



**ACCREDITATION  
AGRÉMENT  
CANADA**

# **Accreditation Report**

Qmentum Global™ Program

Urban Hospital Emergency Department  
Program

**Alberta Health Services**

Report Issued: November 20, 2024

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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 7 - 11, 2024.

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.

## Confidentiality

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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 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 occurred 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 Emergency and Disaster Management, Infection Prevention and Control, Leadership, Medication Management 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

Ten emergency departments and three urgent care centres were visited in all five zones. The overall sentiment was that some patients waited a long time for emergency services, but once they were provided with service there was high satisfaction with the care received.

The orientation for emergency departments and urgent care centres is comprehensive and staff reported being provided good support by the educators within the departments. Staff also reported that they have seen improvement over the last 2-3 years in the support provided by management/leadership following traumatic events.

The emergency departments work well with their partners, such as Emergency Medical Services (EMS), Police Services, municipalities, and referral sites. There is a provincial strategic initiative to reduce offload times. The EMS teams and emergency departments have made this work a priority since the last on-site survey visit. While this is a provincial initiative, the emergency departments and urgent care centres have flexibility to develop strategies for their sites and there were examples observed across all sites by surveyors. For example: Foothills Medical Centre (FMC) has a separate triage area/nurse for ambulances. There are three bays and six hallway stretchers to offload patients from the ambulances. The offload triage nurse has visibility of these patients until they are brought to an appropriate area for assessment.

There are a number of new leaders in the emergency departments across the province. The new leaders are bringing a new perspective, energy and enthusiasm to their teams. One of the challenges they face is to find ways to provide formal feedback to the staff. Many staff reported that they received informal feedback on their performance regularly, but were not receiving formal opportunities, which included written feedback and performance development conversations. The experience of physicians regarding formal feedback was different. When speaking with physicians, they have annual performance reviews with the medical director, and these were reported as being useful.

There is a great deal of overcrowding in many of the emergency departments. Some of the departments were constructed over 20 years ago and infection prevention standards have changed. In addition, there is more equipment being used, more complex patients being seen and now that most sites are live with Connect Care, there are computer workstations throughout the departments, leading to increased clutter. Consequently, emergency departments have had to find ways to adapt to keeping patients and staff/physicians safe amidst this clutter. They have had to develop surge protocols and criteria. An example of overcrowding was seen at South Health Campus. The site is funded for 30 patient spaces and during the visit there were 65 patient spaces being used.

## Key Opportunities and Areas of Excellence

### Areas of Excellence:

- Managers are making targeted efforts to improve the work life of staff and physicians. Examples include Bad Day Bags, Piggy Bank every second month, and Formal Kudos to staff.
- Teams have made significant progress on their quality improvement journey. There is evidence of team development of goals/objectives, testing of interventions, data collection, analysis and evaluation.
- Evidence of ongoing training and excellent support from educators and physicians including simulation-based education
- Interprofessional teamwork: physicians, nurses, social workers, occupational therapists, physiotherapists, orthopaedic technicians, health care aides and pharmacists collaborate in several emergency departments and urgent care centres
- Embedding people-centred care into the emergency departments and urgent care centres

### Opportunities:

- Continue to work on the offload times and overcrowding issues
- Some sites (e.g., Wetaskiwin Hospital and Care Centre) require additional training on mental health and addictions as they are seeing an increase in this population in the emergency department
- Ensure patients are aware of their rights and responsibilities. Look for ways to incorporate this into the care of patients in emergency departments and urgent care centres.
- Strengthen communication, particularly at patient handoffs. In some sites these are verbal where written could be more effective and safer.
- Work on providing written and formalized feedback consistently to staff

## People-Centred Care

Another area that has been advanced since the last survey is the embedding of person-centred care into the emergency departments and urgent care centres. Many of the 13 sites visited have incorporated patients/families into their teams. Patients/families are part of renovation design plans, quality improvement initiatives, and in some instances, sitting on interview boards (Foothills Medical Centre). Patients/families are involved in Quality Assurance Reviews at Grand Prairie Regional Hospital.

Emergency departments and urgent care centres have worked to be more culturally sensitive and aware. At Wetaskiwin Hospital and Care Centre there is an Indigenous and spiritual coordinator with dedicated space for healing practices. A number of departments are supported by social work or spiritual partners, recognizing the complex social issues that patients are dealing with.

The emergency departments and urgent care centres utilize volunteers in most departments. The volunteers have good onboarding, enjoy their roles, and are an asset to the departments they serve. They assist with many things that improve the experience of those waiting in the departments. Several emergency departments and urgent care centres are updating/revamping patient satisfaction surveys to ensure the data they collect is useful and identifies any gaps that may exist. Patient advisors are being utilized to provide insights.

## 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 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 and required organizational practices results.

## Accreditation Decision

Alberta Health Services' accreditation decision is:

***Accredited***

*The organization has succeeded in meeting 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**

Site	On-Site
Alberta Children's Hospital	<input checked="" type="checkbox"/>
Chinook Regional Hospital	<input checked="" type="checkbox"/>
Cochrane Community Health Centre	<input checked="" type="checkbox"/>
Foothills Medical Centre	<input checked="" type="checkbox"/>
Grande Prairie Regional Hospital	<input checked="" type="checkbox"/>
Northeast Community Health Centre	<input checked="" type="checkbox"/>
Okotoks Health and Wellness Centre	<input checked="" type="checkbox"/>
Royal Alexandra Hospital	<input checked="" type="checkbox"/>
South Calgary Health Centre	<input checked="" type="checkbox"/>
South Health Campus	<input checked="" type="checkbox"/>
Strathcona Community Hospital	<input checked="" type="checkbox"/>
University of Alberta Hospital	<input checked="" type="checkbox"/>
Wetaskiwin Hospital and Care Centre	<input checked="" type="checkbox"/>

## Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). Accreditation Canada's Accreditation Decision Committee guidelines require 80% 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
Client Identification	Emergency Department	1 / 1	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Information Transfer at Care Transitions	Emergency Department	4 / 5	80.0%
Infusion Pump Safety	Service Excellence for Emergency Department	6 / 6	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	4 / 7	57.1%

## 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

A selection of criteria was assessed at the unit level. Staff report being involved in emergency response exercises and provided with opportunity for debriefing. However, the teams are at different levels regarding communication to partners and with patients/families and the community. This could be a potential area of improvement for the teams to ensure communication happens in a timely way. Patients and families at some sites have been involved in mock disasters and tabletop exercises. Teams are encouraged to ensure they communicate the results/improvements from emergency response exercises broadly.

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

There are no unmet criteria for this section.

## Infection Prevention and Control

### Standard Rating: 89.5% Met Criteria

10.5% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The surveyors saw a great deal of evidence of staff washing their hands or sanitizing with alcohol-based hand rub (ABHR). Patients and families confirmed they were seeing this as well. Hand-hygiene training is provided during orientation and is mandatory training.

Most sites were able to provide evidence of hand-hygiene audits being performed regularly. The audits were not all above 90%, but the sites continue to promote and train staff, patients and families on hand-hygiene. ABHR is available for staff, physicians, patients and families.

A couple of areas of concern emerged during the survey. At the Okotoks Health and Wellness Centre there are 11 beds and only one sink. The organization is encouraged to look at opportunities to add additional sinks for infection prevention and control. The document on Biomedical Waste (#ESM-01-01, effective 2019) should be updated.

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

Criteria Number	Criteria Text	Criteria Type
2.4.5	Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	HIGH
2.5.4	Team members, and volunteers have access to dedicated hand-washing sinks.	NORMAL

## Leadership

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

### Assessment Results

Physical environment at the point of care was assessed at a number of sites and safety concerns were not identified. Several areas were under construction/undergoing renovations during the survey. It was noted that the required infection prevention and control standards were in place to protect staff, patients and families.

#### Table 5: Unmet Criteria for Leadership

There are no unmet criteria for this section.

## Medication Management

### Standard Rating: 91.2% Met Criteria

8.8% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

A selection of medication management criteria was assessed at the unit level. There was good evidence of staff scanning patient identification prior to administration and medication rooms were located close to where care was being delivered. Having the pharmacist in the department and part of the team was reported as being an important improvement for those areas where a pharmacist was on-site.

At one site (Chinook Regional Hospital) there was no evidence of signage in the pharmacy or within the emergency department regarding the Do Not Use abbreviations lists. Evidence of audits for Do Not Use abbreviations were not available for review presenting an opportunity to strengthen education and processes across all sites to mitigate risk of medication errors.

While the labels of medications do have tall man lettering, at a couple of sites (Foothills Medical Center and South Calgary Health Centre), there is opportunity to improve storage in client service areas for look-alike medications and sound-alike medications.

AHS has a process for exceptions related to limiting the use of multi-dose vials. While this has reduced the number of multi-dose vials that are used, there are still multi-dose vials being used. Efforts are made to have them attached to a single patient.

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

Criteria Number	Criteria Text	Criteria Type
5.1.7	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.	HIGH
5.1.9	Multi-dose vials are used only for a single client in client service areas.	HIGH

Criteria Number	Criteria Text	Criteria Type
6.1.6	<p>The 'Do Not Use' List of Abbreviations</p> <p>6.1.6.5 Team members are provided with education about the organization's 'Do Not Use' List at orientation and when changes are made to the list.</p> <p>6.1.6.6 The organization's 'Do Not Use' List is updated, and necessary changes are implemented to the medication management processes.</p> <p>6.1.6.7 Compliance with the organization's 'Do Not Use' List is audited, and process changes are implemented based on identified issues.</p>	ROP

## 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.

### Emergency Department

#### Standard Rating: 87.0% Met Criteria

13.0% of criteria were unmet. For further details please review the table at the end of this section.

#### Assessment Results

Ten emergency departments (EDs) and three urgent care centres were reviewed during the survey. AHS has been investing in resources, incorporating additional roles within the emergency departments (e.g., physiotherapists and occupational therapists) particularly in the larger sites. These health professionals are assisting with admission avoidance, which is one of the provincial targets.

There is also opportunity to strengthen education and support to work with patients with mental health and addictions across sites. There is also opportunity to strengthen training and education on how to support and provide information to families of potential organ and tissue donors across sites. This could represent an opportunity to make meaning out of something tragic/difficult. In addition, a number of documents related to neurological determination of death are out of date and require review to support process and practice.

Ambulance offload response times are measured and used to set target times for patients brought to EDs by Emergency Medical Services. The current target for offloads is 45 minutes and teams have access to data regarding offload times. The teams are encouraged to scan similar sized EDs and benchmark their offload times. Then the teams can set targets, develop indicators and strategies for improvement and evaluate their progress. This progress should be shared with the team, patients, families and the public. For example, in September 2024, staff offloaded in 30 minutes or less at Rockyview General Hospital and Foothills Medical Centre 87% and 84% of the time respectively. These teams are commended for their excellent work.

The rate of patients who leave the ED without being seen (LWBS) is being monitored. Sites watch this closely and attempt to contact individuals who have LWBS to ensure they are safe. At most sites, there was ongoing communication with patients who were waiting for services. However, at the Royal Alexandra Hospital, patients and families stated that there was essentially no communication with them as they waited for care despite being moved from location to location within the ED. It is recommended to ensure patients are kept informed about their care during wait times.

Diagnostic services and specialist consultation were noted to be available at most sites. However, at the Chinook Regional Hospital, it depends on the specialty and the specialist whether they are available 24 hours a day, 7 days a week.

It is recommended that all sites review their universal fall precautions. It is best practice for organizations to identify and adopt precautions for all patients, regardless of the risk of falling. At Grande Prairie Regional Hospital, Royal Alexandra Hospital, and Northeast Community Health Centre there was no



signage identifying patients at risk for falls. In addition, at Grande Prairie Regional Hospital, it was noted that a patient who had fallen at home did not have a falls risk assessment completed despite being in the ED for more than 12 hours.

Patient handovers are a concern in some areas where there may be only a verbal handover. For example, at the Cochrane Community Health Centre, a verbal report is done during handover, which is not documented. In addition, sticky notes were used periodically by some staff to communicate upcoming tasks to be completed. Verbal handover report was also noted at the South Health Campus site. There is evidence that using standardized communication tools can improve safety and quality. It is recommended that all sites focus on sharing effective, standardized, and documented information in the transitions of care. The emergency departments and urgent care centres may wish to consider use of a standardized handover tool to ensure quality, consistency and safety of handovers.

A recurrent theme noted during the assessment was that at most sites, patients and families reported they were not provided with information about their rights and responsibilities, nor were they aware of how to file a complaint. The teams are encouraged to post patient rights and responsibilities in a public-facing area and have information readily available to patients and families on how to file a complaint.

The physical space across departments varied from older sites where space was smaller and “cramped” to new sites with significantly newer and purpose-built space to meet the needs of the team, patients and community. Some smaller sites are challenged to maintain privacy for patients during the registration and/or triage process. The departments have seen an increase in both volume and acuity so the constraints of some physical space will become more challenging.

At most of the sites, entrances to the EDs were clearly marked and accessible. However, at the Wetaskiwin Hospital and Care Centre, the emergency department is currently under construction and a new ED has been set up in the hospital. Although there is signage inside the hospital there is no external signage identifying where the entrance for the emergency that would support timely patient, family and visitor navigation.

**Table 7: Unmet Criteria for Emergency Department**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.1.2	Education and support to work with clients with mental health and addictions are provided to team members.	NORMAL
2.2.1	Entrance(s) to the emergency department are clearly marked and accessible.	HIGH

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
2.2.2	All clients who present at the emergency department are evaluated,	HIGH
2.3.2	A standardized pediatric-specific tool is used to conduct the triage assessment of pediatric clients.	NORMAL
2.3.7	There is ongoing communication with clients who are waiting for services.	NORMAL
2.4.15	Clients and families are provided with information about their rights and responsibilities.	HIGH
2.4.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.	HIGH
2.5.6	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.	HIGH
2.5.14	Priority access to consultation services is available 24 hours a day, 7 days a week.	HIGH
2.6.2	There is a policy on neurological determination of death (NDD).	NORMAL
2.6.5	Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.	NORMAL
2.6.6	Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from clients and families.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.7.3	Client privacy is respected during registration.	NORMAL
2.7.13	Access to spiritual space and care is provided to meet clients' needs.	NORMAL
2.7.17	<p>Information Transfer at Care Transitions</p> <p>2.7.17.4 Information shared at care transitions is documented.</p>	ROP

# Service Excellence for Emergency Department

**Standard Rating: 96.2% Met Criteria**

3.8% of criteria were unmet. For further details please review the table at the end this section.

## Assessment Results

As noted earlier, while there is overcrowding in most of the emergency departments and urgent care centres, patient satisfaction is mostly high. This is due to a number of factors including a multidisciplinary team providing a depth and breadth of services. The orientation to work in the emergency departments and urgent care centres is comprehensive and new staff follow a path of increasing acuity as they learn in each new area. The retention rate of new staff is high at the one-year mark. The teams also take new graduate nurses and provide an extended orientation. There are opportunities for ongoing education with educators at each site ensuring staff have what they need to build their skills. Physicians participate in journal clubs, watch webinars, deliver simulations and attend conferences where possible.

As a result of the COVID-19 pandemic and associated pressures, performance reviews were not regularly performed across sites. There is a change in process to development conversations where discussions with staff regarding performance will become more regularly conducted. The leaders are encouraged to ensure these conversations occur regularly to support staffs’ personal growth and competence.

The leaders are encouraged to ensure standardized tools are used to communicate information between teams to support consistency, teamwork and patient safety.

A challenge for many emergency departments and urgent care centres is confidentiality. It is not practical to provide every patient with a private room and the registration process may not always be in a private room. Surveyors addressed this with patients, and they appreciate the efforts of staff to keep their information confidential, balancing that with efficient workflow and patient safety.

**Table 8: Unmet Criteria for Service Excellence for Emergency Department**

Criteria Number	Criteria Text	Criteria Type
1.2.4	The team works with the organization to co-design its physical spaces to meet its safety and service needs including confidential and private interactions for clients and families.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member’s performance in an objective, interactive, and constructive way.	HIGH

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
2.2.3	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.	HIGH

## Criteria for Follow-up

### Criteria identified by the Accreditation Decision Committee for follow-up reporting to Accreditation Canada

Follow-up Requirements		
Standard	Criterion	Due dates for sites
Emergency Department	2.2.1 - Entrance(s) to the emergency department are clearly marked and accessible.	November 28, 2025 <ul style="list-style-type: none"> <li>Wetaskiwin Hospital and Care Centre</li> </ul>
Emergency Department	2.4.15 - Clients and families are provided with information about their rights and responsibilities.	November 28, 2025 <ul style="list-style-type: none"> <li>Alberta Children's Hospital</li> <li>Chinook Regional Hospital</li> <li>Cochrane Community Health Centre</li> <li>Foothills Medical Centre</li> <li>Grande Prairie Regional Hospital</li> <li>Northeast Community Health Centre</li> <li>Okotoks Health and Wellness Centre</li> <li>Royal Alexandra Hospital</li> <li>South Calgary Health Centre</li> <li>South Health Campus</li> </ul>
Emergency Department	2.4.16 - Clients and families are provided with information about how to file a complaint or report violations of their rights.	November 28, 2025 <ul style="list-style-type: none"> <li>Chinook Regional Hospital</li> <li>Cochrane Community Health Centre</li> <li>Grande Prairie Regional Hospital</li> <li>Northeast Community Health Centre</li> <li>Okotoks Health and Wellness Centre</li> <li>Royal Alexandra Hospital</li> <li>South Calgary Health Centre</li> <li>South Health Campus</li> </ul>
Emergency Department	2.5.6 - 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.	November 28, 2025 <ul style="list-style-type: none"> <li>Grande Prairie Regional Hospital</li> <li>Northeast Community Health Centre</li> <li>Royal Alexandra Hospital</li> </ul>
Emergency Department	2.7.17.4 - Information shared at care transitions is documented.	November 28, 2025 <ul style="list-style-type: none"> <li>Cochrane Community Health Centre</li> <li>South Health Campus</li> </ul>

Follow-up Requirements		
Standards	Criterion	Due dates for sites
Infection Prevention and Control	2.4.5 - Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	November 28, 2025 <ul style="list-style-type: none"> <li>• Alberta Children's Hospital</li> <li>• Okotoks Health and Wellness Centre</li> <li>• Strathcona Community Hospital</li> <li>• Wetaskiwin Hospital and Care Centre</li> </ul>
Medication Management	5.1.7 - 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.	November 28, 2025 <ul style="list-style-type: none"> <li>• Foothills Medical Centre</li> <li>• South Calgary Health Centre</li> </ul>
Medication Management	6.1.6.5 - Team members are provided with education about the organization's 'Do Not Use' List at orientation and when changes are made to the list.	November 28, 2025 <ul style="list-style-type: none"> <li>• Chinook Regional Hospital</li> </ul>
Medication Management	6.1.6.6 - The organization's 'Do Not Use' List is updated and necessary changes are implemented to the medication management processes.	November 28, 2025 <ul style="list-style-type: none"> <li>• Chinook Regional Hospital</li> </ul>
Medication Management	6.1.6.7 - Compliance with the organization's 'Do Not Use' List is audited and process changes are implemented based on identified issues.	November 28, 2025 <ul style="list-style-type: none"> <li>• Chinook Regional Hospital</li> </ul>
Service Excellence for Emergency Department	2.2.3 - 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.	November 28, 2025 <ul style="list-style-type: none"> <li>• Royal Alexandra Hospital</li> </ul>