



ACCREDITATION CANADA



Driving Quality Health Services

Executive Summary

Alberta Health Services

Second Component

On-site survey dates: October 2, 2011 - October 7, 2011

Report issued: January 19, 2012



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

About the Accreditation Report

Alberta Health Services (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 in October 2011. Information from the on-site 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.

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

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.

Accreditation Canada is a not-for-profit, independent organization that provides health services organizations with a rigorous and comprehensive accreditation process. We foster ongoing quality improvement based on evidence-based standards and external peer review. Accredited by the International Society for Quality in Health Care, Accreditation Canada has helped organizations strive for excellence for more than 50 years.

A Message from Accreditation Canada's President and CEO

On behalf of Accreditation Canada's Board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at Alberta Health Services on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using it to support and enable your quality improvement activities, its full value is realized.

This Executive Summary is part of the Accreditation Report, but can also be used as a stand-alone document to inform stakeholders. It shows your accreditation decision and highlights some of your accreditation activities and on-site survey results.

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.



Wendy Nicklin
President and Chief Executive Officer

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Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world. Organizations that are accredited by Accreditation Canada undergo a rigorous evaluation process. Following a comprehensive self-assessment, trained surveyors from accredited health organizations conduct an on-site survey to evaluate the organization's performance against Accreditation Canada's standards of excellence.

Alberta Health Services (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. This Accreditation Report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

Alberta Health Services is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Alberta Health Services has earned the following accreditation decision.

ACCREDITATION DECISION

Accreditation with Condition (Report)

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1.2 About the On-site Survey

- **On-site survey dates: October 2, 2011 to October 7, 2011**

This on-site survey is part of a series of sequential surveys for this organization. Collectively, these are used to assess the full scope of the organization's services and program.

- **Locations**

The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

- 1 Airdrie Regional Health Centre
- 2 Alberta Children's Hospital
- 3 Barrhead Healthcare Centre
- 4 Bassano Health Centre
- 5 Brooks Health Centre
- 6 Canmore General Hospital
- 7 Cardston Community Health Centre
- 8 Chinook Regional Hospital
- 9 Cochrane Community Health Centre
- 10 Coronation Hospital and Care Centre
- 11 Cross Cancer Institute
- 12 Daysland Health Centre
- 13 Devon General Hospital
- 14 Drayton Valley Hospital and Care Centre
- 15 Drumheller Health Centre
- 16 East Calgary Health Centre
- 17 Eckville Community Health Centre
- 18 EMS Calgary Zone Headquarters
- 19 EMS North Zone Headquarters
- 20 Foothills Medical Centre
- 21 Fort Vermilion Community Health Centre (Stanley J. Smith Building)
- 22 Glenrose Rehabilitation Hospital
- 23 Grande Prairie Public Health Centre
- 24 High Level Northwest Health Centre
- 25 Holy Cross Centre
- 26 La Crete Community Health Centre
- 27 Manning Community Health Centre
- 28 Medicine Hat Regional Hospital
- 29 Millwoods Public Health Centre
- 30 Northern Lights Regional Health Centre

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- 31 Olds Hospital and Care Centre
- 32 Peace River Community Health Centre
- 33 Peter Lougheed Medical Centre
- 34 Pincher Creek Health Centre
- 35 Queen Elizabeth II Hospital
- 36 Raymond Health Centre
- 37 Red Deer Regional Hospital
- 38 Rimbey Community Health Centre
- 39 Rimbey Hospital and Care Centre
- 40 Rocky Mountain House Health Centre
- 41 Rockyview General Hospital
- 4& FcnW '5'YI UbXfU'<cgd]hU'!@]g'<c`Y'<cgd]hU'`Zcf`K ca Yb
- 4' Sedgewick Public Health Centre
- 4(St. Theresa General Hospital
- 4) Stettler Community Health Centre
- 4* Stettler Hospital and Care Centre
- 4+ Stollery Children's Hospital
- 4, Strathmore District Health Services
- 4- Strathmore Public Health Centre
-)\$ Sturgeon Community Hospital
- 5% Sundre Hospital and Care Centre
- 5& Thornhill Library/Community Health Centre
- 5' Thorsby Public Health Centre
- 5(Three Hills Health Centre
- 5) Tofield Health Centre
- 5* Tom Baker Cancer Centre
- 5+ University of Alberta Hospital/Mazankowski Alberta Heart Institute
- 5, Viking Health Centre
- 5- Westview Health Centre
- *\$ Wetaskiwin Community Health Centre
- 6% Wetaskiwin Hospital and Care Centre

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

Population-specific Standards

- 1 Child and Youth Populations
- 2 Maternal/Child Populations
- 3 Cancer Populations

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Service Excellence Standards









- 4 Critical Care Services
- 5 Obstetrics/Perinatal Care Services
- 6 Surgical Care Services
- 7 Emergency Medical Services
- 8 Cancer Care and Oncology Services
- 9 Emergency Department Services
- 10 Operating Rooms

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1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements.

Each criterion in the standards is associated with a quality dimension. This table lists the quality dimensions and shows how many of the criteria related to each dimension were rated as met, unmet, or not applicable during the on-site survey.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	57	17	0	74
 Accessibility (Providing timely and equitable services)	60	6	0	66
 Safety (Keeping people safe)	206	23	5	234
 Worklife (Supporting wellness in the work environment)	75	5	0	80
 Client-centred Services (Putting clients and families first)	90	7	0	97
 Continuity of Services (Experiencing coordinated and seamless services)	37	3	3	43
 Effectiveness (Doing the right thing to achieve the best possible results)	303	47	3	353
 Efficiency (Making the best use of resources)	24	2	1	27
Total	852	110	12	974

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1.4 Overview by Standards Sets

Qmentum standards of excellence identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that contribute to achieving the standard as a whole.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership, while population-specific and service excellence standards address specific populations, sectors, and services. The sets of standards used to assess an organization’s programs are based on the type of services it provides.

This table shows the standards sets used to evaluate the organization’s programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Standards Set	High Priority Criteria			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Population-specific Standards									
Cancer Populations	7(88%)	1(13%)	1	54(92%)	5(8%)	0	61(91%)	6(9%)	1
Child and Youth Populations	6(75%)	2(25%)	1	30(71%)	12(29%)	0	36(72%)	14(28%)	1
Maternal/Child Populations	4(57%)	3(43%)	2	29(71%)	12(29%)	0	33(69%)	15(31%)	2
Service Excellence Standards									
Cancer Care and Oncology Services	26(87%)	4(13%)	0	72(92%)	6(8%)	1	98(91%)	10(9%)	1
Critical Care Services	28(93%)	2(7%)	0	74(96%)	3(4%)	2	102(95%)	5(5%)	2
Emergency Department Services	27(87%)	4(13%)	0	69(95%)	4(5%)	1	96(92%)	8(8%)	1
Emergency Medical Services	30(83%)	6(17%)	0	110(89%)	14(11%)	0	140(88%)	20(13%)	0

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Standards Set	High Priority Criteria			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Service Excellence Standards									
Obstetrics/Perinatal Care Services	39(87%)	6(13%)	0	65(92%)	6(8%)	3	104(90%)	12(10%)	3
Operating Rooms	64(91%)	6(9%)	0	29(94%)	2(6%)	0	93(92%)	8(8%)	0
Surgical Care Services	27(82%)	6(18%)	0	62(91%)	6(9%)	1	89(88%)	12(12%)	1
Total	258(87%)	40(13%)	4	594(89%)	70(11%)	8	852(89%)	110(11%)	12

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1.5 Overview by Required Organizational Practices

In Qmentum, a Required Organizational Practice (ROP) is defined as an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, and all of the tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows how the applicable ROPs were rated during the on-site survey.

Required Organizational Practice	Rating
Patient Safety Goal Area: Communication	
Client And Family Role In Safety	Unmet
Information Transfer	Unmet
* Medication Reconciliation At Admission	Met
* Medication Reconciliation At HfUbgZyf Or 8]gMUF[Y	Unmet
Two Client Identifiers	Met
Verification Processes For High-Risk Activities	Unmet
Patient Safety Goal Area: Medication Use	
Infusion Pumps Training	Unmet

* H\Y'AYX]Vh]cb'FYVcbV]U]cb'FYei]fYX' Cf[Ub]nU]cbU' DfUM]W' k cfX]b[]b'h.]gdfYgYbhXcW'a Ybh'fYZYV]g] Yfg]cb '* 'cZ'h\Y'G]ubXUfXg.

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1.6 Summary of Surveyor Team Observations

During the on-site survey, the surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

Strengths of the organization include

- There is caring, compassionate and knowledgeable staff.
- Patients said they felt safe, prepared and had the information they need.
- Some examples of patient safety successes include Safer Together pamphlet, safety briefings, falls prevention work; and, although there was no requirement for this Required Organizational Practice, Surgical Checklist were implemented at varying stages across the organization.
- The shift to zones and dyad leadership model is new and staff are starting to see some benefits.
- New networks are being established, e.g. Early Child Health Clinical Network, Critical Care Network.
- Research activity is evident across a number of areas.
- The organization has a Provincial Committee for Medication Reconciliation (with Senior Leaders at the Vice-President and Executive level) who has developed a Provincial Medication Plan with an associated implementation plan (with timelines) which was very recently approved with substantial resources. Some successes as seen by the Provincial Committee include: senior leadership support, substantial resource commitment, and early plans for evaluation, including audits and quality medication monitoring. As well, there is work in progress to develop a provincial toolkit with standardized forms and documents.
- Medication Reconciliation is in the initial stages of implementation on admission in many sites, and in very early stages for transfer and discharge.
- Students are very positively received and it has become one of the recruitment successes.
- There are a large number of committed and dedicated volunteers who provide support throughout the organization.
- They are successfully managing increased population diversity (e.g. language line increased use and interpretation).
- There is recognition of health promotion and its importance for future healthcare efficiency and effectiveness.
- Alberta Health Services Improvement Way (e.g. Quality Improvement tools and templates, Lean implementation) has started to spread.
- Partnerships are evident throughout the organization, from tertiary services such as Critical Care Units to community services such as child and youth.

Areas the organization needs to improve include

- Some communities are growing rapidly, and services are under pressure to provide the care. In the northern and growing communities, there is a perception that there is a shortage of staff, as well as difficulties with recruitment and retention, and funding disparity.
- While there are some areas that have quality teams and quality activities in place, continuous quality improvement awareness is not consistent in all sites and services. Feedback after a sentinel event is often not reported back to the site where the incident occurred.
- The work related to development and implementation of performance, quality, and safety indicators needs to be accelerated, as in many sites this crucial process is stalled or only partially underway.
- Staff spoke of communication challenges between Alberta Health Services and sites related to policy changes, knowing when policies are changed and where they were stored.
- There is some buy-in from physicians in some sites and services for medication reconciliation; however increased physician engagement is needed and collaboration between nursing, physician and pharmacy.

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- There is a need for the Medication Reconciliation Provincial Committee to have their plan rolled out to zones and to sites. The staff, including the physicians, at the program and local unit level need support from Alberta Health Services to, at a minimum: develop local implementation plans, complete standardized baseline and ongoing auditing so they can demonstrate progress, adapt standard educational material to assist with implementation and buy-in, and adapt Alberta Health Services standardized Medication Reconciliation forms/tools to avoid duplication.
- The roll out of Alberta Health Services strategic plan is not clear or well known at the local level.
- As there is a mix of electronic and paper based charting, patient files may be incomplete and information may not be current. Staff spoke of the difficulty in accessing files.
- Some facilities are compromised by challenges with space, which impact work flow, patient confidentiality, and patient safety.
- Transfer of information processes are very well done in some areas but not consistently throughout Alberta Health Services.
- Verification processes for high risk activities was not consistently well understood or in place.
- Hand hygiene education was good and hand washing noted by patients and families. Audits have not been completed consistently and staff are not aware of results. Improvement plans are not in place.
- Infusion Pump training during orientation is consistently completed in most areas; there is movement toward annual training on all pumps and areas are at different stages of implementation.

Successes in adapting to its environment and meeting community needs include

- In rural sites, team work was observed.
- Innovative strategies, such as creative scheduling, is in place to manage the care.
- Telehealth is well utilized.
- Partnerships are developed, resulting in creative programs to meet community needs.

Challenges in adapting to its environment and meeting community needs include

- The northern communities feel disconnected with the rest of the province. They feel they have been forgotten and do not get the support they need.
- The rural staff has many good ideas regarding the provision of care. Utilization of rural staff for input for planning can provide a strong local knowledge.
- Dyad at the rural and northern levels is seen as positive; however, there is still a strong sense of lack of connection and being “out of the loop”.