

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

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Submission to Alberta Health

March 8, 2023

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

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## Executive Summary:

The Alberta Health Services (AHS) Accreditation Status and Activities for Health Facilities and Programs annual report summarizes AHS participation in Accreditation Canada's QMentum program and the College of Physicians and Surgeons of Alberta (CPSA) accreditation programs for laboratory and other 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 2022 survey focused on rural hospitals in the North and Central zones and stand-alone long-term care facilities. Sites were assessed for all applicable clinical service standards 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 2022 survey will be submitted to Accreditation Canada in June 2023.

The Fall 2022 survey focused on Provincial Cancer Care facilities, Cardiovascular Health, Critical Care and Obstetrics services, with an additional focus on Indigenous Maternal/Child Health via the Population Health and Wellness standard. Inpatient and peri-operative clinical services at three urban, regional and tertiary hospitals that had previously been deferred were also surveyed. The foundational standards of Leadership, Infection Prevention and Control, Medication Management and Service Excellence were surveyed. Evidence submission demonstrating compliance for Required Organizational Practices (ROPs), high priority and other criteria rated as 'unmet' from the Fall 2022 survey will be submitted to Accreditation Canada in October 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 after the Spring 2023 survey.

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 engage with an approved accrediting body and initiate the accreditation process, with an expectation that they will be fully accredited within 48 months. Progress towards achieving accreditation is being monitored.

## Alberta Health Services Accreditation Activities

### Background:

AHS engaged in a four-year (2019 - 2022) cycle with Accreditation Canada, with the cycle now extended into 2023 to accommodate surveys deferred due to the pandemic. Two on-site surveys (Spring and Fall) occurred in 2022. Select rural hospitals in the North and Central zones and provincial continuing care sites were assessed from April 25 – May 6, 2022. AHS urban, regional and tertiary hospital programs, and provincial Cancer Care centers were assessed from September 19 -23, 2022 for relevant clinical service standards using a program—based approach.

The final survey visit to conclude the accreditation cycle is scheduled for Spring 2023 (date unannounced) and will focus on Addiction and Mental Health, Continuing Care, Rehabilitation and Public Health services. Please see below for a breakdown of the standards by year:

FOUNDATIONAL STANDARDS				
2019 Spring: (Corporate and Tertiary, Regional, Urban Hospitals)		2019 Fall:		
<ul style="list-style-type: none"> <li>• Infection Prevention and Control</li> <li>• Medication Management</li> <li>• Reprocessing of Reusable Medical Devices</li> </ul>		<ul style="list-style-type: none"> <li>• Governance</li> <li>• Leadership</li> </ul>		
2020 – 2022 (Spring and Fall):				
<ul style="list-style-type: none"> <li>• Service Excellence †</li> <li>• Medication Management †</li> </ul>		<ul style="list-style-type: none"> <li>• Infection Prevention and Control †</li> <li>• Reprocessing of Reusable Medical Devices †</li> </ul>		
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	<b>North Zone Central Zone</b>
PROVINCIAL AND URBAN HOSPITAL PROGRAMS (Program-Based Approach)				
2020 Spring:	2020 Fall:	2022 Spring:	2022 Fall:	2023 Spring:
<ul style="list-style-type: none"> <li>• Correctional Health <i>(postponed to Fall 2020)</i></li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Department</li> <li>• Emergency Medical Services</li> <li>• Inpatient Services ‡</li> <li>• Perioperative Services and Invasive Procedures ‡</li> <li>• Organ and Tissue Donation:                             <ul style="list-style-type: none"> <li>○ Organ and Tissue Donation for Deceased Donors</li> <li>○ Organ and Tissue Transplant</li> <li>○ Organ Donation for Living Donors</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Long-Term Care</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer Care</li> <li>• Cardiovascular Health:                             <ul style="list-style-type: none"> <li>○ Ambulatory Care</li> <li>○ Critical Care</li> <li>○ Inpatient</li> <li>○ Perioperative Services and Invasive Procedures</li> </ul> </li> <li>• Critical Care: Adult, Pediatric and Neonatal ICU</li> <li>• Inpatient Services ‡</li> <li>• Perioperative Services and Invasive Procedures ‡</li> <li>• Women's Health:                             <ul style="list-style-type: none"> <li>○ Obstetrics</li> <li>○ Population Health and Wellness</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Addiction and Mental Health:                             <ul style="list-style-type: none"> <li>○ Community-Based Mental Health</li> <li>○ Mental Health</li> <li>○ Substance Abuse and Problem Gambling</li> </ul> </li> <li>• Continuing Care:                             <ul style="list-style-type: none"> <li>○ Home Care</li> <li>○ Hospice, Palliative and End-of-Life</li> </ul> </li> <li>• Rehabilitation:                             <ul style="list-style-type: none"> <li>○ Acquired Brain Injury</li> <li>○ Rehabilitation Services</li> <li>○ Spinal Cord Injury (Acute and Rehab)</li> </ul> </li> <li>• Public Health</li> </ul>

† 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.

## 2022 Accreditation Activities:

Provincial Service Excellence Teams (SETs) continued to support a standard approach to foundational and clinical standards being surveyed in 2022 and service areas with follow-up reporting requirements still outstanding from the 2019 - 2021 survey years.

Rural hospitals in the North and Central zones that were not part of *accreditation ready* activities for the Spring 2021 survey participated in *accreditation ready* activities for Spring 2022 along with AHS long-term care and designated supported living facilities, including CapitalCare and Carewest. Using a sampling methodology, Accreditation Canada conducted unannounced surveys on a subset of these sites. 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 were surveyed. See [Appendix A, Table A-1](#) for a list of rural hospitals surveyed and [Appendix A, Table A-2](#) for the list of continuing care facilities surveyed.

AHS urban, regional and tertiary hospital programs participated in *accreditation ready* activities for Cardiovascular Health services (spanning Ambulatory Care, Critical Care, Inpatient, Perioperative Services and Invasive Procedures), Maternal Health services (spanning Obstetrics, Critical Care [Neonates] and Population Health and Wellness) as well as previously deferred standards including Critical Care, Inpatient and Perioperative Services and Invasive Procedures. Provincial Cancer Care facilities also participated in *accreditation ready* activities. Using a sampling methodology, Accreditation Canada conducted unannounced surveys on a subset of these sites, as well as a subset of AHS stand-alone Long-Term Care sites not surveyed in Spring 2022. Applicable clinical service standards, as well as the foundational standards of Leadership, Infection Prevention and Control, Medication Management and Service Excellence were surveyed. See [Appendix A, Table A-3](#) for a list of sites surveyed for the Fall 2022 survey

An overall summary of outstanding ‘unmet’ survey ratings requiring follow up evidence submissions to Accreditation Canada for the current accreditation cycle 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. Renovations at one site fully address one high priority criteria in the Reprocessing of Reusable Medical Devices standard. Two high priority criteria in the Reprocessing of Reusable Medical Devices standard remained unmet at one site for which an evidence submission was submitted to Accreditation Canada in January 2023. Renovations required to fully address these criteria will commence once the project is fully funded. 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. Six high priority criteria in the Medication Management standard remains unmet at five Correctional Health Services facilities; implementation of a unit dose packaging system is needed to address the unmet rating. No additional evidence submission is required, Accreditation Canada will re-assess the unmet criteria in the next 2023-2026 accreditation cycle. Evidence for one high priority criteria

at one south zone rural hospital submitted in January 2022 was fully accepted. Details can be found in [Table B-2](#)

The Fall 2020 survey assessed urban, regional and tertiary hospitals at a program level. Evidence for one high priority criteria, submitted in January 2022 for one site, was fully accepted. Details can be found in [Table B-3](#). One high priority criterion in the Perioperative Services and Invasive Procedures standard remains unmet at one site and is dependent on funding to upgrade the HVAC system. No additional evidence submission is required, however Accreditation Canada will re-assess this unmet rating early in the new 2023-2026 cycle.

### **2021 Survey Evidence Submissions to Accreditation Canada**

The Spring 2021 survey assessed a subset of North and Central zone rural hospitals for relevant clinical service and foundational standards. Follow-up evidence was reported to Accreditation Canada in June 2021. Most evidence was fully accepted; one ROP, six high priority criteria and one other criterion remain unmet for which an additional evidence submission to Accreditation Canada is due in January 2023. Details can be found in [Table B-4](#).

### **2022 Survey Evidence Submission Requirements**

AHS staff, leaders and physicians are developing and implementing plans to address unmet ROPs as well as other opportunities for improvement identified by Accreditation Canada surveyors during the Spring and Fall 2022 surveys of remaining North and Central zone rural hospitals, provincial Continuing Care and Cancer Care sites, and urban, regional and tertiary programs. Evidence of compliance is due to Accreditation Canada in June and October 2023 respectively. See [Tables B-5 \(Spring 2022: North and Central Zone Rural Hospitals\)](#) , [B-6 \(Spring 2022: Continuing Care Sites\)](#), [B-7 \(Fall 2022: Program Based Survey\)](#) and [B-8 \(Fall 2022: North Zone Rural Hospitals\)](#) for a summary of required evidence needing to be submitted.

### **2023 Next Steps:**

The Spring 2023 survey (date unannounced) will focus on Addiction and Mental Health (spanning Mental Health, Substance Abuse and Problem Gambling, Intellectual and Developmental Disabilities and Community-Based Mental Health), Continuing Care (spanning Home Care and Hospice, Palliative and End-of-Life Care), Rehabilitation (spanning Rehabilitation, Acquired Brain Injury and Spinal Cord Injury [Acute and Rehabilitation]) and Public Health services. Site operations are conducting self-assessments to prepare for the pre-survey attestation and on-site survey assessments. Zone/site operations are working to establish priorities and spread evidence-based practices wherever improvements are needed to address quality and patient safety issues.

AHS and Accreditation Canada are currently confirming the next four-year 2023-2026 accreditation cycle. The cycle will begin with an assessment at a corporate level of the Governance and Leadership standards, and the new Emergency Disaster Management standard. The foundational standards of Infection Prevention and Control, Medication Management and Reprocessing of Reusable Medical Devices are assessed at the corporate, site and unit-level.

## 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, Pulmonary Function Test and Sleep Medicine diagnostic labs. Laboratories and Diagnostic Imaging departments located at Covenant Health sites and Lamont Health Care Centre are surveys are included in conjunction with accreditation surveys for AHS sites for a provincial approach.

#### Laboratory Services:

##### CPSA

##### 2019 - 2021 Accreditation Follow-up Activities:

The following six (6) sites assessed from 2019 – 2021 had their non-conformances resolved and full accreditation status has been granted:

- Edmonton Zone (assessed in 2019): University of Alberta Hospital
- North Zone (assessed in 2020/2021): Fairview Health Complex, Central Peace Health Complex
- Central Zone (assessed in 2021): Hardisty Health Centre, Killam Health Centre (Covenant), Tofield Health Centre

Central Zone sites were assessed in 2021. Citation responses for the following sites were submitted to CPSA in 2022 and full accreditation was awarded:

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

##### 2022 Accreditation Activities

Calgary zone laboratory sites were assessed in 2022. Urban hospital sites were assessed in June 2022. Responses to non-conformances for hospital sites were accepted and full accreditation was awarded for all but the following for space/facility related issues:

- Alberta Children's Hospital

Calgary rural hospital sites were assessed in October 2022. Responses to non-conformances were accepted and full accreditation was awarded to all. Exception is Didsbury District Health Services, the site is working to resolve space/facility related issues:

- Claresholm General Hospital
- Didsbury District Health Services
- High River General Hospital
- Oilfields General Hospital
- Okotoks Health and Wellness Centre
- Strathmore District Health Services
- Vulcan Community Health Centre

Post-move assessments for the following North zone sites were conducted in 2022; full accreditation status was received:

- Grand Prairie Regional Hospital
- Fairview Health Complex



Public Health Laboratory North and South were assessed in 2022. North received full accreditation status. South has been recommended to receive full accreditation status pending ratification by the CPSA Medical Facility Accreditation Committee at their February 2023 meeting.

Molecular Pathology North and South were assessed in 2022. Responses to non-conformances will be submitted in January 2023; accreditation decisions will be awarded once site responses are accepted.

Genetics and Genomics North and South were assessed in 2022. Responses to non-conformances will be submitted in January 2023; accreditation decisions will be awarded once site responses are accepted.

### **Other Lab Accreditation**

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

Public Health Laboratory North and South Environmental Microbiology were inspected for the Canadian Association for Laboratory Accreditation in 2021. Full accreditation status was received in 2022 following post-assessment processes.

Public Health Laboratory North and South were inspected for the College of American Pathologists in 2022 and received full accreditation status. The North inspection occurred in a virtual format due to the COVID pandemic; a full on-site inspection will be conducted in 2023.

University of Alberta Hospital Histocompatibility Laboratory was inspected by the American Society of Histocompatibility and Immunogenetics (ASHI) in 2022 and received full accreditation status.

Health Canada Blood Regulations inspection was conducted for the Foothills Medical Centre Transfusion Medicine Department in 2022. Post-inspection activities are in-progress. Inspections for Royal Alexandra Hospital and Wainwright Transfusion Medicine sites continue to be pending, originally deferred from 2020 due to the COVID-19 pandemic.

University of Alberta Hospital Transfusion Medicine Department underwent an Association for the Advancement of Blood and Biotherapies (formerly American Association of Blood Banks) inspection in 2022. Post-inspection activities are in-progress.

A Public Health Agency of Canada inspection for the Calgary Zone Diagnostic and Scientific Centre Microbiology Department was successfully completed in 2022.

### **2023 Next Steps:**

#### **CPSA**

The following are scheduled to undergo CPSA assessments in 2023:

- South Zone laboratories
- Edmonton Zone laboratories
- Calgary Zone: A post-move assessment of the Peter Lougheed Center laboratory (move postponed from 2021 to 2023) will be conducted

#### **Other Lab Accreditation**

- Calgary Zone Histocompatibility Laboratory for ASHI
- Public Health Laboratory North for CAP (see above)
- Health Canada Blood Regulations inspections for Royal Alexandra Hospital and Wainwright Transfusion Medicine sites
- The Calgary Cancer Centre laboratories will undergo mandatory accreditation to support the centre opening in 2023; planning activities are ongoing

## Diagnostic Imaging Services:

### 2021 Accreditation Follow-up Activities:

The North zone underwent CPSA assessment in two separate sessions: May 3-7, 2021 and Sept 13-17, 2021. Full accreditation for the following sites was received following acceptance of site responses in early 2022:

- Elk Point Health Care Centre
- George McDougall Health Care Centre (Smoky Lake) †
- Hinton Health Care Centre
- Manning Community Health Centre
- Swan Hills Health Care Centre
- Valleyview Health Centre
- Whitecourt Health Care Centre

The following sites received citations and are awaiting review of responses by CPSA in early 2023, with full accreditation granted once site responses are accepted:

- Beaverlodge Municipal Hospital
- Central Peace Health Complex (Spirit River) †
- Fairview Health Complex †
- Fox Creek Health Care Centre
- Grande Cache Community Health Complex
- Grimshaw Community Health Centre
- High Prairie Health Complex †
- LaCrete Community Health Care 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) †
- Westlock Health Care Centre
- William Cadzow Health Care Centre (LacLaBiche)

† Image reviews were conducted at sites indicated

### 2022 Accreditation Activities:

The new Grande Prairie Regional Hospital Diagnostic Imaging (DI) department received provisional accreditation status prior to opening in December 2021. No major patient safety/radiation safety concerns were identified. Currently awaiting report from CPSA on a mandatory image review initiated 3-months post-opening, and response for outstanding citations.

The Calgary Zone was scheduled for CPSA assessment in two separate sessions: April 4 – 5, 2022 and October 31 - November 2, 2022. Due to inclement weather conditions, Didsbury Hospital and Canmore Hospital assessments were postponed to December 2022. No image reviews were requested for Calgary zone sites in 2022. The following sites received full accreditation status:

- Foothills Medical Center
- Richmond Road Diagnostic Treatment Center
- Sheldon M. Chumir Health Center
- South Calgary Health Center
- South Health Campus

The following sites received citations or are awaiting the report from CPSA, and responses due in early 2023, with full accreditation granted once site responses are accepted:

- Alberta Children's Hospital
- Airdrie Health Center
- Black Diamond (Oilfields) Hospital
- Canmore Hospital
- Claresholm General Hospital
- Cochrane Health Center
- Didsbury Hospital
- High River Hospital
- Okotoks Health Wellness
- Peter Lougheed Center
- Rockyview General Hospital
- Strathmore Health Unit
- Vulcan Community Health Center

The Queen Elizabeth II Hospital (QEII) in Grande Prairie retained one x-ray imaging suite to support the remaining outpatient services. The QEII DI site was assessed on November 30, 2022, with CPSA report currently pending.

Medicine Hat Hospital has received new modality accreditation for Echocardiography; and Fort Saskatchewan Hospital has been granted Provisional Accreditation for Echocardiography. An image review will be initiated 3-months post initiation of ECHO imaging services (mandatory practice for new facilities).

Internal AHS mid-cycle reviews were completed in Edmonton 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 Edmonton and South zones are in a satisfactory state of preparedness and have only minor deficiencies/suggestions to address prior to their CPSA assessments in 2023.

### **2023 Next Steps**

Olds General Hospital has requested a new modality (fluoroscopy) which will be scheduled for onsite assessment in January 2023.

Edmonton zone sites will be assessed between April 4 – 8, 2023 and South zone sites will be assessed between June 19 - 21, 2023.

### **Neurophysiology Diagnostic Labs:**

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

#### **2019 – 2021 Assessment Follow-up Activities**

Three neurophysiology laboratories in the Calgary zone that underwent assessment in December 2019 received full accreditation status in 2022:

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

Four neurophysiology labs in the Edmonton zone that underwent assessment in late 2020, received full accreditation status in 2022:

- Grey Nuns Community Hospital
- Kaye Edmonton Clinic Clinical Electrophysiology Lab
- 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)

The Glenrose Electrodiagnostic Services lab in the Edmonton zone underwent assessment in 2021 and now has full accreditation status.

#### **2022 Accreditation Activities**

Three neurophysiology testing labs in Central and South zones were scheduled to undergo assessment in 2022. Two were subsequently deferred to 2023:

- Chinook Regional Hospital (deferred)
- Red Deer Regional Hospital (deferred)
- Medicine Hat Regional Hospital

Medicine Hat Regional Hospital neurophysiology lab has provisional accreditation status and will submit a response demonstrating evidence of compliance to CPSA in March 2023. Once the evidence is accepted, this lab will have full accreditation status.

### **2023 Next Steps**

The following neurophysiology labs will undergo assessment in 2023:

- Alberta Children's Hospital
- Foothills Medical Centre
- Rockyview General Hospital Clinical Neurophysiology Lab
- Rockyview General Hospital Ophthalmology Clinic
- Peter Lougheed Centre
- South Health Campus - Clinical Neurophysiology Lab
- Red Deer Regional Hospital
- Chinook Regional Hospital

### **Pulmonary Function Diagnostic Testing Labs:**

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

### **2019, 2021 Assessment Follow-up Activities**

Wetaskiwin Hospital & Care Center pulmonary function lab which underwent accreditation in 2019 received full accreditation status in October 2022.

South Health Campus pulmonary function lab which underwent accreditation in 2021 received full accreditation status in April 2022.

### **2022 Accreditation Activities**

Seven pulmonary function testing labs were scheduled to undergo assessment in 2022. One assessment was subsequently deferred to 2023:

- Chinook Regional Hospital
- Cancer Care Cross Cancer Institute
- Edmonton General Continuing Care Center – GF MacDonald Center for Lung Health
- Peace River Community Health Center (deferred to 2023)
- Royal Alexandra Hospital
- Grey Nuns Community Hospital
- Misericordia Community Hospital

Of the six labs assessed in 2022, all have provisional accreditation status and have been submitting the required responses to demonstrate compliance. Final decisions to receive full accreditation status from CPSA is anticipated thereafter.

### **2023 Next Steps**

The following pulmonary function labs will undergo assessment in 2023:

- Grande Prairie Regional Hospital
- Medicine Hat Regional Hospital
- University of Alberta Hospital-Kaye Edmonton Clinic
- Wetaskiwin Hospital & Care Center

## 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 Follow-up Activities

Of the four Alberta Health Services SMD laboratories that underwent College of Physicians and Surgeons of Alberta (CPSA) accreditation assessments in 2021 one is now fully accredited:

- South Zone Sleep Lab Lethbridge

Three other three sleep diagnostic labs are in the process of submitting their responses to demonstrate compliance:

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

Once the responses are accepted by CPSA these labs will have full accreditation status.

### 2022 Accreditation Activities:

Stollery Pediatric Sleep Lab assessment was conducted in 2022 and a response demonstrating compliance has been submitted to CPSA. The lab awaits final decision in early 2023.

### 2023 Next Steps

Sleep medicine diagnostic (SMD) laboratories are not due for assessment again until 2025.

## Funded Partner Activities

### Covenant Health

#### Background:

Covenant Health participates in a four-year sequential cycle with Accreditation Canada. The second and final on-site survey of the cycle occurred on March 6-11, 2022.

2018	2019	2020	2021	2022
No Survey	<b>FOUNDATIONAL</b> <ul style="list-style-type: none"> <li>• Governance</li> <li>• Leadership</li> <li>• Infection Prevention and Control (Acute Care)</li> <li>• Reprocessing and Sterilization of Reusable Medical Devices</li> <li>• Medication Management (Acute Care)</li> </ul> <b>CLINICAL</b> <ul style="list-style-type: none"> <li>• Critical Care Services (includes NICU)</li> <li>• Emergency Department Services</li> <li>• Emergency Medical Services (Banff)</li> <li>• Inpatient Services</li> <li>• Obstetrics and Perinatal Care Services</li> <li>• Perioperative Services and Invasive Procedures</li> <li>• Mental Health Services</li> </ul>	No Survey	No Survey	<b>FOUNDATIONAL</b> <ul style="list-style-type: none"> <li>• Infection Prevention and Control (Community)</li> <li>• Medication Management (Community)</li> </ul> <b>CLINICAL</b> <ul style="list-style-type: none"> <li>• Ambulatory Care Services</li> <li>• Community Mental Health Services</li> <li>• Hospice, Palliative, End-of-Life Services</li> <li>• Long-Term Care Services (includes Supportive Living)</li> </ul>

## 2022 Accreditation Activities

The March 2022 onsite survey focused on community -based services provided and assessed sites for both relevant clinical and foundational standards, as noted in the above table.

Follow-up evidence for the criteria listed below was submitted to Accreditation Canada in August 2022. All evidence was accepted.

### Foundational Standards

- High Priority Criteria:
  - **Infection, Prevention and Control- *Cleaning, Storage and Disinfecting of Equipment***- One Continuing Care site implemented a consistent approach to labeling and cleaning multi-resident use equipment before and after each use.
  - **Medication Management for Community Based Organizations**
    - *Access to Medication Rooms/Safe Storage of medications*- One Long-Term Care site reinforced expectation, through communications and signage, that the medication room door shall remain closed and always locked. Regular auditing and use of incident reporting systems ensure compliance.
    - *Stability of medication storage*- One Continuing Care site implemented fridge temperature monitoring and documentation at shift change.
    - *Independent double-check of high-alert medications*- One Long-Term Care site reinforced expectations of independent double checks of insulin pens before use with staff to ensure understanding and that all required education is complete. Regular auditing of medication is ongoing.

### Clinical Standards

- Required Organizational Practice
  - **Ambulatory Care - *Use of two person-specific identifiers***- One urban Ambulatory Care clinic changed their process to ensure the consistent application of wrist bands at the point of registration. The urban Ambulatory Care programs reviewed client identification policy and procedure with staff and created an infographic reminder. Client surveys were updated to include questions regarding client understanding and involvement.
  - **Long-Term Care- *Use of two person-specific identifiers***- Following communication regarding expectations, two Long-Term Care sites enhanced two client identifier processes; compliance audits during manager and clinical safety lead rounding continues.
- High Priority Criteria
  - **Ambulatory Care and Community-Based Mental Health (CBMH) – *Clients and Families are provided with information about their rights and responsibilities***- Covenant Health's 'Your Role in Safer Care' and 'Your Voice Matters' posters are now posted and available in public areas of three Ambulatory Care sites and two CBMH sites. Brochures were added to patient handouts, processes at CBMH sites were enhanced, and client surveys were updated to seek feedback on client understanding and involvement.

## Accreditation Status:

Following the conclusion of the four-year accreditation Cycle (2018-2022), Covenant Health received a new accreditation decision of "Accredited" and an updated certificate of accreditation, valid from March 2022 to 2026. The Accreditation Canada survey Final Report and Executive Summary is posted on the Covenant Health public website <https://www.covenanthealth.ca/living-our-mission/qualtiy>

### **2023 Next Steps:**

Planning is underway for the 2022-2026 cycle. Onsite surveys are scheduled for 2023 and 2025, following the same two-survey schedule as above. Service Excellence Teams (SET) are being established to support the preparation for the upcoming cycle by reviewing all criteria related to their service standards and establishing priorities to address areas where improvements would enhance quality and safety.

## **Lamont Health Care Centre**

### **Background and Accreditation Status:**

Lamont Health Care Centre, as a single-site facility, participated in a survey of its health services with Accreditation Canada in September 2022 and received a new accreditation decision of “Accreditation with Commendation”, valid from September 2022-2026. A copy of the Accreditation Certificate will be posted on the Lamont Health Care Centre public website <https://lamonthealthcarecentre.ca/>.

### **Follow-up Activities**

Evidence of actions taken to address six unmet ROPs and four high priority criteria throughout five standards (leadership, medication management, emergency department, inpatient services and perioperative services and invasive procedures) is due in two submissions to Accreditation Canada (February 15, 2023 and August 15, 2023).

### **Next Steps:**

Lamont Health Centre is surveyed once every four years; the next survey visit is expected to be in September 2026.

## **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

### 2022 Accreditation Activities:

Community-based operators are grouped into three categories: Treatment, Housing and Support Programs. Only treatment and housing contracted providers providing health services are subject to [Directive D5-2008: Mandatory Accreditation in Alberta's Health System](#).

In 2021, existing contracted sites providing treatment services were granted 24 months to to have engaged with an accrediting organization (by July 2023), with an expectation that they will be fully accredited within 48 months (by July 2025). Due to ongoing database review and updates, there are a few changes in the number of contracts subject to mandatory accreditation for 2022.

The accreditation status of contracted providers providing health services is outlined below:

Category	2021 Organizations n (%)				2022 Organizations n (%)				Trend
	Not Accredited	In-Progress *	Accredited	Total # of Contracts	Not Accredited	In-Progress *	Accredited	Total # of Contracts	
Treatment	33 (33%)	9 (9%)	58 (58%)	100	40 (37%)	15 (14%)	53 (49%)	108	↓
Housing	12 (80%)	0 (0%)	3 (20%)	15	7 (43.8%)	4 (25%)	5 (31.3%)	16	↑

\* In-progress: Engaged with an accrediting organization.

### 2023 Next Steps

The Provincial Addiction and Mental Health team will continue to monitor progress towards achieving accreditation. Accreditation rates are expected to rise as contracted providers who have initiated accreditation activities with an approved accrediting body undergo survey assessment and achieve 'accredited' status.

## Continuing Care Providers Contracted by AHS

### 2022 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.

Existing non-accredited continuing care operators are required to have engaged with an accrediting organization by June 2023 and to be fully accredited by June 2025. Facilities/programs that have successfully engaged with an approved accrediting body and await their first onsite survey are anticipated to receive 'accredited' status. As of this reporting period, 63% of contracted sites are accredited and 37% of contacted sites are not accredited. Many of the non-accredited sites are small and represent only 19% of total beds.

Standard wording requiring accreditation is part of the current Master Service Agreement and is being updated on older contracts as they are amended to ensure clauses obligating accreditation are consistent.

Accreditation status is awarded for organizations based on their entire facility/program, and 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).



The accreditation status of contracted providers in each of the Continuing Care streams by operator type (non-profit/private) is outlined below. Since 2019, Covenant Health sites have been included in the tables.

Care Stream (rolled up to the highest level of care)	2021 Sites	2022 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	85% (87/102)	90% (46/51)	6% (3/51)	4% (2/51)	81% (42/52)	17% (9/52)	2% (1/52)	85% (88/103)
Designated Supportive Living Facility	38% (77/203)	64% (47/74)	31% (23/74)	5% (4/74)	40% (50/125)	58% (73/125)	2% (2/125)	49% (97/199)
Home Care Program	82% (27/33)	69% (9/13)	31% (4/13)	0	83% (15/18)	19% (3/18)	0	77% (24/31)
Hospice Facility	75% (3/4)	75% (3/4)	25% (1/4)	0	100% (1/1)	0	0	80% (4/5)

**Notes:**

- Data source: AHS CC Staffed and In Operations Report March 31, 2022, CPSM Contract Monitoring Annual Report 2021/2022
- After rolling up the sites to the highest level of care, there are 103 Long Term Care (LTC) sites, 199 Designated Supportive Living (DSL) sites, 31 Home Care (HC) service providers, and 5 Hospices
- 53 Personal Care Homes (PCH) are counted as DSL
- 53 DSL Sites with mental health beds only have been excluded
- Adult Day Support Programs are excluded

The percent of beds that are accredited in each of the Continuing Care streams in 2022 is outlined below:

Care Stream	2021	2022		
	% Beds in Accredited Facilities	# Accredited Contracted Beds / Total Beds	# of AHS Beds (All Accredited)	% Beds in Accredited Facilities
Long Term Care Living Facility	91%	9,862 / 11,278	4,734	91%
Designated Supportive Living Facility	63%	6,991 / 10,809	890	66%
Hospice Facility	84%	171 / 216	39	82%

**Notes:**

- Data source for number of beds: AHS CC Staffed and In Operations Report March 31, 2022, provided by AHS Planning and Performance department
- Data source for contracted beds accreditation status: CPSM Contract Monitoring Annual Report 2021/2022
- 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

**2023 Next Steps:**

Of sites which are currently not accredited, 22% have indicated that they are in contact with an approved accreditation organization and have initiated their accreditation process. AHS will follow-up with operators who have indicated that they are not in process of becoming accredited to ensure they are aware of their obligations and the expected timelines within which they are required to become accredited.

## Emergency Medical Services (EMS) Contracted by AHS

### 2022 Accreditation Activities:

#### Ground Crews

AHS has service agreements with thirty-one (31) contracted ground service partners. Within the first year of their contract, contracted service partners must have a plan in place describing how accreditation will be achieved within the term of the contract. All agreements now have language requiring participation in accreditation activities. The single agreement that was previously without accreditation language has been renegotiated and was updated with this accreditation requirement. The service provider has begun the process and is scheduled for their first site visit in spring of 2023.

Thirty (30) ground ambulance service providers are considered accredited. Twenty-eight have full accredited status from Accreditation Canada. Two have completed their Primer survey and are scheduled for their first full onsite survey to achieve full 'accredited' status in June 2023. While all providers remain accredited, many have required extensions to their current accreditation status due to survey delay, secondary to complications from the COVID-19 pandemic.

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 services. In 2019, Accreditation Canada made accreditation surveys available for this specific type of service. Both AMC have achieved Primer and are scheduled for February, and June of 2023 for their onsite surveys to achieve full 'accredited' status.

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	2021 Accredited Providers % (n)			2022 Accredited Providers % (n)			Trend
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	Accredited
Ground EMS	97% (30)	1	31	97% (30)	1	31	=
Air Medical Crews	50% (1)	1	2	100% (2)	0	2	↑
Aviation	0	0	2	0	0	2	=

\* Accredited = Accreditation Canada accredited, or primers successfully completed

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

### 2023 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 – 2022 Survey Sites

### Table A-1: Spring 2022 – North and Central Zone Rural Hospitals

Clinical standards surveyed with foundational standards (Infection Prevention and Control (IPC), Medication Management (MM), Reprocessing of Reusable Medical Devices (RMD) and Service Excellence (SE).		
SITE	CLINICAL STANDARD	
<b>NORTH ZONE RURAL HOSPITALS:</b>		
Beaverlodge Municipal Hospital *	Emergency Department	Inpatient Services
Fox Creek Healthcare Centre *	Emergency Department	Inpatient Services
Grande Cache Community Health Complex *	Emergency Department	Inpatient Services
Northwest Health Center	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
St. Theresa General Hospital *	Emergency Department Long-Term Care Services	Inpatient Services
Valleyview Health Centre *	Emergency Department Long-Term Care Services	Inpatient Services
<b>CENTRAL ZONE RURAL HOSPITALS:</b>		
Drayton Valley Hospital and Care Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services
Drumheller Health Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Hanna Health Centre *	Emergency Department Long-Term Care Services	Inpatient Services
Innisfail Health Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services
Myron Thompson Health Centre *	Emergency Department Long-Term Care Services	Inpatient Services
Olds Hospital and Care Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Ponoka Hospital and Care Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Rimbey Hospital and Care Centre *	Emergency Department Long-Term Care Services	Inpatient Services
Rocky Mountain House Health Centre	Emergency Department Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Stettler Hospital and Care Centre	Emergency Department Long-Term Care Services Perioperative Services and Invasive Procedures	Inpatient Services Obstetrics
Three Hills Health Centre *	Emergency Department Long-Term Care Services	Inpatient Services

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

**Table A-2: Spring 2022 – Continuing Care Facilities**

Clinical standards surveyed with foundational standards (Infection Prevention and Control (IPC), Medication Management (MM) and Service Excellence (SE). Leadership standard assessed at Capital Care and Carewest sites.	
SITE	CLINICAL STANDARD SURVEYED
<b>NORTH ZONE:</b>	
Dr. W.R. Keir - Barrhead Continuing Care Centre	Long-Term Care Services
Hythe Continuing Care Centre	Long-Term Care Services
La Crete Continuing Care Centre	Long-Term Care Services
MacKenzie Place	Long-Term Care Services
Radway Continuing Care Centre	Long-Term Care Services
Westlock Continuing Care Centre	Long-Term Care Services
<b>EDMONTON ZONE:</b>	
CapitalCare - Dickinsfield	Long-Term Care Services
CapitalCare - Grandview	Long-Term Care Services
CapitalCare - Kipnes Centre for Veterans	Long-Term Care Services
CapitalCare - Laurier House Lynnwood	Long-Term Care Services
CapitalCare - Laurier House Strathcona	Long-Term Care Services
CapitalCare - Lynwood	Long-Term Care Services
CapitalCare - McConnell Place North	Long-Term Care Services
CapitalCare - McConnell Place West	Long-Term Care Services
CapitalCare - Norwood	Long-Term Care Services      Community-Based Mental Health Hospice, Palliative and End-of-Life Services
<b>CENTRAL ZONE:</b>	
Bentley Care Centre	Long-Term Care Services
Hardisty Health Centre	Long-Term Care Services
Islay Assisted Living	Long-Term Care Services
Mannville Care Centre	Long-Term Care Services
Serenity House	Long-Term Care Services
Vegreville Care Centre	Long-Term Care Services
Wetaskiwin Hospital and Care Centre	Long-Term Care Services
<b>CALGARY ZONE:</b>	
Carewest - Beddington Mall	Long-Term Care Services      Community-Based Mental Health
Carewest - Colonel Belcher	Long-Term Care Services
Carewest - Dr. Vernon Fanning Centre	Long-Term Care Services      Rehabilitation Services
Carewest - Garrison Green	Long-Term Care Services
Carewest - Glenmore Park	Long-Term Care Services      Rehabilitation Services
Carewest - Nickle House	Long-Term Care Services
Carewest - OSI Clinics	Long-Term Care Services      Community-Based Mental Health
Carewest - Rouleau Manor	Long-Term Care Services
Carewest - Royal Park	Long-Term Care Services
Willow Creek Continuing Care Centre	Long-Term Care Services
<b>SOUTH ZONE:</b>	
Coaldale Health Centre	Long-Term Care Services
Milk River Health Centre	Long-Term Care Services

**Table A-3: Fall 2022 Survey Sites**

Clinical standards surveyed with foundational standards (Infection Prevention and Control (IPC), Medication Management (MM) and Service Excellence (SE)).		
SITE	CLINICAL STANDARD SURVEYED	
<b>CANCER CARE PROGRAM:</b>		
Fort McMurray Community Cancer Centre	Cancer Care Services	
Grande Prairie Cancer Centre	Cancer Care Services	
Peace River Community Cancer Centre	Cancer Care Services	
Cross Cancer Institute	Cancer Care Services	Perioperative Services and Invasive Procedures
Stollery Children's Hospital	Cancer Care Services	
Camrose Community Cancer Centre	Cancer Care Services	
Central Alberta Cancer Centre	Cancer Care Services	
Drumheller Community Cancer Centre	Cancer Care Services	
Alberta Children's Hospital	Cancer Care Services	
Bow Valley Community Cancer Centre	Cancer Care Services	
Tom Baker Cancer Centre	Cancer Care Services	Perioperative Services and Invasive Procedures
Jack Ady Cancer Centre	Cancer Care Services	
<b>URBAN HOSPITALS:</b>		
Grande Prairie Regional Hospital	Critical Care (Adult & NICU)	Inpatient Services Obstetrics Services Perioperative Services and Invasive Procedures
Northern Lights Regional Health Centre	Critical Care (Adult)	Obstetrics Services
Royal Alexandra Hospital	Critical Care (Adult & NICU)	Inpatient Services Obstetrics Services Perioperative Services and Invasive Procedures
Stollery Children's Hospital	Critical Care (PICU & NICU)	
Sturgeon Community Hospital	Critical Care (Adult & NICU)	Emergency Department Obstetrics Services Perioperative Services and Invasive Procedures
University of Alberta Hospital	Critical Care (Adult)	
Red Deer Regional Hospital Centre	Critical Care (Adult & NICU)	Obstetrics Services
Wetaskiwin Hospital and Care Centre		Obstetrics Services
Alberta Children's Hospital	Critical Care (NICU)	
Foothills Medical Centre	Critical Care (Adult & NICU)	
Peter Lougheed Centre	Critical Care (Adult & NICU)	Obstetrics Services
Rockyview General Hospital	Critical Care (Adult & NICU)	Obstetrics Services
South Health Campus	Critical Care (Adult)	Obstetrics Services
Chinook Regional Hospital	Critical Care (Adult & NICU)	Obstetrics Services
Medicine Hat Regional Hospital	Critical Care (Adult & NICU)	Obstetrics Services



## 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 15, 2023.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>REPROCESSING OF REUSABLE MEDICAL DEVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
<p><b>Work Surface Materials</b> 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>	<p>Will be re-assessed by Accreditation Canada next cycle</p>	<p>Renovations to expand the main MDR at one site, including replacing the floor and ceiling, were completed in Summer 2022.</p>
<p><b>Sterilization of Bronchoscopes</b> Before beginning high level disinfection, each flexible endoscopic accessory is cleaned, rinsed, and dried according to the manufacturers' instructions for use.</p>	<p>Will be re-assessed by Accreditation Canada next cycle</p>	<p>Recently announced Government funding to upgrade the Medical Device Reprocessing area at this site will provide the needed space to accommodate new sterilization equipment for bronchoscopes. New sterilizable bronchoscopes will also be purchased.</p>
<p><b>Storage of Endoscopes</b> Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.</p>	<p>Will be re-assessed by Accreditation Canada next cycle</p>	<p>Recently announced Government funding to upgrade the Medical Device Reprocessing area at this site will provide the needed space to enable installation of HEPA filtered cabinets for endoscope storage.</p>

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

Evidence submitted to Accreditation Canada May 30, 2021 and January 30, 2022.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
<p><b>Medication Storage</b> Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.</p>	<p>Evidence Accepted</p>	<p>Locking medication carts for the surgical area were put into use at one site in August 2021.</p>



## Table B-3: Fall 2020 Survey – Program-Based Survey of Urban/Regional/Tertiary Hospitals

Evidence submitted to Accreditation Canada May 30, 2021 and January 30, 2022.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
<b>Endoscope Storage</b> Flexible endoscopes are stored in a manner that minimizes contamination and damage.	Evidence Accepted	HEPA-filter kits to convert five endoscope storage cabinets to HEPA-filtered cabinets were installed.

**Table B-4: Spring 2021 Survey – North and Central Zone Rural Hospitals**

Evidence submitted to Accreditation Canada June 30, 2022 and January 15, 2023.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>LEADERSHIP</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The physical space meets applicable laws, regulations, and codes.	Will be re-assessed by Accreditation Canada next cycle	Narrow doorways that cannot accommodate wheelchairs has been added to the AHS list for Infrastructure Maintenance Program funding for one north zone site.
<b>REGULAR PRIORITY CRITERIA:</b>		
Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.	Evidence Accepted	A generator was replaced at one north zone site. A new service contract was enacted in Summer 2022 which includes maintenance and minimum response times for responding to generator failures.
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The infection prevention and control team is consulted when planning and designing the physical environment, including planning for construction and renovations.	Evidence Accepted	To restrict access to the Medical Device Reprocessing department, signage was placed, and Linen and Environmental Services staff now use an alternate door to access their space.
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	Covered bins are used to mitigate contamination concerns in the decontamination area at one north zone site. Staff education was provided.
The area where cleaning, disinfection, and/or sterilization of medical devices and equipment are done is equipped with hand hygiene facilities.	Evidence Accepted	A sink was installed in the decontamination area of one north zone site in Summer 2022.
<b>REGULAR PRIORITY CRITERIA:</b>		
Input is gathered from the infection prevention and control, and the occupational health services teams to maintain optimal environmental conditions within the organization.	Evidence Accepted	Clutter in one north zone facility was removed, and a staff lunchroom was appropriately relocated.
Endoscope reprocessing areas are equipped with separate cleaning and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	Evidence Accepted	Covered bins are used to mitigate contamination concerns in the decontamination area at one north zone site. Staff education was provided.
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Antimicrobial Stewardship</b> There is an antimicrobial stewardship program to optimize antimicrobial use.	Evidence Accepted	Strategies to evaluate the program at a site-level on an ongoing basis were developed at several north and central zone sites.
<b>High-Alert Medications</b> A documented and coordinated approach to safely manage high-alert medications is implemented.	Evidence Accepted	Storage practices at one north zone site were reviewed and appropriate storage of high-alert medications (HAMs) was confirmed.
<b>Heparin Safety</b> The availability of heparin products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	Evidence Accepted	Heparin has been relocated from the operating room to the pharmacy at one central zone site.
<b>'Do Not Use' List of Abbreviations</b> A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	Evidence Accepted	Chart audits looking for unacceptable abbreviations and unapproved forms will continue at one north zone site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>HIGH PRIORITY CRITERIA:</b>		
Access to medication storage areas is limited to authorized team members.	Evidence Accepted	Three north zone sites updated processes where necessary to ensure appropriate access to medications is maintained.
Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.	Evidence Accepted	One north zone site reviewed appropriate disposition of personal medications with staff. Personal patient medications are returned to patient upon discharge or disposed of by the pharmacy.
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	Four north zone and three central zone sites reviewed medication storage practices to ensure AHS procedures are being followed.
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.	Evidence Accepted	Processes to ensure removal of discontinued medications and no longer needed medications of discharged patients have been put in place at one north and one central zone site.
The use of multi-dose vials is minimized in client service areas.	Evidence Accepted	One north zone pharmacy will stock single use vials as the default; when required, patient labels are affixed to multi-use vials to ensure they are used on a single patient.
Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.	Evidence Accepted	Two central zone site relocated anesthetic gases and liquids to the operating room where there is adequate ventilation.
<b>REGULAR PRIORITY CRITERIA:</b>		
Medication storage areas are regularly cleaned and organized.	Evidence Accepted	Excess clutter in medication storage areas at two sites has been removed.
Conditions appropriate to protect medication stability are maintained in medication storage areas.	Evidence Accepted	One central zone site relocated vaccines to a fridge monitored twice a day, seven days a week, to ensure temperature deviations can be appropriately responded to.
<b>REPROCESSING OF REUSABLE MEDICAL DEVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	Will be re-assessed by Accreditation Canada next cycle	Construction to erect a wall to physically separate the Medical Device Reprocessing and housekeeping departments at one north zone site is expected to commence in Spring 2023.
Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	Evidence Accepted	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.
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.	Will be re-assessed by Accreditation Canada next cycle	Renovations to cover exposed pipes were completed in Summer 2022.
Access is provided to hand hygiene supplies, including properly functioning soap and towel dispensers and alcohol-based hand rub stations in the working environment.	Will be re-assessed by Accreditation Canada next cycle	Funding to install a sink in the reprocessing area has been confirmed. Installation is anticipated to be complete in early 2023.
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.	Evidence Accepted	Education was 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.

STANDARD / CRITERIA	STATUS	ACTION PLAN
All flexible endoscopic reprocessing areas are physically separate from patient care areas.	Evidence Accepted	A window from the procedure room to the endoscopy reprocessing area has been fixed at one north zone site.
Before beginning high level disinfection, each flexible endoscopic accessory is cleaned, rinsed, and dried according to the manufacturers' instructions for use.	Evidence Accepted	Cleaning procedures were reviewed with staff at one north zone site.
Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.	Will be re-assessed by Accreditation Canada next cycle	Funding for a HEPA-filtered cabinet at one north zone site was approved; the cabinet was ordered in December 2022 and will be installed once received.
Access to the sterile storage area is limited to authorized team members.	In-Progress	To restrict access to the Medical Device Reprocessing department, signage was placed, and Linen and Environmental Services staff now use an alternate door to access their space.
<b>REGULAR PRIORITY CRITERIA:</b>		
Standard operating procedures (SOPs) are applied for inventory control of sterilized devices.	Evidence Accepted	In the event of a recall or process failure, instruments can be recalled through autoclave and load record labels.
<b>SERVICE EXCELLENCE</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	Evidence Accepted	Prior to a physician site visit, one north zone implemented a checklist which is prepared that includes a list of orders/assessments due for review and order/forms that need signing. A central zone initiative was rolled out to separate physician orders and progress notes from the multi-disciplinary form, making it easier to locate physician documentation and identify documentation gaps.
Verification processes are used to mitigate high-risk activities, with input from clients and families.	Evidence Accepted	Clients and families provide feedback at two north zone sites via patient surveys, leader rounding and the patient concerns process.
<b>EMERGENCY DEPARTMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Client Identification</b> 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	Following a review of policy and procedure with staff, and just-in-time training, observational audits confirm two person-specific identifiers are consistently used.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Standardized documentation tools at four north zone and one central zone site were implemented following staff education. Audits confirm the tools are consistently used.
<b>HIGH PRIORITY CRITERIA:</b>		
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.	Evidence Accepted	The Central Zone Rural Over Capacity Protocol (OCP) and Escalation Plan was implemented at one site in Spring 2022.
There is access to the emergency department 24 hours a day, seven days a week.	Evidence Accepted	Physician vacancies have been filled, and locum physicians utilized to eliminate closures of the Emergency Department.
Entrance(s) to the emergency department are clearly marked and accessible.	Evidence Accepted	New signage was installed to ensure exterior signage for the emergency department is clear.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Seclusion rooms and/or private and secure areas are available for clients.	Will be re-assessed by Accreditation Canada next cycle	Evidence for two north and three central zone sites was accepted. One north zone site is carrying out a plan to ensure an identified seclusion room is safe for patients.
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Information on client rights and responsibilities is now prominently displayed at one north zone site and included in admission packages.
A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	Evidence Accepted	Audits confirm care plans are documented on a consistent basis at one north zone site.
<b>REGULAR PRIORITY CRITERIA:</b>		
Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.	Evidence Accepted	Chart audits at one north zone site confirm planning for care transitions is consistently documented in the chart.
An established procedure, such as the use of armbands, is used to identify clients in the emergency department.	Evidence Accepted	Expectations around the application of armbands at the time of registration were reviewed with registration staff at one north zone site.
<b>INPATIENT SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	Evidence Accepted	Evaluation activities at three north and two central zone sites include a quarterly review of patient safety reporting system reports and post-fall huddles to determine root cause and identify client-specific interventions that could be made to support care.
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	Evidence Accepted	Audits confirm if assessments are conducted as required, interventions (if indicated) are documented and the prevalence of pressure injuries to evaluate the program at three north and two central zone sites.
<b>VTE Prophylaxis</b> Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	Evidence Accepted	Audit results indicate risk assessments are consistently performed and appropriate prophylaxis is documented consistently at one north zone site.
<b>Client Identification</b> 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	Monthly audits confirm compliance with the use of two person-specific for patient interactions, including during medication administration at one north zone site.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Standardized documentation tools at four north zone and two central zone sites were implemented following staff education. Audits confirm the tools are consistently used.
<b>HIGH PRIORITY CRITERIA:</b>		
Education and training are provided on the organization's processes to identify, escalate, or change the level of care a client is receiving.	Evidence Accepted	An educator is now on staff at one north zone site to ensure mandatory education is consistently provided.
Education and training are provided on established clinical care pathways.	Evidence Accepted	An educator is now on staff at one north zone site to ensure mandatory education is consistently provided.
Education and training on the safe and appropriate use of restraints are provided to the team.	Evidence Accepted	An educator is now on staff at one north zone site to ensure mandatory education is consistently provided.
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Information on client rights and responsibilities is now prominently displayed at one north zone site and included in admission packages.

STANDARD / CRITERIA	STATUS	ACTION PLAN
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 now prominently displayed at one north zone site and included in admission packages.
A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	Evidence Accepted	A central zone initiative was rolled out to separate physician orders and progress notes from the multi-disciplinary form, making it easier to locate physician documentation to identify documentation gaps.
Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.	Evidence Accepted	Overcapacity protocols were updated at one north and one central zone site; strategies include notification to leadership, EMS diversion, calling additional staff and bed huddles to address flow across each zone.
A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.	Evidence Accepted	Additional education on alternatives to the utilization of bed rails for fall prevention was provided at two north zone sites.
Clients and families are actively engaged in planning and preparing for transitions in care.	Evidence Accepted	To increase patient engagement and awareness of transitions of care, the white board at the patient bedside, which include transition planning, is now consistently updated with patient and family (when present) involvement at one central zone site.
<b>REGULAR PRIORITY CRITERIA:</b>		
Goals and expected results of the client's care and services are identified in partnership with the client and family.	Evidence Accepted	A central zone initiative was rolled out to separate physician orders and progress notes from the multi-disciplinary form, making it easier to locate physician documentation to identify documentation gaps.
The client's individualized care plan is followed when services are provided.	Evidence Accepted	Care plans are reviewed daily by nursing staff to provide appropriate patient care.
All services received by the client, including changes and adjustments to the care plan, are documented in the client record.	Evidence Accepted	A central zone initiative was rolled out to separate physician orders and progress notes from the multi-disciplinary form, making it easier to locate physician documentation to identify documentation gaps.
Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.	Evidence Accepted	A central zone initiative was rolled out to separate physician orders and progress notes from the multi-disciplinary form, making it easier to locate physician documentation, including goals and expected results, allows the healthcare team and clients to work towards the same goal.
<b>LONG-TERM CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Medication Reconciliation</b> Medication reconciliation is conducted in partnership with the resident, family, or caregiver to communicate accurate and complete information about medications across care transitions.	Evidence Accepted	Prior to a physician site visit, one north zone implemented a checklist which is prepared that includes a list of orders/assessments due for review and order/forms (including medication reconciliation) that need signing.
<b>Fall Prevention and Injury Reduction</b> 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	Post-fall huddles are conducted to review the cause of the fall, the effectiveness of universal fall precautions and client-specific interventions to adjust care plans as needed at two north zone sites

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p><b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.</p>	Evidence Accepted	Audits are now conducted to determine if assessments are conducted as required, interventions (if indicated) are documented and the prevalence of pressure injuries to evaluate the program at one north and one central zone site.
<p><b>Client Identification</b> 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	Requirements regarding the use of two person-specific for patient interactions, including during medication administration were reviewed with staff at one north zone site. Audits confirm consistent compliance.
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Chart audits conducted and shared with staff at one north zone site confirm compliance with standardized communication tools and strategies. Reporting and Learning System (RLS) reports are reviewed quarterly by the site manager of one central zone site; gaps would be addressed and shared for improvement purposes.
<b>HIGH PRIORITY CRITERIA:</b>		
Residents and families are provided with information about their rights and responsibilities.	Evidence Accepted	One north zone site now prominently displays information on client rights and responsibilities and includes the information in admission packages.
A comprehensive and individualized care plan is developed and documented in partnership with the resident and family.	Evidence Accepted	Documentation requirements were reviewed with physicians at one north zone site. Chart reviews confirm an improvement in documentation of goals and the Interdisciplinary Team Conference checklist.
<b>REGULAR PRIORITY CRITERIA:</b>		
The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.	Evidence Accepted	FME is addressing general facility maintenance at one central zone site; infrastructure needs to ensure safe patient care, optimal work flow, storage and infection prevention control priorities will be reviewed by leadership, and the resident council.
<b>OBSTETRICS SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<p><b>Fall Prevention and Injury Reduction</b> 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	Two north zone sites conduct post-fall huddles and use quarterly RLS reports to review fall rates and trends. No recent falls occurred.
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Informal chart audits and quarterly RLS reports are used to evaluate consistency of information documented at care transitions at two north zone sites.
<p><b>Safe Surgery Checklist</b> A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.</p>	Evidence Accepted	Documentation audits of the SSC at one north zone site confirm all required components are completed; results are shared with front line staff to increase awareness.
<b>HIGH PRIORITY CRITERIA:</b>		
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.	Evidence Accepted	Following a reminder to anaesthetists regarding documentation expectations at one north zone site, monthly chart audits confirm pre-anaesthetic assessments are consistently documented.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<p><b>Fall Prevention and Injury Reduction</b> 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	Three north zone sites conduct post-fall huddles and use quarterly RLS reports to review fall rates and trends to evaluate universal precautions. Two central zone sites conducted chart audits to confirm number of patients screened on admission, and if those identified as at-risk had fall prevention plans documented.
<p><b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.</p>	Evidence Accepted	Three north zone sites began auditing the effectiveness of pressure ulcer prevention to improve patient outcomes.
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	Audits at three north and one central zone site confirm information shared by healthcare providers at care transitions is consistently documented. Once central zone site conducts follow-up phone calls with recent patients to ask if teaching information was understood and confirm awareness of follow-up appointments.
<p><b>Safe Surgery Checklist</b> A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.</p>	Evidence Accepted	Documentation audits of the SSC at one north zone site confirm all required components are completed; results are shared with front line staff to increase awareness.
<b>HIGH PRIORITY CRITERIA:</b>		
<p>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 air handling unit at one north zone site has been added to the Infrastructure Maintenance Program (IMP) list for prioritization and funding. Site leadership will develop an action plan to ensure air exchanges meet requirements at a second north zone site.
<p>Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.</p>	Evidence Accepted	Site leadership will develop an action plan to ensure air exchanges meet requirements at a second north zone site. Air exchange reports reviewed at one central zone site confirm the number of air exchanges meets requirements.
<p>Ducts have microbic filters whenever sterile fields are required.</p>	Evidence Accepted	One north zone site confirmed the air handling unit is equipped with filters that meet requirements.
<p>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>	Evidence Accepted	In one central zone site, the cleaning schedule is now located in a labeled drawer of the cleaning cart, which is always accessible.
<p>Contaminated items are appropriately contained and transported to the reprocessing unit or area.</p>	Evidence Accepted	A cart in one north zone site has been repaired to ensure the door can close so contaminated items are contained during transport.
<p>Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.</p>	Evidence Accepted	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 developed a site-specific process to transport contaminated items from the operating room to the MDR when there is the absence of people in the area.



STANDARD / CRITERIA	STATUS	ACTION PLAN
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.	Evidence Accepted	A cart in one north zone site has been repaired to ensure the door can close so contaminated items are contained during transport.
Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.	Evidence Accepted	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.
Each client is assigned an American Society of Anesthesiologists (ASA) physical status classification level.	Evidence Accepted	Following a reminder to anesthesiologists regarding documentation expectations at one north zone site, monthly chart audits confirm pre-anaesthetic assessments, including the ASA physical status classification level, is consistently documented.
A pre-anesthetic assessment is conducted by the anesthesiologist prior to the commencement of the procedure, in partnership with the client and family.	Evidence Accepted	Following a reminder to anesthesiologists regarding documentation expectations at one north zone site, monthly chart audits confirm pre-anaesthetic assessments are consistently performed and documented.
When preparing to administer anesthesia (including conscious sedation), consideration is given to available medications, administration guidelines, potential complications and side effects, and indications/contraindications.	Evidence Accepted	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.
Soiled linen, infectious material, and hazardous waste are handled appropriately.	Evidence Accepted	A cart in one north zone site has been repaired to ensure the door can close so contaminated items are contained during transport.

**Table B-5: Spring 2022 Survey – North and Central Zone Rural Hospitals**

Evidence to be submitted to Accreditation Canada June 30, 2023.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Hand-Hygiene Compliance</b> Compliance with accepted hand-hygiene practices is measured.	In-Progress	One North and four Central zone sites will ensure hand-hygiene audits are consistently performed and reviewed for improvement purposes.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.	In-Progress	Information regarding routine practices and additional precautions will be shared with clients at one North zone site.
Team members, client, families, and volunteers have access to alcohol-based hand rubs at the point of care.	In-Progress	One Central zone site will review hand sanitizer placement to ensure ease of access.
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Antimicrobial Stewardship</b> There is an antimicrobial stewardship program to optimize antimicrobial use.	In-Progress	The antimicrobial stewardship program will be evaluated and results shared to ensure optimal antimicrobial use at one Central zone site.
<b>Heparin Safety</b> 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	One Central zone site will review storage practices to ensure AHS policy is appropriately followed.
<b>'Do Not Use' List of Abbreviations</b> A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	In-Progress	Procedures at six Central zone sites will be reviewed to ensure the 'Do Not Use' list is fully implemented, education is provided, and the use is evaluated for improvement purposes.
<b>HIGH PRIORITY CRITERIA:</b>		
Access to medication storage areas is limited to authorized team members.	In-Progress	Two Central zone sites will ensure medication rooms and carts are appropriately secured.
Medication storage areas meet any applicable legislated requirements and regulations for controlled substances.	In-Progress	Storage procedures in fridges will be reviewed at one Central zone site to ensure AHS policies are followed.
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 review of storage practices for expired medications will be conducted at one North zone site.
The use of multi-dose vials is minimized in client service areas.	In-Progress	The use of multi-dose vials will be reviewed at one Central zone site.
Compliance with the policies and procedures regarding medication orders is regularly monitored, and improvements are made as needed.	In-Progress	One Central zone site will review processes to ensure compliance with medication order policy and procedures.
Sterile products and intravenous admixtures are prepared in a separate area with a certified laminar air flow hood.	In-Progress	Procedures for preparing IV admixtures at the point-of-care will be reviewed at one Central zone site.
Medications are dispensed in unit dose packaging.	In-Progress	Medication dispensing procedures will be reviewed at one Central zone site.
Information about medications is discussed and documented prior to the initial dose and when the dose is adjusted, in partnership with the client and family.	In-Progress	Procedures will be reviewed at one Central zone site to ensure medication information is appropriately discussed and documented.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>REPROCESSING OF REUSABLE MEDICAL DEVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
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	Mitigation strategies will be reviewed to ensure risk from infrastructure challenges is reduced at two Central zone sites.
Access to the Medical Device Reprocessing (MDR) department is controlled by restricting access to authorized team members only and being identified with clear signage.	In-Progress	Access to the area will be reviewed at two Central zone sites to ensure the area is secured from outside entry.
The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	In-Progress	Mitigation strategies will be reviewed to ensure risk from infrastructure challenges is reduced at two Central zone sites.
The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	In-Progress	Infrastructure changes currently underway at one Central zone site will fully address this criterion. Mitigation strategies will be reviewed to ensure risk is reduced until construction is complete in 2024.
Access to the sterile storage area is limited to authorized team members.	In-Progress	Access to the area will be reviewed at two Central zone sites to ensure the area is secured from outside entry.
<b>REGULAR PRIORITY CRITERIA:</b>		
All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	In-Progress	Workflow patterns will be reviewed at one North zone site to mitigate contamination risk, and opportunities to relocate equipment to ensure one-way flow will be explored.
<b>EMERGENCY DEPARTMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Client Identification</b> 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	Processes for ensuring two person-specific identifiers at registration will be reviewed with staff at two Central zone sites.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	One North and six Central zone sites will ensure information transfer at care transitions is standardized, documented, shared and evaluated.
<b>HIGH PRIORITY CRITERIA:</b>		
Entrance(s) to the emergency department are clearly marked and accessible.	In-Progress	Signage at one North zone site will be reviewed to ensure the entrance is clearly marked.
A triage assessment for each client is completed and documented within established timelines, and in partnership with the client and family.	In-Progress	Triage procedures will be reviewed at one Central zone site to ensure clients are assessed within established timelines.
A triage assessment for each pediatric client is conducted within established timelines, and in partnership with the client and family.	In-Progress	Two Central zone sites will review triage procedures to ensure pediatric clients are assessed within established timelines.
Clients and families are provided with information about their rights and responsibilities.	In-Progress	Information on client rights and responsibilities will be provided to clients and families at one North and three Central zone sites.
Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.	In-Progress	After-hours access to diagnostic service results will be reviewed at one Central zone site.

STANDARD / CRITERIA	STATUS	ACTION PLAN
Urgent medications and pharmacy staff can be accessed 24 hours a day, 7 days a week.	In-Progress	Access to medications when there is no pharmacist on-site will be reviewed at one Central zone site to ensure timely access to urgent medications.
<b>INPATIENT SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> 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 universal fall prevention program will be evaluated at one North and two Central zone sites to ensure education is provided to team members and clients and that the program is effective.
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	One North and four Central zone sites will initiate audits to ensure compliance with pressure ulcer procedures and evaluate the effectiveness of the program.
<b>VTE Prophylaxis</b> Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	In-Progress	Information about the risks of VTE and how to prevent it will be shared with clients at one Central zone site, and one North and one Central site will initiate audits to ensure compliance with VTE prophylaxis procedures.
<b>Client Identification</b> 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	Additional education will be provided to increase awareness of the requirement to use two person-specific identifiers when providing services at one Central zone site.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	One North and four Central zone sites will ensure information transfer at care transitions is standardized, documented, shared and evaluated.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	Information on client rights and responsibilities will be provided to clients and families at one North and four Central zone sites.
A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.	In-Progress	One Central zone site will review assessment procedures to ensure a comprehensive geriatric needs assessment is completed.
<b>REGULAR PRIORITY CRITERIA:</b>		
A process to monitor the use of restraints is established by the team, and this information is used to make improvements.	In-Progress	Restraint use will be monitored and evaluated at one Central zone site.
<b>LONG-TERM CARE</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	Evaluations of the pressure ulcer prevention program will be conducted at one Central zone site.
<b>Suicide Prevention</b> Clients are assessed and monitored for risk of suicide.	In-Progress	Two Central zone sites will fully implement suicide prevention programs and ensure treatment and monitoring strategies for at-risk clients are identified and documented.
<b>Client Identification</b> 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	Resident photos will be updated in the medication administration record and chart to aid in facial recognition for long-term clients.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	In-Progress	Evaluation of the effectiveness of information shared at care transitions will be evaluated at three Central zone sites.
<b>HIGH PRIORITY CRITERIA:</b>		
Residents and families are provided with information about their rights and responsibilities.	In-Progress	Information on client rights and responsibilities will be provided to clients and families at one Central zone site.
A process to monitor the use of restraints is established by the team, and this information is used to make improvements.	In-Progress	Restraint use will be monitored, evaluated and improvements made if indicated at one Central zone site.
There are regular, standardized interdisciplinary reviews of each resident's medications and adjustments are made as necessary.	In-Progress	One North zone site will ensure quarterly medication reviews are documented.
<b>OBSTETRICS</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<p><b>Fall Prevention and Injury Reduction</b> 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 universal fall prevention program will be evaluated at one North zone site.
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	In-Progress	Two Central zone sites will evaluate the information shared at care transitions to ensure information shared is standardized, documented and effective.
<p><b>Safe Surgery Checklist</b> 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	Two Central zone sites will ensure all members of the surgical team are involved in all three phases of the safe surgical checklist.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	Information on client rights and responsibilities will be provided to clients and families at one Central zone site.
The rights of newborn babies are promoted and respected.	In-Progress	One North zone site has postage signage limiting access to the obstetrical unit and requires visitors to report to the nursing station.
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<p><b>Fall Prevention and Injury Reduction</b> 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 universal fall prevention program will be evaluated at two Central zone sites.
<p><b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.</p>	In-Progress	Pressure ulcer prevention will be evaluated at two Central zone sites to ensure clients are reassessed as required, information is provided to clients and the program is effective.
<p><b>VTE Prophylaxis</b> Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.</p>	In-Progress	Once Central zone site will ensure information about the risks of VTE and how to prevent it is provided to clients.
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	In-Progress	Two Central zone sites will evaluate the information shared at care transitions to ensure information shared is standardized, documented and effective.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<p><b>Safe Surgery Checklist</b> 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	Two Central zone sites will ensure all members of the surgical team are involved in all three phases of the safe surgical checklist.
<b>HIGH PRIORITY CRITERIA:</b>		
The operating/procedure room has a restricted-access area for the sterile storage of supplies.	In-Progress	Access to operating rooms will be reviewed at two Central zone sites.
Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	In-Progress	IPC will review the area for mitigation strategies until construction on a new MDR is complete in 2024.
Clients and families are provided with information about their rights and responsibilities.	In-Progress	Information on client rights and responsibilities will be provided to clients and families at two Central zone sites.
Counts for sponges, sharps, and instruments are documented in the client record.	In-Progress	One Central zone site will ensure pre and post counts of instruments and sponges are completed.
<b>SERVICE EXCELLENCE</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<p><b>Infusion Pump Safety</b> 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>	In-Progress	Staff competency and the effectiveness of infusion pump safety will be evaluated at two North and two Central zone sites.
<b>HIGH PRIORITY CRITERIA:</b>		
Required training and education are defined for all team members with input from clients and families.	In-Progress	One Central zone site will formalize site orientation to ensure all important aspects of care are reviewed.
There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	In-Progress	Audit processes will be reviewed at one central zone site to ensure accuracy and completeness of medical records.

## Table B-6: Spring 2022 Survey – Continuing Care Sites

Evidence to be submitted to Accreditation Canada June 30, 2023.

ORGANIZATION	STATUS	ACTION PLAN
<b>STANDARD / CRITERIA</b>		
<b>ALBERTA HEALTH SERVICES</b>		
<b>LEADERSHIP</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The organization's all-hazard disaster and emergency response plans are regularly tested with drills and exercises to evaluate the state of response preparedness.	In-Progress	Three sites will expand testing/drills of hazard codes beyond code-red.
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Safety engineered devices for sharps are used.	In-Progress	Three sites will ensure only safety engineered devices for sharps are used.
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>High-Alert Medications</b> A documented and coordinated approach to safely manage high-alert medications is implemented.	In-Progress	Two sites will ensure audits of HAMS are conducted.
<b>Narcotics Safety</b> The availability of narcotic products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	In-Progress	Two sites will ensure audits of narcotic products are conducted.
<b>'Do Not Use' List of Abbreviations</b> A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	In-Progress	The 'Do Not Use' list of abbreviations will be implemented and audited at one site.
<b>HIGH PRIORITY CRITERIA:</b>		
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	Practices will be reviewed at one site to ensure expired medications are removed.
<b>LONG-TERM CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Medication Reconciliation</b> 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	Medication reconciliation practices at one site will be reviewed to ensure AHS policies are consistently followed.
<b>Fall Prevention and Injury Reduction</b> To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	In-Progress	Two sites will ensure residents are regularly reassessed for fall risk.
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	Regular reassessments of pressure ulcer risk will resume at two sites.
<b>Suicide Prevention</b> Clients are assessed and monitored for risk of suicide.	In-Progress	Three sites will review practices to ensure suicide prevention strategies are consistently followed.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	The effectiveness of communication at care transitions will be evaluated at one site.

ORGANIZATION	STATUS	ACTION PLAN
<b>HIGH PRIORITY CRITERIA:</b>		
The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families.	In-Progress	Transition processes will be evaluated at one site and used for improvement purposes.
<b>CAPITALCARE</b>		
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>High-Alert Medications</b> A documented and coordinated approach to safely manage high-alert medications is implemented	In-Progress	CapitalCare will review and update the policy to include an up-to-date list of HAMs, including concentrations and volume options.
<b>HIGH PRIORITY CRITERIA:</b>		
Teams can access information on high-alert medications (including current protocols, guidelines, dosing recommendations, checklists, and standard order sets) both in the pharmacy and clinical service areas.	In-Progress	CapitalCare will review and update the HAM policy and ensure it is accessible to staff.
<b>COMMUNITY-BASED MENTAL HEALTH SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Suicide Prevention</b> Clients are assessed and monitored for risk of suicide.	In-Progress	CapitalCare will review the suicide policy to ensure it is reflective of best practices for all clients.
<b>LONG-TERM CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Suicide Prevention</b> Clients are assessed and monitored for risk of suicide.	In-Progress	CapitalCare will review the suicide policy to ensure long-term care residents are assessed on admission with a standardized tool.
<b>CAREWEST CONTINUING CARE</b>		
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Safety engineered devices for sharps are used.	In-Progress	One site will ensure only safety engineered devices for sharps are used.
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>High-Alert Medications</b> A documented and coordinated approach to safely manage high-alert medications is implemented	In-Progress	Carewest will review and update the policy to include an up-to-date list of HAMs, who is responsible for implementing and monitoring the policy. One site will ensure all HAMs are labeled according to the policy and audits are conducted.
<b>'Do Not Use' List of Abbreviations</b> A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented	In-Progress	Four sites will ensure the 'Do Not Use' list is fully implemented and audits to confirm compliance are conducted for improvement purposes.
<b>LONG-TERM CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	Three sites will ensure the newly updated policy is fully implemented and residents are regularly reassessed.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	One site will ensure information shared during shift-to-shift handover is standardized.



## Table B-7: Fall 2022 Survey – Program-Based Survey

Evidence to be submitted to Accreditation Canada October 31, 2023.

PROGRAM AREA	STATUS	ACTION PLAN
<b>STANDARD / CRITERIA</b>		
<b>CANCER CARE</b>		
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Hand-Hygiene Education</b> Hand-hygiene education is provided to team members and volunteers.	In-Progress	Leaders will review completion rates of staff who have completed hand-hygiene education at one Central zone site.
<b>CANCER CARE</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	Two Central and one Calgary zone site will ensure staff and patients are aware of the concept of Rights and Responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In-Progress	Two Central zone sites will ensure patients are provided information on how to file a complaint.
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> 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 the universal fall prevention program will be reviewed at one Calgary zone site.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One Calgary zone site will ensure staff and patients are aware of the concept of Rights and Responsibilities.
<b>SERVICE EXCELLENCE</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Policies and procedures for securely storing, retaining, and destroying client records are followed.	In-Progress	Leadership at one North zone site will review storage practices of older patient charts to ensure records are securely stored and record retention policies are followed.
<b>CONTINUING CARE</b>		
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Hand-Hygiene Compliance</b> Compliance with accepted hand-hygiene practices is measured.	In-Progress	Hand-hygiene audits will be conducted at three Central zone sites.
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>High-Alert Medications</b> A documented and coordinated approach to safely manage high-alert medications is implemented	In-Progress	Leaders at two Central zone sites will liaise with community pharmacies to determine if client service areas are audited, and to communicate information to staff to increase awareness.
<b>Heparin Safety</b> 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	Leaders at one Central zone site will liaise with community pharmacies to determine if client service areas are audited, and to communicate information to staff to increase awareness.

<b>PROGRAM AREA</b>	<b>STATUS</b>	<b>ACTION PLAN</b>
<b>'Do Not Use' List of Abbreviations</b> A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented	In-Progress	One Central zone site will increase compliance with the 'Do Not Use' list of abbreviations.
<b>LONG-TERM CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Client Identification</b> Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	In-Progress	One Central zone site will ensure resident photos are up-to-date in the Medication Administration Record to facilitate client ID processes.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	One Central zone site will seek feedback on the effectiveness of communication on care transitions.
<b>SERVICE EXCELLENCE</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Infusion Pump Safety</b> A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	In-Progress	Ongoing just-in-time evaluation of competence of infusion pump safety is required at one Central zone site.
<b>CRITICAL CARE SERVICES</b>		
<b>CRITICAL CARE</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> 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 fall precautions will be evaluated at one North zone site.
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	The effectiveness of pressure ulcer activities will be evaluated at one North zone site
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	The effectiveness of communication during care transitions will be evaluated at one North and one Calgary zone site
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One Central and two Calgary zone sites will ensure staff and patients are aware of the concept of Rights and Responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In-Progress	One Central and one Calgary zone site will ensure patients are provided information on how to file a complaint.
Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	In-Progress	Opportunities to standardize care with the implementation of order sets will be reviewed at one North zone site.
<b>URBAN HOSPITAL PROGRAM</b>		
<b>INPATIENT SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	In-Progress	One North zone site will begin evaluating the effectiveness of universal fall precautions.

PROGRAM AREA	STATUS	ACTION PLAN
<b>WOMEN'S HEALTH</b>		
<b>CRITICAL CARE</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	In-Progress	One site in each of North, Central and Calgary zones will confirm effective universal falls precautions are identified and put in place.
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	Audits of pressure ulcer prevention activities utilizing standardized AHS audit tools will be conducted at one Central zone site.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	Evaluation of communication during care transition will begin at one Central zone site.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One Central zone site will ensure staff and patients are aware of the concept of Rights and Responsibilities.
<b>REGULAR PRIORITY CRITERIA:</b>		
The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	In-Progress	Transition processes will be evaluated at one Central zone site and used for improvement purposes.
<b>OBSTETRICS</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	In-Progress	One North, one Central and two Calgary zone sites will implement effective universal falls precautions.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	One Central zone site will audit to ensure standardized tools for transitions in care are consistently utilized.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In-Progress	One Central zone site will ensure staff and patients are aware of the concept of Rights and Responsibilities.
A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	In-Progress	One Central zone site will ensure nursing history and Medication Reconciliation activities are consistently documented.
<b>REGULAR PRIORITY CRITERIA:</b>		
The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	In-Progress	Transition processes will be evaluated at one Central zone site and used for improvement purposes.
<b>SERVICE EXCELLENCE</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Infusion Pump Safety</b> A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	In-Progress	Ongoing evaluation of team member competence is required at one Calgary zone site.

**Table B-8: Fall 2022 Survey – North Zone Rural Hospitals**

Evidence to be submitted to Accreditation Canada June 30, 2023.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Antimicrobial Stewardship</b> There is an antimicrobial stewardship program to optimize antimicrobial use.	In-Progress	Antimicrobial use at a site-level needs to be reviewed for improvement purposes at two North zone sites.
<b>HIGH PRIORITY CRITERIA:</b>		
Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	In-Progress	Medication storage practices at one North zone site will be reviewed to ensure AHS policies are followed.
<b>EMERGENCY DEPARTMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Suicide Prevention</b> Clients are assessed and monitored for risk of suicide.	In-Progress	One North zone site will review assessment practices to ensure clients at risk of suicide are identified.
<b>REGULAR PRIORITY CRITERIA:</b>		
Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.	In-Progress	Options to improve line of site from nursing station to waiting room will be reviewed at one North zone site.
<b>INPATIENT SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> 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	RLS reports will be reviewed for fall rates and trends at one North zone site and results will be used for improvement purposes as needed.
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	Pressure ulcer prevention strategies will be evaluated at one North zone site.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	One North zone site will standardize and document shift-to-shift and unit-to-unit transfer or information.
<b>LONG-TERM CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> 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	Audits of the fall prevention program will be conducted at one North zone site, and RLS reports reviewed for fall rates and trends and used for improvement purposes.
<b>Pressure Ulcer Prevention</b> Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	In-Progress	One North zone site will formalize evaluation of the pressure ulcer prevention program.
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Fall Prevention and Injury Reduction</b> 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	RLS reports will be reviewed for fall rates and trends at one North zone site and results will be used for improvement purposes as needed.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In-Progress	One North zone site will formalize information transfer process from the endoscopy suite to the recovery room.

STANDARD / CRITERIA	STATUS	ACTION PLAN
<b>SERVICE EXCELLENCE</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<p><b>Infusion Pump Safety</b>  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>	<p>In-Progress</p>	<p>Staff competency and the effectiveness of infusion pump safety will be evaluated at two North zone sites.</p>