ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Covenant Health

Edmonton, AB

First Component

On-site survey dates: October 6, 2019 - October 11, 2019

Report issued: January 28, 2020

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 2019. 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 Program Manager or Client Services Coordinator 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,

Leslee Thompson
Chief Executive Officer

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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)	44	1	0	45
Accessibility (Give me timely and equitable services)	68	1	0	69
Safety (Keep me safe)	510	5	4	519
Worklife (Take care of those who take care of me)	127	2	0	129
Client-centred Services (Partner with me and my family in our care)	289	0	0	289
Continuity (Coordinate my care across the continuum)	62	0	0	62
Appropriateness (Do the right thing to achieve the best results)	657	6	2	665
Efficiency (Make the best use of resources)	54	1	1	56
Total	1811	16	7	1834

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	35 (97.2%)	1 (2.8%)	0	85 (98.8%)	1 (1.2%)	0
Leadership	45 (100.0%)	0 (0.0%)	0	89 (100.0%)	0 (0.0%)	0	134 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	0	29 (100.0%)	0 (0.0%)	2	69 (100.0%)	0 (0.0%)	2
Medication Management Standards	75 (96.2%)	3 (3.8%)	0	63 (98.4%)	1 (1.6%)	0	138 (97.2%)	4 (2.8%)	0
Critical Care Services	60 (100.0%)	0 (0.0%)	0	105 (100.0%)	0 (0.0%)	0	165 (100.0%)	0 (0.0%)	0
Emergency Department	71 (98.6%)	1 (1.4%)	0	106 (100.0%)	0 (0.0%)	1	177 (99.4%)	1 (0.6%)	1
EMS and Interfacility Transport	96 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0	192 (100.0%)	0 (0.0%)	0
Inpatient Services	60 (100.0%)	0 (0.0%)	0	85 (100.0%)	0 (0.0%)	0	145 (100.0%)	0 (0.0%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Mental Health Services	50 (100.0%)	0 (0.0%)	0	92 (100.0%)	0 (0.0%)	0	142 (100.0%)	0 (0.0%)	0
Obstetrics Services	70 (98.6%)	1 (1.4%)	2	87 (98.9%)	1 (1.1%)	0	157 (98.7%)	2 (1.3%)	2
Perioperative Services and Invasive Procedures	114 (99.1%)	1 (0.9%)	0	104 (95.4%)	5 (4.6%)	0	218 (97.3%)	6 (2.7%)	0
Reprocessing of Reusable Medical Devices	86 (100.0%)	0 (0.0%)	2	39 (97.5%)	1 (2.5%)	0	125 (99.2%)	1 (0.8%)	2
Total	**817 (99.3%)**	6 (0.7%)	4	930 (99.0%)	9 (1.0%)	3	1747 (99.1%)	15 (0.9%)	7

* 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: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Unmet	3 of 4	0 of 1
Information transfer at care transitions (EMS and Interfacility Transport)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	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	1 of 1	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The "Do Not Use" list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Met	1 of 1	2 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Reprocessing (EMS and Interfacility Transport)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

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
ROP	Required Organizational Practice
MAJOR	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: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
11.3 The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization.	
Surveyor comments on the priority process(es)	

The Board of Covenant Health is comprised of nine members who are inspired by the mission of Covenant Health and dedicate their time, talents and service. They are passionate about their role in ensuring the provision of compassionate, safe, quality care and experiences for patients and families. In addition to having responsibility for the hospital's financial viability and stakeholder accountabilities, the board continually strives to improve their own governance functioning through self-evaluation, board retreats, learning and applying best practices. The board and board committees meet four times per year. Participating in the accreditation process ensures alignment with expectations in healthcare quality oversight and the board reflected their interest in ensuring the organization was ready for the present and future.

Covenant Health's Board has established clear priorities to lead and support the organization. The committee structure of the board includes the following committees: Governance, Growth & Innovation, Audit & Finance, Quality & System Performance, and Mission & Engagement.

Meeting materials are prepared with approximately one week lead time for review. It is suggested that potentially more time be provided to allow the board members sufficient time to fully review the board package. The board has endeavoured to maximize the committee meetings, usually held 2-3 weeks prior to the board meeting in order to make better use of board time for discussions and generative learning.

The board does not currently formally include any patient representation. The board indicates that they have mechanisms in place to "hear the patient's voice" through survey and other data and reports. Covenant Health's three year action plan for Patient and Resident engagement includes working towards

having a patient advisor/representative on the Quality and System Performance Committee.

There is an application and recruitment process, including using a skills matrix in order to acquire the right mix of board members. Board members describe a robust orientation that includes time with the CEO and senior staff in addition to materials regarding organizational information. More experienced board members support new board members, and the various voices and ideas are welcomed.

At the time of the accreditation survey, the Covenant Health Communications Plan was still in draft (dated September 2019). While the board reports receiving excellent communications from the organization, it is encouraged to ensure the communications plan is approved, implemented and evaluated for over-all oversight over this important function.

Unlike many other health organizations, Covenant Health approved Medical Staff Bylaws when first formed in 2011, which assigned many responsibilities regarding medical staff matters, previously held by the Board of Directors, to the Chief Medical Officer for Covenant Health. Credentialing of physicians/medical staff is conducted by Alberta Health Services and Covenant Health's Medical Staff Office maintains thorough records and processes for physicians applying for and maintaining admitting privileges in Covenant Health facilities. Issues are brought forward to the board as required, and the board approves any changes to the Medical Staff Bylaws.

Evaluation of the CEO's performance is assessed using a 360 performance assessment. The expectation is that Covenant Health be "better than the competition", and the board and organization commits itself to that "body, mind and soul".

Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Planning and service design at Covenant Health is grounded in the Vision, Mission and Values. The strategic plan 2015 – 2020 was developed with internal and external stakeholders, partners and the community to understand and identify health needs and directions. Focus groups, interviews, and surveys were conducted and an annual review, ongoing environment scans and changes to the strategic plan are communicated and incorporated into planning across levels from frontline staff to the board. Covenant Health described their focus on stewardship (commitments critical to identity and reputation), strategic priorities (actions that advance the strategic plan) and operational excellence and improvement (advancing performance). Covenant Health's Strategic Framework is depicted as a one page visual. Covenant Health has honed in on their "Top 15" strategic priorities to help manage change fatigue.

A "natural business rhythm" was described with operational planning conducted annually, with an expectation that senior leader workplans align with strategic priorities. Clinical care and service plans including key measures, milestones and targets are currently in draft, and the organization is encouraged to finalize the expected performance and targets. Site and service profiles including service volumes, performance measures, patient safety information and patient experience information are helpful tools for programs to better understand their patient demographics and trends. These profiles are prepared by the Covenant Health Strategic Analytics Department. Other data is available through utilizing the Alberta Health Services (AHS) analytics and Tableau dashboards.

Patient Advisors are increasingly engaged in key groups and activities at Covenant Health. The creation of a new Patient/Resident and Family Advisory Group is planned to commence in November 2019. The CEO conducts site visits to field questions and garner feedback from staff, physicians, volunteers and patients/residents. The Covenant Board of Directors and the Community Boards provide an important link to the communities served by Covenant Health, providing advocacy and ambassadorship. This important work is notable, especially for rural communities.

Numerous examples were shared by community partners of how Covenant Health works collaboratively to treat the whole person, be open and transparent, leverage expertise and support marginalized populations. Community partners shared that Covenant Health demonstrates "finding a way forward" in a desire to provide care. Community partners would like to see even stronger relationships, appreciating that Covenant Health has done "so much for so little for so long".

Covenant Health is encouraged to continue to make progress on the introduction of Demand Management – an approach to coordinating and prioritizing the organization's projects and activities to

maximize effectiveness and efficiency. The Demand Management approach will provide a more comprehensive view of the projects and initiatives across the Covenant family.

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Covenant Health seeks the input of various partners such as Community Boards, Foundations and Affiliates when planning and making resource allocation decisions. Each year in late October, a "super week" includes meeting with all the boards, where leaders and future leaders from the Covenant Family collaborate and learn, and an Annual Community Meeting where Covenant Health leaders and community members from across the province come together to hear from speakers such as past patients. The "Living in Christ" award is given away at this event as well.

Clear processes and timelines are established for planning based on government key assumptions. Covenant Health has heard that staff can become overwhelmed by the number of projects, so a "Top 15" approach has been taken to focus on key initiatives. Covenant Health has worked closely with Alberta Health Services (AHS) on Operational Best Practice, establishing target hours of care measured against peer groups. Business Support Managers help leaders with variance management and business case development as needed. Currently the variance reporting is not available electronically, and that would be helpful to the organization going forward.

Leaders in the organization receive education on managing and monitoring their functional centres with courses such as Finance Fundamentals for Leaders. Delegation of approval authority, along with delegation of human resource authority and financial authority has all been recently updated with tighter controls, moving from 7 to 14 levels.

The Audit and Finance Committee of the board ensures external and internal audits are conducted. The organization has a history of and is currently operating within in a balanced budget. The organization is facing fiscal challenge and, as a result has needed to closely monitor spending to ensure a balanced budget by fiscal year end.

A capital equipment process is conducted with AHS and each manager keeps a list of priorities with the support of clinical engineering/biomed, however there has been limited funding available for capital for a number of years. Covenant Health is grateful to their foundations and the generosity of their communities to help support some of the clinical equipment needs. Connect Care is currently the focus through the phases of implementation, drawing on staff for meetings and training without backfill funding. In addition to equipment, aging infrastructure poses a high risk for the organization that has been identified in the Enterprise Risk Management process-risk register.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

The board and leadership of Covenant Health help support a quality and healthy worklife, and safe work environment through a number of strategies. Covenant Health has a strong reputation as an employer and ensures their values are incorporated into interview questions for potential employees. There are approximately 200 Wellness Ambassadors and 200 Culture Ambassadors in place that help assess and act upon shaping culture in an integrated approach with Mission and Engagement. Employees surveyed across the organization have confirmed the new team value proposition that resonates throughout: "Care is what we do. Compassion is how we do it."

The orientation of new staff has been described as very detailed and comprehensive, grounded in the Mission and Values of Covenant Health. Covenant Learning Connection (CLiC) the online learning platform is used to support education and development. There are 950 on line courses, 1400 instructor-led courses, and an e-learning workspace for program specific education and information. Employee and Family Assistance information as well as Occupational Health and Safety contact information is provided to staff on ID tags for easy access. There are over 700 Mental Health First Aid supporters across Covenant, in addition to staff who have completed the Mental Health Aware 4 hour course. Leadership Pathways courses and Action Learning Projects help build capacity across Covenant Health. There is also a staff education fund that has supported staff in accessing external advanced educational credentials.

Employee files (since 2015 managed electronically on e-people) are kept secure and up to date with employment-related documentation such as offer letters and performance reviews and employee information such position changes. Physician privileging and re-appointment processes and electronic files are maintained. Overtime is monitored, and there is an attendance support program in place. There is a wellness program that includes psychological health and safety, incorporating the body, mind and soul. The Mission Inspired Culture survey results are "inching up" and leaders are working hard to help the trend continue for this annual survey.

Covenant Health is working towards a more meaningful performance development process. A tool has been established for both contract and non-contract staff. While it was difficult to establish a completion rate of completed reviews, in asking numerous staff throughout the accreditation survey, this was an area that appears to require improvement in most areas across Covenant Health. A technology solution would be beneficial to implement in order to track and report on performance development.

Exit interviews are conducted with results rolled up into quarterly summaries. The Workplace Abuse and Harassment Policy includes elements required for Workplace Violence Prevention.

There is an emphasis on best practices; order sets and evidence-based guidelines have been adopted and the teams are commended for this important approach to ensure a standardized approach to patient care.

Leaders perform regular rounding with their teams and staff and leaders have acknowledged that this activity is making a significant difference to address quality, safety and risk issues. Staff and leaders have discussions about opportunities for quality improvement projects; several process improvements were discussed during the tracer that had been identified by staff during the rounding activities. This is very popular and provides an excellent forum for communication and to address safety concerns of staff. This is a commendable strategy that engages staff and leaders in quality activities.

Quality Board Huddles occur weekly. Numerous quality improvement activities/initiatives were noted throughout the on-site survey, such as the Grey Nuns General Internal Medicine ED Triage Consultation Service initiative, Our Lady of the Rosary Hospital Hand Hygiene initiative, the Misericordia Hospital project to reduce length of stay for elective hip and knee Arthroplasty, and numerous initiatives noted on Quality Huddle Boards throughout Covenant Health.

A patient safety plan is developed. There is a documented and coordinated process to disclose patient safety incidents to clients and families. A documented and coordinated medication reconciliation process is used to communicate complete and accurate information about medications across care transitions.

Staff are very committed to meeting the needs of patients and quality improvement. Patients feel the care they received is truly patient focused.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

"Ethics permeates everything we do at Covenant Health- from our approach to serving patients and residents to how we make decisions about allocating resources."

There are a number of training and educational resources available both to enhance and instill Covenant Health's mission, values, and ethical traditions into operational processes. The values are not only visible, but are lived and palpable to staff, patients and visitors.

The ethics services for Covenant Health are rooted in the tradition established by the founding Sisters and the Health Ethics Guide, published by the Catholic Health Alliance of Canada, and approved by the Canadian Council of Catholic Bishops.

The Health Ethics Guide is Covenant Health's primary resource for ethical discernment and decision-making, upon which the Covenant Health Mission Discernment Tool, Just Workplace Framework, Outsourcing Service Framework, and the Code of Conduct (Our Commitment to Ethical Integrity) are based.

The Covenant Health Mission Discernment Tool (Tool) is a framework for making better choices that uphold the values of Catholic health care. It provides step by step guidance as to when to use the tool, application and timing, roles and responsibilities, and the processes involved in the Discernment Pathway. There is an intentional focus in naming the tool discernment as opposed to decision-making in order to be explicit about Covenant's values informing choices.

Of note, Covenant Health was named among the World's Most Ethical Companies by the Ethisphere Institute for the past 4 years. This is commendable!

The Covenant Health Ethics Centre consists of three full time staff. There are 5 geographical Ethics Committees (Edmonton, Banff, Bonnyville, Camrose and Rural Health). Committee members act as representatives of the Ethics Centre and provide valuable support throughout Covenant Health. The Ethics Centre is a 24-hour, province-wide ethics consultation service. Clinical ethics consultations contain structured discussions led by a member of the ethics team.

The Ethics Centre facilitated more than 80 ethics consults in 2018 in addition to equipping and supporting more than 50 ethics committee members and administrative leaders across the province. Ethics consults can be related to clinical care, organizational commitments, or research. The Ethics Centre is also involved with policy development, ethics education, and collaboration with internal and external partners.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

Communications is seen as "giving voice to Mission". The communications team is a key part of the team in providing infrastructure and offering support and service to leaders to manage and communicate change. There is commitment to build the public trust with the community, while providing internal communications to the frontline providing care. The roles were described as both advocacy and ambassadorship.

Covenant Health is building channels through the use of integrated storytelling, building channels of communication such as social media and websites. Templates and tools are available to all staff and communications staff consults, supports and helps leaders to understand options for communications strategies.

The draft communications plan was developed with the lens of culture and change, with integration with strategy and operational elements that align to the strategic priorities and strategic plan. The draft communications plan is dated September 2019. Covenant Health is encouraged to finalize and disseminate the plan.

Information technology (IT) communication efforts are underway. There are a number of tools that staff, and leaders use for communication and learning such as Covenant Learning Connection (CLiC), Share Point, CompassionNet and Leaders Link. Alberta Health Services (AHS) manages the IT system, password controls and firewalls. Covenant Health ensures internal controls, education and security requirements are met. There are quarterly validations of e-people and finance systems. Connect Care, the new Alberta-wide electronic health record system will have standards and controls in place to help ensure privacy and confidentiality of client information. Currently safeguards such as policies and procedures, approved Privacy Impact Assessments (PIAs) and essential privacy education help to secure client information. Staff are encouraged to think and act in accordance with the Covenant Health values. Privacy and AHS conduct audits currently, with increased frequency of audits (real time) anticipated once Connect Care is rolled out.

There is strong collaboration with stakeholders internal and external to Covenant Health. Community boards have recruited new members with a good cross representation of the community who are very passionate, committed, and engaged. Community partners acknowledge that establishing the brand of Covenant, along with gaining the trust of all of the communities and facilities is important.

The CEO is to be commended for being visible in person and via video. In addition to meeting with staff, physicians, and volunteers, he sustains and builds relationships throughout the province and nation to

advance mission-driven care. The community partners report appreciation for the stability of the Covenant leadership and the strength of the relationships across sectors.

There is palpable excitement amongst the communications team for the successes achieved to date and for new opportunities.

Priority Process: Physical Environment

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

Unmet Criteria	High Priority Criteria
Standards Set: Perioperative Services and Invasive Procedures	
3.1 The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.	
Surveyor comments on the priority process(es)	

The Facilities Management and Engineering Team has oversight for 26 sites in 15 Communities across the Province. Collaborative team work is evident within this team. The team is focused on what is best for the patient and are committed to ensure that the environment is safe.

Overall, the Physical Environment is well maintained, and housekeeping practices provide a very clean and inviting atmosphere.

There are processes in place to ensure efficient day to day operations and to provide for future planning of the physical facilities. Covenant Health is currently developing a Community Health Center (South East Campus) with the view of taking services out of Grey Nuns, as well as a major redevelopment program of a new Emergency Department at the Misericordia site.

There is clear signage for clients and families to locate the hospitals. Parking and other areas are clearly identified. The entrances have hand hygiene stations available to support effective infection prevention and control with hand hygiene stations located throughout the hospitals. It was observed and also reported that wayfinding and signage to assist clients and families was helpful. The evacuation routes are clearly identified.

 Preventative maintenance processes are in place and monitored closely. Most of the preventative maintenance is done in-house. Systems are monitored and maintained appropriately.

The organization is clean, and the Environmental Services staff take pride in their work and understand their role in patient safety. Staff and patients report that housekeeping staff are very thorough and complete their role well. This was evident during the tours of the various facilities.

Several clinical areas are crowded and cluttered. In some clinical areas the halls are not clear on one side. To ensure that obstacles are minimized for patients and staff during emergencies, the organization should routinely monitor clear pathways in the clinical areas.

The Banff EMS have decontamination set up in the ambulance bay, with showers, heaters etc. There is proper Personal Protective Equipment (PPE) on the vehicles that is easily accessible. EMS work in partnership and collaboration with Banff Fire as they are formally responsible for hazmat.

The various facilities have adequate back up and control, and alarm systems to protect safety of patients and staff as well protects assets.

It is evident the team continues to identify and strengthen responses as well work on developing an overall safety culture. The level of enthusiasm of the team and pride in their work was evident. Sustaining the level of commitment at the committee level may be a challenge but the team is strong and has achieved a tremendous amount of concrete emergency response development for the organization.

Covenant Health is encouraged to continue efforts to implement a business continuity program in order to continue programs and services that are critical to the organization throughout any type of emergency or disaster situation.

Priority Process: People-Centred Care

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.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Within Covenant Health they are well on their journey to providing embedded Person-Centered Care in all levels of the organization and care delivery. The newly formed Patient/Resident Family Advisory Council (PRFAC) will be having their first inaugural meeting in November. This newly formalized council was established following three strategic focus group meetings earlier this year. They have created formal terms of reference, a recruitment strategy, as well as a 3 year overview. The council has a well-established plan with clear goals with objective milestones for each year. The council has diverse and equal cross representation from the entire Covenant Community it serves. They quoted their role is "to create a positive healing experience and journey" as well as setting the stage for change within the organization. Covenant Health has an extensive network of over 2,400 volunteers in their 17 sites. The volunteer program is the hallmark of their value embedded service model.

The PRFAC is the governing body that further ensures continuation of work done at the sites and at the unit level to include and incorporate the persons, patients and families within the planning observation and quality initiatives. Exemplary evidence of these initiatives include but are not limited to: patient surveys, patients involved in their care and understanding their health journey, quality reviews, patient lead rounds, family involvement in critical care rounds, protocol and policy review, involvement in the creation of job descriptions and interviews, broad use of white boards for care planning and needs, and volunteer training.

The organization is encouraged to improve and grow in this area by continuing taking their best practices and cross pollinating them throughout the organization. The work of the PRFAC demonstrates the use of the general population who are called to serve.

The operating room in Bonnyville is also not well designed (eg equipment storage and patient recovery in the same room) and the organization is encouraged to review the flow of patients and service providers into and out of the operating room spaces to avoid cross contamination.

At Bonnyville flow is a challenge as there are two floors and two inpatient units but management responsibility for one unit is spread over two floors which can be a challenge.

Banff Mineral Springs at this time do have multiple strategies to deal with access and flow, however it is the shoulder season, so the site is not as busy and is only at about 60% capacity at any given time, with the majority of acute inpatient beds being occupied with ALC patients who require LTC placement. As the site is an elective base hub for orthopedics and plastic surgery, and as the LOS for elective surgery for the population they serve is short and primarily trending to more day surgery cases, the site will need to be strategic about the planning of their inpatient bed base. There is a need for more ALC type beds such as convalescence and LTC/Extended care in the Banff area, so this planning is underway, however is only at the planning phase and no funding has been allocated. The ED can become very busy at time and there is always access to a trained float nurse who can support the department when it becomes overwhelmed, as well as EMS crews who also support care at the site when they are not out on calls. Banff is dependent on Canmore and Calgary Foothills when higher level of care is needed. All inter-facility transfers go through RAPPID and the teams have a solid working relationship with providers at the other sites. Banff is supportive of providing care to their community so encourages when able repatriation back to their site when the patients are stable.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Reprocessing of Reusable Medical Devices	
11.3 All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	
Surveyor comments on the priority process(es)	

Covenant Health has a corporate oversight committee that is responsible for Medical Devices and Reprocessing. This team is accountable for consistency of reprocessing operations, development and implementation of policies and procedures and has input into the development of the Provincial Standard Operating Procedures (SOPs) via AHS. There is evidence of consistency of reprocessing throughout the sites that were visited.

There is a corporate committee that works within the organization and with AHS for the selection and purchase of new and replacement equipment. All equipment and devices have regular and preventative maintenance provided in-house or through contracts with vendors and manufacturers. Records of these events are stored locally.

 All components of transport and reprocessing were in compliance and the areas were all highly maintained and efficient. There is a problem with the contaminated and clean separation of endoscope reprocessing at the Misericordia site and consideration should be given to restructure of this area or relocate this function to the main Medical Device Reprocessing (MDR) area – as done at the Grey Nuns Community Hospital (GNCH).

There was evidence of some quality initiatives which have led to improvements in efficiency and standardization. The teams deserve kudos for the work that has occurred to provide a consistent, efficient service.

medication reconciliation are in place. Protocols for delirium, sedation and glycemic control are consistent and in compliance.

Transition to other units is sometimes delayed due to capacity issues but this does not appear to be a serious problem. For the most part the units are under capacity and have no continued serious overflow difficulties.

The team works to include the family in the care. Families stated that they feel supported and that the staff listen to their needs. The team works to include the family in the care.

In the NICU families are encouraged to spend as much time with their infant as possible. Families were involved in the design of the new NICU. Also, families had input into the family lounge space. Families are provided with education both verbally and in writing. If they are not quite comfortable with taking their baby home, they can try a pass until they are ready.

There are different services for the infant and families. Some examples are the Baby Friendly Initiative, early hearing detection and intervention done for all infants, Critical, Congenital Heart defect screenings, and the volunteer Treasure Program.

Priority Process: Decision Support

Charting is still in a hybrid model. There are electronic platforms which are used consistently, developed by the Strategic Clinical Network. Paper is utilized for progress notes and support team notes. This is likely to change in the future with the proposed implementation of a complete electronic platform for recording patient care.

In the NICU there is a combination of electronic and paper charting. The team is waiting for the "Connect Care System" to be implemented. Families have access to the record and can write information about their infant.

Priority Process: Impact on Outcomes

Evidence based clinical guidelines are developed at the provincial level through the Strategic Clinical Network. These are reviewed and modified as necessary with input from the end users and the patient/family advisory group.

High risk situations are identified and flagged. Adverse events are managed locally or through the provincial Reporting and Learning System (RLS). There is a mechanism for "closing the loop" in this process.

Many quality initiatives are in place with good follow up and communication. Bench marking is available through the AHS systems and data generated is downloaded to the specific sites for their perusal and comparison.

In the NICU the team uses protocols that have been developed across the zone. They standardize care as much as possible. They are involved with different research projects such as the Maternal Methadone use and Abstinence Project.

They monitor progress on different quality improvement projects. One project is on two client identifiers. They changed the identifiers because some infants would have the same birth date. They changed it to their hospital number to avoid confusion.

Priority Process: Organ and Tissue Donation

Organ and tissue donation are coordinated through the HOPE provincial program. They are responsible for all aspects of donation including patient and family communications and logistical support.

The organization does have "triggers" for its staff to identify potential donors and in conjunction with HOPE provide ongoing education re the organ and tissue donation process.

Communication is a challenge in busy emergency departments. While there are variations in individual sites the team is encouraged to evaluate current processes and explore opportunities for improvement in this area (e.g. some departments make use of a white board to track activities; others do not).

Priority Process: Impact on Outcomes

There is some variation in the processes for the transfer of accountability for patients when they are admitted. There is an internal form that is used to transfer information on patients who are admitted. There is a second Alberta Health Services form that is used for inter-facility transfer.

The emergency teams are commended for the many quality initiatives that have been undertaken, including safety huddles, quality boards, review of quality measures, handwashing audits etc.

The team is also monitoring accessibility (wait times and length of stay) but is encouraged to review the measures being tracked to ensure that the best information is being used for decision making (e.g. by measuring time to bed assignment in median time as 8.4 hours in 2018-2019 at one of the sites as an indicator when patients are reporting that they have been in emergency for days). The team is encouraged to try to increase the compliance with recording of timestamps (e.g. only 74% of patients were reported to be included in median time to bed assignment at one site). Times for ambulance offloads were not available at all sites.

Priority Process: Organ and Tissue Donation

The Grey Nuns and Misericordia Emergency Departments staff are aware of the policy and procedures to follow for organ donation. Patients for organ donation are not held in emergency. They are admitted and transferred as required.

Organ Donation is uncommon at some rural sites and procedures are not well known amongst front line staff. The organization is encouraged to ensure that processes regarding organ donation are communicated to increase awareness amongst the staff throughout the organization.

Standards Set: EMS and Interfacility Transport - 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	

Banff EMS is strategically aligned within Covenant Health and is embedded within Banff Mineral Springs Hospital (BMSH). EMS is overseen by the Manager of the Emergency Department which is unique in Alberta, as most other EMS is overseen by Alberta Health Services (AHS). The program has close working relationships with Alberta EMS, STARS, RCMP as well as Parks Canada and Parks Search and Rescue, as their large catchment area is within the National Park. The uniqueness of the program allows them to support direct clinical care within the ED when needed as well as partner in conjunction with BMSH staff in community outreach and education as a unified Covenant Health voice in their mission and call to serve.

Specialized training is provided for Hand Hygiene compliance auditors. Hand Hygiene audits are done at a minimum of twice per year on each unit/department to monitor hand hygiene rates via the "HandyAudit" program. IPADS are provided by IPC.

Having spoken with a number of staff that included physicians, nurses, students, housekeeping, as well as patients, there is evidence that all were well informed about hand washing best practices. Surveyors observed numerous examples of compliance on the part of physicians, nurses, and others.

The team has developed an outstanding outbreak management documents which provides quick and comprehensive direction on roles / actions / communication and decision-making. There is a clear post-outbreak debrief process which allows the team to identify opportunities for improvement. There is evidence of specific follow-up plans which have been developed following recent outbreaks.

IPC is involved in any type of construction activity to determine the risk for patients in the vicinity of construction zone. New contractors are provided with a package of information for their review and are also given 1 on 1 education.

Housekeeping staff are well versed with the necessary policies and procedures to keep patients and families safe. They are well trained. Many safety talks are provided by their supervisor including how to report incidents. Staff were knowledgeable about which cleaning products to use for which items.

Dietary staff must complete a safe food handling program to be eligible to work in the kitchen. Public Health performs routine and spot audits in the kitchen. Reports are shared with IPC.

There are numerous IPC resources (over 200) available on the IPC webpage. In addition, there are online modules, posters, pamphlets, toolkits, and videos to deliver IPC information.

As IPC conducts audits to ensure IPC best practices are implemented, it is recommended that the team review/audit the laundry service and the perioperative services at Bonnyville as there is no physical separation of clean and dirty spaces. Currently, there is red tape on the floor to demarcate the clean from the dirty spaces.

Standards Set: Inpatient 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.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

There is strong clinical leadership at all sites. Physicians, clinical managers, and Directors are vested both in the work that they do and in the organization. Throughout the organization, everyone felt that they feel like family and this sentiment was also echoed by the patients interviewed. In-spite-of the chronic recruitment and retention of nursing staff the positive energy of the collaborative care teams creates positive energy for their patients.

Information is collected from many sources to provide a comprehensive view of the patient population served, care provided and where opportunities may exist to make specific improvements. Patients and families are very much included as partners in care and given the opportunity to provide input on many initiatives and be members on various committees.

Purposeful leadership walkabouts are done on the Medicine program at Misericordia with the Senior Director and a patient and family advisor or patient relations. The results are shared with the managers and staff who are acknowledged by patients or others during the walkabout and told about the acknowledgment. These walkabouts are well received by both patients and staff and the organization is encouraged to spread and incorporate these walkabouts into the leadership standard work. The hospitalist model of physician services is appreciated by both the patients and other members of the care team for the continuity of care the model provides.

Priority Process: Competency

Staff is provided with many opportunities for training using the Covenant Learning Connection (CLiC). Educators, Professional Practice Leads, Unit Champions as well as many online references and tools are available on CompassionNet. It is easy to navigate, and staff shared that it is a quick source of reference which they use continuously. All staff are up to date on their required certification such as Basic Life Support (BLS) and pump training where needed. A performance appraisal (PA) was completed within the last year for all staff who I spoke to. They like the new questions included in the updated PA tool. Staff have been recognized by Covenant Health for the community mental health first aid outreach program.

Priority Process: Episode of Care

The patient's medical care journey includes a roadmap of who they serve, what happens upon arrival of care, how care is understood and what happens at the point of discharge. The intent is to always ensure that everyone in the program is focused on the needs of patients and families.

Monthly audits are completed to ensure compliance and sustainability. Hand Hygiene rates have significantly improved over the last few years with most units exceeding their targets of over 90% and physicians at St. Joseph's General Hospital Vegreville meeting the target 100% at the last audit. Patients and families expressed that they felt included in their care decisions and commended the nurses and physicians for the excellent care that they receive.

The staff is very proud of the many programs and initiatives that they have implemented to either improve the experiences of the patients' and families' care journey or to impact outcomes for patients. At the Misericordia site: the reduction of unnecessary lab work; five (5) Compassion Rooms which were opened with input from patients and families; Enhancement of the Unit Manager's Role; Nurse Practitioner initiative working with Family Medicine. At the Rural Health Services: Building Resiliency Elderly AT Hospital Environment (BREATHE) Program at Vegreville; Hospitalist and Hospitalists Nurse Practitioner (NP), Interdisciplinary Rounds Aboriginal Liaison Member and Rural Education Standardization. At the Grey Nuns Community Hospital: Medicine Emergency Respiratory Cardiac Intensive Care (MERCI) Education Review Committee; Localization of Medicine Physician Teams; Modified Early Warning Score (MEWS) implementation and the introduction of the Assistant Head Nurse (AHN) role. Feedback from clients is that the care is good, rooms are cleaned daily, staff always use hand sanitizer, they are informed about medications, test results and changes in medical condition.

Priority Process: Decision Support

The gaps in technology to improve access and availability of patients' information have been identified. Connect Care is a major change initiative that is currently being implemented by Alberta Health Services and Covenant Health. The privacy of patients' information and their dignity is respected at the sites visited. Record-Keeping practices are respected with all charts kept at the multidisciplinary station which is not accessible by those who are not in the circle of care.

Priority Process: Impact on Outcomes

There are standard order sets, assessment, and treatment records; care pathways, best possible medication history forms and admission and discharge medication reconciliation forms. This encourages standardization of practices and processes to ensure that the same comprehensive care is given to all. Staff can identify when they are experiencing an ethical dilemma. The ethical framework is used in discussion with the unit manager and the patient and family. If they are unable to find an amicable resolution that is satisfactory to all, the clinical ethics consultant team is contacted to assist. The Chief Mission and Ethics Officer is also available for consultation on complex cases.

Covenant Health has a great partnership with the Alberta Health System, and they work collaboratively and share resources such as the IV Monogram, policies and procedures and some purchasing power to avoid duplication of efforts. An additional benefit of using the same policies is to allow for standardization of practices to serve the people of Alberta. There are representatives from Covenant Health on the Alberta Health System Medication Management Committee to allow for the cross-pollination of information and sharing.

Antibiotic Stewardship Program (ASP) is a best practice highlight of the ROPs. Led by the Infection Disease Chief, an ASP report is sent to the site chief to share with their medical staff. The report includes data on utilization and expenditure, areas of success and opportunities for improvement. An example of a success, at GNGH since introducing the stewardship program in October 2013 prospective audits have shown the number of restricted (protected) antibiotic orders have halved and guideline concordant rate has increased by 90 percent. This effect has been sustained over the last 6 years.

An ASP research paper was also published in several peer-review journals including "Open Forum Infectious Diseases" on the management of Staphylococcus aureus Bacteremia. Authors from Covenant Health were listed. A poster on "Audit and feedback to decrease the use and improve the appropriateness of prescribing fluoroquinolones" was presented at a major conference in collaboration with the University of Alberta. Covenant Health also participated in the Hospital National Antimicrobial Prescribing Survey (Hospital NAPS) with impressive positive results shown at all the participating Covenant Sites.

The Reporting and Learning System (RLS) is used throughout all sites to report patient incidents. Quarterly reports are reviewed at the MMST to identify safety risks and good catches which are shared at the Quality Committee of the Board and each site also receives their results. Quality Boards are posted in all the pharmacies and within the programs. Incident rates are also posted on the Quality Boards, which helps to highlight the importance of sustaining preventative actions when they are implemented. One type of error that is currently being tracked is the duplication of orders resulting from alert fatigue.

The pharmacy team was supported in their desire to become more involved as an active member of the interdisciplinary team. Clinical pharmacists are currently integrated as a member of the multidisciplinary teams on most of the units allowing them to practice to scope of license including exercising their additional prescribing authority. The indispensable technicians and assistants oversee the distribution aspect of the pharmacy processes. They work to the full standard of practice including checking orders to free the pharmacists to focus on the therapeutic aspect of care. There is an excellent relationship between the pharmacy and the rest of the multidisciplinary team at all sites and pharmacists are well integrated with the team during patient rounding.

Alberta College of Pharmacists requires that all pharmacies involved in the compounding of sterile and non-sterile preparation of medication be compliant with the National Association Pharmacy Regulation Authorities (NAPRA) by January 2021. The pharmacy compounding areas at all sites do not meet the required standards. At the Misericordia Site where medications are prepared for that site and Villa Caritas, the staging of medications is done on an office desk in the department and the lamina flow hoods are in a room with no door or anti-room with the appropriate ventilation and other facility requirements. Sterile

compounding is a high-risk practice and the organization is encouraged to fast track the necessary renovations that need to be completed in order to be NAPRA compliant. The Grey Nuns Community Hospital (GNCH) has completed significant renovations with the goal of being NAPRA compliant by the required timelines.

Priority Process: Impact on Outcomes

The quality improvement boards are in the clinical areas. Indicators such as hand hygiene and infection rates are some of the items tracked and communicated in a public space for patient and family input. The Reporting Learning System is used, along with occupational health and safety if there are incidents of violence. Personal alarms and desk-side alarms are in place to keep staff safe. The mental health teams are encouraged to continue to maximize the spread of their knowledge and to show trending through flow charts regarding their quality improvement projects and initiatives.

Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.8 Resources and infrastructure needed to clean and reprocess obstetrics devices are accessible in the service area, as required.	
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	
14.3 Policies and procedures to securely collect, document, access, and use client information are followed.	!
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 obstetrical teams are part of the Women's and Child Health Program. The program includes an antepartum unit, obstetrical outpatient unit, early pregnancy loss program, labour and delivery, postpartum, NICU and Child health clinics. Between the two hospitals in Edmonton, they deliver more than 9500 babies a year.

The leadership is a dyad model with nursing and physicians. The relationship is collegial, and they work together to resolve issues. The physicians are happy that they will now have a consistent assistant when performing caesarean sections. The staff on the units are a mix of registered nurses and licensed practical nurses. The staff state the best part of working is the team.

They live the organization's mission and vision. Their vision, goals and objectives align well with the organization. Their goals include providing a voice for the most vulnerable in society. They continue to seize opportunities for this population. Examples of initiative include the Angel Cradle and Maternal Methadone use and Abstinence Project.

The obstetrical team has made significant strides since their last accreditation. The collaborative approach

between hospitals is evident with quality improvement projects being shared across different locations. The sharing of change initiatives has helped to push their quality agenda for all the hospitals.

Achieving Baby friendly designation is a significant accomplishment and an excellent example of this shared approach. The teams are proud of this award. Some of their other improvement projects include advocating for skin to skin contact with babies, integrated midwives into their service and their falls strategy called "Gum for Mum".

Renovation in some areas have improved their patient satisfaction scores. The units are bright clean and inviting for clients and families.

Their patient and family centred care journey has begun. They have clients and family's complete surveys and are ask for feedback for different initiatives on an ad-hoc basis. Managers will ask clients for feedback when they complete their rounds. More formal processes to engage clients and families are being considered soon.

Priority Process: Competency

Staff are orientated both at the organization as well as within the zone. The AHS zone has standardized training for new staff so they can work collaboratively within the system. Covenant staff are part of the training for the zone.

In the urban locations, the team has formal supports for education and learning. They have regular education blitz days to ensure all staff are current with their requirements. All the education for staff is tracked. The team have communication strategies such as unit meetings and weekly emails called Friday files.

Some of the rural locations are understaffed. The team is cohesive, so they cover the shifts however, they have several positions open.

Priority Process: Episode of Care

The moms and families expressed gratitude for the excellent care. All clients and families interviewed were thrilled with the care. Even when the outcome was not as planned, the staff collaborated with the mom and family to ensure that their needs were met or understood. When the clients were asked what they would like to say to the team, they stated to tell them "Thank you and keep up the great work".

Priority Process: Decision Support

The client file is a combination of electronic and paper. In the rural location the team uses paper. At the urban locations, the labour and delivery unit use an electronic chart and the postpartum unit uses paper. Transferring information from the electronic delivery record to paper is less than ideal. The organization is anxiously waiting the "Connect Care" System so everyone is on an electronic record.
There are a few privacy concerns with client records not being stored appropriately. The public has easy

access. With a stronger focus on patient and family centred care, the information should be kept inside the patient room. Please see comments at the location level.

Priority Process: Impact on Outcomes

The team uses protocols that have been developed across the zone. They standardized care as much as possible. They are involved with different research projects such as the Maternal Methadone use and Abstinence Project.

They monitor progress on different quality improvement projects. One project is on two client identifiers. They changed the identifiers because some infants would have the same birth date. They changed it to their hospital number to avoid confusion.

Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.7 A universally-accessible environment is created with input from clients and families.	
8.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
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	
21.3 Policies and procedures to securely collect, document, access, and use client information are followed.	!
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.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Covenant Health has a corporate surgical program, leadership team with individual site leadership teams. There is significant physician input and the teams appear to function in an integrated fashion. Alberta Health Services (AHS) has a significant role in allocating resources and directing the location of specialized

surgical services. The corporate oversight team has input into this process, but AHS often has the final decision.

Priority Process: Competency

All members of the surgical teams have the appropriate competencies and certifications where applicable. Educational opportunities are available and supported both internally and externally. Performance evaluations are regularly performed and add significant value both to the organization and for the professional development of the employee. There are ample opportunities for education both internally and externally, supported by the organization.

All levels of staff work in a collaborative fashion, always with the patient at the center of their activities. There is good communication at all transition points and within the various surgical work areas.

Staff are fully aware of all corporate policies such as ethics and workplace violence. They use the RLS system and are cognizant of the mechanisms involved in that process.

There would appear to be adequate staffing so that workloads are reasonable and varied enough to keep interests high and staff happy.

Priority Process: Episode of Care

The flow of the elective surgical patient is well managed, from the surgeon's office, through pre-admission clinic, same day surgery or same day admit. There is consistency in the approach and management of these patients. The PAC should be a one-stop event and all components of this visit should be available in the clinic (patients should not have to go beyond for service, other than imaging). The addition of documented patient goals, as in the "green sleeve", could help with the management of potential ethical issues particularly in the elderly population.

Once in the operating area all aspects of the patient experience meet or exceed required standards. There is good communication amongst the staff and the patient is certainly the priority. There have been modifications implemented based upon consumer input.

Surgical inpatient care also meets all the required standards with close compliance to the major patient safety issues e.g. DVT prophylaxis; skin care; falls prevention and medication reconciliation.

Discharge planning is well organized, and targets are being met, the hip fracture data is particularly good and the implementation of the program for the fractured elderly has produced some very satisfactory results. Discharged patients are followed up in a timely fashion and these patients do have the appropriate information for contact (suggest the phone number be on the form) if problems arise.

Priority Process: Decision Support

All charting is still in a paper format. There are some electronic platforms utilized to gather data and there will be further electronic methodologies rolled out soon (under the aegis of AHS with scheduled implementation for different sites and services).

All record keeping practices meet appropriate legislated standards.

Priority Process: Impact on Outcomes

Clinical pathways and evidenced based guidelines are developed and managed primarily at the provincial level with input from the various providers and patient / family advisers. Some of these such as joint replacement, colon surgery and vascular surgical management are in full use at this organization and data is regularly reported to AHS and "bench marking" information utilized to improve efficiency and outcomes.

The organization is involved with numerous quality initiatives usually in conjunction with provincial or zone initiatives. There are some local projects which have led to increased efficiency and greater patient satisfaction. The institution of a patient adviser group will enhance consumer input and perhaps lead to greater satisfaction level and may modify some of the present processes.

Priority Process: Medication Management

Medications in the surgical service areas are managed appropriately. Within the operating room all anesthesia carts have consistent makeup and structure.

Storage and delivery of medications are documented and secure.

Clinical pharmacists are available to help with reconciliation, prescription delivery and oversight of medication management.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: December 4, 2018 to February 12, 2019**

- **Number of responses: 8**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	100	0	0	72
4. As a governing body, we do not become directly involved in management issues.	14	0	86	88
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	96

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	88	13	0	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	97
12. Our ongoing education and professional development is encouraged.	0	13	88	86
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	73
17. Contributions of individual members are reviewed regularly.	0	0	100	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	13	88	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	14	86	60
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	82

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	88	13	0	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	80
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	87
27. We lack explicit criteria to recruit and select new members.	100	0	0	73
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	88
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	91
31. We review our own structure, including size and subcommittee structure.	0	0	100	86
32. We have a process to elect or appoint our chair.	0	0	100	89

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2019 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	13	88	80
34. Quality of care	0	13	88	82

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2019 and agreed with the instrument items.

Worklife Pulse

Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

The organization used an approved substitute tool for measuring the quality of worklife but did not provide Accreditation Canada with results.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

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.

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