

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

Submission to Alberta Health

March 10, 2021

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 Addictions and Mental Health (AMH), Continuing Care, and Emergency Medical Services (EMS) is also provided.

The current 2019-2022 cycle with Accreditation Canada is the third full accreditation cycle since AHS formed in 2009. Two on site surveys are scheduled for each year of this four year cycle. When COVID-19 became the reality in March 2020, the Spring survey for Provincial Correctional Health services and South zone rural hospitals was postponed while the first wave passed. Most clinical service areas scheduled for both Spring and Fall 2020 surveys temporarily suspended accreditation activities to focus on immediate COVID-19 priorities.

Accreditation activities resumed in late June and the Spring survey was rescheduled to occur simultaneously with the Fall 2020 survey. Provincial Emergency Medical Services (EMS), and urban hospital programs for Critical Care, Emergency Department, Inpatient (Medicine), Perioperative Services and Invasive Procedures and Transplant Care/Organ & Tissue Donation worked over the summer to become *accreditation ready* for the Fall survey.

All clinical service areas/sites surveyed in Fall 2020 were also assessed for the foundational standards of Infection Prevention and Control, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Evidence submission demonstrating compliance for Required Organizational Practices (ROPs) and high priority criteria rated as 'unmet' from the Spring and Fall 2020 surveys will be submitted to Accreditation Canada in May 2021.

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 Fall 2022.

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

AHS continues to work with contracted providers for Addictions and Mental Health and Continuing Care and to increase participation rates in accreditation activities. Accreditation participation rates for the new Addiction and Mental Health *treatment category*, were first defined in last year's report. Early trends in participation can now be seen with the 2020 data in this report.

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

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) were scheduled in 2020. The Spring survey was postponed due to the COVID-19 pandemic, and occurred concurrent with the Fall survey from September 28 – October 6, 2020. AHS urban, regional and tertiary hospital programs, provincial EMS and correctional health facilities were assessed for the relevant clinical standards in a program-based approach. Rural hospitals in the South Zone were assessed using a site-based approach for all applicable clinical standards. All clinical service areas surveyed were also assessed for the foundational standards of Infection Prevention and Control, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. See [Appendix A](#) for a list of sites and standards.

The next survey visits are scheduled for Spring and Fall 2021 (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 (postponed to Fall 2020)	North Zone Central Zone	North Zone Central Zone
PROVINCIAL AND URBAN HOSPITAL PROGRAMS (Program-Based Approach)				
2020 Spring:	2020 Fall:	2021 Fall:	2022 Fall:	
<ul style="list-style-type: none"> • Correctional Health (postponed to Fall 2020) 	<ul style="list-style-type: none"> • 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 • Rehabilitation Services • 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: Adult, Pediatric and Neonatal ICU • Public Health • Women's 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 Fall 2022.

2020 Accreditation Activities:

Provincial Service Excellence Teams (SETs) continued to support a standard approach to foundational and clinical standards being surveyed in 2020 and service areas with follow-up reporting requirements still outstanding from the 2019 survey year.

Even though the Spring 2020 survey was postponed and occurred concurrently with the Fall 2020 survey, for the purposes of this report, South zone rural hospitals and provincial Correctional Health Service facilities will still be referred to as the ‘Spring 2020’ survey. In anticipation of the onsite survey, each site/facility participated in the *accreditation ready* process for the applicable clinical service standards, as well as the foundational standards of Leadership, Infection Prevention and Control, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Using a sampling methodology, Accreditation Canada conducted unannounced surveys on all ten South zone rural hospitals and 9 out of 11 Correctional facilities.

For the Fall survey, provincial level Emergency Medical Services (EMS) and zone EMS stations, as well as Stollery Children’s Hospital Pediatric Intensive Care Unit (PICU) Transport Team participated in the *accreditation ready* process using the EMS standards. Emergency Departments (including urgent care centers), Inpatient (Medicine) Services, Perioperative Services and Invasive Procedures, Organ and Tissue Donation for Deceased Donors/Living Donors and Organ and Tissue Transplant services in urban, regional and tertiary hospitals all participated in the *accreditation ready* process in anticipation of the Fall 2020 survey. Sites prepared for integrated assessment for the applicable clinical service standards, as well as the foundational standards of Leadership, Infection Prevention and Control, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence.

For Fall 2020, Accreditation Canada conducted unannounced surveys at a subset of EMS stations and programs in urban hospitals using sampling methodology. Due to significant patient volume/overcapacity in Critical Care units the week of the Fall survey, a joint decision was made with Accreditation Canada to defer on-site survey for Critical Care until Fall 2022. Survey of Inpatient (Medicine) and Perioperative Services and Invasive Procedures programs at Grande Prairie Queen Elizabeth II and Royal Alexandra Hospitals had previously been deferred to Fall 2022, due to Connect Care implementation.

See [Appendix A](#) for a list of standards surveyed by site for both Spring 2020 and Fall 2020 surveys.

An overall summary of ‘unmet’ survey ratings requiring follow up evidence submissions to Accreditation Canada for the 2019 and 2020 surveys is outlined below. See [Appendix B](#) for a detailed summary of these evidence submissions.

2019 Survey Evidence Submissions to Accreditation Canada

The Spring 2019 survey assessed the foundational standards at urban/regional/tertiary hospitals, while two rural hospitals were surveyed for the foundational and clinical service standards. The first evidence submission addressing unmet Required Organizational Practices and high priority criteria was reported to Accreditation Canada in January 2020. All evidence for unmet ROPs was accepted; three high priority criteria in the Reprocessing of Reusable Medical Devices standard remained unmet at four sites.

A second Spring 2019 evidence submission addressing remaining unmet high priority criteria was submitted in September 2020. A third evidence submission for one of the four sites was submitted in

January 2021 and AHS awaits response from Accreditation Canada. The unmet high priority criteria at the other three sites remain outstanding and Accreditation Canada requires action be taken to address these by the end of the accreditation cycle in 2022. Details can be found in [Table B-1](#) of Appendix B.

Follow-up evidence for the Fall 2019 survey relating to the Leadership standard (assessed at the organizational level down to the site level within all urban/regional/tertiary and Edmonton and Calgary zone rural hospitals) was reported to Accreditation Canada in September 2020. Evidence for eight unmet ROPs in six standards and 18 high priority criteria in six standards was accepted by Accreditation Canada. No additional reporting is required, though continued monitoring of four recently implemented ROPs and one high priority criteria was recommended. Details can be found in [Table B-2](#) of Appendix B.

2020 Survey Evidence Submission Requirements

AHS staff, leaders and physicians are developing and implementing plans to address unmet ROPs as well as other opportunities for improvement identified by Accreditation Canada surveyors during the Spring and Fall 2020 surveys. Evidence of compliance for unmet ROPs and high priority criteria from the 2020 surveys is due to Accreditation Canada in May 2021. See [tables B-3, B-4](#) and [B-5](#) in [Appendix B](#) for a summary of required evidence.

2021 Next Steps:

Spring and Fall surveys in 2021 will include a subset of North and Central zone rural hospitals (Spring 2021) as well as addictions and mental health, continuing care (long-term care, home care and hospice services) and rehabilitation services in fall 2021. 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 2021. Zone/site operations work to establish priorities and spread evidence-based practices wherever improvements are needed to address quality and patient safety issues. Provincial SETs will continue to provide guidance and support to sites with follow-up requirements from 2019 and 2020.

Other AHS Accreditation Activities

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

Laboratory Services:

2016 - 2019 Follow-up:

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 2020, AHS Laboratory Services has seven (7) 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): University of Alberta Hospital (UAH)
- South Zone (inspected 2019): Bow Island Health Centre (see below)

Accreditation assessments were conducted in Calgary in 2018. Rockyview General Hospital addressed a Point-of-Care Testing citation; all Calgary Zone laboratory sites have now received full accreditation status.

The Genetics Laboratory Services laboratories in Edmonton and Calgary assessed in 2018 received full accreditation status.

South Zone laboratory sites were assessed in 2019. All sites have received full accreditation except for Bow Island, which is pending in post-assessment processes related to a laboratory temperature control citation.

The Edmonton Zone Immunohistochemistry Laboratory, assessed in 2019 due to a physical move of the lab that occurred in 2019, has now received full accreditation status.

All other laboratories in the consolidated organization known as Alberta Precision Laboratories (APL) hold full accreditation status with CPSA.

As former AHS and Calgary Laboratory Services (CLS) laboratories transition to APL, work continues towards the development of a standardized, 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.

Environmental Microbiology North and South laboratories (as parts of Public Health Laboratory) were inspected by the Canadian Association for Laboratory Accreditation (CALA) in 2019. Full accreditation was granted in 2020.

2020 Accreditation Activities:

CPSA

Eighteen (18) of the North Zone laboratory sites were assessed in 2020. These sites are pending accreditation as they are all in initial post-assessment processes.

Other Lab Accreditation

UAH Histocompatibility Laboratory received full American Society of Histocompatibility and Immunogenetics (ASHI) accreditation status in 2020. Calgary Zone Diagnostic and Scientific Centre (DSC) Histocompatibility Laboratory passed the interim ASHI inspection in 2020.

Health Canada Blood Regulations inspection for the UAH Transfusion Medicine Department was completed in 2020.

Medicine Hat Microbiology Laboratory successfully passed the Public Health Agency of Canada (PHAC) inspection in 2020.

UAH Transfusion Medicine Laboratory underwent an American Association of Blood Banks (AABB) inspection in late 2020 and is now in post-assessment processes.

2021 Next Steps:

CPSA

The remaining North Zone laboratories that were not part of the 2020 assessments due to the COVID-19 pandemic situation, and Central zone laboratories will undergo assessments in 2021.

Peter Lougheed Centre (PLC) Laboratory is tentatively moving from the current main building location to the East Wing of PLC in 2021. A move inspection will be required for this.

Other Lab Accreditation

Health Canada Blood Regulations inspections for Foothills Medical Centre, Royal Alexandra Hospital and Wainwright Transfusion Medicine sites are tentatively scheduled for 2021. These were originally scheduled for 2020 but deferred due to the COVID-19 pandemic situation.

Calgary zone DSC Histocompatibility Laboratory to undergo full ASHI inspection in 2021 following the successful interim inspection in 2020.

Chinook Regional Hospital Microbiology Laboratory may undergo PHAC inspection at some point in 2021. Scheduling is tentative due to the COVID-19 pandemic situation.

Public Health Laboratory North and South to undergo both College of American Pathologists and CALA inspections in 2021.

Diagnostic Imaging Services:

2018 Assessment Follow-up

Thirteen (13) Calgary zone sites received full accreditation status in 2019 and were previously reported. Full accreditation for the following five sites in Calgary zone was granted in 2020 following acceptance of site responses:

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

2019 Assessment Follow-up

The following Edmonton and South zone sites have received full accreditation status:

Edmonton Zone:

- Alberta Hospital Edmonton
- Boyle McCauley Health Centre
- Cross Cancer Institute
- Ft. Saskatchewan Community Hospital
- Morinville Health Centre
- Northeast Community Health Centre
- Strathcona Community Hospital
- Sturgeon Community Hospital

South Zone:

- Bassano Health Centre
- Bow Island Health Centre
- Cardston Health Centre
- Crowsnest Pass Health Centre

The remaining Edmonton and South zone sites submitted their responses to their assessment on November 22, 2020. Full accreditation will be granted once site responses are accepted:

Edmonton Zone:

- Devon Community Hospital
- East Edmonton Health Centre
- Edmonton Remand Centre
- Glenrose Rehabilitation Hospital
- Grey Nuns Community Hospital (Covenant)
- Leduc Community Hospital
- Misericordia Community Hospital (Covenant)
- Royal Alexandra Hospital
- Redwater Health Centre
- University of Alberta / Stollery Children's Hospital
- Westview Health Centre, Stony Plain

South Zone:

- Big Country Hospital, Oyen
- Brooks Health Centre
- Chinook Regional Hospital, Lethbridge
- Coaldale Health Care 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

2020 Assessment

The Central Zone accreditation was postponed and rescheduled to the week of October 26-30, 2020 due to the COVID-19 pandemic. The Quality Management System (QMS) section of the Diagnostic Imaging (DI) standards was assessed virtually on October 14-16, 2020, to minimize time spent on-site under pandemic conditions. QMS was assessed in a consistent and targeted approach by a single assessor for each zone, providing an overall zone level QMS assessment. CPSA reports for the sites above were received on December 7, 2020. Overall, the reports were quite favorable; however, image reviews have been requested for six AHS/Covenant sites. Site/zone responses are due to CPSA in early 2021 and full accreditation will be granted once site responses are accepted:

Central Zone

- Bashaw Health Centre
- St. Mary's Health care Centre, Camrose (Covenant)
- Our Lady of the Rosary Hospital & CC, Castor (Covenant)
- Centennial Centre for Mental Health and Brain Injury, Ponoka
- Consort Hospital and CC
- Coronation Hospital and CC
- Daysland Health Centre
- Drayton Valley Hospital and CC
- Drumheller Health Centre
- Hanna Health Centre
- Hardisty Health Centre
- Innisfail Health Centre †
- Killam Health Centre (Covenant) †
- Lacombe Hospital and CC †
- Lamont Health Centre (Voluntary)
- Olds Hospital and CC
- Ponoka Hospital and CC
- Provost Health Centre
- Red Deer Regional Hospital Centre †
- Rimbey Hospital and CC
- Rocky Mtn. House Health Centre
- Stettler Hospital & CC
- Sundre Hospital and CC
- Sylvan Lake Community Health Centre †
- Three Hills Health Centre
- Tofield Health Centre †
- Two Hills Health Centre
- St. Joseph's General Hospital, Vegreville (Covenant)
- Vermilion Health Centre
- Viking Health Centre
- Wainwright Health Centre
- Wetaskiwin Hospital and CC

† *Image reviews will be conducted at sites indicated*

In addition to site-based accreditation status, citations from the QMS assessment and other items to be resolved at the zone level (e.g. equipment, education, other) remain outstanding for North, Edmonton, Calgary and South zones. Concerns regarding DI internal auditing processes are being addressed and more robust processes to demonstrate management review of audit results and continuous improvement have been implemented. The AHS DI Quality Management System (QMS) framework was submitted to CPSA in November and AHS waits their decision.

The 2020 mid-cycle internal review for the Calgary zone was suspended due to COVID-19 priorities.

2021 Next Steps

North zone will undergo CPSA assessment in two separate sessions, May 3-7, 2021, and Sept 13-17, 2021.

Neurophysiology Labs:

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

2019 Assessment Follow-up

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

Pandemic circumstances resulted in delays for submissions demonstrating compliance. Subsequent CPSA decisions have been delayed for the same reason. As a result, these laboratories remain provisional while awaiting final decision from CPSA.

2020 Assessment

Six neurophysiology labs in the Edmonton and North zones underwent assessment in late 2020, receiving provisional accreditation status:

- Kaye Edmonton Clinic Clinical Electrophysiology Lab
- Grey Nuns Community Hospital
- Misericordia Community Hospital
- Queen Elizabeth II Hospital (Grande Prairie)
- Royal Alexandra Hospital
- University of Alberta Hospital (includes both University of Alberta Hospital for adult testing and Stollery Children's Hospital for pediatric testing, both located at the Walter Mackenzie Center)

Submissions demonstrating evidence of compliance are due in Feb 2021 and these laboratories await final decision from CPSA thereafter.

2021 Next Steps:

The Glenrose Electrodiagnostic Services lab in the Edmonton zone is scheduled to undergo assessment in 2021.

Pulmonary Function Testing Services:

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

2019 Assessment Follow-up

Of the four AHS pulmonary function testing laboratories assessed in Fall of 2019, one is now fully accredited (University of Alberta Hospital-Kaye Edmonton Clinic). The remaining three have ongoing provisional accreditation status:

- Queen Elizabeth II Regional Hospital, Grande Prairie
- Wetaskiwin Hospital & Care Center
- Medicine Hat Regional Hospital

Additional submissions demonstrating evidence of compliance are required before these laboratories can be awarded full accredited status.

2020 Assessment

Six pulmonary function testing labs in the Calgary zone were originally scheduled to undergo assessment in 2019, but were deferred to enable CPSA assessment of the new equipment purchased for these labs. One lab has since withdrawn from the CPSA accreditation process, as they are no longer performing spirometry (Calgary COPD and Asthma Program (CCAP)). Two labs were deferred a second time and are now scheduled for assessment in 2021. The three remaining labs were assessed in 2020 and were awarded provisional status:

- Foothills Medical Centre
- Rockyview General Hospital
- Peter Lougheed Centre

All three submitted evidence demonstrating compliance in February 2021 and are awaiting decision from CPSA.

2021 Next Steps:

Pulmonary function testing labs in Calgary zone scheduled to undergo assessment in 2021 include:

- Alberta Children's Hospital
- South Health Campus

Funded Partners Activities

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. The next survey for this cycle will occur in October 2021.

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. Two criteria identified as unmet required follow-up evidence submission. In November 2020, Covenant Health was informed that the Accreditation Decision Committee accepted the evidence submitted and no further follow up was required. However, the criteria for storage of chemotherapy medications at two Covenant Health sites remains unmet. Accreditation Canada has advised that they will be looking for evidence of renovation completion to meet accreditation requirements during the next on-site survey.

2021 Next Steps:

Service Excellence Teams (SETs) have continued or been reestablished to prepare for the Fall 2021 on-site survey. SETs are in the process of reviewing all criteria in their service specific standards and will establish priorities to address areas where improvements will enhance quality and safety.

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://lamonthhealthcarecentre.ca/>.

Contracted Partners/Provider Activities

Service agreements with EMS 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. Others have been informed that accreditation requirements will be formally documented in new Master Service Agreements.

AHS Contract Procurement and Supply Management (CPSM) monitors compliance with accreditation requirements. Where mandatory accreditation is not specified in current 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). Accreditation awards are 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.

In collaboration with Alberta Health, AHS continues to work with contracted providers for addiction and mental health services and continuing care services to ensure participation in accreditation programs, as required by Ministerial Directive.

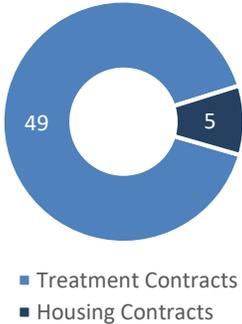
Addictions and Mental Health Contracted by AHS

2020 Accreditation Activities:

In consultation with Alberta Health, categories of *treatment*, *housing*, *support* and *revenue* were used to describe service provision by contracted providers. Organizations subject to [Directive D5-2008: Mandatory Accreditation in Alberta's Health System](#) include community-based operators providing health services (*treatment category*), and facility-based operators for which there is a component of health service provision (*housing category*).

Due to ongoing database review and updates, there is a significant change in the number of contracts subject to mandatory accreditation for 2020. The number of contracts used in the information collection for 2020 is 134 (vs. 175 in 2019). The methodology used for data collection, validation and confirmation was different in 2020 compared to the past years, therefore, a trending analysis for the past years may not be accurate and hence is not provided for this year's reporting.

2020 Accredited Providers
54 of 134 agencies (40.3%) that fall under the mandatory accreditation directive are accredited.
Of the 54 accredited providers:
• 49 (91%) are treatment contracts
• 5 (9%) are housing contracts.



2021 Next Steps

The current accreditation rate of 40.3% of contracted providers subject to mandatory accreditation demonstrates the need for greater enforcement of Directive D5-2008. In 2021, current contracted sites providing treatment and specific housing services will be mandated 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

2020 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 directs all contracted continuing care providers to achieve accreditation and it is anticipated to be enforced in the 2021/22 fiscal year.

Action will be taken toward the development of a standardized approach for implementation and required messaging to contracted providers; standard wording for accreditation in all contracts to ensure clauses obligating participation in accreditation activities are adhered to once the COVID-19 pandemic subsides.

As per the MSA, 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. 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).

When a facility/program is in-progress in obtaining accreditation (i.e., has completed the Primer with Accreditation Canada) they are counted as being accredited. Since 2019, Covenant Health sites have been included in the tables below.

The percent of contracted facilities/programs that are accredited or not accredited in each of the Continuing Care streams in 2020, by operator type (non-profit/private) is outlined below:

Care Stream (rolled up to the highest level of care)	2019 Providers ‡ % Accredited (Accredited Non-Profit + Private / total sites)	2020 Accredited Providers by Operator Type						% Accredited (Accredited Non-Profit + Private / total sites)
		Non-Profit % (n)			Private % (n)			
		Accredited	Not Accredited	Not Reported	Accredited	Not Accredited	Not Reported	
Long-Term Care Living Facility	90% (80/89)	40% (36)	2% (2)	1% (1)	44% (39)	6% (5)	7% (6)	84% (75/89)
Designated Supportive Living Facility	48% (91/190)	17% (31)	9% (17)	10% (18)	14% (25)	27% (49)	23% (43)	31% (56/183)
Home Care Program	84% (31/37)	6% (2)	3% (1)	6% (2)	42% (14)	6% (2)	36% (12)	48% (16/33)
Hospice Facility	80% (4/5)	60% (3)	20% (1)	--	20% (1)	--	--	80% (4/5)

‡ Totals for 2019 were reviewed and corrected for duplication related to Covenant Health sites

Notes:

- Data source: CPSM Contract Monitoring Annual Reporting 2020
- Sites are rolled up to the highest level of care; after rolling up the sites to the highest level of care, there are 89 Long Term Care (LTC) sites, 183 Designated Supportive Living (DSL) sites, 33 Home Care (HC) service providers, and 5 Hospices
- 53 Personal care Homes (PCH) are counted as DSL
- Adult Day Support Programs are excluded
- Sites with accreditation information unavailable are counted and displayed in the 'Not Reported' columns

The percent of beds that are accredited in each of the Continuing Care streams in 2020 is outlined below:

Care Stream	2019	2020		
	% Beds in Accredited Facilities	Total # Contracted Beds	# Accredited Beds	% Beds in Accredited Facilities (including AHS)
Long Term Care Living Facility	92%	11,066	7,960	80%
Designated Supportive Living Facility	73%	11,105	3,702	36%
Hospice Facility	91%	202	120	68%

Notes:

- Data source for number of beds: AHS CC Net New Beds Report- December 2019 provided by Strategy Accountability & Performance
- Data source for contracted beds accreditation status: CPSM Contract Monitoring Annual Report 2020
- Beds in facilities operated by AHS, Carewest, CapitalCare are accredited
- % beds in accredited facilities represents all beds located at contracted and AHS operated sites

2021 Next Steps:

Action will be taken toward the development of standardized approach for implementation and required messaging to contracted providers; standard wording for accreditation in all contracts to ensure clauses obligating participation in accreditation activities are adhered to once the COVID-19 pandemic subsides.

Emergency Medical Services (EMS) Contracted by AHS

2020 Accreditation Activities:

Ground Crews

AHS has a total of thirty-one (31) contracted service providers. 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. All contracts but one have language requiring participation in accreditation activities. The single agreement without accreditation language is being renegotiated and will be updated to have the accreditation requirement. While that is underway the service provider has agreed to start the process and has booked their primer survey for September of 2022. Due to COVID-19, some surveys have been delayed and rescheduled for dates in 2021.

Twenty eight ground ambulance service providers are accredited. In 2020, two providers completed Accreditation Canada surveys. In 2021, one contractor is scheduled for survey and two other providers are scheduled for their initial Primer accreditation survey in 2021. It is projected that 30 of 31 providers will be accredited in 2021.

AHS has one service provider contracted for Non-Ambulance Transport (NAT) 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 were scheduled for primer survey in 2020 but due to the pandemic they have been rescheduled for dates in 2021.

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). All four dispatch centers maintained their accreditation status throughout 2020. These four dispatch centers were terminated in early 2021 and will no longer require accreditation monitoring.

Care Stream	2019 Accredited Providers % (n)			2020 Accredited Providers % (n)			Trend
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	Accredited
Ground EMS	90% (28)	2	31	90% (28)	3	31	↑
Air Medical Crews	0	2	2	0	2	2	=
Aviation	0	0	2	0	0	2	=
Dispatch***	100% (4)	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)

2021 Next Steps:

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 – 2020 AHS Survey Sites

Table A-1: Spring 2020 – South Zone Rural Hospitals and Correctional Health

SOUTH ZONE RURAL HOSPITALS		
Clinical standards surveyed with foundational standards (Infection Prevention and Control (IPC), Medication Management (MM), Reprocessing of Reusable Medical Devices (RMD) and Service Excellence (SE).		
SITE	CLINICAL STANDARD	
SOUTH ZONE:		
Bassano Health Centre *	Emergency Department Inpatient Services	Long-Term Care Services
Big Country Hospital *	Emergency Department Inpatient Services	Long-Term Care Services
Bow Island Health Centre	Emergency Department Inpatient Services	Long-Term Care Services
Brooks Health Centre	Emergency Department Inpatient Services Perioperative Services and Invasive Procedures	Long-Term Care Services Obstetrics
Cardston Health Centre	Emergency Department Inpatient Services Perioperative Services and Invasive Procedures	Long-Term Care Services
Crowsnest Pass Health Centre	Emergency Department Inpatient Services Perioperative Services and Invasive Procedures	Long-Term Care Services Obstetrics
Fort McLeod Health Centre *	Emergency Department Inpatient Services	
Pincher Creek Health Centre	Emergency Department Inpatient Services Perioperative Services and Invasive Procedures	Obstetrics
Raymond Health Centre *	Emergency Department Inpatient Services	Long-Term Care Services
Taber Health Centre	Emergency Department Inpatient Services Perioperative Services and Invasive Procedures	Long-Term Care Services Obstetrics
CORRECTIONAL HEALTH		
Correctional health standard surveyed along with Foundational Standards (IPC and MM) **		
SITE		
NORTH ZONE:		
Peace River Correctional Centre		
EDMONTON ZONE:		
Edmonton Remand Centre		
Edmonton Young Offender Centre		
Fort Saskatchewan Correctional Centre		
CENTRAL ZONE:		
Red Deer Remand Centre		
CALGARY ZONE:		
Calgary Correctional Centre		
Calgary Remand Centre		
Calgary Young Offender Centre (CYOC)		
CYOC - Female Annex		
SOUTH ZONE:		
Lethbridge Correctional Centre		
Medicine Hat Remand Centre		

* Reprocessing of medical devices does not occur at this site, therefore not assessed for this standard.

** Reprocessing of medical devices does not occur at corrections facilities.

Table A-2: Fall 2020 – Program-Based Survey of Urban/Regional/Tertiary Hospitals

Applicable clinical standards surveyed along with select criteria found in the foundational standards of Infection Prevention and Control, Medication Management and Service Excellence.

STANDARD ZONE	SITE	
EMERGENCY DEPARTMENT		
NORTH	Northern Lights Regional Health Centre	
EDMONTON	East Edmonton Health Centre University of Alberta Hospital	Stollery Children's Hospital
CENTRAL	Red Deer Regional Hospital Centre	Wetaskiwin Hospital and Care Centre
CALGARY	Airdrie Community Health Centre Rockyview General Hospital	Peter Lougheed Centre
SOUTH	Chinook Regional Hospital	Medicine Hat Regional Hospital
INPATIENT SERVICES		
NORTH	Northern Lights Regional Health Centre	
EDMONTON	Stollery Children's Hospital	University of Alberta Hospital
CENTRAL	Red Deer Regional Hospital Centre	Wetaskiwin Hospital and Care Centre
CALGARY	Peter Lougheed Centre	
SOUTH	Chinook Regional Hospital	Medicine Hat Regional Hospital
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
NORTH	Northern Lights Regional Health Centre	
EDMONTON	Stollery Children's Hospital	University of Alberta Hospital
CENTRAL	Red Deer Regional Hospital Centre	Wetaskiwin Hospital and Care Centre
CALGARY	Peter Lougheed Centre South Health Campus	Rockyview General Hospital
SOUTH	Chinook Regional Hospital	Medicine Hat Regional Hospital
ORGAN AND TISSUE DONATION; ORGAN DONATION FOR LIVING DONORS; ORGAN AND TISSUE DONATION FOR DECEASED DONORS		
EDMONTON	Northern Organ and Tissue Transplant Program (University of Alberta Hospital)	
EMERGENCY MEDICAL SERVICES AND INTERFACILITY TRANSPORT		
Provincial Program		
NORTH	EMS-Beaverlodge EMS-Grande Prairie (Headquarters) EMS-Spirit River	EMS-Fairview EMS-Peace River
EDMONTON	EMS-Edmonton Station 27 EMS-Edmonton - Station 39 EMS-Edmonton IFT-MIH-ATR HQ - Station 400 Stollery Children's Hospital PICU Transport Team *	EMS-Edmonton - Station 32 EMS-Gibbons EMS-Redwater
CENTRAL	EMS-Camrose EMS-Linden EMS-Vegreville	EMS-Lacombe EMS-Olds
CALGARY	EMS-Airdrie Station 2 EMS-CALG-300 EMS-Kananaskis EMS-Southern Communication Centre (Headquarters)	EMS-Calgary Air EMS-Calgary IFT EMS-Macleod - Station 41
SOUTH	EMS-Coaldale EMS-Milk River EMS-Medicine Hat Sub Station (Headquarters)	EMS-Fort Macleod EMS-Raymond EMS-Medicine Hat Air

* Stollery Children's Hospital PICU Transport Team surveyed against select criteria from the EMS and Interfacility Transport Standard as a pilot.

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

Table B-1: Spring 2019 Survey –Foundational Standards at Urban/Regional/Tertiary Hospitals and Two Rural Hospitals

Evidence Submitted to Accreditation Canada January 30, 2020, September 30, 2020 and January 30, 2021.

STANDARD / CRITERIA	STATUS	ACTION PLAN
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Antimicrobial Stewardship Program There is an antimicrobial stewardship program to optimize antimicrobial use.	Evidence Accepted	A communications plan was developed to communicate provincial/zone antimicrobial stewardship initiatives to all stakeholders.
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	Evidence Accepted	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 Accepted	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 Accepted	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 Accepted	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 Accepted	Teams at four sites have developed evaluation strategies.
HIGH PRIORITY CRITERIA:		
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.	Evidence Accepted	Pharmacists manually review medication orders in the Calgary zone to ensure appropriate dosing.
Access to Medication Storage Areas Access to medication storage areas is limited to authorized team members.	Evidence Accepted	Observational audits confirm medication rooms and carts are now locked at three sites. Infrastructure changes were made to ensure medication management concerns in the ICU were addressed at one site.
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.	Evidence Accepted	All medications in pharmacies and clinical areas at four sites are stored as per Institute For Safe Medication Practices and internal AHS Medication Quality and Safety Team recommendations.
Storage of Anesthetics Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.	Evidence Accepted	Anesthetic gases at four sites are stored following manufacturer's instructions.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>Sterile Product Preparation Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.</p>	Evidence Accepted	Risk mitigation strategies were 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		
HIGH PRIORITY CRITERIA:		
<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 Accepted	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 Accepted	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>	Additional Evidence Submitted – One site to be resurveyed	One site will be re-surveyed to address absorbent materials in the flooring and ceiling; investment in infrastructure is required.
<p>Maintenance of Work Surfaces The Medical Device Reprocessing (MDR) department is clean and well-maintained.</p>	Evidence Accepted	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 Accepted	Documentation was updated and staff at one site were educated regarding requirements for flash sterilization.
<p>Training for Reprocessing Endoscopes Training is provided and documented for reprocessing flexible endoscopic devices.</p>	Evidence Accepted	Procedures are in place at two sites to ensure all endoscopes are reprocessed by a certified processor.
<p>Sterilization of Bronchoscopes Before beginning high level disinfection, each flexible endoscopic accessory is cleaned, rinsed, and dried according to the manufacturers' instructions for use.</p>	Additional Evidence Not Accepted – One site to be resurveyed	Three sites meet the minimum CSA standard of high-level disinfection, one site will be resurveyed to confirm progress toward implementing sterilization of bronchoscopes to meet best practices; investment in capital equipment is required.
<p>Storage of Endoscopes Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.</p>	Additional Evidence Submitted – One site to be resurveyed	One site confirmed endoscopes are stored in HEPA filtered cabinets following manufacturer's instructions. A second site will be resurveyed to review progress to meeting storage requirements; requires investment in capital equipment and infrastructure.
<p>Maintenance of Endoscope Reprocessors Preventive and scheduled maintenance, including repairs, is completed and documented for each automated endoscope reprocessor.</p>	Evidence Accepted	Information on the preventive maintenance program was communicated to staff at one site.
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Information shared during verbal handovers is now documented in a standardized form at one site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
REQUIRED ORGANIZATIONAL PRACTICE:		
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Information shared during verbal handovers in the OR is now documented in a standardized form at one site.
HIGH PRIORITY CRITERIA:		
Access to Sterile Supplies The operating/procedure room has a restricted-access area for the sterile storage of supplies.	Evidence Accepted	Sterile supplies are stored in a corridor of the operating room accessed only by staff.

Table B-2: Fall 2019 Survey – Leadership and Edmonton/Calgary Zone Rural Hospitals

Evidence submitted to Accreditation Canada September 30, 2020.

STANDARD / CRITERIA	STATUS	ACTION PLAN
LEADERSHIP		
HIGH PRIORITY CRITERIA:		
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.	Evidence Accepted	Fire drills for off-business hours are now scheduled quarterly at one site.
Business Continuity Plans (BCPs) A business continuity plan is developed and implemented in order to continue critical operations during and following a disaster or emergency.	Evidence Accepted	AHS utilizes an "All Hazards Approach" to business continuity and emergency management meaning functional plans are developed to support the response to multiple hazards.
Back-up Systems for BCPs The business continuity plan addresses back-up systems for essential utilities and systems during and following emergency situations.	Evidence Accepted	AHS has a number of contingency plans in place to addresses back-up systems for essential utilities during and following emergency situations.
INFECTION PREVENTION AND CONTROL		
HIGH PRIORITY CRITERIA:		
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.	Evidence Accepted	The process to purchase new equipment was revised in April 2020 and education was provided at two sites.
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
'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 Accepted	A combination of audits, education and process changes were conducted at three sites to evaluate and increase compliance with the 'Do Not Use List' of abbreviations. As sites transition to Connect Care, built-in orders which do not contain abbreviations will be used. Two sites are encouraged to monitor progress.
HIGH PRIORITY CRITERIA:		
Pharmacy Computer Alerts The pharmacy computer system is regularly tested to make sure the alerts are working.	Evidence Accepted	The pharmacy computer system, BDM, is regularly tested by the Pharmacy Informatics Team (PHIS) during routine upgrades, patching, bug fixes and alerts.
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.	Evidence Accepted	Storage of medications, including high-alert medications, was reviewed at four sites; AHS policy and Institute for Safe Medication Practice recommendations are followed. Annual reviews occur to remove unnecessary medications/doses.
Chemotherapy Medication Storage Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation, and are segregated from other supplies.	Evidence Accepted	Occupational risk at one site is mitigated by storing chemotherapy medications in a separate room, segregated from other supplies. A Construction, Renovation and Space Request has been submitted to construct a new pharmacy that would have a negative pressure room with adequate ventilation. No funding has been allocated.
Negative Pressure Area for Chemotherapy Medications	Evidence Accepted	To mitigate occupational exposure to hazardous medications at one site, chemotherapy medications are prepared at

STANDARD / CRITERIA	STATUS	ACTION PLAN
There is a separate negative pressure area with a 100 percent externally vented biohazard hood for preparing chemotherapy medications.		a separate time from other IV medications in a 100% externally vented biological safety cabinet (BSC) dedicated to chemotherapy preparation. A Construction, Renovation and Space Request (CRSR) has been submitted to construct a new pharmacy that would have a negative pressure area for chemotherapy medications. No funding has been allocated.
Sterile Product Preparation Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.	Evidence Accepted	At one site, preparation of sterile products and hazardous products occur at different times in dedicated BSCs. A CRSR has been submitted to construct a new pharmacy that would allow complete segregation. No funding has been allocated.
REPROCESSING OF REUSABLE MEDICAL DEVICES		
HIGH PRIORITY CRITERIA:		
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.	Evidence Accepted	One-way workflows are used at one site as a risk mitigation strategy to prevent cross-contamination. A CRSR was submitted for the redevelopment of the MDR to meet standards. No funding has been allocated.
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.	Evidence Accepted	Access to the MDR department is now restricted by locking the door at one site and installing an electronic keypad at another site. Improved signage has been installed.
SERVICE EXCELLENCE		
REQUIRED ORGANIZATIONAL PRACTICE:		
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.	Evidence Accepted	One site demonstrated how the effectiveness of the infusion pump safety approach is evaluated, including how feedback from residents and families is sought.
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Suicide Prevention Clients are assessed and monitored for risk of suicide.	Evidence Accepted	Staff were reminded to use triage and assessment tools already in place to assess for suicide risk, and were encouraged to take courses available on AHS My Learning Link to build confidence and skills. One site is encouraged to monitor the use of tools.
HIGH PRIORITY CRITERIA:		
Timely Access for Clients Timely access for clients is coordinated with other services and teams within the organization.	Evidence Accepted	A quality improvement initiative was conducted at one site to better coordinate and prioritize laboratory samples.
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.	Evidence Accepted	The privacy cover on the door between the triage area and waiting room was removed to increase visibility of patients awaiting triage at one site.
Clearly Marked Entrances Entrance(s) to the emergency department are clearly marked and accessible.	Evidence Accepted	New signage was installed at two sites to clearly mark the Emergency Department entrance.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Monitoring of Clients in Waiting Room Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.	Evidence Accepted	The privacy cover on the door between the triage area and waiting room was removed to increase visibility of patients awaiting triage at one site.
Seclusion Rooms Seclusion rooms and/or private and secure areas are available for clients.	Evidence Accepted	Two sites reviewed the physical layout of their Emergency Departments and each identified one treatment room that would be used as a secure room when required.
Isolation of Infectious Diseases Clients with known or suspected infectious diseases are identified, isolated, and managed.	Evidence Accepted	Patients with known or suspected infectious diseases are immediately provided with appropriate PPE, and placed in one of four isolation rooms with full walls and doors. A CRSR has been submitted to convert these rooms to negative pressure rooms. No funding has been allocated.
INPATIENT SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE:		
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.	Evidence Accepted	Evaluation of falls prevention practices was conducted; education based on audit results was provided to increase compliance with documenting intervention strategies when required.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Evaluation of pressure ulcer prevention was conducted, and results were used to increase compliance with screening, intervention strategies and providing patient education.
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.	Evidence Accepted	Education reinforcing the requirements of using two, person-specific identifiers was provided to nursing staff delivering medications and Allied Health staff. The site is encouraged to monitor to ensure staff are consistent in their practice.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Audits reviewing the effectiveness of the transfer process were conducted, and education was provided based on the results to make improvements.
LONG-TERM CARE SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE:		
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.	Evidence Accepted	Photographs used for resident identification purposes are now reviewed annually at one site to ensure they are current.
OBSTETRICS		
REQUIRED ORGANIZATIONAL PRACTICE:		
Medication Reconciliation Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	Evidence Accepted	Education was provided on medication reconciliation processes to prescribers for short-stay obstetrical patients at one site. The site is encouraged to monitor recently implemented processes.
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
HIGH PRIORITY CRITERIA:		
Sterile Supply Storage The operating/procedure room has a restricted-access area for the sterile storage of supplies.	Evidence Accepted	Storage area is cleaned bi-annually and reviewed to ensure only necessary equipment is present.

Table B-3: Spring 2020 Survey – South Zone Rural Hospitals

Evidence to be submitted to Accreditation Canada May 30, 2021.

STANDARD / CRITERIA	STATUS	ACTION PLAN
LEADERSHIP		
HIGH PRIORITY CRITERIA:		
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 policies, procedures and testing of code blue and white.
INFECTION PREVENTION AND CONTROL		
REQUIRED ORGANIZATIONAL PRACTICE:		
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	In Progress	Audits will resume at four sites and will be used to make improvements to hand-hygiene practices.
Infection Rates Health care-associated infections are tracked, information is analyzed to identify outbreaks and trends, and this information is shared throughout the organization.	In Progress	Leaders at three sites will ensure information about health care-associated infections is disseminated to staff.
HIGH PRIORITY CRITERIA:		
IPC Involvement in Designing Physical Environment and Renovations The infection prevention and control team is consulted when planning and designing the physical environment, including planning for construction and renovations.	In Progress	One site will review practices for all renovations, including minor ones, to ensure the IPC team is involved.
Alcohol-Based Hand Rub Access Team members, client, families, and volunteers have access to alcohol-based hand rubs at the point of care.	In Progress	One site will review availability of alcohol-based hand rubs at the point of care.
Designated Areas for Cleaning Devices and Equipment When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.	In Progress	The cleaning of infusion pumps will be reviewed at one site to determine if a more appropriate location can be found.
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Antimicrobial Stewardship Program There is an antimicrobial stewardship program to optimize antimicrobial use.	In Progress	One site will ensure the antimicrobial stewardship program is implemented at the local level.
'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	Two sites will ensure audits are performed and the results utilized to improve processes based on identified issues.
HIGH PRIORITY CRITERIA:		
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	The storage of high-alert medications will be reviewed at four sites to ensure it follows AHS and Institute for Safe Medication Practices (ISMP) recommendations.
Multi-Dose Vials The use of multi-dose vials is minimized in client service areas.	In Progress	The use of multi-dose vials will be reviewed at one site.
Independent Double-Check Before Administration of High-Alert Medications An independent double check is conducted at the point of care before administering high-alert medications.	In Progress	Two sites will review practices for conducting independent double checks at the point of care prior to administration of high-alert medications.

STANDARD / CRITERIA	STATUS	ACTION PLAN
REPROCESSING OF REUSABLE MEDICAL DEVICES		
HIGH PRIORITY CRITERIA:		
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	Access to the MDR through the decontamination area will be reviewed at one site.
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.	In Progress	Options will be reviewed at one site so equipment is cleaned in a non-porous basin/sink.
SERVICE EXCELLENCE		
REQUIRED ORGANIZATIONAL PRACTICE:		
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	The competence of team members and safety of infusion pumps will be evaluated for improvement purposes.
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Suicide Prevention Clients are assessed and monitored for risk of suicide.	In Progress	One site will ensure staff are aware of when the Suicide Risk Assessment form should be used to identify at-risk patients.
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	Armbands will be consistently applied at one site, and the identification process for medication administration will be reviewed to ensure two patient-specific identifiers are used.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	Four sites will evaluate the effectiveness of communication between team members, or upon a change in location.
HIGH PRIORITY CRITERIA:		
Clearly Marked Entrances Entrance(s) to the emergency department are clearly marked and accessible.	In Progress	Signage at one site will be reviewed to ensure the main hospital and emergency department entrance is clearly marked.
Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.	In Progress	Three sites will ensure staff are aware of the Patients First Proclamation and what resources are available to inform patients of their rights and responsibilities.
Providing Information on Filing Complaints Clients and families are provided with information about how to file a complaint or report violations of their rights.	In Progress	Information on how to file a complaint or violation of their rights will be provided to patients at one site.
Investigating Patient Rights Violations A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	In Progress	One site will review the process to investigate and respond to patient rights violations and ensure patients and families had input.
INPATIENT SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE:		
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	Evaluation of the falls prevention strategy at one site will be conducted and used for quality improvement purposes when indicated.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In Progress	Evaluation of pressure ulcer prevention strategies at three sites will be conducted and used for quality improvement purposes when indicated.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Venous Thromboembolism (VTE) Prophylaxis Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	In Progress	Two sites will ensure the VTE prophylaxis program is evaluated and results used for improvement purposes.
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	Armbands will be consistently applied at one site, and the identification process for medication administration will be reviewed to ensure two patient-specific identifiers are used.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	Five sites will use standardized tools for all care transitions and audit the effectiveness of communication between team members, or upon a change in location.
HIGH PRIORITY CRITERIA:		
Education on Restraint Use Education and training on the safe and appropriate use of restraints are provided to the team.	In Progress	Restraint education will be added to education plans at two sites.
Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.	In Progress	Three sites will ensure staff are aware of the Patients First Proclamation and what resources are available to inform patients of their rights and responsibilities.
Investigating Patient Rights Violations A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	In Progress	Two sites will review the process to investigate and respond to patient rights violations and ensure patients and families had input.
Clinical Care Pathways Where appropriate, clinical care pathways are consistently followed when providing care to clients to achieve the same standard of care in all settings to all clients.	In Progress	The use of clinical care pathways for Community Support beds will be explored at one site.
LONG-TERM CARE		
REQUIRED ORGANIZATIONAL PRACTICE:		
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	Two sites will review their falls prevention program to ensure it is being evaluated for improvement purposes and that volunteers are involved in falls prevention.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In Progress	Evaluation of pressure ulcer prevention strategies at three sites will be conducted and used for quality improvement purposes when indicated.
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	Two sites will ensure two person-specific identifiers are used prior to medication administration.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	Two sites will ensure standardized tools are used for all care transitions and evaluate the effectiveness of communication between team members, or upon a change in location.
HIGH PRIORITY CRITERIA:		
Education on Risk of Abuse Education and training on recognizing, preventing, and assessing risk of abuse are provided to the team.	In Progress	The addition of regular education to staff to recognize or assess the risk of abuse will be reviewed at one site.
Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.	In Progress	One site will ensure information is provided to residents and families about their rights and responsibilities.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>Evaluation of Anti-Psychotic Medications The use of anti-psychotic medications is assessed for appropriateness and the information is used to make improvements.</p>	In Progress	Monitoring of anti-psychotics will resume at one site.
OBSTETRICS		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>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.</p>	In Progress	Universal precautions will be implemented at one site and a second site will ensure fall prevention strategies are evaluated.
HIGH PRIORITY CRITERIA:		
<p>Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.</p>	In Progress	Two sites will ensure staff are aware of the Patients First Proclamation and what resources are available to inform patients of their rights and responsibilities.
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>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.</p>	In Progress	Universal falls precautions will be implemented and evaluated at one site.
<p>Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.</p>	In Progress	The effectiveness of verbal communication between team members, or upon a change in location will be evaluated by one site.
HIGH PRIORITY CRITERIA:		
<p>Containment of Contaminated Items Contaminated items are appropriately contained and transported to the reprocessing unit or area.</p>	In Progress	One site will review the process to move endoscopes from the operating room to the reprocessing department.
<p>Medication Storage Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.</p>	In Progress	Options for locking medications in the operating room will be reviewed at one site.
<p>Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.</p>	In Progress	Three sites will ensure patients are informed of their rights and responsibilities.
<p>Providing Information on Filing Complaints Clients and families are provided with information about how to file a complaint or report violations of their rights.</p>	In Progress	Information on how to file a complaint or violation of their rights will be provided to patients at one site.
<p>Investigating Patient Rights Violations A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.</p>	In Progress	One site will review the process to investigate and respond to patient rights violations and ensure patients and families had input.
<p>Availability of Emergency Equipment During Anesthesia Emergency equipment and life support systems are available wherever anesthesia is administered.</p>	In Progress	One site will review options to ensure timely access to a crash cart is available if needed.

Table B-4: Spring 2020 Survey – Correctional Health Services

Evidence to be submitted to Accreditation Canada May 30, 2021.

STANDARD / CRITERIA	STATUS	ACTION PLAN
INFECTION PREVENTION AND CONTROL		
HIGH PRIORITY CRITERIA:		
<p>Cleaning frequency/level based on risk of infection The areas in the physical environment are categorized based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services team members required.</p>	In Progress	One site will review cleaning procedures to ensure all areas are cleaned and disinfected regularly, including on weekends and when the site is on lockdown.
MEDICATION MANAGEMENT		
HIGH PRIORITY CRITERIA:		
<p>Cleaning of Medication Storage Areas Medication storage areas are regularly cleaned and organized.</p>	In Progress	One site is reviewing options to replace countertops with materials that can be properly cleaned and disinfected.
<p>Standardized Procedure for Sending Medication Orders to the Pharmacy A standardized procedure is followed for sending medication orders to the pharmacy.</p>	In Progress	Procedures for sending all medication orders to pharmacy will be reviewed at one site.
<p>Contact with Medication During Preparation Direct contact with medication is avoided during preparation.</p>	In Progress	One site is reviewing the use of multi-dose bottles.
<p>Standardized Labeling of Medication Packages Medication packages/units are labelled in a standardized manner.</p>	In Progress	Unit-dose medications will be explored by several sites to eliminate transcription of information from the Medication Administration Record to a medication card.
<p>Storage of Unit Dose Medications in Packaging Until Administration Unit dose oral medications are kept in manufacturer or pharmacy packaging until they are administered.</p>	In Progress	Unit-dose medications will be explored by several sites to reduce the risk of medication errors when decanting from ward stock to medication cups.
<p>Dispensing Medications in Unit Dose Packaging Medications are dispensed in unit dose packaging.</p>	In Progress	Unit-dose medications will be explored by several sites.
<p>Medication Verification Prior to Administration Each medication is verified against the client's medication profile prior to administration.</p>	In Progress	One site will review current procedures for reviewing medications prior to administration.
CORRECTIONAL HEALTH		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>Medication Reconciliation Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.</p>	In Progress	Medication reconciliation on transfer and discharge is a challenge at many sites as health care staff do not often know discharge dates. Processes will be reviewed.
HIGH PRIORITY CRITERIA:		
<p>Coordination of partner services Services are coordinated with correctional partners including treatment centres, psychiatric centres, and community correctional centres.</p>	In Progress	One site will review options for ensuring inmates receive required addictions/mental health treatment post-release.
<p>Sufficient space for delivery of services The health care centre has sufficient space to ensure the safe delivery of medical, dental, and medication management services.</p>	In Progress	Options will be reviewed at one site to determine a space for mental health care teams to see patients in private.
<p>Development and documentation of care plan A comprehensive and individualized care plan is developed and documented in partnership with the client and family.</p>	In Progress	When a patient has been transferred for outside care at one site, mechanisms for communication between the site and hospital will be reviewed.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>Access to medical crisis intervention and advanced emergency technique experts Access to experts trained in medical crisis intervention and advanced emergency techniques is available.</p>	<p>In Progress</p>	<p>One site will review coverage during off-business hours to ensure timely access to medically trained personnel.</p>

Table B-5: Fall 2020 Survey – Program-Based Survey of Urban/Regional/Tertiary Hospitals

Evidence to be submitted to Accreditation Canada May 30, 2021.

STANDARD / CRITERIA	STATUS	ACTION PLAN
INFECTION PREVENTION AND CONTROL		
HIGH PRIORITY CRITERIA:		
Safety Engineered Needles Safety engineered devices for sharps are used.	In Progress	Hospitals will work with vendors to eliminate non-safety engineered needles from surgical packs. One site will provide education regarding removal of safety guards when not clinically needed.
Endoscope Storage Flexible endoscopes are stored in a manner that minimizes contamination and damage.	In Progress	Storage of flexible endoscopes will be reviewed at one site.
MEDICATION MANAGEMENT		
HIGH PRIORITY CRITERIA:		
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	Medication storage of different concentrations of the same medication at one site will be reviewed.
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	One site will review information transfer processes during shift change and two sites will begin evaluating information transfer processes.
INPATIENT SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE:		
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	One site will begin audits of the fall prevention program and use the results to make improvements when needed.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	One site will review information transfer processes during shift change and begin evaluating information transfer processes.
HIGH PRIORITY CRITERIA:		
Providing Information on Filing Complaints Clients and families are provided with information about how to file a complaint or report violations of their rights.	In Progress	One site will review service-specific information about the complaint process to patients and families.
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
REQUIRED ORGANIZATIONAL PRACTICE:		
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 implement processes to ensure medication reconciliation upon discharge is consistently completed.
HIGH PRIORITY CRITERIA:		
Monitoring Airflow and Air Quality Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.	In Progress	The number of air exchanges per hour for one endoscopy suite at one site will be reviewed, and a regular monitoring program will be implemented. An investment in infrastructure may be required to meet this criterion.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>Air Exchanges Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.</p>	In Progress	One site will review options to increase air exchanges. An investment in infrastructure may be required to meet this criterion.
<p>Flash Sterilization Immediate-use (or “flash”) sterilization is used in the operating/procedure room only in an emergency, and never for complete sets or implantable devices.</p>	In Progress	The use of one piece of equipment that is frequently flash sterilized will be reviewed at one site.
<p>Documentation of Flash Sterilization A record of each use of immediate-use/flash sterilization is retained in the team's files.</p>	In Progress	One site will ensure a record of all equipment flash sterilized will be documented.
EMERGENCY MEDICAL SERVICES AND INTERFACILITY TRANSPORT		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.</p>	In Progress	Hand-hygiene audits will be conducted at a zone level; results will be shared with stations and used for improvement purposes.
HIGH PRIORITY CRITERIA:		
<p>Response and Deployment Plan The written response and deployment plan includes strategies to manage the demands of emergency medical services and interfacility transport.</p>	In Progress	Response and deployment plans will be reviewed with one station.
<p>Collaborative Approach to Delivering Services A collaborative approach is used to deliver services.</p>	In Progress	An opportunity exists for to improve appropriateness of calls and communication between dispatch and EMS personnel at one station.
<p>Evaluation of Communication Centre When communication centre functions are provided through an external provider, the organization ensures that service meets requirements for the safety of patients and team members.</p>	In Progress	Transition of EMS dispatch services from the four remaining satellite centers to AHS Communication Centers was completed in January 2021. AHS EMS continues to work collaboratively with these municipalities in the post-transition phase to address concerns and issues.
<p>Documentation of Standardized Information Standardized information for each call is documented.</p>	In Progress	The information provided to EMS crews when called for patients at personal care homes that develop and acute illness will be reviewed.
<p>Contact Precautions Established contact precautions are followed when treating patients with possible communicable diseases.</p>	In Progress	The use of one vehicle, which has a fabric ceiling, to transport patients with a communicable condition will be reviewed.
<p>Verification of High-Risk Activities Verification processes are used to mitigate high-risk activities, with input from patients and families.</p>	In Progress	Two stations will implement recording temperatures of medication fridges.