ACCREDITATION
AGRÉMENT
CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Daysland Health Centre
Alberta Health Services

Report Issued: June 17, 2026

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 May 4, 2026 to May 8, 2026. 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 supporting the shift from a one-time assessment 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/RSPs. To promote alignment with the assessment manual (Accreditation Canada 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 Alberta 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. Health Shared Services, established December 2025, supports Alberta's provincial health agencies and corporations by delivering shared expertise, systems and resources across finance, data and technology, human resources and governance to enable timely, high-quality care for patients and families.

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, 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 standards 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

The facility consistently demonstrates resilience and a strong commitment to quality care despite ongoing systemic pressures. Delivery of care is characterized by a holistic and interdisciplinary approach. Rather than working in isolated departments, clinical teams collaborate closely from initial emergency presentations through to rehabilitative community discharges. The organization has also shown commendable agility in optimizing its physical footprint and expanding local clinical offerings, ensuring populations receive timely and equitable access to vital health services without unnecessary travel.

A deeply humanistic approach underpins the overall patient experience. The organization ensures that individuals are active participants in their healthcare journeys. Care planning is highly individualized, with staff prioritizing the unique functional goals and home environments of those they serve. This compassionate approach extends to complex family conferences during palliative transitions. To build on this strong foundation of patient satisfaction, the site is encouraged to elevate the community voice to an organizational level by actively involving clients and their families in the co-design of future quality improvement initiatives.

Maintaining a skilled and supported workforce is a clear priority. Leadership has implemented highly effective strategies to promote clinical competency, most notably through an extensive orientation and mentorship program for new nursing graduates. This robust support system not only ensures safe care delivery but acts as a vital retention tool for the rural workforce. Staff across disciplines report feeling well prepared and confident in their roles due to targeted education and hands on shadowing. Moving forward, establishing a reliable cycle of formal interactive performance evaluations will further support staff by recognizing their strengths and guiding their ongoing professional development.

The organization benefits from a transparent and proactive leadership approach. Managers effectively leverage incident reporting to resolve underlying systemic challenges rather than merely addressing surface level complaints. There is also a strong track record of collaborative advocacy, resulting in successful community partnerships that fund essential diagnostic equipment and support creative solutions to overcome geographic transportation barriers for marginalized patients.

However, operating with a very lean management structure presents sustainability challenges. The site relies heavily on a single leader to oversee multiple complex departments. To safeguard against administrative burnout and ensure long term operational success, the organization is strongly encouraged to cultivate leadership capacity at the grassroots level. Transitioning informal quality improvement efforts into structured data driven initiatives led by frontline staff will be key. By utilizing tools like daily visual safety huddles, the site can empower its clinical teams to collaboratively solve everyday operational challenges, monitor performance metrics, and confidently sustain their impressive standard of care.

Key Opportunities and Areas of Excellence

Areas of Excellence

- The organization demonstrates exceptional agility in managing high patient volumes and overcrowding through thoughtful physical space utilization, such as creating a dynamic triage space outside primary emergency treatment rooms to ensure continuous patient assessment.
- Clinical teams across the inpatient and rehabilitation units excel at collaborative goal setting, actively exploring each patient specific home environment to tailor care plans, and providing deeply empathetic support during sensitive end-of-life and palliative transitions.
- Leadership shows a strong commitment to clinical competency and workforce retention, highlighted by the swift implementation of annual education days and a comprehensive six-month orientation and mentorship program for new nursing graduates.
- Site leaders effectively utilize incident reporting data to identify and resolve root cause workflow issues, such as standardizing electronic triage queues, and successfully advocate for vital diagnostic equipment through strong community foundation partnerships.
- The site actively reduces the burden of travel for its rural population by expanding local clinical offerings, such as onsite intravenous therapy, and creatively utilizing operational funds to overcome geographic transportation barriers for marginalized patients.

Key Opportunities

- There is a significant opportunity to mature the local quality improvement program by transitioning from informal discussions to establishing measurable objectives with defined timeframes, clear baseline indicators, and active patient and family involvement in the goal setting process.
- To support the lean site management structure and prevent burnout, the organization is strongly encouraged to implement daily visual safety huddles. This will empower frontline staff to collaboratively analyze quality data, track local initiatives, and solve everyday operational challenges.
- The organization is encouraged to develop formal communication strategies to routinely share site specific emergency risk assessments, post exercise evaluation results, and ongoing quality improvement outcomes with community partners, patients, and families.
- While initial orientation is exceptionally strong, the site should formalize its ongoing performance management framework to ensure all staff receive regular, interactive evaluations that incorporate peer or client feedback to support continuous professional growth.
- The rehabilitation program can further enhance patient empowerment by utilizing clinical statistical data to provide patients and families with a more accurate, data driven expected date of discharge early in their admission, supporting safer and more confident community transitions.

People-Centred Care

The organization demonstrates a clear commitment to delivering dignified care and ensuring the patient voice remains central to the healthcare journey. Across the inpatient and rehabilitation departments, care planning is highly collaborative. Staff work closely with patients to identify functional priorities, such as returning to specific hobbies or navigating stairs in their unique home environment. This ensures these individual goals directly shape the documented care plan. This approach is also evident during end-of-life and palliative care transitions, where staff navigate difficult family conferences with empathy and respect for family values. Furthermore, leadership has made practical efforts to ensure equitable access to care by expanding local services, such as onsite intravenous therapy, and creatively utilizing operational funds to overcome geographic transportation barriers for marginalized individuals.

Patient safety and empowerment are closely connected throughout daily clinical workflows. In the emergency department, individuals presenting with acute mental health needs are supported in a dedicated observation room that provides strict security while maintaining a respectful environment. Across the site, patients are treated as active partners in their own safety and recovery. Frontline teams deliver immediate preventive education directly to patients upon admission and provide clear expectations regarding daily therapy schedules. To further build on this, the organization is encouraged to leverage clinical data to provide patients and families with a more accurate data driven expected date of discharge early in their admission. This will enable them to confidently plan for a safe transition back to the community.

While the commitment to individualized care at the bedside is strong, there is an opportunity to elevate the patient and family voice to a broader organizational level. As the site formalizes its local quality improvement program, leadership is encouraged to involve patients and their families directly in the objective setting process. Currently, quality initiatives are driven internally and partnering with the community to co-design these goals will ensure that improvement efforts remain meaningful to those receiving care. Additionally, the organization is encouraged to develop accessible communication strategies to transparently share quality outcomes and emergency exercise evaluation results with the public. Exploring ways to integrate client feedback into regular staff performance reviews will also help foster greater trust and build a collaborative partnership with the community.

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*

Required Organizational Practices

Required Organization Practices (ROP) 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	5 / 5	100.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	5 / 5	100.0%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	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	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	5 / 5	100.0%
Maintaining an Accurate List of Medications during Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Managing High-Alert Medications	Medication Management	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Optimizing Skin Integrity	Emergency Department	6 / 6	100.0%
	Inpatient Services	6 / 6	100.0%
	Perioperative Services and Invasive Procedures	N/A	N/A
	Rehabilitation Services	6 / 6	100.0%
Preventing Falls and Reducing Injuries from Falls	Emergency Department	7 / 7	100.0%
	Inpatient Services	7 / 7	100.0%
	Perioperative Services and Invasive Procedures	7 / 7	100.0%
	Rehabilitation Services	7 / 7	100.0%
Preventing Venous Thromboembolism	Emergency Department	6 / 6	100.0%
	Inpatient Services	6 / 6	100.0%
	Perioperative Services and Invasive Procedures	N/A	N/A
Reprocessing	Infection Prevention and Control	2 / 2	100.0%
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	N/A	N/A
Suicide Prevention Program	Service Excellence	5 / 5	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.

Emergency and Disaster Management

Standard Rating: 85.7% Met Criteria

14.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The organization has built a strong foundation in emergency preparedness and demonstrates a genuine commitment to operational readiness through regular monthly drills. These exercises effectively test response capabilities across a range of scenarios, ensuring the site remains agile. An up-to-date fan out list, actively maintained by administration, enables swift staff notification during adverse events.

Leadership also actively promotes personal disaster preparedness among staff through visual communication boards. This is an excellent practice that acknowledges the dual responsibilities employees hold to both their families and the broader community during a crisis.

Following drills and real-world incidents, staff consistently participate in post event debriefings, such as a recent “hot wash” conducted after a facility incident. These sessions are used effectively to assess operational outcomes and capture immediate lessons learned. While unit emergency manuals have been recently updated, observations indicate that some newer staff are not always familiar with specific emergency code responses, such as Code Brown. The organization is encouraged to verify basic code awareness shortly after orientation to ensure all team members can respond with confidence during high stress situations.

There is an opportunity to strengthen external alignment regarding emergency risk awareness. Currently, the results of the organization risk assessments for emergencies and disasters are not routinely shared with external stakeholders. Sharing this site-specific risk data is vital for collaborative planning.

Establishing a formal communication protocol to share this information with community partners, municipal leaders, and local emergency services would meaningfully support broader community resilience and ensure all agencies are working from the same operational baseline.

Finally, the mechanisms for communicating exercise evaluation results internally and externally require formalization. While exercise performance data is reviewed at the leadership level, there is currently no structured process for sharing these findings with frontline staff, patients, families, or the community.

Developing accessible tailored communication formats for all stakeholder groups would promote transparency, foster a culture of continuous learning, and ensure the community remains confidently informed of the organization progress in emergency preparedness.

Table 2: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
2.1.3	The organization shares the results of its emergency and disaster risk assessment with internal and external stakeholders, to keep them informed.	HIGH
3.7.4	The organization shares evaluation results with internal and external stakeholders including staff, patients, clients, families, and the community, to promote transparency and learning.	NORMAL

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The organization demonstrates a strong commitment to meeting Infection Prevention and Control (IPC) standards. The IPC program is well supported by an infection control professional who provides on-site guidance monthly and remains readily accessible for consultation as needed. In addition, there is access to a qualified IPC physician, ensuring expert oversight is available when required.

Environmental cleaning and disinfection practices are clearly structured and risk-based, with areas categorized according to cleaning requirements. A minimum of five environmental audits are conducted monthly to verify compliance with established standards, and staff are actively engaged in this process, reflecting a culture of accountability and continuous improvement. Hand hygiene infrastructure is well established, with accessible handwashing sinks and hand hygiene stations throughout the facility. While the required organizational practice (ROP) for hand hygiene is being met, opportunities exist to further strengthen quality improvement initiatives, particularly in formalizing planning processes and enhancing the sharing of audit results.

The organization has maintained a strong infection control record, with no outbreaks reported in several years. Although there is no negative pressure room on site, contingency measures are in place, including access to a portable HEPA filtration unit to support interim management until patient transfer can be arranged if necessary. There were curtains noted in patient rooms as window coverings, consideration should be given to removal. There is also wood noted within the nursing station and some furniture.

Medical Device Reprocessing Department (MDRD) practices meet IPC standards, including appropriate separation of clean and dirty areas and adherence to scope reprocessing requirements. There are no on-site laundry services, however, other infection control measures remain robust. Staff involved in food preparation are appropriately certified in food safety, further supporting overall infection prevention efforts.

Overall, staff demonstrate a high level of knowledge, professionalism, and pride in their work, contributing to a safe environment for patients, residents, and visitors.

Table 3: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Organizational leadership takes a proactive and transparent approach to quality management, using the incident reporting system effectively to identify and resolve systemic issues. Patient complaints are thoroughly investigated with root cause workflow deficits rather than isolated grievances. In one notable example, a formal complaint about emergency wait times led leadership to discover that triage sequence queues in the electronic health record were being inadvertently bypassed by physicians, distorting visual cues for nursing staff. These findings were brought forward and addressed collaboratively at medical staff meetings, resulting in greater accountability and more standardized clinical practice.

The physical environment is actively maintained to support the safety of both patients and staff. Local leadership works directly with facilities maintenance and engineering and linen and environmental services teams to adapt spaces for optimal use. They have established robust mechanisms to manage access, flow, and security during periods of high acuity, overcrowding, or potential external threats.

Leadership also advocates effectively for the maintenance and upgrading of medical equipment. By using incident reporting data to highlight clinical needs and working closely with a supportive community foundation, the site has successfully secured funding for essential diagnostic technology, including new electrocardiogram equipment. This is a commendable example of collaborative resource advocacy that directly impacts the quality of frontline care.

It is noted that the site operates with a highly dedicated but lean leadership structure, with a single manager overseeing multiple departments and a sizeable workforce of sixty-five staff members. To ensure long term sustainability and prevent burnout, the organization is encouraged to explore strategies that build leadership capacity at the grassroots level across rural sites. Implementing daily visual huddles on the units could be a valuable mechanism to delegate tasks, empower frontline staff to champion local initiatives, and ease the significant administrative burden currently concentrated at the site management level. These brief structured huddles, taking perhaps ten minutes at the beginning of the day, offer an excellent forum to regularly review visual action boards, collaboratively assign clear timelines for localized tasks and quality improvement initiatives, and consistently follow up on pending items. For example, leadership is already proactively identifying documentation trends within the electronic health record.

Utilizing these daily huddles to deliver immediate targeted education on specific clinical practices will rapidly improve compliance while embedding continuous learning into the daily routine. By shifting everyday problem solving directly to the team level, the organization can effectively build essential champion capacity and ensure sustainable operational success.

Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 97.3% Met Criteria

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

Assessment Results

Antimicrobial stewardship (AMS) is supported at the historical zone level. Locally, the on-site pharmacist plays an integral role in AMS efforts by actively participating in daily patient rounds, collaborating with physicians and the multidisciplinary team to review and optimize medication therapy. An identified opportunity for improvement is the expansion of AMS education at the local level, particularly to increase awareness of its impact on patient outcomes.

Medication orders are reviewed by the on-site pharmacist during weekday business hours, with after-hours coverage provided by remote pharmacists. Physicians primarily enter orders directly into Connect Care; however, telephone and verbal orders are still accepted. This presents an opportunity to further promote direct order entry by providers, including after hours through mobile device access. Supporting policies related to this practice are currently outdated and would benefit from review and revision.

The pharmacy environment is clean, well-organized, and well-lit, supporting safe medication preparation and distribution processes. Narcotics are securely stored in both the pharmacy and patient care units in accordance with policy. Look-alike/sound-alike medications are appropriately segregated with clear visual labeling to reduce the risk of error as per the organization's policy.

Hazardous medication preparation is not performed at this site. While automated dispensing units are not in use, medication carts are prepared and filled by pharmacy staff to ensure accuracy and efficiency.

A closed-loop medication administration system is in place, requiring staff to utilize barcode scanning to verify medications prior to administration, thereby enhancing patient safety. Vaccine storage practices meet standards, with refrigerators monitored daily and appropriate documentation maintained.

The organization is encouraged to review and update its policies and procedures related to smart pump alert overrides, as well as medication orders, including telephone and verbal orders.

Overall, medication management processes are well supported, with opportunities identified in policy updates, increased utilization of electronic order entry, and enhanced local antimicrobial stewardship education.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
4.3.2	A policy that specifies when and how to override smart infusion pump alerts is developed and implemented.	HIGH
6.1.5	There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	HIGH
6.1.8	There is a policy on telephone and verbal orders for medications that specifies when such orders are acceptable, how they are to be documented, and when they are to be co-signed by the prescriber.	HIGH

Service Excellence

Standard Rating: 89.3% Met Criteria

10.7% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Service delivery across the site is anchored by strong clinical leadership and a genuine commitment to staff competency. When a clinical educator position became suddenly vacant, leadership responded with agility by organizing comprehensive annual education days to ensure all staff received training and certification on essential clinical tools, such as infusion pumps. The organization is also highly commended for its enhanced six-month orientation and mentorship program for new nursing graduates. This significant investment in wraparound support promotes clinical safety and serves as a powerful recruitment and retention strategy for the rural site.

The site demonstrates an exceptional community centered approach by expanding local services, such as initiating onsite intravenous therapy to eliminate burdensome travel for patients. Leadership also creatively uses operational funds and volunteer partnerships to address unique geographic transportation barriers for marginalized patients, effectively coordinating safe discharges. Decision support is continually strengthened through the optimization of the electronic health record. Leadership proactively identifies documentation gaps and uses brief morning huddles to deliver targeted education, resulting in rapid improvements in clinical documentation compliance.

While significant investments have been made in initial orientation, there is an opportunity to strengthen the ongoing performance management framework. Documented performance evaluations are not currently occurring at defined intervals for all team members, with multi-year gaps noted in some areas. Although informal performance conversations have recently been reinitiated, establishing a formal regular review cycle is necessary. The organization is encouraged to formalize these interactive reviews and explore ways to integrate peer or client input to better support the identification of staff strengths and opportunities for professional growth.

The local quality improvement program also presents significant opportunities for formalization and maturation. The newly formed quality improvement team currently relies largely on informal discussions rather than structured objective setting. The organization is encouraged to establish measurable objectives with defined timeframes and to involve patients and families in the goal setting process to ensure initiatives remain meaningful. As the program evolves, identifying specific indicators and working alongside staff to establish baseline data will be essential for accurately tracking performance trends and demonstrating measurable success over time.

Systematic data collection and collaborative analysis represent another vital area for growth. Staff familiarity with selected quality indicators remains limited, and continuous routine monitoring is not yet fully embedded into frontline workflows. Developing structured forums, such as daily visual safety huddles, can embed continuous improvement into everyday practice by providing team leadership and staff a dedicated space to regularly analyze what the data reveals about system performance and to evaluate the effectiveness of their ongoing quality improvement activities.

Finally, the processes for scaling successful initiatives and sharing outcomes need further development. The practice of spreading effective local pilot activities across the broader service is still in its infancy. The organization is encouraged to build a systematic mechanism to share quality improvement results and learnings with staff, clients, families, and external partners. Establishing a formal review cycle to assess the feasibility, relevance, and overall usefulness of ongoing initiatives will help ensure organizational resources are continuously directed toward the most impactful strategically aligned improvements.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL
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

Criteria Number	Criteria Text	Criteria Type
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.

Emergency Department

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The emergency department and its staff deserve strong recognition for their proactive approach to managing patient flow under sustained systemic pressure. Facing rising patient volumes partially driven by individuals traveling from neighboring communities to avoid lengthy wait times elsewhere, site leadership has introduced thoughtful physical and workflow adaptations. A notable example is the creation of a dynamic triage space just outside the primary treatment rooms. This allows staff to promptly assess incoming patients and safely return them to the waiting area when appropriate, keeping care moving despite physical capacity constraints and high demand, at times.

Patient safety and dignity are further supported through the careful use of specialized environmental controls, particularly for patients presenting with acute mental health needs. The department utilizes a dedicated observation room where medical equipment is purposefully removed or secured to reduce risk. When a patient is identified as an active safety risk, clinical workflows seamlessly guide their transfer to treatment spaces that allow direct uninterrupted line of sight monitoring from the nursing station. This ensures both strict security and respectful patient centered care.

Communication and clinical handovers are well standardized to support continuity of care across interdisciplinary teams. The department uses visual management tools, such as color-coded room sliders, to track physician and nursing presence, which significantly improves coordination in a fast-paced setting. Furthermore, the site effectively manages on call rotations and utilizes hospitalists over the weekend, ensuring that medical coverage remains consistent and responsive to emergency admissions.

The department also consistently follows established clinical procedures to maintain safety at the point of entry. Rigorous adherence to protocols for medication reconciliation, comprehensive suicide risk screening, and obtaining informed consent prior to treatment is evident. By successfully embedding these standardized practices into the initial intake workflow, the team ensures that every patient receives high quality evidence-based care from the moment they arrive.

To build upon this strong foundation of safe care delivery, there are a few operational areas where the team can further enhance its practices. An investigation into a recent patient complaint revealed that triage sequence queues within the electronic health record were occasionally bypassed by physicians, which inadvertently disrupted workflows for the nursing team. Ensuring strict adherence to electronic workflows across all disciplines will maintain the accuracy of these vital visual cues. Additionally, while the dynamic triage space is a highly effective workaround for managing overcrowding, the organization is encouraged to formally embed this practice into its documented surge protocols. This will ensure that all team members clearly understand the operational triggers for activating secondary triage spaces. Finally,

there is an opportunity to strengthen the orientation process for agency and contract nurses. Expanding the abbreviated orientation for temporary staff will ensure they are fully confident in site specific workflows, particularly regarding electronic health record proficiency and emergency response, before assuming full patient care responsibilities.

Table 7: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The inpatient department demonstrates excellence in holistic interdisciplinary care delivery. Comprehensive intake assessments conducted within the electronic health record meticulously capture physical, psychosocial, and environmental baseline data. During admission, nursing staff systematically review prior living arrangements, assess baseline mobility, and conduct proactive risk screenings. To further ensure clinical safety, pharmacy technicians are utilized to assist with medication history gathering. They cross reference community pharmacy records to resolve discrepancies and support highly accurate care transitions.

Collaborative patient centered goal setting is a clear strength of the inpatient unit. Staff actively engage patients to identify functional priorities, such as the ability to navigate stairs or return to personal hobbies. The team clearly explains how each member of the interdisciplinary team will contribute to achieving those specific outcomes, ensuring the patient voice directly shapes the documented care plan.

Patient safety remains central to daily workflows, with standardized screening tools consistently applied. For example, falls risk assessments are integrated seamlessly, and immediate preventive education is delivered to patients upon admission. This includes falls prevention strategies and orientation to the physical environment. The use of visual identifiers, such as yellow risk bracelets, ensures that all team members remain acutely aware of individual patient vulnerabilities.

The organization is also commended for the deep compassion and professionalism shown during end-of-life and palliative care transitions. Staff expertly navigate difficult highly emotional family conferences with empathy, respect for family values, and an unwavering focus on patient comfort and dignity. This sustained dedication to both evidence informed practices and deeply humanistic care creates a resilient patient focused environment.

Table 8: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The site has transitioned its service delivery model and no longer performs surgical procedures. Current perioperative services are limited to endoscopy, and practices have been appropriately aligned with the relevant standards for this scope of care.

Flash sterilization is not utilized, reflecting adherence to best practices in instrument reprocessing. When anesthesia services are required, they are arranged by the visiting surgeon, and all associated standards and safety criteria are consistently met during those instances.

While compliance with required standards is evident, there remains an opportunity to further strengthen quality improvement initiatives. Specifically, continued development and formalization of quality monitoring, evaluation processes, and sharing of results would enhance overall program effectiveness.

Overall, the organization demonstrates safe, well-managed endoscopy services that meet Accreditation Canada perioperative standards applicable to its current scope, with identified opportunities to advance quality improvement processes.

Table 9: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Rehabilitation Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The rehabilitation program is built on strong structures and processes that create a highly supportive recovery focused environment. The admission workflow captures detailed functional baselines, including the patient capacity for independent mobility and self-care. Clinical teams use structured assessments to immediately document mobility needs and initiate appropriate therapeutic interventions. Interdisciplinary collaboration is a clear program strength, featuring seamless integration across nursing, physiotherapy, occupational therapy, dietetics, and discharge planning to ensure comprehensive oversight throughout the patient journey.

The program excels at empowering patients and preparing them for a safe return to community living. Goal setting is highly collaborative, with staff actively exploring each patient specific home environment to tailor the rehabilitative focus accordingly. This includes discussing whether they need to navigate stairs to a basement suite or access a personal workspace. Patients receive clear expectations regarding their daily therapy schedules shortly after admission, which fosters engagement, motivation, and active participation in their own recovery.

While staff currently have initial expectations regarding estimated discharge timelines, there is an excellent opportunity to formalize and enhance this practice. The organization is encouraged to utilize statistical information and length of stay metrics from the clinical system or the Canadian Institute for Health Information to establish a more accurate and data driven expected date of discharge. Sharing this refined metric with patients and families early in their admission will provide a clearer target for their rehabilitative journey and further enhance their ability to confidently plan for a safe, timely transition back to the community.

New staff integrating into the rehabilitation team consistently report highly positive orientation experiences. They note that a combination of structured computer-based training paired with hands on shadowing alongside experienced colleagues effectively builds their confidence and operational readiness. This robust onboarding process is crucial for maintaining a highly skilled allied health workforce.

Patient safety and clinical excellence are continually upheld through strict adherence to standardized care protocols. The team consistently applies evidence informed practices for skin integrity optimization, fall prevention, and comprehensive medication reconciliation at care transitions. These rigorous processes ensure that rehabilitative care remains tightly aligned with current best practices and organizational standards.

Table 10: Unmet Criteria for Rehabilitation Services

There are no unmet criteria for this section.

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**
Emergency and Disaster Management	2.1.3 The organization shares the results of its emergency and disaster risk assessment with internal and external stakeholders, to keep them informed.	June 8, 2027
Medication Management	4.3.2 A policy that specifies when and how to override smart infusion pump alerts is developed and implemented.	June 8, 2027
	6.1.5 There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	June 8, 2027
	6.1.8 There is a policy on telephone and verbal orders for medications that specifies when such orders are acceptable, how they are to be documented, and when they are to be co-signed by the prescriber.	June 8, 2027