

**September  
2020**

**Stollery Children's EMS  
PICU Transport Team  
Alberta Health Services**



**ACCREDITATION  
AGRÉMENT  
CANADA**

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## About this Accreditation Report

AHS (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted September 27, 2020 - October 02, 2020. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

### About the AHS Accreditation Cycle

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 (2019-2022). Accreditation visits are helping AHS achieve its goal of being *#AHS Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

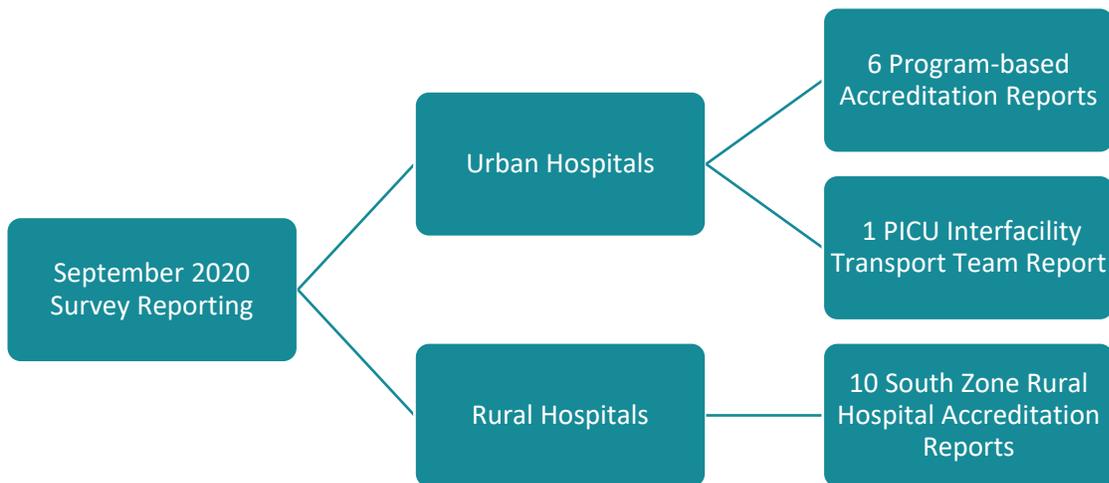
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019- 2022), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted a new 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 visit, reports are issued to AHS to support their quality improvement journey. At the end of the four-year accreditation cycle, in 2022, an overall report will be issued that includes the province’s overall accreditation award.

The accreditation reports for the 2020 Survey are organized as follows:



### Stollery Children's EMS PICU Transport Team Assessment – Sites Visited

- Stollery Children's Hospital

#### Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only.

Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

# Executive Summary

## Surveyor Observations

The PICU Transport Team assists services inside and outside the hospital. While in the hospital, the team supports the units and its practices align with Critical Care Services. Outside the hospital, the team works with ambulances, airplanes and helicopters transporting patients to referral centres, and some of the practices align with the Emergency Medical Services.

Only the PICU team at the Stollery Children's Hospital was assessed during this survey. The goal is to extend the learnings of this assessment to all specialty teams that transport critically ill patients in the province.

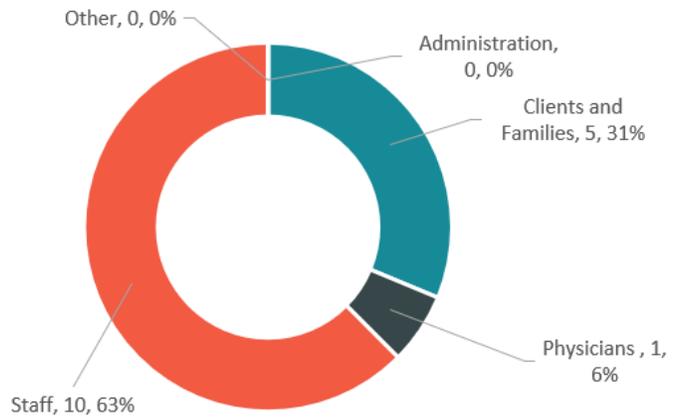
The Interfacility PICU Transport Service survey took place from September 27 to October 2, 2020. It focused on three system-wide priority processes (Emergency Preparedness, Infection Prevention and Control, and Medical Devices). Selected criteria from the Emergency Medical Services and Interfacility Transport standard were applied to assess this program.

The survey was conducted by one surveyor from outside of the province. The surveyor visited the Stollery Children's Hospital in Edmonton and met the PICU Transport Team at that site. The surveyor conducted one-on-one interviews with staff and families and teleconferences with physicians.

## Survey Methodology

The Accreditation Canada Surveyor one day at Stollery Children's Hospital.

To conduct their assessment, the survey team gathered information from the following groups<sup>1</sup>



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<sup>1</sup> "Other" interviewees refer to individuals such as students or volunteers

## Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for this site:

### Key Opportunities

1. Develop formal documentation including protocols, set orders and procedures, particularly for when the team may need to temporarily operate without or with minimal medical oversight.
2. Establish a regular cadence for Transport Leadership Committee for ongoing oversight.
3. Establish an appropriate mechanism to obtain data to facilitate quality improvement.
4. Ensure the new four-year project to build outreach does not negatively impact the core mission of excellent responsiveness and care.
5. Formalize the education curriculum and pursue an education resource.

### Areas of Excellence

1. Extracorporeal Life Support (ECLS)
2. Training curriculum tied to world standard pediatric emergency training [PALS]
3. Strong partnerships with referring centres and external agencies such as STARS
4. Support from Stollery Children's Hospital Foundation

# Results at a Glance

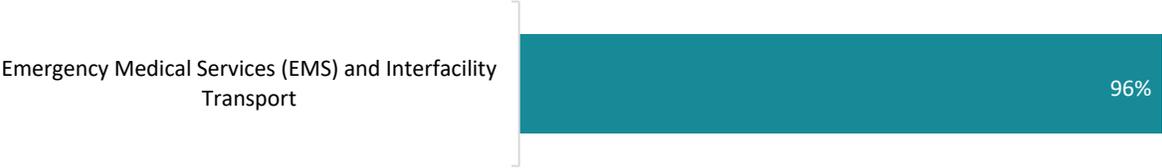
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

## Compliance Overall<sup>1</sup>

Percentage of criteria			<b>Attestation:</b>  A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
<b>Attested</b>  100% met	<b>On-Site</b>  95% met	<b>Overall</b>  97% met	
Number of attested criteria			
<b>Attested</b>  12 criteria	<b>Audited</b>  3 Criteria		<b>On-site Assessment:</b>  Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

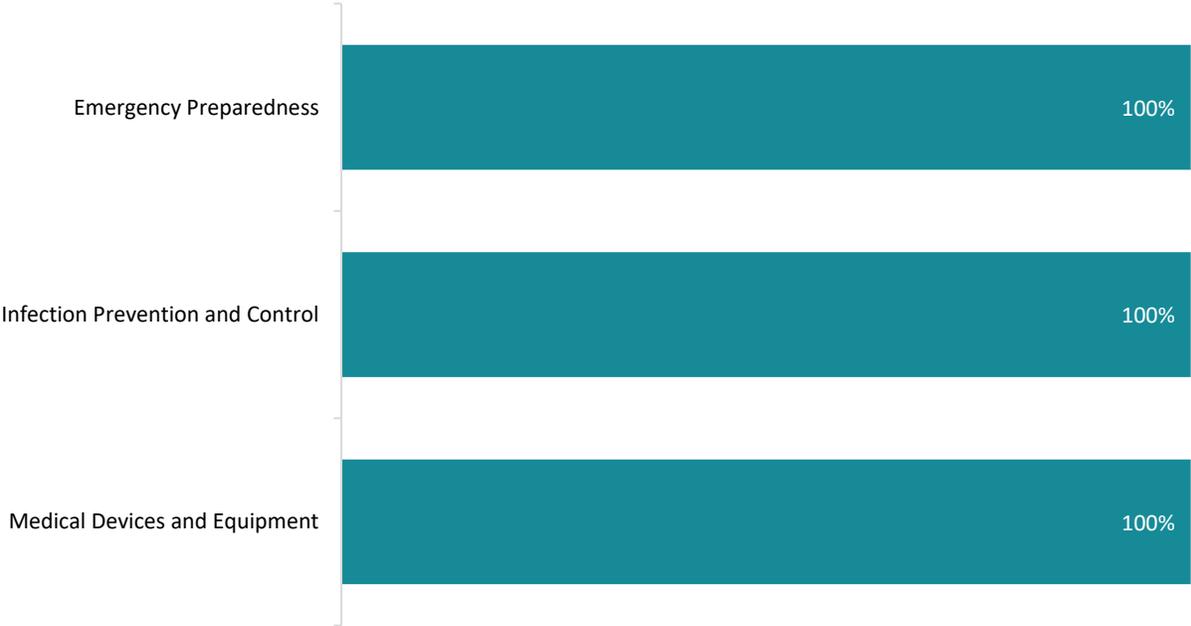
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are detailed in the section titled *Detailed Results: Required Organizational Practices (ROPs)*.

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Medical Services (EMS) and Interfacility Transport	29	1	0	0

### Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	2	0	0	0
Infection Prevention and Control	1	0	0	0
Medical Devices and Equipment	2	0	0	0
Total	5	0	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Appropriateness	2	0	0	0
Client Centered Services	2	0	0	0
Continuity of Services	4	0	0	0
Efficiency	1	0	0	0
Safety	18	1	0	0
Worklife	2	0	0	0
Total	29	1	0	0

## Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment Note that the following calculations in this section exclude Required Organizational Practices.

### Emergency Preparedness

**Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.**

**There are no unmet criteria for this Priority Process.**

The team is showing considerable efforts to remain current through the use of simulations and safety checks.



### Infection Prevention and Control

**Priority Process Description: Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.**

**There are no unmet criteria for this Priority Process.**

Personal precautions and personal protective equipment are used consistently by the team.



## Medical Devices and Equipment

**Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control**



MET 2  
(100%)

**There are no unmet criteria for this Priority Process.**

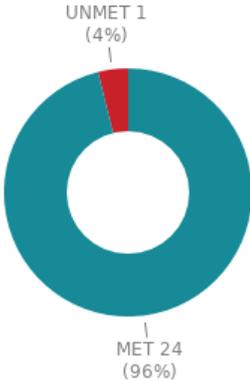
The equipment used for medical transport is safe and meets established regulations. The team develops a predefined schedule and follows, and documents the equipment checks.

# Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes; Organ and Tissue Donation.

## Emergency Medical Services (EMS) and Interfacility Transport

**Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.**



The PICU transport service has been in operation for two decades and has grown in scope and capacity. A highly competent and committed team exists and works very well with partners and referring centres. The Stollery Children’s Hospital Foundation is incredibly supportive of the program. Equipment is abundant and well maintained. Training is frequent and often offered in collaboration with external partners.

Funding has been secured for a four-year project to build an outreach team to support referring centres in areas of recognition and stabilization. A challenge will be to strike an appropriate balance to maintain clinical needs with the right personnel and ensure they remain available and committed to transportation as the core mission. Fear of potential over-reach away from the core mission is recognized by the medical leader and will be monitored.

There is not a formal policy and process in place to address continuous physician responsibility and availability and there may be times when medical oversight is unavailable. The team is encouraged to develop formal documentation including protocols, set orders and procedures, particularly for when the team may need to temporarily operate without or with minimal medical oversight. Staff are placed at risk if responding without medical oversight

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Medical Services (EMS) and Interfacility Transport	4.9	There is a policy and a process to address continuous physician responsibility and availability during all phases of the patient's care in the field and during transport.

## Criteria for Follow-up

### Criteria Identified for Follow-up by the Accreditation Decision Committee

There are no criteria or Required Organizational Practices identified for follow-up at this time.