



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ Program

Covenant Health

Report Issued: 24/11/2023

Table of Contents

- About Accreditation Canada** 3
- About the Accreditation Report** 3
- Confidentiality** 3
- Executive Summary** 4
 - About the Organization 4
 - Surveyor Overview of Team Observations 5
 - Key Opportunities and Areas of Excellence 7
- Program Overview** 8
- Accreditation Decision** 9
 - Locations Assessed in Accreditation Cycle 9
- Required Organizational Practices** 11
- Assessment Results by Standard** 12
- Core Standards** 12
 - Emergency and Disaster Management 12
 - Governance 14
 - Leadership 16
- Quality Improvement Overview** 24

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 22/10/2023 to 27/10/2023.

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.

Confidentiality

THIS DOCUMENT IS CONFIDENTIAL AND IS PROTECTED BY COPYRIGHT AND OTHER INTELLECTUAL PROPERTY RIGHTS IN CANADA AND AROUND THE WORLD.

This Accreditation Report is provided to the Organization identified in this Accreditation Report, and permitted uses are as set out in the Intellectual Property Client Licensee Agreement between Accreditation Canada and the Organization, and nothing herein shall be construed or deemed as assigning or transferring any ownership, title or interest to any third party. While Accreditation Canada will treat this Report confidentially, the Organization may disclose this Report to other persons as set forth in the Agreement, provided that the copyright notice and proper citations, permissions, and acknowledgments are included in any copies thereof. Any other use or exploitation is expressly prohibited without the express permission of Accreditation Canada. Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited. For permission to reproduce or otherwise use this Accreditation Report, please contact publications@healthstandards.org.

This Accreditation Report is for informational purposes and does not constitute medical or healthcare advice, is provided "as is" without warranty of any kind, whether express or implied, including without limitation any warranties of suitability or merchantability, fitness for purpose, the non-infringement of intellectual property rights or that this Accreditation Report, and the contents thereof is complete, correct, up to date, and does not contain any errors, defects, deficiencies or omissions. In no event shall Accreditation Canada and/or its licensors be liable to you or any other person for any direct, indirect, incidental, special or consequential damages whatsoever arising out of or in connection with this Accreditation Report, and/or the use or other exploitation thereof, including lost profits, anticipated or lost revenue, loss of data, loss of use of any information system, failure to realize expected savings or any other economic loss, or any third party claim, whether arising in negligence, tort, statute, equity, contract, common law, or any other cause of action or legal theory even if advised of the possibility of those damages.

Copyright © 2022 Accreditation Canada and its licensors. All rights reserved.

Executive Summary

About the Organization

Covenant Health has embarked on a sequential method for their accreditation survey. This report pertains to sequence one, with a focus on the Governance, Leadership, and Emergency and Disaster Management standards.

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 legislation and service agreements with Alberta Health Services (AHS), under the approval of the Minister of Health. AHS is responsible for implementing the direction for health care set by government through the provincial Health Plan, partnering with service providers to build a coordinated, comprehensive healthcare system. Funding is provided through AHS by Alberta Health.

The Covenant Family provides acute care, continuing care, and independent living services. Covenant Health (the subject matter of this sequence of the on-site survey), 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 that are most vulnerable, is at the core of Covenant Health's mission. Evidence of this is that 119 beds are dedicated to palliative and end-of-life care, 254 beds are dedicated to caring for those with mental illness, and 1,200 beds are for those in need of continuing care.

Surveyor Overview of Team Observations

Covenant Health has a strong connection within the 12 different communities where they are situated. These relationships have developed over the years and reflect the fact that the organization is viewed as the community's hospital, and the organization sees its role as supporting the communities.

Covenant Health has a highly engaged and skilled Board of Directors. The professional diversity reflected in the Board's membership is a true asset that allows the organization to fully assess the broader environment and opportunities for the organization.

The Board is engaged in governance aspects pertaining to quality, safety, risk mitigation, innovation, mission, and financial stewardship. The Board continues to recruit new members using a matrix that identifies desired skill set and experience. During the survey, Board members reported the presence of good and effective relationships in place. New members are oriented to their roles with the participation of the Board, Leadership, and staff. The Board of Directors is actively involved in strategic planning and plays a critical role in identifying changes and challenges in their operating environment. There are strong systems in place to support and monitor the implementation of Board directions and the Strategic Plan.

Covenant Health Board has a revised Strategic Framework. The approach taken to refresh the framework differed from the past endeavors, as leadership felt it did not warrant a full-scale review. The document is in the process of being shared more broadly, starting with key leaders in the organization. The framework, a one-page visual, is described as an intersection of purpose and culture, excellence, and transformation. Rural and Continuing Care have now been added as strategies. It is important to note that people-centred care (PCC) is not a separate strategy but intended to be a key component of all strategies. Monthly reporting on the strategies goes to specific Board committees and is documented in a Strategic Monitoring Quarterly report. The leadership team is reviewing the current reporting process, given the change to the strategic framework, and have made no changes at this time.

Through work with KPMG, the Demand Management approach for the coordination, and management of projects is shifting to Strategic Portfolio Management. Tools and templates are being developed for reporting. This presents an opportunity to review projects to ensure that they continue to add value to the organization. KPMG is assisting the leadership team in reviewing projects using a value proposition methodology looking at effort and complexity. This work is just beginning, and the organization is encouraged to continue to ensure that resources are wisely spent.

Long Range Service Plans are being completed with feedback and input from stakeholder engagement driven by the Community Boards.

The Vision Mission and Values are the cornerstone of the organization. "They reflect who we are" was heard throughout the visit. These were reviewed and considered to be reflective of the organization, and no changes were made. Leadership meetings often start with a reflection of the good work of the organization as depicted through living the values.

Leaders spoke of the intent to be better listeners to understand staff and the work they do. Storytelling is a big part of how they want staff and others to know what is unique about working at Covenant Health.

A summary document of Covenant Health's Health Services Priorities was completed in February 2021. This document also identifies site challenges and opportunities. Recruitment and retention as well as an aging infrastructure are still key issues in 2023. Increased demand is a pressure point as population growth impacts programs and services. Building relationships with established groups, and gaining a better understand their needs, is one way leaders hope to improve service.

Leaders at Covenant Health understand the pressures the system is under and are working to listen to better understand the needs of their staff and patients. It is important for them to articulate the uniqueness of Covenant Health. They have an ambitious agenda with many priorities, and it will be important for them to ensure that resources are used wisely. They have a good relationship with AHS and work collaboratively on many initiatives, such as the use of data to inform service planning.

Covenant Health benefits from a mature, experienced, and effective leadership team. The current CEO has been in place for 17 years. The leadership team is committed to delivering high quality care with strong attention to the needs and preferences of clients and families. Leaders in the organization are viewed as resourceful, approachable, and supportive. The team has been able to harness the diversity of their staff, researchers, and volunteers to better serve the unique needs of both clients requiring specialized services as well as the unique needs of the many communities across the Covenant Health sites. Leaders demonstrate a commitment not only to the clients, but also to taking innovative approaches and influencing the larger system in which they operate.

Leaders have a wealth of operational and performance indicator data available to guide their decision making, including input from staff and patients gained through patient partners, surveys, and informal mechanisms. Leaders leverage multiple competing needs exceptionally well and are committed to forward thinking and innovation.

Patient Partners are valued volunteers who contribute not only their time, but also their insights and experiences to help bring a higher quality of safety and patient care to healthcare for all Albertans.

The Community Partners Group included a diverse group of people who engage with Covenant Health on a regular basis. There was overwhelming acknowledgment that Covenant Health values its relationships and works collaboratively. Covenant Health is well regarded by its many community partners. The organization is seen as collaborative, transparent, supportive, and influential. Covenant Health is recognized for its clear role in community partnerships and networks and are willing to share their expertise and knowledge. The organizational leaders are well regarded and recognized for their willingness to be part of the solution.

Key Opportunities and Areas of Excellence

Areas of Excellence

Quality Improvement:

Board and Leadership Commitment to Quality
Quality mindset across the organization
Data Analytics
Fair and Just Culture

Risk Management:

RLS reporting system
Enterprise Risk Management Framework and Risk Register
Access and Flow Strategy

Patient Safety:

Connect Care
Patient Safety Survey Culture Optimization

Ethics:

Ethics Framework
Consultation service
Everyone lives the values

PCC:

Senior Leadership passion for People-Centred Care (PCC)
Patient Engagement Framework
Patient and Resident Family Advisory Council (PRFAC)
Patients feel respected

Key Opportunities

PCC:

Share learnings from the 3 Patient Journey pilot projects and implement recommendations
Update Patient and Resident Engagement framework
Ongoing recruitment of Partners

Quality Improvement:

Patient Partners on Quality Councils
Consistent education and training for Patient Partners

Risk:

Long term stable funding
Business Continuity Plans
Stable workforce
Aging Infrastructure and equipment

Patient Safety:

Hallway medicine
Emergency response drills and tabletops

Ethics:

Enhancing knowledge of Ethics
Building ethics capacity

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 met 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 type="checkbox"/>
Community Geriatrics Program, Westmount Clinic	<input type="checkbox"/>
Covenant Health Corporate Services	<input checked="" type="checkbox"/>
Edmonton General Continuing Care Centre	<input type="checkbox"/>
Erminskin Seniors Day Program	<input type="checkbox"/>
Grey Nuns Community Hospital	<input type="checkbox"/>
Killam Health Centre	<input 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 type="checkbox"/>
St. Joseph's Auxilliary Hospital	<input type="checkbox"/>
St. Joseph's General Hospital	<input type="checkbox"/>
St. Joseph's Home	<input type="checkbox"/>
St. Mary's Health Care Centre	<input type="checkbox"/>
St. Mary's Hospital	<input 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
Accountability for Quality of Care	Governance	6 / 6	100.0%
Client Flow	Leadership	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Preventive Maintenance Program	Leadership	4 / 4	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.

Emergency and Disaster Management

Standard Rating: 96.5% Met Criteria

3.5% of criteria were unmet. For further details please review the following table.

Assessment Results

Covenant Health has an Emergency Disaster Management (EDM) Framework (2020) that provides high level guidance to the management of emergencies in the organization. The framework, approved in 2020, sets the strategic directions for the collaborative preparation and management of emergencies. The four levels of activities include assessment, prevention and mitigation, preparedness, and response. The Emergency Disaster Management policy details the responsibility of all sites, leaders, and employees. The policy was last reviewed in March 2021. The plan is built upon the Alberta Health Services (AHS) plan which provides the direction for Covenant Health. The organizations work collaboratively. Emergency response plans are created at the Provincial level in collaboration with AHS and Alberta Health. Covenant Health is part of AHS EDM Steering Committee.

A policy on Business Continuity and plan were developed in Feb 2023. A business impact assessment has been completed for 3 of the 21 sites. The plan is to complete this work and then roll it up into a Corporate Business Continuity Plan. The organization is encouraged to move forward on this important work. As there is no one individual who has the responsibility for completing this work, it often gets put to the side as other priorities emerge.

It is the expectation that all staff members have a universal working knowledge of emergency disaster management and appropriate responses, including being familiar with all codes. Employees are expected to complete a module upon hire and again annually. The EDM team facilitates two training sessions annually at each site, which includes training on codes and a tabletop exercise. There are only two EDM staff to assist with these training sessions. There is an emphasis on mock codes that are more frequent to a particular site or related to issues that arise. Fire drills are held regularly. The Compassion Net site has detailed information on EDM that is available for all staff. Each site will also have a yellow binder that is specific to their site outlining the management of disasters. Codes are reviewed every three years in collaboration with AHS.

There is a good relationship with Communications to ensure that information gets relayed in a standardized manner and templates are used. Communications ensures that the correct information is distributed. Discussion of recent incidents outlined the process that was used and the learnings that were shared within the organization. Site leads take a lead role in working with families and managing patient related issues. Contract Procurement Supply Management ensures that the locations have the required equipment.

Homewood Health provides support to staff through their Employee and Family Assistance Program.

The organization is working with AHS to trial “Alert Now” which is a notification that would send out alerts regarding a disaster in a specific location.

The need to complete the Business Continuity plan was identified as a priority. Staff spoke of the need to update resources and encourage engagement at the front line. Code of the month is a way sites embed knowledge on different codes. The organization may want to use these opportunities as a more interactive process rather than just reviewing material. All sites are encouraged to conduct a tabletop exercise as many have not completed one since the COVID-19 pandemic. They were proud of the connections and collaboration with AHS.

Table 3: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
3.1.4	The organization engages with stakeholders to establish, regularly review, and update as needed a business continuity plan to ensure the continuation of essential care services during and following an emergency or disaster.	HIGH
3.1.5	The organization plans for how it will access resources in an emergency or disaster for business continuity, response, and recovery.	HIGH
3.3.2	The organization designates a location from which to coordinate its business continuity, response, and recovery activities during and following an emergency or disaster.	NORMAL

Governance

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the following table.

Assessment Results

The Board of Directors (Board) of Covenant Health has a tradition of excellence, and as such, has been successful in attracting dedicated, experienced, and professional, community members who are passionate about advancing the hospital's vision and mission. Covenant Health has a highly engaged and skilled Board of Directors. The energy and fresh perspectives of new board members is well complemented with the long-term view from long-standing members.

The nine-member board is appointed by, and accountable to, the Catholic Bishops of Alberta. The Board is well structured around governance accountabilities and provides the appropriate level of strategic guidance and direction to allow leadership to effectively manage the operation. The Board functioning is high level, with a clear emphasis on quality, safety, risk mitigation, transformation, innovation, and fiscal stewardship.

The Board has appointed Community Boards in 12 communities. These Community Boards are an important component in the governance of Covenant Health by assisting the Board of Directors in the areas of developing the vision, as well as providing input on strategic planning, community engagement, site monitoring, and physician liaison. Community Board members are appointed by the Covenant Health Board of Directors to assist the governing board by bringing local needs and perspectives to the corporate planning and decision-making process. The Community Boards have input in strategic planning, community engagements and site monitoring. While they are not governing bodies, the Community Boards act as advisory bodies to the Covenant Board of Directors. They are the Covenant Board of Directors' eyes and ears in the community. Community Boards have the ability to advocate for services that reflect the diverse values and needs of our communities, and be ambassadors to strengthen and advance the Mission, Vision, and Strategies of the Covenant Family.

The Bishops, the Board and the Community Boards are governed by Articles of Association, Bylaws, Policies, Standards, and Terms of Reference. These documents define the relationships, accountabilities, and responsibilities of each group as it relates to being governing stewards accountable for carrying and advancing the legacy of Catholic health care in Alberta, which first began with the Founding Sisters over 160 years.

To assist in fulfilling its governance role, the Covenant Board of Directors has established five subcommittees: Audit and Finance, Governance, Mission and Engagement, Quality and System Performance, as well as Growth and Innovation. These subcommittees are responsible to the Covenant Board of Directors and assist the Board in the oversight of the four items delegated to them by the Covenant Board: Establishing and monitoring the strategic directions, Stewardship of quality, resources, and mission, Generative Discussion to explore new ideas, and Advocacy for system improvement, strategic contribution of Catholic Health Care, and to support vulnerable and marginalized populations. These Committees meet quarterly and report on performance as it relates to their annual workplans.

The emphasis on quality and safety at the board level is noted with approval. The quality framework, with direction and support from the board, ensures that Covenant Health is committed to providing the highest quality care to all who walk through its door. Regular reporting to the board through an aligned committee structure ensures the organizational priorities related to quality are addressed. Quality is a regular agenda item and key performance indicators are brought to the board regularly for review.

In completing its oversight role, the Board receives a comprehensive scorecard that includes a number of key metrics. The corporate secretary to the Board supports the meetings and the meetings are captured with a documented decision record.

The Strategic Plan is inspired by the vision of service and calls Covenant Health to be leaders and partners in transforming health care and creating vibrant communities of health and healing. As part of the strategic plan, the strategic priorities have informed the plan consisting of ten strategies to achieve Covenant Health’s mission to continue the healing ministry of Jesus by serving with compassion, upholding the sacredness of life in all stages, and caring for the whole person — body, mind and soul.

The Board is congratulated on completing a comprehensive Governance Review. One area of opportunity for consideration is to expand the mechanisms for incorporating the voice and opinion of clients and families by having a Patient Partner on the Board’s Committees (to start).

Governing an organization during a period of instability (post COVID-19 pandemic) is a challenge and the Covenant Health Board is to be commended on its efforts to support the organization. The board should be proud of the leadership role it has played in bringing the organization to where it is today, and equally proud of the steps it is now taking toward ensuring the organization continues to meet the health care needs of the populations it serves.

Table 4: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
1.2.3	The governing body includes clients as members, where possible.	NORMAL

Leadership

Standard Rating: 96.3% Met Criteria

3.7% of criteria were unmet. For further details please review the following table.

Assessment Results

Principle-Based Care and Decision Making

It was a great pleasure to meet with the staff members that had been involved with various aspects of ethics and principled based decision making. The group was composed of an exceptional group of individuals who brought a broad spectrum of clinical, administrative, and cultural backgrounds. The approach to ethical decision-making is a strength of Covenant Health.

Through the influence of the founding Sisters, principle-based care and decision making has long been a key contributor to the culture at Covenant Health. There is evidence that the organization “lives their values” and that the values they hold drive the care and services that are provided.

Covenant Health commits to Ethical Integrity. It pledges to provide support for ethical practice of all individuals throughout the organization, whether they are clinical or non-clinical in practice. It strives to create a climate where ethical issues are identified, acknowledged, discussed, and resolved. This includes clear articulation and implementation of organizational values, standards, and processes. During the on-site visit, there was a desire amongst staff to talk about the organization’s values and how they are used in “everyday life” and guide decision-making.

Covenant Health has been deliberate in ensuring that structures and processes are in place to support principle-based decision making in all aspects of the organization's care and services, and in alignment with the Mission, Vision, Values and Strategic Plan. Most importantly, the organization has taken the approach of proactively building capacity for all staff to support principle-based decision making, through education, resources, mentorship, and the work of the Mission, Ethics, and Spirituality portfolio. The resources and processes to support decision making are evident at every level of the organization - Board, senior leadership, quality improvement teams, direct care and services, and research.

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 organization’s Code of Conduct (Our Commitment to Ethical Integrity) and the Covenant Health Mission Discernment Tool are based.

The Covenant Health Mission Discernment Tool is a framework (pathway) 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, its 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 to be explicit about Covenant’s values informing choices.

The Ethics and Discernment Centre (EDC) provides ethics consultation and support to all staff, physicians, volunteers, and patients/ families/significant others. There is a Director of Ethics and Diversity, two full time clinical ethicists, local Ethics Committees, and the Provincial On-Call Ethics Team (P.O.E.T.) that are available for ethics consultations. The EDC tracks data related to consult activity and summarizes the data to identify any trends.

Data gathered includes the source of referral, location of referral, and relevant themes or issues. The team noted that requests for consults have doubled over the last few years. The ethics strategy map has three pillars: engage, equip, and empower with specific tools/resources noted for each pillar.

There is ongoing education from bedside to the boardroom to ensure a sound understanding of the Ethics consultative service. Information and education regarding the ethics program and access to the program is provided on-line as well as through a number of forums including orientation, rounds and huddles held in various departments. Those interviewed indicated that knowledge about the program is transmitted by word of mouth following experience with the ethics team.

Education support for principle-based care and decision making is multi-faceted, and includes tactics such as rounds, in-services, ethics week, debriefs, and written/virtual materials. As an outcome of the pandemic, the reach of education has been enabled and expanded with use of virtual meetings/engagement. The value of these resources has been underscored during the past 18 months of the pandemic as evidenced by the increased engagement of the ethics team members on addressing issues such as moral distress amongst healthcare providers.

Covenant Health does participate in research via the Covenant Health Research Centre (CHRC) and the Universities of Alberta and Calgary Research Ethics Offices. Research that is conducted within Covenant Health facilities must comply with Covenant Health policy and align with the Health Ethics Guide. CHRC reviews research studies, secures approval for studies and approves research grants. Approximately 120 studies were approved within the last year, most of which were observational studies.

Covenant Health is commended for eight continuous years of being awarded one of the world's most ethical companies by Ethispere.

Human Capital

Covenant Health has a clear commitment to creating and maintaining an environment where people are valued, recognized, and performing their best as reflected in their strategic priority "Our People" in the current Strategic Plan. There is a dynamic team leading and supporting the Human Resources portfolio. All are to be commended for the dedication and commitment that they bring to their roles, often in very stressful and trying times. Significant efforts over the past couple of years have been placed on supporting staff through the COVID-19 pandemic.

Currently, there are approximately 11,000 staff, and 4,000 Physicians and Volunteers. The turnover rate is less than 5 per cent, which is commendable. The organization also supports learners from local universities and colleges. Remarkably, there are only two vacancies for physicians (Anesthetists).

Similar to healthcare organizations across Canada, Covenant Health is experiencing health human resources challenges in the areas of recruitment and retention. The lack of a stable, sustainable workforce has been identified as one of Covenant Health's top risk on its Risk Register. The use of agency staff as well as targeting nursing students and internationally trained nurses for unfilled positions, has been a successful means of recruiting.

However, the team is mindful that "you can't recruit yourself out of the pandemic" and has concentrated their efforts on a Recovery Strategy with the focus of staff retention. The Mission Inspired Culture Survey (2022) had also clearly identified that staff were suffering from moral distress and burnout. As a result, several wellness opportunities/resources, psychological health and wellness, and spiritual care for attention to the Body-Mind-Spirit connection have been introduced. Of note, there are over 200 Wellness Partners across Covenant Health.

The Chief Human Resources Officer has been in the role for about a year. She has championed the development of a three-year Workforce Strategy to ensure Covenant has a stable, sustainable workforce. The strategy focuses on the following key areas: Attraction, Recruitment and development of staff, Recovery from the pandemic, and Staff retention and Innovation.

There is no doubt that as an organization, Covenant Health believes in their people and is investing in their career development, professional education as well as ongoing educational opportunities. The organization's commitment to ongoing professional development is commendable.

There are a wide range of policies, tools, and approaches to how Covenant Health supports leaders, staff, and physicians with orientation and ongoing education, as well as personal, leadership, and career development, to foster a values-based culture. On-line training opportunities, starting with orientation, through leadership development, all reinforced this commitment. Discussions with staff across the organization reinforced this commitment when asked about development opportunities. The program has much to be proud of, most notably their ability to promote leaders from within Covenant Health and provide them with the right tools and supports to be successful in their new roles.

Covenant Health is committed to fostering a working environment that places the utmost priority on respect for human dignity. The Code of Conduct is aligned with the organizational Mission and Values and is designed to highlight the requirement for all staff to treat each other with respect, dignity, courtesy and with the utmost professionalism, and ensure the work environment is free of harassment and discriminatory behaviour.

All staff and leaders receive training on Covenant Health's policy and programs for Prevention of Violence in the Workplace. There are clear processes for incident reporting outlined during orientation, and the online education module on prevention of workplace violence and harassment is an annual mandatory education module. De-escalation training is required annually. The Occupational Health and Safety Committee meets monthly to review incident data, identify trends and strategies to prevent workplace injuries and promote health and safety in the organization. The Committee members, as well as unit managers, conduct and record workplace inspections and follow up with prior inspected areas for non-resolved inspection items to ensure safety measures are in place to prevent workplace incidents. The Executive Leadership Team receives aggregate information on a regular basis regarding the incidence of workplace injuries/illnesses.

When interviewing staff, it was noted that performance development reviews have not been completed in several areas. The organization is encouraged to get back on track and follow through on their completion.

It was noted that there are many individuals who are new to management or who have assumed new manager roles. As a change like this can be daunting for some, the organization is encouraged to ensure that these individuals have the support they need for their success.

Resource Management

Despite being susceptible to changes in funding models from their AHS funder (and Government), uncertainty about the amount of funding they will receive, and when the funding will arrive, Covenant Health has established impressive resource management protocols, policies, and infrastructure supports in place to achieve comprehensive resource management outcomes.

Covenant Health has several systems and controls in place to support resource management processes. There are well-established budgeting and decision-making processes for the development of operating and capital needs. Covenant Health undertakes a principle-based approach when determining operating and capital budget requirements and at the same time ensuring financial accountability. The annual operating cycle includes identifying the needs of the business including service pressures and quality gaps, and priorities of government. The Audit and Finance Committee of the Board approves the consolidated set of financial policies and processes used for annual and ongoing resource planning.

Covenant Health is committed to operational efficiency, transparency, and accountability. Evidence-based decisions to enhance financial health, conduct business under the principles of fiscal prudence, and with integrity and good judgment when allocating resources, is noted with approval.

Full engagement, from front line through the Board of Directors, occurs when undergoing operating and capital planning cycles. Regular reports are provided to all areas of the organization to monitor and track performance on an ongoing basis.

The ability to generate information necessary for Senior Leaders and managers to manage and lead their respective portfolios is noted with approval. As part of new leader orientation, new managers and directors meet with their Business Support Manager for an orientation of the key policies and procedures as well as provide an in-depth walk through of their department budgets, business risks, challenges, and opportunities that may exist as they assume leadership of their department or program. This allows for better program engagement in the financial process and supports the fiscal education of the front-line managers.

Program performance reports are generated for individual budget owners on a monthly basis. These reports summarize the program performance both financially and statistically, and highlights key variances. The Business Support Managers also work with budget owners to identify root causes of variances and ensure accuracy of reported expenses. Program performance reports include efficiency and benchmarking reviews. A roll-up of Corporate Financial Performance Reports are submitted to the Executive Senior Leadership Team and the Audit and Finance Committee of the Board.

There is a five-year outlook plan for capital investments, that is refined on an annual basis. Similarly, as with the operating budget, the capital budget is determined based on the priorities identified in the Strategic Plan and is prioritized against a number of criteria to be considered including the impact on risk, safety needs, replacement or new, when setting a prioritized list of capital items. Covenant Health continues to submit its capital priorities to AHS for their consideration for overall provincial capital planning. The Foundation continues to be a key partner in the Hospital's capital planning process. The Foundation works closely with the Executive Team to align available dollars and future fundraising efforts with Hospital priorities.

Understanding that Covenant Health has an impact on environmental outcomes in its communities, it is recommended that it moves forward on environmental stewardship initiatives such as environmentally responsible infrastructure planning, purchasing, resource consumption, and waste management, as well as the use of green or environmentally friendly materials, products, technologies, and transportation. It may be of benefit to Covenant Health to add environmental stewardship principles into its decision-making framework during future capital planning deliberations.

Physical Environment

The physical environment tracer for Covenant Health was done at the Corporate Office, Misericordia Community Hospital and Banff Mineral Springs Hospital.

An enthusiastic and multi-skilled team oversees the physical environment of Covenant Health. Collaborative teamwork was evident within this team. The team is committed to keeping the aging facilities in safe working order to meet the needs of clients and staff. Frequent meetings between facilities staff and clinical staff allow for the timely identification of required repairs. A formal program of regularly scheduled preventative maintenance is ongoing. There are redundant systems in place to support service interruptions like power and water.

Managing the physical environment at the Edmonton acute care facilities (Grey Nuns and Misericordia) is a challenge with aging infrastructure and limited options to expand services within the current building structures as the City of Edmonton's population grows. In the older parts of both hospitals, the hallways are narrow and cluttered. Many areas with limited capacity are very congested and teams will need to ensure that clutter is removed where possible. Ongoing discussions occur with the Government of Alberta, who own the acute care facilities, and AHS as the funder for Covenant Health, to obtain feasible solutions for Covenant Health's infrastructure requirements.

At the Misericordia site, the buildings represent multiple phases of aged infrastructure. This not only presents a challenge for patients and families when it comes to way-finding but for maintenance and monitoring as well. Some work has started with wayfinding but should be further developed.

The Community Wellness Centre is in the process of being developed. This will ease the congestion at the Grey Nuns site, with the plan to decant the ambulatory programs and services to the Community Wellness Centre, when available. Construction for the redevelopment of the Misericordia Emergency Department is complete and is scheduled for occupancy next month.

Active participation in conservation efforts and sustainable practices for environmental stewardship is in its infancy at Covenant Health. This is not where the team wants to be, but it is the result of competing priorities across the organization with the various launches of Connect Care and the fallout of COVID-19. Work to date includes an Environmental Sustainability Framework with identified themes, targets, and a plan to embed the framework components into day-to-day practice. A Steering Committee has been formed and Workplan created. Initiatives noted in the workplan include developing a “green team” for each of the Covenant Health sites, implementing a waste and water use reduction plan, increasing the use of energy efficient appliances and equipment where possible, and completing the LED retrofit project across the organization, to mention a few. While there are some sites, where some of these initiatives are in place, most of the initiatives noted in the Workplan have not yet been initiated across all Covenant Health sites.

Community Partners

The Community Partners Group included a diverse group of people who engage with Covenant Health on a regular basis. There was overwhelming acknowledgment that Covenant Health values relationship and works collaboratively. As well, Covenant Health leaders value partnerships and are engaged and positive. They are willing to address issues when they arise and seek solutions. Partners spoke of their willingness to share resources that may not be available to smaller organizations. Opportunities for improvement would include ensuring that when leadership changes take place, their partners are clear on who they need to connect with. As well, given that some partners work with Covenant Health and Covenant Care it would be beneficial if there was a more coordinated approach.

Planning and Service Design

Covenant Health Board has a revised Strategic Framework. The approach taken to refresh the framework was different from the past endeavors as leadership felt it did not warrant a full-scale review. The document is in process of being shared more broadly, starting with key leaders in the organization. The framework, a one page visual is described as an intersection of purpose and culture, excellence, and transformation. Rural and Continuing Care have now been added as strategies. It is important to note that people-centred care (PCC) is not a separate strategy but intended to be a key component of all strategies. Monthly reporting on the strategies goes to specific Board committees and is documented in a Strategic Monitoring Quarterly report. The leadership team is reviewing the current reporting process given the change to the strategic framework and have made no changes at this time.

Through work with KPMG, the Demand Management approach, the coordination, and management of projects, are shifting to Strategic Portfolio Management. Tools and templates are being developed for reporting. This presents an opportunity to review projects to ensure that they continue to add value to the organization. KPMG is assisting the leadership team to review projects using a value proposition methodology looking at effort and complexity. This work is just beginning, and the organization is encouraged to continue to ensure that resources are wisely spent.

Long Range Service Plans are being completed. Banff’s plan included feedback and input from stakeholder engagement driven by the Community Board. The Community Board Chair spoke of how the voice of the community was incorporated into the plan and identified other opportunities for input such as the development of a Mental Health week.

The Vision Mission and Values are the cornerstone of the organization. “They reflect who we are” was heard throughout the visit. These were reviewed and considered to be reflective of the organization and no changes were made. Leadership meetings often start with a reflection of the good work of the organization as depicted through living the values.

Leaders spoke of the intent to be better listeners to understand staff and the work they do. Storytelling is a big part of how they want staff and others to know what is unique about working at Covenant Health.

A summary document of Covenant Health's Health Services Priorities was completed in February 2021. This document also identifies site challenges and opportunities. Recruitment and retention and an aging infrastructure are still key issues in 2023. Increased demand is a pressure point as population growth impacts programs and services. Building relationships with established groups, and getting to better understand their needs, is one way leaders are hoping to improve service.

Leaders at Covenant Health understand the pressures the system is under and are working to listen to better understand the needs of their staff and patients. It is important for them to articulate the uniqueness of Covenant Health. They have an ambitious agenda with many priorities, and it will be important for them to ensure that resources are used wisely. They have a good relationship with AHS and work collaboratively on many initiatives, such as the use of data to inform service planning.

Communication

Communications in Covenant Health use a Logic Model for managing Communications and Digital Media. A unique communication plan is developed for each strategy ensuring that overlaps are identified. The team is integral in the ongoing and emergent management of communication to internal and external stakeholders. The department is divided into three subsets: communication, digital health, as well as privacy and information. Communication is described as "giving a voice to the mission".

Communication about the new strategic framework is in the beginning phases. There will be intentional sharing at different levels of the organization. The CEO will be meeting with key groups to provide them with updates. Covenant Health relies on the Community Boards to be the eyes and ears of their communities and work closely with them.

Information systems are in alignment with AHS. For example, Connect Care is managed by AHS and Covenant staff must abide by all policies before they are able to use the system such as completing the AHS privacy and confidentiality module. The roll out of Connect Care continues and staff spoke positively about the system. Staff have many tools available for use such as Covenant Learning Connections, CompassionNet, Leaders Link, and Microsoft Teams. Media Relations and Issues Management support, along with the use of standardized templates for reporting, was positively noted.

The team has spent considerable time looking at the branding of Covenant Health and what makes the organization unique. Branding is key to support the organization strategic priorities in the refresh of the strategic framework. Storytelling is one way the organizational leaders believe the uniqueness can be demonstrated. The new external website was recently launched and includes a storytelling where staff speak to why they work in the Covenant Health, focusing on the values. Community engagement events are part of the ongoing plan, such as the planning and development of Community Wellness Centre in Millwood.

The Policy Governance Committee provides oversight for the development and revision of policies. Policies are reviewed every three years. The Privacy Officer position is key to ensuring that breaches are managed according to the legislation and ethical and legal requirements.

The Communication team is embedded into the leadership of the organization and works to ensure that messaging and key information is shared. Many examples were shared of how the communications team works alongside Covenant Health staff. There is always opportunity to reinforce key messages, develop relationships and build engagement.

Patient Flow

The Covenant Health Integrated Access and Flow Strategy is to facilitate timely patient access and flow across the continuum of care while supporting quality patient care delivery and safety. Leadership is a Dyad model. Urban Site Based Operations Centres are co-located teams that use real time data to make decisions. They are connected to all hospital departments and business processes.

Decision points and escalation pathways are used. The Edmonton Zone links with the Provincial access and flow structure.

Calgary Zone has recently implemented an Integrated Operations Centre. Rural sites use the bed huddles and rapid rounds to manage their patient flow as observed in Banff Mineral Springs, and link with the larger zones as required. This is supported by the Rural Health Overcapacity Plan.

There are many initiatives that support patient flow in the organization. Destination Home is the primary discharge planning strategy. Other initiatives include Path to Home and Care that Honours Seniors. Site service profiles have been completed to help understand the population that the site serves.

The Patient Flow Strategy is comprehensive. The goal is to have the right patient, at the right time, in the right bed being cared for by the right patient care provider. There are many challenges, such as overcapacity, facing the organization. The strategy provides focus and consistency across Covenant Health.

Medical Devices and Equipment

Clinical Engineering has a software program that manages all medical devices including asset information, preventative maintenance timelines, repair histories, parts management, and report generation.

Covenant Health has an agreement with AHS Clinical Engineering who are contracted to look after the services of critical and non-critical devices for some sites. It is the expectation that AHS will complete the service as required. Metrics are kept for meeting timelines and completion of requiring service calls.

There are contracts in place with vendors to look after other equipment such as sterilizers. Standard operating procedures are in place for facility and equipment maintenance which is completed by Covenant Health Facilities maintenance staff.

AHS coordinates large equipment procurement and Covenant Health is included in the procurement process. A large amount of equipment is aging, and Covenant Health is working with AHS to ensure that their needs are known.

The procurement process is robust and there are checks and balances to ensure that the correct department signs off for all purchases. For example, equipment requiring reprocessing is signed off by the Medical Device Reprocessing department and Infection Prevention and Control.

Nonclinical equipment that does not require vendor expertise is managed through E-Facilities. Facilities staff are trained to look after the equipment and document preventative maintenance. Equipment that requires expertise not available onsite is outsourced.

Table 5: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.7.2	The organization develops, implements, regularly reviews, and updates as needed policies and principles to guide its environmental stewardship.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.7.3	The organization implements initiatives to support environmental stewardship.	NORMAL
2.7.4	The organization uses defined performance indicators to regularly evaluate the effectiveness of its environmental stewardship initiatives, and uses the results to make improvements.	NORMAL
2.7.6	The organization provides leaders and staff with education and training to build organizational capacity to support environmental stewardship initiatives, and adapt to and mitigate climate change.	NORMAL
3.4.13	The organization provides staff with opportunities to participate in performance reviews of the organizational leaders to give the leaders a more complete assessment of their performance.	NORMAL
4.1.3	The organization engages with staff, clients, and families to develop, implement, regularly review, and update as needed a policy on impairment and incapacity in the workplace, to keep people safe.	HIGH
4.2.4	The organization engages with staff, clients, and families to review staff safety incidents and trends, and uses the results to make improvements.	HIGH

Quality Improvement Overview

Integrated Quality Management

Covenant Health has prepared well for this accreditation sequence, although they routinely focus on safety and quality improvements regardless of the timing of their accreditation on-site survey. Quality is a notable driver at Covenant Health and making this a strategic priority for the organization, is addressed in the Quality Strategy in the current Strategic Plan.

Covenant Health is committed to building and maintaining a culture of safety that is open, honest, fair, and accountable, which aligns with the vision and values of the organization. It was very apparent that the organization embraces opportunities to improve care delivery systems with a focus on learning and system improvement.

The overall structure of the quality program certainly reinforces accountability, with the Board Quality and System Performance Committee providing governance oversight, and a nice roll-up of information from the site-based Quality Councils to the Operational Leadership Quality Council to Senior Leadership to the Executive Leadership. A formalized process for the governing body (via the Quality and System Performance Committee of the Board, to receive regular, written reports on the quality, risk, patient stories, and safety of services has been established. A Handbook has been prepared for Chairs and Co-Chairs of the Quality Councils.

The three core principles of the Covenant Health Quality Framework are grounded in the Covenant Health Mission and Vision and support the central aim of achieving high quality, safe, person-centred care across the continuum of services. This is achieved by being “engaged with those we serve, supported by information, and are organized for quality and safety.” One of the key challenges for many Quality Programs is the identification of priorities and ensuring the priorities selected can be appropriately resourced and supported by the organization. The team is commended for the process undertaken through the June Leadership Retreat, and for landing on a number of important priorities aligned with the Strategic Plan. The organization's capacity for analytics is impressive, with very strong reporting support to track and report progress of various initiatives.

Covenant Health is congratulated on their commitment to Patient Safety. The organization has put in place the appropriate infrastructure and resources to support patient safety across the organization. In addition to patient safety training and education, the organization has policies and procedures in place to support a culture of quality and safety. A patient safety incident management system (RL6) is implemented to report and monitor incidents. All incidents that are reported are analyzed and followed up on. Processes (care reviews) are in place to review critical incident and adverse events as well as disclosure of events to patients and families. Patients and families who have been involved in an incident are invited to provide input into the quality review.

All facets of a patient safety incident (from identification, reporting, investigation, outcome, and disclosure) were traced during a tabletop exercise that led to the development and implementation of the “Baby Pause”, reducing Maternal and Newborn preventable harm. It is suggested that the Baby Pause be submitted to Accreditation Canada for consideration as a Leading Practice.

The organization conducted a patient safety-related prospective review, focusing on Medical Device Related Pressure Injury Prevention (MDRPIP) in the ICU, staffing and structure of the Rehab program at the Killam Health Care. The Process Improvement department was asked to assist Pharmacy Services at the Misericordia Community Hospital (MCH) and Grey Nuns Community Hospital (GNCH) with improving the turn-around times of medication processing.

There is an action plan as it relates to the findings from the 2023 Canadian Patient Safety Culture survey (Patient Safety Culture Optimization Roadmap). Despite the low response rate, Covenant Health is addressing the opportunities for improvement: Just Culture and Psychological Safety.

Quality & Patient Safety is currently exploring qualitative approaches to gain a deeper understanding of what drives the workforce's concerns regarding these areas of the survey by conducting focus groups with staff from each site.

An integrated risk management approach to mitigate and manage risk is in place. The approach provides a structure that encourages consistency in the organization's approach to risk assessment, risk management and risk mitigation strategies/activities as well as a process for the planning and implementation of risk management within Covenant Health. In addition, the organization participates in the HIROC Risk Assessment Checklists, a web-based self-assessment tool enabling healthcare organizations to systematically self-assess compliance with a number of actionable mitigation strategies for top risks leading to medical malpractice claims.

Fundamental to the success of any quality program is the engagement of patients and families. The organization is making a very real effort to partner with patients. The use of Patient Partners and the Patient/Resident and Family Advisory Council has enhanced emphasis on patient relations while in hospital, which has translated to a more proactive staff and patient engagement environment.

People-Centred Care

Covenant Health has been working to ensure that patients, residents, and families are involved in all aspects of their care. A Patient and Resident Engagement Framework was developed in May 2019 along with the introduction of the Patient and Resident Family Advisory Council (PRFAC). Terms of reference were developed outlining the focus, membership, roles and responsibilities and staff support. The committee meets up to six times per year. Throughout the year committee members may be involved in activities such as providing feedback, co-designing materials and participating in Covenant Health committees. Initiatives undertaken have included participation in the development of a Covenant Partners Handbook, development of staff modules to understand PCC, What Matters to Me, and disclosure. It was impressive to learn of how the organization supports culturally appropriate care. While PCC is not specifically identified on the strategic framework, people, along with innovation and excellence, are considered foundational initiatives.

Leaders recognize that there is now an opportunity to refresh the framework and align it with the new strategic plan. There is a need to diversify committee membership by recruiting new members.

Information on the Covenant Health website identifies opportunities to engage as a partner. The leaders may want to look at other means of recruiting that could target a broader group of future partners.

A group of Patient Partners described their diverse roles and engagement in the organization. There were members of the PRFAC and others who had the opportunity to become involved based on their interest and family. Some of the volunteers were not aware of the formal partner process and expressed an interest in learning more. One person spoke of his involvement in an interview process for a new Manager of Resident Care. While this Partner spoke positively about the process, this individual did not feel involved in the final decision-making process. The organization is encouraged to ensure that the loop is closed when Partners are involved. Partners spoke of being involved in the design process and stressed the importance of being included at the outset. Information on how funding is allocated to projects may be helpful for Partners to understand. Partners also spoke of the work of helping the organization provide culturally appropriate care by educating service providers and the community at large.

In January 2020 the organization undertook a quality improvement (QI) project focusing on important aspects of patient, resident, and family experiences in the care pathway. Three demonstration sites were selected: Long Term Care, Emergency and Acute Inpatient Geriatric Psychiatry. The improvement work was over three-year period with the final report dated September 2023. Each team focused on using QI tools to help understand the patient and family experience. A Covenant Partner was included on each team. There were valuable learnings from these three projects and the organization is encouraged to share this important work and implement changes as recommended in the report.

The organization continues to make gains in their PCC journey. There is an opportunity to ensure that all Partners receive an orientation and understanding of the expectations of their participation. As well, it is equally important for staff to understand the role Partners can and do play as members of the care team or interdisciplinary committees and councils. Partners spoke of the commitment to help Covenant Health to provide the best care possible.