



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ Program

Alberta Health Services

Urban Hospital Organ and Tissue
Donation and Transplant Program

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.

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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

This is a very strong program, with highly engaged leaders and clinical staff who are passionate about their purpose to provide excellence in care to patients and family members. The talent and energy of the leaders who are relatively new to this program is very impressive. There was future visioning and capacity building. In each area there are expert clinicians, educators and researchers advancing care and outcomes for organ and tissue transplant patients. Strong partnerships abound locally, nationally and internationally, and the Alberta Organ and Tissue Donation Program (AOTDP) has a track record of innovation and advancing discovery in transplant care and outcomes.

Since the last survey, revised legislation in 2023 transferred many donation-related provincial powers to Alberta Health Services which led to the creation of the AOTDP, uniting five dedicated healthcare teams in Edmonton and Calgary. In 2024, AOTDP was rebranded to Give Life Alberta (GLA) following staff and partner engagement. There is a provincial office that guides programs toward improving donation opportunities in all AHS facilities.

The Provincial Donation and Transplant Steering Committee has identified key provincial action plans to enhance donation and recipient programs; however, there is a need to develop key metrics, timelines and accountabilities for each goal so that progress can be monitored. Under Give Life Alberta there will be further enhancement of patient and family involvement. There is also an opportunity to ensure the goals and objectives are widely shared with staff across the program areas, so they are actively engaged in advancing patient experience, program priorities, and outcomes. There is a strong, continued focus on quality, outcomes and education. In the face of increasing demand and complexity in patient populations and care needs, the program is encouraged to look at how resources are aligned to meet demands and complexity to ensure timely and high-quality care.

The program is commended for their work to enhance public awareness of the impact of donation through public service boards and postcards recognizing experiences for both donor families and recipients. A donation advisory committee includes patient and family advisors. Give Life Alberta will also take on the role of communication using the patient voice and storytelling to increase awareness in powerful ways. Donors and donor families talked about how meaningful this work has been to both honor their donations and provide an opportunity to tell their story, especially in the case of deceased donor families. This work has been very impactful for donors, recipients and the teams. Further work is underway on a coordinated public awareness campaign to enhance donation opportunities. Donors, donor families and recipients expressed a strong desire to connect with one another and continue to share stories and experiences with others, including the public, to raise awareness and increase literacy in the area.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Committed, passionate teams that work together to support patients and families throughout the journey of donation and transplantation.
- SEND program (Specialist in End-of-Life Care, Neuroprognostication and Donation) which showed significant benefits to increase donation within two years.
- Significant advancement in integration and collaboration across the province.
- Implementation of customized modules in Connect Care for living donor and recipient care, and in the separate iTransplant platform for deceased donor care.
- Committed, engaged and motivated patient advisors.

Opportunities:

- Analytical muscle – additional informatics resources are needed to continue to invest in advancing the analytical capabilities for patient care, planning, quality initiatives, and research.
- Increase functionality with implementation of iTransplant for tissue and eye donation.
- Continue to work towards provincial standardization including policies, procedures, order sets, positions descriptions, caseload/case complexity mix to achieve best evidence informed practice and care.
- Leverage the power of the patient advisors to raise awareness.

People-Centred Care

It was evident in all areas that patients are at the center of the team's efforts and included in decision making to provide an optimal experience. Many people spoken with during the survey were families of deceased donors, living donors and recipients. They shared praise, thanks, and gratitude to the teams that supported them through their journey, and still do, which was truly touching.

A few individuals expressed that a more formal peer support program both pre- and post-transplant might be an additional enhancement to the care they received. In addition, several mentioned more donor family support.

All the recipients stated they would be interested in being part of a peer support process. A few also expressed some loneliness as the intensity of follow-ups decreased as their post-transplant health status improved, although they all stated when they called the team they were accommodated as per their wishes.

For those patients who are required to stay in Edmonton for three months post-transplant, this is a hardship. However, in some cases, the time was decreased, and the flexibility was very much appreciated.

The patient and family advisors spoken with all wanted to connect more. The program is encouraged to consider a community of practice supported through Give Life Alberta.

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 locations¹ assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Foothills Medical Centre	<input checked="" type="checkbox"/>
Rockyview General Hospital	<input checked="" type="checkbox"/>
University of Alberta Hospital	<input checked="" type="checkbox"/>

¹Location 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). 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	Organ Donation for Living Donors	1 / 1	100.0%
	Organ and Tissue Transplant	1 / 1	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Organ and Tissue Transplant	3 / 3	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Information Transfer at Care Transitions	Organ Donation for Living Donors	5 / 5	100.0%
	Organ and Tissue Transplant	5 / 5	100.0%
Infusion Pump Safety	Organ Donation for Living Donors	6 / 6	100.0%
	Organ and Tissue Transplant	6 / 6	100.0%
Safe Surgery Checklist	Organ Donation for Living Donors	5 / 5	100.0%
	Organ and Tissue Transplant	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Organ Donation for Living Donors	4 / 4	100.0%
	Organ and Tissue Transplant	4 / 4	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.

Infection Prevention and Control

Standard Rating: 94.7% Met Criteria

5.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

In Edmonton, the transplant unit is very crowded and cluttered, with equipment, and supplies in the hallways. There were supplies and computers on wheels everywhere, and the lack of space was overwhelming. Staff are trained on infection prevention and control (IPC), as are patients. Carts with personal protective equipment (PPE) were in the hallways, and rooms where precautions were needed were clearly marked. It was not evident in the crowded spaces that there were or could be dedicated hand washing sinks.

Housekeeping staff had clear schedules of the cleaning process needed. A housekeeping manager also made regular inspection rounds to assess adequacy of cleaning.

In Calgary, the transplant unit was more spacious, and open, including an area for families to gather and enjoy the vista. There are dedicated hand washing sinks that also have alcohol sanitizers in the same area. Training of staff was well documented. Instructions for patients and families was available at the bedside. PPE carts and clear signage was present.

Table 3: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.5.4	Team members, and volunteers have access to dedicated hand-washing sinks.	NORMAL

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.

Organ Donation for Living Donors

Standard Rating: 98.5% Met Criteria

1.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

This is a robust program. A living donor module has been developed in Connect Care and has been a wonderful enabler for this process. An episode of care is started that is used for the duration of the living donor evaluation process. Donors from outside of Alberta are also given a unique identifier in Connect Care, although information from other source systems outside of Alberta requires manual entry.

There is opportunity to determine optimal staff levels based on workload, caseload, and case complexity. As case volumes increase, there does need to be a standardized approach to ensure that appropriate resources, including space and human resources are available to provide standard of care.

Edmonton

In Edmonton, the living donor team functions extremely well. They are able to complete a donor evaluation in a timely fashion. This is enabled by the ability to book multiple diagnostic evaluations on the same day. However, sometimes there are challenges booking consultations in a timely fashion. Despite challenges hiring a clinical psychologist, they have social workers who can assess and refer to psychiatry on a case-by-case basis.

There have been times when living related transplantation has not had dedicated operating room time for these surgeries. Access to operating room (OR) time has improved from the past when there was an anesthetist shortage, they now have access to the OR three days a month.

There is a high caseload in this program. Changes to when living donors can be referred and evaluated have been identified with a plan to implement. The changes were evidence-based after a review found that starting evaluation of a potential donor too soon results in repeating tests that are required yearly, especially if the recipient has stabilized pre-dialysis or has not been fully evaluated if on dialysis. Despite this, increased numbers of living donors will increase the pre- and post- workload as living donors are followed for at least one year after donation.

Calgary

In Calgary, the living donor program has a robust team for assessment of living kidney donors. It is a nine-step process from a donor contacting the clinic to final OR date for transplantation. In addition, there is post-donation follow-up. It was not evident that an independent audit of Standard Operating Procedures is conducted every two years as expected.

There has been a recent addition to the team of a quality analyst, with extensive experience in kidney transplantation both in Alberta and a large American program.

Access to diagnostics and consultations has been streamlined by the ability to book all imaging that is needed on the same day. There is dedicated operating time every Wednesday for living donor transplantation, and donors and recipients can pick a date that is best for them.

Some other initiatives within the living donor program include a living donor working group with patient representation, as well as a wellness and safety committee.

Table 4: Unmet Criteria for Organ Donation for Living Donors

Criteria Number	Criteria Text	Criteria Type
1.2.4	Timely access to operating rooms, intensive care unit (ICU) beds, and ward beds is established to carry out organ recovery and provide follow-up care.	NORMAL
1.3.12	An independent audit by a neutral individual is conducted every two years to verify that the team is following the standard operating procedures (SOPs).	NORMAL
2.3.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	NORMAL

Organ and Tissue Donation for Deceased Donors

Standard Rating: 98.6% Met Criteria

1.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Organs and tissues are recovered from across Alberta, as well as nationally and internationally through organ sharing. Unfortunately, the province is not able to meet the demand for corneas, and corneas are imported for transplant from the United States (US) when none are available locally or from other Canadian Eye Banks. Recently there has been challenges obtaining corneas from the US as well.

The ability to optimize the number of deceased donor organs and tissues continues to require a multipronged approach. Scarce resources and large geographical area are limitations to organ and tissue recovery in rural areas. Many comments were made that even in urban areas there is a need to continue to find ways to optimize identification of appropriate donors for both solid organs and tissues. The provincial transplant and donation team has communications support, and this provides an opportunity to target consistent messages to increase awareness and improve health literacy in organ and tissue donation. Patient advisors all expressed interest in being involved in the messages and developing podcasts or videos.

There was some discussion of ways to increase deceased donation in Alberta. Some felt that presumed consent would be an enabler. The use of the physicians in critical care as part of SEND (Specialists in End-of-Life Care, Neuroprognostication and Donation) have been a positive influence to increase donation from 37% to 59% referral rate in two years. The Connect Care modules have been extremely helpful in streamlining the initial assessment of potential donors providing guidance on exclusion criteria, as well as for the assessment and evaluation of donors who are considered.

The discussion also touched on the challenges of donation from more rural parts of the province. With capacity to expand donation in urban centers, that might be the priority before assessing initiatives to increase donation from rural sites.

Edmonton

The deceased donor tissue program in Edmonton is very robust, with clinical leaders looking to the future with a strong vision and commitment to enhancing capabilities in all staff. The space for tissue donation is not adequate, and obtaining space in the surgical suite continues to be challenging. There are also opportunities to increase tissue donation, as mentioned previously.

The deceased donor organ program has benefited from the implementation of iTransplant, which is used in other provinces in Canada, as well as widely in the US. The process and pathways for deceased donation are well thought out and executed. Most families of deceased donors had only glowing praise for the support they received throughout the process, and some wished for more ongoing support.

Calgary

The Comprehensive Tissue Centre was toured and has been cleverly constructed to maximize a sterile environment, with clean rooms that meet ISO (International Organization for Standardization) level 5 standards. The space has been renovated to be cutting edge with a well laid out plan, appropriate space for tissue storage and preparation room, such that there is not reliance on space in the operating rooms. The team may want to consider this type of approach for the Edmonton program.

The process of moving from identifying a potential donor through to retrieval of organs and tissue was reviewed in detail. The team works in a highly coordinated fashion to identify potential donors, and the

donor coordinators are exceptionally well trained and experienced. The families of donors all stated they felt supported throughout and after their journey. There was no articulation of any need to improve the process they experienced.

The review of the Lion’s Eye Bank at the Rockyview General Hospital was wonderful, with well-functioning processes and staff, with a recently added quality assurance team member. Unfortunately, a paper chart is still in place as the iTransplant module for tissue and corneas have not been implemented with the iTransplant module for deceased solid organ donors. Implementing the iTransplant modules for tissue and corneas should be a major priority for the near future. At Rockyview General Hospital, there has been a lapse in completing regular performance evaluations. There are new managers that are starting to clear the backlog with the new process of development conversations.

Table 5: Unmet Criteria for Organ and Tissue Donation for Deceased Donors

Criteria Number	Criteria Text	Criteria Type
1.4.8	The effectiveness of the standard operating procedures (SOPs) is annually reviewed and evaluated. Based on the results, the SOPs, training activities, or monitoring processes are changed as necessary.	NORMAL
2.1.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH

Organ and Tissue Transplant

Standard Rating: 97.8% Met Criteria

2.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Organ and Tissue Transplant standards were assessed only in Edmonton due to sampling methodology employed by Accreditation Canada.

This is a very large program with significant activity in both pre- and post-transplantation care. It is well recognized that the volumes are large: post-transplantation alone: 1600 kidney, 288 cardiac, 600 liver and 400 lungs. In the pre-transplant phase, there are challenges arranging diagnostic testing and consultations in a timely fashion. Centralized booking of CT scans has resulted in challenges, if a more urgent scan is needed. Recently, some requests for consultation have been sent back or declined due to long wait times. Prolonged times to complete evaluations on potential recipients can result in significant time delays to complete the evaluation, leading to the need for repeat testing, and potential decline in recipient health status. The organization is encouraged to address timely access to diagnostic services as part of continuous quality improvement activities.

It has been decided by the program that if organ allocation deviates from the recommended algorithm that the reason for deviation will be discussed and recorded in the weekly transplant program meeting minutes. There is opportunity to use the information being tracked to develop algorithm guidelines and established criteria for decision making.

Space for patient care is not optimal currently. There has been a proposal to move to a new area with adequate space and co-localization of all organ donation care. It would be important for patient or family partners to be involved in the co-design of new spaces.

There have been some challenges in recruiting a clinical psychologist for this area, and social workers currently assess for concerns. Another concern is that as recipient numbers continue to grow there is not a clear plan of when additional staff need to be recruited. There is no standard metric of what the caseload and case mix acuity should be. Evidence informed best practice should be established for all positions.

Table 6: Unmet Criteria for Organ and Tissue Transplant

Criteria Number	Criteria Text	Criteria Type
1.2.7	Standards for timely access to the diagnostic and consultative services required to complete evaluation and testing throughout the transplant process are followed and monitored.	NORMAL
1.2.11	The appropriate space and team members are available to manage recipients post-transplant.	NORMAL

Criteria Number	Criteria Text	Criteria Type
1.3.8	The effectiveness of the standard operating procedures (SOPs) is annually reviewed and evaluated. Based on the results, the SOPs, training activities, or monitoring processes are changed as necessary.	NORMAL
2.3.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	NORMAL
3.1.3	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.	NORMAL

Criteria for Follow-up

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

There are no criteria identified for follow-up.