

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

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Submission to Alberta Health

February 26, 2025

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

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## Executive Summary:

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

The current 2023-2027 cycle with Accreditation Canada is the fourth full accreditation cycle since AHS formed in 2009. Two on-site surveys are scheduled for each year of this cycle. The Spring 2024 survey focused on the foundational standard of Emergency and Disaster Management assessed at urban hospitals, with assessment of rural hospitals in the Edmonton, Calgary and South zones. Rural hospitals were assessed for all applicable clinical service standards as well as 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 2024 survey will be submitted to Accreditation Canada in May 2025.

In the Fall 2024 survey, provincial Emergency Medical Services (EMS), and urban hospital programs for Critical Care, Emergency Department, Inpatient (Medicine), Perioperative Services and Invasive Procedures, and Transplant Care/Organ and Tissue Donation were assessed. In addition to their respective clinical standards, these programs were assessed for the foundational standards of Infection Prevention and Control, Medication Management, and Service Excellence. Evidence submission demonstrating compliance for ROPs, high priority and other criteria rated as 'unmet' from the Fall 2024 survey will be submitted to Accreditation Canada in November 2025.

AHS continues to be "Accredited" with Accreditation Canada until the end of the current 2023-2027 Accreditation Cycle. After the Spring 2027 survey, a new 'accredited' status will be awarded by Accreditation Canada.

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

AHS continues to work with contracted providers for Mental Health and Addictions 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](#) would be enforced. Providers were granted 24 months to engage with an approved accrediting body and initiate the accreditation process, with expectation that they would be fully accredited within 48 months. Progress towards achieving accreditation is being monitored.

## Alberta Health Services Accreditation Activities

### Background:

AHS is engaged in a four-year (2023 - 2027) cycle with Accreditation Canada; the fourth cycle of accreditation since AHS formed in 2009. Two on-site surveys (Spring and Fall) occurred in 2024. Emergency and Disaster Management at urban hospitals and rural hospitals in the Edmonton, Calgary and South zones were assessed May 6-10, 2024. AHS urban, regional and tertiary hospital programs, and provincial EMS were assessed October 7-11, 2024, for relevant clinical service standards.

The next survey visits are scheduled for Spring and Fall 2025 (dates unannounced) and will focus on North Zone Rural Hospitals, Recovery Alberta Correctional Health, Long-Term Care and Rehabilitation services. Please see below for a breakdown of the standards by year (subject to change):

### 2023 – 2027 Cycle:

FOUNDATIONAL STANDARDS				
2023 Fall: (Corporate and Tertiary, Regional, Urban Hospitals)		2024 Spring: (Corporate and Tertiary, Regional, Urban Hospitals)		
<ul style="list-style-type: none"> <li>• Governance</li> <li>• Leadership</li> <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>• <b>Emergency and Disaster Management</b></li> </ul>		
2023 – 2027 (Spring and Fall):				
<ul style="list-style-type: none"> <li>• Emergency and Disaster Management †</li> <li>• Leadership †</li> <li>• Service Excellence †</li> </ul>		<ul style="list-style-type: none"> <li>• Medication Management †</li> <li>• Infection Prevention and Control †</li> <li>• Reprocessing of Reusable Medical Devices †</li> </ul>		
RURAL HOSPITALS (Site-Based Approach)				
2024: Spring		2025: Spring		2026: Spring
Edmonton Zone Calgary Zone South Zone		North Zone		Central Zone
PROVINCIAL AND URBAN HOSPITAL PROGRAMS (Program-Based Approach)				
Fall 2023	Fall 2024	Spring 2025	Spring 2026	Spring 2027
<ul style="list-style-type: none"> <li>• Perioperative Services and Invasive Procedures</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Emergency Department</b></li> <li>• <b>Inpatient Services</b></li> <li>• <b>Critical Care</b></li> <li>• <b>Emergency Medical Services</b></li> <li>• <b>Transplant Care (Organ and Tissue Donation [living &amp; deceased], Organ and Tissue Transplant)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Correctional Health</li> </ul> <p><b>Fall 2025</b></p> <ul style="list-style-type: none"> <li>• Long-Term Care (AHS, CapitalCare and Carewest)</li> <li>• Rehabilitation (Rehabilitation, Acquired Brain Injury)</li> </ul>	<ul style="list-style-type: none"> <li>• Population Health and Wellness</li> <li>• Ambulatory Care</li> </ul> <p><b>Fall 2026</b></p> <ul style="list-style-type: none"> <li>• Home Care</li> <li>• Cancer Care</li> <li>• Maternal Health (Obstetrics, Neonatal Intensive Care)</li> </ul>	<ul style="list-style-type: none"> <li>• Addiction and Mental Health (Mental Health and Addictions, Intellectual Developmental Disabilities)</li> <li>• Public Health</li> </ul>

† Foundational standards apply to all program and site-based surveys throughout the entire cycle

### Accreditation Status:

AHS continues to be “Accredited” with Accreditation Canada until the end of 2027. The next accreditation decision will be awarded after the Spring 2027 survey, at the end of the 2023 - 2027 cycle.

## 2024 Accreditation Activities:

Provincial Service Excellence Teams (SETs) continued to support a standard approach to foundational and clinical standards being surveyed in 2024 as well as service areas with follow-up reporting requirements still outstanding from the 2023 survey year.

In the Spring 2024 survey, Accreditation Canada surveyors assessed the foundational standard of Emergency and Disaster Management at a corporate level and in eleven urban acute/psychiatric/rehabilitation hospitals and inpatient cancer centers across the province. Rural hospitals in the Edmonton, Calgary and South zones also participated in the *accreditation ready* process for the applicable clinical service standards, and foundational standards of Leadership, Emergency and Disaster Management, Infection Prevention and Control, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Using a sampling methodology, Accreditation Canada conducted unannounced surveys on two Edmonton zone, three Calgary zone and six South zone rural hospitals. See [Appendix A, Table A-1: Spring 2024 Survey Sites](#) for a list of standards surveyed by site.

For the Fall 2024 survey, Emergency Medical Services (EMS) stations and neonatal and pediatric transport teams participated in the *accreditation ready* process using the EMS standard. Critical Care Services, Emergency Departments (including urgent care centers), Inpatient (Medicine) Services, Organ and Tissue Donation for Deceased Donors/Living Donors and Organ and Tissue Transplant services in urban, regional and tertiary hospitals all participated in the *accreditation ready* process in anticipation of the survey. Sites prepared for integrated assessment for the applicable clinical service standards, and foundational standards of Leadership, Emergency and Disaster Management, Infection Prevention and Control, Medication Management and Service Excellence. See [Appendix A, Table A-2: Fall 2024 Survey Sites](#) for the list of sites sampled for survey by standard.

An overall summary of outstanding 'unmet' survey ratings requiring follow up evidence submissions to Accreditation Canada in 2024 is outlined below. See [Appendix B – AHS Follow-Up Action for Accreditation Canada Unmet Ratings](#) for a detailed summary of these evidence submissions.

### 2023 Survey Evidence Submission to Accreditation Canada

See [Table B-1: Spring 2023 - Program-Based Services](#) for a summary of evidence submitted to Accreditation Canada in June 2024. This evidence addressed unmet ratings from the Spring 2023 survey for Mental Health and Addictions (including Mental Health, Substance Abuse and Problem Gambling, Intellectual and Developmental Disabilities and Community-Based Mental Health standards), Continuing Care (including Home Care and Hospice, Palliative and End-of-Life Care), Rehabilitation (including Rehabilitation, Acquired Brain Injury and Spinal Cord Injury [Acute and Rehabilitation]) and Public Health services.

The Fall 2023 survey commenced the new 2023-2027 survey cycle and included assessments for the foundational standards of Governance, Leadership, Infection Prevention and Control, Medication Management and Reprocessing of Reusable Medical Devices, along with Perioperative Services and Invasive Procedures standard. See [Table B-2: Fall 2023 Survey - Urban Foundational and Perioperative Services](#) for a summary of evidence submitted to Accreditation Canada in December 2024.

### 2024 Survey Evidence Submission Requirements

AHS staff, leaders and physicians are developing and implementing plans to address unmet Required Organizational Practices (ROP) as well as other opportunities for improvement identified by Accreditation Canada surveyors during the Spring and Fall 2024 surveys. Evidence of compliance for unmet ROPs, high priority and other criteria from the Spring and Fall 2024 surveys is due to Accreditation Canada in May 2025 and November 2025 respectively. See [Table B-3: Spring 2024 Survey - Emergency and Disaster Management and Edmonton, Calgary and South Zone Rural Hospitals](#) and [Table B-4: Fall 2024](#)

[Survey - Program-Based Survey of Urban/Regional/Tertiary Hospitals](#) for a summary of required evidence needing to be submitted.

### **2025 Next Steps:**

The Spring and Fall 2025 surveys (dates unannounced) will focus on Correctional Health Services, rural hospitals in the North zone, Long-Term Care Services, Rehabilitation Services and services provided by CapitalCare and Carewest. 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 meet quality and patient safety requirements in the accreditation standards.

## **Other AHS Accreditation Activities**

### **Laboratory / Diagnostic Imaging Services**

The College of Physicians and Surgeons (CPSA) provides accreditation services for Alberta Precision Laboratory, Diagnostic Imaging, Neurophysiology, Pulmonary Function Testing and Sleep Medicine diagnostic services at AHS, Covenant Health and Lamont Health Care Centre sites.

#### **Laboratory Services:**

##### **CPSA**

#### **2021-2022 Accreditation Follow-up Activities:**

Full accreditation was received for Killam Health Care Centre, assessed in September 2021, after submitting evidence of compliance to CPSA for a facility related citation.

Didsbury District Health Services, assessed in October 2022, is fully accredited. A facility related citation, no longer being worked on, did not impede accredited status for the site.

#### **2024 Accreditation Activities:**

##### **CPSA**

North zone laboratories underwent CPSA accreditation assessments in 2024. Twelve (12) laboratories assessed in the spring received full accreditation status. Twenty-one (21) laboratories were assessed in the fall; initial citation response work is currently underway.

#### **Other Lab Accreditation**

- American Society for Histocompatibility and Immunogenetics (ASHI) accreditation certification received for the Transplant Laboratory North (Edmonton zone).
- Association for the Advancement of Blood and Biotherapies (AABB) accreditation certification received for the University of Alberta Hospital Transfusion Medicine Department

#### **2025 Next Steps:**

##### **CPSA**

Thirty-two (32) Central zone laboratories are scheduled to undergo CPSA accreditation assessments in 2025.

#### **Other Lab Accreditation**

- ASHI accreditation assessment for Transplant Laboratory South (Calgary zone)

- Canadian Association for Laboratory Accreditation (CALA) for Public Health Laboratory, Environmental Microbiology, North and South (Edmonton and Calgary)
- College of American Pathologist (CAP) accreditation assessments for:
  - Edmonton Base Laboratory
  - Public Health Laboratory North and South (Edmonton and Calgary)
- Health Canada inspections for APL Transfusion Medicine Departments may occur in 2025, subject to notification and scheduling from Health Canada. There are no confirmed inspections for 2025 at this time.

### Diagnostic Imaging Services:

#### 2023 Accreditation Follow-up Activities:

There was no follow-up activity required for 2023.

#### 2024 Accreditation Activities:

To allow concurrent CPSA assessment of laboratory and diagnostic services, North zone sites (34) underwent accreditation assessments in 2024 rather than 2025. With the revision in the survey cycle and earlier assessment of North zone sites, mid-cycle reviews were not scheduled. The assessments took place in the months of April, May, September, October and November of 2024.

Eleven (11) sites were assessed in the spring with full accreditation status received for:

- |   |  |
|---|--|
| • Athabasca Healthcare Centre                     | • High Prairie Health Complex                        |
| • Boyle Healthcare Centre                         | • Queen Elizabeth II Ambulatory Care Centre          |
| • Cold Lake Healthcare Centre                     | • Sacred Heart Community Health Centre               |
| • Elk Point Healthcare Centre                     | • Slave Lake Healthcare Centre                       |
| • George McDougall - Smoky Lake Healthcare Centre | • William J. Cadzow - Lac La Biche Healthcare Centre |
| • Grande Prairie Regional Hospital                |  |

Twenty-three (23) sites were assessed in the fall with the final assessment on November 1, 2024. Westlock Healthcare Centre submitted a request for a new modality – Tele-Ultrasound. Evidence of compliance to citations was submitted January 10 and February 7, 2025; all sites are awaiting responses from CPSA.

- |  |  |
|--|--|
| • Barrhead Healthcare Centre                             | • Manning Community Health Centre          |
| • Beaverlodge Municipal Hospital                         | • Mayerthorpe Healthcare Centre            |
| • Central Peace Health Complex                           | • Northern Lights Regional Health Centre   |
| • Edson Healthcare Centre                                | • Northwest Health Centre                  |
| • Fairview Health Complex                                | • Peace River Community Health Centre      |
| • Fox Creek Healthcare Centre                            | • Seton-Jasper Healthcare Centre †         |
| • Grande Cache Community Health Complex †                | • St. Theresa General Hospital             |
| • Grimshaw / Berwyn and District Community Health Centre | • St. Therese - St. Paul Healthcare Centre |
| • Hinton Healthcare Centre                               | • Wabasca / Desmaris Healthcare Centre     |
| • Hythe Continuing Care Centre                           | • Westlock Healthcare Centre               |
| • La Crete Community Health Centre                       | • Whitecourt Healthcare Centre             |
|  | • Valleyview Health Centre                 |

† Image reviews were conducted at sites indicated

Arthur J.E. Child Comprehensive Cancer Centre completed registration with CPSA as a new DI facility. There is no longer a requirement for CPSA to complete an onsite assessment prior to opening to the public, displaying CPSA's confidence that AHS DI facilities/departments have the appropriate processes in place to ensure compliance with CPSA standards. Prior to opening, AHS DI performed an internal onsite assessment using checklists developed to ensure compliance with CPSA standards and mitigate risk of safety concerns. The assessment took place on October 21, 2024, by a team consisting of the DI accreditation manager, DI education coordinator and DI quality improvement technologist, who all have previous involvement in CPSA assessments. All modalities were assessed, with only a few minor concerns shared in a report to site leadership. Responses to concerns were received on January 10, 2025, and approved. No further follow-up until next CPSA Accreditation assessment of this site in 2026.

#### **2025 Next Steps:**

Central zone sites (29) will undergo assessment in 2025. The assessments will take place in April, May, September and October 2025.

#### **Neurophysiology Diagnostic Labs:**

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

#### **2024 Accreditation Activities**

The following neurophysiology labs from North and Edmonton zones underwent assessment in 2024. These seven labs submitted additional evidence of compliance in February 2025 and await CPSA response.

- Center for Psychiatric Assessment and Therapeutics, Alberta Hospital Edmonton
- Clinical Electrophysiology Lab (Kaye Edmonton Clinic)
- Grande Prairie Regional Hospital
- Grey Nuns Community Hospital
- Misericordia Community Hospital
- Royal Alexandra Hospital
- University of Alberta Hospital and Stollery Children's Hospital

#### **2025 Next Steps**

Glenrose Rehabilitation Hospital electrodiagnostic services will undergo assessment in 2025.

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

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

#### **2023 Accreditation Activities**

Eight pulmonary function labs underwent assessment in 2023 and five labs were fully accredited. The following pulmonary function labs received full accreditation after submitting evidence of compliance to CPSA.

- Alberta Children's Hospital
- Peter Lougheed Center
- University of Alberta Hospital (and Kaye Edmonton Clinic)



### ***2024 Accreditation Activities***

Two pulmonary function labs underwent assessment in 2024 (deferred from 2023) and are fully accredited.

- Grande Prairie Regional Hospital
- Wetaskiwin Hospital and Care Center

### ***2025 Next Steps***

There are no accreditation activities scheduled for 2025.

### **Sleep Medicine Diagnostics (SMD):**

#### ***2022 Accreditation Activities:***

Stollery Children's Hospital Pediatric Sleep Lab assessment was conducted in 2022 and is now fully accredited.

#### ***2024 Accreditation Activities***

SMD laboratories were not due for assessment in 2024.

#### ***2025 Next Steps***

Five SMD laboratories will undergo assessment in 2025.

- Alberta Children's Hospital Sleep Lab
- Foothills Medical Center Sleep Center
- South Zone Sleep Lab (Lethbridge)
- Stollery Children's Hospital Pediatric Sleep Lab
- University of Alberta Sleep Disorders Lab

## Funded Partner Activities

### Covenant Health

#### Background:

Covenant Health participates in a four-year sequential cycle with Accreditation Canada. The second onsite survey of the cycle occurred March 4-8, 2024.

2022	2023	2024	2025	2026
No Survey	<b>FOUNDATIONAL</b> <ul style="list-style-type: none"> <li>• Governance</li> <li>• Leadership</li> <li>• Emergency and Disaster Management</li> </ul>	<b>FOUNDATIONAL</b> <ul style="list-style-type: none"> <li>• Infection Prevention and Control</li> <li>• Medication Management</li> <li>• Reprocessing and Sterilization of Reusable Medical Devices</li> <li>• Service Excellence</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>	<b>FOUNDATIONAL</b> <ul style="list-style-type: none"> <li>• Infection Prevention and Control (Community)</li> <li>• Medication Management (Community)</li> <li>• Service Excellence</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>	No Survey

#### 2023 Accreditation Follow-up Activities

Covenant Health’s 2023 survey assessed Governance, Leadership and Emergency and Disaster Management standards. Two high priority criteria required follow-up: one Emergency and Disaster Management criteria related to business continuity plans, and one Leadership criteria related to a policy on impairment in the workplace. Evidence of compliance was submitted and has been accepted by Accreditation Canada.

#### 2024 Accreditation Activities:

Accreditation Canada surveyors visited eight acute care sites March 4-8, 2024, and conducted assessment following the schedule above. One ROP, pertaining to information transfer at care transitions, in one clinical standard requires follow-up along with 13 high priority criteria across seven clinical standards. System improvements are underway and will be evaluated for effectiveness. Evidence of compliance will be submitted to Accreditation Canada in April 2025.

#### Accreditation Status:

Covenant Health continues to be “Accredited” until 2026. The Accreditation Canada report for 2024 is posted on Covenant Health’s public website (<https://covenanthealth.ca/about/governance/accreditation>).

#### 2025 Next Steps:

The final on-site survey of this cycle is scheduled for October 2025, following the schedule above. Service Excellence Teams (SET) are established and supporting the preparation for the upcoming survey by reviewing all criteria related to their service standards and establishing priorities to address areas where improvements would enhance quality and patient safety.

## Lamont Health Care Centre

### *Background and Accreditation Status:*

Lamont Health Care Centre, as a single-site facility, continues to be “Accredited with Commendation”, valid from September 2022-2026. The accreditation status is posted on the Lamont Health Care Centre public website (<https://lamonthealthcarecentre.ca/>).

### *Follow-up Activities*

Evidence of actions taken to address unmet ROPs and high priority criteria from the 2022 survey was submitted to Accreditation Canada. All evidence was accepted as of October 1, 2024.

### *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 mental health and addictions services 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 were to confirm engagement with an approved accrediting body, thus beginning the accreditation process in 2023. Full accredited status is required within 48 months of the original notification to contracted providers to maintain the service contract with AHS.

All service agreements with AHS and Recovery Alberta 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 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 International Organization for Standardization (ISO). Commission on Accreditation of Medical Transport Systems (CAMTS) is an approved accrediting body for STARS only. Accreditation awards are based on standards applicable to all services provided by an organization and is awarded to organizations as a whole, rather than individual sites/programs.

## Mental Health and Addiction Contracts Managed by Recovery Alberta

### 2024 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 initiate accreditation (by July 2023), with an expectation that they will be fully accredited within 48 months (by July 2025). In February 2023, the Ministry of Mental Health and Addiction granted family violence treatment programs (FVTP) a one-year exemption from Directive D5-2008 while a review of the current state was conducted. The review is still pending. Consequently, these contracts were excluded from the calculations in the table below.

Accreditation status is awarded to organizations based on an assessment of all services offered within all facility(s)/program(s).

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

Category	2023 Organizations n (%)				2024 Organizations n (%)				Trend
	Not Accredited	In-Progress*	Accredited	Total # of Contracts	Not Accredited	In-Progress*	Accredited	Total # of Organizations	
Treatment	13 (24%)	9 (17%)	31 (58%)	53	3 <sup>+</sup> (5%)	15 (29%)	33 (64%)	51	↑
Housing	4 (40%)	4 (40%)	2 (20%)	10	2 (20%)	5 (50%)	3 (30%)	10	↑

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

<sup>+</sup> Alexandra Community Health Centre (ALEX) is seeking accreditation through the Canadian Centre for Accreditation (CCA). Currently, CCA is not recognized as an approved accrediting body by the Ministry. However, the Ministry of Mental Health and Addiction is reviewing CCA's accreditation standards for potential inclusion as an approved accrediting body.

**Note:** The decrease in the number of contracts compared to last year is a direct result of a comprehensive review, which led to the reorganization of contracts into the appropriate categories. Additionally, family violence contracts are not included in the directive, and Level 1 and Level 2 housing contracts have been excluded, resulting in a decrease.

### 2025 Next Steps

The Recovery Alberta<sup>1</sup> team will continue to monitor progress towards achieving accreditation. Accreditation rates are expected to rise in 2025 once contracted providers who have initiated accreditation activities have successfully completed the process and achieved full 'accredited' status.

### Future Direction

Recovery Alberta, operating as a new health agency, received a new directive from the Ministry of Mental Health and Addiction, [Directive MHA D1-2023](#), on September 1, 2024. Moving forward Recovery Alberta will conclude current accreditation under the D5 directive and transition to the D1 directive for new accreditation requirements. This status update will conclude Recovery Alberta reporting to the Ministry of Health as Recovery Alberta will transition reporting to the Ministry of Mental Health and Addiction under the D1 directive.

<sup>1</sup> Recovery Alberta: Mental Health and Addiction Services was established on September 1, 2024, following the amendment of the Health Statutes Amendment Act, and is the sole provider of mental health, addiction and correctional health services previously provided by Alberta Health Services.

## Continuing Care Providers Contracted by AHS

### *2024 Accreditation Activities:*

AHS monitors contracted service providers for accountability to the requirements of their contracts. Annually, contracted service providers are required to provide specific information to AHS, including accreditation status.

In July 2021, all contracted service providers were formally advised by AHS that Ministerial Directive D5-2008 directs all contracted service providers to achieve accreditation and that will now be enforced. The accreditation process requires time to engage an approved accreditation organization and prepare for submission of organizational information and on-site surveys. 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.

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. Going forward, new sites should provide proof of formal engagement with an accrediting agency within 6 months of opening the site. For new sites (or programs), the MSA currently states “If the Service Provider is not accredited by an Alberta Health approved accreditation organization, it will be accredited within 2 years from Commencement.” The requirement to provide proof of engagement with an accrediting body within 6 months should be reflected in the MSA and included in the contract monitoring process.

The new Alberta Continuing Care Act came into effect April 1, 2024, and includes updated:

- Continuing Care Home (CCH) Type A (formerly long-term care, including nursing homes and auxiliary hospitals)
- CCH Type B (formerly designated supportive living)
- CCH Type C (formerly hospice)

Accreditation status is awarded to organizations based on assessment of all services offered in all facility(s)/program(s). Due to this practice, accreditation status is not broken down by individual services provided at each facility/program. For the first table below, the 2023 accreditation status for facilities/programs providing multiple services is reflected within the highest level of service offered (e.g., if a site has both Type A and Type B services, it was counted as a Type A site). For 2024, results were not broken down by CCH type.

As of November 2024, the accreditation organizations reported 209 CCHs were accredited and 33 were in progress. The accreditation status for 89 sites, representing 4,287 beds and 15% of all provincial CCH capacity, were not listed (i.e., were not reported by the accrediting organization). For facilities engaged with Accreditation Canada, once their Primer visit is successfully completed, they are considered accredited.

The accreditation status of contracted providers in each of the continuing care streams is outlined below. Since 2019, Covenant Health sites have been included in the tables.

Care Stream (rolled up to the highest level of care)	2023 Sites	2024 Sites/Programs by Care Stream			
	% Accredited (Accredited sites / total sites)	Accredited	In Progress	Not Accredited (not listed or no response)	% Accredited (Accredited sites / total sites)
<b>Continuing Care Home</b>	<b>61%</b> (191/314)	209	33	89	<b>63%</b> (209/331)
Type A CCH (formerly Long-Term Care Living Facility)	90% (93/103)				
Type B CCH (formerly Designated Supportive Living Facility)	46% (93/206)				
Type C CCH (formerly Hospice Facility)	100% (5/5)				
<b>Home Care Program</b>	<b>74%</b> (25/34)	39	1	24	<b>61%</b> (39/64)

**Notes:**

- 2023 data source: AHS CC Staffed and In Operations Report March 31, 2023, CPSM Contract Monitoring Annual Report 2022/2023.
  - o Sites were rolled up to the highest level of care. The hierarchy for the levels of care is 1) Type A (formerly Long-Term Care), 2) Type B (formerly Designated Supportive Living), 3) Home Care (HC) (where provided at a congregate site) and 4) Type C (formerly Hospice). After rolling up the sites to the highest level of care, there were 103 Type A sites, 206 Type B sites, 34 HC service providers, and 5 Type C sites
    - 53 Personal Care Homes (PCH) were counted as Type B sites
    - Adult Day Programs were excluded as they are not subject to mandatory accreditation under the Directive.
    - 55 Type B sites with mental health beds only excluded
- 2024 data source: Information reported and provided by the eligible accrediting organizations.

The percent of beds that are accredited in each of the continuing care streams in 2024 is outlined below:

Care Stream	2023	2024		
	% Beds in Accredited Facilities	Accredited	In Progress	Not Accredited (not listed or no response)
Type A CCH (formerly Long-Term Care Living Facility)	95%	83% (24,475/29,301)	2% (539/29,301)	15% (4,287/29,301)
Type B CCH (formerly Designated Supportive Living Facility)	67%			
Type C CCH (formerly Hospice Facility)	97%			

**Notes:**

- Data source for number of beds: AHS CC Staffed and In Operations Report March 31, 2023, provided by Strategy Accountability & Performance
- 2023 Data source for contracted beds accreditation status: CPSM Contract Monitoring Annual Report 2022/2023
- 2024 Data source for contracted beds accreditation status: Information reported and provided by the eligible accrediting organizations.

**2025 Next Steps:**

AHS follows up with operators who have indicated that they are not engaged in the process of becoming accredited to ensure they are aware of their obligations and the expected timelines within which they are required to become accredited. In November 2024, a letter was sent from the AHS President & CEO to the Deputy Minister of Seniors, Community and Social Services and the Associate Deputy Minister of Health, requesting clarity on any revisions to the Directive, the possibility of a grant opportunity to support smaller sites with accreditation costs, and a recommendation for a timeline extension for sites able to meet specific parameters. The next steps will be determined based on the responses received.

## Emergency Medical Services (EMS) Contracted by AHS

### *2024 Accreditation Activities:*

#### Ground Crews

AHS has service agreements with thirty-one (31) contracted ground service providers. All agreements have language requiring participation in accreditation activities during the term of the agreement.

All thirty-one (31) ground ambulance service providers are considered accredited. Thirty (30) have achieved full accreditation status from Accreditation Canada. One (1) service completed their Primer survey in June 2023 and have their on-site survey scheduled for June 2025 to achieve full accredited status.

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.

#### Transfer Services

AHS has two Transfer Services providers that were awarded agreements in 2024 in Edmonton and Calgary. The agreements have language requiring participation in accreditation activities. Both providers had existing agreements with AHS for ground EMS services and are already accredited with Accreditation Canada.

#### Dispatch

As part of the Regional Municipality of Wood Buffalo ground agreement, dispatch services were established in June 2024. The amendment outlines that the dispatch center must become accredited with the International Academies of Emergency Dispatch (IAED) within eighteen months from the effective date of the agreement and maintain accreditation for the term of their agreement. The operator is currently on track to achieve this ahead of schedule.

#### 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 providers are considered accredited with one having achieved full accreditation status, while the other is at the Primer stage with their on-site survey scheduled for early 2025 (deferred from spring 2024) to achieve full accredited status.

AHS has two contracted aviation companies that provide the transportation for AMCs. No accrediting body has been identified for the aviation aspect of the service.

#### Helicopter Emergency Medical Services (HEMS)

AHS has three contracted HEMS providers, of which one is currently negotiating a performance-based agreement. Two of these are aviation companies providing transportation only and no accrediting body has been identified for the aviation aspect of the service. Accreditation Canada does accredit the medical services delivered within these HEMS services. One of the three HEMS providers has both Air Medical Crews and provides aviation transportation. They are Accredited through the Commission on Accreditation of Medical Transport Systems (CAMTS), which was approved by Alberta Health at the end of 2023 as an accrediting body in Alberta for this service only.

Care Stream	2023 Accredited Providers % (n)			2024 Accredited Providers % (n)			Trend
	Accredited*	In-progress**	Total # of providers	Accredited*	In-progress**	Total # of providers	Accredited
Ground EMS	100% (31)	0	31	100% (31)	0	31	=
Transfers	N/A	N/A	N/A	100% (2)	0	2	N/A
Dispatch	N/A	N/A	N/A	0% (0)	1	1	N/A
Air Medical Crews	100% (2)	0	2	100% (2)	0	2	=
Aviation	N/A (0)	0	2	N/A (0)	0	2	=
HEMS	1 (33%)	0	3	33% (1)	0	3	=

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

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

**2024 Accreditation Activities:**

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 – 2024 Survey Sites

### Table A-1: Spring 2024 Survey Sites

FOUNDATIONAL STANDARD – EMERGENCY AND DISASTER MANAGEMENT (E/DM)		
ZONE	SITE	
<b>CORPORATE:</b>		
	Southport Tower	
<b>URBAN SITES:</b>		
North	Grande Prairie Regional Hospital	
Edmonton	Alberta Hospital Edmonton	Glenrose Rehabilitation Hospital
	Royal Alexandra Hospital	University of Alberta Hospital
Central	Red Deer Regional Hospital Centre	
Calgary	Alberta Children’s Hospital	Foothills Medical Centre
	Peter Lougheed Centre	Southern Alberta Forensic Psychiatry Centre
South	Chinook Regional Hospital	
RURAL HOSPITALS – EDMONTON ZONE, CALGARY ZONE, SOUTH ZONE		
Clinical standards surveyed with foundational standards (Leadership, E/DM, Infection Prevention and Control [IPC], Medication Management [MM], Reprocessing of Reusable Medical Devices [MDR] and Service Excellence [SE]).		
SITE	CLINICAL STANDARD(S)	
<b>EDMONTON ZONE:</b>		
Fort Saskatchewan Community Hospital	Emergency Department	Inpatient Services Obstetrics Services
	Perioperative Services and Invasive Procedures	
Westview Health Centre	Emergency Department	Inpatient Services
	Long-Term Care Services	Palliative Care Services
	Perioperative Services and Invasive Procedures	
<b>CALGARY ZONE:</b>		
Claresholm General Hospital	Emergency Department	Inpatient Services
	Palliative Care Services	
High River General Hospital	Emergency Department	Inpatient Services
	Long-Term Care Services	Obstetrics Services
	Perioperative Services and Invasive Procedures	
Oilfields General Hospital	Emergency Department	Inpatient Services
	Long-Term Care	
<b>SOUTH ZONE:</b>		
Bassano Health Centre	Emergency Department	Inpatient Services
	Long-Term Care Services	Palliative Care Services
Bow Island Health Centre	Emergency Department	Inpatient Services
	Long-Term Care Services	Palliative Care Services
Brooks Health Centre	Emergency Department	Inpatient Services
	Long-Term Care Services	Obstetric Services
	Perioperative Services and Invasive Procedures	

SITE	CLINICAL STANDARD(S)
Milk River Health Centre	Emergency Department Long-Term Care Services
Raymond Health Centre	Emergency Department      Inpatient Services Long-Term Care Services
Taber Health Centre	Emergency Department      Inpatient Services Long-Term Care Services      Obstetrics Services Perioperative Services and Invasive Procedures

**Table A-2: Fall 2024 Survey Sites**

PROGRAM-BASED SURVEY OF URBAN/REGIONAL/TERTIARY HOSPITALS	
STANDARD/ ZONE	SITE
<b>CRITICAL CARE SERVICES</b>	
North	Grande Prairie Regional Hospital
Edmonton	Royal Alexandra Hospital      Stollery Children’s Hospital Sturgeon Community Hospital
Central	Red Deer Regional Hospital Centre
Calgary	Alberta Children’s Hospital      Foothills Medical Centre Peter Lougheed Centre      Rockyview General Hospital
South	Chinook Regional Hospital
<b>EMERGENCY DEPARTMENT:</b>	
North	Grande Prairie Regional Hospital
Edmonton	Northeast Community Health Centre      Royal Alexandra Hospital Strathcona Community Hospital      University of Alberta Hospital
Central	Wetaskiwin Hospital and Care Centre
Calgary	Alberta Children’s Hospital      Cochrane Community Health Centre Foothills Medical Centre      Okotoks Health and Wellness Centre South Calgary Health Centre      South Health Campus
South	Chinook Regional Hospital
<b>INPATIENT SERVICES / PALLIATIVE CARE SERVICES:</b>	
North	Northern Lights Regional Health Centre
Edmonton	University of Alberta Hospital
Central	Red Deer Regional Hospital Centre      Wetaskiwin Hospital and Care Centre
Calgary	Foothills Medical Centre      Rockyview General Hospital Rotary Flames House      South Health Campus
South	Chinook Regional Hospital
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>	
North	Northern Lights Regional Health Centre
South	Chinook Regional Hospital

STANDARD/ ZONE	SITE	
<b>TRANSPLANT CARE SERVICES – ORGAN AND TISSUE TRANSPLANT, ORGAN DONATION FOR LIVING DONORS, ORGAN AND TISSUE DONATION FOR DECEASED DONORS</b>		
Edmonton	University of Alberta Hospital	
Calgary	Foothills Medical Centre	Rockyview General Hospital
<b>EMERGENCY MEDICAL SERVICES AND INTERFACILITY TRANSPORT</b>		
North	EMS-Fox Creek EMS-High Prairie EMS-Swan Hills	EMS-Grand Prairie Richmond EMS-Manning EMS-Valleyview
Edmonton	EMS-Central Communication Centre EMS-Edmonton Station 36 Pylypow EMS-Spruce-Norwood Station 5 EMS-Edmonton International Airport - Air Operations Centre	EMS-Edmonton Station 26 Meadows EMS-Edmonton Station 41 St. Joseph's
Central	EMS-Bashaw EMS-Daysland EMS-Killam	EMS-Czar EMS-Forestburg EMS-Wainwright
Calgary	EMS-Calgary Station 1 EMS-Calgary Station 2 EMS-Vulcan EMS-Calgary Station 300 (Stonegate District Base) Alberta Children's Hospital Pediatric Transport Team*	EMS-Calgary Station 14 EMS-Calgary Station 24
South	EMS-Bassano EMS-Taber	EMS-Cardston EMS-Vauxhall

\*Alberta Children's Hospital Pediatric Transport Team surveyed against select criteria from the EMS and Interfacility standard.

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

### Table B-1: Spring 2023 Survey – Program-Based Services

Evidence submitted to Accreditation Canada June 28, 2024.

PROGRAM AREA	STATUS	ACTION PLAN
<b>STANDARD / CRITERIA</b>		
<b>REHABILITATION SERVICES</b>		
<b>MEDICATION MANAGEMENT</b>		
<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.	Evidence Accepted	All medications in pharmacies and clinical areas at one site are stored and labelled in accordance with AHS "Management of High-Alert Medications" policy suite.
An independent double check is conducted at the point of care before administering high-alert medications.	Evidence Accepted	One site reviewed their processes for independent double check of high-alert medications and determined they were compliant.
<b>ACQUIRED BRAIN INJURY</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Two sites implemented AHS "Shared Commitments", which includes providing patients with information about their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	Evidence Accepted	AHS "Shared Commitments", which includes providing patients with information about how to file a complaint or report violations of their rights, was implemented at one site.
<b>REHABILITATION SERVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	Three sites implemented AHS "Shared Commitments", which includes providing patients with information about their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	Evidence Accepted	AHS "Shared Commitments", which includes providing patients with information about how to file a complaint or report violations of their rights, was implemented at three sites.
<b>SPINAL CORD INJURY ACUTE SERVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	One site reinforced admission procedures to ensure staff share information with patients about their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	Evidence Accepted	One site reinforced admission procedures to ensure staff share information with patients on how to file a complaint or report a violation of their rights.
A process to investigate and respond to claims that patients' rights have been violated is developed and implemented with input from patients and families.	Evidence Accepted	One site reviewed their processes for investigating violation of rights complaints with input from patients and families and determined they were compliant.
<b>SPINAL CORD INJURY REHABILITATION SERVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		

<b>PROGRAM AREA</b>	<b>STATUS</b>	<b>ACTION PLAN</b>
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	One site implemented AHS "Shared Commitments", which includes providing patients with information about their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	Evidence Accepted	AHS "Shared Commitments", which includes providing patients with information about how to file a complaint or report violations of their rights, was implemented at two sites.
<b>HOME CARE AND HOSPICE, PALLIATIVE, END-OF-LIFE CARE SERVICES</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.	Evidence Accepted	Two sites conducted self-audits of hand-hygiene (HH) compliance and evaluated quality of HH using ultraviolet lotion. Results were shared and improvements identified and implemented.
<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.	Evidence Accepted	The high-alert medication policy, which includes all required procedures, was reviewed and updated to include continuing care (includes home care). Two home care sites will continue to conduct annual high-alert medication audits.
<b>HOME CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<b>Medication Reconciliation</b> Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.	Evidence Accepted	At two sites, staff orientation includes medication reconciliation policies and procedures. Monthly audits are conducted to ensure compliance with policies and procedures.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	Evidence Accepted	Monthly chart reviews at one site show the information shared at care transitions is standardized, documented and effective.
<b>HIGH PRIORITY CRITERIA:</b>		
Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	Evidence Accepted	One site conducts monthly chart reviews to ensure treatment protocols are consistently followed.
<b>COMMUNITY-BASED MENTAL HEALTH SERVICES</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.	Evidence Accepted	One site conducted observational audits and measured alcohol-based hand rub consumption to evaluate hand-hygiene compliance. Results are shared regularly and used to make improvements as needed.
<b>COMMUNITY-BASED MENTAL HEALTH SERVICES AND SUPPORTS</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		

<b>PROGRAM AREA</b>	<b>STATUS</b>	<b>ACTION PLAN</b>
<p><b>Medication Reconciliation</b> Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.</p>	Evidence Accepted	At two sites, staff orientation for those involved in medication administration, includes medication reconciliation procedures required documentation. Quarterly audits are conducted to ensure compliance with medication reconciliation procedures.
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.</p>	Evidence Accepted	One site regularly reviews Reporting and Learning System (RLS) reports, Patient Relations concerns and site-specific discharge feedback survey for issues related to information transfer. Review findings are shared with the team for improvement purposes.
<b>HIGH PRIORITY CRITERIA:</b>		
<p>Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.</p>	Evidence Accepted	At one site, up-to-date fall prevention resources are posted, and quarterly safety inspections occur. At another site, staff orientation includes training on universal fall precautions. The site has equipment and resources to reduce falls risk and evaluates the effectiveness of their fall prevention program through RLS and MySafetyNet reports.
<b>INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
<p>Orientation to the field of intellectual and developmental disabilities is provided to new team members.</p>	Evidence Accepted	A new staff orientation process was developed and implemented.
<b>MENTAL HEALTH SERVICES</b>		
<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>	Evidence Not Accepted; may be reviewed at next on-site survey.	At one site, required infusion pump training includes new staff and those returning from extended leaves. Leadership reviews RLS and Patient Relations reports related to infusion pumps and the results shared with team members.
<b>MENTAL HEALTH SERVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
<p>The client's informed consent is obtained and documented before providing services.</p>	Evidence Accepted	One site has reinforced client informed consent practices prior to providing services.
<p>Clients and families are provided with information about their rights and responsibilities.</p>	Evidence Accepted	One site implemented AHS "Shared Commitments", which includes providing patients with information about their rights and responsibilities.
<p>Clients and families are provided with information about how to file a complaint or report violations of their rights.</p>	Evidence Accepted	One site implemented a standardized admission package which includes information on how to contact Patient Relations to file a complaint.
<b>ADDICTION TREATMENT CENTRES AND PROGRAMS</b>		
<b>SUBSTANCE ABUSE AND PROBLEM GAMBLING</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		

PROGRAM AREA	STATUS	ACTION PLAN
<p><b>Medication Reconciliation</b> Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.</p>	Evidence Accepted	One site updated their medication reconciliation process to align with AHS policies for their program.
<b>PUBLIC HEALTH SERVICES</b>		
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE</b>		
<p><b>Hand-Hygiene Education and Training</b> Hand-hygiene education is provided to team members and volunteers.</p>	Evidence Accepted	Staff orientation at one site is monitored to ensure required Infection Prevention and Control training, which includes hand-hygiene education, is current.
<p><b>Hand-Hygiene Compliance</b> Compliance with accepted hand-hygiene practices is measured.</p>	Evidence Not Accepted at one site; may be reviewed at next on-site survey.	<p>Quarterly audits were conducted and results shared at one site.</p> <p>Another site worked with Infection Prevention and Control to develop the process for hand-hygiene audits in non-clinical service areas. Audits commenced and results will be shared and used to make improvements.</p>
<b>HIGH PRIORITY CRITERIA:</b>		
Team members and volunteers are required to attend the Infection Prevention and Control (IPC) education program at orientation and on a regular basis based on their IPC roles and responsibilities.	Evidence Accepted	One site regularly monitors that staff complete their required Infection Prevention and Control training upon hire and every three years thereafter.

## Table B-2: Fall 2023 Survey – Urban Foundational and Perioperative Services

Evidence to be submitted to Accreditation Canada December 2, 2024.

PROGRAM AREA	STATUS	ACTION PLAN
<b>STANDARD / CRITERIA</b>		
<b>URBAN FOUNDATIONAL</b>		
<b>LEADERSHIP</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The organization ensures its physical spaces are safe and meet relevant laws and regulations.	Evidence Not Accepted; may be reviewed at next on-site survey.	Three sites will continue to advocate for required infrastructure changes to meet relevant laws and regulations.
The organization maintains, upgrades, and replaces medical devices, equipment, and technology as needed, to ensure they are safe.	Evidence Not Accepted; may be reviewed at next on-site survey.	One site awaits funding for new isolation carts. Mitigation strategies to reduce risk will remain in place until new carts can be purchased.
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Hand-Hygiene Compliance</b> Compliance with accepted hand-hygiene practices is measured.	Evidence Accepted	Monthly hand-hygiene audits have resumed at three sites with additional hand-hygiene reviewer trained at one of the sites. Results are shared with teams and regularly reviewed for improvement purposes.
<b>HIGH PRIORITY CRITERIA:</b>		
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	One site reviewed best practices for cleaning/disinfecting and storage of clean supplies and determined they were compliant.
The area where cleaning, disinfection, and/or sterilization of medical devices and equipment are done is equipped with hand hygiene facilities.	Evidence Accepted	A hand-hygiene sink in the temporary MDR was reconnected and utilized until the area was decommissioned following the completion of renovations in the main MDR.
Items that require cleaning, disinfection, and/or sterilization are safely contained and transported to the appropriate area(s).	Evidence Accepted	One site implemented a new process for transporting contaminated equipment for reprocessing.
Areas for reprocessing flexible endoscopes are physically separate from client care areas.	Evidence Accepted	One site reviewed their processes for reprocessing flexible endoscopes and determined they were compliant.
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Antimicrobial Stewardship</b> There is an antimicrobial stewardship program to optimize antimicrobial use	Evidence Not Accepted; additional evidence to be submitted June 20, 2025	Three sites will ensure the antimicrobial stewardship program is implemented and evaluated at the local level.
<b>HIGH PRIORITY CRITERIA:</b>		
A policy is developed and implemented on when and how to override the CPOE system alerts.	Evidence Accepted	A CPOE policy on how and when to override CPOE system alerts was developed and implemented.
Access to medication storage areas is limited to authorized team members.	Evidence Not Accepted; may be reviewed at next on-site survey.	At one site, improved signage was posted at unsecure medication areas. Leadership continues to advocate for renovations, which include installation of restricted access card readers.



<b>PROGRAM AREA</b>	<b>STATUS</b>	<b>ACTION PLAN</b>
Medication storage areas are clean and organized.	Evidence Not Accepted at one site; may be reviewed at next on-site survey.	Following cleaning and organizing, two sites will regularly monitor cleanliness of medication storage areas.  Mitigation strategies will be in place at one site until renovations to medication storage areas are completed in 2025.
Medication storage areas meet legislated requirements and regulations for controlled substances.	Evidence Accepted	One site reconciles controlled substance counts daily and limits the quantity of controlled substances in the restricted access automated dispensing cabinets.
Medication preparation areas are clean and organized.	Evidence Not Accepted at one site; may be reviewed at next on-site survey.	Following cleaning and organizing, six sites will regularly monitor cleanliness of medication preparation areas and medication transportation bins.  At another site, medication preparation areas are re-organized regularly while awaiting completion of ongoing renovations to increase pharmacy space in 2026.
There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	Evidence Not Accepted; may be reviewed at next on-site survey.	Renovations to ensure hazardous medications are prepared in a separate, 100% vented, negative pressure area at one site are anticipated to start in 2026. Strategies to mitigate risk are in place until renovations are completed.
Sterile products are prepared in a separate area that meets standards for aseptic compounding.	Evidence Not Accepted at three sites; may be reviewed at next on-site survey.	Services at one site moved to a new centre which meets requirements for hazardous drug preparation.  Three sites are awaiting renovations to meet this criterion. Funding for renovations at all three sites has been secured. Mitigation strategies will remain in place.
Medications are delivered securely from the pharmacy to client service areas.	Evidence Accepted	One site updated their process for securely delivering medications to client service areas to utilize a lockable transport bag.
<b>REPROCESSING OF REUSABLE MEDICAL DEVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
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 Not Accepted; may be reviewed at next on-site survey.	At one site, improved restricted access signage was installed for the MDR decontamination area. Installation of restricted access card reader is expected to be complete in 2025.
Appropriate environmental conditions are maintained within the Medical Device Reprocessing (MDR) department and storage areas.	Evidence Not Accepted; may be reviewed at next on-site survey.	One site maintains daily logs of temperature and humidity in the MDR and reports out-of-range readings to Facilities Maintenance and Engineering.
Preventive maintenance is documented for reprocessing equipment.	Evidence Accepted	At one site, preventive maintenance records for reprocessing equipment are maintained by Facilities Maintenance and Engineering. Records are audited annually.
The reprocessing area is equipped with hand hygiene facilities at entrances to and exits from the reprocessing areas, including personnel support areas.	Evidence Accepted	One site reinstalled the hand-hygiene station leading to the MDR. MDR safety rounds are conducted three times a year to ensure accessible hand-hygiene stations where needed.

PROGRAM AREA	STATUS	ACTION PLAN
Hand hygiene is performed before beginning and after completing work activities, as well as at other key points, to prevent infection.	Evidence Accepted	Hand-hygiene education was reinforced with all staff at one site; monthly audits are conducted and shared with staff.
Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage.	Evidence Not Accepted at one site; may be reviewed at next on-site survey.	Renovations at one site were complete and flexible endoscopes are now stored according to manufacturer's instructions. Funding has been confirmed for renovations to address this criterion at a second site. Mitigation strategies will remain in place.
Standard operating procedures (SOPs) are followed for handling, distributing, and transporting sterile medical devices and equipment.	Evidence Accepted	A new process to transport contaminated equipment and devices from the operating room to MDR decontamination area was implemented.
All sterilized items in storage, or transported to patient service areas or other organizations, can be tracked.	Evidence Accepted	A review of the process at one site indicates sterilized item can be tracked.
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>REPROCESSING OF REUSABLE MEDICAL DEVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Venous Thromboembolism Prophylaxis (VTE)</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	Quarterly VTE audits are conducted at one site. Results are shared with staff and used to make improvements, if needed.
<b>HIGH PRIORITY CRITERIA:</b>		
Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	Evidence Not Accepted; may be reviewed at next on-site survey.	Two sites ensure one-way workflow in reprocessing areas to minimize risk of cross-contamination. One of the sites is awaiting completion of renovations in 2025 which will meet this criterion.
Clients and families are provided with information about their rights and responsibilities.	Evidence Accepted	One site implemented AHS "Shared Commitments", which includes providing patients with information about their rights and responsibilities.
Availability of all necessary supplies and functionality of equipment is confirmed before the client enters the operating/procedure room.	Evidence Accepted	One site conducts quarterly audits of the Safe Surgery Checklist, which includes confirming all necessary equipment is available and functioning prior to the patient entering the operating room.

**Table B-3: Spring 2024 Survey – Emergency and Disaster Management and Edmonton, Calgary and South Zone Rural Hospitals**

Evidence to be submitted to Accreditation Canada May 30, 2025.

PROGRAM AREA	STATUS	ACTION PLAN
<b>STANDARD / CRITERIA</b>		
<b>URBAN FOUNDATIONAL</b>		
<b>EMERGENCY AND DISASTER MANAGEMENT</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The organization establishes, regularly reviews, and updates as needed policies, procedures, and plans to manage emergencies and disasters, including risk reduction, preparedness, response, and recovery.	In Progress	AHS will review the policies, procedures and plans to manage emergencies and disasters, and update as needed.
The organization engages with stakeholders to establish, regularly review, and update as needed an emergency and disaster plan, based on an all-hazards approach, that can be activated to respond to and recover from an emergency or disaster.	In Progress	Emergency and Disaster Management leadership will work with sites to ensure up-to-date emergency and disaster plans are posted on the internal website and in emergency binders located on each unit.
The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	In Progress	Three sites will update emergency and disaster plan binders with current policies for each unit.
The organization establishes, regularly reviews, and updates as needed policies and procedures for shelter-in-place and lockdown, if it is unsafe to leave its facility during an emergency or disaster.	In Progress	AHS will review the policies and procedures for shelter-in-place and lockdown, and update as needed.
The organization establishes, regularly reviews, and updates as needed policies and procedures to safely evacuate its facility or part of its facility if it is unable to safely provide services during an emergency or disaster.	In Progress	AHS will review the policies and procedures to safely evacuate its facility, and update as needed.
The organization establishes, regularly reviews, and updates as needed policies and procedures to safely relocate staff, patients, equipment, resources, and supplies, if necessary, during or following an emergency or disaster.	In Progress	AHS will review the policies and procedures to safely relocate staff, patients, equipment, resources and supplies, and update as needed.
The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	In Progress	AHS will review the policies and procedures to communicate patient and client information during an emergency or disaster and update as needed. Five sites will develop a site-level emergency communications plan.
<b>RURAL HOSPITALS - EDMONTON, CALGARY AND SOUTH ZONES</b>		
<b>EMERGENCY AND DISASTER MANAGEMENT</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	In Progress	Two South zone sites will ensure site emergency and disaster plans are up-to-date and easily accessible to all staff during an emergency.
The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	In Progress	Two South zone sites will review and update, as needed, site emergency and disaster plans and establish a schedule for future reviews.

PROGRAM AREA	STATUS	ACTION PLAN
The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	In Progress	Two South zone sites will update site emergency and disaster plans with site procedures for communicating patient and client information during an emergency.
The organization maintains an accurate and up-to-date database of contact information for all staff, to be able to notify them in case of an emergency or disaster.	In Progress	Staff contact lists at three South zone sites will be updated and maintained, to be able to notify staff in the event of an emergency or disaster.
The organization conducts regular exercises to validate the effectiveness of its emergency and disaster plan and processes and ensure they meet expectations and objectives.	In Progress	One Calgary zone site will conduct regular drills to validate the effectiveness of its emergency and disaster plans.
The organization conducts an operational debriefing after each emergency and disaster exercise, to make recommendations for improvement.	In Progress	One Calgary zone site will ensure operational debriefing occurs after every emergency and disaster drill.
<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 two Edmonton zone, three Calgary zone and three South zone sites.
<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 South zone site will ensure team members receive training about the organizations "Do Not Use" abbreviation list.
<b>HIGH PRIORITY CRITERIA:</b>		
Access to medication storage areas is limited to authorized team members.	In Progress	Inpatient medication room will be secured to limit access to authorized team members at one South zone site
The organization maintains medication storage conditions that protect the stability of medications.	In Progress	One South zone site and one Calgary zone site will monitor temperature in medication storage areas.
Medication storage areas meet legislated requirements and regulations for controlled substances.	In Progress	Controlled substances medication storage area will be secured at one Calgary zone site
Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	In Progress	Storage of look-alike, sound-alike medications will be reviewed at one Calgary zone site and three South zone sites.
Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	In Progress	One Calgary zone site and two South zone sites will ensure appropriate ventilation, temperature and lighting are maintained in the medication preparation areas.
There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	In Progress	Infrastructure changes are required at one Calgary zone site to ensure hazardous medications are prepared in a separate, 100% vented, negative pressure area.
The pharmacy has a quality assurance process to ensure that medications are accurately dispensed as ordered.	In Progress	One South zone site will review their quality assurance process to ensure medications are accurately dispensed.

PROGRAM AREA	STATUS	ACTION PLAN
<b>REPROCESSING OF REUSABLE MEDICAL DEVICES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The reprocessing area is equipped with hand hygiene facilities at entrances to and exits from the reprocessing areas, including personnel support areas.	In Progress	One South zone site will ensure adequate access to hand-hygiene stations at the entrance and exit of the MDR.
All sterilized items in storage, or transported to patient service areas or other organizations, can be tracked.	In Progress	The tracking process for sterilized items will be reviewed at one South zone site.
<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	Infusion pump training will be reviewed at one South zone site. Staff competency and the effectiveness of infusion pump safety will be evaluated for improvement purposes.
<b>HIGH PRIORITY CRITERIA:</b>		
The team leadership ensures that the credentials, qualifications, and competencies of each staff member are verified, documented, and up-to-date.	In Progress	One South zone site will ensure the credentials, qualifications and competencies of each staff member are verified, documented and up to date.
<b>EMERGENCY DEPARTMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	The information shared at care transitions will be evaluated at two South zone sites to ensure it is effective.
<b>HIGH PRIORITY CRITERIA:</b>		
After the initial triage assessment, clients who are waiting for service are advised which team member to contact if their condition changes.	In Progress	One South zone site will ensure patients waiting for service after initial triage in the emergency department know which team member to contact if their condition changes.
Clients and families are provided with information about their rights and responsibilities.	In Progress	One Edmonton zone site, two Calgary zone sites, and one South zone site will ensure patients and families are aware of their rights and responsibilities.
Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.	In Progress	Site leadership at one South zone site will review resources for diagnostics services and laboratory testing.
<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 effectiveness of the fall prevention program will be reviewed at one South 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	Evaluations of the pressure ulcer prevention program will be conducted at one South zone site.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	The information shared at care transitions will be evaluated at one South zone site to ensure it is effective.
<b>HIGH PRIORITY CRITERIA:</b>		
A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	In Progress	One South zone site will ensure care plans are developed and documented in the patient's electronic health record.

PROGRAM AREA	STATUS	ACTION PLAN
<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	The effectiveness of the fall prevention program will be reviewed at two South zone sites.
<b>Skin and Wound Care</b> An interprofessional and collaborative approach is used to assess clients who need skin and wound care and provide evidence-informed care that promotes healing and reduces morbidity and mortality.	In Progress	One South zone site will ensure standardized documentation is implemented to create a comprehensive record of all aspects of the client's skin and wound 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.	In Progress	Three South zone sites will ensure that initial pressure ulcer risk assessments are completed and documented, and the effectiveness of their prevention ulcer prevention program is evaluated.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	Two South zone sites will evaluate the information shared at care transitions to ensure information shared is standardized, documented and effective.
<b>HIGH PRIORITY CRITERIA:</b>		
The team develops and documents an individualized care plan for each resident, based on their needs and goals.	In Progress	One South zone site will ensure care plans are developed and documented in the patient's electronic health record.
<b>OBSTETRICS</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Medication Reconciliation</b> Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	In Progress	Medication reconciliation processes will be reviewed at one South zone site to ensure AHS policies are consistently followed.
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	The information shared at care transitions will be evaluated at one South zone site to ensure it is effective.
<b>HIGH PRIORITY CRITERIA:</b>		
Established policies on handling, storing, labelling, and disposing of medications and breast milk safely and securely are followed.	In Progress	One South zone site will ensure AHS policies on handling, storing, labelling, and disposing of medications and breast milk are followed
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
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.	In Progress	One Calgary zone site will ensure the cleaning schedule for the operating room is posted in a place accessible to all team members.
Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	In Progress	The transportation of contaminated items will be reviewed at one South zone site.
Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.	In Progress	One South zone site will ensure medications in the surgical area are securely stored.
Clients and families are provided with information about their rights and responsibilities.	In Progress	One Edmonton zone site and one Calgary zone site will ensure patients and families are aware of their rights and responsibilities.

**Table B-4: Fall 2024 Survey – Program-Based Survey of Urban/Regional/Tertiary Hospitals**

Evidence to be submitted to Accreditation Canada November 28, 2025.

PROGRAM AREA	STATUS	ACTION PLAN
<b>STANDARD / CRITERIA</b>		
<b>CRITICAL CARE</b>		
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	In Progress	Four sites will ensure the updated AHS policy and procedure are followed.
The areas in the physical environment are categorized based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services team members required.	In Progress	In conjunction with Infection Prevention and Control, one site will review materials used for nursing station.
<b>CRITICAL CARE SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	One site will evaluate information shared at care transitions to ensure information shared is standardized, documented and 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	Evaluations of the pressure ulcer prevention program will be conducted at one site.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In Progress	Two sites will ensure patients and families are aware of their 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 site will ensure patients and families are provided with information on how to file a complaint or report a violation of their rights.
<b>EMERGENCY DEPARTMENT</b>		
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	In Progress	Four sites will ensure the updated AHS policy and procedure are followed.
<b>MEDICATION MANAGEMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</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	Team members will receive training about the "Do Not Use" list of abbreviations, changes to the list will be implemented and compliance will be audited at one site.
<b>HIGH PRIORITY CRITERIA:</b>		
Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	In Progress	Storage of look-alike, sound-alike medications will be reviewed at two sites.

PROGRAM AREA	STATUS	ACTION PLAN
<b>SERVICE EXCELLENCE</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The team leadership ensures that staff use the organization's standardized communication tools to share information about a client's care within and between teams, as consented to by the client.	In Progress	One site will ensure standardized tools are used to communicate information between teams.
<b>EMERGENCY DEPARTMENT</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	Two sites will ensure information shared at care transitions is documented.
<b>HIGH PRIORITY CRITERIA:</b>		
Entrance(s) to the emergency department are clearly marked and accessible.	In Progress	One site will ensure that the entrance to the emergency department is clearly marked.
Clients and families are provided with information about their rights and responsibilities.	In Progress	Ten sites will ensure patients and families are aware of their rights and responsibilities.
Clients and families are provided with information about how to file a complaint or report violations of their rights.	In Progress	Eight sites will ensure patients and families are provided with information on how to file a complaint or report a violation of their rights.
Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	In Progress	Universal fall precautions will be reviewed at three sites.
<b>INPATIENT</b>		
<b>EMERGENCY AND DISASTER MANAGEMENT</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	In Progress	Two sites will ensure site emergency and disaster plans are up-to-date and easily accessible to all staff during an emergency.
The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	In Progress	One site will review and update, as needed, site emergency and disaster plans.
<b>INFECTION PREVENTION AND CONTROL</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
There are policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.	In Progress	One site will ensure AHS policies and procedures for disposing of sharps is being followed.
<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	The competence of team member to use infusion pumps safely will be evaluated and documented at one site.



PROGRAM AREA	STATUS	ACTION PLAN
<b>INPATIENT SERVICES</b>		
<b>REQUIRED ORGANIZATIONAL PRACTICE:</b>		
<b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions.	In Progress	The information shared at care transitions will be evaluated at one site to ensure it 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	Pressure ulcer prevention will be evaluated at two sites to ensure clients are regularly (re)assessed as required and that the program is effective.
<b>Venous Thromboembolism (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	One site will conduct audits to ensure compliance with VTE prophylaxis procedures.
<b>HIGH PRIORITY CRITERIA:</b>		
Clients and families are provided with information about their rights and responsibilities.	In Progress	Two sites will ensure patients and families are aware of their rights and responsibilities.
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES</b>		
<b>HIGH PRIORITY CRITERIA:</b>		
Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.	In Progress	One site will investigate options for measuring airflow to confirm operating rooms are under positive pressure.
Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	In Progress	One site will review options to increase air exchanges. An investment in infrastructure may be required to meet this criterion.
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.	In Progress	One site will ensure the cleaning schedule for the operating room is posted in a place accessible to all team members.
Surgical equipment or medical devices returned to the operating/procedure room following repair or replacement are clearly marked with the date of their return/arrival and a signed notice describing the maintenance or purchase.	In Progress	One site will ensure surgical equipment and medical devices returned to the operating room after repair/replacement is clearly marked with the date of return.
Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.	In Progress	One site will ensure medications in the surgical area are stored in a locked area.
Clients and families are provided with information about their rights and responsibilities.	In Progress	One site will ensure patients and families are aware of their rights and responsibilities.
<b>EMERGENCY MEDICAL SERVICES</b>		
<b>EMERGENCY MEDICAL SERVICES AND INTERFACILITY TRANSPORT</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	Two stations will ensure staff are trained and competent in the safe use of infusion pumps. The effectiveness of infusion pump safety will also be evaluated.
<b>Hand-Hygiene Compliance</b> Compliance with accepted hand-hygiene practices is measured.	In Progress	Twenty-one (21) stations will ensure hand-hygiene audits are consistently completed, and results are reviewed for improvement purposes and shared with teams.

PROGRAM AREA	STATUS	ACTION PLAN
<p><b>Reprocessing</b> Processes for cleaning, disinfecting, and sterilizing medical devices and equipment are monitored and improvements are made when needed.</p>	In Progress	<p>AHS EMS program will review and update, as needed, policies and procedures for cleaning, disinfecting and sterilizing medical devices and equipment. Twenty (20) stations will implement audits to evaluate effectiveness of cleaning.</p>
<p><b>Narcotic 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.</p>	In Progress	<p>AHS EMS program will review and update, the EMS controlled drugs and substances policy. Seven stations will implement annual audits of narcotics in client service areas.</p>
<p><b>High-Alert Medications</b> A documented and coordinated approach to safely manage high-alert medications is implemented.</p>	In Progress	<p>AHS has updated the "Management of High-Alert Medications" policy to be applicable to EMS. Twenty-one (21) stations will implement annual audits of high-alert medications in client service areas.</p>
<p><b>Information Transfer</b> Information relevant to the care of the client is communicated effectively during care transitions</p>	In Progress	<p>Eleven (11) stations will evaluate the information shared at care transitions to ensure information shared is standardized, documented and effective.</p>
<b>HIGH PRIORITY CRITERIA:</b>		
<p>The written response and deployment plan includes strategies to manage the demands of emergency medical services and interfacility transport.</p>	In Progress	<p>AHS EMS leadership will review resources, availability and processes at one station.</p>
<p>The infection prevention and control (IPC) program is regularly reviewed to ensure currency.</p>	In Progress	<p>The AHS EMS program will review and update, as needed, their Infection Prevention and Control policies.</p>
<p>Annual checks of the driving or operating records of team members' who operate transport vehicles are performed and documented.</p>	In Progress	<p>The AHS EMS program will ensure that annual checks of operators of transport vehicles driving records are performed and documented.</p>
<p>All changes to driving or operating records are reported to the organization.</p>	In Progress	<p>The AHS EMS program will require all changes to driving records be reported to the organization.</p>
<p>There are protocols for cleaning and disinfecting equipment which include procedures to be followed, the cleaning schedule, and choice of cleaners or disinfectants and their proper dilution and effective contact time.</p>	In Progress	<p>The AHS EMS program will review and update, as needed, policies and procedures for cleaning and disinfecting equipment.</p>
<p>All vehicles and medical equipment are regularly cleaned and disinfected in accordance with established protocols.</p>	In Progress	<p>Fourteen (14) stations will ensure all vehicles and medical equipment are regularly cleaned and disinfected according to AHS policy and procedure.</p>
<p>Specific procedures are followed for additional cleaning and disinfection of vehicles after transporting patients with a known or suspected communicable disease or contaminant.</p>	In Progress	<p>The AHS EMS program will review and update, as needed, policies and procedures for cleaning and disinfecting equipment after transporting patients with a known or suspected communicable disease or contaminant. Twelve stations will ensure additional cleaning and disinfecting protocols are followed, when appropriate.</p>

PROGRAM AREA	STATUS	ACTION PLAN
Medications and intravenous (IV) fluids are appropriately stored to protect them from extreme temperatures, heat, and light, as required.	In Progress	The AHS EMS program and three stations will ensure that intravenous fluids are properly stored to protect them from extreme temperatures, heat and light.
A protocol is followed to determine if a mission will be accepted.	In Progress	AHS EMS leadership will review resources, availability and processes at one EMS station.
The team ensures that equipment is secured in the vehicle.	In Progress	Five stations will ensure that equipment is properly secured in the vehicle.
Independent double-checks are completed before administering high-alert or high-risk medications.	In Progress	One station will review the process for independent double check before administering high-alert medications.