

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

Submission to Alberta Health

March 16, 2020

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 began the new four-year (2019-2022) cycle with Accreditation Canada; the third cycle of accreditation since AHS formed in 2009. Two surveys occurred in 2019. In the Spring survey, the foundational standards of Infection Prevention and Control, Medication Management and Reprocessing of Reusable Medical Devices were assessed at the provincial level and in urban hospitals across the five zones. Two rural hospitals underwent site-based assessment which included foundational standards and the applicable clinical service standards. In the Fall survey, the foundational standards of Governance and Leadership were assessed at the Board and Executive/ Senior Leadership levels. Rural hospitals in the Edmonton and Calgary zones underwent site-based assessment for the foundational standards and applicable clinical service standards. Progress in achieving compliance for Required Organizational Practices (ROPs) and high priority criteria rated as 'unmet' will be reported to Accreditation Canada in January and June 2020.

AHS continues to be "Accredited" with Accreditation Canada; the next accreditation decision for AHS will be calculated at the end of the 2019-2022 survey cycle and will be awarded in 2022.

The AHS renewed service agreements with Accreditation Canada and the College of Physicians and Surgeons of Alberta (CPSA) in 2019.

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

AHS continues to work with contracted providers for Continuing Care and Addictions and Mental Health to increase participation rates in accreditation activities. For Addictions and Mental Health, the new categories used more accurately describe service provision and also more accurately reflect accreditation participation rates in the health services *treatment* category.

AHS continues to have ongoing discussion and consultation with Alberta Health regarding the findings of the report and accreditation activities, outcomes and status.

Alberta Health Services Accreditation Activities – 2019

Background:

AHS is engaged in a four-year (2019 - 2022) cycle with Accreditation Canada; the third cycle of accreditation since AHS formed in 2009. Two on-site surveys (Spring and Fall) occurred in 2019, the first from May 27-31, 2019 and the second from October 21-25, 2019. AHS was assessed against system-wide foundational standards at a provincial level and at urban, regional and tertiary hospitals; several rural hospitals were assessed using a site-based approach against the foundational standards and all applicable clinical standards. See Appendix A for a list of standards surveyed by site.

The next survey visits are scheduled for Spring and Fall 2020 (dates unannounced) and will focus on specific clinical service areas, patient conditions and patient populations. Please see below for a breakdown of the standards by year (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 Spring:	2020 Fall:	2021 Fall:	2022 Fall:	
<ul style="list-style-type: none"> • Correctional Health 	<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"> • Cancer Care • Cardiovascular Health: <ul style="list-style-type: none"> ○ Perioperative Services and Invasive Procedures ○ Inpatient ○ Critical Care ○ Ambulatory Care • Inpatient Services ‡ • Perioperative Services and Invasive Procedures ‡ • Critical Care: NICU • Womens Health: <ul style="list-style-type: none"> ○ Obstetrics ○ Population Health and Wellness (Maternal/Child) 	

† 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.

2019 Accreditation Activities:

Service Excellence Teams (SETs) were continued or reestablished to support a common approach to foundational standards being surveyed in 2019.

In the Spring survey, Accreditation Canada Surveyors assessed three foundational standards (Infection Prevention and Control, Medication Management and Reprocessing of Reusable Medical Devices) at a corporate level and in urban hospitals across the province. They also assessed two rural hospitals. Rural site surveys integrate assessment for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence.

In the Fall survey, Accreditation Canada Surveyors assessed two foundational standards (Governance [assessed at the AHS Board level] and Leadership [assessed at the provincial and zone level with validation at urban and rural sites]). Surveyors also assessed rural hospitals in the Edmonton and Calgary zones. See [Appendix A](#) for a list of standards surveyed by site.

AHS staff, leaders and physicians are developing and implementing plans to address the unmet ROPs and other areas for improvement identified by the Accreditation Canada surveyors. The resulting progress in achieving compliance with ROPs and high priority criteria will be reported to Accreditation Canada in January and June 2020 for the Spring and Fall surveys respectively. See [Appendix B](#) for a summary of these evidence submissions.

AHS’s first Trauma Distinction Survey visit occurred the week of September 16, 2019. Achieving distinction status requires demonstrating leadership in the provision of high quality Trauma Care through:

- Compliance with Trauma System and Trauma Centre Standards
- Achievement of performance indicator thresholds
- Implementation of trauma protocols
- Commitment to excellence and innovation

AHS met all requirements, and is one of the first organizations nationally to achieve Trauma Distinction designation. A repeat survey assessment will occur in four years.

Participation in Accreditation Canada’s Trauma and Stroke distinction programs is a voluntary undertaking by the organization. Ongoing demonstration that performance indicator thresholds have been met is a requirement to maintain distinction designation for both Trauma and Stroke distinction programs.

2020 Next Steps:

Zone/site operations are conducting self assessments to prepare for the pre-survey attestation and on-site survey assessments associated with the Spring and Fall surveys in 2020. Zone/site operations work to establish priorities and spread evidence-based practices wherever improvements are needed to address quality and patient safety issues.

Other AHS Accreditation Activities – 2019

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. Beginning in 2021, AHS will also participate in Sleep Medicine Diagnostics accreditation.

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 December 2019, AHS Laboratory Services has eight (8) laboratory facilities with interim/provisional status, primarily due to physical space/facility issues:

- North Zone (inspected in 2016): Fairview Health Complex, Grande Cache Community Health Complex, Mayerthorpe Healthcare Centre, Whitecourt Healthcare Centre
- Central Zone (inspected in 2017): Red Deer Regional Hospital
- Edmonton Zone (inspected in 2019): East Edmonton Health Centre, North East Health Centre, Royal Alexandra Hospital, University of Alberta Hospital

Accreditation assessments were conducted in Calgary for urban sites in May 2018 and rural sites in September 2018. All sites have received accreditation except for Rockyview General Hospital, which is pending in post-assessment processes related to a Point-of-Care Testing citation.

The Genetics Laboratory Services laboratories in Edmonton and Calgary were assessed in 2018. Accreditations are pending in post-assessment processes.

South Zone laboratory sites were assessed in 2019. All sites are pending accreditation as they are all in initial post-assessment processes.

The Edmonton Zone Immunohistochemistry Laboratory was assessed due to a physical move of the lab that occurred in 2019. Accreditation is pending in post-assessment processes.

All other laboratories in the consolidated organization known as Alberta Public Laboratories (renamed Alberta Precision Laboratories [APL] in October 2019) hold full accreditation status with CPSA.

As former AHS and Calgary Laboratory Services (CLS) laboratories transition to APL, work is underway to develop a common, company-wide internal auditing program. Internal audits are key components to continuously maintain compliance throughout accreditation cycles and help to ensure that all sites are in a state of accreditation readiness.

Other Lab Accreditation

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

The Provincial Laboratory for Public Health (i.e. ProvLab North and South) underwent College of Pathologists (CAP) assessments in 2019. Full accreditation was granted for both North and South sites. Environmental Microbiology North and South laboratories (as parts of the Provincial Laboratory for Public Health) were inspected by the Canadian Association for Laboratory Accreditation (CALA). Accreditation is pending in post-assessment processes.

The Alberta Blood and Marrow Transplant Program at Foothills Medical Centre (FMC) received their Human Cells, Tissues and Organs (CTO) registration certificate in 2019.

Calgary Zone Histocompatibility Laboratory was inspected by the American Society of Histocompatibility and Immunogenetics (ASHI) in 2019 and received full accreditation status.

DynaLIFE Medical Labs in Edmonton Zone were successfully assessed by CAP in 2019.

2020 Next Steps:

Medicine Hat Microbiology Laboratory will undergo Public Health Agency of Canada (PHAC) inspection in January 2020.

North Zone laboratories will undergo CPSA assessments in June and September 2020.

Health Canada Blood Regulations inspections for the Foothills Medical Center (FMC) Transfusion Medicine Department (TM) and the Wainwright site are anticipated for some time in 2020. University of Alberta Hospital (UAH) TM is scheduled to be inspected in January 2020.

The Edmonton Zone UAH Histocompatibility Laboratory is due to be inspected by ASHI in 2020.

Diagnostic Imaging Services:

All North Zone AHS Diagnostic Imaging (DI) sites (35) have now received full accreditation status following resolution of outstanding non-conformances from the 2017 CPSA assessment:

- Athabasca Health Centre *
- Barrhead Health Centre
- Beaverlodge Municipal Hospital
- Bonnyville Healthcare Centre (Covenant Health)
- Boyle Healthcare Centre
- Central Peace Health Complex
- Cold Lake Healthcare Centre *
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- Fairview Health Complex
- Fox Creek Healthcare Centre
- George McDougal – Smoky Lake Healthcare Centre
- Grande Cache Community Health Complex
- Grimshaw-Berwyn & District Community Health Centre
- High Prairie Health Complex
- Hinton Healthcare Centre
- Hythe Continuing Care Centre
- La Crete Community Health Centre
- Manning Community Health Centre
- Mayerthorpe Healthcare Centre
- Northern Lights Regional Health Centre - Fort McMurray
- Northwest Health Centre, High Level
- Peace River Community Health Centre
- Queen Elizabeth II Regional Hospital, Grande Prairie
- Sacred Heart Community Health Centre, McLennan
- Seton – Jasper Healthcare Centre
- Slave Lake Healthcare Centre *
- St. Therese Healthcare Centre, St. Paul
- St. Theresa General Hospital, Ft. Vermilion
- Swan Hills Healthcare Centre
- Valleyview Health Centre
- Wabasca -Desmarais Healthcare Centre
- Westlock Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow – Lac la Biche Healthcare Centre

* Three of these sites did not appear in the list of sites in 2017 annual report.

Thirteen (13) Calgary Zone sites received full accreditation status following resolution of outstanding non-conformances from the 2018 assessment:

- Alberta Children's Hospital
- Banff Mineral Springs Hospital (Covenant)
- Black Diamond Oilfields Hospital
- Canmore General Hospital
- Claresholm General Hospital
- Cochrane Community Health Centre
- High River General Hospital
- Okotoks Health and Wellness Centre
- Peter Loughheed Centre

- Richmond Road Diagnostic Treatment Centre
- South Calgary Health Centre
- Strathmore District Health Services
- Vulcan Community Health Centre

Full accreditation for the remaining six sites in Calgary zone will be granted once site responses to CPSA are accepted:

- Airdrie Community Health Centre
- Didsbury District Health Services
- Foothills Medical Centre
- Rockyview General Hospital
- Sheldon M. Chumir Health Centre
- South Health Campus

Ongoing non-conformance citations for North and Calgary zones in 2017 and 2018 respectively relate primarily to Quality Management System (QMS) elements. DI is working with CPSA to resolve these issues, which are common to all zones.

Both Edmonton and South zones were accredited in 2019. The site/zone responses to non-conformance ratings were submitted in late Fall 2019, and AHS awaits response from CPSA. DI expects the QMS issues to remain partially unresolved:

Edmonton Zone :

- Alberta Hospital Edmonton
- Boyle McCauley Health Centre
- Cross Cancer Institute
- Devon Community Hospital
- East Edmonton Health Centre
- Edmonton Remand Centre
- Ft. Saskatchewan Community Hospital
- Glenrose Rehabilitation Hospital
- Grey Nuns Community Hospital (Covenant)
- Leduc Community Hospital
- Misericordia Community Hospital (Covenant)
- Morinville Health Centre
- Northeast Community Health Centre
- Royal Alexandra Hospital
- Redwater Health Centre
- Strathcona Community Hospital
- Sturgeon Community Hospital
- University of Alberta / Stollery Hospital
- Westview Health Centre, Stony Plain

South Zone:

- Bassano Health Centre
- Big Country Hospital, Oyen
- Bow Island Health Centre
- Brooks Health Centre
- Cardston Health Centre
- Chinook Regional Hospital, Lethbridge
- Coaldale Health Care Centre
- Crowsnest Pass Health Centre
- Ft. MacLeod Hospital
- Magrath Health Centre
- Medicine Hat Regional Hospital
- Milk River Hospital
- Pincher Creek Health Centre
- Piyami Health Centre, Picture Butte
- Raymond Health Care Centre
- St. Michaels Health Care Centre (Covenant)
- Taber Health Centre

AHS DI conducts internal mid-cycle review audits to assess preparedness for the next CPSA assessment. North Zone completed a mid-cycle review in late Fall 2019.

DI is developing more robust management processes to demonstrate continuous improvement, audits, and management review. Other AHS departments may be conducting audits on DI elements, but a report may only be generated when there are issues defined. DI will liaise with the AHS Accreditation Department to obtain documentation that captures the findings of these other audits.

2020 Next Steps

Central zone will undergo CPSA assessment in May 2020.

Calgary zone will initiate their internal mid-cycle review audit in Fall 2020.

Neurophysiology Labs:

All public (AHS and Covenant Health) laboratories hold current CPSA accredited status.

Six neurophysiology laboratories in the Calgary zone underwent assessment in December 2019, receiving provisional accreditation status:

- Alberta Children's Hospital
- Foothills Medical Center
- Peter Lougheed Center
- Rockyview General Hospital Clinical Neurophysiology Lab
- Rockyview General Hospital Ophthalmology Clinic
- South Health Campus

Submissions demonstrating evidence of compliance are due in March 2020 and these laboratories await final decision from CPSA thereafter.

2020 Next Steps:

Seven neurophysiology labs in the Edmonton zone are scheduled to undergo assessment in 2020.

Pulmonary Function Testing Services:

All public (AHS and Covenant Health) laboratories hold current CPSA accredited status.

Four AHS pulmonary function testing laboratories underwent assessment in Fall of 2019, receiving provisional accreditation status:

- Queen Elizabeth II Regional Hospital, Grande Prairie
- University of Alberta Hospital (Kaye Edmonton Clinic)
- Wetaskiwin Hospital & Care Center
- Medicine Hat Regional Hospital

Submissions demonstrating evidence of compliance are due at various times, after which these laboratories await final decision from CPSA.

Five other pulmonary function labs in the Calgary zone, originally scheduled to undergo assessment in 2019, were deferred to 2020, to enable CPSA assessment of newly purchased equipment in these labs.

2020 Next Steps:

Six pulmonary function testing labs in the Calgary zone are scheduled to undergo assessment in 2020.

Funded Partners Activities – 2019

Covenant Health

Background:

Covenant Health participates in a four-year sequential cycle with Accreditation Canada. The first on-site survey of the 2018-2021 cycle occurred on October 6-11, 2019. Please see the survey schedule below:

2018	2019	2020	2021
No Survey	FOUNDATIONAL <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) CLINICAL <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 	<ul style="list-style-type: none"> • No Survey 	FOUNDATIONAL <ul style="list-style-type: none"> • Infection Prevention and Control (Community) • Medication Management (Community) CLINICAL <ul style="list-style-type: none"> • Long-Term Care Services (includes Residential Care) • Hospice, Palliative, End-of-Life Services • Ambulatory Care Services (includes Community Mental Health Services)

Accreditation Status:

Covenant Health continues to be “Accredited with Commendation” until the next accreditation decision is awarded at the end of the cycle in 2021. The Accreditation Canada survey Final Report and Executive Summary for 2019 survey is posted on the Covenant Health public website <https://www.covenanthealth.ca/living-our-mission/quality>.

During the 2019 on-site accreditation survey, Covenant Health met 98.9% of all required criteria. Follow-up evidence submission is required for:

1. “Information shared at care transitions is documented” and “The effectiveness of communication is evaluated and improvements are made based on feedback received”. An action plan has been developed to address staff compliance at one site with the Covenant Health Information Transfer Policy, and evaluation mechanisms have been reviewed and enhanced.
2. “Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation, and are segregated from other supplies”. Renovations at two sites are required. Covenant Health is working in partnership with AHS to address the physical space requirements.

Lamont Health Care Centre

Background and Accreditation Status:

Lamont Health Care Centre, as a single-site facility, continues to be “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. A copy of the Accreditation Certificate is on the Lamont Health Care Centre public website <https://lamonthealthcarecentre.ca/>.

Contracted Partners/Provider Activities – 2019

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. Accreditation is based on standards applicable to all of the services provided by an organization and is awarded to organizations as a whole, rather than individual sites/programs.

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. With the endorsement of Alberta Health, prospective contracted providers are now informed of the requirement to be accredited by an accrediting body approved by Alberta Health during the procurement process with AHS.

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).

AHS continues to have ongoing discussion and consultation with Alberta Health regarding the findings of the report and accreditation activities, outcomes and status.

Addictions and Mental Health Contracted by AHS

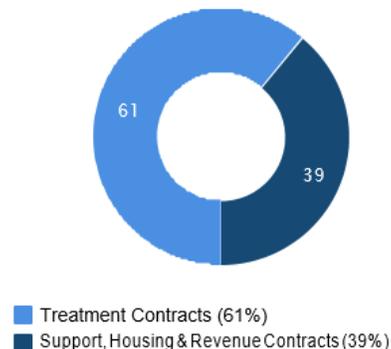
2019 Accreditation Activities:

In consultation with Alberta Health, new categories of *treatment*, *support*, *housing* and *revenue* were developed in 2019 to more accurately describe service provision by contracted providers. Of these categories, only the treatment services category is subject to [Directive D5-2008: Mandatory accreditation in Alberta's health system](#). Previous years' reports were based on the care-stream categorization of the contracts (i.e., addictions support, mental health support, and supportive housing). With the new contract classifications of treatment, support, housing, and revenue, this year's reporting is based on aggregate accreditation status and trending over the past 3 years.

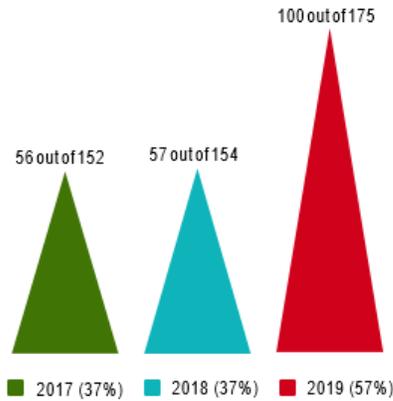
In 2019, 100 (57%) agencies are accredited out of the 175 agencies who fall under the mandatory accreditation directive.

Out of the 100 accredited service providers:

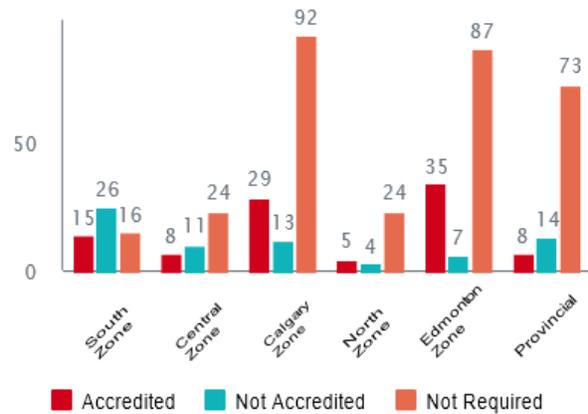
- 61 (61%) are treatment contracts.
- 39 (39%) comprises support, housing, and revenue contracts.



Accredited Service Providers - 3 year comparison (providers that fall under the mandatory accreditation directive):



Zone-wise distribution of the 491 AMH and Housing contracts:



2020 Next Steps

Of the contracted providers who are subject to mandatory accreditation, the current 57% participation rate (100/175) demonstrates the need for greater adherence to Directive D5-2008. In 2020, (with the endorsement of Alberta Health), existing contracted providers providing service in the treatment category will be informed of the requirement to be accredited by an Alberta Health approved accrediting body. Contracted service providers will be granted 24 months to initiate accreditation and complete their primer, with an expectation that they will be accredited within 48 months, at their own expense.

Continuing Care Providers Contracted by AHS

2019 Accreditation Activities:

AHS 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. Contracted providers are encouraged to be accredited; Directive D5-2008 which directs all contracted continuing care providers to achieve accreditation is anticipated to be enforced in the 2020/21 fiscal year. As per the Master Services Agreement, Home Care providers who were awarded contracts through the 2014/15 RFP process are required to be accredited.

- Accreditation status is awarded for organizations based on their entire facility and/or program. Due to this practice, accreditation status is 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. if a site has both Designated Supportive Living spaces and Long Term Care spaces it would be counted as a Long Term Care facility).

For this report, when a facility/program is in-progress of obtaining accreditation (i.e., has completed the Primer with Accreditation Canada) they are counted as being accredited. In past years, Covenant Health sites were excluded from the results as they are reported [elsewhere in this report](#); these sites and spaces are now included in the tables below.

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 2019):

Care Stream (rolled-up to the highest level of care)	2018 Providers % Accredited (Non-Profit + Private / total sites)	2019 Providers by Operator Type				Trend	
		Non-Profit % (n)		Private % (n)			% Accredited (Non-Profit + Private / total sites)
		Accredited	Not Accredited	Accredited	Not Accredited		
Long-Term Care Living Facility	83% (68/82)	96% (47)	4% (2)	84% (43)	16% (8)	90% (90/100)	↑
Designated Supportive Living Facility	47% (90/193)	58% (45)	42% (32)	44% (55)	56% (70)	50% (100/202)	-
Home Care Program	76% (29/38)	56% (5)	44% (4)	93% (26)	7% (2)	84% (31/37)	↑
Hospice Facility	75% (3/4)	67% (2)	33% (1)	100% (1)	-	75% (3/4)	-

Notes:

- Overall, there are 100 Long-Term Care sites, 227 Designated Supportive Living sites, 49 Home Care service providers, and 12 Hospice services – 4 standalone hospices (not rolled up by the highest level of care)
- 25 Designated Supportive Living sites, 4 Home Care service and 7 Hospice sites are rolled up into Long-Term Care
- 5 Home Care services and 1 Hospice site is rolled up into Designated Supportive Living
- 53 Personal Care Homes are included as Designated Supportive Living
- Covenant Health sites are now included beginning in this 2019 data
- 51 Personal Care Homes (Designated Supportive Living Stream), 3 Hospices and 9 Designated Supportive Living Sites are excluded from % accredited/not accredited due to unavailable accreditation data from CPSM contract monitoring
- Adult Day Support Programs are excluded from the analysis

The percent of overall contracted operator beds that are accredited (Covenant Health included in 2019 data) in each of the Continuing Care streams is outlined below (as of Fall 2019):

Care Stream	2018 % Beds in Accredited Facilities	2019			Trend
		Total # Beds	# Beds Accredited	% Beds in Accredited Facilities	
Long-Term Care Living Facility	88%	11,047	10,202	92% 89% w/o CHS***	↑
Designated Supportive Living Facility	68%	11,040*	7,533	73% 69% w/o CHS	↑
Hospice Facility	83%	202**	169	91% 88% w/o CHS	↑

* total # beds for DSL includes 439 beds from 9 DSL sites and 317 beds from 51 Personal Care Home sites with unknown accreditation information; these spaces are excluded from the calculation of % beds accredited

** total # beds for hospice includes 17 beds from 3 hospice sites with unknown accreditation information. These spaces are excluded from the calculation of % beds accredited

*** CHS = Covenant Health Sites

Emergency Medical Services (EMS) Contracted by AHS

2019 Accreditation Activities:

Ground Crews

AHS divested one ground EMS contract in 2019, for a total of thirty-one (31) service providers. All contracts have language requiring participation in accreditation activities. Within the first year of their

contract, contracted service providers must have a plan in place describing how accreditation will be achieved within the term of the contract.

Twenty-eight ground ambulance service providers are accredited. In 2020, one will proceed from current Primer status with Accreditation Canada to undergo QMentum survey for full accreditation status. Two other providers are early in the accreditation process and are scheduled for Primer accreditation survey in 2020.

One provider does not have accreditation requirements in their agreement and AHS is working to resolve this inconsistency. It is projected that 30 of 31 providers will be accredited in 2020.

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.

Air Medical Crews and Aviation

AHS has two Air Medical Crews (AMC) providers that were awarded an agreement in 2017. At the time of award, no accrediting body was available for AMC. In 2019, Accreditation Canada made accreditation surveys available for this specific type of service. Both AMC providers are scheduled for primer survey in 2020.

AHS has two contracted aviation companies that provide the transportation for the Air Medical Crews. Accreditation Canada has not made a survey available for this type of service at this time.

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). Three of the four dispatch centers maintained their accreditation status throughout 2019 and the fourth obtained their accreditation status.

Care Stream	2018 Accredited Providers % (n)			2019 Accredited Providers % (n)			Trend
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	Accredited
Ground EMS	91% (29)	1	32	90% (28)	2	31	≈
Air Medical Crews	N/A	N/A	N/A	0	2	2	-
Dispatch***	75% (3)	0	4	100% (4)	0	4	↑

* Accredited = Qmentum accredited or primers successfully completed

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

***Accredited by International Academies of Emergency Dispatch (IAED)

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 – 2019 AHS Survey Sites and Standards

Table A-1: Spring 2019 Survey Sites and Standards

Urban Sites - Foundational Standards (Infection Prevention and Control [IPC], Medication Management [MM], Reprocessing of Reusable Medical Devices [RMD])	
ZONE	SITE
North	Northern Lights Regional Hospital Centre
	Queen Elizabeth II Hospital
Edmonton	Royal Alexandra Hospital
	Sturgeon Community Hospital
	University of Alberta Hospital *
Central	Red Deer Regional Hospital Centre
	Wetaskiwin Hospital and Care Centre
Calgary	Alberta Children's Hospital
	Central Production Pharmacy **
	Foothills Medical Centre
	Peter Lougheed Centre
	Rockyview General Hospital
	South Health Campus
South	Chinook Regional Hospital
	Medicine Hat Regional Hospital

Rural Sites Foundational standards (Leadership, IPC, MM, RMD) and clinical service standards applicable at the site	
SITE	STANDARD
North Zone	
Barrhead Healthcare Centre	Emergency Department Inpatient Services Obstetrics Perioperative Services and Invasive Procedures
Central Zone	
Lacombe Hospital and Care Centre **	Emergency Department Inpatient Services Long-Term Care Services Obstetrics Perioperative Services and Invasive Procedures

* Infection Prevention and Control assessment deferred to surveys in 2020-2022

** Reprocessing of Medical Devices does not occur at this site, therefore not assessed for this standard

Table A-2: Fall 2019 Survey Sites and Standards

Foundational standards	
STANDARD/ZONE	SITE
Governance	
Corporate	AHS Board Office
Leadership - Corporate level assessment with validation at site level	
Corporate	Seventh Street Plaza
	Southport Tower
North Zone	Northern Lights Regional Health Centre
	Queen Elizabeth II Hospital
Edmonton Zone	Sturgeon Community Hospital
	Royal Alexandra Hospital
Central Zone	Red Deer Regional Hospital Centre
Calgary Zone	Alberta Children's Hospital
	Rockyview General Hospital
South Zone	Chinook Regional Hospital
	Medicine Hat Regional Hospital

Rural Sites	
Foundational standards (Leadership, IPC, MM, RMD) & clinical service standards applicable to the site	
SITE	STANDARD
Edmonton Zone	
Devon General Hospital *	Emergency Department Inpatient Services Long-Term Care Services
Fort Saskatchewan Community Hospital	Emergency Department Inpatient Services Obstetrics Perioperative Services and Invasive Procedures
Leduc Community Hospital	Emergency Department Inpatient Services Perioperative Services and Invasive Procedures
Westview Health Centre	Emergency Department Hospice, Palliative, End-of-Life Services Inpatient Services Long-Term Care Services Perioperative Services and Invasive Procedures
Calgary Zone	
Canmore General Hospital	Emergency Department Inpatient Services Long-Term Care Services Obstetrics Perioperative Services and Invasive Procedures
Claresholm General Hospital *	Emergency Department Inpatient Services
Didsbury District Health Services *	Emergency Department Inpatient Services Long-Term Care Services

Rural Sites Foundational standards (Leadership, IPC, MM, RMD) & clinical service standards applicable to the site	
SITE	STANDARD
High River General Hospital	Emergency Department Inpatient Services Long-Term Care Services Obstetrics Perioperative Services and Invasive Procedures
Oilfields General Hospital *	Emergency Department Inpatient Services Long-Term Care Services
Strathmore District Health Centre *	Emergency Department Inpatient Services
Vulcan Community Health Centre *	Emergency Department Inpatient Services Long-Term Care Services

* Reprocessing of Medical Devices does not occur at this site, therefore not assessed for this standard

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

Table B-1: Spring 2019 Survey – ROP Tests for Compliance

ROP Tests for Compliance to be Submitted to Accreditation Canada in January 2020	Status	Action Plan
Medication Management		
Antimicrobial Stewardship Program There is an antimicrobial stewardship program to optimize antimicrobial use.	Evidence Submitted	A communications plan has been developed to communicate provincial and zone antimicrobial stewardship initiatives to all stakeholders.
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	Evidence Submitted	Annual audits at one site have commenced, and results are reviewed to ensure safeguards are in place.
Heparin Safety The availability of heparin products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	Evidence Submitted	Annual audits at one site have commenced, and results are reviewed to ensure safeguards are in place.
Narcotic Safety The availability of narcotic products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	Evidence Submitted	Annual audits at one site have commenced, and results are reviewed to ensure safeguards are in place.
Concentrated Electrolytes The availability of concentrated electrolytes is evaluated and limited to ensure that formats with the potential to cause patient safety issues are not stocked in client service areas.	Evidence Submitted	Annual audits at one site have commenced, and results are reviewed to ensure safeguards are in place.
'Do Not Use' List of Abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	Evidence Submitted	Teams at four sites have developed evaluation strategies.
Emergency Department		
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Submitted	Information shared during verbal handovers is now documented in a standardized form at one site.
Perioperative Services and Invasive Procedures		
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Submitted	Information shared during verbal handovers in the operating room is now documented in a standardized form at one site.

Table B-2: Spring 2019 Survey – High Priority Criteria

High Priority Criteria to be Submitted to Accreditation Canada in January 2020	Status	Action Plan
Medication Management		
<p>CPOE Alerts The type of alerts used by the computerized prescriber order entry (CPOE) include at a minimum: alerts for medication interactions, drug allergies, and minimum and maximum doses for high-alert medications.</p>	Evidence Submitted	Pharmacists manually review medication orders in the Calgary zone to ensure appropriate dosing.
<p>Access to Medication Storage Areas Access to medication storage areas is limited to authorized team members.</p>	Evidence Submitted	Observational audits confirm medication rooms and carts are now locked at three sites. Significant infrastructure changes have been made to ensure medication management concerns in the ICU have been addressed at one site.
<p>Medication Storage Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.</p>	Evidence Submitted	All medications in the pharmacy and clinical areas at four sites are stored as per Institute For Safe Medication Practices (ISMP) and internal AHS Medication Quality and Safety Team recommendations.
<p>Storage of Anesthetics Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.</p>	Evidence Submitted	Anesthetic gases at four sites are stored following manufacturer's instructions.
<p>Sterile Product Preparation Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.</p>	Evidence Submitted	Risk mitigation strategies have been implemented at two sites to ensure the product and environment are not adversely affected. Infrastructure changes are required to fully meet the criteria.
Reprocessing of Reusable Medical Devices		
<p>MDRD Design and One-Way Flow The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.</p>	Evidence Submitted	One-way workflows, procedures and appropriate use of personal protective equipment are used to prevent cross contamination. Infrastructure changes are required to fully separate work areas at four sites.
<p>Separation of Decontamination Areas The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.</p>	Evidence Submitted	One-way workflows, procedures and appropriate use of personal protective equipment are used to prevent cross contamination. Infrastructure changes are required to fully separate the decontamination area at three sites.
<p>Work Surface Materials The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.</p>	Evidence Submitted	Risk mitigation strategies have been employed where possible to ensure the environment is clean and there is no risk to staff or patients. Investment in infrastructure is required to update three sites to compliance.
<p>Maintenance of Work Surfaces The Medical Device Reprocessing (MDR) department is clean and well-maintained.</p>	Evidence Submitted	Storage at one site was reviewed to reduce clutter and improve workflows.
<p>Flash Sterilization Immediate-use steam sterilization (IUSS) is limited to emergencies only, and never for complete sets or implantable devices in line with the organization's policy and national or regional regulations.</p>	Evidence Submitted	Documentation was updated and staff at one site were educated regarding requirements for flash sterilization.

High Priority Criteria to be Submitted to Accreditation Canada in January 2020	Status	Action Plan
<p>Training for Reprocessing Endoscopes Training is provided and documented for reprocessing flexible endoscopic devices.</p>	Evidence Submitted	Procedures are in place at two sites to ensure all endoscopes are reprocessed by a certified processor.
<p>Sterilization of Bronchosopes Before beginning high level disinfection, each flexible endoscopic accessory is cleaned, rinsed, and dried according to the manufacturers' instructions for use.</p>	Evidence Submitted	One site has purchased all required equipment to begin sterilization of bronchoscopes; two sites require investment in infrastructure to move from high-level disinfection of bronchoscopes to sterilization.
<p>Storage of Endoscopes Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.</p>	Evidence Submitted	Mitigation strategies are in place to ensure stored endoscopes are not contaminated; two sites require infrastructure changes to fully comply with the criteria.
<p>Maintenance of Endoscope Reprocessors Preventive and scheduled maintenance, including repairs, is completed and documented for each automated endoscope reprocessor.</p>	Evidence Submitted	Information on the preventive maintenance program was communicated to staff at one site.
Perioperative Services and Invasive Procedures		
<p>Access to Sterile Supplies The operating/procedure room has a restricted-access area for the sterile storage of supplies.</p>	Evidence Submitted	Sterile supplies are stored in a corridor of the operating room accessed only by staff.

Table B-3: Fall 2019 Survey – ROP Tests for Compliance

ROP Tests for Compliance to be Submitted to Accreditation Canada in June 2020	Status	Action Plan
Medication Management		
'Do Not Use' List of Abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	In Progress	Teams at three sites are in various stages of evaluating use of the "Do Not Use" list and using the results to implement process changes.
Service Excellence		
Infusion Pump Safety A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	In Progress	One site will demonstrate how the effectiveness of the infusion pump safety approach is evaluated, including how feedback from residents and families is sought.
Emergency Department		
Suicide Prevention Clients are assessed and monitored for risk of suicide.	In Progress	Two sites will review available risk assessment tools and determine implementation strategies.
Inpatient Services		
Fall Prevention and Injury Reduction To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	In Progress	The effectiveness of falls prevention strategies will be evaluated at one site, and the team will ensure interventions are applied when needed.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In Progress	One site will evaluate the effectiveness of their pressure ulcer prevention strategy.
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	In Progress	One site will review the use of two, person-specific identifiers with staff working on inpatient units.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	One site will demonstrate how the effectiveness of the transfer process is evaluated, including how feedback from residents and families is sought.
Long-Term Care Services		
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	In Progress	One site will review the policy for use of pictures as patient identification with staff to ensure pictures are current.
Obstetrics		
Medication Reconciliation Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	In Progress	One site will review medication reconciliation processes for short-term stay obstetrical patients.

Table B-4: Fall 2019 Survey – High Priority Criteria

High Priority Criteria to be Submitted to Accreditation Canada in June 2020	Status	Action Plan
Leadership		
Testing All-Hazard Response Plan The organization's all-hazard disaster and emergency response plans are regularly tested with drills and exercises to evaluate the state of response preparedness.	In Progress	One site will review the timing of monthly fire drills to include staff who work on evening, night or weekend shifts.
Infection Prevention and Control		
IPC Involvement in Selecting Equipment Input is gathered from the infection prevention and control team to maintain processes for selecting and handling medical devices/equipment.	In Progress	Two sites will review practices to ensure policies in place are consistently followed.
Medication Management		
Pharmacy Computer Alerts The pharmacy computer system is regularly tested to make sure the alerts are working.	In Progress	Pharmacists manually review medication orders in the Calgary zone to ensure appropriate dosing.
Medication Storage Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	In Progress	Storage of medications, including high-alert medications, will be reviewed at several sites to ensure AHS policy is followed.
Chemotherapy Medication Storage Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation, and are segregated from other supplies.	In Progress	Storage of chemotherapy medications will be reviewed at one site.
Negative Pressure Area for Chemotherapy Medications There is a separate negative pressure area with a 100 percent externally vented biohazard hood for preparing chemotherapy medications.	In Progress	The location and preparation of chemotherapy medications will be reviewed at one site.
Sterile Product Preparation Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.	In Progress	Preparation of sterile products will be reviewed at one site.
Reprocessing of Reusable Medical Devices		
MDRD Design The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	In Progress	One site will review the separation of work areas in the department.
Controlled Access Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	In Progress	Two sites will review how access to the department is controlled.
Emergency Department		
Timely Access for Clients Timely access for clients is coordinated with other services and teams within the organization.	In Progress	One site will review procedures for ordering and running laboratory tests to decrease turn-around times and increase access to resources and supports for mental health resources in the community.

High Priority Criteria to be Submitted to Accreditation Canada in June 2020	Status	Action Plan
<p>Client Flow Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.</p>	In Progress	Registration and triage procedures at one site will be reviewed.
<p>Clearly Marked Entrances Entrance(s) to the emergency department are clearly marked and accessible.</p>	In Progress	Signage at two sites will be reviewed to ensure entrances are clearly marked.
<p>Monitoring of Clients in Waiting Room Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.</p>	In Progress	Procedures/infrastructure to ensure a line of sight to patients in the waiting room and ensuring they are monitored will be reviewed at one site.
<p>Seclusion Rooms Seclusion rooms and/or private and secure areas are available for clients.</p>	In Progress	Procedures/infrastructure to provide a secure and safe room to protect both patients and staff from harm will be reviewed at two sites.
<p>Isolation of Infectious Diseases Clients with known or suspected infectious diseases are identified, isolated, and managed.</p>	In Progress	Isolation procedures will be reviewed at one site.
Perioperative Services and Invasive Procedures		
<p>Sterile Supply Storage The operating/procedure room has a restricted-access area for the sterile storage of supplies.</p>	In Progress	The storage area at one site will be reviewed to reduce clutter.