ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Hardisty Health Centre
Alberta Health Services

Report Issued: June 17, 2026

Confidentiality

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About Accreditation Canada

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

About the Accreditation Report

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

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from 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

Hardisty Health Centre was observed to be spacious, clean, and well maintained. The site currently operates a long-term care unit and emergency department services Monday to Friday from 0730 to 1700 and has had its acute care beds closed since the early days of the pandemic. The site has recently been freshly painted and new flooring installed, improvements that staff and leadership reported were strongly supported through community investment and fundraising efforts. The organization's Shared Commitments were beautifully displayed at the main entrance of the facility and contributed to a welcoming environment that appeared reflective of strong community engagement, organizational pride, and commitment to patient-centred care.

During the on-site visit, the surveyor observed a warm and friendly atmosphere throughout the facility. Patients, staff, and families consistently reported a high level of satisfaction with the care and services provided at the site. Positive teamwork and collaboration were evident across departments and service areas, with staff appearing supportive of one another and committed to providing respectful, patient-centred care within a small rural healthcare environment.

Leadership at Hardisty Health Centre is commended for being accessible and actively participating in all matters of the site.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Physical environment – the space was observed to be bright, clean, and welcoming. Recent updates, including fresh paint and new flooring, have enhanced the space, making it easy to access and navigate and contributing to a positive experience for patients, families, and staff.
- Site leadership - The site benefits from a small but dedicated team that includes leadership, the site physician, and front-line staff. Strong clinical teamwork and collaboration were evident, along with a shared commitment to delivering safe, patient-centred care within a rural setting. Staff appeared supportive of one another and demonstrated pride in serving their local community.
- Community support - The site has strong ties to a supportive community that actively contributes through fundraising, volunteer efforts, and investments in equipment and facility improvements. This connection positively influences the culture and overall atmosphere of the site.
- Virtual Emergency Physician program – the program appears to be well accepted by both staff and the community. Staff reported positive experiences with the model and identified it as an important support for maintaining local emergency department services and access to care despite ongoing physician resource challenges.

Key Opportunities

- Develop clear site goals and objectives for each service area, supported by a quality improvement plan that outlines defined priorities, timelines, monitoring processes, and evaluation measures.
- Incorporate findings from recent audits into the quality improvement plan to support sustained improvements and ongoing monitoring of progress.
- Strengthen the development conversation process by ensuring reviews are conducted consistently, supporting staff recognition, professional development, and meaningful performance feedback.
- Address noted challenges with team cohesion between staff reporting to on-site versus off-site management. Site and corridor leadership are encouraged to implement strategies that promote collaboration across all teams, with a focus on delivering safe, high-quality, patient-centred care.
- Resume routine linen and environmental services cleaning audits to ensure ongoing adherence to cleanliness standards and infection prevention practices.

People-Centred Care

Site leadership was observed to be visible and accessible on a daily basis to patients, families, and staff within this small rural site. Staff, patients, and family members consistently described leadership as approachable and responsive, noting that feedback and concerns are acknowledged and addressed in a timely manner. During the onsite visit, surveyors observed positive and respectful interactions among staff, leadership, patients, and families, reflecting a collaborative and patient-centred culture.

Residents and family members are known to management and staff. Input on operations and satisfaction is sought and examples of change suggested by residents were shared. The site leader also reported regularly engaging with community partners, which supports open communication, strengthens relationships, and fosters community involvement in the site. This ongoing engagement appears to contribute positively to trust and transparency between the site and the local population. In addition, there is a monthly meeting with the community that is attended by the community physician, town director, mayor, and, at times, a Member of the Legislative Assembly (MLA).

To further enhance patient and family engagement, the site is encouraged to establish a Patient and Family Advisory Council. This would provide a formal structure for incorporating patient and family perspectives into planning, decision-making, and quality improvement initiatives, helping to ensure care remains responsive to the needs and experiences of 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%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	4 / 5	80.0%
Client Identification	Emergency Department	0 / 1	0.0%
	Long-Term Care Services	1 / 1	100.0%
Improving Hand Hygiene Practices	Infection Prevention and Control	5 / 5	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	5 / 5	100.0%
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	2 / 4	50.0%
Maintaining an Accurate List of Medications during Care Transitions	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Managing High-Alert Medications	Medication Management	5 / 5	100.0%
Optimizing Skin Integrity	Emergency Department	5 / 6	83.3%
	Long-Term Care Services	6 / 6	100.0%
Preventing Falls and Reducing Injuries from Falls	Emergency Department	7 / 7	100.0%
	Long-Term Care Services	7 / 7	100.0%
Preventing Venous Thromboembolism	Emergency Department	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

Hardisty Health Centre is commended for its emergency and disaster response plans. Five emergency response manuals were located throughout the site and were readily accessible, comprehensive, and up to date. The site's hazard assessment plan was also current and included the Hazard Identification, Assessment, and Control compliance checklist. In addition, the Outbreak Prevention and Control Manual is up to date.

These findings demonstrate strong organizational practices in emergency preparedness and document management. The site is encouraged to continue maintaining these robust processes to ensure all materials remain current, accessible, and aligned with best practices.

The site is encouraged to ensure that fan-out lists are current, accurate, and easy to use in the event of an emergency. Regular fire drills are conducted on site, with documentation completed and shared with the corridor lead. Debrief discussions are also held following drills to support ongoing learning and improvement.

During the on-site survey, the local fire chief was contacted and confirmed familiarity with the site through previous walkthroughs. The fire chief indicated that any identified issues had been appropriately addressed. Staff have recently completed fire extinguisher training.

Site leadership is also encouraged to take a proactive approach to emergency preparedness by strengthening engagement with community partners, including fire department, police, local industry, and municipal representatives. Establishing a coordinated network would support more integrated emergency and disaster response planning. As part of this effort, the site could consider organizing joint exercises, such as mass casualty simulations or evacuation scenarios, to enhance readiness and inter-agency collaboration.

"Code of the Month" learning sessions are incorporated into staff meetings, and "hotwash" reports are documented to capture key learnings. Staff also record their participation in emergency preparedness training in MyLearningLink, demonstrating engagement in ongoing education and readiness activities.

Table 2: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
3.1.2	The organization integrates its emergency and disaster plan with community emergency and disaster plans, to ensure a coordinated response to and recovery from an event.	NORMAL
3.4.10	The organization maintains an accurate and up-to-date database of contact information for all staff, to be able to notify them in case of an emergency or disaster.	HIGH

Infection Prevention and Control

Standard Rating: 96.0% Met Criteria

4.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Hardisty Health Centre is exceptionally clean and appears to be very well maintained. Handwashing stations and personal protective equipment are abundant and there is signage for staff and the public promoting safe infection prevention practices. Infection prevention and control (IPC) is bolstered by an infection control practitioner (ICP) who visits the site on a regular basis and interacts with staff and management. The ICP indicated no significant issues related to IPC at the site. Staff feel very supported by their IPC resources.

Surveillance procedures are in place and healthcare-associated infections are monitored and regular reports are provided with recommendations addressed and actioned. Outbreak management processes are also in place. The Outbreak Prevention and Control Manual is current, easily accessible, and team members receive education regularly.

Soiled and clean supplies are stored in separate rooms. Bio-hazardous waste appears to be appropriately handled and stored on site until a contracted third party undertakes removal and disposal. There is no sterilization undertaken at the site.

The site is burdened with a considerable amount of wooden finishes that make thorough cleaning challenging. Countertops and sinks were identified as problematic and replacement is now underway with good results. Site hand hygiene audits are undertaken by two trained staff members and the results are shared with staff and the public.

Nutrition services are commended for their efforts to maintain a very tidy and well-organized space for food preparation and storage. Staff have been trained in safe food handling procedures. A Food Handling Permit under the auspices of the Public Health Act is displayed in the public area of the cafeteria and “no restrictions” are identified. The nutrition manager at the neighbouring site (Wainwright Health Centre) has oversite of these services at Hardisty Health Centre as well. Logs of temperatures of various pieces of equipment are highly visible and up to date. It is clear that food safety is a priority and source of pride with staff of this service.

There has not been on-site leadership of linen and environmental services (LES) staff for several months. It was reported to the surveyor that cleaning audits have not taken place for some time and equipment for doing audits has been removed. Staff of the service felt there was variation in cleaning practices and in the use of cleaning equipment. It is recommended that the corridor leadership for LES ensure cleaning audits are completed on a regular basis and results shared.

It was also noted that a recent unannounced Continuing Care Health Service Standards (CCHSS) audit by the Ministry of Assisted Living and Social Services identified inconsistent cleaning logs for mobility aids and medical devices. The site is encouraged to ensure compliance with cleaning best practices.

Table 3: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.6.1	Cleaning and Low-Level Disinfecting Medical Equipment 2.6.1.2 Teams coordinate activities to ensure medical equipment is effectively cleaned and low-level disinfected.	ROP
2.6.6	Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly evaluated, with input from clients and families, and improvements are made as needed.	NORMAL

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The physical environment is spacious, clean, organized and very well maintained. Maintenance activities are logged and preventive maintenance is undertaken. Risks and hazards are identified and promptly documented. There are regular meetings of the Joint Occupational Health and Safety Committee and the meeting minutes are posted.

Although several measures of performance are reported and examples of quality improvement exist, there is not a quality improvement plan or a quality framework to guide staff and management. The site is encouraged to help facilitate a renewed and comprehensive approach. Components of the plan and framework would include defined quality projects, a standard approach including measurable objectives, visual management and tests of change. Continuing care also has potential for significant enhancements to resident's life through implementation of the Quality of Life Chrysalis project.

Connect Care was implemented at the site approximately two years ago and is demonstrating its potential to improve safety and quality. Staff indicated their preference for this system over the previous one, however suggest that more training and support is needed to fully optimize its effectiveness.

Staff felt the site manager was highly visible and engaged. The site experiences some challenges related to structure and reporting relationships. Some staff report directly to on-site leadership while others report to off-site leaders, and it appeared that operational priorities are not always aligned. This can create challenges in addressing issues in a timely, efficient, and coordinated manner at the local level. Leadership is encouraged to explore opportunities to strengthen collaboration, communication, and alignment across leadership structures to ensure that the best possible patient-centred care can be delivered at the site.

Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 93.9% Met Criteria

6.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The site demonstrated a collaborative approach to medication management and pharmacy services within a very small rural healthcare environment. The site appeared to work effectively with Wainwright Health Centre and the regional hub to support pharmacy services and access to medications to support the needs of the emergency department, long-term care, and outpatient clients.

The site has processes in place to support medication safety within the long-term care environment, including regular medication review processes, and staff described processes to assess each resident's ability to safely self-administer medications where appropriate. Staff at the site were observed to work collaboratively to support individualized care and maintain resident safety while promoting resident independence and quality of life.

The site is encouraged to include auditing and continuous improvement activities in the areas of non-compliance identified by the CCHSS audit to ensure that improvements are sustained over time.

Individual sites have implemented color-coded bin systems to differentiate medication types; however, there may be a safety benefit to establishing a provincially standardized approach or recommendation to support consistency in practice.

The organization is encouraged to review and update its policies and procedures related to medication orders.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.2.5	Limiting High-Concentration and High-Total-Dose Opioid Formulations 1.2.5.4 The organizational leaders provide clinical teams with continuous learning activities about the organization's risk mitigation strategy to limit the availability of and access to high-concentration and high-total-dose opioid formulations. 1.2.5.5 The organizational leaders ensure the organization's medication management quality improvement plan includes activities to improve safety practices related to the availability of and access to high-concentration and high-total-dose opioid formulations.	ROP

Criteria Number	Criteria Text	Criteria Type
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
10.5.2	The effects of medications on client treatment goals are monitored and documented in the client record.	NORMAL

Service Excellence

Standard Rating: 94.0% Met Criteria

6.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Within this very small rural site, staff demonstrated commitment to maintaining clinical competency and supporting safe patient and resident care across both the emergency department and long-term care services. Staff described working collaboratively across service areas and supporting one another in managing fluctuating patient volumes and when urgent situations arise. Clinical leadership (i.e., site manager, team lead, and the site's physician) appeared strong and collaborative, with leadership support evident through ongoing communication, teamwork, and active engagement with staff, patients/residents, families and community partners. Registered nurse competency appeared to be well maintained for such a small emergency department, with staff demonstrating confidence and familiarity with the scope and demands of the services provided locally.

Site leadership also appeared to effectively leverage organizational and regional decision-support resources to support clinical care, escalation processes, and transitions to higher levels of care when required. Staff demonstrated awareness of available supports and escalation pathways and appeared comfortable accessing corridor and provincial resources when needed to support safe patient care. Patients and families interviewed during the survey process expressed confidence in the care provided and appreciation for the responsiveness, professionalism, and commitment of staff within the site.

Service-specific annual goals and objectives should be developed with clear timelines, monitoring processes, and evaluation measures, and incorporated into a quality and patient safety improvement plan.

The recent CCHSS audit identified a number of opportunities for improvement. This has now been incorporated into their resident assessment instrument (RAI) improvement plan. The site is encouraged to incorporate these areas for improvement into the quality improvement plan to ensure ongoing sustainment of the hard work already implemented.

Staff have not had a developmental conversation since at least 2024 or earlier. The site is encouraged to establish a regular review process.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.1.3	The team develops its service-specific goals and objectives.	NORMAL

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
4.3.11	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: 97.5% Met Criteria

2.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

There were no patient visits to the emergency department (ED) on the day of the on-site survey; however, the previous day had been very busy with approximately 10 patients. Staff described the approach they used for high ED volume days, and it is apparent that a good facility-wide collaborative effort is in place to meet fluctuating demands and support continuity of ED services within a small rural hospital environment. The ED was spacious, clean, well-organized, and welcoming providing services Monday to Friday from 0730-1700.

The site recently implemented the Virtual Emergency Physician program when available physician resources would otherwise have required a decrease in service levels to the community. Staff and patients reported a high level of satisfaction regarding the implementation of the virtual service model, and shared positive feedback regarding the program's ability to help maintain access to local emergency care.

Although the site rarely has the opportunity to support organ or tissue donation processes, staff demonstrated awareness of the processes, resources, and support available should such an opportunity arise. Staff also described positive working relationships with the Referral, Access, Advice, Placement, Information, and Destination (RAAPID) services and reported that the process works well for patients requiring transfer to a higher level of care or specialized services. Staff provided positive feedback regarding coordination and communication processes supporting timely access to services outside the community when required.

Within the development of a site quality improvement plan, the site is encouraged to include specific initiatives related to the emergency department. These could include learning activities and quality improvement efforts focused on optimizing skin integrity, as well as improving consistency in the use of two-person patient identifiers.

Table 7: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.1.4	There is access to the emergency department 24 hours a day, seven days a week.	HIGH
2.5.6	Optimizing Skin Integrity 2.5.6.5 The team participates in continuous learning activities about the program to optimize skin integrity.	ROP
2.7.6	Client Identification 2.7.6.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	ROP

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Hardisty Health Centre provides 15 long-term care beds with an average occupancy of approximately 90%. Nursing staff deliver care with support from the community physician, as well as access to virtual physician services. Staff report feeling well supported in their roles and have access to ongoing professional development and training opportunities. The site also benefits from visiting allied health professionals and the involvement of local volunteers.

Recreation therapy services are well coordinated by a practitioner shared across multiple sites. Residents can participate in a variety of activities, including music and animal therapy, as well as attend church services or receive pastoral visits. Residents spoke highly of the staff and the care they receive.

Resident documentation is maintained in the Connect Care clinical information system. A sample of resident charts reviewed during the onsite visit was found to be complete and thorough. Care is initiated through comprehensive assessments, with goals and care plans developed collaboratively with residents and their families. Ongoing assessments and monitoring address a range of clinical risks and conditions, including falls, skin integrity, medication management, and suicide risk.

Consents were found to be complete and appropriately documented. Staff indicated that residents, where able, are supported to maintain autonomy and make choices in their daily lives. Interdisciplinary team meetings are held every two weeks to share perspectives and review resident care plans. InterRAI assessments are updated quarterly to support ongoing evaluation and care planning.

Residents are served meals prepared by the on-site kitchen. The site is commended for its work with the Quality of Life Chrysalis project, which is a quality initiative of the traditional central zone. Implementation of the new “Abby” machine is underway, and the site is encouraged to fully embrace this project.

Site leadership shared the results of the recent CCHSS review, along with actions taken to date. This review identified opportunities for improvement across clinical and operational practices. Ongoing efforts to address these areas were discussed with surveyors.

Table 8: Unmet Criteria for Long-Term Care 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	3.4.10 The organization maintains an accurate and up-to-date database of contact information for all staff, to be able to notify them in case of an emergency or disaster.	June 8, 2027
Emergency Department	2.1.4 There is access to the emergency department 24 hours a day, seven days a week.	June 8, 2027
	2.5.6.5 The team participates in continuous learning activities about the program to optimize skin integrity.	June 8, 2027
	2.7.6.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	June 8, 2027
Infection Prevention and Control	2.6.1.2 Teams coordinate activities to ensure medical equipment is effectively cleaned and low-level disinfected.	June 8, 2027
Medication Management	1.2.5.4 The organizational leaders provide clinical teams with continuous learning activities about the organization's risk mitigation strategy to limit the availability of and access to high-concentration and high-total-dose opioid formulations.	June 8, 2027
	1.2.5.5 The organizational leaders ensure the organization's medication management quality improvement plan includes activities to improve safety practices related to the availability of and access to high-concentration and high-total-dose opioid formulations.	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