

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

Submission to Alberta Health

February 9, 2022

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.

Contents

- Executive Summary:..... 2
- Alberta Health Services Accreditation Activities..... 3
 - Background: 3
 - Accreditation Status: 4
 - 2021 Accreditation Activities: 4
 - 2019 Survey Evidence Submission to Accreditation Canada 4
 - 2020 Survey Evidence Submissions to Accreditation Canada 4
 - 2021 Survey Evidence Submission Requirements..... 5
 - 2022 Next Steps: 5
- Other AHS Accreditation Activities 5
 - Laboratory / Diagnostic Imaging Services 5
 - Laboratory Services: 5
 - Diagnostic Imaging Services: 7
 - Neurophysiology Labs:..... 8
 - Pulmonary Function Testing Services: 9
 - Sleep Medicine Diagnostics (SMD): 9
- Funded Partner Activities..... 10
 - Covenant Health..... 10
 - Lamont Health Care Centre 10
- Contracted Partner/Provider Activities..... 11
 - Addictions and Mental Health Contracted by AHS..... 11
 - Continuing Care Providers Contracted by AHS 12
 - Emergency Medical Services (EMS) Contracted by AHS 13
- Appendix A – 2021 AHS Survey Sites..... 15
 - Table A-1: Spring 2021 – North and Central Zone Rural Hospitals 15
- Appendix B – AHS Follow-Up Action for Accreditation Canada Unmet Ratings 16
 - Table B-1: Spring 2019 Survey –Foundational Standards at Urban/Regional/Tertiary Hospitals..... 16
 - Table B-2: Spring 2020 Survey – South Zone Rural Hospitals 17
 - Table B-3: Spring 2020 Survey – Correctional Health Services 22
 - Table B-4: Fall 2020 Survey – Program-Based Survey of Urban/Regional/Tertiary Hospitals..... 24
 - Table B-5: Spring 2021 Survey – North and Central Zone Rural Hospitals..... 27

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 health services provided by 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 2019-2023 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 cycle. The Spring 2021 survey focused on rural hospitals in the North and Central zones. Hospitals were assessed for all applicable clinical service areas as well as 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), high priority and other criteria rated as 'unmet' from the Spring 2021 survey will be submitted to Accreditation Canada in June 2022.

The survey scheduled for Fall 2021 was postponed due to the fourth wave of COVID-19, allowing clinical service areas to focus on immediate COVID-19 priorities. To accommodate the deferral, the cycle was modified with Accreditation Canada and extended to Spring 2023.

AHS continues to be "Accredited" with Accreditation Canada; the next accreditation decision for AHS will be calculated at the end of the 2019-2023 survey cycle and will be awarded in Spring 2023.

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 to increase participation rates in accreditation activities. In 2021, non-accredited providers were informed that [Directive D5-2008: Mandatory Accreditation in Alberta's Health System](#) will be enforced, and providers were granted 24 months to initiate accreditation and complete their primer, with an expectation that they will be fully accredited within 48 months. A significant improvement has been noted in accreditation participation rates for Addiction and Mental Health treatment providers. Progress towards achieving accreditation for remaining providers will be monitored.

Alberta Health Services Accreditation Activities

Background:

AHS engaged in a four-year (2019 - 2022) cycle with Accreditation Canada; the third cycle since AHS formed in 2009. Two on-site surveys (Spring and Fall) were scheduled in 2021; the Fall survey was postponed due to the COVID-19 pandemic, and the survey cycle was extended to Spring 2023.

Select rural hospitals in the North and Central zones were assessed from June 14 – 25, 2021 for applicable clinical standards and 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 2022 (dates unannounced) and will focus on remaining rural hospitals in the North and Central Zones, Long-Term Care sites in all zones, Cancer Care Cardiovascular Health, Critical Care, Inpatient, Perioperative and Women's Health services. 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 † 		<ul style="list-style-type: none"> • 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 Centre Barrhead Healthcare Centre	Edmonton Zone Calgary Zone	South Zone <i>(postponed to Fall 2020)</i>	North Zone Central Zone	North Zone Central Zone
PROVINCIAL AND URBAN HOSPITAL PROGRAMS (Program-Based Approach)				
2020 Spring:	2020 Fall:	2022 Spring:	2022 Fall:	2023 Spring:
<ul style="list-style-type: none"> • Correctional Health <i>(postponed to Fall 2020)</i> 	<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"> • Long-Term Care 	<ul style="list-style-type: none"> • Cancer Care • Cardiovascular Health: <ul style="list-style-type: none"> ○ Ambulatory Care ○ Critical Care ○ Inpatient ○ Perioperative Services and Invasive Procedures • Critical Care: Adult, Pediatric and Neonatal ICU • Inpatient Services ‡ • Perioperative Services and Invasive Procedures ‡ • Women's Health: <ul style="list-style-type: none"> ○ Obstetrics ○ Population Health and Wellness 	<ul style="list-style-type: none"> • Addiction and Mental Health: <ul style="list-style-type: none"> ○ Community-Based Mental Health ○ Mental Health ○ Substance Abuse and Problem Gambling • Continuing Care: <ul style="list-style-type: none"> ○ Home Care ○ Hospice, Palliative and End-of-Life • Rehabilitation: <ul style="list-style-type: none"> ○ Acquired Brain Injury ○ Rehabilitation Services ○ Spinal Cord Injury (Acute and Rehab) • Public Health

† 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 2019-2023 survey cycle, and will be awarded in Spring 2023.

2021 Accreditation Activities:

Provincial Service Excellence Teams (SETs) continued to support a standard approach to foundational and clinical standards being surveyed in 2021 and service areas with follow-up reporting requirements still outstanding from the 2019 and 2020 survey years.

A subset of North and Central zone rural hospitals 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 ten North zone and five Central zone rural hospitals. See [Appendix A](#) for a list of standards surveyed by site for the Spring 2021 survey.

Due to significant and ongoing pressures of the COVID-19 pandemic, a joint decision was made with Accreditation Canada to defer the Fall 2021 on-site survey, which was to include addictions and mental health, continuing care (long-term care, home care and hospice services) and rehabilitation services. To accommodate the Fall 2021 survey deferral, an updated schedule was finalized with Accreditation Canada, which extended the survey cycle to Spring 2023 (from Fall 2022).

An overall summary of ‘unmet’ survey ratings requiring follow up evidence submissions to Accreditation Canada for the 2019, 2020 and 2021 surveys is outlined below. See [Appendix B](#) for a detailed summary of these evidence submissions.

2019 Survey Evidence Submission to Accreditation Canada

The Spring 2019 survey assessed foundational standards at urban/regional/tertiary hospitals. A third evidence submission addressing two unmet high priority criteria at one site was reported to Accreditation Canada in January 2021; all evidence was accepted. Three high priority criteria in the Reprocessing of Reusable Medical Devices standard remained unmet at two other sites; Accreditation Canada requires action be taken to address these by the end of the accreditation cycle in 2023. Details can be found in [Table B-1](#) of Appendix B.

2020 Survey Evidence Submissions to Accreditation Canada

The Spring 2020 survey assessed South zone rural hospitals and provincial Correctional Health Service facilities. Follow-up evidence was reported to Accreditation Canada in May 2021. All evidence for unmet ROPs was accepted. One high priority criteria in the Perioperative Services and Invasive Procedures standard remains unmet at one South zone rural hospital for which an additional evidence submission is due to Accreditation Canada in January 2022. Six high priority criteria in the Medication Management standard remains unmet at five Correctional Health Services facilities; no additional evidence submission is required, Accreditation Canada will review these criteria in the next accreditation cycle. Details can be found in [Tables B-2](#) and [B3](#).

The Fall 2020 survey assessed Emergency Medical Services (EMS), 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. Follow-up evidence was reported to Accreditation Canada in May 2021. All evidence for unmet ROPs was accepted. One high priority criteria in the Infection Prevention and Control standard remains unmet at one site for which an additional evidence

submission is due to Accreditation Canada in January 2022. One high priority criteria in the Perioperative Services and Invasive Procedures standard remains unmet at one site; no additional evidence submission is required, however Accreditation Canada requires action be taken to address these by the end of the accreditation cycle in 2023. Details can be found in [Table B-4](#).

2021 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 2021 survey of North and Central zone rural hospitals. Evidence of compliance for unmet ROPs, high priority and other criteria from the 2020 surveys is due to Accreditation Canada in June 2022. See [Table B-5](#) for a summary of required evidence.

2022 Next Steps:

Spring 2022 survey will include the remaining North and Central zone rural hospitals as well as Long Term Care/Designated Supportive Living facilities in all zones. The Fall 2022 survey will include Cancer Care, Cardiovascular Health, Critical Care, Inpatient Services, Perioperative Services and Invasive Procedures, and Women's Health in Fall 2022. 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 2022. Zone/site operations are working 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, 2020 and 2021.

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. Laboratories and Diagnostic Imaging departments located at Covenant Health sites and Lamont Health Care Centre are included with accreditation surveys for AHS sites, as they are part of provincial programs.

Laboratory Services:

2021 Accreditation Activities:

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 2021, Alberta Precision Laboratories (APL) has three (3) laboratory facilities with interim/provisional status, primarily due to physical space/facility issues:

- North Zone (assessed in 2020/2021): Fairview Health Complex, Central Peace Health Complex
- Edmonton Zone (assessed in 2019): University of Alberta Hospital (UAH)

South Zone laboratory sites were assessed in 2019. All sites have now received full accreditation.

North Zone laboratory sites were assessed in 2020 and 2021. All sites, with the exception of Fairview Health Complex and Central Peace Health Complex (see above), have received full accreditation.

Central Zone sites were assessed in 2021. Twenty (20) sites received full accreditation following their assessment. The following sites are in post-assessment phase processes. Initial citation responses are being drafted and will be submitted in January 2022; accreditation decisions will be awarded once site responses are accepted.

- Daysland Health Centre
- Hardisty Health Centre
- Killam Health Centre (Covenant)
- Lamont Health Care Centre (Funded Partner)
- Provost Health Care Centre
- St. Joseph's General Hospital (Covenant)
- St. Mary's Hospital (Covenant)
- Tofield Health Centre
- Two Hills Health Centre
- Vermilion Health Centre
- Viking Health Centre
- Wainwright Hospital and Care Centre

An APL company-wide internal auditing program has been developed. In late 2021, the program began to be socialized throughout APL, with implementation to begin in 2022. The program involves the completion of at least one internal audit for each of the twelve Clinical and Laboratory Standards Institute's Quality Systems Essentials (QSE) to be performed in a four-year cycle (one QSE every four months, three QSEs each year) as per an internal audit schedule. 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.

UAH Transfusion Medicine Laboratory underwent an American Association of Blood Banks (AABB) inspection in late 2020 and received full accreditation.

In 2021, the Calgary Zone Histocompatibility Laboratory received full accreditation from the American Society of Histocompatibility and Immunogenetics.

In 2021, Genetics and Genomics North, as part of the AHS Medical Genetics program, received full accreditation from the Canadian College of Medical Genetics.

Public Health Laboratory North and South underwent Canadian Association of Accreditation inspections in 2021 for Environmental Microbiology. Post-assessment processes are underway.

2022 Next Steps:

CPSA

The following are scheduled to undergo CPSA assessments in 2022:

- Calgary Zone laboratories
- Genetics and Genomics (formerly Genetics Laboratory Services)
- Public Health Laboratory
- Molecular Pathology

A post-move assessment will be conducted for the Grand Prairie Regional Hospital in early 2022.

The Peter Lougheed Centre (PLC) Laboratory move from the current main building location to the East Wing of PLC has been postponed from 2021 to 2022. A post-move assessment will be conducted.

Other Lab Accreditation

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

Public Health Agency of Canada inspections were deferred due to the COVID-19 pandemic.

Public Health Laboratory North and South will tentatively undergo College of American Pathologists inspections in 2022 (deferred from 2021 due to the COVID-19 pandemic).

Diagnostic Imaging Services:

2019 and 2020 Assessment Follow-up

All Edmonton and South zone sites assessed in 2019 and Central zone sites assessed in 2020 have received full accreditation status following acceptance of site responses.

2021 Accreditation Activities:

The North zone underwent CPSA assessment in two separate sessions: May 3-7, 2021 and Sept 13-17, 2021. The following sites have received full accreditation status:

- Athabasca Health Care Centre
- Barrhead Health Care Centre
- Bonnyville Health Care Centre (Covenant)
- Boyle Health Care Centre
- Cold Lake Health Care Centre
- Edson Health Care Centre
- Mayerthorpe Health Care Centre
- Slave Lake Health Care Centre
- St. Paul Health Care Centre
- Wabasca Desmarais Health Care Centre

The following sites received citations and responses are due to CPSA in early 2022, with full accreditation granted once site responses are accepted:

- Beaverlodge Municipal Hospital
- Central Peace Health Complex (Spirit River) †
- Elk Point Health Care Centre
- Fairview Health Complex †
- Fox Creek Health Care Centre
- George McDougall Health Care Centre (Smoky Lake) †
- Grande Cache Community Health Complex
- Grimshaw Community Health Centre
- High Prairie Health Complex †
- Hinton Health Care Centre
- LaCrete Community Health Care Centre
- Manning Community Health Centre
- Northern Lights Regional Health Centre (Ft. McMurray)
- Northwest Health Centre (High Level)
- Peace River Community Health Centre
- Sacred Heart Community Health Centre (McLennan)
- Seton Health Care Centre (Jasper)
- St. Theresa General Hospital (Ft. Vermilion) †
- Swan Hills Health Care Centre
- Valleyview Health Centre
- Westlock Health Care Centre
- William Cadzow Health Care Centre (LaLaBiche)
- Whitecourt Health Care Centre

† *Image reviews have been requested and will be conducted at sites indicated*

Prior to opening to the public on December 4, 2021, the new Grande Prairie Regional Hospital Diagnostic Imaging (DI) department received provisional accreditation status on December 1, 2021. No major patient safety/radiation safety concerns were identified. A mandatory image review is required for all new imaging facilities, and will be initiated 3-months post-opening.

The Queen Elizabeth II Hospital (QEII) in Grande Prairie will retain one x-ray imaging suite to support the remaining outpatient services. The QEII DI site will be accredited in the upcoming months, once the one-room DI department has been re-established.

Internal AHS mid-cycle reviews were completed in Calgary and South zones. The mid-cycle review allows zone managers to submit common accreditation required documentation and audits to the AHS DI Quality Manager, for an overall assessment of their state of readiness for their next on-site assessment. Both

zones are in a satisfactory state of preparedness and have only minor deficiencies/suggestions to address prior to their CPSA assessment.

2022 Next Steps

Calgary Zone sites will be assessed on either April 4-8 or October 31-November 4, 2022.

Neurophysiology Labs:

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

2019 Assessment Follow-up

Of the six neurophysiology laboratories in the Calgary zone that underwent assessment in December 2019, three are now fully accredited (Peter Lougheed Center, Rockyview General Hospital Clinical Neurophysiology Lab and South Health Campus). The remaining three have ongoing provisional accreditation status:

- Alberta Children's Hospital
- Foothills Medical Center
- Rockyview General Hospital Ophthalmology Clinic

Submissions demonstrating evidence of compliance have been submitted and these laboratories remain provisional while awaiting final decision from CPSA.

2020 Assessment

Of the six neurophysiology labs in the Edmonton and North zones that underwent assessment in late 2020, two are now fully accredited (Misericordia Community Hospital, Queen Elizabeth II Hospital in Grande Prairie). The remaining four have ongoing provisional accreditation status:

- Kaye Edmonton Clinic Clinical Electrophysiology Lab
- Grey Nuns Community Hospital
- 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 have been submitted and these laboratories await final decision from CPSA.

2021 Assessment:

The Glenrose Electrodiagnostic Services lab in the Edmonton zone underwent assessment in 2021 and received provisional accreditation status. Submission demonstrating evidence of compliance is due February 10, 2022 and final decision to receive full accreditation status from CPSA is anticipated in April 2022.

2022 Next Steps

Neurophysiology testing labs in Central and South zones will undergo assessment in 2022:

- Chinook Regional Hospital
- Red Deer Regional Hospital
- Medicine Hat Regional Hospital

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, three are now fully accredited (University of Alberta Hospital-Kaye Edmonton Clinic, Queen Elizabeth II Regional Hospital in Grande Prairie and Medicine Hat Regional Hospital). The remaining hospital has ongoing provisional accreditation status:

- Wetaskiwin Hospital & Care Center

Submission demonstrating evidence of compliance has been submitted and this laboratory awaits final decision from CPSA.

2020 Assessment Follow-up

All three pulmonary function testing labs in the Calgary zone that were assessed in 2019, are now fully accredited (Foothills Medical Centre, Rockyview General Hospital and Peter Lougheed Centre).

2021 Assessment

Of the two pulmonary function testing labs in Calgary zone that underwent assessment in 2021, Alberta Children's Hospital is now fully accredited, while South Health Campus has ongoing provisional accreditation status.

Submission demonstrating evidence of compliance has been submitted and the South Health Campus laboratory awaits final decision from CPSA.

2022 Next Steps

The following pulmonary function testing labs are scheduled to undergo assessment in 2022:

- Chinook Regional Hospital
- Cancer Care Cross Cancer Institute
- Edmonton General Continuing Care Center – GF MacDonald Center for Lung Health
- Royal Alexandra Hospital
- Peace River Community Health Center
- Grey Nuns Community Hospital
- Misericordia Community Hospital

Sleep Medicine Diagnostics (SMD):

As of January 1, 2022, in accordance with amendment to the Health Professions Act, Alberta physicians may no longer refer patients to sleep medicine diagnostic (SMD) laboratories that are not accredited.

2021 Assessment

The following Alberta Health Services SMD laboratories underwent College of Physicians and Surgeons of Alberta (CPSA) accreditation assessments in 2021:

- Foothills Medical Centre Sleep Centre
- South Zone Sleep Lab Lethbridge
- Alberta Children's Hospital Sleep Lab
- University of Alberta Sleep Disorders Lab

Submissions demonstrating evidence of compliance have been or will be submitted in early 2022 and these laboratories await final decision from CPSA to achieve full accreditation.

2022 Next Steps:

Stollery Pediatric Sleep Lab assessment that was to occur in 2021 was deferred after lab staff were redeployed to care for pediatric patients during the fourth wave of the COVID pandemic. This accreditation assessment is now anticipated to occur in 2022.

Funded Partner Activities

Covenant Health

Background:

Covenant Health participates in a four-year sequential cycle with Accreditation Canada. The first on-site survey of the cycle occurred on October 6-11, 2019. The next survey for this cycle was scheduled to occur in October 2021. Due to the demands of the COVID-19 pandemic, Accreditation Canada approved a postponement to March 2022, extending the cycle to 2018-2022.

2018	2019	2020	2021	2022
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	No Survey	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 Supportive Living)• 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 2022. The Accreditation Canada survey Final Report and Executive Summary for the 2019 survey is posted on the Covenant Health public website <https://www.covenanthealth.ca/living-our-mission/quality>.

Covenant Health had no required follow-up to report in 2021.

2022 Next Steps:

Service Excellence Teams (SETs) were established to support teams in preparation for the March 2022 on-site survey by reviewing all criteria in their service specific standards and establishing priorities to address areas where improvements would enhance quality and safety. SETs will continue to support teams as they work through required follow-up and improvement activities from the on-site survey.

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 Partner/Provider Activities

In collaboration with Alberta Health, AHS continues to work with contracted providers for addiction and mental health and continuing care services to ensure participation in accreditation programs, as required by [Directive D5-2008: Mandatory Accreditation in Alberta's Health System](#). Over the summer and fall of 2021, AHS formally notified contracted providers of the requirement to achieve 'accredited' status from an Alberta Health approved accrediting body and information sessions were held. Contracted providers have 24 months to confirm they have engaged with an approved accrediting body and have begun the accreditation process. Full accredited status is required within 48 months of the original notification to maintain the service contract with AHS.

All service agreements with AHS require contracted providers to comply with relevant Legislation, Regulation and Directives in Alberta, including accreditation requirements. Prospective contracted providers are informed of the requirement to be accredited during the procurement processes. AHS monitors compliance with accreditation requirements.

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.

Addictions and Mental Health Contracted by AHS

2021 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*).

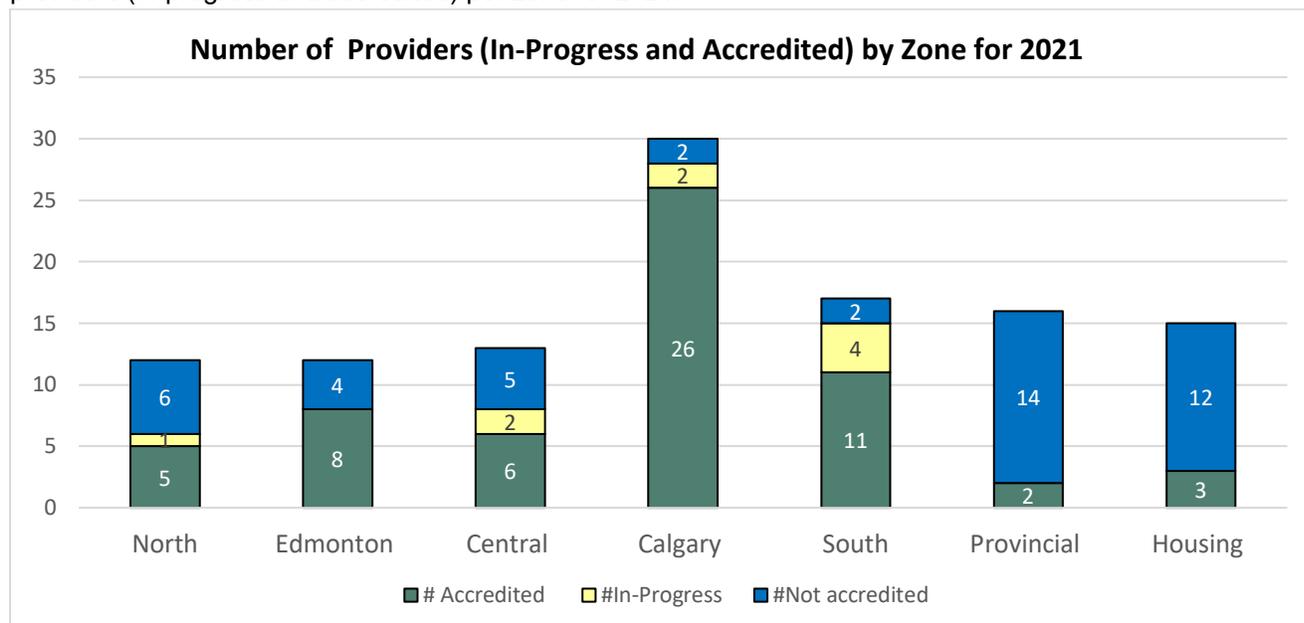
Due to ongoing database review and updates, there is a significant change in the number of contracts subject to mandatory accreditation for 2021. The number of contracts used in the information collection for 2021 is 115 (vs. 134 in 2020 and 175 in 2019).

In 2021, contracted sites providing treatment services were mandated to be accredited by an Alberta Health-approved accrediting body at their own expense. Providers were granted 24 months to initiate accreditation and complete their primer (by July 2023), with an expectation that they will be accredited within 48 months (July 2025). Contracted providers providing treatment services that are accredited or not accredited in the Treatment and Housing Categories in 2020 compared to 2021 are outlined below:

2020 Contracted Providers n (%)			2021 Contracted Providers n (%)				Trend:
Not Accredited	Accredited	Total Contracts	Not Accredited	In-Progress *	Accredited	Total Contracts	
80 (60%)	54 (40%)	134	45 (39%)	9 (8%)	61 (53%)	115	↑

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

The following graph describes the distribution of the 115 treatment and housing contracts service providers (in-progress and accredited) per zone for 2021.



2022 Next Steps

The current accreditation rate of 53% of the providers accredited, and the additional 8% in-progress of achieving accreditation, demonstrates a significant improvement in compliance with Directive D5-2008. The Provincial Addiction and Mental Health team will continue to monitor progress towards achieving accreditation.

Continuing Care Providers Contracted by AHS

2021 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.

In July 2021, all contracted service providers were formally advised by AHS that [Directive D5-2008: Mandatory Accreditation in Alberta's Health System](#) will now be enforced. The accreditation process requires time to engage an approved accreditation organization and prepare for submission of organizational information and on-site surveys. Non-accredited operators are required to have engaged with an accrediting organization by June 2023 and to be fully accredited by June 2025.

Accreditation status is awarded for organizations based on their entire facility/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 of obtaining accreditation (i.e., has completed the Primer with Accreditation Canada) they are counted as being accredited.

The percent of contracted facilities/programs that are Accredited or Not Accredited in each of the Continuing Care streams in 2021, by operator type (non-profit/private) is outlined below:

Care Stream (rolled up to the highest level of care)	2020 Sites	2021 Accredited Sites/Programs by Care Stream						% Accredited (Accredited Non-Profit + Private / total sites)
	% 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	84% (75/89)	92% (48/52)	6% (3/52)	2% (1/52)	78% (39/50)	22% (11/50)	0	85% (87/102)
Designated Supportive Living Facility	31% (56/183)	53% (40/76)	38% (29/76)	9% 7/76	29% (37/127)	62% (79/127)	9% (11/127)	38% (77/203)
Home Care Program	48% (16/33)	90% (9/10)	10% (1/10)	0	78% (18/23)	22% (5/23)	0	82% (27/33)
Hospice Facility	80% (4/5)	67% (2/3)	33% (1/3)	0	100% (1/1)	0	0	75% (3/4)

Notes:

- Data source: AHS CC Staffed and In Operations Report March 31, 2021 provided by Strategy Accountability & Performance
- 53 Personal Care Homes (PCH) are counted as DSL
- Adult Day Support Programs are excluded

The percent of beds that are accredited in each of the Continuing Care streams in 2021 is outlined below:

Care Stream	2020	2021		
	% Beds in Accredited Facilities	# Accredited Contracted Beds / Total Beds	# of AHS Beds (All Accredited)	% Beds in Accredited Facilities
Long Term Care Living Facility	80%	9,660 / 11,154	4,646	91%
Designated Supportive Living Facility	36%	6,715 / 11,114	802	63%
Hospice Facility	68%	177 / 218	39	84%

Notes:

- Data source: AHS CC Staffed and In Operations Report March 31, 2021 provided by Strategy Accountability & Performance
- Data source for contracted beds accreditation status: CPSM Contract Monitoring Annual Report 2021
- Sites who have not reported are considered to be Not Accredited for the purposes of this report
- % beds in accredited facilities represents all beds located in accredited contracted and AHS operated sites (including Carewest and CapitalCare)

2022 Next Steps:

The progress toward accreditation for non-accredited contracted service operators will continue to be monitored and reported. Standard wording for accreditation will be updated in all contracts to ensure clauses obligating participation in accreditation activities are consistent once the COVID-19 pandemic subsides.

Emergency Medical Services (EMS) Contracted by AHS

2021 Accreditation Activities:

Ground Crews

AHS has thirty-one (31) contracted ground 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 with the accreditation requirement. While that is underway, the service provider has agreed to start the process and has booked their primer survey for September 2022. Due to COVID-19, some surveys have been delayed and rescheduled for dates in 2022.

Thirty ground ambulance service providers are considered accredited; twenty-eight are Qmentum accredited and two have completed their primer and are working towards Qmentum. One is scheduled for their primer in September 2022 as noted above.

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 Crew (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. One AMC achieved primer in August 2021 and the other has their primer scheduled for September 2022.

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.

Care Stream	2020 Accredited Providers % (n)			2021 Accredited Providers % (n)			Trend
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	Accredited
Ground EMS	90% (28)	3	31	97% (30)	1	31	↑
Air Medical Crews	0	2	2	50% (1)	1	2	↑
Aviation	0	0	2	0	0	2	=

* Accredited = Qmentum accredited or primers successfully completed

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

2022 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 – 2021 AHS Survey Sites

Table A-1: Spring 2021 – North and Central Zone Rural Hospitals

RURAL HOSPITALS SURVEYED		
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	
NORTH ZONE:		
Boyle Healthcare Centre *	Emergency Department	Inpatient Services
Edson Healthcare Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Elk Point Healthcare Centre *	Emergency Department Long-Term Care Services	Inpatient Services
George McDougall-Smoky Lake Healthcare Centre *	Emergency Department Long-Term Care Services	Inpatient Services
Hinton Healthcare Centre	Emergency Department Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Slave Lake Healthcare Centre	Emergency Department Long-Term Care Services	Inpatient Services Obstetrics
St. Therese-St. Paul Healthcare Centre	Emergency Department Long-Term Care Services Mental Health Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Wabasca-Desmarais Healthcare Centre *	Emergency Department	Inpatient Services
Whitcourt Healthcare Centre *	Emergency Department Perioperative Services and Invasive Procedures	Inpatient Services
William J Cadzow-Lac La Biche Healthcare Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
CENTRAL ZONE:		
Coronation Hospital and Care Centre *	Emergency Department Long-Term Care Services	Inpatient Services
Daysland Health Centre	Emergency Department Rehabilitation Services Perioperative Services and Invasive Procedures	Inpatient Services
Vermillion Health Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services
Viking Health Centre *	Emergency Department Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Wainwright Health Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics

* 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 –Foundational Standards at Urban/Regional/Tertiary Hospitals

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

STANDARD / CRITERIA	STATUS	ACTION PLAN
REPROCESSING OF REUSABLE MEDICAL DEVICES		
HIGH PRIORITY CRITERIA:		
<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>	One site to be resurveyed	Construction to replace wood cabinets with stainless steel at one site was completed in January 2021. Anticipated completion date for renovations to expand the main MDR at another site, including replacing the floor and ceiling, is Summer 2022.
<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>	One site to be resurveyed	A request for funding to increase the number of flexible endoscopes and increase staffing has been generated.
<p>Storage of Endoscopes Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.</p>	One site to be resurveyed	HEPA-filtered cabinet to store endoscopes was installed in January 2021 at one site. Leadership is working on securing funding to replace current cabinets with HEPA-filtered cabinets for endoscope storage at another site.

Table B-2: Spring 2020 Survey – South Zone Rural Hospitals

Evidence submitted to Accreditation Canada May 30, 2021; additional evidence submitted by January 30, 2022.

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	Emergency Response Plans were reviewed and revised, and drills are now being conducted semi-annually at one site.
INFECTION PREVENTION AND CONTROL		
REQUIRED ORGANIZATIONAL PRACTICE:		
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	Evidence Accepted	Audits resumed at four sites; results are 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.	Evidence Accepted	Leaders at three sites share infection rate information with staff during staff meetings and/or on public Quality Boards.
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.	Evidence Accepted	One site has reviewed practices for all renovations, including minor ones, with Facilities, Maintenance and Engineering staff 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.	Evidence Accepted	Additional portable alcohol-based hand rub dispensers were installed widely across one site.
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.	Evidence Accepted	The process for cleaning infusion pumps has been revised at one site to ensure pumps are cleaned in a designated area.
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Antimicrobial Stewardship Program There is an antimicrobial stewardship program to optimize antimicrobial use.	Evidence Accepted	One site has ensured staff are aware of how 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.	Evidence Accepted	Two sites have conducted audits and used the results to improve processes when issues were identified.
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.	Evidence Accepted	The storage of high-alert medications was reviewed and revised 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.	Evidence Accepted	An awareness campaign on the use of multi-dose vials was conducted at one site to ensure AHS policy is followed.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>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.</p>	Evidence Accepted	Two sites reviewed practices for conducting independent double checks at the point of care prior to administration of high-alert medications to ensure AHS policy is followed.
REPROCESSING OF REUSABLE MEDICAL DEVICES		
HIGH PRIORITY CRITERIA:		
<p>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.</p>	Evidence Accepted	Swipe card access was installed at one site to restrict access to authorized personnel only.
<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 Accepted	A non-porous metal stand and basin is now in use at one site, eliminating a porous plastic basin.
SERVICE EXCELLENCE		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>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.</p>	Evidence Accepted	One site added infusion pump training to the annual education curriculum and reviewed evaluation processes.
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>Suicide Prevention Clients are assessed and monitored for risk of suicide.</p>	Evidence Accepted	The suicide risk assessment process, including identification of at-risk patients, and conducting regular assessments, was reviewed with staff at one site.
<p>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.</p>	Evidence Accepted	Education on the requirement to apply armbands to patients was provided at one site. Just-in-time education is now provided when audits show armbands are not applied, or two person-specific identifiers are not used when administering medications.
<p>Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Four sites have developed processes to evaluate the effectiveness of communication between team members, or upon a change in location.
HIGH PRIORITY CRITERIA:		
<p>Clearly Marked Entrances Entrance(s) to the emergency department are clearly marked and accessible.</p>	Evidence Accepted	New signage was installed at the main hospital / emergency department entrance to ensure it is clearly marked.
<p>Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.</p>	Evidence Accepted	Three sites have ensured posters describing client rights and responsibilities are displayed in multiple locations, and that staff inform patients 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>	Evidence Accepted	The AHS Patient Relations poster was posted in every room at one site to inform patients on how to file a complaint or violation of their rights.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<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>	Evidence Accepted	Orientation for new staff was revised to include the expectation that information about the Patient Relations Department is shared with patients at one site. When a complaint has been brought forward, the site will collaborate with them to determine how to investigate and respond to the problem.
INPATIENT SERVICES		
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>	Evidence Accepted	One site reviews staff and client education on universal precautions, slip/trip hazards, adequacy of lighting and accessibility to evaluate their falls prevention strategy; identified issues are addressed.
<p>Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.</p>	Evidence Accepted	Three sites began conducting chart audits to ensure patients are assessed for risk and appropriate interventions are implemented when required.
<p>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.</p>	Evidence Accepted	Two sites began chart audits to review the number of patients receiving appropriate VTE prophylaxis.
<p>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.</p>	Evidence Accepted	Observational audits are now conducted to ensure armbands are consistently applied and two patient-specific identifiers are used during medication administration at one site.
<p>Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Standardized tools for all care transitions have been implemented, and formal evaluation of care transitions is now conducted at five sites.
HIGH PRIORITY CRITERIA:		
<p>Education on Restraint Use Education and training on the safe and appropriate use of restraints are provided to the team.</p>	Evidence Accepted	Staff at two sites have received annual education on the appropriate use of restraints.
<p>Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.</p>	Evidence Accepted	Client rights and responsibilities are verbally addressed by staff, and prominently displayed in multiple locations at three sites.
<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>	Evidence Accepted	The provincial Patient Relations process, developed and implemented with input from clients and families, is followed when complaints are brought forward at two sites.
<p>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.</p>	Evidence Accepted	Clinical care pathways for community support beds are not required at one site, as they only support medically stable patients who cannot be cared for at home, and who do not require acute care.
LONG-TERM CARE		
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>	Evidence Accepted	The falls prevention program is evaluated for improvement purposes at two sites.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Three sites began conducting chart audits to ensure patients are assessed for risk and appropriate interventions are implemented when required.
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	Observational audits began at two sites to 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.	Evidence Accepted	Standardized tools for all care transitions have been implemented, and formal evaluation of care transitions is now conducted at two sites.
HIGH PRIORITY CRITERIA:		
Education on Risk of Abuse Education and training on recognizing, preventing, and assessing risk of abuse are provided to the team.	Evidence Accepted	Regular education has been provided to staff to recognize or assess the risk of abuse at one site.
Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Client rights and responsibilities are verbally addressed by staff, and prominently displayed in multiple locations at one site.
Evaluation of Anti-Psychotic Medications The use of anti-psychotic medications is assessed for appropriateness and the information is used to make improvements.	Evidence Accepted	Monitoring of anti-psychotics resumed at one site.
OBSTETRICS		
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	Universal precautions were implemented at one site and a second site began chart audits to evaluate fall prevention strategies.
HIGH PRIORITY CRITERIA:		
Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Posters describing client rights and responsibilities are displayed in multiple locations at two sites.
PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES		
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	Universal falls precautions was implemented and evaluated at one site.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	The effectiveness of verbal communication between team members, or upon a change in location was evaluated at one site.
HIGH PRIORITY CRITERIA:		
Containment of Contaminated Items Contaminated items are appropriately contained and transported to the reprocessing unit or area.	Evidence Accepted	One site revised the process to move endoscopes from the OR to reprocessing department to ensure appropriate containment of contaminated items.
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.	Additional Evidence Submitted January 2022	Locking medication carts for the surgical area were put into use at one site in August 2021.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>Providing Information on Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.</p>	Evidence Accepted	Three sites now prominently display information on client 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>	Evidence Accepted	Information on how to file a complaint is prominently displayed and patients are now verbally informed of the process 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>	Evidence Accepted	The AHS Patient Relations process, developed with input from clients and families, is followed when patient concerns are brought forward.
<p>Availability of Emergency Equipment During Anesthesia Emergency equipment and life support systems are available wherever anesthesia is administered.</p>	Evidence Accepted	One site reviewed the location of two crash carts to ensure timely access to a crash cart is available when needed.

Table B-3: Spring 2020 Survey – Correctional Health Services

Evidence 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>	Evidence Accepted	One site reviewed and revised 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>	Evidence Accepted	A stainless steel countertop was installed at one site to ensure all surfaces could 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>	Not Accepted; will be reviewed at next on-site survey	The procedures for sending medication orders to pharmacy was reviewed at one site; the review of some high-risk/high-alert medication orders by pharmacy was prioritized.
<p>Contact with Medication During Preparation Direct contact with medication is avoided during preparation.</p>	Not Accepted; will be reviewed at next on-site survey	Further review of pharmacy services is occurring. The review will include feasibility of replacing multi-dose bottles with unit-doses to eliminate direct contact with medications during preparation at one site.
<p>Standardized Labeling of Medication Packages Medication packages/units are labelled in a standardized manner.</p>	Not Accepted; will be reviewed at next on-site survey	A review of the feasibility of replacing multi-dose bottles with unit-doses to eliminate transcription of information from the Medication Administration Record to a medication card is occurring.
<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>	Not Accepted; will be reviewed at next on-site survey	Further review of pharmacy services is occurring. The review will include feasibility of replacing multi-dose bottles with unit-doses, including funding sources.
<p>Dispensing Medications in Unit Dose Packaging Medications are dispensed in unit dose packaging.</p>	Not Accepted; will be reviewed at next on-site survey	Further review of pharmacy services is occurring. The review will include feasibility of replacing multi-dose bottles with unit-doses, including funding sources.
<p>Medication Verification Prior to Administration Each medication is verified against the client's medication profile prior to administration.</p>	Not Accepted; will be reviewed at next on-site survey	Further review of pharmacy services is occurring, including feasibility of replacing multi-dose bottles with unit-doses to allow staff to carry the Medication Administration Records along with medication trays.
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>	Evidence Accepted	Patients with complex healthcare needs are provided discharge planning and access to a standardized Safe Transition-Discharge Planning process; upcoming discharge dates are reviewed so discharge orders can be written and provided to patients and/or their community healthcare provider and pharmacy.

STANDARD / CRITERIA	STATUS	ACTION PLAN
HIGH PRIORITY CRITERIA:		
<p>Coordination of partner services Services are coordinated with correctional partners including treatment centres, psychiatric centres, and community correctional centres.</p>	Evidence Accepted	One site reviewed all patient-care transport to/from treatment facilities, and advocates for patients who would benefit from direct transfer to treatment centres.
<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>	Evidence Accepted	Following a review of space at one site, existing office space was made available for mental health clinicians to meet with 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>	Evidence Accepted	All Correctional health Services patients undergo a comprehensive health screen upon admission. If a patient requires further assessment, the patient is escorted to the healthcare unit where a comprehensive care plan is developed and documented.
<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>	Evidence Accepted	Correctional Peace Officers and Correctional Service Workers, who all have standard first aid and CPR Level-C are expected to intervene in a medical emergency until Emergency Medical Services arrives.

Table B-4: Fall 2020 Survey – Program-Based Survey of Urban/Regional/Tertiary Hospitals

Evidence submitted to Accreditation Canada May 30, 2021; additional evidence submitted by January 30, 2022.

STANDARD / CRITERIA	STATUS	ACTION PLAN
INFECTION PREVENTION AND CONTROL		
HIGH PRIORITY CRITERIA:		
Safety Engineered Needles Safety engineered devices for sharps are used.	Evidence Accepted	Two hospitals worked with vendors to eliminate non-safety engineered needles from surgical packs. One site provided education regarding removal of safety guards when not clinically needed, and approved a waiver for one needle only when required to improve visibility.
Endoscope Storage Flexible endoscopes are stored in a manner that minimizes contamination and damage.	Additional Evidence Submitted January 2022	HEPA-filter kits to convert five endoscope storage cabinets to HEPA-filtered cabinets were installed.
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.	Evidence Accepted	Medication storage was reviewed at one site to ensure Institute for Safe Medication Practices (ISMP) standards and internal AHS Medication Quality and Safety Team (MQST) recommendations are followed.
EMERGENCY DEPARTMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	One site reviewed information transfer processes during shift change to ensure standardized information is shared. Two sites began 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.	Evidence Accepted	One site has implemented audits of the fall prevention program, which resulted in improvements in education and communication tools.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	One site reviewed information transfer processes during shift change to ensure standardized information is shared and began 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.	Evidence Accepted	Information on how to file a complaint is prominently displayed and patients are now verbally informed of the process at one site.
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.	Evidence Accepted	Education regarding medication reconciliation upon discharge was provided at one site. Audits have confirmed increased compliance, monitoring will continue.

STANDARD / CRITERIA	STATUS	ACTION PLAN
HIGH PRIORITY CRITERIA:		
<p>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.</p>	Evidence Accepted	The number of air exchanges per hour for one endoscopy suite at one site was increased to its maximum capacity, which falls below minimum requirements. A stand-alone unit is required to meet this criterion.
<p>Air Exchanges Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.</p>	Evidence Not Accepted – One site to be resurveyed	One north zone site is reviewing renovation options to meet this criterion. Investment in infrastructure is required, and implications to other clinical services during renovations will be explored.
<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>	Evidence Accepted	Additional education regarding the expectation that flash sterilization should only be used in urgent situations was provided at one site. Additional monitoring is in place.
<p>Documentation of Flash Sterilization A record of each use of immediate-use/flash sterilization is retained in the team's files.</p>	Evidence Accepted	An immediate-Use Steam Sterilization Record and Daily Log were created for one site to retain a record of each use of flash sterilization.
EMERGENCY MEDICAL SERVICES AND INTERFACILITY TRANSPORT		
REQUIRED ORGANIZATIONAL PRACTICE:		
<p>Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.</p>	Evidence Accepted	Audits are now conducted in all zones on a quarterly basis.
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>	Evidence Accepted	Deployment following all emergency calls in the South zone is directed by the 'South Communications Centre System Status Management Plan Local Service Standard', which provides direction to dispatchers when allocating resources to maximize EMS coverage and response performance.
<p>Collaborative Approach to Delivering Services A collaborative approach is used to deliver services.</p>	Evidence Accepted	The South Communications Centre dispatchers are guided by a provincial Local Service Standard Practice Support Document, 'Dispatching Emergency Events'. EMS Operational and Dispatch Leadership have monthly meetings to discuss any issues and follow up with staff.
<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>	Evidence Accepted	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>	Evidence Accepted	The information provided to EMS crews when called for patients at personal care homes that develop and acute illness now includes patient information and chief complaint.
<p>Contact Precautions Established contact precautions are followed when treating patients with possible communicable diseases.</p>	Evidence Accepted	Leadership followed-up with dispatch to review the established practices for dispatch to ensure a consistent approach to a vehicle with a fabric ceiling is followed.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>Verification of High-Risk Activities Verification processes are used to mitigate high-risk activities, with input from patients and families.</p>	<p>Evidence Accepted</p>	<p>Two stations implemented recording temperatures of medication fridges.</p>

Table B-5: Spring 2021 Survey – North and Central Zone Rural Hospitals

Evidence to be submitted to Accreditation Canada June 30, 2022.

STANDARD / CRITERIA	STATUS	ACTION PLAN
LEADERSHIP		
HIGH PRIORITY CRITERIA:		
Physical Space Meets Applicable Codes The physical space meets applicable laws, regulations, and codes.	In-Progress	The space needs to be re-evaluated at one north zone site to ensure wheelchair accessibility, efficiency and storage.
OTHER PRIORITY CRITERIA:		
Impact of Utilities Failures Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.	In-Progress	The reliability of backup generators will be reviewed at two north zone sites.
INFECTION PREVENTION AND CONTROL		
HIGH PRIORITY CRITERIA:		
IPC Involvement in Designing the Physical Environment The infection prevention and control team is consulted when planning and designing the physical environment, including planning for construction and renovations.	In-Progress	An engineering consult will be obtained to explore construction of a wall to separate the Medical Device Reprocessing space from the housekeeping area in one north zone site.
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	Covered bins will be used to mitigate contamination concerns in the decontamination area at one north zone site. Staff education will be provided.
Hand-Hygiene Facilities in Designated Cleaning Areas The area where cleaning, disinfection, and/or sterilization of medical devices and equipment are done is equipped with hand hygiene facilities.	In-Progress	A maintenance request has been sent to install a sink in the decontamination area of one north zone site.
OTHER PRIORITY CRITERIA:		
Environmental Conditions Input is gathered from the infection prevention and control, and the occupational health services teams to maintain optimal environmental conditions within the organization.	In-Progress	Clutter in one north zone facility will be removed, and a staff lunchroom will be appropriately relocated.
Separate Endoscope Clean and Decontamination Work Areas Endoscope reprocessing areas are equipped with separate cleaning and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	In-Progress	Covered bins will be used to mitigate contamination concerns in the decontamination area at one north zone site. Staff education will be provided.
MEDICATION MANAGEMENT		
REQUIRED ORGANIZATIONAL PRACTICE:		
Antimicrobial Stewardship There is an antimicrobial stewardship program to optimize antimicrobial use.	In-Progress	Strategies to evaluate the program at a site-level on an ongoing basis will be developed.
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	In-Progress	Storage practices at one north zone site will be reviewed to ensure high-alert labels are added to bags and visibility is optimized.
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.	In-Progress	Heparin has been relocated from the operating room to the pharmacy at one central zone site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
'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	One document has been removed from circulation at one north zone site; chart audits looking for unacceptable abbreviations and unapproved forms will continue.
HIGH PRIORITY CRITERIA:		
Access to Medication Storage Areas Access to medication storage areas is limited to authorized team members.	In-Progress	Three north zone sites are reviewing processes to ensure appropriate access to medications is maintained.
Storage of Controlled Substances Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.	In-Progress	One north zone site will ensure all personal patient medications are returned to the patient upon discharge, or disposed of by pharmacy.
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	Four north zone and three central zone sites are reviewing medication storage practices including the use of standardized labels.
Quarantine of Expired Materials Expired, discontinued, recalled, damaged, and contaminated medications, are stored separately from medications in current use, both in the pharmacy and client service areas, pending removal.	In-Progress	A process to ensure discontinued medications and medications of discharged patients has been put in place at one north zone site. One central zone site will review processes to ensure all areas are regularly reviewed for expired medications.
Multi-Dose Vials The use of multi-dose vials is minimized in client service areas.	In-Progress	Mitigation strategies to decrease the risk of cross contamination when multi-dose vials are used will be put in place at one north zone site by ensuring vials are only used for one patient.
Storage of Anesthetics Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.	In-Progress	Two central zone site will review the storage options for anesthetics to ensure adequate ventilation is attained.
OTHER PRIORITY CRITERIA:		
Cleaning and Organizing of Medication Storage Areas Medication storage areas are regularly cleaned and organized.	In-Progress	Excess clutter in medication storage areas at two sites has been removed.
Monitoring of Medication Storage Conditions Conditions appropriate to protect medication stability are maintained in medication storage areas.	In-Progress	One central zone site will review options for moving vaccines to an area with 24/7 staffing to ensure temperature alarms can be appropriately responded to.
REPROCESSING OF REUSABLE MEDICAL DEVICES		
HIGH PRIORITY CRITERIA:		
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.	In-Progress	An engineering consult will be obtained to explore construction of a wall to separate the MDR space in the basement from the housekeeping area at one north zone site. Mitigation strategies such as exploring options for dirty equipment space in other areas, signage and removal of broken equipment will be put in place.
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	The door to the MDR department at one site is now secure; additional signage has been posted indicating the area has restricted access and PPE requirements.
Work Surface Materials	In-Progress	Work to resolve issues with work surfaces at two north zone sites is ongoing.

STANDARD / CRITERIA	STATUS	ACTION PLAN
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.		
Access to Hand Washing Supplies Access is provided to hand hygiene supplies, including properly functioning soap and towel dispensers and alcohol-based hand rub stations in the working environment.	In-Progress	One central zone site will review options for installing a sink in the reprocessing area.
Point of Use Cleaning of Devices/Equipment Point of use cleaning of a device or equipment is performed as part of the decontamination process and occurs immediately after use and prior to decontamination in an Medical Device Reprocessing (MDR) department and following manufacturers' instructions.	In-Progress	Education has been provided for inpatient nurses on the process for cleaning devices or equipment at one north zone site; education will be included in new staff orientation.
Separation of Endoscope Reprocessing Areas All flexible endoscopic reprocessing areas are physically separate from patient care areas.	In-Progress	A window from the procedure room to the endoscopy reprocessing area has been fixed at one north zone site. Education will be provided to all staff on the procedure to ensure dirty scopes are no longer transported through open corridors.
Endoscope Cleaning Before beginning high level disinfection, each flexible endoscopic accessory is cleaned, rinsed, and dried according to the manufacturers' instructions for use.	In-Progress	Cleaning procedures will be reviewed with staff at one north zone site.
Endoscope Storage Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.	In-Progress	HEPA-filtered cabinets have been added to the emergency replacement list at one north zone site. The timeline for replacement is unknown.
Access to Sterile Storage Areas Access to the sterile storage area is limited to authorized team members.	In-Progress	The door to the MDR department at one site is now secure; additional signage has been posted indicating the area has restricted access and PPE requirements.
OTHER CRITERIA:		
SOPs for Inventory Control of Sterilized Devices Standard operating procedures (SOPs) are applied for inventory control of sterilized devices.	In-Progress	A renovation project of the reprocessing area at one north zone site, which will include an inventory control system for sterilized devices, is expected to be completed by Spring 2022.
SERVICE EXCELLENCE		
HIGH PRIORITY CRITERIA:		
Maintenance of Client Records An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	In-Progress	Plans will be developed to address physician documentation at one north and one central zone site.
Verification of High-Risk Activities Verification processes are used to mitigate high-risk activities, with input from clients and families.	In-Progress	Two north zone sites will engage clients and families in verification processes for high-risk activities.
EMERGENCY DEPARTMENT		
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.	In-Progress	Expectations around using two person-specific identifiers was reviewed with staff at one north zone site. Observational audits will be conducted to confirm compliance.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	Four north zone and one central zone site will review available tools, and determine strategies to increase use for shift-to-shift

STANDARD / CRITERIA	STATUS	ACTION PLAN
		and unit-to-unit reports. Once tools have been fully implemented, sites will perform audits to ensure transfer communication is documented.
HIGH PRIORITY CRITERIA:		
Prevent and Manage Overcrowding A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.	In-Progress	One central zone site is reviewing the zone overcapacity protocol and will adapt it, as required, for a site emergency plan
24/7 Access There is access to the emergency department 24 hours a day, seven days a week.	In-Progress	North zone medical affairs is working to ensure vacancies are filled and full coverage of the emergency department is attained.
Clearly Marked Entrances Entrance(s) to the emergency department are clearly marked and accessible.	In-Progress	New signage has been ordered to ensure exterior signage for the emergency department is clear.
Seclusion Rooms Seclusion rooms and/or private and secure areas are available for clients.	In-Progress	Three north and three central zone sites are reviewing infrastructure requirements to ensure appropriate seclusion rooms are available.
Providing Information About Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.	In-Progress	One north zone site will prominently display information on client rights and responsibilities and include the information in admission packages.
Development of Care Plans A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	In-Progress	One north zone site will ensure physicians record treatment plans in the client record.
OTHER CRITERIA:		
Care Transition Planning Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.	In-Progress	One north zone site will ensure physicians record treatment plans, including dispensation, in the client record.
Client ID Procedures An established procedure, such as the use of armbands, is used to identify clients in the emergency department.	In-Progress	Expectations around using two person-specific identifiers, including when placing armbands on patients, was reviewed with staff at one north zone site.
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 activities at three north and two central zone sites will be reviewed to ensure opportunities for improvement are identified, where needed, and staff are aware of gaps and trends.
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 activities at three north and two central zone sites will be reviewed to ensure opportunities for improvement are identified, where needed, and staff are aware of gaps and trends.
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	Audit results will be posted on Quality Boards and in staff meetings to share results and improvement opportunities at one north zone site.
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	Monthly audits will be conducted to confirm compliance following a review of requirements with staff regarding the use of two person-specific for patient interactions, including during medication administration at one north zone site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	Four north and two central zone sites will determine strategies for better communication between units, ensure clients and families are provided with information regarding their care, and formal evaluations are conducted.
HIGH PRIORITY CRITERIA:		
Education on Identifying/Changing Level of Care Education and training are provided on the organization's processes to identify, escalate, or change the level of care a client is receiving.	In-Progress	An educator is now on staff at one north zone site to ensure mandatory education is consistently provided.
Education on Clinical Care Pathways Education and training are provided on established clinical care pathways.	In-Progress	An educator is now on staff at one north zone site to ensure mandatory education is consistently provided.
Education on Restraints Education and training on the safe and appropriate use of restraints are provided to the team.	In-Progress	An educator is now on staff at one north zone site to ensure mandatory education is consistently provided.
Providing Information About Client Rights and Responsibilities Clients and families are provided with information about their rights and responsibilities.	In-Progress	One north zone site will prominently display information on client rights and responsibilities and include the information in admission packages.
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 north zone site will prominently display information on how to file a complaint and include the information in admission packages.
Development of Care Plans A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	In-Progress	The creation and documentation of care plans will be addressed with physicians at one central zone site.
Client Flow Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.	In-Progress	Work to update overcapacity protocols at one north and one central zone site is ongoing.
Restraint Use A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.	In-Progress	Two north zone sites will review the use of four bed rails.
Engaging Clients/Families in Transition Plans Clients and families are actively engaged in planning and preparing for transitions in care.	In-Progress	To increase patient engagement and awareness of transitions of care, communication will be addressed with physicians at one central zone site.
OTHER CRITERIA:		
Identification of Client Goals/Expected Results Goals and expected results of the client's care and services are identified in partnership with the client and family.	In-Progress	Leadership will reiterate the requirements and expectations for identifying and documenting client goals and expected results at one central zone site.
Following Client Care Plans The client's individualized care plan is followed when services are provided.	In-Progress	Care plans, located in a separate binder, are followed at one north zone site. The creation and documentation of care plans will be addressed with physicians at one central zone site so the healthcare team can follow it.
Documentation of Services Provided All services received by the client, including changes and adjustments to the care plan, are documented in the client record.	In-Progress	Leadership will reiterate the requirements and expectations for documentation of services received in the client record at one central zone site.
Monitoring Client Progress on Goals/Expected Results Client progress toward achieving goals and expected results is monitored in partnership with the	In-Progress	One central zone site will ensure the care plan, including goals and expected results, are documented in the chart to allow the healthcare team and clients to work towards the same goal.

STANDARD / CRITERIA	STATUS	ACTION PLAN
client, and the information is used to adjust the care plan as necessary.		
LONG-TERM CARE SERVICES		
REQUIRED ORGANIZATIONAL PRACTICE:		
Medication Reconciliation Medication reconciliation is conducted in partnership with the resident, family, or caregiver to communicate accurate and complete information about medications across care transitions.	In-Progress	Physicians will be reminded to review and sign the BPMH upon, or prior to admission at one north zone site; resources to conduct audits will need to be determined.
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	Chart audits will be conducted and shared with staff at two north zone sites for improvement purposes.
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	Chart audits will be conducted and shared with staff at one north and one central zone site 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	Audits will be conducted to confirm compliance following a review of requirements with staff regarding the use of two person-specific for patient interactions, including during medication administration at one north zone site.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	Chart audits will be conducted and shared with staff at one north and one central zone site to increase compliance with standardized tools and communication strategies.
HIGH PRIORITY CRITERIA:		
Providing Information About Client Rights and Responsibilities Residents and families are provided with information about their rights and responsibilities.	In-Progress	One north zone site will prominently display information on client rights and responsibilities and include the information in admission packages.
Development of Care Plans A comprehensive and individualized care plan is developed and documented in partnership with the resident and family.	In-Progress	Requirements to document goals and Interdisciplinary Team Conference checklists in charts will be reviewed with physicians at one north zone site.
OTHER CRITERIA:		
Physical Space Design The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.	In-Progress	Infrastructure needs at one central zone site will be reviewed by leadership, and the resident council, to ensure safe patient care, quality, optimal work flow, storage and infection prevention control priorities are achieved.
OBSTETRICS 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	The effectiveness of universal falls precautions will be evaluated at two north zone sites.
Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	The effectiveness of communication will be evaluated at two north zone sites.
Safe Surgery Checklist A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.	In-Progress	One north zone site will ensure regular monthly Safe Surgery Checklist audit results are shared with front line staff.

STANDARD / CRITERIA	STATUS	ACTION PLAN
HIGH PRIORITY CRITERIA:		
<p>Documentation of Pre-Anaesthetic Assessment A pre-anaesthetic assessment is conducted by the anaesthetist prior to the commencement of the C-section, and for vaginal birth, where appropriate, in partnership with the client and family.</p>	In-Progress	Reminders regarding expectations for the pre-anaesthetic assessment were provided to anaesthetists at one north zone site. Leadership will ensure sustainability.
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	The effectiveness of universal falls precautions will be evaluated at three north and two central zone sites.
<p>Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.</p>	In-Progress	The effectiveness of pressure ulcer prevention will be evaluated at three north zone sites.
<p>Information Transfer Information relevant to the care of the client is communicated effectively during care transitions.</p>	In-Progress	Chart audits will be conducted at three north zone sites for improvement purposes.
<p>Safe Surgery Checklist A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.</p>	In-Progress	One north zone site will ensure audit results are shared for improvement purposes.
HIGH PRIORITY CRITERIA:		
<p>Monitoring Airflow 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.</p>	In-Progress	Recommendations from a consultant review of required infrastructure upgrades in perioperative and invasive procedure areas at one north zone site will be reviewed and a ventilation expert will assess the air handling unit at a second north zone site.
<p>Air Exchanges Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.</p>	In-Progress	Recommendations from a consultant review of required infrastructure upgrades in perioperative and invasive procedure areas at one north zone site will be reviewed. Air exchange reports will be reviewed at one central zone site to confirm the number of air exchanges.
<p>Microbic Filters in Ducts Ducts have microbic filters whenever sterile fields are required.</p>	In-Progress	Recommendations from a consultant review of required infrastructure upgrades in perioperative and invasive procedure areas at one north zone site will be reviewed.
<p>Cleaning Schedules There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.</p>	In-Progress	In one central zone site, the cleaning schedule is now located in a labeled drawer of the cleaning cart, which is always accessible.
<p>Containment of Contaminated Items Contaminated items are appropriately contained and transported to the reprocessing unit or area.</p>	In-Progress	A cart in one north zone site has been repaired to ensure the door can close so contaminated items are contained during transport.
<p>Transporting Contaminated Items Away from Client Service Areas Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.</p>	In-Progress	A cart in one north zone site has been repaired to ensure the door can close so contaminated items are contained during transport. One central zone site will determine a mitigation strategy regarding transportation of contaminated items from the operating room to the MDR.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p>Transport of Contaminated Items When transporting contaminated equipment and devices, applicable regulations are followed; environmental conditions are controlled; and clean and appropriate bins, boxes, bags, and transport vehicles are used.</p>	In-Progress	A cart in one north zone site has been repaired to ensure the door can close so contaminated items are contained during transport.
<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	Checklists have been updated to ensure expired vials are removed and the crash cart is locked on an ongoing basis at one central zone site.
<p>Pre-Anaesthetic Assessment Each client is assigned an American Society of Anesthesiologists (ASA) physical status classification level.</p>	In-Progress	Reminders regarding expectations for the pre-anaesthetic assessment were provided to anesthesiologists at one north zone site. Leadership will ensure sustainability.
<p>Documentation of Pre-Anaesthetic Assessment A pre-anesthetic assessment is conducted by the anesthesiologist prior to the commencement of the procedure, in partnership with the client and family.</p>	In-Progress	Reminders regarding expectations for the pre-anaesthetic assessment were provided to anesthesiologists at one north zone site. Leadership will ensure sustainability.
<p>Monitoring of Medications Administered When preparing to administer anesthesia (including conscious sedation), consideration is given to available medications, administration guidelines, potential complications and side effects, and indications/contraindications.</p>	In-Progress	Anesthesiologists now keep empty vials and ampules until the end of all procedures so nurses can co-sign the narcotics record at one north zone site.
<p>Handling of Soiled Linens and Waste Soiled linen, infectious material, and hazardous waste are handled appropriately.</p>	In-Progress	A cart in one north zone site has been repaired to ensure the door can close so contaminated items are contained during transport.