ACCREDITATION
AGRÉMENT
CANADA

Accreditation Report

Qmentum Global™ Program

Emergency Medical Services and Interfacility Transport

Alberta Health Services

Report Issued: November 20, 2024

Table of Contents

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

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 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 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

The leadership of Alberta Health Services (AHS) is commended for its commitment to have Accreditation Canada surveyors from across the country assess its Emergency Medical Services (EMS) and Interfacility Transport Program. The previous provincial EMS survey took place in 2020 and given the circumstances at that time (COVID-19 pandemic), aspects of a typical survey of EMS involving ride-alongs were not possible. During this survey, opportunities for a number of ride-alongs (11 in total) by surveyors with EMS teams were possible. The leadership and staff of EMS within AHS were extremely hospitable and accommodating to help provide surveyors with an accurate picture of the strengths and challenges of the EMS program in 2024. Support personnel within EMS were also supportive of surveyors needs and are to be commended for their ongoing efforts.

The EMS crews demonstrated pride in their work and were eager to share their insights with surveyors. Many of the responders in the service are experienced primary care paramedics and advanced care paramedics who demonstrated empathy and a commitment to the best possible outcomes for patients and their families. AHS is fortunate to have recruited and retained such a group of caring professionals. The organization is encouraged to enhance its recognition programs, so staff feel valued by their employers, and in particular, their immediate supervisors. Supervisors were visible and accommodating throughout the survey. They went above and beyond to ensure surveyors had opportunities with their staff on the frontlines so the perspectives and insights of the frontlines could be amplified.

The EMS program has cultivated productive and collaborative relationships with many community partners who share similar goals and mandates. Partners interviewed identified a collaborative and collegial working relationship among first responder groups such as the fire department and police services. Examples of collaboration and innovation were seen.

AHS and the EMS leadership have invested significantly in staff wellness and mental health since the last survey. New positions have been created and the service boasts over 100 volunteers in the peer support program. A four-year plan has been developed around key wellness pillars and efforts appear to be resonating with staff, particularly with the younger generation of responders. The nature and impact of working as a first responder is known to only those who choose to work within EMS, and ensuring their ongoing health, wellbeing and work-life balance must be a strategic priority. Surveyors found a positive change in focus within AHS that includes the holistic aspects of the people who provide response to a myriad of situations in addition to the technical tasks they perform in a system that is complex and increasingly challenging. The organization is encouraged to continue its efforts to recruit and retain employees. The importance of workforce planning cannot be understated. The positive culture change emerging within EMS, that was noticed by surveyors and validated by staff, should be nurtured and supported. Examples of innovation can serve as models for addressing entrenched systemic challenges. Progress is being made and continued support by leadership is encouraged. Further efforts in health human resource planning, internal communication, education and training, quality improvement, safety and people-centred care are recommended.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Commitment of staff and high standard of care
- Wellness and mental health focus
- Innovations
- Standard equipment / fleet management
- Medical oversight and support
- Culture shift

Opportunities:

- Recruitment / retention / morale / workforce planning
- People-centred care / cultural safety
- Infection prevention and control (vehicles/hand-hygiene)
- Quality improvement
- Medication management

People-Centred Care

It was evident to surveyors that minimal progress has been made in advancing people-centred care (PCC) since the last survey. The organization has acknowledged there is work to be done to advance principles of people-centred care.

There were some examples of AHS EMS services engaging patient advisors for a number of provincial initiatives. Surveyors spoke to these patient advisors during the on-site visit. The advisors were excited about the opportunities they had to provide input into a variety of EMS initiatives. They felt there was adequate orientation to their roles in addition to their own lived experiences, external training and capacities. One advisor also indicated that she had the opportunity to also share broader, system-based information back to her respective community. This highlights how a well-developed people-centred care approach has a multitude of positive impacts for a myriad of partners as well as the EMS program. A well-developed approach to PCC can enhance communication initiatives and understanding of system successes and challenges in the broader community.

While there were a limited number of examples of provincial and corporate support for principles of PCC, there was virtually no indication of patient/family involvement at the zone or site level within EMS on matters of programs, quality improvement, satisfaction, and feedback. Staff were not aware of patient and family engagement initiatives. It was noted that actual care provided by staff at the frontlines was compassionate, empathetic, professional and patient focused, and responders are to be commended. Surveyors witnessed responders involving patients and families in care and treatment. Patients were empowered to make informed decisions about their care and their wishes were respected. Staff would benefit from understanding how patients/families should be further involved in care, actively seeking and considering patient feedback on the call as well as their experience in the broader system.

It is recommended AHS and EMS leadership make advancing PCC principles a priority, particularly within the frontlines of service. The design of new facilities presents unique opportunities for the organization to engage patients and families in co-design of facilities and programs. It is further suggested that EMS leadership ensure patient and family involvement at the zone and site level. Recruitment of more patient advisors is recommended. Exploring establishment of zone EMS advisory groups is also suggested.

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 continues to be:

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[1] assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Alberta Children's Hospital	☑
EMS - Bashaw	☑
EMS - Bassano	☑
EMS - Calgary Station 1	☑
EMS - Calgary Station 14	☑
EMS - Calgary Station 2	☑
EMS - Calgary Station 24	☑
EMS - Calgary Station 300 (Headquarters)	☑
EMS - Cardston	☑
EMS - Central Communication Centre	☑
EMS - Czar	☑
EMS - Daysland	☑
EMS - Edmonton International Airport Air Operations Centre	☑
EMS - Edmonton Station 26 Meadows	☑
EMS - Edmonton Station 36 Pylypow	☑
EMS - Edmonton Station 41 St. Joseph's	☑

Site	On-Site
EMS - Forestburg	☑
EMS - Fox Creek	☑
EMS - Grande Prairie Richmond	☑
EMS - High Prairie	☑
EMS - Killam	☑
EMS - McLennan	☑
EMS - Spruce-Norwood Station 5	☑
EMS - Swan Hills	☑
EMS - Taber	☑
EMS - Wainwright	☑
EMS - Valleyview	☑
EMS - Vauxhall	☑
EMS - Vulcan	☑

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 TFCs to be met across the four-year accreditation cycle.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Client Identification	Emergency Medical Services (EMS) and Interfacility Transport	1 / 1	100.0%
Hand-hygiene Compliance	Emergency Medical Services (EMS) and Interfacility Transport	0 / 3	0.0%
Hand-hygiene Education and Training	Emergency Medical Services (EMS) and Interfacility Transport	1 / 1	100.0%
High-alert Medications	Emergency Medical Services (EMS) and Interfacility Transport	3 / 8	37.5%
Information Transfer at Care Transitions	Emergency Medical Services (EMS) and Interfacility Transport	1 / 5	20.0%
Infusion Pump Safety	Emergency Medical Services (EMS) and Interfacility Transport	2 / 6	33.3%
Narcotics Safety	Emergency Medical Services (EMS) and Interfacility Transport	2 / 3	66.7%
Reprocessing	Emergency Medical Services (EMS) and Interfacility Transport	0 / 2	0.0%

Assessment Results by Standard

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 Medical Services (EMS) and Interfacility Transport

Standard Rating: 81.7% Met Criteria

18.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The EMS program aligns with the AHS mission and values. The EMS service has been subject to three significant external reviews in recent years. There has been a plethora of recommendations that are well founded and generally supported by the survey team. The organization has prioritized these recommendations within a four-year plan and many initiatives are currently underway.

The EMS program is well placed and prepared to respond to emergencies. EMS Communications Centers serve as the call taking service for the province and provides ambulance dispatch services as well as air transport and coordination. Call taking and dispatching are supported heavily by technology which serves to ensure efficiency and standardization. EMS deployment plans exist and are followed with one exception (EMS-Czar) where the local service standard requires immediate review to mitigate risks.

Province-wide dispatch and communication facilitating EMS deployment and support is also worthy of note. There has been growing appreciation of EMS responders' and dispatch's roles and challenges. Dispatch utilization of support software is becoming increasingly understood and accepted by frontline responders and the impact on quicker and more comprehensive information in response to patient needs is commendable. Further relationship building is encouraged.

There are processes to triage on the scene and assessments are documented. An open, transparent and respectful relationship is maintained with patients and families. Patients are afforded opportunities to be involved and make decisions about their care. Accurate records are kept of the episodes of care and patients have access to their information in a timely manner. Full utilization of the recently implemented Connect Care information system has potential for positive impact on staff and patients.

Fleet management is vital to maintain a modern EMS service. AHS EMS Fleet Management team utilizes industry leading software to track preventive and predictive maintenance, as well as ensuring an evergreening of its complement of vehicles and equipment.

The organization is commended for its work with Indigenous communities to map areas to facilitate timely response to calls for service. There were examples of collaborative relations with other community responders and information and resources are shared. The EMS service has made significant strides in some jurisdictions to expand services, however, continues to be challenged to match deployment resources with ever increasing volume demands that appear to have outpaced capacity to respond effectively. Mutual aid agreements exist with partners and EMS is active within its provincial communities and strives to maintain a profile at events and with community health and wellness initiatives.

EMS and Interfacility Transport (IFT) have a supportive/symbiotic relationship. IFT services and its patients are well served by experienced team members such as critical care nursing and respiratory therapy. IFT is also very strong in terms of training, use of simulations and medical leadership. IFT maintains a series of metrics as well as quarterly quality reports. Ensuring appropriate utilization of the service continues to be an area to address.

The EMS program benefits from strong medical oversight and support. AHS EMS is fortunate to enjoy widespread physician involvement and staff indicated they feel well supported and appreciated by physicians. Physicians are active in developing protocols, quality improvements, clinical case reviews, as well as on-site and on-going supports, particularly in clinical training.

The EMS program supports mandated clinical training. Ongoing maintenance of competency in infusion pumps is an area of opportunity identified by surveyors in consultation with staff. Current training efforts need to be evaluated for effectiveness. While there is a variety of voluntary training available, barriers such as time and cost lessen staff uptake. With a changing workforce, there is an increased need for mentorship. It is suggested efforts be expanded to design and implement a mentorship program with incentives and training. Clinical education opportunities, particularly simulation training, has advanced and is well-subscribed and appreciated.

Standardization in the methods of communicating information at care transitions requires greater discipline. There was variation identified in how information was being communicated at care transitions. Although most times appropriate information was presented or elicited, the standard communication tool adopted by AHS was not utilized in practice. It is recommended the effectiveness of communication at transfer of care be regularly evaluated. Efforts to facilitate a rapid return to service met with initial success; however, the initiative has fallen off due to overwhelming pressures with hospitals.

There were concerns identified with respect to the need for enhanced cultural safety initiatives across all sectors of AHS including education and training.

Performance reviews are largely infrequent, and several experienced staff indicated they have not had a meaningful review in several years. This represents a missed opportunity on a number of fronts and nurtures an environment where staff see their supervisors only when there are negative issues. Regular performance reviews and staff recognition need significant attention, and the visibility and consistency of EMS supervisors were noted for improvement. Staff are committed to their profession, however morale issues and lower levels of staff engagement in a complex health system were identified and need dedicated attention and interventions to retain much needed staff. There is also an opportunity to strengthen the process for annual checks of the driving or operating records of team members who operate transport vehicles.

Roles and scope of practice within EMS are clearly defined and known by staff. Community paramedicine and building pathways into community services should be nurtured. Staff appeared very engaged in the advancement of paramedicine and how this could support the health system and reduce dependency on emergency departments. It is encouraged to continue to explore pathways to care that EMS can access into community-based services.

Significant efforts and investments in wellness and mental health have been undertaken and noticed by staff. Further efforts at ensuring work-life balance are encouraged. In addition, a greater emphasis on recognition is suggested to maintain morale and engagement.

Pediatric Interfacility Transport

The pediatric transport team working out of the Emergency Department (ED) at the Alberta Children's Hospital was reviewed during the on-site survey. The team supports the safe transport of critically ill and injured children living in rural centres for timely comprehensive and intensive pediatric care. Each team is comprised of an experienced Intensive Care Unit (ICU) or ED nurse and a respiratory therapist. The decision for transport is made in consultation with the requesting facility and the ICU intensivist. Once

transport is decided, the call is placed to RAAPID (Referral, Access, Advice, Placement, Information, & Destination) to coordinate the EMS ambulance to pick up and deliver the transport team to the requesting facility. There is a close working relationship with the RAAPID team and the EMS team to book a vehicle when transport is required. Strong partnerships also exist with referring centres and external partners such as STARS.

The team is highly trained and competent. Education and training specific to pediatric patients are covered in the annual mandatory training for staff working at Alberta Children's Hospital. Specialized skills are acquired through PALS (Pediatric Advanced Life Support) and simulation training to ensure safe care during patient transport by air, helicopter and ground ambulances. During the survey visit, team members were observed undergoing a simulation exercise in the simulation lab to assess their critical knowledge as well as critical on-the-spot decision making during an emergent likely scenario. The simulations are run by the medical lead for interfacility transport.

New within the last 12 months is the Eolas Medical app, a tool that has all the policies and protocols needed for inter-facility transport. There is a policy and process to address continuous physician responsibility and availability during all phases of the patient’s care in the field and during transport.

Quarterly interfacility transport quality reports are prepared. This report captures the data points and the activity of the transport team with an analysis of the activities. The report findings are used for planning and education/training purposes. This report is communicated to the leadership, the respiratory team and the hospital foundation who funds much of the equipment for inter-facility transport initiative.

Innovation

While the service faces many challenges, there appears to be restlessness with the status quo. A variety of innovative practices were shared with surveyors. For example, ambulance readiness attendant positions have significantly lessened turnaround times to ensure ambulances are ready to redeploy. These positions have become widely accepted within the service areas where they exist and the potential for more such positions is noted and encouraged.

An Air Ambulance Transition unit housed out of the Air Ambulance hanger in Edmonton is worthy of note for its impact on facilitating flow and ongoing patient care in more appropriate settings for patients being transported.

The AHS EMS Mobile Integrated Health (MIH) program is robust and well implemented across the province. The teams have worked hard to establish themselves as a critical component of the health system, adding tremendous value and providing services that enhance and augment the system overall. MIH collaborates with all facets of the health and social care systems in the province to provide wraparound services to clients. The implementation of the 811-referral pathway has proven to be successful in taking care of the community and is putting capacity back to the EMS and emergency department through visit avoidance. Planned future expansion of this pathway to all patients will be important in the pursuit of universal access to the program.

Infection Prevention & Control

Infection prevention and control (IPC) resources are minimal and appear to exist at a provincial level. There are opportunities for increased IPC presence within zones and at sites for audits and education. Gaps were identified in maintaining hand-hygiene audits and cleaning and disinfecting of vehicles and equipment. The organization is encouraged to strengthen the IPC program within AHS EMS including hand-hygiene compliance and updating protocols for cleaning and disinfecting.

Medication Management

Concerns were identified with some aspects of medication management. There is an opportunity to strengthen the concept of an independent double check across sites before high alert or high-risk medications are administered. Storage of high alert medications was not optimal at several sites and in

several vehicles checked. Regular audits are encouraged to ensure that medications, and IV fluids are being safely stored and that high alert medications are clearly identified and separated from other drugs. Greater engagement of Pharmacy with the EMS program is suggested.

Quality Improvement

Quality improvement (QI) initiatives have not appeared to have advanced significantly since the last accreditation survey in 2020. EMS is encouraged to reboot its QI program and ensure all areas develop key performance indicators with benchmarks and targets, then undertake initiatives to address gaps. The organization now has the benefits of considerable data related to most aspects of its service.
Greater emphasis on analysis of data to find practical use for improvement is encouraged. This information should also be communicated widely to internal and external audiences. In advancing the principles of people-centred care, patient and family members should be involved in all aspects of quality improvement. The adage – “nothing about me without me” has great currency at this time.

Table 3: Unmet Criteria for Emergency Medical Services (EMS) and Interfacility Transport

Criteria Number	Criteria Text	Criteria Type
1.1.2	There is a written response and deployment plan consistent with the organization's mission, resources, and service demands.	NORMAL
1.1.3	The written response and deployment plan includes strategies to manage the demands of emergency medical services and interfacility transport.	HIGH
1.1.4	Transport planning is undertaken with input from patients, families, and partners.	NORMAL
1.1.5	Demand for services is regularly reviewed against the deployment plan and adjustments are made as necessary.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.2.10	Infusion Pump Safety 2.2.10.2 Initial and re-training on the safe use of infusion pumps is provided to team members: • Who are new to the organization or temporary staff new to the service area • Who are returning after an extended leave • When a new type of infusion pump is introduced or when existing infusion pumps are upgraded • When evaluation of competence indicates that re-training is needed • When infusion pumps are used very infrequently, just-in-time training is provided. 2.2.10.4 The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed. 2.2.10.5 The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members. 2.2.10.6 When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.	ROP
2.2.20	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
2.2.21	Patient and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.2.22	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
2.4.1	The workload of each team member is assigned and reviewed in a way that ensures patient and team safety and well-being.	NORMAL
2.4.5	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from patients and families where appropriate.	NORMAL
2.4.6	Team members are recognized for their contributions.	NORMAL
3.1.3	The infection prevention and control (IPC) program is regularly reviewed to ensure currency.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.1.7	Hand-hygiene Compliance 3.1.7.1 Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions). 3.1.7.2 Hand-hygiene compliance results are shared with team members and volunteers. 3.1.7.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	ROP
4.1.3	Annual checks of the driving or operating records of team members' who operate transport vehicles are performed and documented.	HIGH
4.1.4	All changes to driving or operating records are reported to the organization.	HIGH
4.2.3	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.	HIGH
4.2.4	All vehicles and medical equipment are regularly cleaned and disinfected in accordance with established protocols.	HIGH
4.2.6	Specific procedures are followed for additional cleaning and disinfection of vehicles after transporting patients with a known or suspected communicable disease or contaminant.	HIGH

Criteria Number	Criteria Text	Criteria Type
4.2.7	Reprocessing 4.2.7.1 There is evidence that processes and systems for cleaning, disinfection, and sterilization are effective. 4.2.7.2 Action has been taken to examine and improve processes for cleaning, disinfection, and sterilization where indicated.	ROP
4.2.9	The team documents and keeps current records of all preventative maintenance and cleaning for vehicles, medical equipment, and communication equipment.	NORMAL
4.3.9	Narcotics Safety 4.3.9.1 An audit of the following narcotic products in client service areas is completed at least annually: • Fentanyl: ampoules or vials with total dose greater than 100 mcg per container • HYDROmorphone: ampoules or vials with total dose greater than 2 mg • Morphine: ampoules or vials with total dose greater than 15 mg in adult care areas and 2 mg in paediatric care areas.	ROP
4.3.10	High-alert Medications 4.3.10.1 There is a policy for the management of high-alert medications. 4.3.10.3 The policy includes a list of high-alert medications identified by the organization. 4.3.10.4 The policy includes procedures for storing, prescribing, preparing, administering, dispensing, and documenting each identified high-alert medication. 4.3.10.6 Client service areas are regularly audited for high-alert medications. 4.3.10.7 The policy is updated on an ongoing basis.	ROP

Criteria Number	Criteria Text	Criteria Type
4.3.11	Medications and intravenous (IV) fluids are appropriately stored to protect them from extreme temperatures, heat, and light, as required.	HIGH
5.1.7	Resources are deployed based on the organization's deployment plan, and the team follows a standardized process to request assistance from other community or emergency services when required.	NORMAL
5.3.1	A protocol is followed to determine if a mission will be accepted.	HIGH
5.3.2	The ethical decision-making framework is used when deciding whether to decline or accept a mission.	HIGH
5.5.5	The team ensures that equipment is secured in the vehicle.	HIGH
5.7.10	Independent double-checks are completed before administering high-alert or high-risk medications.	HIGH

Criteria Number	Criteria Text	Criteria Type
5.9.1	Information Transfer at Care Transitions 5.9.1.1 The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge. 5.9.1.2 Documentation tools and communication strategies are used to standardize information transfer at care transitions. 5.9.1.3 During care transitions, clients and families are given information that they need to make decisions and support their own care. 5.9.1.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	ROP
6.1.9	There is a process to monitor and evaluate record-keeping practices, designed with input from patients and families, and the information is used to make improvements.	HIGH
6.2.2	Policies on the use of electronic communications and technologies are developed and followed, with input from patients and families.	NORMAL
7.3.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from patients and families.	HIGH
7.3.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from patients and families.	NORMAL

Criteria Number	Criteria Text	Criteria Type
7.3.11	Information about quality improvement activities, results, and learnings is shared with patients, families, teams, organization leaders, and other organizations, as appropriate.	NORMAL
7.3.12	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from patients and families.	NORMAL

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 Medical Services	1.1.3 - The written response and deployment plan includes strategies to manage the demands of emergency medical services and interfacility transport.	November 28, 2025 • EMS - Czar
Emergency Medical Services	2.2.10.2 - Initial and re-training on the safe use of infusion pumps is provided to team members: • Who are new to the organization or temporary staff new to the service area • Who are returning after an extended leave When a new type of infusion pump is introduced or when existing infusion pumps are upgraded • When evaluation of competence indicates that re-training is needed • When infusion pumps are used very infrequently, just-in-time training is provided.	November 28, 2025 • EMS - Edmonton Station 36 Pylypow
Emergency Medical Services	2.2.10.4 - The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	November 28, 2025 • EMS - Edmonton Station 36 Pylypow • EMS - High Prairie
Emergency Medical Services	2.2.10.5 - The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members.	November 28, 2025 • EMS - Edmonton Station 36 Pylypow • EMS - High Prairie
Emergency Medical Services	2.2.10.6 - When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.	November 28, 2025 • EMS - Edmonton Station 36 Pylypow • EMS - High Prairie
Emergency Medical Services	3.1.3 - The infection prevention and control (IPC) program is regularly reviewed to ensure currency.	November 28, 2025 • AHS EMS Program

Follow-up Requirements		
Standard	**Criterion**	**Due dates for sites**
Emergency Medical Services	3.1.7.1 - Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	November 28, 2025 • EMS - Bashaw • EMS - Calgary Station 14 • EMS - Calgary Station 24 • EMS - Calgary Station 300 (Headquarters) • EMS - Cardston • EMS - Czar • EMS - Daysland • EMS - Forestburg • EMS - Fox Creek • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Swan Hills • EMS - Taber • EMS - Wainwright • EMS - Valleyview • EMS - Vauxhall
Emergency Medical Services	3.1.7.2 - Hand-hygiene compliance results are shared with team members and volunteers.	November 28, 2025 • EMS - Bassano • EMS - Calgary Station 1 • EMS - Calgary Station 14 • EMS - Calgary Station 2 • EMS - Calgary Station 24 • EMS - Calgary Station 300 (Headquarters) • EMS - Cardston • EMS - Fox Creek • EMS - High Prairie • EMS - Swan Hills • EMS - Taber • EMS - Valleyview • EMS - Vauxhall • EMS - Vulcan
Emergency Medical Services	3.1.7.3 - Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	November 28, 2025 • EMS - Bassano • EMS - Calgary Station 1 • EMS - Calgary Station 14 • EMS - Calgary Station 2 • EMS - Calgary Station 24 • EMS - Calgary Station 300 (Headquarters) • EMS - Cardston • EMS - Fox Creek • EMS - High Prairie • EMS - McLennan • EMS - Swan Hills • EMS - Taber • EMS - Valleyview • EMS - Vauxhall • EMS - Vulcan

Follow-up Requirements		
Standard	**Criterion**	**Due dates for sites**
Emergency Medical Services	4.1.3 - Annual checks of the driving or operating records of team members' who operate transport vehicles are performed and documented.	November 28, 2025 • AHS EMS Program
Emergency Medical Services	4.1.4 - All changes to driving or operating records are reported to the organization.	November 28, 2025 • AHS EMS Program
Emergency Medical Services	4.2.3 - 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.	November 28, 2025 • AHS EMS Program
Emergency Medical Services	4.2.4 - All vehicles and medical equipment are regularly cleaned and disinfected in accordance with established protocols.	November 28, 2025 • EMS - Bashaw • EMS - Calgary Station 14 • EMS - Calgary Station 24 • EMS - Czar • EMS - Daysland • EMS - Forestburg • EMS - Fox Creek • EMS - Grande Prairie Richmond • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Swan Hills • EMS - Valleyview • EMS - Wainwright
Emergency Medical Services	4.2.6 - Specific procedures are followed for additional cleaning and disinfection of vehicles after transporting patients with a known or suspected communicable disease or contaminant.	November 28, 2025 • AHS EMS Program • EMS - Bashaw • EMS - Czar • EMS - Daysland • EMS - Forestburg • EMS - Fox Creek • EMS - Grande Prairie Richmond • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Swan Hills • EMS - Valleyview • EMS - Wainwright

Follow-up Requirements		
Standard	**Criterion**	**Due dates for sites**
Emergency Medical Services	4.2.7.1 - There is evidence that processes and systems for cleaning, disinfection, and sterilization are effective.	November 28, 2025 • AHS EMS Program • EMS - Bashaw • EMS - Calgary Station 1 • EMS - Calgary Station 14 • EMS - Calgary Station 2 • EMS - Calgary Station 24 • EMS - Czar • EMS - Daysland • EMS - Edmonton Station 26 Meadows • EMS - Edmonton Station 36 Pylypow • EMS - Forestburg • EMS - Fox Creek • EMS - Grande Prairie Richmond • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Spruce-Norwood Station 5 • EMS - Station 41 St. Joseph's • EMS - Swan Hills • EMS - Wainwright • EMS - Valleyview
Emergency Medical Services	4.2.7.2 - Action has been taken to examine and improve processes for cleaning, disinfection, and sterilization where indicated.	November 28, 2025 • AHS EMS Program • EMS - Bashaw • EMS - Calgary Station 1 • EMS - Calgary Station 14 • EMS - Calgary Station 2 • EMS - Calgary Station 24 • EMS - Czar • EMS - Daysland • EMS - Edmonton Station 26 Meadows • EMS - Edmonton Station 36 Pylypow • EMS - Forestburg • EMS - Fox Creek • EMS - Grande Prairie Richmond • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Spruce-Norwood Station 5 • EMS - Station 41 St. Joseph's • EMS - Swan Hills • EMS - Wainwright • EMS - Valleyview

Follow-up Requirements		
Standard	**Criterion**	**Due dates for sites**
Emergency Medical Services	4.3.9.1 - An audit of the following narcotic products in client service areas is completed at least annually: • Fentanyl: ampoules or vials with total dose greater than 100 mcg per container • HYDROmorphone: ampoules or vials with total dose greater than 2 mg • Morphine: ampoules or vials with total dose greater than 15 mg in adult care areas and 2 mg in paediatric care areas.	November 28, 2025 • AHS EMS Program • EMS - Bashaw • EMS - Fox Creek • EMS - High Prairie • EMS - McLennan • EMS - Swan Hills • EMS - Valleyview • EMS - Wainwright
Emergency Medical Services	4.3.10.1 - There is a policy for the management of high-alert medications.	November 28, 2025 • AHS EMS Program
Emergency Medical Services	4.3.10.3 - The policy includes a list of high-alert medications identified by the organization.	November 28, 2025 • AHS EMS Program
Emergency Medical Services	4.3.10.4 - The policy includes procedures for storing, prescribing, preparing, administering, dispensing, and documenting each identified high-alert medication.	November 28, 2025 • AHS EMS Program
Emergency Medical Services	4.3.10.6 - Client service areas are regularly audited for high-alert medications.	November 28, 2025 • AHS EMS Program • EMS - Bashaw • EMS - Bassano • EMS - Cardston • EMS - Czar • EMS - Daysland • EMS - Edmonton International Airport Air Operations Centre • EMS - Edmonton Station 26 Meadows • EMS - Edmonton Station 36 Pylypow • EMS - Forestburg • EMS - Fox Creek • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Spruce-Norwood Station 5 • EMS - Station 41 St. Joseph's • EMS - Swan Hills • EMS - Taber • EMS - Wainwright • EMS - Valleyview • EMS - Vauxhall • EMS - Vulcan
Emergency Medical Services	4.3.10.7 - The policy is updated on an ongoing basis.	November 28, 2025 • AHS EMS Program

Follow-up Requirements		
Standard	**Criterion**	**Due dates for sites**
Emergency Medical Services	4.3.11 - Medications and intravenous (IV) fluids are appropriately stored to protect them from extreme temperatures, heat, and light, as required.	November 28, 2025 • AHS EMS Program • EMS - Bashaw • EMS - Daysland • EMS – Forestburg • EMS - Killam
Emergency Medical Services	5.3.1 - A protocol is followed to determine if a mission will be accepted.	November 28, 2025 • EMS - Czar
Emergency Medical Services	5.5.5 - The team ensures that equipment is secured in the vehicle.	November 28, 2025 • EMS - Bashaw • EMS - Czar • EMS - Daysland • EMS - Forestburg • EMS - Killam
Emergency Medical Services	5.7.10 - Independent double-checks are completed before administering high-alert or high-risk medications.	November 28, 2025 • EMS - Valleyview
Emergency Medical Services	5.9.1.1 - The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	November 28, 2025 • EMS - Bashaw • EMS - Czar • EMS - Daysland • EMS - Forestburg • EMS - Killam • EMS - Wainwright
Emergency Medical Services	5.9.1.2 - Documentation tools and communication strategies are used to standardize information transfer at care transitions.	November 28, 2025 • EMS - Bashaw • EMS - Czar • EMS - Daysland • EMS - Forestburg • EMS - Fox Creek • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Swan Hills • EMS - Wainwright • EMS - Valleyview
Emergency Medical Services	5.9.1.3 - During care transitions, clients and families are given information that they need to make decisions and support their own care.	November 28, 2025 • EMS - High Prairie

Follow-up Requirements		
Standard	Criterion	Due dates for sites
Emergency Medical Services	5.9.1.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	November 28, 2025 • EMS - Bashaw • EMS - Czar • EMS - Daysland • EMS - Forestburg • EMS - Fox Creek • EMS - High Prairie • EMS - Killam • EMS - McLennan • EMS - Swan Hills • EMS - Wainwright • EMS - Valleyview