



**ACCREDITATION  
AGRÉMENT  
CANADA**

# **Accreditation Report**

## **Qmentum Global™ Program**

### **Alberta Health Services**

### **Urban Hospital Perioperative Services Program Report**

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## About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

## About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from October 16-20, 2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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# Executive Summary

## About the Organization

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2023-2027). Accreditation visits are helping AHS achieve its goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management, and Reprocessing of Reusable Medical Devices occur in the first survey of the cycle (Fall 2023).

During the cycle, location-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, provincial, and community-based programs where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach provides a more comprehensive assessment and aligns with different levels of accountability.

To further promote continuous improvement, AHS has adopted the assessment method referred to as attestation. Attestation requires teams from different sites throughout the province to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization's knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

After each accreditation survey, reports are issued to AHS to support their quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organizations' accreditation award.

## **Surveyor Overview of Team Observations**

The Perioperative Services and Invasive Procedures teams across AHS are commended for participating in the accreditation survey (October 16 - 20, 2023). Seven sites were visited as part of this assessment.

Leaders and team members were supportive of the accreditation process and proud to share their accomplishments since the last accreditation survey. In addition, several safety and quality initiatives were developed around surgical and perioperative care supporting safe, high-quality care. The importance of reporting near misses, complaints and incidents are reinforced with a 'just culture' approach to managing occurrences.

There is a strong commitment to optimize patient flow and patients were satisfied with their wait time for surgery which reflects some success around the province's initiative to develop strategies to improve the patients' surgical journey and to decrease wait times for surgery.

Team members reported high satisfaction with training and developmental opportunities and unanimously agreed that their workplace was safe and a great place to be employed. Training on diversity and equity (DE) is offered to staff and an interdisciplinary committee on DE is in the process of being formed. Team members shared their excitement about this initiative, and several expressed a desire to join this committee. Educational opportunities have proven to be popular incentives for attracting nursing staff, such as 'Peri-op training' and others.

Patients and families described their hospital experience as being positive and appreciated being treated with kindness and with respect.

Across all sites, the perioperative environments were clean and well laid out however, in some units, clutter, insufficient hand-hygiene stations and inadequate storage were observed and the organization is encouraged to further review.

## **Key Opportunities and Areas of Excellence**

### **Areas of Excellence:**

- Dedicated and skilled staff, physicians, and leaders.
- Collaborative working relationships with the acute pain service and Infection Prevention and Control (IPC).
- Information is effectively communicated during care transitions.
- Provincial initiative to reduce surgical wait times.

### **Opportunities:**

- The initiative to reduce surgical wait times and its impact on human resources.
- Transitioning from OR manager to Connect Care.
- Leaders are encouraged to conduct performance evaluation on a regular basis and to identify opportunities for team member growth throughout the process.
- Continue to conduct chart audits to support safety and quality.

## Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with.

To promote alignment with our standards, assessments results have been organized by core/foundational and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

## Accreditation Decision

Alberta Health Service accreditation decision continues to be:

**Accredited**

*The organization has met the fundamental requirements of the accreditation program.*

## **Locations Assessed in Accreditation Cycle**

The following table provides a summary of locations<sup>1</sup> assessed during the organization's on-site assessment.

**Table 1: Locations Assessed During On-Site Assessment**

<b>Site</b>	<b>On-Site</b>
Alberta Children's Hospital	<input checked="" type="checkbox"/>
Foothills Medical Centre	<input checked="" type="checkbox"/>
Kaye Edmonton Clinic	<input checked="" type="checkbox"/>
Red Deer Regional Hospital Centre	<input checked="" type="checkbox"/>
Rockyview General Hospital	<input checked="" type="checkbox"/>
Stollery Children's Hospital	<input checked="" type="checkbox"/>
University of Alberta Hospital	<input checked="" type="checkbox"/>

<sup>1</sup>Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

## Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

**Table 2: Summary of the Organization's ROPs**

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Perioperative Services and Invasive Procedures	3 / 3	100.0%
Pressure Ulcer Prevention	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Perioperative Services and Invasive Procedures	4 / 5	80.0%
Client Identification	Perioperative Services and Invasive Procedures	1 / 1	100.0%
Information Transfer at Care Transitions	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	5 / 5	100.0%

**Table 2: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Infusion Pump Safety	Service Excellence for Perioperative Services & Invasive Procedures	6 / 6	100.0%

# **Assessment Results by Standard**

## **Core Standards**

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

## **Emergency and Disaster Management**

### **Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

#### **Assessment Results**

Regular practice drills are conducted on day shifts and after hours with the support of the emergency management team. Teams regularly practice codes, and patients and their family members are informed about a code drill to prevent unnecessary concerns and anxiety. Following each code, a tabletop debrief takes place with leaders and staff.

A recent code orange was activated to respond to an E. coli outbreak at one site and resulted in appropriate management of the infection. Teams were proud of the rapid response received and the education that took place regarding proactive actions to prevent cross contamination.

Team members have access to policies and procedures for identifying and managing outbreaks and leadership teams review changes in policies with their staff during weekly meetings.

Excellent communication mechanisms are in place with staff, patients, and families to promote transparency and learning in relation to emergency preparedness and management.

#### **Table 3: Unmet Criteria for Emergency and Disaster Management**

There are no unmet criteria for this section.

## **Infection Prevention and Control**

### **Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

### **Assessment Results**

The perioperative areas visited were clean, and the staff were proud to share their quality initiatives regarding hand-hygiene. There are several IPC quality boards, hand-hygiene sinks for team members and available alcohol-based hand rub (ABHR) products. Team members across the sites work collaboratively with the IPC practitioners.

Hand-hygiene audits are completed in most units, with compliance reaching approximately 70% across all sites. The results are posted in strategic areas for staff, patients, and families to engage in conversations about hand-hygiene. Patients and families are also provided with easily understandable information about routine practices.

The use of personal protective equipment (PPE) was observed, and AHS is encouraged to continue auditing PPE use to ensure all staff are aware of current protective measures and compliant with PPE requirements.

The entire IPC team is commended for their timely response to concerns and questions related to IPC issues. The team is encouraged to continue meeting with the perioperative staff and leaders to share IPC data to facilitate targeted improvements.

### **Table 4: Unmet Criteria for Infection Prevention and Control**

There are no unmet criteria for this section.

## **Leadership**

### **Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

## **Assessment Results**

### **Physical environment**

The physical layout of the operating rooms and procedure rooms are for the most part designed to facilitate client flow and accommodate equipment with appropriate levels of access. In some areas, endoscopy procedures are performed in somewhat cluttered spaces; however, these areas have been targeted for renovations in the coming year.

Environmental conditions are closely monitored through collaboration among team members and the Facilities, Maintenance, and Engineering department. Areas where invasive procedures take place are appropriately restricted and equipped with adequate ventilation and humidity controls. The organization is encouraged to pay special attention to day surgery sites without isolation rooms and to consider the impact of placing infectious patients in curtained areas on the unit.

The perioperative space is in general well organized and clean with a focus on patient safety and security. However, in some units the holding area is cluttered and engaging in confidential conversations with patients about their surgery can be a challenge. Additionally, some areas face space and storage limitations and plans to increase the number of operating rooms will impact the existing space constraints. Discussions on how to prepare for the volume increase and allocate space are timely and necessary.

### **Table 5: Unmet Criteria for Leadership**

There are no unmet criteria for this section.

## **Medication Management**

### **Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

### **Assessment Results**

Excellent working relationships with pharmacy teams have been established. In one area, an automated dispensing cabinet is being installed in the operating area and the pharmacy team is supporting implementation of the system.

Anesthesia carts are standardized and well stocked. They are replenished by designated staff and are locked when they are not in use. The anesthesia cart at one site is equipped with automatic locks for enhanced safety and the organization is encouraged to consider purchasing Automatic Dispensing Cabinets across all sites.

All high-alert drugs are guided by policies and procedures, and they are routinely reviewed by the pharmacy and therapeutics committee (P&T). In addition, if a high-alert drug is required in a specific service area, permission from the P&T committee is obtained beforehand.

All post anesthesia care units are equipped with locked pharmacy cupboards, and all narcotics are co-signed in adult and pediatric services. Audits are completed routinely to ensure that look alike drugs are appropriately separated.

VTE prophylaxis audits completed from 2017 to 2021 were reviewed. The leaders are currently working with the quality department to explore the use of Connect Care to assist with VTE prophylaxis auditing. They are encouraged to continue with this important work.

Connect Care allows for safe medication management with integrated reminders to enhance the accuracy and completeness of medication administration.

### **Table 6: Unmet Criteria for Medication Management**

There are no unmet criteria for this section.

# Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

## Perioperative Services and Invasive Procedures

### Standard Rating: 96.0% Met Criteria

4.0% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

Overall, the perioperative program offers high-quality and safe surgical services that comply with best practice guidelines. Patient flow across the continuum is seamless with a focus on collaboration and communication. Patients access care through their surgeon, and phone calls are made to confirm surgery type, date, and time. Additionally, during the call, it is determined if the patient requires an in-person anesthesia consult days before the surgical intervention. Connect Care facilitates the process by ensuring that pre-operative tools are standardized and used for all patients.

In some units, quality improvement boards are posted, highlighting results related to practices like hand-hygiene audits and do not use abbreviations. The leaders are encouraged to pursue auditing efforts particularly in relation to VTE, falls and use of two person-specific identifiers. There is also opportunity to engage patients and families in awareness of their rights and responsibilities.

The surgical checklist and pause are routinely assessed, and this practice is facilitated by pre-existing prompts in Connect Care.

Patients and their families are made aware of the team member who is responsible for their care, and patients were able to describe the process to reach that person needed. Additionally, patients stated that they were well informed about their procedures. In some cases, goals and objectives for their care were identified especially with respect to post-operative pain management.

The leaders are encouraged to seek input from patients and families upon developing policies and procedures, restructuring, and designing. On one-unit, patient feedback led to the renovation of a storage room into a family lounge.

From a system's perspective, there are multidisciplinary teams working proactively to prevent and manage patient flow. The teams work diligently to ensure on-time starts for perioperative procedures. Furthermore, the provincial initiative to reduce wait times and enhance patient flow is applied to many surgical procedures through a common referral system. There are plans to increase the number of operating rooms by 2031 to support surgical wait times and program growth.

With regards to medical devices and equipment, manufacturer's instructions for use (MIFU) are diligently followed in the medical device and reprocessing departments (MDRDs). Disinfectants selected are all in accordance with compatibility criteria for the specific device being disinfected. Alerts and recalls are identified and placed in appropriate and marked bins. Each contaminated device is managed by staff who have completed the Healthcare Sterile Processing Association (HSPA) certification. Flash sterilization was reported to be rarely used, and the organization is encouraged to explore the possibility of eliminating the use of flash sterilization.

**Table 7: Unmet Criteria for Perioperative Services and Invasive Procedures**

Criteria Number	Criteria Text	Criteria Type
1.1.1	The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.	NORMAL
1.2.9	Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	HIGH
1.2.11	Immediate-use (or “flash”) sterilization is used in the operating/procedure room only in an emergency, and never for complete sets or implantable devices.	HIGH
1.3.4	Use of multi-dose vials is minimized.	NORMAL
2.2.15	Clients and families are provided with information about their rights and responsibilities.	HIGH
2.3.12	Venous Thromboembolism (VTE) Prophylaxis  2.3.12.3 Measures for appropriate VTE prophylaxis are established, the implementation of appropriate VTE prophylaxis is audited, and this information is used to make improvements to services.	ROP
2.5.1	Availability of all necessary supplies and functionality of equipment is confirmed before the client enters the operating/procedure room.	HIGH

# **Service Excellence for Perioperative Services & Invasive Procedures**

## **Standard Rating: 95.0% Met Criteria**

5.0% of criteria were unmet. For further details please review the table at the end of this section.

### **Assessment Results**

The leaders are passionate about providing quality perioperative services, and they are actively engaged and visible. Leadership rounds regularly take place, and there is an open-door policy. The team members are supported by charge nurses, educators, and specialty nurses. However, there has been some turnover among team members, leading to an increased need for orientation, education, and training, which is being adequately supported.

The team members described the perioperative area as a “good place to work.” They especially enjoy the teamwork and variation in their workday. They expressed a sense of security in their workplace. There are numerous educational and training opportunities available, and the support of nursing educators on most units is an added value.

All incidents are recorded in the Reporting and Learning System (RLS) and events that require an investigation are identified. The organization is encouraged to share learnings from events that lead to opportunities for improvement.

The leaders acknowledge that the performance of staff members is not regularly evaluated and documented. While performance conversations do occur, there are plans to ensure that staff member performance is evaluated and documented in an objective, interactive, and constructive way. The leaders are encouraged to continue with this important work.

**Table 8: Unmet Criteria for Service Excellence for Perioperative Services & Invasive Procedures**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.1.3	The team develops its service-specific goals and objectives.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH

2.1.11	The team leadership regularly engages with client and family representatives to gather input and feedback on their roles and responsibilities as well as role design, processes, and satisfaction.	NORMAL
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH

# **Quality Improvement Overview**

## **People-Centred Care**

AHS maintains a culture of caring and commitment to their patients and community, and teams across the entire perioperative sites have embraced this value. Clients and families noted they were treated with care, dignity, and respect. They also stated that they were well prepared for the surgical procedure, their questions were answered, and they appreciate the ongoing efforts to reduce wait times for their care.

While patient satisfaction is regularly sought in real time by the team members, leaders are encouraged to continue sharing patient satisfaction results with their teams and explore ways to continuously improve together. The leadership teams are currently in the process of recruiting a client and family representative to support the perioperative program. Patient and family representatives may be invited to provide input on roles and responsibilities, as well as planning and service design. The participation of clients and families in revising services will add value to the care provided.