Accreditation Report

Qmentum Global™ Program

Emergency and Disaster Management

Alberta Health Services

Report Issued: June 18, 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 May 6 to May 10, 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 more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

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

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

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

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

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

Surveyor Overview of Team Observations

The Emergency/Disaster Management (E/DM) team, operating within Provincial Population & Public Health, plays a vital role in preparing for and managing emergencies and disasters in Alberta. Notably, their successful response to large-scale emergencies like the 2023 wildfires in the North, Edmonton & Central zones, and aiding evacuees from the Northwest Territories has earned commendation. Alberta Health Services (AHS) has developed tools such as a guidance document for reception centers, ensuring culturally safe care for displaced individuals. The organization has also established the Family Information and Support Center for disaster reunification efforts. Furthermore, AHS has refined emergency response plans based on past incidents like the 2023 Calgary *Escherichia coli* outbreak, highlighting a commitment to continuous improvement.

With a team of approximately thirty-five individuals, the E/DM division collaborates across zones and portfolios to lead risk assessment, preparedness, response, and recovery efforts. While some zones function effectively, others exhibit room for improvement in aligning with the provincial team, impacting partnerships and effectiveness. Each site and zone maintain an E/DM committee overseeing policy development and operational readiness. However, there's an opportunity to enhance these committees' effectiveness by including external representation, ensuring alignment with community needs and perspectives.

AHS's commitment extends to developing business continuity plans, with significant progress made since the last accreditation survey. Education efforts through mandatory training and recurring modules for staff and leaders are commendable, yet there are challenges in ensuring completion and accessibility of training records. Additionally, AHS utilizes tabletop exercises and drills to evaluate emergency preparedness, aiming for consistency across the organization. Post-exercise debriefs facilitate learning and improvement, though there's a call for more consistency and inclusion of client and family representatives. Collaboration with community partners remains strong, with a shared goal of improving emergency response plans and processes. AHS leverages technology effectively with tools like the Incident Management System and Event Tracking system, but there's a need to ensure uniform deployment and explore further technological opportunities for E/DM workflow enhancement.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Response to numerous events
- Use of technology to streamline emergency and disaster management (E/DM)
- Collaboration and support at the site, zone, and provincial level
- Commitment of leaders and staff to E/DM and training
- Business continuity plans development

Key Opportunities:

- Updating of the policies, procedures, and plans
- Engaging clients, families, and community in E/DM
- Promoting E/DM training, exercises, and debriefing
- Continue to leverage technology

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 (ROPs) 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	☑
Alberta Hospital Edmonton	☑
Chinook Regional Hospital	☑
Foothills Medical Centre	☑
Glenrose Rehabilitation Hospital	☑
Grande Prairie Regional Hospital	☑
Peter Lougheed Centre	☑
Red Deer Regional Hospital	☑
Royal Alexandra Hospital	☑
Southern Alberta Forensic Psychiatry Centre	☑
Southport Tower	☑
University of Alberta Hospital	☑

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

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: 86.0% Met Criteria

14.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The Emergency/Disaster Management (E/DM) team is a division within Provincial Population & Public Health that focuses on preparing for and managing emergencies and disasters. They are responsible for collaboratively supporting programs and services with business continuity and recovery efforts following emergency response. Alberta Health Services (AHS), and this team, should be commended for their ongoing success in responding to numerous provincial large-scale emergencies such as the wildfires in 2023 in the North, Edmonton & Central zones as well as supporting the evacuees from the Northwest Territories. Given the number of relocations related to the wildfires, the organization developed a guidance document for reception centres for displaced people. This has been an excellent tool to support culturally safe care to those coming into AHS centres for support. The Family Information and Support Centre is also a great resource to support families in large disasters with reunification. Additionally, there were several zone-based responses as in the 2023 Calgary *E. coli* daycare outbreak and the 2022 Shigella outbreak in Edmonton. AHS continues to leverage the learnings from these particularly challenging occurrences to refine and further enhance emergency response plans and strategies to react to future events.

The team of approximately thirty-five individuals is supporting E/DM activities in the North, Edmonton, Central, Calgary and South zones. They are responsible for collaborating with the zones, corporate and provincial AHS portfolios to lead the risk assessment, E/DM preparedness, response and recovery efforts while also supporting business continuity. The E/DM team helps with the implementation of site-specific emergency response codes and plans, site recovery plans and enterprise-wide departmental business continuity plans. In addition to the provincial E/DM team, it was noted that several sites (in urban centres) have appointed additional resources to support local E/DM activities at the site. AHS is encouraged to review opportunities to ensure that site based (or assigned) E/DM resources are collaborating with the provincial team to ensure alignment across the system. Without tight alignment, there could be variability in the effectiveness of partnerships between E/DM, zone, and site leadership, which could extend to external partners. This was cited in the external partners' discussions where they noted that some zones function effectively while there is opportunity for improvement in other zones.

Each site and zone have an E/DM committee that oversees the development of the policies and procedures and ensures operational readiness for emergencies and disasters. The interdisciplinary team represented on this committee brings great expertise to the discussion, and AHS is commended for the inclusion of all internal partners in this work. There is an opportunity to ensure that there is external

representation on these committees to further enhance the effectiveness of these working groups. AHS is encouraged to ensure that there are patient and client partners represented on these committees (site and zone) as well as emergency management resources from other external partners such as municipal government, airport authorities, emergency medical services, fire services. Having the client and community "voice" in the review and development of the policies and procedures can only enhance the effectiveness of the response and ensure that it is representative of their needs as well.

The development of standardized templates and new simplified plans for emergency response codes to support sites response to common events has been well received by the local E/DM committees. The AHS Insite intranet site is the common location for each of the site-based emergency response plans. In reviewing the E/DM policies and procedures, there are several across multiple sites that have not been reviewed for over three years. The most significant barrier identified by the teams as to why they were not updated was competing priorities related to pandemic response and recovery efforts as well as the switch in the E/DM template to the new simplified plans. The organization is encouraged to expeditiously review the outdated policies and procedures to ensure that they still reflect the necessary requirements for the respective code response. AHS is also encouraged to ensure proper document control so that old policies and procedures are not retained on the Insite website. It was observed that using the search feature on Insite resulted in multiple dated versions of the same policy for the site being found.

In addition to the Insite website, each of the sites continue to maintain paper-based emergency response (yellow) manuals. Emergency and disaster plan binders are available on every unit. However, at several sites visited, the binders reviewed had policies and procedures dating back to 2016. Binders had not been updated with the newly revised policies and procedures found on the Insite website. This is a risk that the organization should assess carefully as it ensures paper records are available in case of system downtime while putting safeguards in place to ensure that the yellow binders with the emergency plans are up-to-date.

AHS is to be commended for its great work in the development of business continuity plans across the various programs and services. This was highlighted as a gap in the previous accreditation survey, and the organization has ensured corporate support for the development of business continuity plans. Since the last survey, 42 AHS departments have completed or are actively engaged in the development of business continuity planning with 81 additional areas in the process of initiating. Further, over 6,700 departments have developed business continuity plans related to Connect Care downtime and recovery procedures. The organization is encouraged to continue with this particularly important work.

To support education related to the E/DM plans, policies and procedures, AHS has a mandatory one-time and recurring education for all staff through the MyLearningLink system. In the past year, over 100,000 AHS staff and physicians have accessed these e-learning modules. The organization is commended for the efforts put in place to ensure that staff are aware of emergency and disaster response policies and procedures. AHS is encouraged to continue to ensure that staff are taking the required training within the designated time. It was observed at several sites that staff had not completed the mandatory recurring training. On some units, over 30% of the staff had not completed the required recurring training since 2020. Further, the process for managers to access information as to which staff have not completed the training is challenging, requiring a complex series of steps to get a report that is not user friendly. The organization is encouraged to investigate solutions that could "push" notifications to managers when staff are due to complete recurring or one-time training.

AHS provides excellent support to leaders who are responsible for activating the Emergency Operations Centres by offering them Incident Command System (ICS) Training. Senior leaders within the organization have received training on ICS and its application in AHS. The E/DM team confirmed that additional training slots are available and is encouraging leaders to continue educating themselves with the necessary tools to support a response. AHS is encouraged to support leaders to take this training so that they are prepared in responding to emergencies or disasters. Additionally, it is important that once the ICS leader training has been provided, they can use the skills in real or mock events to retain competence.

In addition to the formal education provided to leaders, staff and physicians within AHS, the organization

also encourages "table-top" and full-scale functional exercises to evaluate the emergency preparedness plans. Site-based managers referenced the code of the month as a great tool to assist staff in becoming aware of actions related to specific emergency response. Given the size of the organization and numerous sites, AHS is challenged in providing a consistent approach in the uptake and readiness for events leading to variability. Mock exercises and drills of the emergency response plans are delivered at the local, site, and zone level. Leaders at the local level expressed a desire for additional tools (mock scenarios) that they could use with their teams to conduct rapid "table-top" exercises on their unit. AHS is encouraged to continue with developing strategies to enhance the education of emergency response plans through the promotion of drills and harnessing the learnings through the debriefings, as appropriate.

The E/DM team supports post-exercise debriefs by facilitating reviews, identifying areas for improvement, preparing reports detailing outcomes and actions for consideration, and tracking action items to closure. This "Hotwash" debriefing process is an excellent way for the organization to harness the learnings from real activations or mock exercises that are conducted at the site, zone, or provincial level. These debriefs also ensure that staff are supported in the post incident debriefing by including psychosocial supports through Employee & Family Assistance Program and the workplace health and safety team. It was noted that at some sites and programs that the post exercise/emergency response "Hotwashes" are not always conducted consistently. It was also noted that client and family representatives are not involved in the debriefing process. AHS is encouraged to regularly conduct the debriefs following each incident or exercise to further harness and share the learnings across the organization. Further, patient partners, clients and families should be formally involved in the Hotwash debriefing process.

There is good coordination and collaboration with local and provincial bodies responsible for emergency management. Community partners expressed their appreciation for the AHS E/DM team and the excellent collaboration that they have had responding to the numerous wildfires and associated evacuations. They also expressed a desire to continue to work more closely in jointly collaborating in the review and development of respective emergency response plans. Partners expressed a willingness to learn more about AHS processes, how they could support them, and a desire for AHS to better understand their processes. Community members articulated participating in (and planning) some exercises and expressed a desire for more partnership with AHS in these activities. AHS is encouraged to continue to support these partnerships and exercises with community and municipal partners. These exercises are an excellent way to "stress-test" the team's plans in coordination with community partners.

Public health has a strong leadership presence in E/DM work across the organization and there is excellent communication and response on issues related to outbreaks and the pandemic. As well, there is prompt detection of, response to, and containment of disease outbreaks.

Lastly, AHS is to be commended for the organization's use of technology to assist in the management, oversight, and support of the E/DM program since the last survey. The AHS Incident Management System (IMS) is embedded into the organization and is actively utilized to organize the response to emergencies and disasters. The Incident Management Operating System (IMOS) is an excellent tool to further support this work. The Event Tracking system that was developed in 2023 tracks site activations and learnings is an excellent tool to support the sharing of information across the sites, programs, and zones. Alert Now has streamlined the fan-out process to communicate with staff during an incident. Technology enabling the email, text, and voice message notification of the fanout lists for emergency response frees leadership to activate the emergency response much faster. Additionally, the Patient Evacuation Tracker that AHS implemented assists in the tracking and reunification of patients and families. AHS is encouraged to continue to deploy these tools throughout the organization uniformly and assess other opportunities to leverage technology to streamline the E/DM workflow.

Table 3: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
1.2.1	The organization establishes, regularly reviews, and updates as needed policies, procedures, and plans to manage emergencies and disasters, including risk reduction, preparedness, response, and recovery.	HIGH
3.1.1	The organization engages with stakeholders to establish, regularly review, and update as needed an emergency and disaster plan, based on an all-hazards approach, that can be activated to respond to and recover from an emergency or disaster.	HIGH
3.1.3	The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	HIGH
3.1.13	The organization establishes, regularly reviews, and updates as needed policies and procedures for shelter-in-place and lockdown, if it is unsafe to leave its facility during an emergency or disaster.	HIGH
3.1.14	The organization establishes, regularly reviews, and updates as needed policies and procedures to safely evacuate its facility or part of its facility if it is unable to safely provide services during an emergency or disaster.	HIGH
3.1.15	The organization establishes, regularly reviews, and updates as needed policies and procedures to safely relocate staff, patients, equipment, resources, and supplies, if necessary, during or following an emergency or disaster.	HIGH
3.4.6	The organization establishes, regularly reviews, and updates as needed an emergency communication plan that defines how information about an emergency or disaster will be communicated to and received from internal and external stakeholders including the public.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.4.7	The organization has procedures to communicate with patients and clients about their care during an emergency or disaster.	NORMAL
3.4.8	The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	HIGH
3.4.9	The organization establishes, regularly reviews, and updates as needed a media plan, to communicate publicly about emergencies and disasters.	NORMAL
3.6.4	The organization assesses and documents individual learning to ensure that required competencies for emergency and disaster management are achieved and kept up to date.	NORMAL
3.7.4	The organization shares evaluation results with internal and external stakeholders including staff, patients, clients, families, and the community, to promote transparency and learning.	NORMAL

Criteria for Follow-up

Criteria Identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	Criterion	Due date for sites
Emergency and Disaster Management	1.2.1 - The organization establishes, regularly reviews, and updates as needed policies, procedures, and plans to manage emergencies and disasters, including risk reduction, preparedness, response, and recovery.	May 30, 2025 • Southport Tower
Emergency and Disaster Management	3.1.1 - The organization engages with stakeholders to establish, regularly review, and update as needed an emergency and disaster plan, based on an all-hazards approach, that can be activated to respond to and recover from an emergency or disaster.	May 30, 2025 • Southport Tower
Emergency and Disaster Management	3.1.3 - The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	May 30, 2025 • Red Deer Regional Hospital Centre • Southern Alberta Forensic Psychiatric Centre • University of Alberta Hospital
Emergency and Disaster Management	3.1.13 - The organization establishes, regularly reviews, and updates as needed policies and procedures for shelter-in-place and lockdown, if it is unsafe to leave its facility during an emergency or disaster.	May 30, 2025 • Southport Tower
Emergency and Disaster Management	3.1.14 - The organization establishes, regularly reviews, and updates as needed policies and procedures to safely evacuate its facility or part of its facility if it is unable to safely provide services during an emergency or disaster.	May 30, 2025 • Southport Tower
Emergency and Disaster Management	3.1.15 - The organization establishes, regularly reviews, and updates as needed policies and procedures to safely relocate staff, patients, equipment, resources, and supplies, if necessary, during or following an emergency or disaster.	May 30, 2025 • Southport Tower
Emergency and Disaster Management	3.4.8 - The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	May 30, 2025 • Alberta Hospital Edmonton • Glenrose Rehabilitation Hospital • Red Deer Regional Hospital Centre • Royal Alexandra Hospital • Southport Tower • University of Alberta Hospital