ACCREDITATION
AGRÉMENT
CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Carewest

Assited Living Alberta

Report Issued: November 19, 2025

Confidentiality

Table of Contents

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, Infection Prevention and Control, 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

Carewest demonstrates a strong commitment to quality, person-centred care, and continuous improvement. Leadership across the organization demonstrates openness, transparency, and authentic engagement with staff, clients, and partners. Employees express pride in the organization's Mission, Vision, and Values, which are clearly reflected in daily operations and service delivery. A culture of learning and compassion is evident at all sites visited.

The organization continues to evolve within a changing provincial health system, guided by a robust three-year strategic plan. The opening of the Bridgeland–Riverside facility in 2026/2027 will expand complex mental health capacity and enhance access to high-quality care. Significant investments in digital infrastructure, including Connect Care, electronic incident reporting, and the forthcoming staff scheduling system, illustrate a forward-looking approach to efficiency, safety, and data-informed decision-making.

Leadership is commended for fostering a culture of collaboration, inclusion, and innovation. Staff consistently demonstrate alignment with Carewest's values and commitment to excellence. Diversity, Equity, and Inclusion (DEI) and Indigenous engagement committees are active, and further integration of these principles across all levels is encouraged. Community partners express confidence in the organization's services, and ongoing communication with external stakeholders will help sustain these relationships.

Communication practices within Carewest are multifaceted and effective, supporting openness and transparency. Virtual office hours, must-read messages, and cross-site updates enhance connectivity. However, a formal client and family engagement strategy would strengthen alignment between strategic goals and operational practice, ensuring the resident voice remains central through continued system transformation.

Quality improvement (QI) is embedded in daily operations, supported by visible initiatives, balanced scorecards, and mock audits. The implementation of the electronic incident management system has strengthened reporting and learning from events. Developing formal mechanisms to evaluate QI initiatives and recognize staff, client, and family contributions will further enhance engagement and accountability.

The organization's Infection Prevention and Control (IPC) team and clinical teams across all sites and departments demonstrate dedication and competence; however, there is no direct or formalized access to a qualified Infection Prevention and Control physician to provide input to the IPC team.

At the program level, sites exemplify excellence in interdisciplinary teamwork, and collaboration. Staff at all levels demonstrate resilience, adaptability, and commitment to safety. Formalizing QI structures, ensuring consistent complaint management, and expanding recognition systems will help sustain momentum.

Residents/patients and families consistently express trust and appreciation for staff. The organization is encouraged to embed trauma-informed principles and strengthen ability to use data to inform change.

Carewest's ethical framework and commitment to respectful workplaces are well established. Staff demonstrate awareness of ethics processes and apply them in practice. Continued trend analysis of ethical issues will strengthen evaluation of the framework's effectiveness.

Overall, Carewest is fostering a culture of safety and compassion as well as a strong commitment to continuous improvement. As it prepares for future expansion and ongoing health system transformation, the organization is well positioned to advance its strategic vision—anchored in quality, safety, inclusion, and people-centred care.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Leadership and staff are authentically open, transparent and welcoming
- Investment and implementation in technology
- Excellence in many areas of care such as ethics, operational stress injury (OSI), comprehensive community care
- Collaborative and systems approach to leveraging provincial services and supporting patient flow and service access
- Commitment to people-centred care and excellence
- Commitment to ongoing quality improvement

Opportunities

- Continue to build capacity to formalize quality improvement and use of data/evaluation
- Ongoing change management support e.g., information technology, accountability, and sustainability
- Build resident and family engagement framework to support consistency
- Continue to monitor populations served and data to inform staff mix
- Further academic and research potential

People-Centred Care

A strong commitment to person-centred care is evident across the organization. Clients and families consistently express high levels of satisfaction, often noting that staff “really care” and that they “wouldn’t want to be anywhere else.” Feedback is collected through various channels, including regular Alberta Health Quality Surveys, Carewest Client Feedback forms, and Carewest LTC Resident and Caregiver Surveys.

Residents have opportunities to participate in decision-making through formal resident councils or informal forums at each facility. These platforms support information sharing and enable residents, families, and staff to contribute input on policies and facility-related matters.

Sites across the organization are recognized for supporting clients to stop smoking while providing safe indoor and outdoor spaces for those who choose to smoke. Staff are commended for respecting client choice and managing risks to ensure enjoyment for non-smoking residents.

Technology investment is also supporting client and family engagement, as seen in the upcoming pilot of the UK-based online forum ‘Care Opinion.’ Two larger sites will participate initially, providing a moderated space for clients to safely share their experiences, with potential expansion to other sites.

Although some sites have resident advisory councils, there is currently no Carewest corporate resident advisory council. A review of corporate and site-level client and family engagement structures and processes is recommended. Establishing more consistent, authentic, and culturally respectful methods to incorporate the resident voice into strategic, operational, and clinical decision-making will ensure meaningful participation and enhance the quality of care.

Quality Improvement Overview

The team is commended for implementing the electronic incident reporting and learning system (RLS), which has strengthened the organization's ability to monitor, track, trend, and learn from incidents. It is recommended that corporate and site leadership establish formal processes to evaluate quality improvement (QI) work at all organizational levels. Formalized evaluations will enhance understanding of the feasibility and impact of improvement efforts and help build QI capacity across the system.

Multiple committees and a site-level Quality Council focus on QI initiatives. At the site level, visibility walls effectively communicate progress on local projects. Other strategically aligned QI initiatives include rehabilitation intensity in post-acute care, privacy legislation compliance, recruitment and data alignment, scheduling system integration (MySchedule, November 2025), and MySafetyNet (January 2026).

The organization participates in quarterly mock Continuing Care Health Service Standards (CCHSS) audits, which have strengthened audit readiness and confidence in practice. The team is also commended for the successful implementation of the electronic health record, Connect Care (May 2024). The transition to electronic systems has been approached as an opportunity to modernize and improve care processes. The adoption of digital documentation and decision-support tools has been deliberate, supporting consistent practice and better coordination of care and services. The organization is recognized for embracing change to integrate evidence-based practices and policies throughout the continuum of care.

While numerous QI initiatives are underway, there is currently no formal recognition program for staff, clients, or families who contribute to quality improvement and foster a learning culture. Establishing methods to acknowledge these contributions—at both corporate and local levels—would reinforce engagement and sustain momentum. It is also recommended that QI indicators be clearly aligned with process and outcome measures within the quality framework to ensure meaningful evaluation and reporting.

The organization has made strong progress in applying standardized processes, decision-support tools, and best practice guidelines that help reduce unnecessary variation across programs and sites.

Developing consistent QI reporting mechanisms would further streamline data collection, facilitate the use of results for improvement, and support system-wide learning.

Involving frontline staff, clients, and families more actively in QI and care management processes is encouraged. Information on recommended actions and improvements resulting from incident analyses is shared with clients, families, and team members, supporting transparency and learning.

Leaders foster a just and accountable culture by modelling openness and creating an environment where staff feel safe to report safety concerns. Staff are encouraged to report adverse events and near misses, supported by the newly implemented RLS. To strengthen this commitment, the organization is encouraged to expand its disclosure policy and procedures, offering clearer guidance and resources to help staff communicate effectively with clients and substitute decision-makers.

Client and family complaints are currently received by Alberta Health Services' Patient Relations through several channels, including QR codes and paper-based forms. Leadership is encouraged to increase general awareness of the standardized complaints process used to monitor and evaluate complaints across the organization.

The organization regularly conducts staff and client surveys. Establishing more structured processes to evaluate organizational health and safety culture is encouraged, using survey results to guide targeted improvement initiatives. With a wealth of historical data, the organization is well positioned to develop benchmarking reports that demonstrate progress in quality, safety, and client experience over time.

Continued efforts to promote the consistent use of standardized processes, decision-support tools, and

evidence-based guidelines will help further minimize variation and strengthen coordination of care.

Given its robust data infrastructure and broad system reach, the organization is well positioned to expand academic partnerships and develop an applied research stream to share expertise, support knowledge transfer, and advance innovation in the continuing care sector.

While a corporate integrated quality improvement plan exists, alignment between corporate and facility-level plans is not clearly defined. A review and development of a comprehensive, integrated planning structure is recommended to ensure that site-level initiatives align with corporate priorities and 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.

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:

- Carewest Corporate
- Carewest - Colonel Belcher
- Carewest - Dr. Vernon Fanning
- Carewest - George Boyack
- Carewest - Glenmore Park
- Carewest - OSI Clinic (Red Deer)
- Carewest - Sarcee

[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	5 / 5	100.0%
Antimicrobial Stewardship	Medication Management	Not Rated	Not Rated
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%
	Mental Health and Addictions 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%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Long-Term Care Services	4 / 5	80.0%
	Mental Health and Addictions Services	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	N/A	N/A
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%
	Mental Health and Addictions 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%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Optimizing Skin Integrity	Long-Term Care Services	6 / 6	100.0%
	Mental Health and Addictions Services	N/A	N/A
	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	7 / 7	100.0%
Preventing Falls and Reducing Injuries from Falls	Long-Term Care Services	6 / 7	85.7%
	Mental Health and Addictions Services	N/A	N/A
	Rehabilitation Services	7 / 7	100.0%
Preventing Venous Thromboembolism	Mental Health and Addictions Services	N/A	N/A
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Suicide Prevention Program	Service Excellence	1 / 5	20.0%
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: 96.4% Met Criteria

3.6% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Infection Prevention and Control (IPC) team is commended for their diligent attention to policy and practices across all sites within the organizations. Policies are clear and concise, and staff consistently report that the IPC team offers timely and accurate information to any questions they may have.

The IPC team is composed of 2.7 full-time equivalent (FTE) staff, overseen by a director. Team members are knowledgeable and have either completed or are currently undertaking IPC modules provided by Alberta Health Services (AHS). However, no Carewest staff currently hold specialized IPC credentials such as the Certification in Infection Control (CIC).

Each IPC staff member supports multiple facilities throughout the organization. Due to the size and complexity of these sites and the broad scope of services provided, the demands of the IPC team are considerable, presenting potential risks. This span of responsibility does not align with best practice guidelines for IPC resource allocation. Although the team and facility staff exhibit strong diligence in infection prevention and control, it is strongly recommended that the organization review the IPC program and staffing mix. Such a review should ensure that all facilities are equipped with adequate and sustainable resources to address current needs and risks.

Policies and templates supporting infection prevention and control are clear and concise. Outbreak and pandemic plans are complete, and staff know where and who to approach when guidance is needed. Staff benefit from quick guidance sheets, which provide directions for managing outbreaks during both regular and after-hours periods. Additionally, a guidance document is available to help maintain safe visiting practices at all facilities.

Routine environmental cleaning protocols are applied according to risk level, ensuring appropriate measures are implemented. Hand hygiene education is delivered regularly, and audits are conducted and posted at all organizational sites.

Currently, there is no formalized or direct access to an IPC physician to advise the IPC team. To further strengthen the program, it is suggested that the organization establish a documented partnership with an

infectious disease physician, ensuring timely and direct access to expertise and support for the IPC team.

Table 2: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
1.1.3	The resources needed to support the infection prevention and control program are regularly reviewed.	NORMAL
1.2.3	There is access to a qualified Infection Prevention and Control (IPC) physician to provide input to the IPC team.	NORMAL
3.3.3	Input is gathered from team members, volunteers, and clients and families on components of the infection prevention and control program.	NORMAL

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

The organization is to be commended for its unwavering commitment to quality improvement and clinical excellence. Staff consistently embody the organization's core values, and both clients and employees express genuine appreciation for the compassion and care they receive.

Since the last accreditation cycle, new programs have been launched, services have been enhanced, staff satisfaction surveys conducted, and major investments in infrastructure made—all with sustained attention to quality.

Progress has been made in the areas of quality, safety, and risk management; however, opportunities for further improvement remain. The organization's establishment of committees focusing on diversity, equity, and inclusion (DEI), and Indigenous communities is commendable. Ongoing efforts to embed DEI practices more deeply across the organization is strongly encouraged.

Demonstrating a spirit of innovation, the organization is actively involved in research initiatives (such as NanoTess dressings for chronic wounds and the AirTAP patient repositioning system). Significant investments in technology are creating valuable opportunities for leadership to reimagine and streamline clinical practices, processes, and data collection and usage. The team is encouraged to further review their data collection, use, and reporting practices to enhance efficiency and ensure information is leveraged to advance the quality of care and service agenda. The organization is also encouraged to seek opportunities to expand academic partnerships and contribute to the broader knowledge base of long-term, complex continuing care, and research.

The following sections will provide further details on key observations across various leadership dimensions.

Communication

The organization is to be commended for its multifaceted communication efforts that foster a culture of openness, collaboration, and responsiveness. Internal communication is robust, with operational plans disseminated both formally and informally. There is a clear commitment among leaders and staff to maintain active dialogue with internal staff, residents, and families. Further work to maintain regular communication with external partners is encouraged.

While these positive efforts are evident, there remains an opportunity to formalize and further strengthen the organization's approach through the development of comprehensive stakeholder engagement as well as a client and family engagement plan.

The organization is commended for the tremendous work done (and continuing) in implementation of numerous IT systems. The appointment of a chief privacy officer role and establishment of a privacy management program has helped ensure the organization is moving towards full compliance of privacy legislation as well as having a privacy lens to new technology implementations.

The organization has several ways in which they communicate with internal and external stakeholders. For example, the implementation of Virtual Office Hours (VOH) and must read messages have been well

received by staff across the organization.

Emergency Preparedness

The organization has developed clear, concise documentation outlining essential contact information and the initial actions to take during emergencies. Leadership is encouraged to thoroughly review emergency preparedness plans, seek stakeholder input, and clarify the differences between contingency and continuity plans. These steps will strengthen the organization's capacity to respond to and recover from emergencies and disasters.

In collaboration with AHS, the organization is working to ensure its emergency preparedness plans are aligned and is preparing for a simulated emergency response exercise. Following every emergency or disaster drill, as well as actual incidents, post-incident debriefings are held to identify areas for improvement. The staff described learnings from debriefings and subsequent corrective actions such as the development of an executive leader on call structure.

Backup systems are in place to support business continuity.

Human Capital

The human resources leadership team is commended for its comprehensive approach to supporting organizational health and safety.

Discussion with the human resources leadership team demonstrated a strong commitment to talent management which can support success planning and leadership development. The team is encouraged to formalize strategies in operationalizing talent management.

Ongoing professional development is supported but there is a need to ensure full implementation of personalized professional development plans for all staff through the performance appraisal process.

Carewest is commended for its commitment in implementing its system wide staff scheduling system. The processes used in this implementation demonstrated a commitment to comprehensive change management.

Prevention and management of violence in the workplace policy was updated in September 2025.

Numerous annual education required modules are in place for all staff, such as violence and harassment. In addition, there are occupation specific requirements supporting resident safety, such as behavioral safety programs and crisis intervention.

Staff satisfaction surveys occur on a regular basis; evidence was provided on action plans developed as a result of the feedback from the surveys.

Medical Equipment and Devices

The organization is commended on its commitment to standardizing its equipment where appropriate and working with AHS procurement.

Discussion with leadership confirmed e-facilities software has been implemented. This has supported the tracking, monitoring and preventive maintenance program of medical devices and equipment.

Carewest participates in additional external audits and is commended for its commitment to using the results for quality improvement.

Patient Flow

The client flow strategy is closely aligned with the needs of the populations served, with referrals coming from multiple sources. The team has developed innovative programs and introduced specialized roles to effectively manage client flow for diverse patient groups, such as those requiring complex mental health or complex care. The organization is recognized for establishing immediate transfer beds and appointing a centralized triage coordinator, whose responsibility is to promptly review all referrals and facilitate a safe transition in care.

To further address system bed capacity, the team proactively assesses current patients whose care needs may have changed, to facilitate access to the level and type of care required.

Key performance indicators are continuously monitored and reviewed, enabling the team to identify and implement effective strategies for managing client flow efficiently and appropriately.

Physical Environment

Carewest leadership identified the opportunity to define environmental stewardship performance targets.

Leadership is supported in their plans to develop the targets and potentially leverage the Bridgeland-Riverside project.

The team provided an excellent example of prioritizing client and staff safety during construction and renovation projects, as demonstrated in the design and construction of the pump house.

Planning and Service Design

The organization has established a three-year strategic plan, developed through a comprehensive consultation process. The team consistently demonstrates and takes pride in living their “I CREATE” values—caring, relationships, excellence, accountability, and teamwork.

Operational plans are in place, with notable internal partnerships supporting sites in financial monitoring and variance reporting.

Principle-based Decision Making

The Carewest ethics framework has four key pillars (governance, organizational, clinical and research ethics). During the discussion with staff, it was evident there was information available related to research ethics processes. The team identified the opportunity to further develop trending information regarding ethical issues in each of the four pillars. This is encouraged and will assist in further monitoring the effectiveness of the framework and its application to quality improvement.

The code of conduct was posted and clearly evident at the Dr. Vernon Fanning site.

Resource Management

Resource allocation is informed by the provincial funding allocation. Funding is based on a roll forward approach and adjusted through funding letters in second quarter of every year.

Financial statements are audited annually by an external auditor. There are numerous systems in place to support financial control systems including financial partners with operations.

Carewest is to be commended for providing education and financial partnership support to operational leaders to support budget management.

Leadership discussions identified numerous examples of where investment in technology has been made (for example implementation of Connect Care, e-facilities and staff scheduling.

Table 3: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
1.2.8	The organization collects and evaluates information about the ethical issues and challenges it faces, and it uses this information to inform organizational quality improvement initiatives.	HIGH
1.2.9	The organization regularly monitors and evaluates the effectiveness of the ethics framework, and uses the results for improvement.	HIGH
1.5.4	The organization provides opportunities and support for staff and clients to lead collaborative quality improvement efforts and build their skills in quality improvement.	NORMAL
1.5.7	The organization recognizes the work of staff, clients, and families who participate in quality improvement initiatives, to promote an organizational culture of learning.	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
2.7.5	The organization regularly evaluates the impact of climate change on the organization and on the health of the community, and uses the information to adapt to and mitigate climate change.	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
3.4.8	The organization has a talent management system for succession planning, human resources development planning, continuous performance feedback, and capacity building throughout the organization.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.4.9	The organization supports ongoing professional development for staff, including personalized professional development plans.	NORMAL
3.4.10	The organizational leaders regularly inform staff and the governing body about the organization’s talent management activities and how they align with the strategic plan.	NORMAL

Medication Management

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

Carewest operates with a centralized pharmacy model, with Dr. Vernon Fanning serving as the distribution site for medications across all Carewest locations. This centralized service also provides extended on-call support to all sites. Clinical pharmacist services are provided to all sites to support clinical expertise and ongoing learning.

AHS Medication Policy subcommittee is in place with revisions noted January 2023. Carewest medication safety quality committee accesses information as required through the provincial group.

The provincial interdisciplinary committee recommends and evaluates the need for and coordinates the development of provincial medication management policy documents.

Following the implementation of Connect Care and the incorporation of the Do Not Use Abbreviation list, an initial audit was completed at the Dr. Vernon Fanning site to assess compliance with the automated list. The audit confirmed full compliance. There is an opportunity to complete periodic audits across all Carewest sites moving forward.

The team has demonstrated a strong commitment to quality improvement. All teams are encouraged to formalize a quality improvement plan which focuses on priorities.

All care sites confirmed medication administration is standardized and is used on medication orders, medication labels and in medication administration records.

Carewest works closely with AHS in management of anticipated shortages and has procedures in place for unanticipated drug shortages.

Carewest is commended for their integration of pharmacists and clinical pharmacists with the interprofessional teams.

All sites confirmed allergy information are collected and documented in the health record and medication administration record.

The tour of the centralized pharmacy at Dr Vernon Fanning site confirmed excellent space, cleanliness, storage, labelling and safety medication practices.

Chemotherapy is no longer stored at any Carewest sites as it is now a provincial cancer care service. In meeting with the clinical pharmacist at Dr. Vernon Fanning, Connect Care provides an up to date list of available high concentration and high-total-dose opioid formulations. Carewest leverages AHS policies and directives in this area.

Medication reconciliation processes are comprehensive and in place and reduce risks with polypharmacy.

All medication orders are received and reviewed by a clinical pharmacist. Any identified issues are addressed in real time.

Medications were observed to be delivered both internally and to other sites in a secure manner. External transportation is tracked and recorded.

The policy outlining procedures to handle medications brought into the organization by clients and families is outdated and requires review.

Table 4: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.2.15	There is a procedure to handle medications brought into the organization by clients and families.	HIGH
11.3.1	Resources are provided to support quality improvement activities for medication management.	NORMAL

Service Excellence

Standard Rating: 83.5% Met Criteria

16.5% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Carewest teams use information about client and community service needs to inform program design and delivery. Leadership actively builds and maintains partnerships with other services, providers, and community organizations to ensure coordinated and responsive care.

There are numerous examples of a clear commitment to co-design with partners as well as individual clients and families. Community partners are extensive, such as foot care services, dialysis and kidney care services and hospitals to name a few. The teams consistently demonstrated that they value partnerships with external providers and organizations to further excellence for their clients.

The staff are commended for leveraging quality improvement data with clients to support care planning and achievement and co-design service delivery. The team is encouraged to continue its commitment to collect, analyze and utilize data from Connect Care to identify ongoing quality improvement opportunities and priorities. The team demonstrated a keen commitment to quality improvement. Given this commitment, there is the opportunity to now formalize quality improvement activities. It is suggested that the team begin by selecting a small number of key priorities and exploring measurable objectives with indicators to help begin the journey. With a more formalized approach to quality improvement, ongoing capacity building will also be an important aspect of the journey.

Many faiths and spiritual preferences are supported including a designated area for smudging. Of note, there has been ongoing internal capacity building with staff to support resident access to these services. Residents suggested ongoing training related to the awareness of cultural safety and humility is an opportunity.

The interprofessional collaboration internally and externally is evident with all healthcare providers including physiotherapy, pharmacists, occupational therapists, recreation therapists and external teams. The applied behaviour collaboration team and the palliative care team are excellent examples of collaboration beyond the local teams.

Numerous mandatory education modules are in place to support a safe work environment for both clients and staff.

The organization to date has maximized the use of Connect Care in standardizing evidence-based delivery of care in many sites. All assessment tools and processes are standardized and embedded in electronic records - well done!

There is an opportunity to audit for consistent implementation of suicide risk assessments across all locations. When issues arise, teams have access to specialized mental health services. The reviews also confirmed that individualized care plans are in place and regularly updated, reflecting the goals, preferences, and objectives of residents and their families.

In addition to having up to date medication information and routine medication process reviews embedded in the resident's chart, the team has full access to a clinical pharmacist who oversees the process and ensures accuracy at all points of transition.

Reporting of resident/family complaints and the process to investigate and achieve resolution with family while identifying system improvement opportunities was seen several times. This is a great example of how teams can be empowered to make change.

The Operational Stress Injury (OSI) services are specifically designed for Veterans Affairs Canada and also supports the RCMP. Information about the services is well understood by referring agencies. OSI participates in the Calgary/Red Deer program development committee, which supports evidence-based program development. This is a highly functioning committee that contributes to positive client outcomes and supports staff professional development. The OSI team is also commended for its ongoing commitment to research, which informs evidence-based practices and guidelines.

It is suggested that the organization continues to monitor the complexity of the population served to assist in informing staff mix recommendations.

Table 5: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.2.5	The team leadership engages with team members and other stakeholders to evaluate the effectiveness of its resources, including staffing and space.	NORMAL
4.2.2	Suicide Prevention Program 4.2.2.1 The team leadership ensures the team follows organizational procedures to minimize safety risks and ensure a secure environment for all. 4.2.2.3 The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders. 4.2.2.4 The team leadership ensures the team refers clients who screen positive for suicide risk to a person with the competencies to do a suicide risk assessment and put the necessary safety plan in place. 4.2.2.5 The team leadership ensures the team develops an individualized safety plan, based on the goals, abilities and preferences of the person.	ROP
4.2.3	The team develops and implements strategies to address identified safety risks.	HIGH

Criteria Number	Criteria Text	Criteria Type
4.3.5	The team leadership works with staff to design and test quality improvement activities to meet objectives.	HIGH
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
4.3.10	The team leadership ensures that information about quality improvement activities, results and learnings are shared with staff, clients and families, organizational leaders, and partners, as appropriate.	NORMAL
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: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Comprehensive community care is operated at two sites surveyed within the organization. At the Sarcee site the interdisciplinary team provide long-term maintenance support to seniors who live in their homes. The program team provide medical, nursing, and therapy support to more than 80 clients from this site. The care is coordinated with additional support available during early evening hours from an on-call team member.

The program is supported by an electronic health record, quality metrics, and clear policies and procedures. It has demonstrated success in helping clients age at home rather than transition to long-term care, while also reducing reliance on emergency services through medical and contracted community pharmacy support. Both the interdisciplinary team and clients consistently express satisfaction with the program and pride in the meaningful impact they make.

Table 6: Unmet Criteria for Ambulatory Care Services

There are no unmet criteria for this section.

Long-Term Care Services

Standard Rating: 92.7% Met Criteria

7.3% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Staff at all sites reported a positive workplace culture. All sites visited (Colonel Belcher, Dr. Vernon Fanning, George Boyak and Sarcee) ensure the shared commitments (which align with the continuing care act of Alberta) are posted in all care units, included in the admission package to residents/families and discussed at orientation at time of admission.

Residents and their families at all sites are actively encouraged to participate in decision-making through forums and formal surveys. Feedback is regularly used to guide improvements, which are visibly posted in the hallways. During conversations with staff, they were able to provide numerous examples where honoring the client's capacity and right to make decisions was supported.

Discussions with staff, confirmed by client feedback, indicate that communication and involvement are actively promoted to support the co-design of daily life and care activities. Regular care conferences are held as well as interprofessional meetings, including resident and family when changes in needs or status occur. A family interviewed was able to identify points of contact and processes to receive updates and share information. The processes include updating the bedside care plan with essential care providers. Well done!

There are numerous communications throughout the organization supporting updated information for example: activity calendars, visibility boards and informational posters are seen throughout all units. In addition, resident forums occur, and discussion items are posted for all residents to access.

At some sites, residents are encouraged and supported in utilizing a range of technology. For instance, a fully accessible designated computer room is available at some sites such as the Dr. Vernon Fanning site. At other sites (Colonel Belcher) there is little use of information and communication technology to promote social interactions. Residents have access to recreation activities (i.e., gardening, TV), however, the use of technology to enhance service is not evident. The team are encouraged to explore and use various technology and communication devices to enhance the resident's quality of life.

A complaints process is in place. Many staff were able to provide excellent examples where investigation of complaints has led to corrective actions and improvements.

There is a standardized skin integrity assessment tool in place for all residents. Numerous strategies and equipment are in place, for example the AirTAP transfer pad prevents shearing and promotes staff safety. In the event of skin breakdown, such as when a client returns from hospital with stage 4 pressure injury, the team has access to a skin and wound consultant and follows evidence-based skin care practices.

There are comprehensive policies and protocols on falls prevention and follow up requirements for any falls occurrences. Reporting the incidence of falls has resulted in investigation and subsequent action plans. The team is encouraged to ensure interventions are clearly identified and consistently followed for residents with falls risk.

The Dr. Vernon Fanning site is commended for its partnership with a foot care service-learning program which subsequently provides free foot care to the residents.

Quality improvement is a visible priority, as evidenced by quality and visibility boards displaying ongoing initiatives. Regular team huddles promote communication, and staff are encouraged to assume

‘champion’ roles to develop expertise in key clinical areas such as skin and wound care and falls prevention. Incident reports are investigated and findings shared with both staff and facility leadership.

Regular audits occur. It is suggested that the organization formalize its auditing structure, implement evaluation metrics, and standardize reporting leveraging tools such as PowerBI across all LTC sites.

Some facilities are aging. It will be important to consider IPC requirements when replacing furniture and fixtures. Regular simulations of emergency procedures are conducted at most sites to ensure preparedness. Ongoing plans for mock simulations to be developed and scheduled are encouraged.

All sites participate in medication reconciliation and strive to maintain accurate medication lists during care transitions in line with the organization’s integrated quality improvement (QI) plan. Monthly focused meetings are in place to review all residents who are receiving chemical or physical restraints to ensure appropriateness and future goals. Pharmacy is encouraged to continue this work across sites to ensure the appropriate use.

Information sharing at care transitions is defined and standardized for scenarios such as admission, handover, transfer, and discharge. The team is encouraged to consider ways in which to obtain feedback regarding the effectiveness of communication.

Recreation therapy is a strong feature at all sites, with a variety of activities offered to enhance residents’ quality of life.

Ongoing needs assessments are conducted to respond to residents’ changing health status and care requirements, reflecting the increasing complexity and acuity of the resident population. As the population served is changing, it is suggested that ongoing reviews of staff mix occur. There is opportunity for all sites to embed a trauma-informed approach to care.

The organization maintains comprehensive policies for preventing and reporting resident abuse, with well-defined values guiding staff behaviour.

Clinical staff are recognized for partnering with front-line teams to reimagine the nursing care model. The monthly site-based newsletter provides effective communication of updates, while the development of decision-support tools such as standardized shift-change communication guides and the STOP AND WATCH early warning tool, demonstrates a commitment to innovation in QI. Leadership is encouraged to formalize these initiatives within a robust QI structure to ensure sustainability and ongoing improvement across the organization.

Table 7: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text	Criteria Type
1.2.1	The LTC home leaders implement a trauma-informed approach to care in the delivery of services.	NORMAL
2.1.9	Teams use information and communication technology to promote social interactions that enhance residents' quality of life.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.2.6	Preventing Falls and Reducing Injuries from Falls 3.2.6.4 The team implements interventions to prevent falls and reduce injuries from falls as part of the client's individualized care plan.	ROP
3.2.12	The team uses validated order sets for the management of common infections.	HIGH
3.2.14	The team conducts regular simulations of the LTC home's emergency procedures.	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

Mental Health and Addictions Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Operational Stress Injury (OSI) team is commended for their equity-based approach to their client population and clear commitment to client centred service delivery.

All providers on this team share care plan progress and information on an ongoing basis thus supporting ongoing client involvement in co-designing individual plans.

The OSI team is commended for using standardized tools in not only conducting assessments but also ongoing client progress. These standardized tools have supported exceptional care plan outcome monitoring. The team is also commended for its commitment to research and the application of results in informing evidence practice.

The updating of client individualized care plan is done with client involvement and based on progress data from standardized tools.

The OSI service is short term in nature. Clients are actively engaged from the start of the program in setting care goals, tracking progress toward desired outcomes, and shaping their transition options. Client engagement is also key for fostering engagement of interprofessional team members. All components of the service journey are clearly documented in the client record.

In summary, the OSI team demonstrates a clear understanding and commitment to quality improvement principles. There is strong evidence to support that relevant data is collected from various sources, analyzed and action plans developed with appropriate levels of co-design. The improvement plans include targets and timelines and are monitored frequently to validate progress is being achieved or if corrective action is indicated.

This team is aware of and responsive to the unique needs of each of their clients as well as relies on evidence-based care in the development of care plans.

Table 8: Unmet Criteria for Mental Health and Addictions Services

There are no unmet criteria for this section.

Rehabilitation Services

Standard Rating: 97.3% Met Criteria

2.7% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The rehabilitation program at Glenmore Park delivers a range of post-acute services, including the musculoskeletal short-stay program, which provides transitional care for adults, as well as both Enhanced Rehabilitation and Community Transition programs. These programs are supported by an interdisciplinary care team, with additional medical oversight from hospitalists and a physiatrist.

Although the program is designed for post-acute patients, the patient population is becoming increasingly complex, with more individuals presenting with both physical and mental health co-morbidities. Staff and leadership are committed to ongoing clinical education to address these evolving needs. However, it is recommended that the organization continue to assess the patient population in relation to staffing mix and anticipate potential episodic acute care requirements.

Leaders at the Glenmore Park site demonstrate strong commitment to quality improvement (QI) and are encouraged to continue sharing successful QI initiatives across other Carewest sites to promote system-wide learning and sustainability. While staff are recognized informally for their contributions, leadership is encouraged to develop a more formalized and consistent recognition process to acknowledge staff efforts in advancing quality improvement.

There is an opportunity to engage patients and families as hand hygiene auditors within clinical units to promote participation, increase compliance rates, and support shared learning from audit results.

Strengthening the reporting and monitoring of antibiotic-resistant organisms is also recommended, including the routine tracking of catheter-associated infections and other nursing-sensitive indicators as part of both site and corporate IPC programs.

An individualized care plan is developed for each client upon admission. However, there is limited evidence of active engagement of patients and families in setting or reviewing goals, particularly in collaboration with the nursing, therapy, and interdisciplinary teams. Clinical leadership is encouraged to strengthen interdisciplinary collaboration and actively include patients and families in goal setting and progress evaluation to promote person-centred care.

Complaints are reviewed, investigated, and resolved in a timely manner; findings are analyzed to identify themes and guide improvements. The organization is encouraged to find ways in which to further engage staff, clients, and families in reviewing safety incidents and trends, using these insights to strengthen safety culture and improve care practices.

Table 9: Unmet Criteria for Rehabilitation Services

Criteria Number	Criteria Text	Criteria Type
1.3.13	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	HIGH
1.4.7	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.	NORMAL

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
Long-Term Care Services	3.2.6.4 - The team implements interventions to prevent falls and reduce injuries from falls as part of the client's individualized care plan.	December 14, 2026 • Carewest – Sarcee
	3.2.12 - The team uses validated order sets for the management of common infections.	December 14, 2026 • Carewest – Sarcee
	3.2.14 - The team conducts regular simulations of the LTC home's emergency procedures.	December 14, 2026 • Carewest – George Boyack
	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 • Carewest – Sarcee
Medication Management	1.2.15 - There is a procedure to handle medications brought into the organization by clients and families.	December 14, 2026 • Carewest Corporate
Service Excellence	4.2.2.1 - The team leadership ensures the team follows organizational procedures to minimize safety risks and ensure a secure environment for all.	December 14, 2026 • Carewest – Sarcee
	4.2.2.3 - The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders.	December 14, 2026 • Carewest – Sarcee

Follow- up Requirements		
Standard	Criterion	Due Date for sites
	4.2.2.4 - The team leadership ensures the team refers clients who screen positive for suicide risk to a person with the competencies to do a suicide risk assessment and put the necessary safety plan in place.	December 14, 2026 • Carewest – Sarcee
	4.2.2.5 - The team leadership ensures the team develops an individualized safety plan, based on the goals, abilities and preferences of the person.	December 14, 2026 • Carewest – Sarcee
	4.2.3 - The team develops and implements strategies to address identified safety risks.	December 14, 2026 • Carewest – Sarcee