September 2020

Urban Hospital

Emergency Department Program

Alberta Health Services

ACCREDITATION AGRÉMENT CANADA

Table of Contents

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.

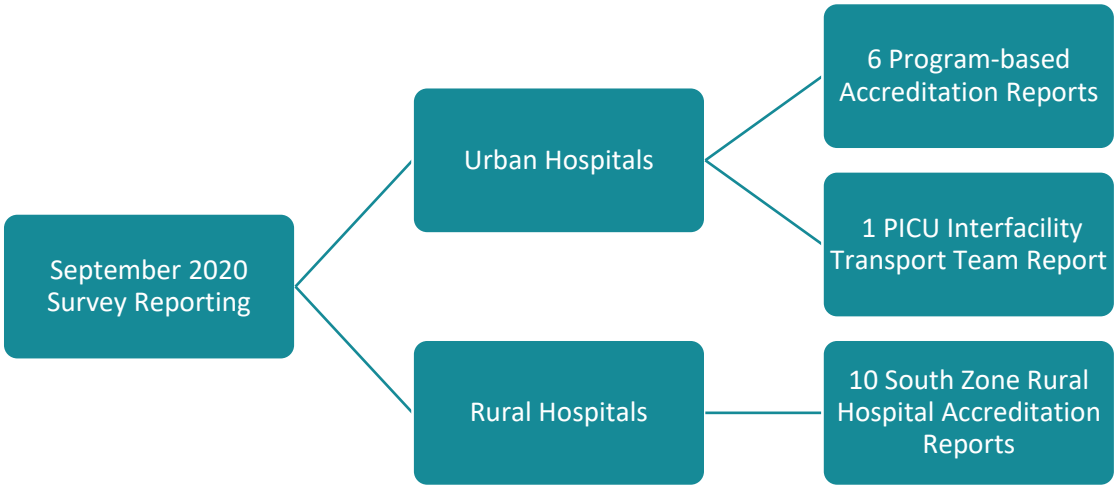
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

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:



Emergency Department Program Assessment– Sites Visited

- Airdrie Community Health Centre (Urgent Care Centre)
- Chinook Regional Hospital
- East Edmonton Health Centre (Urgent Care Centre)
- Medicine Hat Regional Hospital
- Northern Lights Regional Health Centre
- Peter Lougheed Centre
- Red Deer Regional Hospital Centre
- Rockyview General Hospital
- 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 Emergency Department Program Survey focused on six system-wide priority processes (People-Centred Care, Infection Prevention and Control, Emergency Preparedness, Medication Management, and Patient Flow), as well as five service-level priority processes (Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes, and Organ and Tissue Donation).

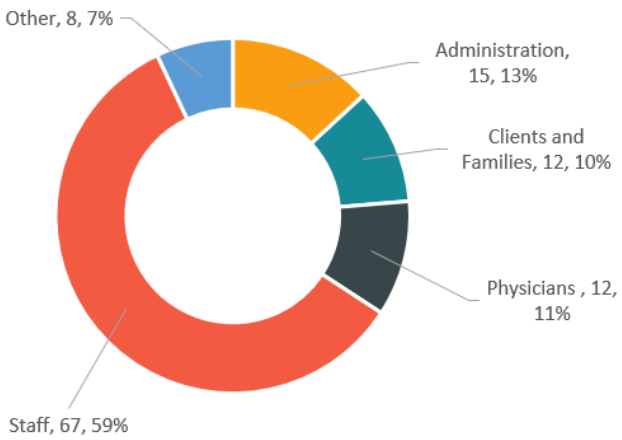
The following standards were applied to assess this program: Emergency Department, Medication Management, Infection Prevention and Control and, Service Excellence.

The survey was conducted by four surveyors from outside of the province. The surveyors visited eleven locations across the province. 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.

Survey Methodology

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

To conduct their assessment, the survey team gathered information from the following groups[1]



[1] "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. Expand quality improvement
2. Support new Managers and Leaders
3. Advance sharing and integration among sites
4. Expand People-Centred Care
5. Standardize communication tools between providers
6. Review patient mental health flow

Areas of Excellence

1. Staff resilience and adaption to change
2. Teamwork and collaboration
3. Connection to community and partnerships
4. Intake, Triage, Screening
5. Infection Prevention and Control embraced

Results at a Glance

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

Compliance Overall[1]

Percentage of criteria		
Attested	On-Site	Overall
99% met	86% met	86% met
*Number of attested criteria		
Attested	Audited	
500 Criteria	84 Criteria	

Attestation:

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.

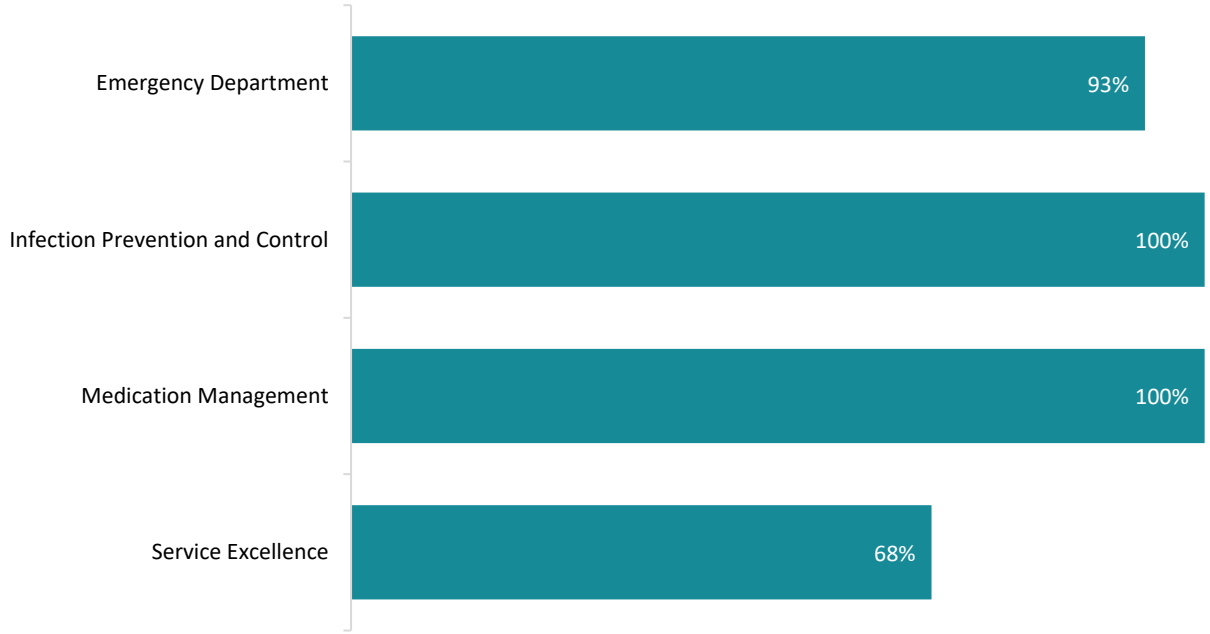
On-site Assessment:

Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

*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.

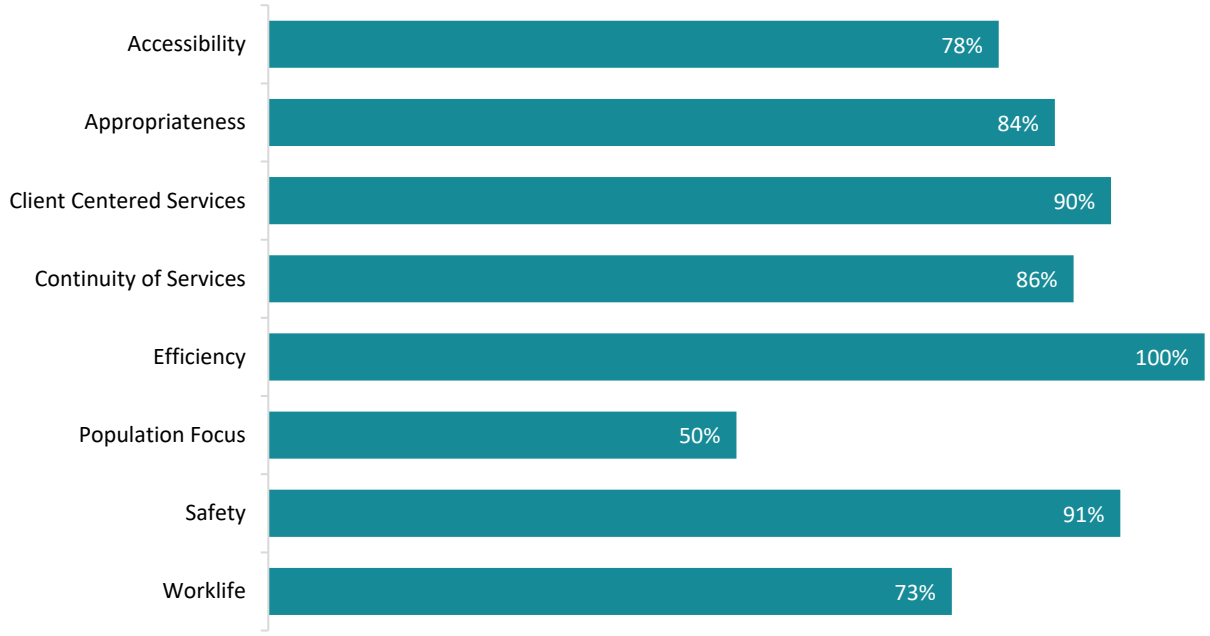
[1] In calculating percentage compliance rates throughout this report, criteria rated as 'N/A' and criteria 'NOT RATED' were excluded. Data at the 'Tests for Compliance' level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated 'Tests for Compliance'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

Compliance by Standard



STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	96	7	0	0
Infection Prevention and Control	13	0	0	0
Medication Management	31	0	0	0
Service Excellence	52	24	0	0
Total	192	31	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	14	4	0	0
Appropriateness	64	12	0	0
Client Centered Services	44	5	0	0
Continuity of Services	6	1	0	0
Efficiency	7	0	0	0
Population Focus	1	1	0	0
Safety	48	5	0	0
Worklife	8	3	0	0
Total	192	31	0	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medical Reconciliation at Care Transitions	Emergency Department	MET
Information Transfer at Care Transitions	Emergency Department	UNMET
MEDICATION USE		
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET
INFECTION CONTROL		
Hand hygiene Education and Training	Infection Prevention and Control	MET
RISK ASSESSMENT		
Suicide prevention	Emergency Department	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.

Ample evidence exists to demonstrate the organizational ability to meet the Infection Prevention and Control (IPC) standard, under the emergency preparedness priority process. Current and updated policies and procedures are available and shared with staff and volunteers to help identify and manage outbreaks. Ongoing IPC education is delivered consistently and regularly, starting at orientation, and annually and more frequently if needed thereafter. Return to work for volunteers is predicated on the completion of relevant IPC and COVID-19 focused educational modules. Staff are provided with appropriate and adequate information and IPC resources, to help maintain safety and avoid the spread of infections. It is possible that the current COVID-19 pandemic further focused attention on IPC training, education and auditing, which would only enhance the already robust practices and performance throughout the programs.

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.

Evidence exists to support organizational commitment to keep staff, volunteers, patients, and families safe and protected as best as possible. Dedicated infection control practitioners are available to staff, patients, and families for consultation and support. Ample resources, policies and procedures are available and are updated regularly to ensure best practices are in place at all times. Regular auditing and review of practices take place, with consistent follow up and adjustments to support optimal IPC practices. Hand-hygiene audits are conducted regularly and results are posted and widely shared on quality boards. IPC resources including personal protective equipment (PPE) and hand sanitizers are widely available throughout the buildings in all patient care and public areas. Staff, volunteers, and visitors are screened as per provincial requirements and granted or denied entry to the hospitals based on screening results. There are regular and on-going educational opportunities and visual cues to remind individuals on proper IPC practices and emphasize individual commitment and contribution to prevention activities that help limit the spread of infections.

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.

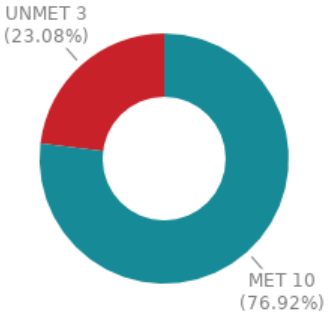
There are no unmet criteria for this Priority Process.

Organizational commitment to patient safety as it relates to medication management is evident throughout all patient care areas. Staff are well informed, educated and aware of current evidence-based, and best practices as they apply to medication management. All areas meet the required criteria and the required organizational practices (ROPs).

Pharmacy services, including the availability of pharmacists during regular hours, as well as on-call services after hours provide essential support to staff and promote patient safety. Relevant, updated and clear policies, procedures, and protocols are available to staff for review, should concerns or questions arise. Medication management incidents are completed as necessary and managed expeditiously with appropriate educational activities to prevent future recurrence.

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.



Across the board and pre-COVID-19, all facilities experienced increasing volumes. Since COVID-19, volumes have dropped by up to 20-30%, however, there is evidence to support that visits to the Emergency Departments are picking up. There are strong support systems, policies, and procedures to facilitate good patient flow, including but not limited to, policies and alerts triggered for overcapacity conditions, primarily for medical and surgical patients. The increase in patients with mental health diagnoses or conditions, adds complexity to patient flow, as the management of such patients is done through zone process, not necessarily on a facility basis. Most Emergency Departments may not have adequate or appropriate infrastructure and resources to manage mental health patients that may also present with aggressive and/or violent behaviours.

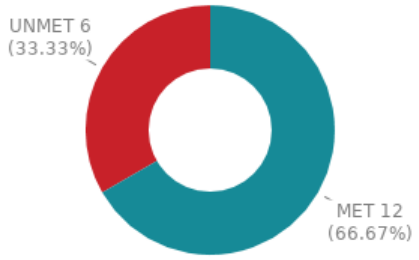
Emergency Department activity is closely tracked and reviewed, by the quality teams and the departmental leaders, and relevant and appropriate improvement opportunities are identified and realized. Some examples include the review and revision of the role and function of the triage nurse to assist with patient flow, redesign of the EMS parks and offload areas, and having an EMS staff on-site during night shifts. The teams in the Emergency Departments demonstrate significant levels of collaboration, teamwork, and community connectivity.

While patient flow is the outcome of multiple system processes and activities, there may be additional and specific considerations given to enhance some of the processes and functions in the Emergency Departments to positively affect patient flow. These may include but are not limited to the review of current staffing, skill mix, and roles within the department, the ability to integrate additional nurse practitioners, Medical RNs and LPNs to care for admitted patients, creating short-stay units with a defined length of stay, focusing attention and activities to prevent admissions (for geriatric patients), to name a few. Despite challenges with infrastructure and resources in some hospitals, the staff are extremely positive, welcoming, and exhibit high levels of resilience, commitment and professionalism.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	2.1	Client flow throughout the organization is addressed and managed in collaboration with organizational leaders, and with input from clients and families.
Emergency Department	2.2	A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.
Emergency Department	2.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.

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.



The preferences of clients and families are considered. Clients and families share in setting goals and expectations for their care. Education and resources are provided to clients and families so they can be active participants in their care.

Several sites were unable to demonstrate how client and family members were engaged and utilized to provide input, analysis, feedback and evaluations on the planning, delivery and improvement of care and service in Emergency Departments. Leadership expectations to move to a greater emphasis on people-centred care will be vital if more progress is to be made.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	1.1	Services are co-designed with clients and families, partners, and the community.
Service Excellence	1.7	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.
Service Excellence	2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
Service Excellence	3.3	A comprehensive orientation is provided to new team members and client and family representatives.
Service Excellence	3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
Service Excellence	10.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

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 Department

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

Surveyors assessed Emergency Departments in urban hospitals and Urgent Care Centres in urban areas during a global pandemic. AHS is commended for inviting accreditation surveyors into their organization at such a time as it afforded a unique perspective into how AHS is meeting its mandate. It was clear to surveyors that staff throughout the Emergency Departments in the province are resilient and adaptive to many changes that included COVID-19 preparedness and response, along with other significant changes in operations.

Intake processes involving screening and triage were found to be solid and appropriate. Several sites and services have also been working with partners to ensure patients obtain the right care in the most appropriate setting. “Bridges” and “diversions” from Emergency Departments to community settings, primary care and virtual care were evident and should be supported. There was evidence of good relations cultivated and nurtured with other programs and partner agencies.

Quality Improvement is embedded in the cultures of large urban sites with dedicated resources. Patient flow challenges remain in many sites. Dedicated medical leadership will be required to work with the administration and multidisciplinary teams to utilize quality improvement and process improvement tools and techniques to tackle this ongoing challenge. It is also suggested that particular attention be paid to improving the flow of mental health patients and achieving clarity and consensus among partners and agencies on how and where to best meet their needs.

High levels of professionalism were witnessed during the survey. Teamwork and collaboration appear to be embedded in the culture of Emergency Departments. Standard communication tools have been developed however there is a need for evaluation. Standard tools and a clear definition of how and what to communicate among care providers, particularly at a transitions such as when nursing staff are giving shift reports. Inconsistency was noted by surveyors and RLS data indicates communication gaps are an issue.

There is clear evidence of a strong commitment to providing excellent care and service to the people who present to AHS. A significant component of excellent care, however, is the need to significantly and

sincerely engage clients and family members in all aspects of their care. Within AHS, there are outstanding examples where the tenants of "people-centred care" are embraced and successfully maturing.

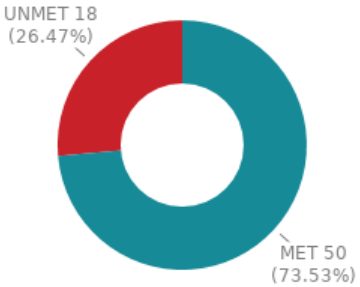
Unfortunately, many sites do not have well-developed processes or programs to engage clients and family members. There are expectations that client and family members participate in co-design, analysis, and evaluation of programs and services such as potential new builds, renovations, clinical practice guidelines, ethical research practices, areas of safety and risk, hiring, and new policies, to name a few. Clients and families should also be engaged to provide input and feedback on their roles, responsibilities and even role designs.

It is suggested that leadership set clear expectations for all sites and programs to commit to the implementation and sustainment of person-centred care as outlined in the accreditation standards.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	6.2	The assessment process is designed with input from clients and families.
Emergency Department	8.12	Medications are administered to pediatric clients using weight-based pediatric dosages and appropriately sized equipment.
Emergency Department	9.6	The transition plan is documented in the client record.
Emergency Department	9.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Service Excellence

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



There is evidence to support that the staff in the emergency department are well supported in terms of resources, education, and training.

Much of the feedback with regards to performance takes place through informal communication and feedback and is certainly valuable. However, formal performance reviews are not consistently completed. Annual feedback is important to support and mentor staff in their performance and goals for the future. The performance appraisal documentation needs to be streamlined to ensure

that the process is manageable for leadership who have many direct reports. It is recommended to consider establishing a process that would support the ongoing and consistent activities for formal performance reviews for each employee as per AHS policies and guidelines.

A limited number of urban Emergency Departments have well-developed measures for quality improvement. Many hospitals need to develop indicator(s) to monitor progress for its quality improvement objectives. This is an opportunity area for the emergency departments. At this time there have been many challenges related to COVID-19 and Emergency Departments have diverted attention to areas of priority. However, it will be important to develop key monitoring indicators that are aligned with project improvement initiatives to monitor and measure performance.

It is recommended to consider a quality indicator display (quality board), to be located in a public area, to enhance communication and sharing information with regards to quality work and activities that take place in the department. The choice of indicators can change from time to time and can vary depending on any emerging issues or other priorities.

Processes for engaging clients and families and seeking input are not well developed at some of the sites.

Patient safety incidents are reported, tracked and analyzed to prevent recurrence and harm.

STANDARD	UNMET CRITERIA	CRITERIA
Service Excellence	2.7	A universally-accessible environment is created with input from clients and families.
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	5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.
Service Excellence	8.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.
Service Excellence	8.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
Service Excellence	8.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.

Service Excellence	8.5	Guidelines and protocols are regularly reviewed, with input from clients and families.
Service Excellence	9.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.
Service Excellence	9.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.
Service Excellence	9.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.
Service Excellence	9.4	Safety improvement strategies are evaluated with input from clients and families.
Service Excellence	10.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
Service Excellence	10.5	Quality improvement activities are designed and tested to meet objectives.
Service Excellence	10.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
Service Excellence	10.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.
Service Excellence	10.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.
Service Excellence	10.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up ROPs				
Standard	ROP - Test of Compliance		Site	Due Date
	Information at Care Transition			
Emergency Department	8.17.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	• Airdrie Community Health Centre • Peter Lougheed Centre	May 30, 2021
	8.17.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer Asking clients, families, and service providers if they received the information they needed Evaluating safety incidents related to information transfer.	• Airdrie Community Health Centre • Peter Lougheed Centre	May 30, 2021