitals

In Summer 2018, two rural hospitals, one in each of the North and Central zones, participated in a pilot to test the application of these new methodologies using the site-based approach. The foundational standards were assessed along with the clinical service standards for Emergency Department, Inpatient, Long-Term Care, Obstetrics, and Perioperative Services and Invasive Procedures.

Evaluation of the site-based approach for rural hospitals confirmed a more holistic assessment of performance at the site, including patient flow through the services with a more patient-centred view. In the future, this approach will result in a site-specific report for services provided at rural hospitals.

New Survey Cycle

In the latter part of 2018, logistical planning began for the application of the new assessment methodologies across AHS and is ongoing.

The first unannounced on-site survey of this cycle will occur in Spring 2019 when provincial departments and AHS' largest hospitals will be assessed against foundational standards. The two rural hospitals that participated in the pilot will also be surveyed. In Fall 2019, the Board and corporate/zone leaders will participate in assessment against Governance and Leadership standards. Thereafter all sites, whether they be rural or urban/tertiary hospitals, will undergo assessment against the foundational standards throughout the cycle, at the same time as they are assessed against the applicable clinical service standards. See below for a breakdown of the survey cycle (subject to change):

FOUNDATIONAL STANDARDS				
2019: Spring (Corporate and Tertiary, Regional, Urban Hospitals)		2019: Fall		
<ul style="list-style-type: none"> • Infection Prevention and Control • Medication Management • Reprocessing of Reusable Medical Devices 		<ul style="list-style-type: none"> • Governance • Leadership 		
2020 – 2022 (Spring and Fall)				
<ul style="list-style-type: none"> • Service Excellence † • Medication Management † • Infection Prevention and Control† • Reprocessing of Reusable Medical Devices † 				
RURAL HOSPITALS (Site-Based Approach)				
2019: Spring	2019: Fall	2020: Spring	2021: Spring	2022: Spring
Lacombe Hospital and Care Center Barrhead Healthcare Centre	Edmonton Zone Calgary Zone	South Zone	North Zone	Central Zone
CLINICAL STANDARDS (Program-Based Approach)				
2020: Fall	2021: Fall	2022: Fall		
<ul style="list-style-type: none"> • Critical Care • Emergency Department • Emergency Medical Services • Inpatient Services ‡ • Perioperative Services and Invasive Procedures ‡ • Organ and Tissue Donation: <ul style="list-style-type: none"> ○ Organ and Tissue Donation for Deceased Donors ○ Organ and Tissue Transplant ○ Organ Donation for Living Donors 	<ul style="list-style-type: none"> • Addiction and Mental Health <ul style="list-style-type: none"> ○ Mental Health ○ Community-Based Mental Health ○ Substance Abuse and Problem Gambling • Continuing Care: <ul style="list-style-type: none"> ○ Long-Term Care ○ Home Care ○ Hospice, Palliative and End-of-Life ○ Population Health and Wellness (Maternal Indigenous Health) • Public Health • Rehabilitation • Spinal Cord Injury (Acute and Rehabilitation) • Acquired Brain Injury 	<ul style="list-style-type: none"> • Cardiovascular Health: <ul style="list-style-type: none"> ○ Perioperative Services and Invasive Procedures ○ Inpatient ○ Critical Care ○ Ambulatory Care • Cancer Care • Corrections • Inpatient Services ‡ • Perioperative Services and Invasive Procedures ‡ • Critical Care: NICU • Womens Health: <ul style="list-style-type: none"> ○ Obstetrics ○ Population Health and Wellness 		

† Applies to all program and site-based surveys

‡ Due to Connect Care roll-out assessment of standard split into two years.

Accreditation Status:

AHS continues to be “Accredited” with Accreditation Canada. The next accreditation decision will be calculated at the end of the 2019-2022 survey cycle, and will be awarded in 2022.

2018 Accreditation Activities:

Service Excellence Teams (SETs) were continued or reestablished to support a common approach to foundational standards being surveyed in 2019 and to address remaining unmet ratings from the 2017 year.

2017 Survey Evidence Submissions to Accreditation Canada:

Follow-up evidence submissions for unmet criteria from the May 2017 surveys was reported to Accreditation Canada in 2018. The second of three evidence submissions for two (2) high priority criteria in two (2) standards (Obstetrics Services and Perioperative Services and Invasive Procedures) was submitted to Accreditation Canada May 15, 2018. The third and final evidence submission for eighteen (18) minor tests for compliance for six (6) ROPs was submitted to Accreditation Canada November 14, 2018. These ROP minor tests for compliance reside in five (5) standards (Obstetrics Services, Perioperative Services and Invasive Procedures, Long-Term Care Services, Medicine Services and Home Care Services). All evidence submitted was accepted by Accreditation Canada, and there is no

outstanding follow-up. Details related to these evidence submissions for the May 2017 survey can be found in [Table A-1](#) of Appendix A.

2019 Next Steps:

Preparations for the Spring and Fall 2019 Accreditation Canada on-site surveys are ongoing at the Board, Leadership (Corporate/zone level) and zone/site operations level to establish priorities and spread evidence-based practices throughout AHS.

Other AHS Accreditation Activities – 2018

Laboratory / Diagnostic Imaging Services

The College of Physicians and Surgeons (CPSA) provides accreditation services for Laboratory Services, Diagnostic Imaging Services, Neurophysiology Labs and Pulmonary Function Test Labs. CPSA lists the accredited sites/facilities in the [Accreditation section](#) of its website.

As of December 10, 2018, laboratory services throughout the province, including staff from AHS, Calgary Lab Services (CLS), Covenant Health and Lamont Health Care Centre, officially joined together as employees of Alberta Public Laboratories (APL). APL is a wholly-owned subsidiary of AHS with its own governance board.

All accreditation activities for 2018 (with the exception of the American Association for Blood Banks inspection) were conducted prior to the transition to APL. This report will list the names of the previous entities for 2018 accreditation activities, and new names for upcoming 2019 accreditation activities.

Laboratory Services:

CPSA

CPSA assigns interim/provisional accreditation status to laboratories as they actively work toward concrete resolution of non-conformances. The laboratory can continue to operate under the previous certificate until the non-conformance(s) is/are resolved. As of the end of November 2018, AHS Laboratory Services has eight (8) laboratory facilities with interim/provisional status, primarily due to physical space/facility issues:

- North Zone (inspected in 2016): Athabasca Healthcare Centre, Fairview Health Complex, Grande Cache Community Health Complex, Mayerthorpe Healthcare Centre, Whitecourt Healthcare Centre
- Central Zone (inspected in 2017): Provost Health Centre, Vermilion Health Centre, Red Deer Regional Hospital

Accreditation assessments were conducted in Calgary for urban sites in May 2018 and rural sites in September 2018. Post-assessment processes to address citations are on-going. Cochrane Community Health Centre and Sheldon M. Chumir Health Centre have received accreditation certificates.

The Genetics Laboratory Services laboratories in Edmonton and Calgary were assessed in September 2018 with post-assessment activities ongoing.

All other AHS and Calgary Laboratory Services (CLS) laboratories hold full accreditation status with CPSA.

To continuously maintain compliance throughout the accreditation cycle, periodic internal audits have been put in place by all AHS and CLS laboratories. Action plans address any identified non-conformances. Internal audits performed in 2018 and planned for 2019 address:

- North Zone: ongoing competency and competency completion rates for North Zone competency program

- Edmonton Zone: equipment and transfusion medicine
- Central Zone: quality and safety requirements
- South Zone: rural laboratory sites and assurance of compliance with requirements
- Genetic Laboratory Services North and South: implementation and sustained corrective/preventative actions resulting from non-conforming events or opportunities for improvement identified from previous accreditation and internal audits

Other Lab Accreditation

In addition to CPSA accreditation, to enhance laboratory quality and services, AHS Laboratory Services and Calgary Laboratory Services undergo voluntary external assessment by a number of other accrediting organizations for specialty laboratories.

The Provincial Laboratory for Public Health (ProvLab North & South) remain College of Pathologists (CAP) accredited and underwent a self-inspection in 2018.

Histocompatibility Laboratory at the University of Alberta is American Society of Histocompatibility and Immunogenetics (ASHI) accredited. CLS Histocompatibility and Immunogenetics Laboratory (HIL) is ASHI accredited and underwent a self-inspection in 2018.

Edmonton Zone University of Alberta Transfusion Medicine Laboratory underwent an unannounced American Association for Blood Banks (AABB) inspection December 17-18, 2018. A few minor deficiencies were noted and remediation is underway.

Genetic Laboratory Services (GLS) in Calgary and Edmonton are accredited by the Canadian College of Medical Genetics (CCMG). The Edmonton laboratory received CCMG accreditation in 2018.

AHS and CLS laboratories comply with regulations included in Health Canada's Food and Drugs Act such as "Safety of Human Cells, Tissues and Organs for Transplantation Regulations" and "Blood Regulations" as required under Canadian law. "Closing Letters" were received for both Alberta Children's Hospital and Peter Lougheed Centre Transfusion Medicine Departments in 2018.

2019 Next Steps:

CPSA will be conducting an accreditation assessment of AHS South Zone labs, Edmonton Zone, and DynaLIFE Medical Labs in 2019.

Public Health Laboratories (formerly ProvLab) will participate in two external inspections in 2019. The College of American Pathologists next on-site inspection will occur between June and September 2019. The Canadian Association for Laboratory Accreditation (Environmental Microbiology North and South laboratories) is scheduled for Fall 2019.

The Calgary Genetics and Genomics laboratory (formerly Genetic Laboratory Services) will undergo an external CCMG inspection in 2019.

DynaLIFE Medical Labs in Edmonton Zone continues to be CAP accredited with next inspection scheduled for 2019.

The next external ASHI on-site inspection for the Calgary HIL (formerly CLS HIL) is scheduled for 2019.

Foothills Medical Centre Transfusion Medicine Department is anticipating a Health Canada Blood Regulations inspection in 2019.

Diagnostic Imaging Services:

Follow-up continues from the 2017 review of thirty three (33) North Zone sites. Diagnostic Imaging (DI) is challenging CPSA on a requirement in the new set of standards released in 2017 for a Quality Management System (QMS) manual. AHS has an overarching QMS model, and DI will access relevant AHS departments for policies, standards and direction when those departments are deemed the subject

matter experts. The entire zone is non-compliant due to QMS elements. Four of the North Zone sites received full accreditation in 2017 based on prior CPSA standards, twenty one (21) sites have provided acceptable site responses, and eight (8) sites still have ongoing non-conformances to address prior to achieving accreditation status. All outstanding sites continue to operate under the previous accreditation certificate until the non-conformances are addressed.

The following Calgary Zone sites were assessed in 2018. Full accreditation will be granted once site responses to CPSA recommendations are accepted:

- Alberta Children's Hospital
- Airdire Community Health Centre
- Banff Mineral Springs Hospital
- Black Diamond Oilfields Hospital
- Canmore General Hospital
- Claresholm General Hospital
- Cochrane Community Health Centre
- Didsbury District Health Services
- Foothills Medical Centre
- High River Hospital
- Okotoks Health and Wellness Centre
- Peter Lougheed Centre
- Richmond Road Diagnostic Treatment Centre
- Rockyview General Hospital
- Alberta Screen Test Program – Calgary
- Sheldon M. Chumir Health Centre
- South Calgary Health Centre
- South Health Campus
- Strathmore District Health Services
- Vulcan Community Health Centre

2019 Next Steps:

Edmonton Zone (AHS and Covenant Health) and South Zone (AHS) are preparing for their 2019 assessments.

DI Quality is preparing a process to complete mid-cycle reviews for all zones two (2) years following their CPSA assessment to ensure that identified and corrected non-conformances are sustained by the sites.

The DI Connect Care team regularly consults with DI Quality to ensure that CPSA standards are maintained within new processes as the DI Radiant platform is being built into EPIC.

Neurophysiology Labs and Pulmonary Function Testing Services:

Neurophysiology labs and pulmonary function testing laboratories are accredited with the CPSA over a four-year rotation. All public (AHS and Covenant Health) laboratories for these disciplines hold current accredited status.

- Three neurophysiology labs underwent assessment in 2018. Two labs received provisional accreditation and have subsequently submitted evidence of compliance. A final decision on these two labs is expected after the CPSA Neurophysiology Advisory Committee meets on April 5, 2019.
- Seven pulmonary function testing labs (four AHS and three Covenant Labs) underwent assessment in 2018 and were issued preliminary reports. Final approval by CPSA Pulmonary Function Advisory Committee is expected March 12, 2019.

A listing of accredited facilities may be found on the [CPSA website](#).

2019 Next Steps:

Six neurophysiology labs and nine pulmonary function testing labs are scheduled to undergo assessment in 2019.

Funded Partners Activities – 2018

Covenant Health

Background:

Covenant Health entered into an agreement with Accreditation Canada for a sequential survey approach for the current four-year cycle (2018-2021). The next on-site survey will occur October 6-11, 2019. The survey cycle has been updated with three on-site surveys to ensure there were no competing priorities for Ambulatory Care Services and Connect Care implementation in November 2019:

2018	2019	2020	2021
No Survey	<p>FOUNDATIONAL</p> <ul style="list-style-type: none"> • Governance • Leadership • Infection Prevention and Control (Acute Care) • Reprocessing and Sterilization of Reusable Medical Devices • Medication Management (Acute Care) <p>CLINICAL</p> <ul style="list-style-type: none"> • Critical Care Services (includes NICU) • Emergency Department Services • Emergency Medical Services (Banff) • Inpatient Services • Obstetrics and Perinatal Care Services • Perioperative Services and Invasive Procedures • Mental Health Services 	<p>CLINICAL</p> <ul style="list-style-type: none"> • Ambulatory Care Services 	<p>FOUNDATIONAL</p> <ul style="list-style-type: none"> • Infection Prevention and Control (Community) • Medication Management (Community) <p>CLINICAL</p> <ul style="list-style-type: none"> • Long-Term Care Services (includes Residential Care) • Hospice, Palliative, End-of-Life Services

Accreditation Status:

Covenant Health continues to be “Accredited with Commendation” until the next accreditation decision is calculated at the end of the cycle in 2021. The Accreditation Canada survey Final Report and Executive Summary for 2017 survey is posted on the Covenant Health public website <https://www.covenanthealth.ca/living-our-mission/quality>.

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 in September 2018 and received a new accreditation decision of “Accredited with Commendation”, valid from September 2018 - 2022. Lamont Health Care Centre is surveyed once every four years; the next survey visit will be in September 2022. The 2018 Accreditation Canada survey information will be updated on the Lamont Health Care Centre public website.

Contracted Partners/Provider Activities – 2018

Service agreements with EMS and Non Hospital Surgical Facilities have specific requirements to maintain accreditation status. Some Continuing Care service agreements (Home Care Services in Edmonton and Calgary) have requirements to maintain accreditation status. Service agreements with Addiction and Mental Health contracted providers do not yet have accreditation specific clauses.

AHS Contract Procurement and Supply Management (CPSM) monitors compliance with accreditation requirements. Although mandatory accreditation is not specified in all service agreements, there is a requirement for contracted providers to comply with relevant Legislation, Regulation and Directives in

Alberta. In the absence of a refreshed Ministerial Directive, many contracted providers do not feel compelled to participate in accreditation activities. AHS continues to encourage participation in accreditation programs.

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

Addictions and Mental Health Contracted by AHS

2018 Accreditation Activities:

AMH service agreements are managed collaboratively through AHS AMH (i.e., Zone operations and Provincial) and CPSM. Some AMH contracted providers are not subject to accreditation requirements¹ and are not reflected in the accreditation status data reported below. AMH contracted providers may use a range of other oversight/accrediting bodies for accreditation activities unrelated to health services.

Accreditation pertains to many addiction and mental health service contracts and thus AHS continues to discuss the benefits of accreditation with contracted providers. The consistent message is that participation in accreditation programs demonstrates standards are met for the provision of safe, quality services that focus on patient and family centered care.

In response to AHS Internal Audit recommendations to develop an AMH Contract Strategy Framework, contracted service providers are advised that AHS AMH will move towards accreditation for residential treatment services. Other AMH contracted providers can consider becoming accredited as AHS AMH plans for future contract sourcing processes, which include accreditation requirements. Future developments also include a simplified and ongoing AMH contracts database that will capture several variables including accreditation status and accreditation provider.

The percent of total contracted providers that are accredited is outlined below:

Care Stream	2017 Accredited Providers % (n)	2018 Accredited Providers % (n)	Trend
Addictions Support	59% (32)	59% (27)	≈
Mental Health Support	32% (44)	38% (42)	↑
Supportive Housing *	30% (76) **	29% (85)	≈

* Includes only operators with licensing requirements

** An error was caught in 2018 that affected the numbers for Supportive Housing. Corrected numbers for 2016, 2017, and 2018 respectively are: 21/70 providers accredited (30%), 23/76 (30%) and 25/85 (29%).

¹ Contracted providers which are not healthcare organizations do not participate in accreditation for health services. Examples include school boards operating under Alberta Education and single healthcare providers (e.g., single person operator of an approved home with less than 4 beds, psychologist/counselor in sole practice). Providers of services that are considered adjunct/supportive (e.g., a self-help organization, recreational programs) are not required to participate in Accreditation activities.

Continuing Care Providers Contracted by AHS

2018 Accreditation Activities:

AHS Provincial Seniors Health monitors contracted service providers for accountability to the requirements of their contracts. Annually, contracted service providers are required to provide specific information to AHS, including accreditation status. Although contracted providers are encouraged to be Accredited, there is no requirement for them be Accredited, with the exception of Home Care providers who were awarded contracts through the 2014/15 Request For Proposal (RFP) process.

- Accreditation status is awarded for organizations based on their entire facility and/or program, not broken down by individual services provided at each facility/program. As such, the accreditation status for facilities/programs providing multiple services is reflected within the highest level of service offered (e.g., a site with both Supportive Living and Long-Term Care spaces would be counted as a Long-Term Care facility).

When a facility/program is in the process of attaining accreditation (i.e., has completed the Primer with Accreditation Canada) they are considered accredited. Covenant Health sites are excluded from the data below as their [accreditation status](#) is reported elsewhere in this report.

The percent of contracted facilities/programs that are accredited or not accredited in each of the Continuing Care streams by operator type (non-profit/private) is outlined below (as of Fall 2018):

Care Stream (rolled up by the highest level of care)	2017 Accredited Providers	2018 Accredited Providers by Operator Type				Trend	
	% Accredited Non-Profit + Private (total sites)	Non-Profit % (n)		Private % (n)			% Accredited Non-Profit + Private (total sites)
		Accredited	Not Accredited	Accredited	Not Accredited		
Long-Term Care Living Facility	81% (66/81)	82% (28)	18% (6)	83% (40)	17% (8)	83% (68/82)	↑
Designated Supportive Living Facility	43% (82/192)	57% (39)	44% (30)	41% (51)	59% (73)	47% (90/193)	↑
Home Care Program	71% (29/41)	60% (6)	40% (4)	82% (23)	18% (5)	76% (29/38)	↑
Hospice Facility	80% (4/5)	67% (2)	33% (1)	100% (1)	0.0% (0)	75% (3/4)	↓

Notes:

- Overall, there are 82 Long-Term Care, 214 Designated Supportive Living, 45 Home Care service providers, and 8 Hospice services (not rolled up by the highest level of care)
- 21 Designated Supportive Living sites, 1 Home Care service and 3 Hospice sites are rolled up into Long-Term Care
- 6 Home Care services and 1 Hospice site is rolled up into Designated Supportive Living
- Personal Care Homes are included as Designated Supportive Living 3 and Adult Day Support Programs are excluded from the analysis

The percent of overall contracted operator space/bed (not including Covenant Health) that are accredited in each of the Continuing Care streams as of Fall 2018 is outlined below:

- Long-Term Care – 88% (8013/9087)
- Designated Supportive Living – 68% (6346/9374)
- Hospice – 83% (99/119)

Emergency Medical Services (EMS) Contracted by AHS

2018 Accreditation Activities:

Ground Crews

AHS added one ground EMS contract in 2018, for a total of thirty-two (32) service providers. All contracts have language requiring participation in accreditation activities and within the first year of their contract, service providers must have a plan in place describing how accreditation will be achieved within the term of the contract.

A total of twenty-nine (29) service providers are accredited, including those who completed their primer activities in 2018. Twenty-three (23) service providers are Qmentum accredited and work to complete Accreditation Canada's full Qmentum program is ongoing for the six (6) providers that have completed their primer. One provider has registered with Accreditation Canada but has not yet started the primer preparation process; it is anticipated that the primer will be scheduled in 2020. The remaining two (2) have not yet registered intent with Accreditation Canada. It is projected that these providers will be registered with Accreditation Canada in 2019 and all service providers will achieve accreditation status by 2021.

AHS has one service provider contracted for non-ambulance transport in the Central Zone. This service provider also has an agreement for ground emergency response and is fully accredited.

Care Stream	2017 Accredited Providers			2018 Accredited Providers			Trend
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	
Ground EMS	84% (26)	13% (4)	31	91% (29)	1	32	↑

* Accredited = Qmentum accredited or primers successfully completed

** In-progress: Primer visit complete and awaiting results or primer visit scheduled / registered with Accreditation Canada

Air Medical Crews and Aviation

AHS contracted two new Air Medical Crews (AMC) in 2018. CPSM will send a letter to these providers to commence the accreditation process under Accreditation Canada. It is projected both air medical crew providers will have completed their primer by 2021, and be Qmentum accredited by 2023.

AHS has two contracted aviation companies that provide the transportation for the Air Medical Crews.

Dispatch

AHS has four Contracted Satellite Dispatch Centers. Under service agreements, these providers are required to be accredited with the International Academies of Emergency Dispatch (IAED). One dispatch centre maintained their accreditation status, two dispatch centres obtained accreditation status in 2018, and the fourth is expected to obtain accreditation status in 2019. In addition to being assessed by Accreditation Canada as part of AHS' accreditation process, AHS' Emergency Medical Dispatch system has also been recognized by IAED as an Accredited Centre of Excellence (ACE).

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

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

Table A-1: May 2017 Survey – ROP Minor Tests for Compliance and High Priority Criteria

ROPs (Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada November 2018 and May 2018 Respectively	Status	Evidence Submitted
Home Care Services		
Falls Prevention Strategy ROP The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Teams review tracking tools, audits of falls screening completion, reports in the voluntary Reporting and Learning System (RLS) and client and staff feedback to evaluate the falls prevention strategy. Results are used to make improvements where indicated.
Skin and Wound Care ROP The effectiveness of the program is monitored and improvements are made when needed.	Evidence Accepted	Audits and RLS report reviews have been implemented to evaluate the program and treatment plans for effectiveness.
Information Transfer ROP The effectiveness of communication is evaluated and improvements made as needed.	Evidence Accepted	Sites have implemented and used processes, including audits, tracking tools, reviewing RLS reports and client surveys, to evaluate and improve information transfer processes.
Long-Term Care Services		
Falls Prevention Strategy ROP The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Chart audits show screening requirements and post-falls huddles are being conducted at one North Zone site. A process has been developed to increase communication of falls and falls interventions implemented when required with staff, patients and families. RLS reports are analyzed for trends and used to identify effective strategies for prevention.
Information Transfer ROP The effectiveness of communication is evaluated and improvements made as needed.	Evidence Accepted	Evaluation tools, including audits, RLS reports and surveys, have been implemented and are used for improvements purposes when indicated.
Medicine Services		
Falls Prevention Strategy ROP The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Chart audits to confirm completion of falls screening tools and reviews of patient safety incidents are now completed at one Central Zone site. Following reviews, improvements are made if required and learnings are communicated to staff.
Perioperative Services and Invasive Procedures		
Infusion Pump Safety ROP The effectiveness of the approach is evaluated and when improvements are needed, training is improved or adjustments are made to infusion pumps.	Evidence Accepted	RLS reports are reviewed for medication administration errors for process improvements appropriate to the issue identified, and additional training is completed and documented if required at one Central Zone site.

ROPs (Minor Tests for Compliance) and High Priority Criteria Submitted to Accreditation Canada November 2018 and May 2018 Respectively	Status	Evidence Submitted
Falls Prevention Strategy ROP The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Sites review the effectiveness of the approach using either chart audits to ensure patients are screened for falls risk, or RLS reports are reviewed to determine if improvements are needed.
Pressure Ulcer Prevention ROP The effectiveness of the approach is evaluated and improvements are made when needed, and staff and clients are provided with information about risk factors and how to prevent pressure ulcers.	Evidence Accepted	Chart audits are completed regularly to ensure patients are (re)assessed for pressure ulcer risk as required and education and pamphlets are provided to patients. RLS reports are reviewed to identify patient safety events and improvements are made based on learnings where required.
Venous Thromboembolism (VTE) Prophylaxis ROP Appropriate VTE prophylaxis is established, audited and used to make improvements, and staff and clients are provided with information about VTE and how to prevent it.	Evidence Accepted	Following staff and physician education, audits show order set are used for all patients when required. The AHS patient brochure on VTE is included with all charts and is reviewed with patients as part of a discussion on care and prevention during the admission process.
Investigation of Patient Rights Violations Criteria A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	Evidence Accepted	In January 2017, the AHS Patient and Family Advisory Group reviewed and provided input into the revised Patient Concerns Resolution policy and procedure. Zones and sites are increasingly including patient advisors on quality councils to provide the patient perspective on local issues. The Engagement and Patient Experience department created a number of resources, including a "Guidebook for Engaging Patient and Family Advisors".
Obstetrics Services		
Infusion Pump Safety ROP The effectiveness of the approach is evaluated and when improvements are needed, training is improved or adjustments are made to infusion pumps.	Evidence Accepted	RLS reports are reviewed for medication administration errors for process improvements appropriate to the issue identified, and additional training is completed and documented if required at one Central Zone site.
Falls Prevention Strategy ROP The effectiveness of the approach is evaluated and improvements are made when needed.	Evidence Accepted	Sites use either monthly chart audits to ensure patients are screened to minimize falls, or review RLS reports for trends and potential quality improvement initiatives.
Investigation of Patient Rights Violations Criteria A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	Evidence Accepted	In January 2017, the AHS Patient and Family Advisory Group reviewed and provided input into the revised Patient Concerns Resolution policy and procedure. Local facility leadership are aware of existing formal and informal processes, policies and communication tools at the site and provincial levels.
Sponge/Needle Counts Criteria There is a policy and procedure for sponge and needle counts both before and after all vaginal births.	Evidence Accepted	Audits confirm this process has been implemented at one South Zone site.