



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ Program

Covenant Health

Report Issued: 05/04/2024

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 03/03/2024 to 08/03/2024.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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Executive Summary

About the Organization

Covenant Health has embarked on a sequential method for their Accreditation Canada surveys. In October 2023, the Governance, Leadership and Emergency Disaster Management standards were assessed. The focus of this survey report is acute care services and system-wide standards such as medication management and infection, prevention and control across eight Covenant Health sites.

The word covenant represents a promise, and in the case of Covenant Health, it is a sacred promise to continually look for innovative ways to live their vision and mission to transform the health system and provide quality and compassionate care that meets the needs of the whole person.

Covenant Health is one of Canada's largest Catholic healthcare providers and a strong partner in Alberta's integrated health system. With 17 sites in 12 communities across the province, Covenant Health leads a broad range of healthcare services in hospitals, healthcare centres and seniors' care communities in both urban and rural communities.

Covenant Health's 160-year legacy began with Catholic Sisters who founded the organizations and sites that are operated today. The Sisters later transferred the operations to the sponsorship of the Catholic Bishops of Alberta, who in turn, established Covenant Health in 2008. Today, Catholic Health of Alberta acts as the Catholic sponsor for all three organizations: Covenant Health, Covenant Care, and Covenant Living. Covenant Health is accountable to Catholic Health of Alberta for ensuring the stewardship of resources, maintaining the quality of care, and upholding the mission and ethical integrity in all decision-making. Catholic Health of Alberta is not publicly funded, nor does it direct how publicly funded dollars are used.

Besides being governed by Canon Law, Covenant Health is also governed by provincial legislation. In November 2023 the Alberta government announced changes to the health care system and identified four priority sectors of acute care, continuing care, primary care and mental health and addictions. Restructuring and realignments are in the planning stages. Covenant Health is a partner in the efforts going forward with Alberta Health, Alberta Health Services and the Health Quality Council of Alberta. It is expected that Covenant Health will continue to offer services in the areas of acute care and continuing care in communities across Alberta. Under the new structure, Covenant Health will likely transition to have direct relationships with the new organizations.

The Covenant Family provides acute care, continuing care, and independent living services. Covenant Health (assessed in this sequence of the accreditation on-site surveys), Covenant Care (a major provider of supportive living, long-term care, and hospice services) and Covenant Living (a private, not-for-profit organization serving seniors with timely, accessible housing), share a CEO who has responsibilities for leading the Covenant Strategic Plan.

Supporting Albertans in their community, including those who are most vulnerable, is at the core of Covenant Health's mission.

Surveyor Overview of Team Observations

Covenant Health set out two goals for this accreditation survey to:

- Further develop and support continuous learning and improvement through accreditation activities.
- Provide feedback on the impact of the provincial Electronic Health Record – Connect Care on care processes and opportunities for optimization.

Surveyors met with leaders, physicians, staff, volunteers, patients and families throughout the survey to assess quality and safety and to create opportunities for discussion and learning. The approach Covenant Health used in embracing and embedding accreditation through Service Excellence Teams (SET) and through statements like “Accreditation and Always”, has served to improve awareness of Accreditation Canada standards in the various clinical setting’s everyday work. Surveyors appreciate the resilience of staff and physicians through COVID-19, working with health human resource shortages, moves to new care areas, and the roll-out of Connect Care, prior to the survey visit.

Covenant Health is mission-driven, demonstrating compassionate care and is trusted by the people and communities served. Covenant’s refreshed strategic plan is focused on purpose and culture, transformation and excellence. The plan includes Indigenous health, workforce and people, mission and culture, addiction and mental health, innovation, palliative and end of life care, rural care, seniors, acute and primary care, continuing care along with resources and quality.

In light of the provincial changes in healthcare, Covenant Health is responding proactively through performance, strategy and advocacy. Efforts are underway to define a high performing health system, communication and engagement plans, along with strategies related to alignment, priorities, capacity and structure. Covenant has a unique brand identity and is poised to make a meaningful contribution to the services provided to Albertans.

The delivery of care and services in rural and urban settings across the various clinical areas is appreciated by patients and communities. Patient experience results are typically above provincial scores and there is a strategic goal for client/family engagement. As leadership described it is aligned with Covenant’s values and it’s the “right thing to do and we want to be leaders in this area”. The organization is encouraged to continue to take steps in enacting people-centered care.

Connect Care has streamlined documentation and records, enabling a source of data for clinical care, operations and quality and safety analysis and improvement. With assessment tools and screening tools embedded in Connect Care, critical safety assessments such as suicide prevention, falls prevention, pressure ulcer prevention and others are completed by staff. Medication reconciliation and other key safety actions are also completed and recorded as part of Connect Care. Staff members who were comfortable charting in an electronic system previously have made a smooth transition to Connect Care, while others have been learning and improving through education and peer support from colleagues.

Key Opportunities and Areas of Excellence

The following are overall highlights since the last accreditation survey as well as the overall strengths and key opportunities.

Strengths

Overall highlights since the last survey in October 2023 include the opening of the Misericordia Emergency Department in November 2023 and the implementation of eight of nine phases of Connect Care, which has helped in supporting prompts and tools to increase patient safety. Covenant Health has completed a refreshed strategic plan and has been successful in the recruitment of internationally educated nurses (IEN), resulting in a subsequent reduction in the use of agency staff.

Staff demonstrate compassionate care at every interaction, living the values and gaining the trust of clients. In fact, clients ask physicians to be re-admitted at a Covenant Health site, where they know how to access care. Staff indicate feeling supported by Leadership, stating there is no “us and them”. There is a strong focus on safety as evidenced by the work of the Service Excellence Teams. There is collaboration across rural and urban services for learning across departments, and with AHS and other partners. Working to the full scope of practice, Licensed Practical Nurses (LPNs) for example, optimizing team functioning especially in rural settings. Having a just culture, spiritual care and protective services and other supports helps staff’s health and psychological safety. Covenant Health is employing novel strategies to address Human Resources shortages through Internationally Educated Nurses and providing housing for students in rural areas.

Key Opportunities

Covenant Health is poised as a key partner in the provincial changes in healthcare that were announced in November 2023. Although a strategic goal for Covenant Health, Patient/Family/Community engagement is in the early stages, primarily using patient experience surveys and comments cards. The organization is experiencing difficulty recruiting patient engagement partners for some sites and service areas. Connect Care has been almost fully rolled out across Covenant sites and the focus has been on implementation. While there is some expertise in creating standard reports, customizing data to drive improvements takes time.

The infrastructure of many sites is aging, cramped, and challenging to work in. It is difficult to provide adequate privacy in some Emergency Departments (EDs) and clinical units. Ensuring individualized care plans, particularly for mental health clients is encouraged. The changing demographics and patient population, including increases in patient substance use, requires the alignment of staff education with client needs. There are many new staff and leaders that will require ongoing support to be set up to succeed. Covenant Health is encouraged to continue to monitor and respond to the diversity of the community and to be more intentional about Indigenous health and reconciliation.

The following are some brief strengths and opportunities presented in the General Debrief PowerPoint, with more detailed surveyor narratives contained in the standards comments.

Infection Prevention & Control (IPC)

Strengths

Hand hygiene audits are conducted at least twice per year, using trained hand hygiene auditors who complete direct observational audits. Surveillance reports are posted on units in a transparent way for staff and patient’s awareness. There is collaboration internally between IPC and Facilities, Maintenance and Engineering, the Medical Device Reprocessing Department, Nutrition, Food, Linen and Environmental Services as well as externally with a variety of organizations.

Opportunities

Covenant Health policies and procedures are referred to for IPC. Clarifying & updating some policies are required. Some sites are challenged in maintaining IPC principles due to infrastructure and clutter. The IPC team is encouraged to sustain the efforts they have achieved.

Critical Care

Strengths

“Accreditation & Always” was the motto shared by the Critical Care team. The team works in partnership with RAAPID north for admission/transfers and the Human Organ Procurement and Exchange Program (HOPE) and with AHS. Additionally, the team collaborates with other service areas such as the ED and Obstetrics.

Opportunities

The people-centred momentum has begun in the NICU and is encouraged. Welcoming Indigenous patients and families with the Cree word for welcome has been added to the entrance sign. There are opportunities to optimize Connect Care in the future. Given the demands on critical care areas over the past few years, it will be important to maintain resilience.

Leadership – Physical Environment (select criteria)

Strengths

Facilities Maintenance and Engineering (FM&E)

Infection Prevention and Control

Tracking and triggers are used to ensure timely preventive maintenance and responsiveness.

Opportunities

Aging Infrastructure

Environmental stewardship, green initiatives and including the removal of snow

Endless effort of FM&E, as there is always work to be done on the aging physical plant.

Emergency Department

Strengths

Compassionate staff, medical staff, leaders and volunteers are appreciated by the organization and by patients. The implementation of Connect Care has served as a helpful tool to improve documentation and patient safety. There is ongoing education with educators tracking all required education and skills days. The new Misericordia ED has made significant positive change in off-load times and patient experience/compliments.

Opportunities

Physical space – the aging infrastructure makes privacy at triage challenging in some sites. There is clutter that is difficult to navigate around.

Diagnostics access is generally good for lab and diagnostic imaging, however there are some delays for CT scan and potential transport needs of EMS when hours are limited, which may lead to delays in diagnosis and treatment. Client and family engagement is encouraged in order to move from more passive suggestion boxes and QR code surveys to working towards a more engaged partnership.

Mental Health Services

Strengths

Skilled, respectful, compassionate staff provide care to clients requiring mental health services. Data and analytics are actively and regularly used from Connect Care and suicide assessments are completed every day. The use of group therapy and education with clients is commendable. Instead of quickly offering pharmacological products, the staff maximizes the use of group therapy and encourages open discussions. Clients validated how much education and help they receive. There is strong endorsement by clients of the exceptional care and support and they report only wanting to be readmitted to Covenant Health due to the quality of care.

Opportunities

Regular, objective performance planning for staff has not been in place. With many changes happening leaders admit “not being on top of it”. Individualized client specific plans of care were not completed when assessed by the surveyor.

Medication Management

Strengths

Care Connect with 24/7 pharmacist order verification helps support the nursing team and improves patient safety. To support rural sites, there are expanded hours and resources available. The Antimicrobial Stewardship program includes resources from Infectious Disease specialists to support teams across sites. Pharmacists and physicians work collaboratively. Clinical pharmacists on units have been an asset and are resourced in urban sites. The pharmacist attends rounds in rural sites.

Opportunities

Hazardous sterile compounding does not meet NAPRA standards, and is at the provincial level for large infrastructure projects. Edmonton zone has a brand new production center that is expected to be operational by the end of 2025 for medication repackaging and compounding, which will serve the North sector. There is complexity in the process of Best Possible Medication History (BPMH) in Connect Care, gathering the information needed is far more complex, making it challenging for the provider. In the urban acute ED there is pharmacy technician support to help with this process. Automated Dispensing Cabinets are limited in some urban sites and not rolled out in rural sites; there is a need for a plan of where to invest in infrastructure for best control of narcotics.

Reprocessing of Reusable Medical Devices

Strengths

Collaboration of Leadership between AHS and other programs and province remarkable committees, process and quality. Medical Devices Reprocessing Technicians have completed comprehensive exams and have increased job satisfaction. Provincial Sterile Processing Microsystem (SPM) at urban sites have pictures of all the sets and every set all through the process with OR nurses having the ability to view.

Opportunities

There are infrastructure challenges and space constraints, in some cases not separating areas for clean and dirty. There are numerous capital equipment needs, and only emergency replacements are funded. SPM would be advantageous at rural hospitals to enhance safety.

Perioperative Services and Invasive Procedures

Strengths

The strategy of walking-management, or walking-leadership is evident within the units by leaders that are present and available at all times to their staff and clients. Tremendous work has been done in both urban and rural sites to increase the capacity across all perioperative services by means not limited to opening up additional OR rooms, additional procedure rooms, and offloading through initiatives like nurse-led anesthesia procedures. Provincial and national standards and projects such as the National Surgical Quality Improvement Program (NSQIP) reflect Covenant's commitment. At the provincial level Covenant has taken a lead on reducing procedure wait times in conjunction with the Alberta Surgical Initiative.

Opportunities

More collaboration between the rural and urban Covenant sites for information sharing and education is suggested. After careful review of the Required Organizational Practice (ROP) for Information Transfer at Care Transitions (ToA), it is suggested that both verbal report, and documentation in Connect Care be completed in an IDRAW format.

There is a robotic knee replacement program that has started in Camrose. This work is already providing early positive feedback in both the operative and recovery phases.

Inpatient Services

Strengths

The team is commended for their quality initiatives that have received local and global recognition, along with publications. There is strong collaboration between rural and urban sites. Information is shared formally and informally, on a daily, weekly and monthly basis providing not only a great method of learning but also ensuring standardization in care across the organization. Rural sites are commended for their creative recruitment and retention models. The willingness to support students, house them, and offer flexible schedules are serving Covenant Health well in workforce management and planning. Covenant Health has onboarded internationally educated nurses and provided Clinical Nurse Educator roles for these nurses to help create a smooth transitions to practice, and integration within the Covenant teams.

Opportunities

As services and communities continue to enlarge, and become even more specialized, the old infrastructures pose a challenge. As you continue your journey with Connect Care, you are encouraged to work towards optimizing and leveraging the software for data for improvement. Providing bedside handovers increases accountability on both parties, and more importantly provides the opportunity for the client to be involved in the transfer of their care between healthcare professionals.

EMS and Interfacility Transport

Strengths

There is an integrated team, with EMS and ED working closely together. There is rigorous professional development for EMS staff, including the use of high-fidelity simulation with ED. Teamwork is evident and every member has a specific role for example with retention, job satisfaction, and empowerment.

Opportunities

Community Awareness Programs such as those with schools were active prior to COVID-19 and have not resumed. There are gaps in resources with a lack of EMS services in some communities such as Lake Louise, which impacts services within the Banff community if long trip transfers are required.

Obstetric Services

Strengths

Indigenous inclusion in planning and care are evident at some sites and the organization is encouraged to continue its Indigenous reconciliation journey. Baby Pause is used as a means of improving safety for newborns. There is consistent standardized care across obstetric services with integrated policies and procedures.

Opportunities

More input from patients and families beyond the individual care process is recommended. Tracking potential patient load by estimating expected deliveries for larger centers would help prepare for staffing and workload needs. There is interest in the expansion of Service Modalities, taking into account cultural and aspects of deliveries, water births and broader maternal/fetal health considerations.

Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

Covenant Health's accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

Locations Assessed in Accreditation Cycle

This organization has 21 locations.

The following table provides a summary of locations¹ assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Banff Mineral Springs	<input checked="" type="checkbox"/>
Bonnyville Healthcare Centre	<input checked="" type="checkbox"/>
Community Geriatrics Program, Westmount Clinic	<input type="checkbox"/>
Covenant Health Corporate Services	<input type="checkbox"/>
Edmonton General Continuing Care Centre	<input type="checkbox"/>
Erminskin Seniors Day Program	<input type="checkbox"/>
Grey Nuns Community Hospital	<input checked="" type="checkbox"/>
Killam Health Centre	<input checked="" type="checkbox"/>
Mary Immaculate Care Centre	<input type="checkbox"/>
Misericordia Community Hospital	<input checked="" type="checkbox"/>

Site	On-Site
Our Lady of The Rosary Hospital	<input checked="" type="checkbox"/>
St. Joseph's Auxilliary Hospital	<input type="checkbox"/>
St. Joseph's General Hospital	<input checked="" type="checkbox"/>
St. Joseph's Home	<input type="checkbox"/>
St. Mary's Health Care Centre	<input type="checkbox"/>
St. Mary's Hospital	<input checked="" type="checkbox"/>
St. Michael's Health Centre	<input type="checkbox"/>
St. Therese Villa	<input type="checkbox"/>
Villa Caritas	<input type="checkbox"/>
Westmount Clinic	<input type="checkbox"/>
Youville Home	<input type="checkbox"/>

¹Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Critical Care Services	4 / 4	100.0%
	Inpatient Services	4 / 4	100.0%
	Mental Health Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Critical Care Services	3 / 3	100.0%
	Inpatient Services	3 / 3	100.0%
	Mental Health Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Pressure Ulcer Prevention	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Critical Care Services	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Client Identification	Critical Care Services	1 / 1	100.0%
	Emergency Department	1 / 1	100.0%
	Emergency Medical Services (EMS) and Interfacility Transport	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Mental Health Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Critical Care Services	5 / 5	100.0%
	Emergency Department	5 / 5	100.0%
	Emergency Medical Services (EMS) and Interfacility Transport	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	2 / 5	40.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
Hand-hygiene Education and Training	Emergency Medical Services (EMS) and Interfacility Transport	1 / 1	100.0%
	Infection Prevention and Control	1 / 1	100.0%
Hand-hygiene Compliance	Emergency Medical Services (EMS) and Interfacility Transport	3 / 3	100.0%
	Infection Prevention and Control	3 / 3	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
High-alert Medications	Emergency Medical Services (EMS) and Interfacility Transport	8 / 8	100.0%
	Medication Management	8 / 8	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
Narcotics Safety	Emergency Medical Services (EMS) and Interfacility Transport	3 / 3	100.0%
	Medication Management	3 / 3	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infusion Pump Safety	Emergency Medical Services (EMS) and Interfacility Transport	6 / 6	100.0%
	Service Excellence for Critical Care Services	6 / 6	100.0%
	Service Excellence for Emergency Department	6 / 6	100.0%
	Service Excellence for Inpatient Services	6 / 6	100.0%
	Service Excellence for Mental Health Services	6 / 6	100.0%
	Service Excellence for Obstetrics	6 / 6	100.0%
	Service Excellence for Perioperative Services and Invasive Procedures	6 / 6	100.0%
Reprocessing	Emergency Medical Services (EMS) and Interfacility Transport	2 / 2	100.0%

Assessment Results by Standard

Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Infection Prevention and Control

Standard Rating: 98.7% Met Criteria

1.3% of criteria were unmet. For further details please review the following table.

Assessment Results

The Infection Prevention and Control (IPC) group has established an IPC Road Map, IPC Team Charter and Quality Improvement Plan. There is evidence of collaboration across Covenant Health and with partners such as Alberta Health Services, Alberta Health, the Public Health Agency of Canada, Infection Prevention and Control Canada. Covenant Health policies and procedures for cleaning and disinfecting the physical environment require review and updating.

The IPC team works closely with Facilities, Maintenance, and Engineering, Occupational Health, Safety, and Wellness, the Medical Device Reprocessing Department, Pharmacy, Environmental Services and Clinical Operations. IPC leads a number of committees and working groups across Covenant Health, to ensure IPC considerations are built into emergency disaster management, environmental sustainability, antimicrobial stewardship, and construction projects.

The team is comprised of Infectious Disease physicians with dedicated FTE to fulfill the role of IPC Medical Director(s), an Epidemiologist and a complement of Infection Control Practitioners (ICPs). There is also IPC leadership (Corporate Director and Manager). Clinical Safety Coordinators work closely with ICPs in rural areas. IPC supports activities such as hand hygiene, education, surveillance, outbreak management and construction consultation to name a few. A number of the IPC staff are new in their roles, and their passion and commitment is commended. The past few years have been challenging with COVID-19, respiratory surges and numerous changes, and staff across Covenant Health are grateful to the IPC team.

Health care associated infections are tracked and analyzed and the information is shared on site and with Covenant Health and/or other partners as required. There is an IPC risk assessment course available to staff to support them in completing and identifying high risk activities and appropriate actions. Hand hygiene compliance is audited and reported/posted publicly on quality boards on units. If the target rate of 95% is not achieved, an action plan is developed. Hand hygiene auditors are trained to conduct hand hygiene audits and they are supported by their managers, the clinical quality coordinator and ICPs. A multifaceted approach is used for hand hygiene education for staff and providers. Hand hygiene education is provided in staff meetings, through essential annual online learning, hand hygiene specific newsletters, emails and social media. While many staff reported completing annual education on hand hygiene it is not being completed consistently. Leaders are encouraged to monitor compliance with hand hygiene education.

Patients and family members reported receiving education about hand hygiene and felt confident that their care providers were cleaning their hands before providing care.

Health care associated infection surveillance is in place and data is seen posted in public places in many areas. Colourful IPC Unit Surveillance reports include hospital-acquired case counts for C-difficile infection, MRSA, Antibiotic Resistant Organism bloodstream infections, viral respiratory infections and surgical site infections, in addition to Antibiotic Resistant Organism admission screening and hand hygiene compliance trending data.

Isolation carts and supplies were noted outside rooms where isolation precautions were instituted. Housekeeping follows precautions in determining the type of cleaning required. Some clean supplies were found stocked in open areas/hallways as a result of space constraints. The organization is encouraged to store clean supplies with appropriate safety measures to ensure cleanliness and to ensure audits regarding policy and procedures for cleaning the physical environment is being followed.

Kitchen personnel monitor temperatures and other measures to prevent foodborne illnesses in the kitchen, cafeteria and on the units. Food safety protocols and policies are followed in the preparation area and evidence of completion of food safety and other training was shared. Linen is protected during transport to and from the units. There is a designated “soiled” linen and garbage elevator at one site. For some sites, housekeeping staff must go outside in cold weather to discard waste in appropriate receptacles. The organization is encouraged to expedite its plans for closed areas for waste management.

Leaders support vaccination programs for both staff and patients.

Table 3: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.6.5	Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly evaluated, with input from clients and families, and improvements are made as needed.	NORMAL

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Covenant Health Facilities Maintenance and Engineering (FM&E) ensures compliance with various Alberta building, electrical and other codes and laws. The facilities must meet CSA, medical gas and other standards tests. FM&E works closely with Occupational Health and Safety (OHS) to conduct walk arounds to ensure safety, and schedule “re-fresh, patch and paint” of the physical plants. There is a very close working relationship with Infection Prevention and Control regarding equipment, physical plant and construction. Information and details related to the tracking of preventative maintenance, work plans and trigger dates for various required back up tests are maintained.

Covenant Health leadership indicated that there are efforts regarding environmental sustainability in draft since the last accreditation survey visit in October 2023, with a focus on training and awareness as an initial step. The plan is to create structure and policy to move towards green teams and more progressive environmental stewardship activities in the future.

The organization has clear processes and policies to guide them on protecting client and staff health and safety during construction or renovation. The maintenance staff articulated that they follow the direction of Infection Prevention and Control in the planning for construction and ensure the safety of the team under IPC guidance.

Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 97.2% Met Criteria

2.8% of criteria were unmet. For further details please review the following table.

Assessment Results

The Covenant Health Medication Management Steering Committee provides oversight for all the aspects of the medication management systems at Covenant Health. The partnership with Alberta Health Services enables the standardization and delivery of Connect Care, Contracting and Procurement, Drug Utilization, Provincial Formulary and Parenteral Manual throughout the province. The recent implementation of the electronic record, Connect Care, has achieved a closed loop medication system with scanning barcoded medications (BMCA) administered at the patient bedside enhancing patient safety and reducing some administration related medication errors. The BMCA scanning rates are extremely high, with over 90% compliance. The acute sites provide medication order verification to the rural sites 24/7 which enhances medication review for hospitals which have more limited hours of pharmacy service, Monday to Friday, eight hours per day.

The pharmacists are integral members of the inter-professional team and provide the inter-professional team with recommendations to optimize the patient's medication therapy. The pharmacist clinical coverage is excellent at the urban hospitals and rural hospitals are often adjacent or close to the clinical units which supports communication between the inter-professional team members.

A comprehensive Antimicrobial Stewardship Program (ASP) is in place at Covenant Health with dedicated pharmacists and Infectious Disease physicians at the urban hospitals. The rural hospitals are supported remotely by the ASP team and are able to implement many aspects of the program such as prospective feedback and audit on restricted antibiotics at these locations.

The province has approved the renovation of Covenant Health hospitals that provide chemotherapy sterile products so that the preparation of hazardous medications will meet the NAPRA standards. These renovations are expected to be completed in the next year.

AHS Edmonton Zone is currently constructing a production centre that will prepare sterile and non-sterile preparations for the Edmonton and Covenant Health hospitals. The new building is expected to be completed within the next year.

Although pharmacy resources (pharmacists and technicians) have been added to provide seven-day coverage in the Emergency Department at the acute sites, the rural sites would also benefit from these resources to ensure the Best Possible Medication History is accurate and up to date seven days per week.

Covenant Health leadership is encouraged to develop a plan to deploy Automated Dispensing Cabinets throughout all hospitals, particularly in units with high volumes of narcotics to improve security and minimize potential diversion of these high alert medications.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
3.3.2	A policy is developed and implemented on when and how to override the CPOE system alerts.	HIGH
3.4.3	A policy for when and how to override alerts by the pharmacy computer system is developed and implemented.	HIGH
5.1.6	Medication storage areas meet legislated requirements and regulations for controlled substances.	HIGH
5.2.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies where possible.	HIGH
7.2.3	There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	HIGH

Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

Critical Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Both adult and neonatal critical care areas were visited during the accreditation survey. The critical care teams are welcoming and highly skilled in caring for the most fragile and acute patients. Multidisciplinary rounds welcome patient/family input and depict teamwork and collaboration. The leadership team indicated that the accreditation process and critical care steering committee efforts led to learning more about urban and rural needs. The team shared the message of “accreditation and always” as the way they approach quality and safety. The critical care areas have been resilient through the COVID-19 pandemic, moving into new physical locations and adding beds as needed. There are many new staff that will require ongoing support to maximize retention and morale, and various strategies are used from staff photos on walls to newsletters and staff meetings/town halls to welcome and recognize staff.

The Women's and Child Health leadership shared the important work underway with creating a specific Indigenous land acknowledgement and the NICU has added the Cree language word for “welcome” to their entrance sign. Covenant Health is encouraged to continue efforts related to Indigenous health.

RAAPID north helps support critical care admissions and transfers, and there are well-established networks and partnerships across the province. There is some variation between urban hospital critical care teams in their Rapid Response, however all sites have processes in place to meet critical needs. Additionally, joint education sessions are held for critical care competency skills learning.

Organ and tissue donation is supported with the Specialist in End-of-Life Care, Neuroprognostication and Donation (SEND) and Human Organ Procurement and Exchange Program (HOPE), once the critical care area identifies a potential donor.

Table 6: Unmet Criteria for Critical Care Services

There are no unmet criteria for this section.

Service Excellence for Critical Care Services

Standard Rating: 96.2% Met Criteria

3.8% of criteria were unmet. For further details please review the following table.

Assessment Results

Critical Care areas including Neonatal Intensive Care were assessed on site during this Accreditation Canada survey. The teams work collaboratively and in partnership with Alberta Health Services (AHS) and others to meet the needs of clients and families. Patient surveys and comments are used and while there are examples of utilizing patient partners, there are opportunities to remove barriers and become even more people-centred going forward. The development of specific NICU surveys with parents leading the process and staff serving as supports and “guests to the process” for the province is a positive step.

Training and education for all staff and providers in Critical Care is required and maintained. New staff receive a comprehensive orientation, and all staff complete annual education requirements. The leadership team is encouraged to complete performance reviews for staff in order to ensure two-way communication, develop goals and support retention of staff. Staff reported feeling like part of a cohesive team that worked well together, and awards such as the Mission Award were positive ways to be recognized.

A new initiative for violence prevention was noted, using a purple dot/circle as a visual cue. This visual cue was seen as helpful as a means of communicating for enhanced safety of staff and visitors. Connect Care has been rolled out to all the areas visited and the electronic record is helping support the completion of key screening tools such as pressure ulcer prevention and falls prevention.

A number of policies, procedures and guidelines are outdated – many well past their “next review” date, and the organization is aware that this requires attention. Although a patient portal is not yet available through Connect Care at Covenant Health, patients are able to access some of their records (such as lab tests) through MyHealth and for more information, through a request with health records.

Safety and quality are seen as priorities, and the staff identify risks, complete RLS safety incident reports and use “Jump Start” or other brief huddles at the start of each shift to communicate and assess risks. The NICU is commended for its efforts related to the Baby Friendly Initiative and Baby Pause. Engaging People in Quality (EPI-Q) workshops have been held in the NICU to increase knowledge of quality measures that are shared on white boards, visible to staff, patients and visitors in a transparent way. Audit results and initiatives are shared to monitor progress and work on improvements.

Table 7: Unmet Criteria for Service Excellence for Critical Care Services

Criteria Number	Criteria Text	Criteria Type
2.1.10	The team leadership regularly evaluates and documents each staff member’s performance in an objective, interactive, and constructive way.	HIGH

Criteria Number	Criteria Text	Criteria Type
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
4.1.5	The team regularly reviews its evidence-informed guidelines and protocols for service delivery.	HIGH

Emergency Department

Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the following table.

Assessment Results

Six of the eight emergency departments within Covenant Health were reviewed for this survey with the noted visit volumes in the 2022/2023 fiscal year: Misericordia Community Hospital (39,215), the Grey Nuns Hospital (68,923), Our Lady of the Rosary Hospital (3,114), Killam Health Centre (3683), St. Mary's Hospital (17,184), and the Banff Mineral Springs Hospital (111,411). These sites served both urban and rural emergency service areas. The emergency departments are well supported by their respective leadership teams. Staff and medical staff are skilled, respectful and proud to work there. Clients interviewed commended the emergency departments for the services provided, the caring environment, and the overall support to their communities.

Triage processes followed required procedures and processes and utilized the Canadian Triage and Acuity Scale (CTAS) system. Since the implementation of Care Connect some triage nurses have commented that the system may default to the adult CTAS scale for a pediatric patient, requiring them to change to the pediatric CTAS scale. Medication reconciliation was initiated in the emergency department for almost all clients at triage and continued throughout the course of the client stay. Clients were assessed for risk of suicide and appropriately monitored as required. Patients observed in the triage process were informed to return to triage if their symptoms changed or if they had any questions. Two person-specific identifiers were used for client identification and supported by Connect Care through bar coding and other processes. Staff at each site indicated that they felt safe in the environment and had good support when required whether from other team members, on site Protection Services staff or the local police with whom they have a good working relationship.

The physical space across departments varied from older sites where space was smaller and "cramped" to new sites with significantly newer and purpose-built space to meet the needs of the team, clients and community. Some smaller sites are challenged to maintain privacy for clients during the triage process. The departments have seen an increase in both volume and acuity so the constraints of some physical space will become more challenging. All sites had a room they could use for higher observation or when a closed, more secure space was needed.

Diagnostic services and specialist consultations were noted to be available. In smaller rural sites the team relies on transfer to another facility for a higher level of care but has processes in place to manage many test and stat blood tests locally. Medical staff did note a challenge with access to some diagnostic services such as CT when required. At one rural site, there is opportunity to track ambulance offload response times.

Overall, the emergency department teams were a welcoming, cohesive group who were very proud of the care they provide. There was a strong focus on sharing effective information in the transitions of care whether at discharge or transfer to another unit of service.

Table 8: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.4.15	Clients and families are provided with information about their rights and responsibilities.	HIGH
3.1.2	Ambulance offload response times are measured and used to set target times for clients brought to the emergency department by Emergency Medical Services.	NORMAL

Mental Health Services

Standard Rating: 97.7% Met Criteria

2.3% of criteria were unmet. For further details please review the following table.

Assessment Results

Three of the six mental health service locations within Covenant Health were reviewed for this survey: St. Mary's Hospital, Grey Nuns Community Hospital and Misericordia Community Hospital. The sites serve both urban and rural communities. The mental health units and services were well supported by their respective leadership teams with several staff and medical staff members noting that it was a "great place to work". Staff and medical staff are both skilled and respectful in interactions with colleagues and clients.

Medication reconciliation was almost always initiated in the emergency department and completed on the inpatient units. Every client chart audited during the survey had a completed best possible medication history that had been obtained with input from clients and family. A formal process was in place to assess for risk of falls and through the use of both visual indicators on the patient's door or at their bed along with information on the chart the risk and actions to ensure safety were communicated. Clients were assessed and monitored for the risk of suicide. The leadership team runs reports daily from Connect Care that provides information on all clients to confirm the suicide risk assessment has been completed or if any are outstanding they follow up to ensure it is completed and documented. Two client specific identifiers are used to confirm the services the client received and clients themselves when interviewed confirmed that staff always check for two identifiers including scanning their arm band.

The implementation of Connect Care has improved the ability to ensure standardized information is shared at care transitions, as well as monitored and evaluated by leaders. However, individualized specific care plans for each client completed with input from the client and family are not being done. In two units no client had a documented plan of care. While some information is available by searching through different sources (e.g., physician notes, Kardex or suicide assessment) it is not consolidated into an individualized plan of care that the client has input into. Leadership noted they are working towards ensuring the plan of care within Connect Care is completed for every client. Casual staff can find it challenging to understand the goals for the client without the documented plan of care.

Clients interviewed were incredibly grateful for the respectful interactions, the care provided without stigma as well as for the skills learned in group and education sessions. The teams are commended for the intentional focus on group therapy and education sessions. At some sites, clients who have had more than one admission stated that they request to come back to that specific unit because of the quality of care and support.

Table 9: Unmet Criteria for Mental Health Services

Criteria Number	Criteria Text	Criteria Type
3.3.13	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	HIGH
3.4.1	The client's individualized care plan is followed when services are provided.	NORMAL

Service Excellence for Emergency Department

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The emergency departments take a quality improvement approach to their care and evaluation of care and processes. One site commented on moving to quality “as a way of being.” Infusion pump training was provided, documented, tracked and evaluated.

Many departments have a group of relatively new staff. All confirmed they received the required education and training during orientation and felt supported. Educators tracked all training required and had plans in place to offer additional education and skills to ensure staff maintain the required competencies. Staff members at the point of care were aware of an ethics framework. Education resources in rural sites was a challenge stated by multiple team members and leaders as they had difficulty ensuring all requirements were met in a timely way with the limited education supports. While education on mental health and addictions is provided, both staff and leaders noted it was basic in nature and needed to be strengthened. Regular and ongoing training on workplace violence and nonviolent crisis intervention occurred.

Patient and family feedback was sought by teams through a variety of mechanisms including direct inquiries, or a QR code for patients to respond to. The structures and processes around engaging the patient, family and community in the planning of, or evaluation of services could be strengthened through the use of more local client and family councils or other such person-centered engagement structures or client roles. One site noted they were restarting a quality improvement council for their hospital and working with Covenant Health to ensure public representation was part of the membership while others had quality councils that had no patient or family representation or any plans to include them.

Clients within the departments were very grateful for the quality of compassionate, respectful care they receive.

Table 10: Unmet Criteria for Service Excellence for Emergency Department

There are no unmet criteria for this section.

Service Excellence for Mental Health Services

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the following table.

Assessment Results

Three of the six mental health service locations within Covenant Health were reviewed for this survey: St, Mary's Hospital, Grey Nuns Community Hospital and Misericordia Community Hospital. These sites serve both urban and rural communities. The data that is now available to leaders and staff to monitor and evaluate their care and key requirements are impressive. Leaders actively use the data to monitor services for effectiveness and appropriateness. A quality improvement approach was in place for the evaluation of care, systems and services.

Clients and families are engaged to provide input into the planning and delivery of services, but it is limited in its scope; for example, one Mental Health program has established a quality council but the council does not include any client or family representation. Indigenous representation on such councils should also be considered. Patient and family feedback was sought by teams through a variety of mechanisms from directly inquiring or a QR code for patients to respond to. The structures and processes for engaging the patient, family and community in the planning of, or evaluation of services could be strengthened through intentional person centered structures and plans.

Required, ongoing and additional education for the team was documented and tracked. The educators and safety consultant across the urban Mental Health services visited provide exceptional support to staff to ensure they maintain required competencies and have the skills to deliver safe, effective, quality care. Training in areas such as basic life support, nonviolent crisis intervention and diversity, equity and inclusion are regularly provided to staff. The organization provides training on an ethics framework and staff were generally able to describe or find the ethics framework when asked. Leaders noted they are challenged to ensure each staff member has an objective performance assessment annually and are not meeting that standard. A number of staff noted they had not had a performance evaluation in some time.

Clients within the department were very grateful for the quality of compassionate, respectful care they receive.

Table 11: Unmet Criteria for Service Excellence for Mental Health Services

Criteria Number	Criteria Text	Criteria Type
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH

Reprocessing of Reusable Medical Devices

Standard Rating: 98.4% Met Criteria

1.6% of criteria were unmet. For further details please review the following table.

Assessment Results

The Corporate Medical Devices Reprocessing is one of the Integrated Services at Covenant Health. Management has created a cohesive and dynamic leadership team of managers, supervisors and team leads who are cross trained to support both urban and rural sites and cross cover each other if required. The Clinical Liaison position provides enhanced communication between the clinical programs and the Medical Devices Reprocessing team to enable both areas to address changes in service demands and resolve issues. The collaboration extends to the Alberta Health Service (AHS) Edmonton North Zone and collectively all hospital sites have supported each other in situations where the Medical Devices Reprocessing Department (MDRD) at one location was unable to operate due an infrastructure issues such as a flood.

There are strong linkages between Covenant Health, the Province, and Alberta Health Services with participation on numerous collaborative working groups, committees, and quality councils. The program mandates CSA certification for all staff to be Certified Medical Devices Reprocessing Technicians. This requires passing initial CSA comprehensive examinations and ongoing recertification of staff every five years.

The program collects data on monthly reprocessing volumes to monitor trends in demand and increasing needs for resources. Leaders are to be commended for conducting performance evaluations on a regular basis. The frontline staff enjoy the teamwork in the MDRD and are commended for participating in the continuing education opportunities available to them. The department follows all protocols for reprocessing the devices and relevant guidelines are in place to support the practice.

The urban locations have implemented the Provincial Sterile Processing Microsystem (SPM) which tracks the steps in MDRD, including decontamination, washing and sterilization. Electronic pictures of the complete sets are available to assist the staff when reassembling the trays after the cleaning processes. The SPM system is viewable by the Operating Room staff and provides robust safety features for any recalls. Currently, the rural hospitals utilize a paper tracking system for all reprocessing steps and Covenant Health is encouraged to procure the SPM system for the rural hospitals to standardize the safety of medical device reprocessing across all locations.

The program experiences ongoing challenges due to the aging infrastructure of buildings, space constraints at some locations, and the need for renovations to meet current standards and increased volumes mainly from growth in the surgical program. Additionally, replacement of aging technology, reprocessing equipment and devices is required, and the capital equipment approval process often addresses only emergency replacement needs. Covenant Health is encouraged to consider a longer term, more comprehensive capital equipment replacement process.

Table 12: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
1.3.2	The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	HIGH
4.4.1	The Medical Device Reprocessing (MDR) department has an appropriate storage area for sterilized medical devices and equipment.	HIGH

Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The inpatient interdisciplinary teams across both rural and urban sites are a united front caring for their patient populations. Common goals are identified by site and team leaders with the input from client-facing staff and the willingness to achieve these goals is tangible. General patient care is streamlined between sites, and shared insights are used for informing practice changes for all. The collaboration from an education and quality perspective is commendable, likely contributing to great international and national recognition of programs such as “End PJ Paralysis”, and efforts made to reduce pressure injuries.

Client flows within the units and across the organizations are easily mapped, providing opportunities for consulting services to provide care with ease. The inpatient units are organized with minimal clutter, and bed spaces are kept tidy albeit with some dated infrastructure. Novel approaches have been used to accommodate extra space within units, ensuring that all clients feel they have a safe space to be cared for. True interdisciplinary work is produced and evaluated at a regular frequency. Units hold multidisciplinary meetings on a daily, weekly, and monthly basis. Care and discharge planning are discussed during these meetings and at bedside rounds, expediting decisions about disposition including transfer to home or more appropriate facilities.

There is a focus on people-centred care that is evidenced by clients' participation in daily care, along with client and family advisory committees that contribute to the evaluation and creation of new pathways and guidelines. Clients feel their voices and concerns are understood and there are appropriate channels to provide their feedback.

Opportunities that present themselves on the inpatient units revolve heavily around the optimization of Connect Care. Patient order sets should be standardized, along with the methods by which they are distributed. Specifically, order sets pertaining to Required Organizational Practices (i.e., VTE prophylaxis, pressure injury prevention) are not being completed for every client. When an order set is not prescribed, it appears as though the assessment has not happened, which may not always be the case. Refining these practices will allow for easier data extraction from Connect Care to inform key performance indicators that drive the existing quality work. Secondly, it is suggested to move to bedside handovers rather than traditional “desk reports” or global reports. Providing bedside handovers increases the accountability on both parties, and more importantly provides the opportunity for the client to be involved in the transfer of their care from one healthcare professional to the next.

Table 13: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Perioperative Services and Invasive Procedures

Standard Rating: 97.7% Met Criteria

2.3% of criteria were unmet. For further details please review the following table.

Assessment Results

The Perioperative Services and Invasive Procedures tracers took place at the Banff Mineral Springs Hospital, St. Mary's Hospital (Camrose), Bonnyville Health Centre, Grey Nuns Community Hospital (Edmonton), and Misericordia Community Hospital (Edmonton). Collectively, these locations will be referred to as the Perioperative program. The Perioperative program provides a variety of surgical services that currently meet the needs of the surrounding communities, with input in design from clients and families.

A number of patients were observed from registration, through the preoperative review, the operative theatre, the recovery room and eventual transfer to an inpatient ward or to day surgery to be discharge home. The entire process from preoperative anaesthetic assessment to the surgical checklist and pause and eventual return to the recovery room followed the same high standards. The involvement and support of the family were noted, along with patient education that reached above and beyond. Each staff member knew their job and completed it in a very professional manner. Clients' families felt reassured and comforted by the whole process.

Similarly, the flow of a client through the endoscopy suite was followed in multiple sites. The collaboration between administrative assistants and clinical staff allowed for seamless registration and more efficient pre-procedure assessment. The procedure rooms were well organized with a logical footprint, keeping in mind asepsis and patient comfort. Scopes were well organized and stored, and processes to ensure required reprocessing were completed by the Medical Device Reprocessing Departments, documented and maintained.

Patient safety and quality improvement are very evident, and the program is commended for these areas of focus. There is an established (multidisciplinary, multi-unit) Surgical Program Committee that meets monthly as well as Quality Committees. The program participates in the National Surgical Quality Improvement Program (NSQIP). Audits are completed in each clinical area and results are shared with clinical leads and reported on Quality Huddle Boards. The teams are aligned with the Alberta Surgical Initiative to provide better access to care. The teams actively work to identify and overcome barriers to accessing services and monitor their waitlist and wait times. The team prides itself on avoiding cancellation of surgery whenever possible and has developed overflow strategies to accommodate incoming surgical patients.

Opportunities that present themselves in the Perioperative Program include shared education and information sharing between rural and urban sites. There is great collaboration between urban Covenant Health and Alberta Health Services sites but there appears to be less collaboration between Covenant Health rural and urban sites. Limitations and specific service needs may differ but there are many overarching care methods that should be shared between the sites.

It is suggested that the Required Organizational Practice (ROP) for Information Transfer at Care Transitions (ToA) be reviewed. While there is an older policy outlining what information is required to be shared at care transitions along with corresponding sample documents, it does not reflect how transfer of accountability (ToA) is being completed presently.

Verbal Transfer of Care occurs at all stages of a client's journey, but the use of the organization's IDRAW method was not witnessed consistently. Electronic medical records are helpful but not a substitute for effective communication tools and strategies. Teams are reminded to also place focus on the refining of verbal communication. As the majority of healthcare errors occur secondary to communication, the suggestion would be that all staff use the IDRAW method of communication to decrease the risk to the client and organization.

Documentation in Connect Care when transferring accountability was not standardized at several locations in the Perioperative Services and Invasive Procedures program. Differing sites are using free text notes or SmartPhrase functionalities without guidelines on the information required in those tools. It would be recommended for all sites to use an IDRAW method of communication that is built into a SmartPhrase in Connect Care to provide the best standardization, along with the easiest method of evaluating the content in both quantitative and qualitative methods.

Table 14: Unmet Criteria for Perioperative Services and Invasive Procedures

Criteria Number	Criteria Text	Criteria Type
1.1.3	Heating, ventilation, temperature, and humidity in the area where surgical and invasive procedures are performed are monitored and maintained according to applicable standards, legislation, and regulations.	NORMAL
2.4.11	<p>Information Transfer at Care Transitions</p> <p>2.4.11.1 The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.</p> <p>2.4.11.2 Documentation tools and communication strategies are used to standardize information transfer at care transitions.</p> <p>2.4.11.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include:</p> <ul style="list-style-type: none"> • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system). 	ROP

Service Excellence for Perioperative Services and Invasive Procedures

Standard Rating: 97.5% Met Criteria

2.5% of criteria were unmet. For further details please review the following table.

Assessment Results

Leadership of the Perioperative Program at all the locations visited are dynamic and progressive. The hands-on management style demonstrated by all members of leadership speaks to the level of care they have for their teams and ultimately the clients. Staff members reported their feelings of respect and admiration for the leaders of their teams. Teams in the rural areas should be commended for their ability to recruit and retain staff allowing for an increased capacity in the programs. Rural teams are increasing their ability to offload the system as a whole.

Ensuring a “just culture” is emphasized by all members of the leadership teams and is appreciated across the wider team. A paradigm shift in taking away the blame and creating learning opportunities from errors made was appreciated. Safety incidents are entered through the Reporting and Learning System (RLS), which are distributed in a timely manner to the appropriate member of staff responsible for gathering information and summarizing lessons learned.

Evidenced-based practices are followed through the use of clinical guidelines and pathways, informed by province wide working groups (Strategic Clinical Networks). Many decision support documents are well past their review dates, but the organization as a whole is aware of this and acknowledges that it needs attention.

Training and education for all new staff into the Perioperative program areas is required and outlined at the onset of onboarding. Annual online requirements are pushed out via the Clic (Learning Management System), and skills assessments are created in tandem by the responsible teams. There is opportunity granted to all staff seeking professional growth through initiatives locally and outside of the organization. A strong grasp of current education and credentials allows for a balanced skill-mix to be present during each shift inside the units, providing safe environments for both clients and staff.

A strong understanding of community needs is evident in the ability for inter-facility transfer, allowing for faster access to care and reduction in wait times for all. Client satisfaction surveys are used to construct a more patient centred journey. Efforts are noted in the manner in which education is provided to patients in the pre-procedure and post-procedure spaces. Clients have noted a significant reduction in stress since implementing a better strategy for education. Clients have a voice from the beginning to end of their journey, and the organization values their input into care plans and understands their impact on outcomes.

Table 15: Unmet Criteria for Service Excellence for Perioperative Services and Invasive Procedures

Criteria Number	Criteria Text	Criteria Type
1.2.4	The team works with the organization to co-design its physical spaces to meet its safety and service needs including confidential and private interactions for clients and families.	NORMAL
2.2.3	The team leadership ensures that staff use the organization’s standardized communication tools to share information about a client’s care within and between teams, as consented to by the client.	HIGH

Service Excellence for Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Strong leadership teams are engaged in care at both rural and urban levels. Staff report feeling supported and inspired by their leaders, creating an atmosphere where they continually strive to do better.

Efforts have been noted in the sphere of recruitment and retention, especially in rural zones. Onboarding of students, both mature and young, has created a pipeline of dedicated new employees who recognize the value invested in them. Staffing shortages are steadily declining and the need for agency staffing solutions is lessening. New and existing staff members are receiving regular performance appraisals and feel appreciated by their local organization and Covenant Health. Goal setting for professional development is occurring and is encouraged by line managers across both rural and urban settings.

Emphasis is placed on staff having opportunities for professional growth through initiatives at the local level, and support is given to those who may need to seek it elsewhere. Leadership teams have a focus on staff competency, education and training. Annual and biannual trainings are occurring, and data is available to support the completion rates. A strong grasp of current education and credentials allows for a balanced skill-mix to be present during each shift inside the units, providing safe environments for both clients and staff.

A proactive approach is taken to identify and mitigate safety risks across the units. Safety incidents that do occur are investigated in a timely, fair and constructive manner. The just culture is sensed by all. Safety incidents are reported to clients and families in an appropriate way when required.

The teams work with their communities and conduct needs assessments regularly so that care can be adjusted accordingly. Services are regularly evaluated for their appropriateness and that information is shared with clients and families. Physical spaces are co-designed with the client's safety and confidentiality in mind. The differing geographical zones come with their own client demographics and challenges, and the services are designed to meet the demands of each region.

Table 16: Unmet Criteria for Service Excellence for Inpatient Services

There are no unmet criteria for this section.

Emergency Medical Services (EMS) and Interfacility Transport

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

Banff Emergency Medical Services (EMS) is a department of Banff Mineral Springs Hospital and the only EMS service affiliated with Covenant Health. Operating under the contract of AHS, EMS is supported by AHS Medical control protocols, dispatch and communication, IT support, and training. The EMS department works closely with partners such as the Mountain Rescue Team, Ski Patrol, Fire Department, Air Ambulance and BC Ambulance Service. The team is well supported by the leadership team with each member of the team having dedicated responsibilities such as the manager responsible for the budget and overall management of the team, team lead focusing on the day-to-day operations, another team member focusing on the education and training. This model of leadership empowers the team and helps with collaboration, retention and improved job satisfaction. The manager also oversees operations of the emergency department supporting an integrated approach to improve efficiency between EMS and ED. Team is currently working on fixing the core flex hours of the crew for better work life balance.

While the team is doing its best to meet the needs of everyone, the wide geographical landscape creates challenges in meeting the demands and achieving the targets of response time. Seasonal surges in tourists to Banff and injuries add strain on the EMS system that is already constrained due to lack of resources. The same team also supports the facility for interfacility transport as patients need to travel to other hospitals such as Canmore for CT scans. Currently the team is advocating to have extended hours for CT scans at Canmore as this will reduce the need for long trips to Calgary for diagnostics and to have ambulance service initiated at Lake Louise.

EMS staff complete all mandatory yearly education topics and every two-year certification on important protocols. EMS staff works with ED staff and receive same continuing education opportunities. Both teams learn from each other and support each other in caring for patients in the ED. The ED takes the lead in conducting high fidelity simulation program, which is well attended by residents, nurses, pharmacists, students, EMS, and the fire department. This is a perfect example of true collaboration in healthcare. The EMS team is encouraged to continue holding community awareness programs as a proactive approach to prevent injuries and improve safety. All team members complete the driving release form every year to AHS and completes the eight-hour course on professional driving. IV pump certification is consistently done as well. Performance evaluations are regularly completed for all staff.

The team follows medical control protocols when consultation is needed for expert advice from a physician. Safe medication management practices coupled with appropriate patient monitoring were noticed during the ride along. Banff pharmacy team provides oversight for the medication management system for EMS. Also, during the ride-along, team members followed the principles of patient centred care. Patients shared feeling comfortable and receiving good and safe care during transport by the EMS staff.

EMS staff offload patients and stay with them in the ED. Best practices related to the transfer of information during care transition were noted. EMS staff provides continuity of care by transporting patients to city hospitals if needed once stabilized. The fleet is well maintained and meets the infection prevention and control standards and medication management standards.

The ambulance is well-maintained with regular inspection every three to six months and with enough supplies available onboard. The team has been advocating for a new fleet, and as a result, the government has recently allocated more money for EMS, specifically for new fleet and for more staff. The team knows how and when to seek the support of ethics team for consultation.

The team is trained to support patients with different cultural backgrounds. Following critical incidents, the chaplain will touch base with the team members 1:1 and provide support as necessary. The team conducts debriefing following critical incidents and reflect on lessons learned for the future.

The team is tracking and monitoring several indicators to improve the efficiency and utilization of their service. A heat map is a great tool that shows the response volume in a 24-hour period for seven days. This helps the team identify when resources are needed in a 24/7 period. Response time is a challenging metric to achieve due to various factors such as geographical distance and weather. The team is working hard to meet the target for offload time with 30 minutes assigned for the patient and 15 minutes for cleaning the vehicle. The Banff hospital has incorporated a question related to EMS service in the patient experience survey. There is more uptake with the patient experience survey since the QR code was implemented in 2023. A good documentation system is in place for the team.

The EMS department participates in the site-based quality and safety council where patient representatives and interdisciplinary teams review patient safety related issues and make action plans for improvement. Every patient safety event report (RLS) gets reviewed by a team member and feedback is provided to the team members. The data is analyzed for trends and education is provided to address gaps with team members. The team follows high acuity low occurrence chart audit as part of the quality assurance program. Variances in practice are addressed with the individual staff members.

The team follows excellent hand hygiene practices and follows the standards for various isolation precautions. The vehicle is well cleaned following protocols after each use and one team member conduct hand hygiene audits at predetermined intervals.

The team participates in quality improvement initiatives and is currently working on a decision-making algorithm to determine the resources needed to facilitate transfer of BC patients to Alberta using EMS.

Table 17: Unmet Criteria for Emergency Medical Services (EMS) and Interfacility Transport

There are no unmet criteria for this section.

Obstetrics Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the following table.

Assessment Results

The Obstetrical program at Covenant Health is a well organized, consistent and busy entity. The program has made some significant achievements such as Baby Pause, Virtual Hospital and a variety of others outlined in the program presentation. There have been some major improvements in the program particularly in the delivery of obstetrical care to the Indigenous community. Perinatal mental health, coupled care, and breastfeeding programs among others have all been enhanced. The organization should be commended for these initiatives and will need to continue to evolve the program with a focus on further inclusivity within the communities served. The Covenant Health program has recognized referral patterns and disparities between rural and urban sites and has made efforts to make movement of patients as efficient and safe as possible.

There are some areas of obstetrical care that may be improved, and the program is in the process of addressing these. Maternal-Fetal medicine is being enhanced and C-section rates are being monitored with the conceptual idea to reduce these and perhaps move more to vaginal deliveries, recognizing the cultural and geographic nuances. Other opportunities have been considered by the program and will be investigated as resources are made available.

Table 18: Unmet Criteria for Obstetrics Services

There are no unmet criteria for this section.

Service Excellence for Obstetrics

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the following table.

Assessment Results

The Obstetrical program has endeavored to provide a consistent and safe system for patients and families in the catchment and referral areas. There is standardized care with simplified access throughout. Processes are in place with applied policies and procedures that are followed at all sites.

There are opportunities for input and communication by all staff in all sites and the leadership group has made major efforts to be inclusive of everyone. The implementation of Connect Care has greatly enhanced the transfer of information and consistent documentation for obstetrical patients using the Stork module.

There are opportunities for increased patient/family engagement at the planning, design, and quality committee levels. Consideration could be given to the feasibility of timely tracking on the number of potential deliveries per month as this data should be obtainable from the provider offices.

Table 19: Unmet Criteria for Service Excellence for Obstetrics

Criteria Number	Criteria Text	Criteria Type
4.1.5	The team regularly reviews its evidence-informed guidelines and protocols for service delivery.	HIGH

Quality Improvement Overview

People-Centred Care

Covenant Health has a strategic goal for client/family engagement, describing building a culture of patient engagement and relationship-centred care as “a long-term investment.” While wanting to be leaders in this area, Covenant Health is early in this journey moving away from “doing for” to “doing with” patients and families. Staff and leaders appreciate this will take time, consistency, and responsiveness.

Current efforts at Covenant Health include various patient experience surveys, the use of comment cards and feedback mechanisms. Some sites and services have patient partners and structures to support meaningful patient engagement and others do not. Covenant Health is using existing data (including RLS and complaints/compliments) for learning and actioning responses to issues and recommendations.

Leadership confirmed their desire to empower patients and their family members to better manage their health and wellness, and to cultivate organizational capacity for the consistent delivery of relationship-centred care.