



2025–2026

Alberta Health Services
Infection Prevention and Control
Annual Report



The 2025–2026 Alberta Health Services Infection Prevention and Control Annual Report was prepared in accordance with the Government of Alberta Standards for *Infection Prevention and Control – Accountability and Reporting (2011)* and aligns with the Government of Alberta *Infection Prevention and Control Strategy (2015)*. The 2025–2026 fiscal year spanned from April 1, 2025, to March 31, 2026.

All material known as of June 1, 2026, has been considered in preparing the annual report.

For more information, visit ahs.ca/ipc.

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Senior Leadership Message

We are pleased to provide the 2025–2026 Alberta Health Services (AHS) Infection Prevention and Control (IPC) Annual Report, which highlights the program’s remarkable work and achievements across Alberta. AHS IPC remains committed to preventing and controlling healthcare-associated infections across the continuum of care.

The end of the 2025–2026 fiscal year marked a significant milestone in Alberta’s healthcare system transformation. AHS transitioned from a single provincial health authority to one of several health service providers.

Throughout this transition, the program continued to deliver safe, high-quality, patient-centered care across partner organizations and all settings, including acute care, community care, continuing care, emergency medical care, and mental health and addictions.

The work featured in this report aligns with current AHS priorities including improving surgical and emergency wait times, improving patient flow and increasing capacity, improving patient outcomes and experiences, and implementing patient focused funding while maintaining infection control standards and patient safety.

In recognition of the provincial AHS IPC Hand Hygiene Program’s 10-year anniversary, a new hand hygiene campaign – “Your health is in your hands” – was launched. In 2025–2026, 1,491 site-based reviewers collected 365,374 hand hygiene observations in inpatient units at AHS acute care sites (87.0 per cent compliance) and non-inpatient areas at acute care and non-acute care sites (90.6 per cent compliance).

Since 2024–2025, measles saw an unprecedented resurgence in our province and the coordinated provincial measles response involved all components of the healthcare system. AHS IPC activated Stage 3 of the Communicable Disease Emergency Response Plan during the outbreak peak to redirect additional IPC human and financial resources to manage case investigations, and staff and patient exposures.

AHS IPC collaborated with the Critical Care Performance Improvement and Integration Network to incorporate evidence-informed best practice bundles to prevent central line-associated bloodstream infections. AHS pediatric units participated in the Solutions for Patient Safety Network to implement similar standardized evidence-informed bundles. Central line-associated bloodstream infections decreased in pediatric and adult intensive care units after implementing these bundles.

In 2025–2026, 64.5 per cent (60/93) of medical device reprocessing areas at AHS and Covenant Health sites were reviewed with an overall compliance of 96.1 per cent. In total, 95.7 per cent (89/93) of the areas scheduled for the current review cycle have been completed. So far, throughout Cycle 5, most deficiencies were of medium- to low-risk.

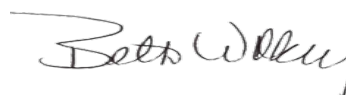
AHS IPC continued acute care practice reviews across rural acute care units and Emergency Departments. In 2025–2026, 154 reviews were completed with an overall compliance of 81.9 per cent. Of the 12,640 deficiencies identified, 551 were of high-risk and 1,735 were of medium- or low-risk. High-risk deficiencies are addressed immediately; medium- and low-risk deficiencies are flagged for follow-up in a timely manner.

AHS IPC continues to collaborate with the Antimicrobial Stewardship Program to reduce the impact of antimicrobial resistance.

Finally, we would like to thank everyone who contributed to this report, including the work of our IPC staff. We would also like to recognize the important work of all healthcare providers throughout the continuum of care and what they do every day to protect the health of Albertans.



Dr. Oscar Larios
Senior Medical Director
Infection Prevention and Control
Alberta Health Services



Beth Wilkey
Senior Provincial Director
Infection Prevention and Control
Alberta Health Services

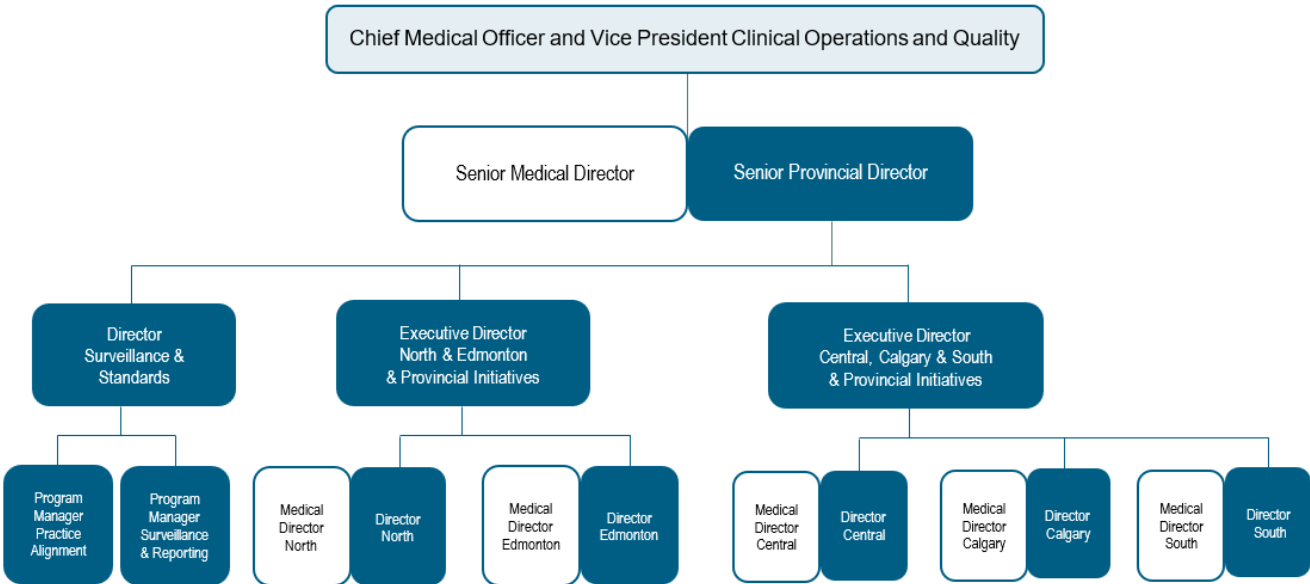
About Alberta Health Services Infection Prevention and Control

Who we are

Alberta Health Services (AHS) is a service provider that reports to Acute Care Alberta. However, AHS Infection Prevention and Control (IPC) provides services across the continuum of care in collaboration with the provincial health agencies – Assisted Living Alberta, Primary Care Alberta and Recovery Alberta – and the provincial health corporations and other service providers. For the purposes of this report, “AHS IPC” reflects the collective work of both AHS and Covenant Health IPC, except where otherwise specified. Covenant Health is another service provider that reports to Acute Care Alberta.

AHS IPC is organized into five teams – North, Edmonton, Central, Calgary and South – with support from a provincial team. These teams enable local decision-making and improve our ability to listen to and respond to local communities, staff, patients and clients while providing consistent service delivery across Alberta.

AHS IPC provincial program organizational structure



Workforce

AHS IPC employs 192.25 full-time equivalent positions, and Covenant Health IPC employs 20.0 full-time equivalent positions. Most staff are front-line infection control professionals supporting care teams and working collaboratively to uphold standards that protect patients and healthcare providers. Administrative staff, analysts, coordinators, project managers, senior consultants and senior surveillance consultants support these staff. AHS IPC provides provincial after-hours on-call service for urgent issues. Physician consultative support is provided by 15 physicians at AHS and two physicians at Covenant Health. Additionally, two IPC lab scientists provide applied laboratory support for IPC initiatives through the IPC Laboratory and Centre for Antimicrobial Resistance.

Strategic Plan

The *AHS IPC 2025–2026 Strategic Plan* identifies four areas of focus.

AHS IPC 2025–2026 Strategic Plan



Partnerships

Strengthened internal and external partnerships to enhance IPC practices, engage patients and families, and adapt to system changes. Focused on inclusive involvement and improved understanding through patient-centered resources.



Learning, Research and Innovation

Applied research to practice and spread local innovations. Enhanced learning strategies to build IPC competencies and support better patient outcomes.



Surveillance and Reporting

Delivered timely, high-quality data to guide interventions and reduce harm. Advanced surveillance platforms and technologies improved data use and partnerships.



Our People

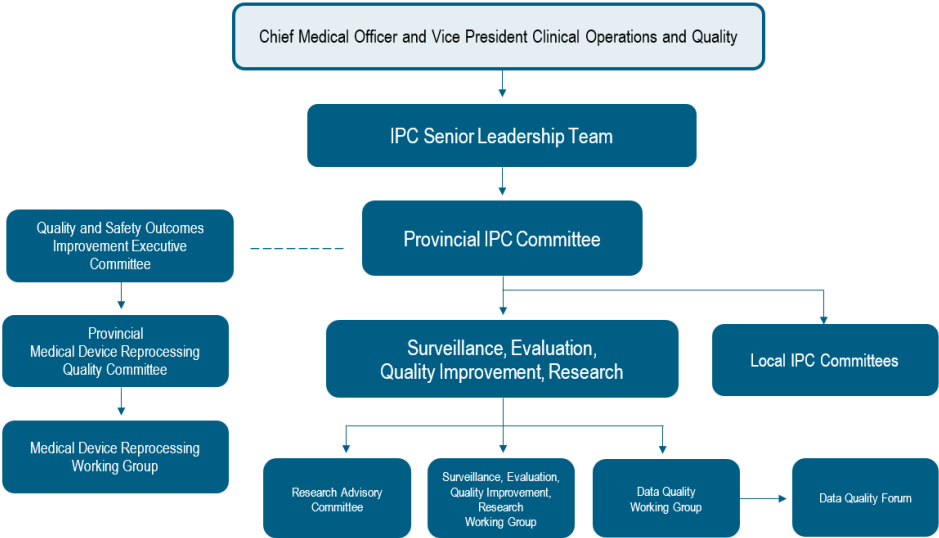
Adapted to system changes by investing in leadership, mentorship, and physician roles. Promoted diversity, wellness, and visibility to strengthen engagement and workforce sustainability.

The strategic plan aligns with and supports the [AHS 2024–27 Health Plan and 2024–25 Business Plan](#). The work continued to focus on current AHS priorities including improving surgical and emergency wait times, improving patient flow and increasing capacity, improving patient outcomes and experiences, and implementing patient focused funding while maintaining infection control standards and patient safety.

Governance

Various AHS IPC led or co-led provincial committees meet Government of Alberta *Standards for Infection Prevention and Control – Accountability and Reporting (2011)* requirements and advance the *AHS IPC 2025–2026 Strategic Plan*. These committees collaborate with partners to prevent healthcare-associated infections, lead provincial surveillance and outbreak analysis, apply research and spread innovations to improve patient outcomes, and strengthen workplace engagement through adaptability, diversity and wellness initiatives.

AHS IPC provincial committees and governance structure



IPC Practice in Clinical Settings

AHS IPC plays a vital role in promoting patient safety and supporting quality care delivery in acute care, cancer care, community, congregate living and continuing care, correctional care, emergency medical care and mental health and addictions settings. AHS IPC contributes directly to the prevention and management of infections by promoting evidence-informed practices such as routine practices, additional precautions, disease screening and outbreak response. By minimizing the risk of healthcare-associated infections and supporting safe care environments, AHS IPC enhances patient flow and helps reduce system pressures while supporting patient safety.

Routine practices

Hand hygiene

Hand hygiene is a general term referring to practices that remove microorganisms from the hands. Hand hygiene is performed using alcohol-based hand rub or handwashing using soap and water. When performed correctly, hand hygiene remains the single most effective measure to reduce microorganism transmission in healthcare and monitoring hand hygiene compliance is critical to patient safety.

AHS Provincial Hand Hygiene Program

Hand hygiene reviews are performed across the province and throughout the continuum of care on an ongoing basis, with quarterly hand hygiene compliance reporting. Previously, areas throughout the continuum of care reported an overall combined hand hygiene compliance of 88.2 per cent for 431,093 observations collected. In 2025–2026, the AHS IPC program launched two new provincial hand hygiene quarterly reports. The first focuses on hand hygiene observations collected on inpatient acute care units and will provide increased transparency, improved representation and will help units better target hand hygiene improvement initiatives. The second provides hand hygiene compliance rates for all units outside of inpatient acute care.

2025–2026 hand hygiene compliance data

Setting	Observations Collected*	Reviewers**	Units or Areas & Clinics	Compliance
Inpatient units at AHS Acute Care Sites	138,439	397	325	87.0%
Non-inpatient areas at Acute Care and non-Acute Care Sites	226,935	1,094	983	90.6%

* Data from units that collect less than 25 observations per fiscal quarter are not included.

** Reviewers may collect observations from both settings.

In 2025–2026, AHS IPC, in collaboration with Community Engagement and Communications, launched a new hand hygiene campaign “Your health is in your hands.”

The three tagline variations reflect our commitment to AHS' vision, mission, and values, while reinforcing a shared goal of enhancing the health and wellness of Albertans.



Other achievements of the program include improving the hand hygiene reviewer training module to become interactive and self-paced and developing resources to support pilot sites and programs in meeting the new Accreditation Canada Improving Hand Hygiene Practice Required Organizational Practice.

Accreditation Canada has strengthened hand hygiene requirements by increasing expectations for clear documentation, accountability and leadership commitment. The provincial AHS IPC program partnered with internal accreditation teams, clinical programs and managers to meet Accreditation Canada hand hygiene requirements. Teams used data to create and document hand hygiene improvement plans and practical tools to make the process consistent and achievable. As a result, all sites met Accreditation Canada's hand hygiene standards. After the fall 2025 and spring 2026 accreditation surveys, feedback gathered was used to create a simpler, self-directed process for clinical staff.

Covenant Health IPC Hand Hygiene Program

In 2025–2026, Covenant Health reported a hand hygiene compliance of 94.4 per cent. Hand hygiene compliance is monitored in all Covenant Health acute care and continuing care sites at minimum twice a year between April 1 – May 31 and October 1 – November 30. AHS and Covenant Health data are not directly comparable because of key differences between the data collection methods and the systems used to perform hand hygiene reviews.

Personal protective equipment

Personal protective equipment including eye protection, face shields, gloves, gowns, medical masks and N95 respirators are worn to help prevent exposure to infectious diseases. When appropriately selected, based on an individual AHS IPC risk assessment, and donned and doffed correctly, personal protective equipment is an effective measure to reduce microorganism transmission in healthcare settings.

AHS Provincial Personal Protective Equipment Safety Coach Program

In 2020–2021, AHS IPC launched a Personal Protective Equipment Safety Coach Program across all sites. The program trained staff volunteers to provide peer support. The coaches help front-line healthcare providers choose and use personal protective equipment properly so they can prevent the spread of infections. Personal Protective Equipment Safety Coaches are trained in how to safely select, put on and take off personal protective equipment and support staff through education and real-time feedback.

Additional coaches are trained each year, but the number of volunteers depends on staff availability and other priorities. The fully virtual, self-directed model allows areas experiencing an infectious disease outbreak or an emerging issue to train staff as coaches in an expedited manner. In 2024–2025, 12 new coaches were trained within AHS sites and 19 in AHS-contracted services providers in continuing care; in 2025–2026, these numbers were 10 and 34, respectively.

Communicable disease prevention

Emerging issues

The Communicable Disease Advisory Committee was relaunched in December 2025 with an expanded scope and membership that includes all the new provincial health agencies. AHS IPC continues to be a core member of the committee which advises on the integration and implementation of communicable disease prevention and control in healthcare settings.

AHS IPC continued to support the Alberta measles response in 2025–2026 as representatives on the AHS Measles Task Force and Alberta Outbreak Investigation Coordinating Committee. During the height of the measles outbreak in Alberta in July 2025, which primarily impacted rural areas, AHS IPC activated Stage 3 of its internal Communicable Disease Emergency Response Plan. This allowed the program to reprioritize and reallocate resources to the most highly impacted areas. Stage 3 increased focus on rapid case investigation, contact tracing and appropriate management of measles patients. AHS IPC collaborated with Facilities Maintenance and Engineering and clinical operations to create temporary airborne isolation rooms for sites across the province without standard airborne capacity.

Another significant initiative was optimizing patient notification for measles exposures through the MyChart application of the Clinical Information System (Connect Care). This communication process supplements other notification methods used to inform contacts of their exposure to measles. Infection control professionals send a standardized electronic notification message to all exposed susceptible contacts using the MyChart patient portal. The message provides contacts with instructions on symptoms to monitor and what to do if they become ill.

The AHS IPC program returned to Stage 1 of the Communicable Disease Emergency Response Plan in November 2025 as case numbers declined. Infection control professionals returned to routine tasks and continued to provide consultation, support, education, resources and on-call services, as appropriate. Resource utilization during activation was significant, with approximately \$350,000 in full-time equivalent costs as AHS IPC staff were redeployed to provide additional services dedicated to measles outbreak management. Covenant Health IPC returned to Stage 1 in February 2026.

Clinical setting highlights

Acute care

In 2024–2025, AHS IPC implemented acute care practice reviews across rural acute care inpatient units and Emergency Departments. Covenant Health is not included in these results, as they maintain a separate process for facility and practice reviews across acute care and other service areas. AHS reviews assessed routine practices, environmental and equipment cleaning, general infrastructure, supply and linen management and access to IPC resources. Results from these reviews are shared with site management following each review. In 2025–2026, 154 reviews were completed with an overall compliance of 81.9 per cent. Of the 12,640 deficiencies identified, 551 were identified as high-risk to patient safety and 1,735 were medium- or low-risk. High-risk deficiencies are typically addressed immediately; medium- and low-risk

deficiencies are flagged for follow-up and are typically addressed within four weeks. Infection control professionals work collaboratively with site operations to identify and implement strategies for correcting deficiencies and sustaining improvements. Work is underway to prepare for the transition to an ongoing, standardized reviews cycle for acute care sites that is aligned with the Accreditation Canada cycle.

Emergency medical care

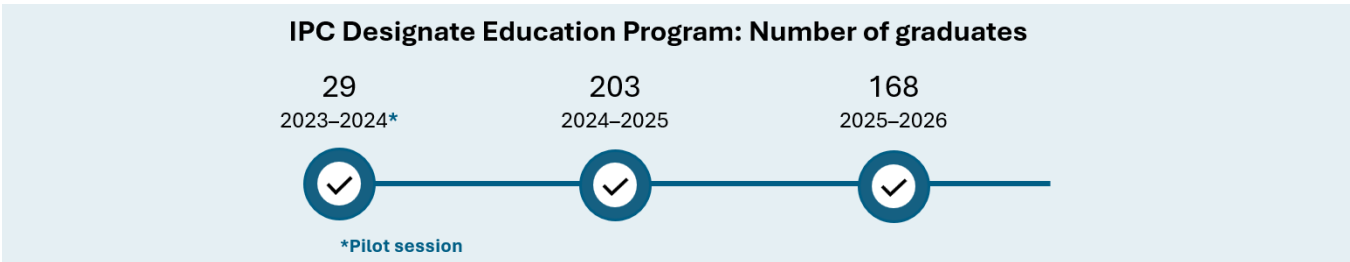
Paramedics may provide patient care in ambulance bays until a bed is available in the Emergency Department. The first phase of the AHS IPC “Improving Configuration of Ambulance Bays Project” in 2024–2025 evaluated AHS ambulance bay design for IPC practices such as storage of medications, linens and clean supplies. Most ambulance bays met requirements; however, assigned responsibility for cleaning and maintenance varied. In 2025–2026, a second phase further evaluated IPC practices in hospital-attached ambulance bays. Findings will be used to develop a provincial IPC best practice recommendation for ambulance bays and inform targeted quality improvement initiatives.

Continuing care and congregate living

In 2025–2026, AHS IPC continued in-person practice reviews and just-in-time teaching, first introduced in 2020–2021, during visits to congregate living and continuing care settings. AHS IPC may be consulted to provide expertise in continuing care homes for many reasons including outbreak response, response to emerging pathogens and other emergencies with IPC implications such as large-scale water release, renovations and upgrades to heating, ventilation and air conditioning. In 2025–2026, 533 outbreak reviews were completed with an overall compliance of 95.5 per cent and 276 additional in-person reviews for various other reasons were completed.

IPC Designate Education Program

AHS IPC offers a virtual IPC Designate Education Program for identified staff volunteers in Continuing Care Homes Type A, Type B or Type C to serve as site IPC representatives. The program increases foundational IPC knowledge at the site and boosts the competence and skill level of staff in IPC practices. The IPC designate leads outbreak prevention and early identification, supports audit readiness, and promotes IPC best practices through education and guidance for staff, residents, and families at their continuing care home. The program is delivered virtually and includes an intake session, modules, connecting sessions and a graduation ceremony.



AHS IPC Laboratory and Centre for Antimicrobial Resistance

AHS IPC Laboratory

The AHS IPC Laboratory provides dedicated support to the AHS IPC provincial program to evaluate environmental and relevant clinical aspects of healthcare-associated infections by testing organisms of epidemiologic interest. This work is complementary to and distinct from that of Alberta Precision Laboratories.

In 2025–2026, achievements include:

- Supported clinical aspects of care by studying new ways to prevent infections caused by antibiotic-resistant organisms. For example, treating recurring *C. difficile* or invasive coliform infections using fecal microbiota transplants to replace harmful, resistant bacteria and restore healthy gut function to patients.
- Developed novel treatment for patients with persistent Shiga Toxin-producing *Escherichia coli* infection or colonization that cannot receive standard antibiotic therapy.
- Created a dependable in-house *Legionella* polymerase chain reaction and culture testing method to check water for the presence of *Legionella* in AHS water systems.
- Verified sterility of reprocessed medical devices upon request after an identified IPC concern.
- Validated manufacturer's claims by testing antimicrobial activity of silver coated or impregnated anaesthetic circuit tubing used in an operating room for one week with findings supporting sustainability efforts.
- Performed environmental and interval safety testing for tissue recovery by the Southern Alberta Tissue Program to meet federal and international tissue bank accreditation and the Lions Eye Bank upon request.

Centre for Antimicrobial Resistance

The Centre for Antimicrobial Resistance is a partnership program between AHS, Alberta Precision Laboratories and the University of Calgary which participates in preventing and controlling the spread of antibiotic-resistant organisms.

In 2025–2026, achievements include:

- Developed a novel lab test to detect rifaximin-induced daptomycin resistance in *Enterococcus* species. Rifaximin, is an antibiotic commonly used to treat gastrointestinal infections, which can cause mutations in certain strains of the *Enterococcus* bacteria making it more resistant to antibiotic treatment, including one of the last resort agents, daptomycin. This test detected a mutation in a local sample and is expected to help identify other daptomycin-resistant cases.
- Started an Alberta Antiseptic Resistance Surveillance Study (*Staphylococcus* spp.): a long-term provincial surveillance initiative (30-year horizon) to monitor antiseptic and mupirocin resistance trends and assess potential associations with antiseptic and topical antibiotic use.
- Improved testing model for new antimicrobial treatments to promote early-stage antimicrobial discovery and rapid and reliable identification of new treatments.
- Aiming for a new test to measure how often methicillin-resistant *S. aureus* excises its methicillin-resistance gene cluster (*Staphylococcal* Cassette Chromosome *mec*), which influences disease severity and treatment outcomes. Findings may guide future strategies in clinical settings.

Accountability and Monitoring

Government of Alberta standards set out requirements for integrating IPC practices in healthcare settings:

- *Standards for Infection Prevention and Control – Accountability and Reporting (2011)* and
- *Reusable and Single-use Medical Devices Standards: Standards for the reprocessing of reusable medical devices and for the use of single-use medical devices in all health care facilities and settings (2019)*.

IPC accountability and reporting standard

This standard outlines the roles and responsibilities of key positions in AHS and Covenant Health for managing IPC concerns; implementing IPC standards; a provincial committee and reporting structure; monitoring compliance with these standards; and responding to incidents of noncompliance.

Managing IPC concerns

In accordance with the standard, IPC concerns are reported to AHS IPC and through to the Government of Alberta. An IPC concern is defined as:

“a condition or circumstance involving IPC that is or might become injurious or dangerous to the public health or that might hinder in any manner the prevention or suppression of disease”

This may include an instance where the condition of a healthcare facility or setting, a healthcare practice, an infectious disease or an inadequate infection control measure pose a risk to public health. In 2025–2026, there were 34 IPC concerns reported.

AHS IPC concerns reported in 2025–2026

Category	Reported	Examples
Medical Device Related Issues	14	• Blood and body fluid exposure • Product nonconformance to quality standards • Reprocessing breach • Reuse of a single-use medical device • Water quality issues
Infrastructure Related Issues	10	• Heating, ventilation and air conditioning • Infestation • Mould and asbestos • Water release or leaks
Communicable Disease Exposures	10	• Measles • Medication management • Tuberculosis • Varicella

When an IPC concern is reported, AHS IPC and its partners fully investigate and conduct a risk assessment. AHS IPC reports the concern, assessment findings, actions taken and next steps to the Government of Alberta, as required, and takes reasonable steps to protect patients, healthcare providers and the public. These steps may include contact tracing, laboratory testing, and patient notification. When appropriate, a risk assessment panel reviews the concern.

Risk assessment panel

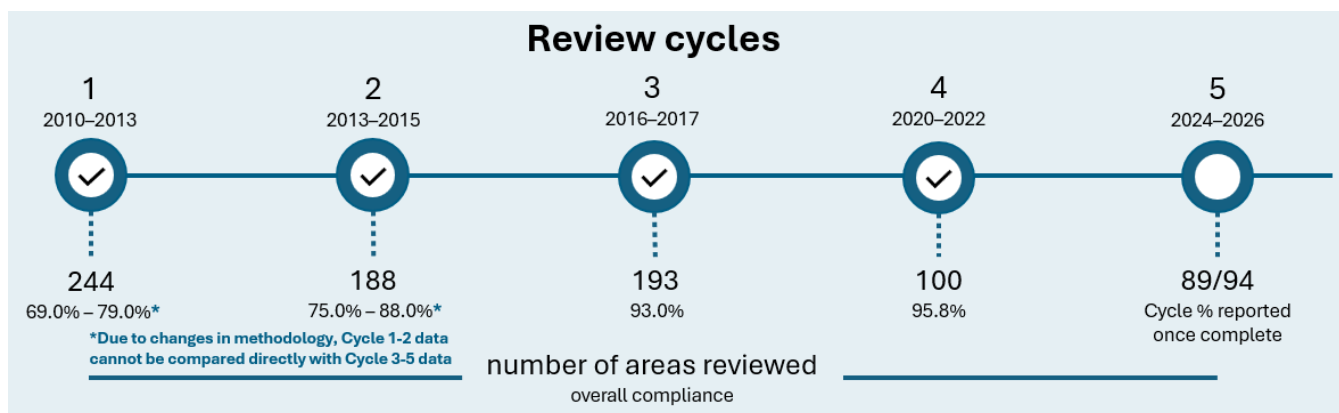
The risk assessment panel assesses public health and IPC concerns related to significant breaches in healthcare facilities or the community with a potential impact on patient safety. The panel evaluates the risk of pathogen transmission and provides recommendations regarding public notification or the need for a focused look-back. Exposed patients are notified and advised to seek testing or further evaluation. Findings and outcomes are communicated using the IPC concerns process.

All IPC concerns undergo follow-up based on the risk assessment; however, in 2025–2026 only one issue required a formal review by a risk assessment panel, related to a potential blood and body fluid exposure. Decisions regarding disclosure are informed by the panel's findings and are guided by the *AHS Disclosure of Harm Procedure (2022)*.

Medical device reprocessing reviews in AHS and Covenant Health

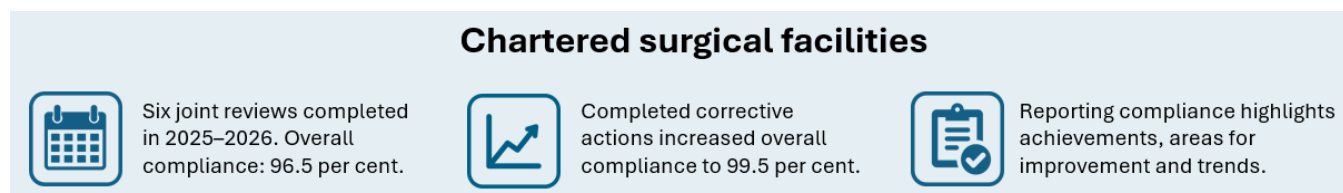
Medical device reprocessing reviews focus on continuous quality improvement. Reviews assist staff learning, improve IPC-related best practices and monitor compliance with standards. This contributes to patient safety and positive surgical outcomes by confirming surgical instruments are reprocessed correctly, reducing the risk of post-surgical complications such as surgical site infections.

Sites reprocessing reusable critical and semi-critical medical devices are reviewed on a scheduled cycle. Cycle 5 began in 2024–2025 and is scheduled to be completed in 2026–2027. In 2024–2025, 30.9 per cent (29/94) of medical device reprocessing areas were reviewed with an overall compliance of 95.6 per cent. In 2025–2026, 63.8 per cent (60/94) of medical device reprocessing areas were reviewed with an overall compliance of 96.1 per cent. So far, throughout Cycle 5, one critical (1/630), seven high (7/630), 557 medium (557/630) and 65 low (65/630) risk events were identified. Most deficiencies were of medium- to low-risk. Medium- and low-risk issues are addressed as soon as possible and often involve infrastructure deficiencies. Critical- and high-risk issues are fixed immediately. Critical-risk issues are always reported as IPC concerns. High-risk issues may be reported as an IPC concern based on patient risk.



Medical device reprocessing reviews in chartered surgical facilities

As part of the Alberta Surgical Initiative, AHS performs joint reviews of chartered surgical facilities with the College of Physicians and Surgeons of Alberta and the College of Dental Surgeons of Alberta. Collaboration with the three organizations has led to increased efficiency and stronger working relationships.



Contracted service providers such as midwifery clinics and emergency medical care are contacted to determine if they are using reusable critical and semi-critical medical devices and about their processes for medical device reprocessing. Any contracted service providers reprocessing reusable medical devices are contacted for further follow-up and potential review.

Single-use medical devices

Reusing single-use medical devices poses serious safety risks to patients. Devices may only be considered for reuse if reprocessed by a commercial reprocessor that operates in accordance with the Government of Alberta *Reusable and Single-use Medical Devices Standards: Standards for the reprocessing of reusable medical devices and for the use of single-use medical devices in all health care facilities and settings* (2019) requirements. An exceptions process is outlined in the AHS *Critical and Semi-Critical Single-Use Medical Devices Policy* (2022).

In 2025–2026, in response to an IPC concern, education for medical device reprocessing technicians was developed to address situations where single-use medical devices are received at the medical device reprocessing area by error. A guidance document and poster differentiate between single-use medical devices and similar looking reusable medical devices, so these devices are managed appropriately.

Accreditation Canada

AHS and Covenant Health participate in the accreditation of health services to help deliver safe quality healthcare. Accreditation Canada compares health services with national standards to identify areas for improvement. Several criteria are required organizational practices necessary for patient safety. Survey visits are unannounced. AHS strives to be accreditation-ready throughout the cycle. If required organizational practices are unmet, the site or program develops an action plan to address the unmet items. AHS IPC supports sites and programs in this process when it relates to the Infection Prevention and Control Standard and Reprocessing of Reusable Medical Devices Standard.

2023–2027 accreditation cycle results

During the current cycle, location-based assessments use an approach that integrates both the Accreditation Canada Infection Prevention and Control Standard and Reprocessing of Reusable Medical Devices Standards.

The Correctional Health Services program, part of Recovery Alberta, and 15 rural hospitals were assessed in the Accreditation Canada spring 2025 survey visits. Correctional Health Services and nine of the 15 rural hospitals surveyed achieved a compliance of 100.0 per cent for both standards. The six rural facilities with unmet criteria achieved a compliance of 87.0 per cent or higher for the Infection Prevention and Control Standard and 84.5 per cent or higher for the Reprocessing of Reusable Medical Devices Standard. All surveyed sites met the required organizational practices for both standards.

Fall 2025 survey visits were program-based and focused on rehabilitation services and continuing care services at some AHS and Assisted Living Alberta sites. CapitalCare and Carewest were assessed at both the corporate and site levels. The AHS Rehabilitation Services Program achieved 95.5 per cent compliance with the Infection Prevention and Control Standard, while the Continuing Care Program, CapitalCare and Carewest achieved 92.0 per cent, 79.8 per cent and 96.4 per cent compliance, respectively.

More information is available in the [AHS Accreditation Status and Activities](#) report.

Evidence submissions showing compliance with unmet ratings from the spring and fall surveys will be submitted to Accreditation Canada on or before June 2, 2026, and December 14, 2026, respectively.

In the 2025 Accreditation Survey for Covenant Health, five sites were surveyed for the Infection Prevention and Control for Community-Based Organizations Standard and achieved a compliance of 95.8 per cent. The Reprocessing of Reusable Medical Devices Standard achieved a compliance of 100.0 per cent. Covenant Health IPC is working collaboratively with operational and integrated service teams to address unmet criteria.

Province Wide Surveillance

Surveillance for the identification of healthcare-associated infections is an essential component of AHS' response to the hazard these infections pose to Albertans. AHS IPC surveillance focuses on infections with a significant cost to the healthcare system or those causing significant patient illness or death. Surveillance data are used to monitor trends, identify increases or decreases of infection rates and are used to identify and support necessary actions to improve patient care. AHS IPC surveillance definitions and processes to determine the presence of an infection are different than the clinical assessment for patient diagnosis and treatment.

Provincial IPC surveillance program

AHS IPC has an integrated provincial surveillance program. There are 11 provincial AHS IPC surveillance protocols related to outcome measures. Surveillance protocols are posted on the external AHS IPC website. Protocols align with national and international surveillance protocols allowing comparison among Alberta and other jurisdictions in Canada.

Highlights from 2025–2026

In 2024–2025, AHS IPC participated in a national review of central line care practices through the Public Health Agency of Canada to understand the increased central line-associated bloodstream infection rates seen across the country. AHS IPC collaborated with the Critical Care Program Improvement and Innovation Network to develop *Reducing Central Line – Associated Bloodstream Infections in the Intensive Care Unit Provincial Guideline* and education resources.

Evidence-informed strategies help prevent bloodstream infections from central venous catheter insertion and maintenance. These strategies include

- using maximal barrier precautions, such as using sterile personal protective equipment
- strict aseptic technique during insertion
- chlorhexidine skin antiseptic
- daily evaluation of necessity, site and dressing
- empowering all members of team to identify breaches of aseptic technique and
- education

Personal protective equipment during insertion includes sterile gloves, gown, mask, hair covering and protecting the patient's face with sterile drape or mask.

AHS pediatric units participated in the Solutions for Patient Safety Network – a network of children's hospitals across North America that are working together to eliminate serious harm across all children's hospitals – to implement similar standardized evidence-informed bundles.

2025–2026 IPC Outcome Surveillance Measures

Change in Performance Legend							
Performance Improvement:	• ≥ 3% relative change in desirable direction when compared to the same period last year.						
Stable:	• Less than 3% change in either direction when compared to the same period last year.						
Performance Deterioration:	• ≥ 3% relative change in an undesirable direction compared to the same period last year.						
Measure	2021– 2022	2022– 2023	2023– 2024	2024– 2025	2025– 2026	Change in Performance	Comment
Device-related infections (per 1,000 line-days) ¹							
Adult central line-associated bloodstream infection rate	1.90	1.62	1.96	1.75	1.16	-33.7%	Below national benchmark: (2024: 1.62) Critical Care provincial guidelines implemented in 2024–25
Pediatric central line-associated bloodstream infection rate	2.35	1.38	3.81	3.80	2.14	-43.8%	At national benchmark: (2024: 2.15) Critical Care provincial guidelines implemented in 2024–25
Organism-related rates (per 10,000 patient-days) ¹							
Hospital-acquired <i>C. difficile</i> infection rate	2.69	2.88	3.15	3.35	2.80	-16.4%	Below national benchmark: (2024: 3.69)
Hospital-acquired Methicillin-resistant <i>S. aureus</i> rate	2.01	2.12	2.47	2.51	2.30	-8.2%	National benchmark not available 77% of cases were colonizations
Hospital-acquired viral respiratory infection rate	N/A ²	N/A ²	12.20	11.00	7.84	-28.7%	Below national benchmark: (2024: 11.46) Rates decreased in spring-summer and increased in fall-winter Adults mainly had COVID-19, while children most often had enterovirus or rhinovirus
Organism-related colonizations and infections (per 1,000 admissions) ¹							
Overall rate of carbapenemase producing organism infections and colonizations	0.12	0.23	0.34	0.33	0.37	12.1% ³	Below national benchmark: (2024: 0.84) Mainly in large acute care hospitals 69% of cases were colonizations
Procedure-related infections (per 100 procedures) ¹							
Surgical site infection rate following Cardiac, CABG or Dual procedures	N/A ²	1.24	1.52	0.79	1.23	54.3% ⁴	Below national benchmark: (2024: 1.7) Procedures performed at two sites
Surgical site infection rate following Cardiac Implantable Electronic Devices	N/A ²	0.32	0.28	0.25	N/A ²	-10.2%	National benchmark not available Procedures performed at six sites Rates decreasing
Surgical site infection rate following peripheral vascular bypass procedures	4.31	5.25	9.72	9.40	5.08	-45.9%	National benchmark not available Procedures performed at two sites Population at high risk for infection
Surgical site infection rate following total hip procedures	0.79	0.72	0.94	0.82	0.83	1.6%	At national benchmark: (2024: 0.74) For AHS and Covenant Health sites
Surgical site infection rate following total knee procedures	0.28	0.40	0.52	0.29	0.34	17.3% ⁴	At national benchmark: (2024: 0.35) For AHS and Covenant Health sites

¹ Surgical site infection rates for 2025–2026 are interim as data are only available for April – December 2025.

² No data available for the reporting period.

³ The rate of carbapenemase producing organism infections and colonizations has increased over the past three years, including a 12.1% rise year over year, but many cases occurred in patients with recent healthcare-associated travel (41%) and were identified through screening (69%). The overall rate remains well below the national benchmark of 0.84 per 1,000 admissions.

⁴ Rates increased year over year but remain consistent with historical patterns and fall within the range of expected variation.

Note: National benchmark provided by the Canadian Nosocomial Infection Surveillance Program.

Human Resource Capacity

AHS IPC develops, implements and evaluates resources and tools that integrate IPC principles into clinical and non-clinical practice across the continuum of care. AHS IPC also develops, implements and evaluates opportunities to support professional development for its staff and physicians.

Enabling IPC capacity for AHS staff

Education and training

AHS IPC supports education and training for employees, medical and midwifery staff, students, volunteers across the provincial health agencies, corporations and contracted service providers. The provision of AHS IPC education and training is extensive and diverse using a variety of teaching and learning approaches.

eLearning modules

Interactive eLearning modules allow for convenient and flexible education while promoting learner engagement. eLearning modules are available through the learning management system – MyLearningLink. Staff are encouraged to complete the modules through this system as it records staff progress, modules completed and usage of these resources. All modules are also posted on the external AHS IPC website for those who do not have access to MyLearningLink. There are ten AHS IPC-related eLearning modules. Some modules are designed for specific audiences, while others apply to all staff. Depending on the module, training may be optional or required and completed at set intervals, such as once every three years. In 2025–2026, there were 48,513 successful completions of these eLearning modules, which represents a 7.9 per cent increase compared to 2024–2025.

Number of AHS staff passing online eLearning modules

Module	2024–2025	2025–2026
AHS Medical Device Reprocessing – Review Team	32	43
Centralized Medical Device Reprocessing	99	118
Decentralized Medical Device Reprocessing	73	96
Hand Hygiene Interactive Module	5,738	6,540
Infection Prevention and Control (IPC) It's Everyone's Business	1,699	1,459
Infection Prevention and Control: Personal Protective Equipment & You	1,826	2,442
Infection Prevention and Control – Risk Assessment – Module 1	2,349	2,242
Infection Prevention and Control – Risk Assessment – Module 2	891	2,180
Required Organizational Learning – Infection Prevention and Control	30,307	32,056
Viral Hemorrhagic Fever (Ebola) Modules 1 – 4	1,955	1,337

In 2022–2023 and 2023–2024, AHS IPC launched two eLearning modules: Infection Prevention and Control – Risk Assessment – Module 1 and Infection Prevention and Control – Risk Assessment – Module 2, respectively. In 2025–2026, an analysis found strong uptake and high perceived usefulness of both modules. Learners, primarily registered nurses and laboratory assistants, reported that the modules were relevant, easy to apply, and widely shared across clinical and non-clinical settings.

Covenant Health has its own learning management system – CLiC (Covenant Learning Connection) – and four IPC-specific eLearning modules. Covenant Health staff are expected to complete the IPC Essential Education module annually and the other modules on-hire and then on a regular basis. In 2025–2026, there were 8,737 successful completions of these eLearning modules, which represents a 23.9 per cent decrease compared to 2024–2025.

Number of Covenant Health staff passing online eLearning modules

Module	2024–2025	2025–2026
Centralized Medical Device Reprocessing	45	57
Hand Hygiene Education*	N/A	572*
HandyAudit Self-Study	58	40
Infection Prevention & Control	10,851	7,488
Infection Prevention – Handy Audit Super User Training	16	17
IPC RA Module 1	286	318
IPC RA Module 2	225	245

* Launched on January 7, 2026

Note: N/A indicates no data

Resources

AHS IPC develops and regularly updates evidence-informed resources for staff in all care areas to reduce the spread of infections. Resources are available on either the external or internal AHS IPC website, which in 2025–2026, were redesigned to improve the online experience for users.

 Resource Manuals Isolation guidance for infectious diseases.	 Hand Hygiene Information, training & reports.
 Outbreak Management Guidance documents to manage outbreaks.	 Personal Protective Equipment Donning & doffing information.
 Routine Practices IPC risk assessments & cohorting.	 Education & Training Healthcare worker IPC competencies.
 Best Practice Recommendations Guidance documents.	 Surveillance & Reporting Protocols & IPC authored publications.
 Emerging Issues New & recurring infections of global concern.	 Medical Device Reprocessing Standard operating procedures & resources.

These resources provide comprehensive IPC support, including isolation guidance, outbreak management tools and routine practices such as risk assessments and cohorting. There are also best practice recommendations, updates on emerging infectious diseases, and materials on hand hygiene and personal protective equipment. Additional sections cover education and training for healthcare providers, surveillance and reporting protocols, AHS IPC surveillance-related publications and medical device reprocessing standard operating procedures and resources.

Workplace Health and Safety

AHS IPC and Health Shared Services Workplace Health and Safety have a shared mandate to protect healthcare providers from acquiring or transmitting communicable diseases while at work. Healthcare providers are at increased risk of acquiring communicable diseases and potentially transmitting these diseases to others because of their close contact with others. In this case, these results do not include Covenant Health; however, Covenant Health has a similar collaborative relationship with Covenant Health Occupational Health and Safety.

In 2025–2026, the Influenza Immunization Campaign was supported by 770 Flu Champions and casual staff, who provided influenza vaccinations on site and at Workplace Health and Safety immunization clinics at sites across the province. The goal is to immunize as much of the workforce as possible against influenza annually. During this campaign, eligible staff, physicians, and volunteers could receive the COVID-19 vaccine at the same appointment as their influenza vaccine. Voluntary employee self-reports of influenza immunization submitted through the Got My Flu Shot Form are tracked to support workforce planning during an outbreak.

In 2025, Workplace Health and Safety completed an average of 1,000 *Communicable Disease Assessments* per month for staff, volunteers, and medical affairs employees. As a result, 6,350 AHS and Alberta Precision Laboratories staff received immunizations from a Workplace Health and Safety occupational health nurse, with more than 12,400 non-seasonal immunizations administered overall. Many employees in rural areas also continue to be referred to Public Health for immunizations.

With immunization records readily available in MySafetyNet, occupational health nurses can quickly verify immunization status. This supports timely decision-making, minimizes workplace disruptions, reduces the need for additional follow-up to confirm immunity, and promotes protection of patients, visitors and co-workers, particularly in work areas that may include vulnerable populations.

Workplace Health and Safety support ongoing strategic communication, including reminders of the importance and benefits of vaccination, expanding the network of Flu Champions and to continue collaborating with Primary Care Alberta Public Health so immunization is accessible to all staff.

Physical Environment and Infrastructure

Managing the physical environment is essential to preventing infection, and AHS IPC collaborates with partners to interpret related IPC standards.

Infrastructure and construction

AHS IPC supports new facility construction and renovations of existing facilities. Aging infrastructure and evolving clinical service needs can create challenges in consistently meeting current IPC design and construction standards. AHS IPC supports a risk-informed approach to identify, prioritize, and mitigate infrastructure-related IPC concerns, working with operational, capital, and Government of Alberta partners to maintain safe patient care environments. IPC staff and physicians participate in multidisciplinary teams to provide guidance on IPC principles related to construction, renovation and infrastructure design. In 2025–2026, AHS IPC supported provincial alignment of IPC design and construction practices. Important work included revision of the [IPC Measures for Healthcare Facility Construction Activities Toolkit](#), development of guidance related to ceiling selection in semi-restricted and restricted areas, input into continuing care design standards, and IPC support for major capital and redevelopment projects, including the Red Deer Regional Hospital redevelopment.

Airborne isolation rooms

AHS IPC maintains an annual inventory of airborne isolation rooms in AHS acute care facilities to manage patients requiring airborne precautions. AHS IPC is working with Health Shared Services Capital Management and other partners to develop consistent identification, naming, and categorization of airborne isolation and protective environment rooms. This work supports optimal patient placement into airborne isolation rooms and reduces the risk of exposing others to airborne infections.

Provincial capital funding review of medical device reprocessing areas

Provincial capital funding for medical device reprocessing areas is based on the *Reusable and Single-use Medical Devices Standards: Standards for the reprocessing of reusable medical devices and for the use of single-use medical devices in all health care facilities and settings (2019)*.

Provincial review of AHS and Covenant Health medical device reprocessing areas began in 2010 to assess compliance with the standards and continue a scheduled cycle. These reviews identify the equipment and infrastructure needed to maintain operations. Addressing deficiencies decreases the risk of reprocessing failures, improves patient and staff safety and contributes to maintaining surgical service. Capital funding for medical device reprocessing area upgrades has been requested at various AHS and Covenant Health sites. Approved projects are at various stages: one is complete, three are under construction, seven are in design or construction document and five are in early planning. AHS IPC supports the Alberta Medical Device Reprocessing Upgrades Program and Alberta Surgical Initiative to help the Alberta Ministry of Hospital and Surgical Services achieve its goal of increasing surgical capacity and reducing surgical wait times. Upgrades are also occurring in surgical spaces, including operating rooms, post anesthetic care and day surgery units and staff areas.

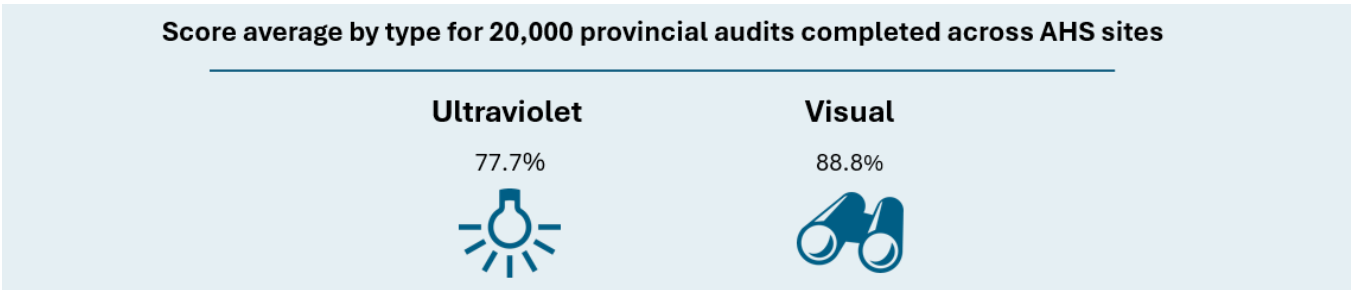
Linen and Environmental Services

AHS IPC and AHS Linen and Environmental Services maintain a strong partnership to respond quickly to emerging needs and jointly develop resources for frontline staff. These results do not include Covenant Health who have established their own organizational processes.

Auditing for excellence

In 2025–2026, the AHS Linen and Environmental Services Auditing for Excellence Program continued to perform visual and ultraviolet cleanliness audits of the patient environment. Visual audits assess whether the physical environment and surfaces look clean compared to expected cleaning outcomes. Visual audits must score 85.0 per cent or more to pass. Ultraviolet or microbial audits use a luminescent, colourless material applied to high-touch surfaces before the room is cleaned.

Once the area is cleaned, the auditor uses a hand-held ultraviolet flashlight to detect any remaining residue of ultraviolet marker on the surface. Each ultraviolet audit is comprised of up to 10 markers and must score 80.0 per cent or more to pass. Audit findings are entered electronically from a hand-held mobile device. The online platform supports real-time access to results informing AHS’ response and improvement initiatives.



The highest rated items were window coverings, ceilings, cubicle curtains, light fixtures and waste containers. Areas that required the most improvement included sink–tub–showers, hard flooring, beds–stretchers–exam tables, and furnishings and fixtures. Leaders regularly review audit data, share findings and provide education to front-line staff. In addition, auditors review observed deficiencies with the staff involved to promptly address issues, increase awareness and prevent further occurrences. With ongoing staffing pressures and other challenges, performing ongoing audits showed the importance of and commitment to the program.

Other collaboration initiatives

As part of the Review of Our Teams Strategies project, AHS IPC and Environmental Services evaluated existing daily inpatient room cleaning frequencies in rural acute care facilities to determine if cleaning tasks could be reduced and resources redirected. Responsibility for cleaning tasks is shared between Environmental Services and non-environmental services staff. The on-site reviews completed in June 2025 and July 2025 confirmed that existing cleaning frequencies must be maintained to meet infection prevention and accreditation standards. A report summarizing the findings was released in October 2025 and the AHS Environmental Services Cleaning Frequency Expectation Table was preserved.

Public Awareness and Education

AHS IPC works in healthcare and public domains to promote practices that prevent and control the spread of infections.

Antimicrobial Stewardship Program

AHS Antimicrobial Stewardship Program

Established in 2011, the AHS Antimicrobial Stewardship Program underwent a strategic refresh in 2024 to facilitate provincial integration, to improve operational efficiency and access, fulfill accreditation requirements and optimize clinical reporting. In 2025–2026, the program continued to optimize antimicrobial prescribing with the goals of: optimizing patient clinical outcomes; minimizing antimicrobial adverse effects or toxicities; reducing the selection of pathogenic organisms, such as *C. difficile*; and reducing or stabilizing antimicrobial resistance.

Implementation and Evaluation

Implementation of Phase 1 across 13 AHS acute care sites showed a 20.0 per cent increase in guideline-concordant prescribing and prevented a projected 18.0 per cent increase in drug expenditures among the eight restricted antimicrobials targeted for audit and feedback.

Sustainment and Expansion

In 2025–2026, program activity remained robust with over 11,052 audits conducted and 4,877 recommendations issued to optimize antimicrobial prescribing. The program will be expanding to Northern Alberta in April 2026 starting with Grande Prairie Regional Hospital. Upon receipt of grant funds from Acute Care Alberta, site-based Antimicrobial Stewardship Program teams will be established at the remaining AHS acute care sites. Data dashboards are now available for all acute care sites, including one to monitor antimicrobial utilization (days of therapy per 1,000 patient-days) and, for those with a site-based Antimicrobial Stewardship Program team, a second to monitor guide-concordant rates of prescribing and recommendation acceptance rates.

Optimizing the Management of *Staphylococcus aureus* Bacteremia (OPTIMUS-SAB) Study Conclusion

The OPTIMUS-SAB initiative was developed for timely, equitable and evidence-informed care of all patients with *Staphylococcus aureus* bacteremia, in response to its high mortality rates and local data showing suboptimal management. The initiative consisted of routine case notifications to a centralized care team, enabling real-time recommendations to front-line providers to optimize management and facilitate timely infectious diseases consultation, which is associated with mortality benefit. Launched on May 1, 2024, the initiative was sequentially implemented provincially and formally concluded on October 31, 2025. A comprehensive evaluation is currently underway. Preliminary findings show recommendations to optimize care (e.g., Infectious Diseases consultation, antimicrobial optimization, evaluation for source of infection and potential spread and documented bacteremia clearance) were provided for 1,476 patients. Of these, 233 (16.0 per cent) were admitted at sites without access to on-site infectious diseases consultation, but through the OPTIMUS-SAB model offered virtual infectious diseases consultation and follow up.

Covenant Health Antimicrobial Stewardship Program

Work continues to increase healthcare providers' knowledge about appropriate use of antimicrobials. In 2025–2026, four newsletters were distributed. Topics included community-acquired pneumonia, skin and soft tissue infections, acute exacerbation of chronic obstructive pulmonary disease and management of Gram-negative bacteria. Two online antimicrobial audit dashboards were developed: one for urban sites and one for rural sites. Several evidence-informed, measurable and targeted antimicrobial stewardship interventions promote appropriate antibiotic use. In 2025–2026, 3,323 antimicrobial audits were completed, resulting in over 1,013 interventions. In late 2025–2026, prospective audit and feedback resumed for *Staphylococcus aureus* bacteremia using an evidence-informed intervention bundle. Initially offered at the Misericordia Community Hospital and Grey Nuns Community Hospital before the initiation of the OPTIMUS-SAB study, this bundle since expanded to all sites (nine acute care and one continuing care) where Covenant Health Antimicrobial Stewardship Program pharmacists provide other prospective audit and feedback services.

MyHealth.Alberta.ca

MyHealth.Alberta.ca is Alberta's online health resource for non-emergency health information. It offers valuable information on more than 8,700 health topics and tools to help Albertans make important decisions about their health. AHS IPC has 15 patient care handouts, which are also available on Connect Care so staff can print them for patients.

In 2025–2026, the most frequently publicly visited AHS IPC patient care handouts were:

- Respiratory illness: Wearing a mask to prevent the spread.
- *Clostridioides difficile* (*C. diff*) Infection: Learning about *C. diff* infection in the hospital.
- Methicillin-resistant *Staphylococcus aureus* (MRSA): What it is and how to stop the spread.

On Connect Care, the most frequently accessed AHS IPC patient care handouts were:

- Carbapenemase-producing organisms (CPO): Learning about CPO in the hospital.
- *Staphylococcus aureus* (staph) bloodstream infections: Care instructions.
- *Clostridioides difficile* (*C. diff*) Infection: Learning about *C. diff* infection in the hospital.

Appendix: AHS IPC-related Publications

Bold lettering denotes AHS IPC physician or staff

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