ACCREDITATION AGRÉMENT CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

CapitalCare
Assisted Living Alberta

Report Issued: November 19, 2025

Confidentiality

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from October 6, 2025, to October 10, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to 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.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an action planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual, assessment results and surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required

organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a continuous approach to quality by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

As part of government restructuring, AHS has been divided into four distinct provincial health agencies. Once the transition is complete, AHS will serve as a Service Delivery Organization, with a focused mandate on delivering acute care services within hospitals operated by AHS. Current agencies include: Acute Care Alberta, Assisted Living Alberta, Recovery Alberta, and Primary Care Alberta. Acute Care Alberta, established in 2025, oversees the governance and coordination of acute care services (including AHS), and the new provincial health corporations of Emergency Health Services and Cancer Care Alberta. Assisted Living Alberta, established in 2025, will provide Albertans with a comprehensive, holistic system of continuing care with a full range of wrap-around services including medical and non-medical supports, home care, community care and social services. Recovery Alberta, established in 2024 provides comprehensive and accessible recovery-oriented mental health and addiction services and correctional health services across the province. Primary Care Alberta, established in 2025, is responsible for primary care, including public health, across the province to support day-to-day health needs through every stage of life.

Accreditation Canada conducts two accreditation visits per year for the duration of the cycle (2023-2027). Accreditation visits help organizations achieve the goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control (IPC), Medication Management and Reprocessing of Reusable Medical Devices (where applicable) occur at tertiary, regional and urban acute, rehabilitation and psychiatric hospitals, as well as cancer centers in the first survey of the cycle (Fall 2023).

During the cycle, location-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Emergency and Disaster Management, IPC, Leadership, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, provincial, and community-based programs where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach provides a comprehensive assessment and aligns with different levels of accountability.

To further promote continuous improvement, organizations have adopted the assessment method referred to as attestation. Attestation requires teams to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

Following each accreditation survey, reports are issued to support the organizations’ quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organization’s accreditation award.

Surveyor Overview of Team Observations

CapitalCare provides services in Edmonton zone and is a wholly-owned subsidiary of Assisted Living Alberta (ALA) in the new structure launched September 1, 2025. During this time, eight standards were assessed, 18 priority processes were evaluated, and 35 tracers conducted across seven sites. The standards assessed included Leadership, Infection Prevention and Control, Medication Management, Service Excellence, Ambulatory Care, Long-Term Care, Palliative Care Services, and Rehabilitation Services. In addition, focus groups were held with community partners and resident and family advisors.

Leadership: CapitalCare is navigating a period of organizational uncertainty following the dissolution of its Board and structural changes at the provincial level. The organization now reports to Assisted Living Alberta (ALA), whose CEO departed within the past month, contributing to unclear reporting pathways and evolving leadership structures.

Over the past two years, CapitalCare has also implemented several major operational systems - Connect Care (EPIC), RLSDatix, and MySchedule - with staff requiring significant support due to limited prior experience with digital platforms. Despite these challenges, staff, residents, families, and advisors remain highly engaged, and leadership is committed to transparency and focused communication.

The strategic plan, developed during COVID in 2023, continues to guide decision-making through its three core commitments: Health and Sustainable Living, Health Spaces, and Health Organization. It is recommended that this be revisited once the CapitalCare Board and ALA CEO are appointed to ensure alignment with emerging provincial structures and accountabilities. Given CapitalCare's lean leadership structure and broad spans of control, exploring partnerships or shared resources may help strengthen capacity in key areas such as quality, risk, IPC, analytics, and practice.

Community Partnerships: CapitalCare is viewed as a trusted partner in continuing care, with strong community relationships and a willingness to support system needs - including surge capacity and alternate level of care challenges. One example includes a successful intergenerational pilot program at CapitalCare Strathcona, now expanded across multiple long-term care sites.

Staffing and Work Life: CapitalCare is one of Alberta's largest public continuing care organizations, employing approximately 3,100 staff and supported by over 1,000 volunteers who contribute more than 45,000 hours annually. The organization provides care to 1,349 residents and has been recognized as a top Alberta employer for over a decade. Staff express strong loyalty and satisfaction, with many long-tenured employees and a high rate of recommendation. While the organization's people are a clear strength, ongoing challenges include lean staffing models and limited administrative capacity in areas such as quality, safety, and analytics.

Resident Experience: Residents and families are appreciative of the services, care and activities that CapitalCare provides them. In all conversations, there was a recognition of the specialness of the organization and how incredibly grateful they are to live in the various residences. Residents described their care as compassionate, skillful and caring. They described their neighborhoods as their extended families and a strong and vibrant community. They also recognized the staffing shortages and how busy staff were, creating concern for the wellness of the people that care for them, and the potential impact to their own care. Residents and families expressed the partnership with CapitalCare and their authentic desire to partner and resolve concerns. They shared the significant improvements in meals/nutrition, choice of food and changes in sleep/waking routines that met their needs, while balancing with the care needs. Residents and families feel listened to and cared for. While there is a centralized patient relations process, many expressed that concerns were addressed locally and described resolution as 'talking to a sibling and working it out … just like families do'.

The resident experience portfolio like other areas is not resourced well, and while they have resident experience partners on corporate initiatives, the level of partnership/co-design is not prominent. While there is a very strong commitment to residents, the organization is still in early days in expanding their journey of resident partnership being integrated in all corporate, local and system initiatives. Additionally,

the resident partners do not currently reflect the tapestry of the province, and a concerted effort is needed to have representation of the community.

Key Opportunities and Areas of Excellence

Areas of Excellence

- People and culture – sense of family and community.
- Staff commitment to their purpose of person-centred care and resident quality-of-life.
- Pockets of excellence in quality, resident/patient partnerships and accountability (CHOICE program, Hospice/Palliative Care).
- Resident and Family Council – co-design and partnership at its core.
- Committed leadership team – supporting their staff.
- Commitment to service enhancement (Connect Care, RLS, e-people).
- Strong partner in emergency preparedness; providing surge beds for LTC.

Opportunities

- Creating a corporate integrated quality improvement plan to have line of sight of all activities, training and sustainability.
- Investing in people to develop quality improvement (QI) skills as well as data analytics and data literacy to support QI (e.g., decision support, RLS super user)
- Enterprise risk management and journey of maturity (leverage HIROC resources)
- Opportunity to reflect on staff models and resources
- Alignment of operational planning and financial cycles
- New leadership structure – opportunity to validate the strategic plan (does it still resonate?)
- Opportunity to 'rebrand' in the new structure within Assisting Living Alberta (ALA)

People-Centred Care

CapitalCare maintains a strong person-centred care (PCC) approach, actively partnering with residents, patients, and families through both corporate and site-level councils. The corporate PCC committee includes resident and family representation and meets monthly to address concerns, facility changes, programming, and quality improvement initiatives. A key focus is enhancing residents' quality of life (QoL), with regular surveys used to measure impact. In the past year, QoL scores increased by 11% (from 66% to 77%), attributed to targeted efforts by the PCC committee and leadership.

Residents and families consistently express appreciation for the compassionate care provided. Recreational and music therapy programs contribute to vibrant site-level engagement, with events such as prom nights and personalized initiatives like sleep/wake time preferences and mealtime improvements. CapitalCare has demonstrated authentic co-design with residents and families, notably in the development of the Gene Zwozdesky Centre Norwood, where mock-up neighborhoods were reviewed by residents for feedback.

Conversations with residents and families also highlighted concerns about chronic staffing shortages and potential impacts on care. Despite this, there was consistent gratitude expressed for the quality of service and overall experience.

The current patient relations process is manual. There is an opportunity to use available software to enable centralized tracking, reporting, and resolution of concerns. CapitalCare is encouraged to continue strengthening its partnerships with residents, patients, and families, and to explore opportunities for deeper engagement and improved analytics to support people-centred care.

Quality Improvement Overview

CapitalCare is committed to advancing quality improvement, with a focus on using data to reduce resident harm and improve safety. These priorities are reflected in the strategic plan, though recent disruptions such as the pandemic and changes to provincial reporting have fragmented the quality agenda. Leadership remains dedicated to rebuilding the portfolio, but additional provincial resources are needed to support targeted improvement efforts and enable partnerships with Assisted Living Alberta (ALA) and Alberta Health Services (AHS).

To move forward, CapitalCare is encouraged to develop an integrated quality management plan that outlines multi-year priorities aligning site-level initiatives with corporate priorities and ensuring that successful practices are systematically shared. Engaging staff, clients, and families in the development and ongoing review of this integrated plan will help sustain a culture of quality and continuous improvement across the organization.

Standardizing patient safety practices and adopting evidence-based frameworks will be essential. As the quality, safety, and risk portfolio continue their journey of maturity, there must be an honest re-evaluation of the resources allocated to the programs to ensure there are sufficient people to plan, implement, monitor, share and sustain the work. With only 2.0 FTEs currently supporting quality and safety, additional funding or shared resources are required to sustain progress and meet strategic goals.

Currently, there is no centralized structure to coordinate quality improvement initiatives. Establishing one would enable measurement of success, promote knowledge sharing across sites, and support system-wide learning. While local efforts at Dickinsfield and Norwood show promise, they are not centrally supported. Staff have shown strong interest in quality improvement and would benefit from coaching, education, and mentorship particularly through engagement with the AHS Quality and Safety team.

CapitalCare’s enterprise risk management (ERM) framework should be strengthened by leveraging HIROC tools and exploring the Risk Assessment Checklist (RAC) program. The recent implementation of RLS aligns with provincial standards, but gaps remain in centralized oversight, data analytics, and follow-through on recommendations. Establishing a Patient Safety Review Committee with executive and physician representation would improve oversight of harm events, support scalability of improvements, and guide the development of a robust safety strategy.

CapitalCare is on a journey of understanding what their quality and safety agenda needs to be and how to leverage the minimal resources to achieve the goals. This will require a new focus of the Board as they are hired into CapitalCare to ensure success.

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program. The current accreditation decision covers all locations that were previously part of Alberta Health Services, and that continue to operate within the same Accreditation Program-related governance and accountability framework. A new accreditation decision will be awarded at the end of the cycle to include locations owned by:

- *Alberta Health Services*
- *Assisted Living Alberta (Home and Community Care, Continuing Care)*
- *Recovery Alberta*
- *Primary Care Alberta (Public Health Services)*
- *Cancer Care Provincial Health Corporation*
- *Emergency Health Services Provincial Health Corporation*
- *Organ and Tissue Donation and Transplantation Provincial Health Corporation*

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- CapitalCare Corporate
- CapitalCare - CHOICE Mental Health
- CapitalCare - Dickinsfield
- CapitalCare - Gene Zwozdesky Centre Norwood
- CapitalCare - Grandview
- CapitalCare - Lynnwood
- CapitalCare - McConnell Place West

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

Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	Medication Management	4 / 5	80.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	5 / 5	100.0%
Client Flow	Leadership	5 / 5	100.0%
Client Identification	Ambulatory Care Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
	Rehabilitation Services	1 / 1	100.0%
Improving Hand Hygiene Practices	Infection Prevention and Control	5 / 5	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Information Transfer at Care Transitions	Ambulatory Care Services	4 / 5	80.0%
	Long-Term Care Services	4 / 5	80.0%
	Rehabilitation Services	4 / 5	80.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infusion Pump Safety	Service Excellence	4 / 6	66.7%
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	5 / 5	100.0%
Maintaining an Accurate List of Medications during Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Managing High-Alert Medications	Medication Management	5 / 5	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Optimizing Skin Integrity	Long-Term Care Services	6 / 6	100.0%
	Rehabilitation Services	6 / 6	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	6 / 7	85.7%
Preventing Falls and Reducing Injuries from Falls	Long-Term Care Services	7 / 7	100.0%
	Rehabilitation Services	7 / 7	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Suicide Prevention Program	Service Excellence	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation 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 areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Infection Prevention and Control

Standard Rating: 79.8% Met Criteria

20.2% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The corporate Infection Prevention and Control (IPC) team is comprised of a medical director, 3.7 FTE's who manage the entire enterprise of 1,300+ beds across the corporation. There is one manager, and a series of infection control designates (ICDs) who provide support to different areas. The entire program has one professional who has the professional CIC (certification in infection control) designation, with the remaining team having taken educational courses. While there is a model to have supports in place, the resources to provide a consultative, surveillance, education and construction services are not currently possible with the FTE allocation. CapitalCare is encouraged to review the staffing model and their IPC risk. Infection Prevention and Control Canada suggests one dedicated full time equivalent (FTE) per 150-200 occupied Long Term Care beds.

There is an internal IPC committee, and they are part of Alberta Health Services (AHS) committee for infection prevention. Both AHS and ALA provide support to CapitalCare as part of the zone, and where 'zone based' concerns arise, they ensure the approach is seamless across the healthcare entities. As a collective IPC group, there is understanding that a centralized body leading, coordinating, and monitoring standards across the zone would be a 'value' add in protecting the health and well-being of patients, residents, improve financial health through the reduction of hospital acquired infections and protecting the community at large.

Presently the IPC team looks at data (e.g. pathogens, immunization challenges, outbreaks) to identify how they will move forward in the coming months. Metrics continues to be a journey for the IPC team with core metrics that are captured (e.g., Hand hygiene compliance based on audit data, immunization rates); however, they are encouraged to partner with AHS/ALA decision support teams to build a more robust scorecard that can be leveraged across the as programs to drive harm reduction and improved safety. Self-identified was that their busiest months were September to April with the onset of the respiratory season. A newly refreshed Pandemic Plan (2025) was completed with learnings from COVID-19 embedded to manage the next pandemic in the future. Policies are quite outdated for IPC and leadership is encouraged to focus on evaluating, revising and potentially adding relevant policies to ensure the safety and well-being of residents, patients and staff alike (e.g., Occupational Health and Safety policies

surrounding staff and resident transmission). Some policies were from 2011, and while the rationale of COVID being a contributing factor to the inability to review these documents, many were well before the pandemic.

The model for outbreak management is de-centralized whereby the expectation is that managers follow the policy and manage the outbreak locally. The ICD may be available for support, but it is not an active role that leads the process. The mantra is 'safety is everyone's responsibility' for outbreaks and 'see something, say something' for staff safety and personal protective equipment (PPE). While there is merit in creating a distributive approach to managing IPC concerns and outbreaks, there is a real risk of gaps and missed steps through dated policies and leaders who may not have the skill, scope or ability to manage issues that arise. It is recommended to review this approach and see where deepened partnerships with AHS and ALA can occur to reduce the risk.

Many buildings within the CapitalCare family are quite old, and still have remnants of wood, corkboards, fabric chairs and other surfaces that promote spread of pathogens. Recognizing that many changes are not possible based on cost, replacement of chairs and other equipment with non-appropriate IPC surfaces should be reviewed and where possible, removed and replaced.

Overall CapitalCare recommendations for consideration include:

- Consider the IPC resources to advance the program development, education and research elements.
- Develop the metrics and scorecards for further dissemination and knowledge translation across the organization and province.
- Creation of IPC quality improvement plan to be discussed at executive management.

Table 2: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.1.1	A risk assessment is completed to identify high-risk activities, and the activities are addressed in policies and procedures.	HIGH
2.1.2	There are policies and procedures that are in line with applicable regulations, evidence and best practices, and organizational priorities.	HIGH
2.1.3	There are policies and procedures for using aseptic techniques when preparing, handling, and administering sterile substances both within the preparation area and at the point of care.	HIGH
2.1.6	Compliance with infection prevention and control policies and procedures is monitored and improvements are made to the policies and procedures based on the results.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.1.7	Infection prevention and control policies and procedures are updated regularly based on changes to applicable regulations, evidence, and best practices.	HIGH
2.2.4	Information on how to safely perform high-risk activities is provided, including appropriately using personal protective equipment as outlined in its policies and procedures.	HIGH
2.4.1	There are occupational health and safety policies and procedures to reduce the risk of transmitting microorganisms among team members, and clients.	HIGH
2.4.2	An immunization policy is developed or adopted to screen and offer vaccinations to team members.	HIGH
2.4.3	There are policies and procedures for using personal protective equipment that are appropriate to the task.	HIGH
2.4.6	There are policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.	HIGH
3.1.7	There are policies and procedures to contain and prevent the transmission of microorganisms by applying routine practices to all clients and additional precautions as necessary.	HIGH
3.2.1	There are policies and procedures for identifying and responding to outbreaks in line with applicable regulations.	HIGH
3.2.2	Team members and volunteers are provided with access to policies and procedures for identifying and managing outbreaks.	HIGH

Criteria Number	Criteria Text	Criteria Type
3.2.4	Policies and procedures address how to manage emerging, rare, or problematic organisms, including antibiotic-resistant organisms.	HIGH
3.2.5	There are policies and procedures about the roles and responsibilities of team members, and volunteers who are involved in identifying and managing outbreaks.	NORMAL
3.2.7	Policies and procedures are regularly reviewed and improvements are made as needed following each outbreak.	NORMAL
3.3.1	There is a quality improvement plan for the infection prevention and control program.	HIGH

Leadership

Standard Rating: 94.9% Met Criteria

5.1% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Communication

There is a very small communication team that supports, develops and leads the communication strategy across CapitalCare. They utilize a variety of mediums to tell the CapitalCare story and to engage various stakeholders to get a better sense of public need.

The portfolio has shifted since the COVID-19 pandemic, where there is more of a focus on corporate and strategic support of messaging (brand, storytelling, information), and the development of the intranet/external website. The impetus for this shift was to ensure that there was complete line of sight on all activities to implement the strategic plan (e.g., closer oversight) and leverage the analytics to monitor community perception. The key strategy of the team is to create messaging that clearly articulates the story of the organization for both internal and external audiences, highlight the quality of care for residents and demonstrate value for the services provided to key stakeholders (e.g., community, external agencies that impact CapitalCare).

The portfolio has very clear tactics on how to manage crisis events, having experienced success with some recent challenging situations (e.g., fires, floods, outbreaks). The messaging always is person centred and ensures that information helps the residents, families and referring agencies. Crisis management also extends to emergency preparedness with several tabletops being done annually with partners in the community to ensure readiness of response.

There is continued opportunity for consideration to assess and evaluate materials that are shared with the community (e.g., pamphlets for patients/families) to ensure they meet their needs, providing information with the new ALA structure and additional resources residents and families can access. Residents and families shared how much they value the patient handbooks, the information provided and suggested contacts if they had concerns.

Community Partners

CapitalCare is a trusted and valued partner in the community, aiming to fill a much-needed space in assisted living and long-term care. Their strength lies in a committed workforce and a psychologically safe environment, resulting in low turnover and high engagement. Partners noted CapitalCare's responsiveness during times of crisis — such as opening surge beds and supporting alternate level of care challenges faced by Acute Care Alberta. CapitalCare Strathcona highlighted a successful intergenerational pilot program, where elementary-aged children visited residents. Initially met with hesitation, the program proved beneficial and has since expanded to five long-term care facilities, fostering empathy and connection between generations. While partners expressed strong support and respect for CapitalCare, they also encouraged the organization to 'think big' and consider how it might take on a larger leadership role amid provincial structural changes.

Emergency Preparedness

CapitalCare is aligned in their emergency preparedness responses with Edmonton Zone, AHS and other agencies across the province to ensure a seamless response when emergencies arise. The chief operating officer (COO) is part of the incident command centre for AHS and part of all the decision-making to address emergencies occurring across the province. They are seen as a trusted partner in creating spaces for residents when required, secondary to emergencies such as fire, floods or other evacuation events occurring in Alberta. They plan for additional surge during 'fire' and 'flood' season anticipating transfers from impacted areas and ensure there is strong communication/alignment with staff, residents and families.

CapitalCare ascribes to the Incident Management System (IMS) and standardized approach to code responses and implemented the AHS 'Be Ready' program, which highlights different codes each month. It is expected that site leads share the code in huddles or other formats, post the 'code poster' in visible areas and ensure there is understanding of actions. Each leader and staff member are expected to 'sign off' they have reviewed the code. After action reviews are conducted when codes occur and learnings are integrated into future responses. In addition to regular review of codes, business continuity plans have been developed for scenarios impacting the organization (e.g., heating/ventilation/air conditioning failure, evacuation, infrastructure failure) with service level agreements in place to accept residents if required. The relationships that CapitalCare has developed with peers and other services is strong with several redundancies to meet the needs of their residents (e.g., chronic ventilation) and this is clearly reflected in their emergency planning.

Since COVID-19, a new pandemic plan has been created that reflects all the learnings experienced across CapitalCare. Notably, the plan was strengthened by enhancing partnerships with Public Health and supply management to ensure consistent access to PPE and by implementing streamlined communication strategies to provide timely and clear messaging to residents, families, and staff. Additionally, the outbreak management process was augmented with an annual fall forum before respiratory season to review all protocols, isolation requirements and pro-active vaccination as a method of prevention.

Human Capital

CapitalCare demonstrates strong organizational strengths through its commitment to employee development, comprehensive onboarding, and leadership growth. New hires benefit from a structured orientation process that includes mandatory training, mentorship opportunities, and a clear understanding of workplace standards and policies. The organization further supports continuous learning through educational bursaries, annual performance evaluations, and individualized development plans. Leadership development is actively encouraged through cross-training, coaching, and mentorship, reinforcing a culture of growth and professional advancement.

CapitalCare follows Alberta legislation for staffing in continuing care in alignment with funding models. Staffing models in some long-term care units are stretched, particularly overnight. A registered professional (LPN or RN) is required as per policy to transfer a resident should they fall, creating risk if there is only one LPN or an RN and LPN shared across programs that are responding to an emergency event. Recognizing that LTC services have different mandates and funding models, there should be staff presence to deal with emergencies at all hours, and/or maintain the well-being of residents through activity (e.g., physical therapy). Administrative functions (e.g., quality, safety, risk, IPC, practice) are also lean, limiting the organization's ability to drive data-informed decisions due to the absence of roles like decision support or analytics. It is recommended that the organization continue to assess the patient population in relation to staffing mix.

Formal succession planning and continued focus on innovative recruitment strategies - particularly for licensed practical nurses (LPNs) - will be essential to addressing ongoing staffing challenges, supporting leadership continuity, and strengthening CapitalCare's ability to attract and retain skilled professionals in long-term and continuing care. Benchmarking against peer organizations may help validate and guide

future staffing decisions.

Medical Devices and Equipment

A well-defined and collaborative process is in place to support the timely procurement and deployment of medical equipment required for client care. All medical equipment and devices are procured through AHS to ensure standardization across sites. This approach promotes consistency in equipment use, facilitates staff familiarization and training, and ensures that cleaning, servicing, and maintenance instructions are standardized and easily accessible to clinical teams.

The organization conducts regular servicing and quality control audits to verify that all medical equipment and devices are operating within their expected performance range. A central inventory list is maintained and monitored to ensure timely and scheduled maintenance in accordance with manufacturers' recommendations. Equipment cleaning and disinfection are completed between each use, with proper labelling and in designated cleaning areas to ensure compliance with IPC standards.

The organization utilizes some multi-use medical equipment that requires sterilization and reprocessing; however, these activities are conducted off-site by AHS at their designated facilities.

Both the clinical and facility teams work collaboratively to assess and evaluate potential equipment or devices to ensure they meet the operational and clinical needs of the care team.

Patient Flow

CapitalCare is a true partner in helping to address patient flow issues across the system. They accommodate acute care sector ALC challenges and float people across the various sites and offer specialized services. Their occupancy rates are well above 99% on a consistent basis and have surge plans throughout the year to relieve the acute care needs, and/or when emergencies arise in other parts of the province. This is achieved with single rooms being converted into shared spaces temporarily, while still providing a quality-of-life experience to residents. The challenge for CapitalCare as well as other continuing care facilities will be the growing needs of the community, the aging infrastructure presenting challenges in maintaining spaces and the complexity of patients requiring specialized care.

Patients from Acute Care Alberta's (ACA) service delivery organizations flow into rehabilitation and/or long-term care through the 'bed-hub' where patients are matched for their needs, initial conversations with patient/resident occur and tours are hosted to ensure there is a match for both parties. There is a nimbleness at Grandview whereby if the care needs outweigh the expectations for length-of-stay or there isn't the ability to provide the service in the moment, the referral is temporarily declined with the ability to 're- match' when the profile changes. Occupancy is well above 95% and the needs of the community exceed the ability of Grandview to host all residents. Flow is managed centrally; however, it is a partnered approach.

Physical Environment

CapitalCare demonstrates a strong and collaborative relationship between its Facility Management and clinical care teams, ensuring that infrastructure planning and maintenance are closely aligned with resident care needs. Regular communication, proactive planning, and Joint Occupational Health and Safety Committee inspections reflect a shared commitment to safety, risk mitigation, and operational efficiency. The organization's emphasis on environmental sustainability, recycling initiatives, and stakeholder engagement in facility design showcases a forward-thinking and inclusive approach to managing its physical environment. Initiatives such as simulation-based mock-ups and consumer fairs further highlight CapitalCare's dedication to co-designing spaces that are safe, functional, and responsive to the needs of residents, families, and staff.

Opportunities for improvement center on addressing the financial and operational challenges posed by aging infrastructure. At two of the sites visited, the buildings and the infrastructure are of concern for

meeting current standards for IPC and care needs. Increased investment in facility upgrades and preventive maintenance will be essential to reduce unplanned repairs and sustain high-quality care environments. Continued advocacy for capital funding and infrastructure renewal will further strengthen CapitalCare's ability to maintain safe, modern, and home-like settings for residents across its sites.

Planning and Service Design

CapitalCare has a quasi-defined strategic planning process that ensures decisions include the perspectives and feedback from residents and families. The plan aims to provide tangible impact/outcomes for the communities served, with a focused approach to person-centred care. Their last strategic planning process was in 2022/23 with the plan launched in 2023. While most planning processes engage in a multi-modal way inclusive of focus groups and community outreach, COVID-19 necessitated a different approach to maintain public health precautions while garnering feedback. CapitalCare decided to leverage survey-based feedback to inform the strategic plan recognizing that limitations existed.

CapitalCare's leadership team operates within a newly defined provincial structure, now reporting to Assisted Living Alberta (ALA). The recent departure of the ALA CEO and the dissolution of CapitalCare's Board have left the organization without formal governance to guide strategic direction. While the current leadership team is experienced and believes the existing strategic plan can sustain operations through to 2027, there is recognition that the plan should be revisited once new leadership and governance structures are established. The team remains committed to transparency and focused communication to support staff and uphold the organization's mission during this transitional period.

The organization develops operational plans; however, this is not standardized across the organization, and no formal process is outlined for CapitalCare. Current leadership suggests that all work cascades from the strategic plan, and decision making is placed at the level of the programs and executive management team. The operational plan development is not aligned with the budgeting process and is an opportunity for CapitalCare to implement a process that allows for integrated conversations on operational priorities and funding envelopes. This past year there has been a focus on every operational plan to ensure the successful implementation of Connect Care, RLS and MySchedule which are electronic platforms for the health record, incident management and staff schedules.

There does not appear to be a master plan for CapitalCare that address the needs of the organization over the next five to ten years. This is an opportunity with the new leadership team to develop to ensure the subsidiary can meet the needs of the Edmonton area currently and well into the future.

Performance and analytics appears to be an area where CapitalCare should focus on in the years to come to create meaningful and real-time data for leaders to plan for and nimbly adjust to changes that are experienced within programming. Scorecards should be created for programs across the subsidiary, with a future plan to have all of CapitalCare having their own self-serve dashboards to access program/service/unit level information to drive decision making. The last policy on scorecards was developed in 2012 identifying the process for metrics as it relates to quality improvement. Presently there are no dedicated resources (e.g., decision support) or business partner model to provide guidance in data analytics and managers/leaders are interpreting their own data (when available). It would be beneficial to have a centralized approach to data analytics to support the leadership team in decision-making.

Where opportunities continue to exist for CapitalCare is to further align with the needs of the community and leverage partnerships collectively with ALA to provide a more seamless journey transition and care in the residences where clients live.

Principle-based Care and Decision Making

CapitalCare has established a strong ethical and policy framework that promotes integrity, transparency, and accountability across all care settings. Developed in collaboration with AHS Ethics Services, this

framework provides clear procedures for addressing ethical issues and ensures that staff, residents, and families have structured avenues for consultation and escalation. The organization fosters a culture of reflection and learning through ethical debriefs and by sharing key insights with leadership and staff. Engagement with residents, families, and staff in shaping the ethical framework, alongside regular policy reviews and an updated Code of Conduct, demonstrates CapitalCare's commitment to ethical governance and continuous improvement.

Opportunities for corporate enhancement include establishing a dedicated Ethics Committee to provide more localized and timely support, as well as promoting internal ethical decision-making capacity. Additionally, incorporating ethics as a standing agenda item within Quality Connections meetings or creating a separate ethics forum would strengthen open dialogue and proactive discussion of ethical concerns, supporting a more responsive and ethically aware organizational culture.

At Dickinsfield, the team demonstrated clear adherence to established workflows and escalation processes when managing ethical dilemmas, as evidenced in a recent case involving end-of- life care and family decision-making. CapitalCare effectively supported residents, families, and staff throughout the process, ensuring compassionate, collaborative, and transparent communication. Lessons learned and recommendations from the AHS Ethics Team were promptly shared with staff, reinforcing a culture of continuous learning, accountability, and respect for ethical standards.

Opportunities for further growth at the site level include enhancing staff engagement and awareness around ethical practices through structured initiatives. While staff reported feeling supported and encouraged to raise ethical concerns openly and confidentially, the organization could strengthen this positive culture by introducing regular drop-in ethics discussions, creating visual communication tools such as display boards or information tables, and offering "lunch and learn" sessions on ethics and quality improvement. These initiatives would build on existing strengths, further embedding ethical reflection and dialogue into daily practice, and advancing CapitalCare's commitment to an open, ethical, and learning-oriented workplace.

Resource Management

CapitalCare demonstrates strong financial stewardship and accountability as a wholly-owned publicly funded subsidiary organization under ALA. Its financial governance structure is well-defined, with comprehensive systems for planning, control, and decision-making supported by clear policies and delegated spending authority. Monthly variance reporting, independent audits by KPMG, and additional oversight from Veterans Affairs Canada of the Operational Stress Injury (OSI) clinics reflect CapitalCare's commitment to transparency and prudent financial management. The organization also employs proactive financial risk management practices to forecast and mitigate potential expenditures, ensuring responsible use of public funds.

Opportunities for improvement include addressing challenges related to aging infrastructure, staffing shortages, and upcoming union negotiations. Advocating for greater access to Infrastructure Maintenance Program (IMP) funding could enhance CapitalCare's ability to maintain and modernize facilities.

Continued focus on long-term financial sustainability and workforce stability will further strengthen the organization's capacity to deliver high-quality continuing care services across its facilities.

Table 3: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
1.4.7	The organization regularly monitors and evaluates the effectiveness of its stakeholder engagement framework, and uses the results to make improvements.	NORMAL
1.5.8	The organization ensures the consistent use of standardized processes, decision support tools, and best practice guidelines, to reduce unnecessary variation in and between services.	HIGH
2.4.1	The organization has a comprehensive system to measure its performance against strategic and operational goals and objectives, and help identify, prioritize, and address opportunities for improvement.	HIGH
2.4.2	The organization regularly reports on its performance indicators and shares the reports with stakeholders to keep them informed.	NORMAL
2.4.3	The organizational leaders regularly discuss organizational performance with staff to ensure the organization is on track towards achieving its strategic goals and objectives.	NORMAL
2.4.8	The organization has a quality of care management processes that distribute the responsibility for managing quality of care throughout the organization.	HIGH
2.4.9	The organization engages with staff, clients, and families to develop, implement, regularly review, and update as needed an integrated quality improvement plan, to coordinate quality improvement activities throughout the organization.	HIGH

Criteria Number	Criteria Text	Criteria Type
4.2.3	Patient Safety Incident Management 4.2.3.7 The effectiveness of the patient safety incident management system is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Gathering feedback from clients, families, and team members about the system Monitoring patient safety incident reports by type and severity • Examining whether improvements are implemented and sustained Determining whether team members feel comfortable reporting patient safety incidents	ROP
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
4.3.1	The organization ensures its physical spaces are safe and meet relevant laws and regulations.	HIGH

Medication Management

Standard Rating: 98.7% Met Criteria

1.3% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Medication management at CapitalCare is led by the Pharmacy department and supported by the Medication Management Committee, which includes pharmacy staff, the medical director, IPC, nursing leadership, and the quality and safety team. Meeting quarterly, the committee reviews medication safety, practices, and process improvements, fostering a strong culture of quality improvement. Staff conduct regular audits and inspections to identify opportunities for enhancing safety and efficiency, including reviewing medication dispensing workflows and implementing practice changes when risks are identified.

The Pharmacy team provides comprehensive oversight of medication processes, including medication storage, cart functionality, and safe disposal procedures, alongside education and support for clinical staff and residents. Pharmacy offices are on-site at each CapitalCare location, ensuring integration within interdisciplinary teams. While operational practices are robust, some medication-related policies including those for Respite Residents and Pass Medications have not been updated since 2020. It is recommended that all policies be reviewed and revised at least every four years to align with current best practices and regulatory requirements.

CapitalCare is encouraged to include high-priority initiatives such as “Do Not Use Abbreviations” within its quality improvement plan. Establishing audits, performance metrics, and transparent reporting of findings would further strengthen the organization’s commitment to medication safety and quality care. The organization is also encouraged to include a statement in its medication management policy specifying that sample medications are not used.

At the Dickinsfield and Lynnwood centres, pharmacy operations demonstrate strong attention to cleanliness, organization, and adherence to safe medication practices. Staff are trained in disaster preparedness and business continuity, and daily workflows ensure secure procurement, storage, and dispensing of medications. Regular audits of inventory, equipment, and documentation support ongoing compliance, while medication reconciliation and best possible medication history processes are consistently applied.

Staff exhibit a strong commitment to quality improvement, participating actively in initiatives; however, current initiatives often lack robust data collection and performance measurement. Identifying audit priorities, tracking performance metrics, and displaying results in visible areas for staff, residents, and families would reinforce accountability and the organization’s ongoing dedication to quality care.

There is interest among staff in enhancing skills in analytical models, project planning, and data-driven decision-making. CapitalCare is encouraged to build on this enthusiasm through coaching, training, and mentorship opportunities, potentially leveraging support from the AHS Quality and Safety team.

Table 4: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.2.3	Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations 1.2.3.5 The organizational leaders ensure the organization's medication management quality improvement plan includes activities to improve adherence to the do-not-use list of abbreviations, symbols, and dose designations.	ROP
1.2.13	The interdisciplinary committee has a policy on handling sample medications.	HIGH

Service Excellence

Standard Rating: 89.4% Met Criteria

10.6% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The leadership team is quite lean with many wearing multiple hats to provide leadership and support to the teams. Operational plans are developed in an ad hoc fashion and not necessarily connected to the larger strategic lens of the organization. The gaps within the operational landscape are discussed centrally, however the focus for the past two years has been on Connect Care, RLS, and MySchedule. This has left an apparent gap in other priorities and/or opportunities at the local level. Leaders don't use metrics consistently as the organization does not have a decision support team that analyzes and pushes data for discussion. The data is manually collected and independently reviewed in a siloed approach.

There is a strong collaboration with other leaders across CapitalCare, and this was voiced in interviews with management. The feeling was one united collective doing their best to meet the needs of residents and each other. The staff had similar sentiments and expressed that their leaders were supportive and consistently advocating for them in terms of resources and equipment. Community partners similarly expressed the partnership with leadership locally to resolve concerns and issues (e.g., bed hub, transition coordinators) and working as a collective team to meet the needs of the residents and patients.

CapitalCare does not have a decision support entity, and this creates a significant gap in their ability to leverage data. Individuals within programs collect information locally in excel spreadsheets, run rudimentary run charts, or collect Resident Assessment Instrument (RAI) data for submission to the Canadian Institute for Health Information (CIHI). Data is not consistently shared with staff, with only hand hygiene and falls data being displayed on huddle boards. Since the shift to Connect Care, there has been an 18-month gap in data submission to CIHI. It was shared this will shortly be resubmitted, however, there should be a focus on future proofing data analytics with creating a decision support entity or partnering with ALA to leverage their data analytics to provide cleaner and more timely data for QI and program decisions.

There are vibrant staff at CapitalCare who are all united in their desire to provide compassionate care with dignity for all residents and patients. There is palpable energy felt across the programs, with staff going above and beyond to meet the needs of their residents and/or patients. When asked, more than 50% of staff indicated they had not had a performance review since before the pandemic. They expressed that conversations with leadership were always present, it was the more formalized conversations about growth and performance that had not been done.

Training for infusion pumps is performed annually for RN/LPNs, and this is managed by the practice leads. There is a gap in evaluating the competence of team members using infusion pumps as well as identifying and implementing improvements based on pump data and/or user feedback. This was acknowledged by the practice leads that this has not been a priority with all the other changes the organization has been experiencing over the past 18 months, and this will be on their agenda in the year to come.

CapitalCare is on a journey of quality improvement and impacting care outcomes through improvement. There is evidence of some corporate initiatives (e.g., menus created by red seal chefs, co-design of building), but by and large locally, there is very little evidence of improvement initiatives. While huddle boards are present in every area, they currently function more as a one-way communication tool rather than facilitating interactive dialogue including key safety foci, local data and metrics, safety crosses, QI

tickets to name a few. There are some pockets where the quality board has more meaningful information (Dickinson and Norwood) and huddles occur with regularity; however, this is the minority. A contributing factor continues to be adequate resourcing, formal education to build local expertise, standardized tools and a robust corporate strategy for quality. In the absence of key elements, quality will continue to struggle locally, despite the desire of staff to want to participate and learn. The organization is encouraged to review resources (people), review of standardization of skills and education as well as development of an integrated management plan and quality strategy.

People continue to be at the centre of CapitalCare and the programming. Staff are committed to residents, patients and families, with all care and decisions to improve the quality of life for the people they serve. Equally, residents and families are committed to donating their time to improve the care or home experience for themselves and others. There are many examples of local PCC involvement and partnership across CapitalCare. This partnership has been organic and formalized, and it is this seamless approach that ensures PCC is a strong pillar at CapitalCare Dickinsfield. The centre demonstrates a strong commitment to service excellence. Clinical practices prioritize resident engagement, informed decision-making, and active family involvement, including in medication administration, treatment planning, and care transitions. Infection prevention, structured communication, and well-designed treatment spaces further support safety, quality, and a respectful care environment. These practices reflect the organization's focus on meeting clients' needs, enhancing experiences, and fostering a culture of continuous quality improvement.

Table 5: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.1.7	Infusion Pump Safety 2.1.7.4 The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed. 2.1.7.5 The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members	ROP
4.2.1	The team follows the organization's proactive, predictive approach to identify safety risks.	HIGH
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL

Criteria Number	Criteria Text	Criteria Type
4.3.6	The team leadership works with staff to use new or existing indicator data to establish a baseline for each indicator.	NORMAL
4.3.7	The team leadership works with staff to regularly collect indicator data and track progress towards quality improvement objectives.	NORMAL
4.3.8	The team leadership works with staff to regularly analyze indicator data to evaluate the effectiveness of its quality improvement activities.	HIGH
4.3.9	The team leadership works with staff to implement throughout their services the quality improvement activities that were shown to be effective in the testing phase.	HIGH
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	NORMAL

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Ambulatory Care Services

Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

CHOICE Dickinsfield is an ambulatory care program that helps seniors manage their health while living at home. Clients attend several times per week for therapy, recreation, and cognitive support, with the program also operating a 10-bed inpatient unit offering short-term and respite care for those awaiting long-term care placement. While designed primarily for adults aged 60 and older, it flexibly serves individuals with younger-onset dementia. The program accommodates up to 60 clients, with about 30 attending daily, and lengths of stay ranging from several months to over three years.

The Dickinsfield team consists of 25 staff providing medical, physiotherapy, occupational therapy, social work, and recreational services within a client-centred model. Care is planned collaboratively with clients and families from the point of referral, and families are encouraged to participate in case management and medical appointments. Staff demonstrate strong accountability and safety practices, as shown during a recent COVID-19 exposure when the team quickly enacted infection prevention and control (IPC) measures to protect clients.

CHOICE Mental Health supports adults aged 60 and older living with chronic mental health conditions. Located at the Norwood Centre, the program benefits from newer infrastructure and has capacity for future expansion. The program offers comprehensive medical and rehabilitation services, similar to CHOICE Dickinsfield, and maintains 44 funded spaces, with 17–20 clients attending daily. It provides integrated geriatric and adult psychiatric support through psychiatrists and general practitioners with psychiatric expertise. Clients requiring 24-hour care are co-managed through the 10 inpatient beds at CHOICE Dickinsfield.

Both programs demonstrate a strong commitment to safety, compassion, and client-centred care. Medication administration follows best practices, including the use of two-client identifiers and close monitoring for side effects. Treatment spaces are designed for comfort and calm, while structured communication and documentation practices support safe care transitions. Infection prevention remains a high priority, with appropriate sterilization, use of single-use equipment, and compliance with IPC standards.

The implementation of the Connect Care electronic medical record (EMR) system at both sites has created challenges related to workflow efficiency and client safety. The Enterprise build design does not fully support the programs' mixed ambulatory and 24-hour inpatient models, requiring continued use of paper-based medical administration records for inpatient clients. These must then be manually scanned and uploaded into electronic charts, creating inefficiencies and safety risks. While an approved workaround is in place, it remains labour-intensive. It is strongly recommended that the organization

continue collaborating with Digital Health within Health Shared Services agency to optimize Connect Care functionality.

There is an opportunity to evaluate the effectiveness of communication at care transitions. The organization is encouraged to develop formal mechanisms to audit and evaluate the effectiveness of information transfer. Feedback received from clients, families, and caregivers is reviewed and actioned when provided.

Table 6: Unmet Criteria for Ambulatory Care Services

Criteria Number	Criteria Text	Criteria Type
1.4.10	Information Transfer at Care Transitions 1.4.10.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • 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

Long-Term Care Services

Standard Rating: 97.6% Met Criteria

2.4% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The long-term care facilities visited (McConnell Place West, Dickinsfield, Grandview, Lynwood, Gene Zwodesky Centre Norwood) all demonstrate a strong commitment to resident choice, independence, and quality of life through person-centred approaches. Individualized care plans are developed collaboratively with residents and families and are regularly updated to reflect evolving needs. Staff are supported through comprehensive orientation, mandatory training, and ongoing professional development, which fosters safe, compassionate, and resident-focused care.

Staff across facilities demonstrate dedication and creativity in delivering personalized care and engaging recreational programming, despite challenges such as staffing limitations, infrastructure constraints, and inconsistent coverage of clinical and psychosocial services. At Grandview, nursing, therapy, and social work coverage across two floors and three neighborhoods constrains responsiveness during emergencies and affects resident mobility and psychosocial support.

Staff receive comprehensive orientation, mandatory training, and opportunities for professional development, supporting safe, compassionate, and resident-focused care. Clinical practices, including medication administration, infection prevention, and interdisciplinary communication follow best practices and are supported by Connect Care.

Small-scale quality improvement initiatives are evident at some sites, yet broader efforts are often hindered by the absence of structured data collection, measurement and documentation.

Communication effectiveness at care transitions is generally addressed through informal feedback mechanisms, with limited evidence of systematic evaluation or auditing. Audit tools for information transfer are encouraged to support opportunities for continuous improvement.

Another area of improvement is to review order sets for the management of common infections. These were not identified and related IPC policies that do exist are dated before 2018 and primarily address routine practices, outbreak management, and public health notifications.

Table 7: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text	Criteria Type
3.2.12	The team uses validated order sets for the management of common infections.	HIGH
3.3.3	Information Transfer at Care Transitions 3.3.3.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • 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

Palliative Care Services

Standard Rating: 96.6% Met Criteria

3.4% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Gene Zwozdesky Centre Norwood opened two years ago, offering specialized care for clinically complex patients, long-term care residents, and individuals requiring end-of-life support. The facility features a state-of-the-art design with clean lines, abundant natural light, open spaces, and fully private rooms equipped with showers and toilets, enhancing privacy and reducing the risk of hospital-acquired infections. The 30-bed hospice program accepts referrals from the community, hospitals, and other agencies within the Edmonton zone. Lengths of stay range from hours to months, with high turnover. Admissions are guided by defined criteria and reviewed daily by the care team. Occupancy averages 95%, with the main challenge being the ability to balance admissions and deaths within a day, given staffing and room availability. Admissions occur 24/7, and the team strives to accommodate individuals who are actively dying or seeking hospice services.

Staffing levels at Norwood are stronger than in other CapitalCare programs but remain lean and should be reviewed and benchmarked against other palliative care services provincially and nationally. The greatest concern is overnight coverage in the hospice unit, where limited nursing resources must also support the adjacent long-term care unit, despite high activity levels. Staff consistently expressed dedication to residents and a sense of joy in their work, even under staffing pressures. They highlighted the openness of the leadership team and felt well-supported. The implementation of Connect Care has positively impacted workflows, improved information sharing, and reduced administrative burden.

Quality efforts are supported through data from the new incident management system (RLS), which is shared monthly with teams. There is strong enthusiasm for advancing quality initiatives, but limited resources hinder formal training and dedicated improvement roles. The new building enhances visibility of digital quality boards, which could be leveraged for more interactive engagement. While this may not be feasible across all CapitalCare sites, exploring foundation support could help expand access to quality tools, education, and personnel.

The palliative care program delivers exceptional end-of-life care, led by a skilled team focused on pain management, comfort, and family support. A key strength of CapitalCare is its robust volunteer program, which offers meaningful companionship and support to residents. One standout initiative is the Loving Spoon Program, established over a decade ago, which assists residents who struggle with independent feeding. Volunteers receive training from the program’s dietitian and nursing staff to provide mealtime support, helping improve residents’ nutritional status and easing the workload on staff.

Recreational therapy is currently limited to Tuesdays through Thursdays, leaving residents, particularly those with mobility challenges, without planned activities on other days unless they receive visitors. Despite these limitations, the residents expressed gratitude for being in a space that prioritizes quality of life and acknowledged that many challenges stem from funding constraints. Staff echoed pride in their close-knit community, mutual support, and the high standard of care provided. It is recommended to continue the quality improvement journey, pursuing formal education opportunities, and building a community of practice to embed quality improvement into everyday work.

There are existing policies that address palliative care (e.g., End of Life Care [CPP-o-15] and Palliative Sedation via Continuous Subcutaneous Infusion [CPP-i-30]) and Medical Assistance in Dying (e.g., Medical Assistance in Dying (MAID) [LEG-a-12]). However, these policies have not been updated in

many years and do not reflect recent legislative changes or current organizational practices. A review and revision of these documents is necessary to ensure alignment with evolving standards and the realities of care delivery.

Table 8: Unmet Criteria for Palliative Care Services

Criteria Number	Criteria Text	Criteria Type
1.1.1	The organization has policies and resources to help team members implement a palliative approach to care.	HIGH
5.1.1	The organization has policies and procedures to address requests for medical assistance in dying (MAiD).	HIGH

Rehabilitation Services

Standard Rating: 98.6% Met Criteria

1.4% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

CapitalCare Grandview offers 45 post-acute care beds for patients recovering from major orthopedic surgeries or trauma who require additional support before safely transitioning home. The facility, built in the 1970s, is well-maintained and designed to feel residential, particularly in the long-term care (LTC) area, which features outdoor-style lighting, personalized entryways, and crown moldings around doorframes. In contrast, the post-acute area resembles a traditional hospital setting, with cluttered hallways due to limited in-room space in semi-private or ward-style rooms. While the extensive use of wood adds warmth, it presents an IPC concern despite the excellent cleaning efforts by Environmental Services staff.

The complexity of patients in the post-acute program has increased over time. While all are medically stable, some may have peripherally inserted central catheter (PICC) lines or wounds, as the program is trialing a new wound vac system. Post-acute patients are cohorted within a dedicated neighborhood in the facility, which has over 130 beds in total. Occupancy rates remain near 100%, with admissions coordinated by transition coordinators through the provincial bed hub. Admissions occur seven days a week during daytime hours when nursing staff ratios are higher. Patient information is transferred via Connect Care, including full medical histories, to support seamless transitions.

The interdisciplinary team includes enhanced staffing of physiotherapists and occupational therapists to support mobilization, strengthening, and timely discharge. The program follows a defined care trajectory and expected length of stay, overseen by transition coordinators.

Patients in the unit expressed satisfaction with the program, describing the care as safe and high-quality. While they noted the environment was busy, they were happy to be there. When asked about safety practices such as using two client identifiers and hand hygiene, they confirmed staff were consistently conscientious.

Infusion pumps are routinely used for pain management in the post-acute care program, with staff expected to complete training every two years or following extended absences. Although training is monitored, only 36% of staff at one site have completed it within the required timeframe. Due to the current focus on Connect Care, RLS, and e-People, there has been a lapse in evaluating the pumps and implementing improvements.

Quality improvement (QI) efforts across the program are limited. The quality board lacks meaningful content and is not formatted to encourage discussion. Staff indicated that QI and huddling are inconsistent, with information shared sporadically, largely due to the focus on transitioning to new IT systems. Both corporate and local resourcing for quality is minimal. While there is a desire to drive improvement, there is limited skill, scope, and capacity to do so in a formalized way.

Performance reviews have not been consistently completed since the pandemic. Staff expressed interest in receiving formal reviews, although they noted that leaders regularly provide informal feedback. Despite this, staff feel well-supported by leadership and comfortable raising concerns. The unit is described as close-knit, with many team members having worked at Grandview for over 15 years, and few expressing a desire to leave CapitalCare or the site.

It is recommended that leadership and practice teams prioritize performance reviews, infusion pump training, and engagement with corporate Quality to strengthen local improvement efforts.

The effectiveness of client care information at care transitions is not currently being evaluated and there is opportunity to do so going forward. Additionally, CIHI-reported data has not been submitted since the transition to Connect Care in 2024, as reporting challenges are still being addressed.

Table 9: Unmet Criteria for Rehabilitation Services

Criteria Number	Criteria Text	Criteria Type
1.4.12	Information Transfer at Care Transitions 1.4.12.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • 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

Criteria for Follow-up

Criteria identified by the Accreditation Decision Committee for follow-up reporting to Accreditation Canada

Follow- up Requirements		
Standard	**Criterion**	**Due date for sites**
Ambulatory Care Services	1.4.10.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: 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).	December 14, 2026 • CapitalCare - CHOICE Mental Health
Infection Prevention and Control	2.1.1 - A risk assessment is completed to identify high-risk activities, and the activities are addressed in policies and procedures.	December 14, 2026 • CapitalCare Corporate
	2.1.2 - There are policies and procedures that are in line with applicable regulations, evidence and best practices, and organizational priorities.	December 14, 2026 • CapitalCare Corporate
	2.1.3 - There are policies and procedures for using aseptic techniques when preparing, handling, and administering sterile substances both within the preparation area and at the point of care.	December 14, 2026 • CapitalCare Corporate
	2.1.7 - Infection prevention and control policies and procedures are updated regularly based on changes to applicable regulations, evidence, and best practices.	December 14, 2026 • CapitalCare Corporate
	2.2.4 – Information on how to safely perform high-risk activities is provided, including appropriately using personal protective equipment as outlined in its policies and procedures.	December 14, 2026 • CapitalCare Corporate
	2.4.1 - There are occupational health and safety policies and procedures to reduce the risk of transmitting microorganisms among team members, and clients.	December 14, 2026 • CapitalCare Corporate
	2.4.2 - An immunization policy is developed or adopted to screen and offer vaccinations to team members.	December 14, 2026 • CapitalCare Corporate

Follow- up Requirements		
Standard	Criterion	Due date for sites
	2.4.3 - There are policies and procedures for using personal protective equipment that are appropriate to the task.	December 14, 2026 • CapitalCare Corporate
	2.4.6 - There are policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.	December 14, 2026 • CapitalCare Corporate
	3.1.7 - There are policies and procedures to contain and prevent the transmission of microorganisms by applying routine practices to all clients and additional precautions as necessary.	December 14, 2026 • CapitalCare Corporate
	3.2.1 - There are policies and procedures for identifying and responding to outbreaks in line with applicable regulations.	December 14, 2026 • CapitalCare Corporate
	3.2.2 - Team members and volunteers are provided with access to policies and procedures for identifying and managing outbreaks.	December 14, 2026 • CapitalCare Corporate
	3.2.4 - Policies and procedures address how to manage emerging, rare, or problematic organisms, including antibiotic-resistant organisms.	December 14, 2026 • CapitalCare Corporate
Leadership	1.5.8 - The organization ensures the consistent use of standardized processes, decision support tools, and best practice guidelines, to reduce unnecessary variation in and between services.	December 14, 2026 • CapitalCare Corporate
	4.2.3.7 - The effectiveness of the patient safety incident management system is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Gathering feedback from clients, families, and team members about the system. Monitoring patient safety incident reports by type and severity; Examining whether improvements are implemented and sustained; Determining whether team members feel comfortable reporting patient safety incidents.	December 14, 2026 • CapitalCare Corporate
	4.3.1 - The organization ensures its physical spaces are safe and meet relevant laws and regulations.	December 14, 2026 • CapitalCare - Lynnwood • CapitalCare - McConnell Place West

Follow- up Requirements		
Standard	Criterion	Due date for sites
Long-Term Care Services	3.2.12 - The team uses validated order sets for the management of common infections.	December 14, 2026 • CapitalCare - Dickinsfield • CapitalCare - Gene Zwozdesky Centre Norwood • CapitalCare - Grandview • CapitalCare - Lynnwood • CapitalCare - McConnell Place West
	3.3.3.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: 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).	December 14, 2026 • CapitalCare - Dickinsfield • CapitalCare - Gene Zwozdesky Centre Norwood • CapitalCare - Grandview • CapitalCare - Lynnwood
Medication Management	1.2.3.5 - The organizational leaders ensure the organization's medication management quality improvement plan includes activities to improve adherence to the do-not-use list of abbreviations, symbols, and dose designations.	December 14, 2026 • CapitalCare Corporate
	1.2.13 - The interdisciplinary committee has a policy on handling sample medications.	December 14, 2026 • CapitalCare Corporate
Palliative Care Services	1.1.1 - The organization has policies and resources to help team members implement a palliative approach to care.	December 14, 2026 • CapitalCare - Gene Zwozdesky Centre Norwood
	5.1.1 - The organization has policies and procedures to address requests for medical assistance in dying (MAiD).	December 14, 2026 • CapitalCare - Gene Zwozdesky Centre Norwood

Follow- up Requirements		
Standard	Criterion	Due date for sites
Rehabilitation Services	1.4.12.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: 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).	December 14, 2026 • CapitalCare – Grandview
Service Excellence	2.1.7.4 - The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	December 14, 2026 • CapitalCare – Grandview
	2.1.7.5 - The effectiveness of the approach is evaluated. Evaluation mechanisms may include: Investigating patient safety incidents related to infusion pump use; Reviewing data from smart pumps; Monitoring evaluations of competence; Seeking feedback from clients, families, and team members.	December 14, 2026 • CapitalCare – Grandview
	4.2.1 - The team follows the organization's proactive, predictive approach to identify safety risks.	December 14, 2026 • CapitalCare – Grandview