

**September  
2020**

**Urban Hospital**  
**Perioperative Services and Invasive  
Procedures Program**  
**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*AccreditationReady* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

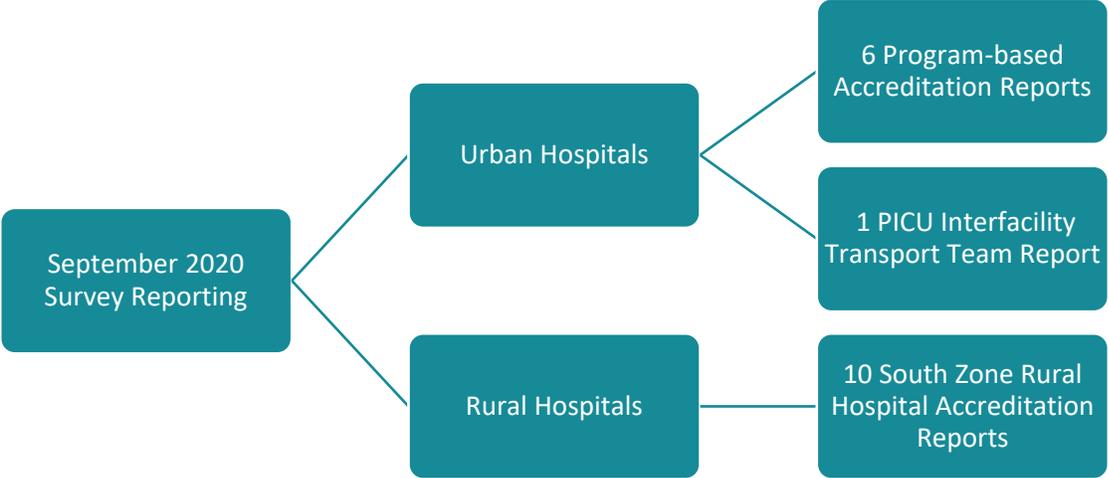
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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:



### Perioperative Services and Invasive Procedures Program Assessment – Sites Visited

- Chinook Regional Hospital
- Medicine Hat Regional Hospital
- Northern Lights Regional Health Centre
- Peter Lougheed Centre
- Red Deer Regional Hospital Centre
- Rockyview General Hospital
- South Health Campus
- Stollery Children's Hospital
- University of Alberta Hospital
- Wetaskiwin Hospital and Care Centre

### 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 Perioperative Services and Invasive Procedures Program Survey took place from September 27 to October 2, 2020. It focused on seven system-wide priority processes (People-Centred Care, Infection Prevention and Control, Emergency Preparedness, Medical Devices and Equipment, Medication Management, Patient Flow and Physical Environment), and five service-level priority processes were included to assess each service area (Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes). The following standards were applied to assess this program: Perioperative Services and Invasive Procedures, Medication Management, Infection Prevention and Control and, Service Excellence.

The survey was conducted by five surveyors from outside of the province. The surveyors visited ten locations across the province. Most urban hospitals conducted the attestation process in advance of the survey. This assessment method helped them to prepare for the onsite visit. Another new component of this survey was that it was an unannounced visit as sites were not aware when surveyors would be arriving to complete the assessment. Program leadership and staff have embraced the accreditation journey and the new methodologies.

The AHS perioperative program provides an impressive display of integrated service and quality improvement to the province. It is a leader in the country. The dedication to quality improvement is impressive, as shown by the engagement of surgical departments in such quality initiatives as Alberta Coding Access Targets for Surgery (ACATS), Patient-Centred Anesthesia Triage System (PCATS), Enhanced Recovery After Surgery, National Surgical Quality Improvement Program, Trauma Quality Improvement Program (TQIP) and Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). As these initiatives continue to roll out throughout the province, the people in Alberta will undoubtedly further benefit from this work.

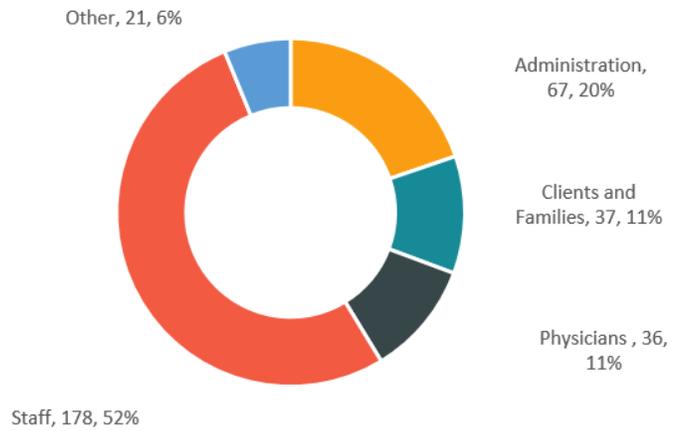
The involvement of patient advocates in these projects is highly commendable and sets an example for hospitals across the province as they start to embrace the concept of adding patient advocates to their committee structures.

The surgical teams across all the hospitals have stepped up to the challenges of the COVID-19 pandemic and are engaged in plans to reduce the backlog of surgical procedures. The foundation for excellence in surgical care is firmly established in the province.

## Survey Methodology

The Accreditation Canada Surveyors visited ten sites over the five days of the survey.

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. There is a need to ensure that at all sites, clean endoscopes are stored in areas away from contaminated scopes in cupboards fitted with HEPA filters and airflow in the suites meets the standard.
2. AHS is encouraged to partner with vendors to remove all non-safety engineered needles from their packs.
3. Where orders continue to be written by hand, continue audits of 'Do Not Use' Abbreviations.
4. Performance reviews should be done consistently across all units
5. Policies should be reviewed and updated to ensure they are compliant with current standards and practices.
6. AHS has an opportunity to share their expertise in the development of Quality Improvement Projects (QIP) with hospitals across the province that may not have the in-house resources or expertise to create QIPs.

### Areas of Excellence

1. The work of AHS on developing QIPs which are based on evidence-based best practice, developed locally, rolled out to, eventually all hospitals doing surgery, auditing the impact of measures taken and sharing the results within and externally is a leading practice.
2. The safe surgical checklist is used universally in all hospitals.
3. The use of pathways for surgery is commendable.
4. VTE and pressure injury prevention policies are followed and measured in many of the hospitals.
5. Medication reconciliation is done well in almost all surgical programs.

# 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> 99% met	<b>On-Site</b> 95% met	<b>Overall</b> 95% met	
*Number of attested criteria			<b>On-site Assessment:</b> Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.
<b>Attested</b> 390 Criteria	<b>Audited</b> 69 Criteria		

\*The metric ‘number of attested criteria’ is calculated by summing all criteria attested to at each site included in the composite survey. The metric ‘number of audited criteria’ is calculated by summing the number of attested criteria that were audited during the onsite survey.

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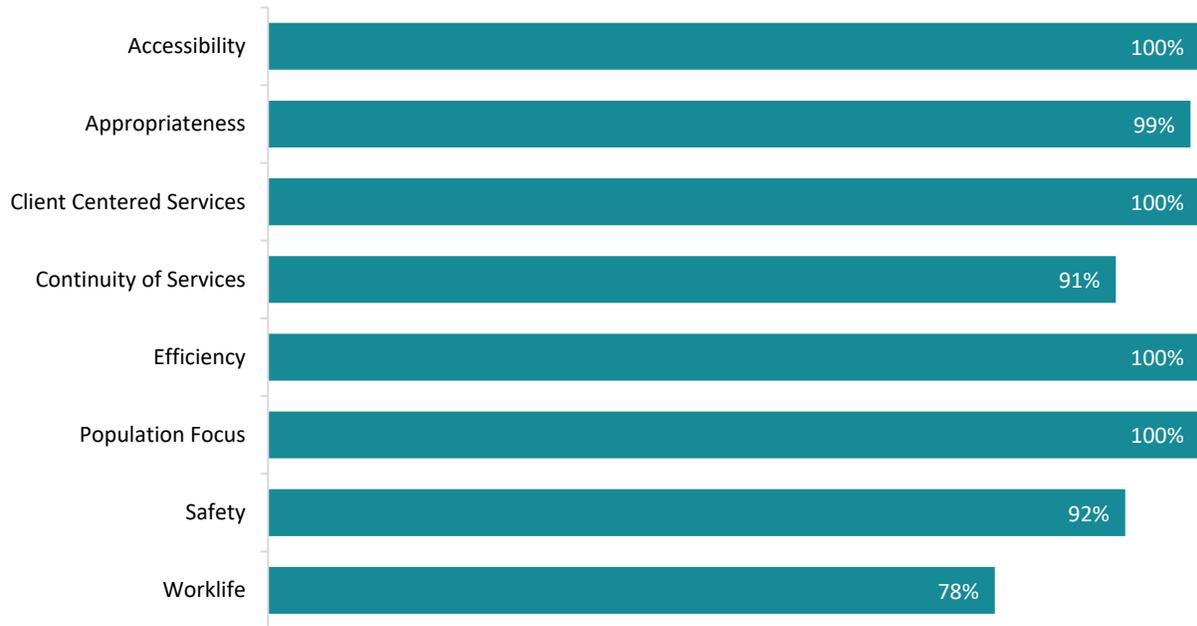
<sup>1</sup> In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’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

### Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Infection Prevention and Control	21	3	0	0
Medication Management	30	1	0	0
Perioperative Services and Invasive Procedures	143	6	0	0
Service Excellence	73	3	0	0
Total	267	13	0	0

## Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	13	0	0	0
Appropriateness	81	1	0	0
Client Centered Services	46	0	0	0
Continuity of Services	10	1	0	0
Efficiency	2	0	0	0
Population Focus	2	0	0	0
Safety	106	9	0	0
Worklife	7	2	0	0
Total	267	13	0	0

## Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
<b>COMMUNICATION</b>		
Client Identification	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Perioperative Services and Invasive Procedures	UNMET
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Perioperative Services and Invasive Procedures	MET
<b>MEDICATION USE</b>		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
<b>INFECTION CONTROL</b>		
Hand hygiene Education and Training	Infection Prevention and Control	MET
<b>RISK ASSESSMENT</b>		
Falls prevention and injury reduction	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Perioperative Services and Invasive Procedures	MET
Venous thromboembolism prophylaxis	Perioperative Services and Invasive Procedures	MET

## 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.**



Emergency Preparedness is well developed in all sites. The manager leads work with teams across the sites to build the necessary policies, procedures and approaches for addressing emergencies and disasters. Sites have completed mock exercises with success. Code of the month is complete with the different codes and all this work is aligned to the provincial emergency preparedness strategy.

### 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.**



Across AHS, there is evidence that Infection Prevention and Control (IPC) is a priority for the organization, and sites have completed significant work to adapt to the COVID-19 pandemic. The daily online assessment tool for screening staff is easy and creates efficiency for the site in monitoring staff. In addition, the ABTraceTogether mobile contact tracing app helps to let staff know if they have been exposed to individuals who are COVID-19 positive. Overall, sites have embraced the provincial guidelines and are

confident in their approach to the IPC practices during the pandemic.

Sites are clean and high touch points are cleaned regularly and terminal cleans completed for areas that are treating COVID-19 positive cases. Throughout sites there is clear evidence that infection control

practitioners (ICPs) have worked with the entire site to implement the necessary strategies to protect patients and staff during the first wave of COVID-19. There is a designated screening station with appropriate staff, personal protective equipment (PPE) and signage to ensure that anyone entering the building either staff or visitors follow the necessary precautions.

The staff expressed confidence in the education that has been provided along with the strong teamwork that has kept them feeling supported. Access to education and staff supports have benefited the site and the morale on the units is positive.

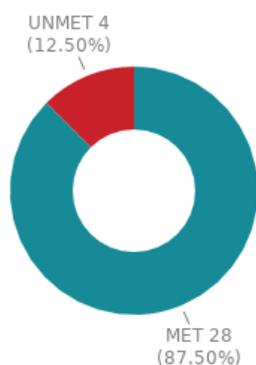
Another challenge staff are facing at this stage is in receiving the required number of PPE to allow sites to reach up to 100% bookings for surgical cases and endoscopy procedures. The staff would like more support from the distribution center to ensure they receive adequate PPE in a timely manner.

During the survey, it was identified that non-safety engineered needles were included in the packs coming from external vendors. The hospitals are encouraged to work with the vendors to remove the needles that come with the packs.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	7.7	Safety engineered devices for sharps are used.

### 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.**



In some hospitals, the cleaning and decontamination areas in the endoscopy rooms are not separate and are completed in the same room. There may be an opportunity to re-configure the area differently to allow for a better separation between the areas of decontamination and cleaning, considering the limitation of the physical layout and age of the facility and infrastructure. Consideration may be given to explore automated options that facilitate a separate process for loading contaminated scopes from a

"dirty" side and retrieving clean scopes from the opposite side. This may further decrease the opportunities for cross-contamination and help to enforce a separation between clean and dirty sides.

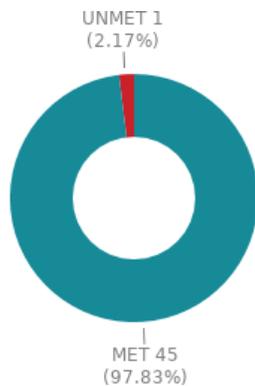
It was noted that radiation dosimeters are not worn under the lead aprons by physicians or nurses in the operating rooms when radiation is applied. The surgical SET may want to review staff exposure levels

with the Radiation Safety Office to determine if physicians and nursing staff are above or below the limits that require monitoring radiation doses by personal dosimetry.

STANDARD	UNMET CRITERIA	CRITERIA
Infection Prevention and Control	11.3	Endoscope reprocessing areas are equipped with separate cleaning and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.
Infection Prevention and Control	11.8	Flexible endoscopes are stored in a manner that minimizes contamination and damage.
Perioperative Services and Invasive Procedures	2.11	Immediate-use (or “flash”) sterilization is used in the operating/procedure room only in an emergency, and never for complete sets or implantable devices.
Perioperative Services and Invasive Procedures	2.12	A record of each use of immediate-use/flash sterilization is retained in the team's files.

### Medication Management

**Priority Process Description: Using interdisciplinary teams to manage the provision of medication to clients. This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management.**



Connect Care is a major enhancement and facilitator of managing medications to ensure safe and accurate practice. There are numerous prompts in the software system and also the verification of orders for accuracy and completeness is enhanced. The medication areas on the units, in Operating Rooms and Emergency Departments, are well organized and in an area that limits distractions. Resources are available for the staff members should they have a question about a particular medication.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.

**Patient Flow**

**Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership.**



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

Scheduling strategies, such as block times, are used to achieve an optimal flow of clients.

At the Stollery Children’s Hospital, the Operating Room is in the middle of a redevelopment phase which was interrupted by the economic downturn and the pandemic. Once completed, the flow of patients and work processes will be improved; however, it does not appear overly cumbersome at present.

**People-Centred Care**

**Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Long-Term Care Services; Service Excellence.**



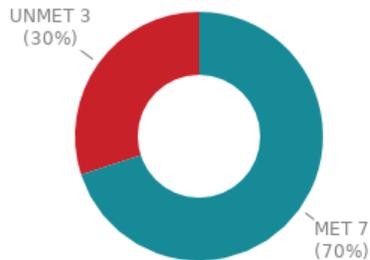
**There are no unmet criteria for this Priority Process.**

It is in the culture of the staff members who work in the Perioperative Services to engage the patients and family members in the decisions about their care. The patients and family members participate in the development of the care plans and receive a copy of the plan of care.

Patients and parents are provided information, when asked, on how to forward a complaint. The program is encouraged to increase the information related to the service to patients and family members.

## Physical Environment

**Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership.**



AHS continually works to ensure that spaces and facilities are clean and updated as required to support patient care. During the pandemic, the sites are clean and there is evidence that guidelines are in place to limit the spread of COVID-19.

The focus on cleanliness is evident across AHS. The new and old spaces are free of clutter and attention is given to ensure COVID-19 practices are in place and areas are disinfected as required. In addition, all efforts are made on the inpatient units to ensure that positive COVID-19 patients are cared for in separate rooms and services have been adjusted with closed beds to fully be able to adapt to community COVID-19 cases.

Some sites have undergone significant re-development projects such as the Medicine Hat Regional Hospital with a new tower that houses new admission areas, ORs, treatment areas, endoscopy, cystoscopy, and ophthalmology suites as well as inpatient units and other support areas. Also, there has been a major renovation to expand emergency service that enables the site to meet the demands of the communities in the surrounding area.

As well, Chinook Regional Hospital has also completed a new tower that houses many clinical and support services. Staff across the sites are appreciative of these changes and improvements that AHS is making for patients and their communities.

Some of the areas to consider for improvement are related to the ageing infrastructure and layout at some sites causing issues with regulation of air exchanges. The ability to regulate temperature and humidity may be also problematic, due to old HVAC systems at those sites.

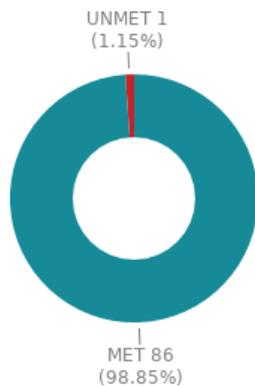
STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.3	Heating, ventilation, temperature, and humidity in the area where surgical and invasive procedures are performed are monitored and maintained according to applicable standards, legislation, and regulations.
Perioperative Services and Invasive Procedures	1.6	Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.
Perioperative Services and Invasive Procedures	1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.

## 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.

### Perioperative Services and Invasive Procedures

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



The urban hospitals have well developed Perioperative Services that are integrated across each site and demonstrate good team function. There is a high focus on quality and participation in many quality initiatives to advance surgical care for the region such as: ACS NSQIP, Accreditation, Access and Patient Flow, Wait times, Bone and Joint Strategic Clinical Network with the Alberta Bone and Joint Health Institute and ERAS. There are ongoing efforts to ensure the measurement and outcomes are

translated and available to the front-line staff to advance quality at the front line. Urban hospitals are encouraged to continue working on this important initiative.

Staff are proud of the work they do and the hospital they work in. Pathways for surgery are well developed and the hospitals have developed a work plan to overcome the backlog of cases from the shutdown.

The three phases of the safe surgical checklist were extremely well done.

Examples of staff members and leaders having access to ethics-related issues were provided; there is an algorithm available for simpler issues and access to the Ethics Committee for more complex questions. Training and education are ongoing and address services specific needs as well as different sub-specialties.

All patients/families are contacted on the eve of the surgery to review changes in health status, provide a reminder of instructions and confirm the surgery. There is an extensive pre-admission assessment documenting the patient's medical history and giving them clear instructions on how to prepare themselves for surgery.

There is a policy in place to regularly review the performance and growth of team members but presently at some hospitals, there has been a change of different leaders in one year. The organization is encouraged to stabilize the management of the surgical programs at the sites to ensure consistency in addressing issues and conducting performance reviews.

The transfer of information at transition of care is a mix of electronic, written and verbal depending on the implementation of Connect Care at the site.

COVID-19 has impacted the community and hospitals in a significant way however the staff and community have adapted to the IPC measures that are in place. There are good education and screening practices in place and staff feel supported in the pandemic with appropriate resources. One area that the staff are struggling with is the lack of hand sanitizer liquids for the wall-mounted dispensers and the adjustment has been challenging with bottle solutions. As well, there is fear about wave 2 and the ability to obtain personal protective equipment from the central distribution locations. Staff are working very hard and feeling the pressure that COVID-19 has placed on staffing. Despite this, the staff motto is that patients always come first.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	6.15	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.

### Service Excellence

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



The leadership, staff members and physicians are committed to providing care that is respectful, knowledgeable and comprehensive. Some units have seen a frequent turnover of leaders, some as frequent as four managers in the past year. This leaves staff members without a consistent person to channel issues to, test some ideas, and discuss opportunities for further growth and development in their career. Surveyors would encourage the organization to assess the services or areas of care that have been most affected and create more stability.

<b>STANDARD</b>	<b>UNMET CRITERIA</b>	<b>CRITERIA</b>
Service Excellence	3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
Service Excellence	3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
Service Excellence	4.5	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.

## Criteria for Follow-up

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

Follow-up Criteria			
Standard: Perioperative Services and Invasive Procedures			
#	Criteria	Site	Due Date
1.6	Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.	Peter Lougheed Centre	May 30, 2021
1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	Northern Lights Regional Health Centre	May 30, 2021
2.11	Immediate-use (or "flash") sterilization is used in the operating/procedure room only in an emergency, and never for complete sets or implantable devices.	Red Deer Regional Hospital Centre	May 30, 2021
2.12	A record of each use of immediate-use/flash sterilization is retained in the team's files.	Red Deer Regional Hospital Centre	May 30, 2021
Standard: Infection Prevention and Control			
11.8	Flexible endoscopes are stored in a manner that minimizes contamination and damage.	Peter Lougheed Centre	May 30, 2021
7.7	Safety engineered devices for sharps are used.	South Health Campus Rockyview General Hospital	May 30, 2021
Standard: Medication Management			
12.6	Look-alike, sound-alike medications; different concentrations of the same medication; and high-alert medications are stored separately, both in the pharmacy and client service areas.	Red Deer Regional Hospital Centre	May 30, 2021

Follow-up ROPs			
Standard	ROP - Test of Compliance	Site	Due Date
Perioperative Services and Invasive Procedures	<b>Medication Reconciliation at Care Transition</b>		
	6.6.4	The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.	Northern Lights Regional Health Centre  May 30, 2021