



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Covenant Health

Edmonton, AB

On-site survey dates: October 3, 2016 - October 7, 2016

Report issued: November 4, 2016

About the Accreditation Report

Covenant Health (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 2016. 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.

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.

A Message from Accreditation Canada

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

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

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.

We look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink that reads "Leslee Thompson". The signature is written in a cursive style with a large, sweeping flourish at the end.

Leslee Thompson
Chief Executive Officer

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Executive Summary

Covenant Health (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. 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.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This 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.

The organization 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.

Accreditation Decision

Covenant Health's accreditation decision is:

= **Accredited with Exemplary Standing**

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: October 3, 2016 to October 7, 2016**

- **Locations**

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

1. Banff Mineral Springs
2. Grey Nuns Community Hospital
3. Killam Health Centre
4. Misericordia Community Hospital
5. Our Lady of The Rosary Hospital
6. St. Joseph's General Hospital

- **Standards**

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

Service Excellence Standards

1. Critical Care - Service Excellence Standards
2. Emergency Department - Service Excellence Standards
3. Emergency Medical Services - Service Excellence Standards
4. Medicine Services - Service Excellence Standards

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 shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	10	0	0	10
 Accessibility (Give me timely and equitable services)	28	1	0	29
 Safety (Keep me safe)	127	0	0	127
 Worklife (Take care of those who take care of me)	32	2	0	34
 Client-centred Services (Partner with me and my family in our care)	130	3	0	133
 Continuity of Services (Coordinate my care across the continuum)	34	0	0	34
 Appropriateness (Do the right thing to achieve the best results)	266	7	0	273
 Efficiency (Make the best use of resources)	13	0	0	13
Total	640	13	0	653

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

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

This table shows the sets of standards 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.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Critical Care	50 (100.0%)	0 (0.0%)	0	114 (99.1%)	1 (0.9%)	0	164 (99.4%)	1 (0.6%)	0
Emergency Department	64 (90.1%)	7 (9.9%)	0	103 (96.3%)	4 (3.7%)	0	167 (93.8%)	11 (6.2%)	0
Emergency Medical Services	49 (100.0%)	0 (0.0%)	0	111 (100.0%)	0 (0.0%)	0	160 (100.0%)	0 (0.0%)	0
Medicine Services	44 (97.8%)	1 (2.2%)	0	77 (100.0%)	0 (0.0%)	0	121 (99.2%)	1 (0.8%)	0
Total	207 (96.3%)	8 (3.7%)	0	405 (98.8%)	5 (1.2%)	0	612 (97.9%)	13 (2.1%)	0

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Critical Care)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (Emergency Medical Services)	Met	1 of 1	0 of 0
Client Identification (Medicine Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Critical Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Medical Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Medicine Services)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Critical Care)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Emergency Department)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Medicine Services)	Met	5 of 5	0 of 0
Patient Safety Goal Area: Medication Use			
High-alert medications (Emergency Medical Services)	Met	5 of 5	3 of 3
Infusion pump safety (Critical Care)	Met	4 of 4	2 of 2
Infusion pump safety (Emergency Department)	Met	4 of 4	2 of 2
Infusion pump safety (Emergency Medical Services)	Met	4 of 4	2 of 2
Infusion pump safety (Medicine Services)	Met	4 of 4	2 of 2
Narcotics safety (Emergency Medical Services)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Infection Control			
Hand-hygiene compliance (Emergency Medical Services)	Met	1 of 1	2 of 2
Hand-hygiene education and training (Emergency Medical Services)	Met	1 of 1	0 of 0
Reprocessing (Emergency Medical Services)	Met	1 of 1	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls prevention (Critical Care)	Met	3 of 3	2 of 2
Falls prevention (Emergency Department)	Met	3 of 3	2 of 2
Falls prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Critical Care)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Medicine Services)	Met	3 of 3	2 of 2
Suicide prevention (Emergency Department)	Met	5 of 5	0 of 0
Venous thromboembolism prophylaxis (Critical Care)	Met	3 of 3	2 of 2
Venous thromboembolism prophylaxis (Medicine Services)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The Leadership and staff live their values in all that they do. Many staff have been with the organization for a long time. They are proud to work for Covenant Health and feel supported by the organization. They have the patient and family at the centre of care. All aspects of care are open to include the patient and family. Quality improvement is a key component in their everyday work such as their delirium program in Intensive Care. Staff spoke positively about the importance of improvement. The physicians are engaged and spoke positively about being part of the organization.

Clinical documentation is well done across the organization. It is standardized and complete. Of particular note is medication reconciliation. Many Quality/Leadership teams were established for the purposes of accreditation. The organization is encouraged to keep these teams in place.

While they have a good partnership with Alberta Health Services and the Edmonton Zone, it can be challenging at times. They have yet to receive their budget for 2016, which challenges their ability to move forward on some key initiatives.

Some of the departments have an aging infrastructure which compromises privacy and confidentiality. Their community and population are continuing to grow and they will need to prioritize their work based on safety and risk. A significant issue is the number of admitted patients in the emergency department of the Edmonton hospitals. Admitted mental health patients spend long periods of time in the emergency department.

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:



High priority criterion

MAJOR

Required Organizational Practice

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Emergency Medical Services (EMS) team fully meets the requirements for the Physical Environment Priority Process.

The team expressed concerns for patient safety with the impending change of the communications equipment with Alberta Health Services (AHS). The equipment presently being used in Banff has "all-range" access and fire inter-operability. The new system has known "dead-zones" that could jeopardize the safety of both crews and patients. The EMS team is collaborating with Alberta Health Services in an attempt to address some of the known issues in advance, as well as ensure they always have a back-up in place during the cross-over.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Covenant Health (CH) plays a defining role in the emergency preparedness preparation and response for the province. The hospital teams practice Code of the Month to ensure ease of use when actually required. Both field disaster mock-ups and table top exercises are performed on an annual basis and have members of the CH teams collaborating with: EMS, Fire Department, Royal Canadian Mounted Police (RCMP), Parks, AHS and others.

CH got to experience firsthand the effects of a true disaster in 2013 during the catastrophic Bow Valley flood. Emergency Operations Centers were established to help cope with the power outages, lack of cellular coverage, and multiple road closures due to bridges being washed out. Notably, Banff Springs Hospital employees were being helicoptered in from their neighboring homes in Canmore to ensure staff were present to help with the increased number of patients or continued care of those already there. Multiple "take-away" from that experience have been built into the existing business contingency plans as a result. For example, the RCMP refused to let anyone pass on the roads who could not produce a staff ID. As a result, staff ID's are to be taken home and not left in staff lockers.

Banff EMS staff are trained to Chemical, Biological, Radiological, and Nuclear (CBRN) standards and with the passion and dedicated time of one paramedic in particular, have re-designed their ambulance bay to act as a decontamination unit.

All of the criteria within the Emergency Preparedness Priority Process were met.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has developed a systemic approach to access the services and patient flow. Since the Integrated Access portfolio's inception five years ago, operations have been centralized focusing on bed utilization, staffing and transitions. The mandate is to create the best conditions for decisions making, addressing organizational capacity and monitoring performance. Initiatives that have helped to drive the program are Path to Home, a program designed to assist with discharge planning in mental health, surgery and medicine. The organization has a renewed focus on restorative care and senior friendly practices that support early mobilization and transitioning to care with a focus on returning home. Transitions in Care, a grant funded project, leverage partnerships with the Primary Health Centre Networks and Community Care. A current research study identifies clients at risk and provides a post discharge follow up telephone call. Examples of performance measures discussed are Actual Length of Stay (ALOS)/ Expected Length Of Stay, Predicted vs Actual Discharges, Emergency Department (ED) Admitted Patient Length Of Stay, Readmission Rate, EMS 45/60/90 off loading and surge targets within the site and within the zone. Technology that would allow real time monitoring throughout the sites could be beneficial.

Data on bed utilization has led to the reassignment of surgical beds to the medicine program. Initiatives within the surgical program that have been successful in reducing hospital stays are Senior Friendly Practice initiatives, Enhanced Recovery After Surgery (ERAS), the Geriatric Evaluation and Management (GEM) Team and Restorative Care. The GEM initiative is a joint ED/Geriatric Medicine initiative to be proactive in identifying seniors in the ED and advancing an appropriate care plan no matter what service they may be aligned to. The restorative care concepts were implemented on the Alternate Level of Care unit with a planned spread to Medicine. 90% of Misericordia Community Hospital hip fracture patients have their surgery within 24 hours. All surgical patients are now assessed for delirium with the Confusion Assessment Method (CAM) tool. A pilot project called the Fractured Liaison Service (FLS), between surgery and geriatrics to reduce the percentage of re- fracturing in the elderly has reduced the rate significantly. Rapid rounds with physician participation are progressing slowly. Identification of the proposed date of discharge by all physicians is not a consistent practice. Home care is dedicated to acute care with a focus to help patients and families understand when it is safe to wait at home for additional services.

The environment in the Emergency in Misericordia Community Hospital does not support mental health patients. As volumes increase, space becomes challenging. There is one seclusion room with a back up being an acute cubicle. Patients line the hallways on stretchers. The Emergency Department and Mental Health program have implemented a pilot whereby stable patients can overnight on the inpatient unit in the procedure room. Protocols for patient selection are in place. Patients benefit by being part of a

therapeutic environment. However the patient must return to the ED in the morning before 0700. There are times when the ED staff are not aware that the patient has returned. The rural sites have an acute surge plan. The Banff Mineral Springs Hospital has used the plan and it meets the needs of the site given the number of tourists that come through the town annually.

Physician consultations are to be completed within a two hour window and are monitored in Emergency Department Information System" (EDIS). Not all are completed within the time frame. The physician leadership is working to improve this through education and engagement. Some specialties have adapted booking schedules, such as Endoscopy to allow more spaces for ED patients. Patients requiring ongoing Intravenous Therapy (IV) are now cared for in Medical Outpatients after they receive their first dose in ED.

The acute stroke program has improved their processes and implemented the SWARM technique (a process with suspected stroke patients arriving in the Grey Nuns Community Hospital (GNCH) ED). The goal to achieve target times of less than 30 minutes for door to needle time has been successful. Physical changes to an adjacent clinic space have provided room for an intake zone for stable patients requiring diagnostics.

The infrastructure of the ED and finite bed capacity in the site are critical issues that the Access and Flow department are working to address. There are times when the department has more than 75% of its beds filled with emergency inpatients impeding their ability to function. Community growth continues to challenge their ability to get patients to inpatient beds in a timely manner. Alternate Level of Care (ALC) numbers continue to increase adding additional pressure. Focused attention on the avoidance of admissions from continuing care and mental health will need to be a priority. The three times daily bed calls, which includes EMS, is making a difference. The development of patient placement guidelines is positive. The organization has a good partnership with AHS and they are working on joint issues together.

The Fort McMurray Fire tested the surge capacity of the organization. They were proud of how they managed to admit patients and continue activities.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The EMS team has a robust system to support various elements of standards and assigns each member to a specialized duty of their own such as medication and supply stocking, FLEET management checklist and car inspection, Medical Device & Equipment, and Patient Care Report (PCR) audits with a view to learning and improving.

The EMS teams are very aware of the procedures for infectious disease and how to correctly utilize both Personal Protective Equipment (PPE) and stricter cleaning guidelines for certain cases. The hospital teams were regarded for their preparation and training efforts concerning Ebola. There are no negative pressure room capabilities situated within the Banff Springs Hospital.

Narcotics are kept within a locking cart that requires keypad entry and are regularly accounted for as per Federal/AHS guidelines.

The Stryker Power-Pro stretcher is regularly inspected and maintained with the support of a Stryker technician on conference call. Defibrillators/Lifepak15 are maintained by Physio Control. To deal with the extreme temperatures in Banff, the ambulances are fitted with airline quality heating equipment to ensure comfortable temperatures within the patient care area.

Re-stocking is performed routinely, however, in the event of a busy shift that left the car depleted there is a form ensuring the oncoming team knows what to address at the start of their shift.

All criteria within the Medical Device and Equipment Priority process have been successfully met.

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Standards Set: Critical Care - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	

- 2.5 Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The team has a good understanding of the clients that they serve. Referrals come from physicians, clinics and Rappid North, the Provincial Referral Service. Half of the patients are from Rappid North referrals. Referrals are increasing, as each site is able to provide efficient, safer, and faster care. Critical Care within the Edmonton Zone has created algorithms for referrals to ensure that the patient goes to the right place the first time. The portfolio, as part of the Medicine, Emergency, Respiratory, Coronary Care & Intensive Care (MERC) portfolios, has identified goals and objectives identified in their quality plan. Work continues within the Zone to plan for future critical care needs. Covenant Health and AHS are engaging in a 2030 plan to forecast population growth and critical care needs.

Each site has a Rapid Response Team that has been in place for over 5 years. Algorithms are in place to guide care. The completion of the Goals of Care for each patient provides clear direction to the team. A Nurse Practitioner leads the team with support from a Registered Nurse (RN) and Respiratory Therapist (RT). Physician coverage is available 24/7. Education has been provided to the organization and feedback is provided after each call. The team has been successful in reducing admissions to the Intensive Care Unit (ICU). Data indicates that 70% of the calls have resulted in the patient not requiring transfer to the ICU.

Addressing the staff vacancies for RNs was a priority this year, which led to the formation of a critical care float pool. This has reduced overtime and staffing is now stable and the unit can safely keep beds open.

There is a strong partnership with AHS through Strategic Clinical Networks. Dashboards are shared within the Edmonton Zone.

Priority Process: Competency

There is a comprehensive provincial orientation program followed by a site specific/unit orientation. New staff members are evaluated after three months and an education plan is developed. Educators work to ensure that staff receives the support they need. Educators meet monthly followed by provincial meetings with other educators in the Zone. They work on policies and procedures such as BeLITE, a program to reduce staff and patient injuries while promoting a safe environment. All beds have overhead lifts and equipment required to prevent injuries.

Staff spoke positively about the support they have from spiritual care and the ethics consultation service, as well as the recognition they receive for the work they do and the awards that they have received.

Priority Process: Episode of Care

The Intensive Care Unit at the Misericordia is a combined ICU and High Intensity Unit. The infrastructure requires updating. Hoppers are open and exposed in each patient room. Most rooms do not have a door and lack of privacy is an issue. The High Intensity Unit is crowded with a lack of privacy.

Each site has access to the Interventional Cardiac Services at the University of Alberta and Royal Alexandra sites. Patients have their procedures in a timely manner. The Misericordia Community Hospital has an Amyotrophic Lateral Sclerosis (ALS) clinic and sees patients who require assessment and treatment.

There is a defined process for acquiring new equipment, which is across the zone.

Rounds in both ICU and Critical Care Unit (CCU) are open to patients and families. Families are offered the choice to be present at procedures. Spiritual care is accessible at these times. Physicians at both sites spoke of the positive aspect of having patients and families at rounds. "It saves time and we get more better collateral information" was a consistent theme. Staff also voiced the positive aspects of including the patient and family.

At the Grey Nuns Community Hospital 11% of the patients are discharged home from the ICU due to the lack of a transfer bed.

The teams were very proud of the work that they are doing on reducing delirium in the ICU. At the Misericordia Community Hospital, a research study is in place using fit bit technology. The focus is on reducing the use of sedation, reducing the noise level, early mobilization and providing care in clusters. Health care aides have been hired at the site to assist with early mobilization in both the ICU and CCU.

Patients are provided with detailed information package when they come to the units. Additional education materials are provided at the time of discharge.

Priority Process: Decision Support

There is a standard format used for documentation in both the CCU and ICUs at both sites. Data is collected from both sites to support operations. Key performance measures are monitored and reported at both the site and zone level. The operational dashboard is shared across the zone. Information is shared through the Transfer of Accountability form, which is in a Situation, Background, Assessment and Recommendation (SBAR) technique format.

Priority Process: Impact on Outcomes

The ICU teams across the zone work to develop Prepared Orders for procedures such as Continuous Renal Replacement Therapy (CRT), Organ Donation and Withdrawal of Care. The CCUs use prepared orders that are site specific and may benefit from working with Covenant Health and the Zone CCUs.

Incidents are reported through the Reporting & Learning System (RLS) and staff spoke positively about the feedback loop. Disclosure is part of the process.

Priority Process: Organ and Tissue Donation

There is minimal organ donation from the Critical Care units due to the co-morbidities of the patients.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

4.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
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Priority Process: Episode of Care

1.8 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.	
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7.3 Clients are offloaded from EMS and an initial assessment is conducted and documented by a nurse or other medical professional in a timely way.	
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8.3 A triage assessment for each client is completed and documented within CTAS timelines, and in partnership with the client and family.	!
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8.4 A triage assessment for each pediatric client is conducted within P-CTAS timelines, and in partnership with the client and family.	!
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8.7 There is ongoing communication with clients who are waiting for services.	
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9.12 Ethics-related issues are proactively identified, managed, and addressed.	!
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10.11 Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.	!
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12.3 Client privacy is respected during registration.	
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12.5 Assigned roles and responsibilities are adhered to during the resuscitation of clients.	!
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12.7 Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	!
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Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)**Priority Process: Clinical Leadership**

All Emergency sites reviewed during this survey comply with the criteria included in the Clinical Leadership Priority Process.

The Emergency Services survey visit began with an overview by the Emergency Program; Service Excellent Team (SET). The team was openly proud of the vast accomplishments and improvements within the Emergency Departments (ED) and Emergency Medical Services (EMS). The entire team spoke of the Covenant Health's front-line ED/EMS staff's provision of patient care with the highest regard and respect. In turn, a mutual respect for the leadership and management teams was consistently reported during staff interviews.

SET is truly engaged in celebrating their response to the vision/mission/values of Covenant Health, as well as achieving the required practices within the ED accreditation standards.

Priority Process: Competency

Covenant Health ED staff members are current, competent, and highly engaged in ongoing professional development. Infusion pump safety was exceptionally well done at all sites throughout the survey.

Additional educational opportunities presented to the staff include: Human Trafficking, Baby Friendly Initiative, and Palliative Care.

In 2017, additional education for the rural sites regarding bone/tissue donation is to come via the provincial organ donor program.

Priority Process: Episode of Care

The ED Service Excellence Team was clear in reporting their success with regard to the collaborative (ED physician and nursing staff) approach to both quality and safety initiatives. All staff reported ways in which the front-line input was not only heard, but validated through the appropriate changes.

Many staff initiated elements of quality and "caring by communicating" can be seen, such as: the scroll of actual staff pictures in the waiting room explaining to patients why some people are being seen faster than others, reminder to wash hands and wear masks if coughing and so on. Covenant Health is

encouraged to pursue this approach to “keeping the patient informed” in all of its emergency waiting rooms. This positive trend of keeping people informed extends to the staff at the Grey Nun Community Hospital ED as well, via the weekly Critical Buzz ED newsletter, which includes: pictures of the staff, reminders for educational opportunities, policy changes, lunch and learns, kudos and a variety of interesting pieces of news keeping staff current, engaged and informed.

Team handovers performed primarily by the nurse in charge to the oncoming shift were really well done and informative, as well as being patient/family inclusive. The prominently displayed ED Metric Boards all include information regarding: priorities, initiatives, results and comparisons with other Emergency Departments.

The most notable collaborative ventures between ED physicians and nurses was the self-made improvement in Door to Doc times with the implementation of the Intake Space and the Door to Needle times in the treatment of ischemic stroke. Staff do not just regurgitate the values or the reasons behind change when a surveyor is present – they live them. This was noted during all of the ED site visits by all three of the surveyors. Staff being observed or listened to while performing their assessments or patient teaching were witnessed identifying themselves, the client, the procedure, utilizing safety tools, transfer belts and respecting the medication administration zone.

The strength of this organization lies within its people.

The emergency department, in the rural sites, may like to continue to review and improve the staffing ratios for the night shift (23:00 to 07:00 and primarily on weekends). Leadership has reviewed patient volume, acuity, and staffing levels for the night shifts annually in view of safe patient care, and some initiatives have been put in place. However, Covenant Health is encouraged to continue reviewing and monitoring the staffing ratios at these sites to ensure patient safety and support staff worklife.

Another challenge for the organization is the lack of an available in-house or mobile CT scanner for diagnostics at the Banff Mineral Springs Hospital. CT scanner deployment is led by Alberta Health Services and is part of the provincial Diagnostic Imaging (DI) plan with established criteria based on distances between scanners; however, there is room for improvement with regard to access the CT scanner for diagnostics at this hospital.

Priority Process: Decision Support

Future ED physical layout renovations should consider: increased privacy and confidentiality at the triage areas from both the waiting room and/or EMS triage, as well as consideration of the location of the seclusion rooms. Presently, in several of the emergency departments visited - patients and visitors may bear witness to physical take-downs and/or bizarre or violent acts.

Priority Process: Impact on Outcomes

The Emergency Departments surveyed all performed extremely well with relation to Impact on Outcomes Priority Process especially in the reporting of adverse events and disclosure to the patients. Protocols, procedures and guidelines are adhered to.

Patients and families are brought in to every aspect of care.

However, as much as Covenant Health is centred on the care of the patient as a person; the data tends to support numbers. There is an opportunity to seek out more “humanized” metrics of acuity levels, such as nursing time spent with level two patients when there is only one nurse on duty, leaving other potentially critical patients in jeopardy in case of additional demand with no extra paramedic or float nurse to assist.

Priority Process: Organ and Tissue Donation

Organ and Tissue Donation is a provincial program and works with all of the Emergency Departments throughout the province. On the slate for 2017 is to increase education for rural departments particularly in the bone and tissue donation arena. Hot line numbers can be seen in the units. Appropriate conversations are taking place according to the staff interviewed.

Standards Set: Emergency Medical Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The EMS teams are comprised of both Emergency Medical Technicians (EMTs) and Paramedics working full and part time shift patterns. There are also three Critical Care Transport Paramedics. The teams operate out of the Banff Mineral Springs Hospital within Covenant Health and cover a large geographic area including: Banff, Lake Louise and the National park itself. As of 2015, the population served was approximately 13, 127 on a 24/7 basis of 2 units/days; 1/nights; 3/weekends and peak times. Peak times are almost year round with an influx of senior tourists in the summer on bus tours, athletes participating in various marathons and outdoor competitions and winter drawing people internationally to the ski hills.

The ambulance bay is kept neat and tidy and does not smell like exhaust fumes. The Central Heating Ventilation and Air-Conditioning (HVAC) System is monitored and maintained by the hospital maintenance team. To the Banff EMS team’s credit, one paramedic took particular interest in the ability

to initiate a full scale decontamination process as per CBRN guidelines with the use of tarps, portable showers, pools, drapes and trans-saver capable portable stretchers.

Medical oversight is provided via the AHS Zone Medical Director.

Banff EMS team has lots of experience in dealing successfully with international patients, cultural diversity and language barriers.

Priority Process: Competency

Team members are fully credentialed and always willing to take on extra education. EMS is involved in a variety of community events, sporting events and local health promotion. The Banff EMS team is a collaborative and hardworking team who delivers exceptional patient care under extreme circumstances at times.

Priority Process: Episode of Care

The EMS team is diligent in their use of restraints for transport from patients to equipment. Interesting modifications have been made to the ambulances to accommodate ski equipment and mountain bikes in an effort to treat the sports patients "holistically" and not cause them undue stress by leaving their expensive equipment behind.

EMS has worked with the existing dispatch to ensure a working knowledge of the area and promises to do the same for the new team.

Patient care was witnessed which included: hand hygiene prior to care, correct client identification, shoulder restraints in situ, and respectful compassionate care.

Priority Process: Decision Support

The EMS Team successfully meets all of the required criteria for this Priority Process. Evidence base practice is evident.

Priority Process: Impact on Outcomes

The Banff EMS team has highly appropriate deployment (chute) times and works with the communication center to ensure correct locations are being reported. The team initiates quality improvements broadly and is also host to a large EMS conference.

The team is dedicated to both the community and to the hospital it serves.

Priority Process: Medication Management

The EMS team utilizes a Capsa cart to hold their inventory of narcotics. High dose narcotics are restricted.

Hand written labels are utilized consistently to ensure all elements of medication administration are accounted for.

Priority Process: Infection Prevention and Control

The EMS team is well informed in the Infection, Prevention and Control policies and procedures. Team members participate in CBRN training and all in-house training with the Emergency Department staff.

The team is working with the Safety Coordinator to find ways of making the hand hygiene education and evaluation more relevant to their environment.

Standards Set: Medicine Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
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Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The interdisciplinary, team clearly demonstrate enthusiasm and eagerness to serve their population. The medical leadership is dedicated, strong and played a substantial role in advancing and promoting services.

Having a joint urban and rural accreditation team demonstrate the inclusiveness culture of the organization and help to streamline services across the medicine services in the organization. The organization is encouraged to take advantage of such a team for the 'after accreditation' work to inform the quality journey.

The leadership team is aware of opportunities and challenges and appropriately involves patients and families.

The team is willing to tackle tough issues collaboratively in order to provide best care possible. The change done to the alcohol withdrawal protocol to meet local needs is just one example.

Regular leadership rounds are well welcomed by clients, families and staff.

Priority Process: Competency

A true multidisciplinary collaborative team approach for care delivery with direct involvement of physicians.

The team is cohesive and allegiances are strongly felt at all levels.

All new staff have appropriate orientation to the organization and unit. Compulsory and - as much as possible- individuals' educational and training needs for staff are met. The staff appreciate the 'CLiC' (electronic education platform) system and consider it a helpful tool.

Medicine Services received the highest commendation through feedback received from patients and families.

There are obvious sincere efforts by units' managers to complete performance evaluations on all staff. These efforts are welcomed by the staff. Reviewing electronic tracking and paper based records as well as discussions with staff revealed that many staff did not have any performance evaluation in the last 2 to 4 years. Unit managers have large number of staff and are busy with many tasks including working front line. As a result, performance evaluations became a lower priority or a task done after hours. The organization is encouraged to provide managers with tools and time to complete regular performance evaluations and document them with all staff.

Priority Process: Episode of Care

All staff including physicians are proud of their collaborative and interdisciplinary team. All team members speak positively about the team dynamics and the supportive just culture.

Rapid multidisciplinary rounds and bedside shift handover practices are welcomed positive change by staff, clients and families.

Team talked about the support from the rapid response Team and how the Goals of care make clearly identify the level of intervention.

The team should be commended on successfully implementing, evaluating, and introducing improvement including education to clients, families and staff in areas such as medication reconciliation, venous thromboembolism prophylaxis, fall risk management and pressure injury (ulcer) prevention in order to meet all Required Operational Practices (ROPs) consistently across large urban as well as small rural sites. The team is encouraged to continue on this path and focus future efforts to reach as high as possible compliance and practice maintenance across all sites.

Medication documentation with improvement to clarity of orders decreased the use of "do not use" abbreviations and verbal orders limited to appropriate situations.

Hand hygiene is another area of Covenant Health success. Audits show consistently high compliance from all staff. Patients and family also appreciated this consistent behavior from all levels of staff including physicians.

All Patients and family members interviewed in all sites are very satisfied with the services and care they received. All patients and families interviewed were complimentary of the team. The patients' surveys also reflect similar results.

Clients and their families are well informed and regularly consulted in their care delivery and management plans.

Consistency in approaches and standardization - when appropriate - of care delivery are evident across the organization.

Staff are well informed and equipped with knowledge and easy accessible resources including and not limited to areas of ethics, violence prevention, and communication.

Initiatives as "Walk with Me" and 'Path to Home' are making impact. However, a common theme of an area needing attention is addressing patient flow in large sites with many long term patients blocking acute care beds.

Priority Process: Decision Support

There is an apparent effort to have a standardized paper based charting system. The organization is encouraged to take on the next step and explore an electronic medical records system for charting across the continuum which will improve access and eligibility of these records as well as elimination of prescribing errors.

Reasonable and appropriate research activities are done mainly in conjunction with the Alberta Health Services and the Universities.

Priority Process: Impact on Outcomes

All staff are familiar with the Reporting and Learning System (RLS). This system is utilized regularly and appropriately.

Patients and families are aware of the complaint process even though all interviewed were happy with the services provided.

Evidence-based practice guidelines, appropriate and relative policies and procedures are in place and reviewed regularly with appropriate involvement from staff, clients and families.

The team embrace measuring and analyzing pertinent quality indicators such as length of stay and bed occupancy which helps to inform planning.

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

Covenant Health appreciates the opportunity to reflect and comment on the findings from the 2016 Accreditation Canada on-site survey. This is the third of a four year sequential survey and we believe the surveyor comments and survey results accurately reflect Covenant Health's commitment to the delivery of safe quality care that is focused on including patients and families. We are proud of the accreditation surveyor's findings that we comply with 98% of the standards and that all Required Organizational Practices were met.

The survey team consistently saw staff and physicians demonstrating our core values and our patients and families validated those findings. The surveyors were impressed with our staff and physicians passion and dedication for patient care and the processes in place to support care provided.

The surveyors confirmed many of our strengths and successes, including:

- Staff's comments about the value of the Medication Reconciliation process
- Integration of patient and family centered care principles
- Physician engagement and level of involvement
- Collaborative work being done between urban and rural facilities

The surveyors also confirmed challenges which have previously been identified by the organization:

- Funding uncertainty related to current provincial fiscal challenges
- Infrastructure requirements for leased facilities
- Patient volumes in emergency departments exceed capacity e.g. the emergency department at the Misericordia Community Hospital has an annual capacity for 25,000 visits and experienced 52,000 visits last year
- Balancing staffing levels with patient activity (patient volume) and acuity. Leaders throughout our organization evaluate this information on a regular basis and all sites have mitigating strategies in place to deal with surges in patient volumes.

We are thankful to all of the staff, physicians and volunteers for their commitment and contributions to the care provided to our patients and residents. We also appreciate the accreditation surveyors who give selflessly to improve quality of care.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

Priority Process	Description
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients

Priority Process	Description
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge