ACCREDITATION
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Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Lacombe Hospital and Care 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

Lacombe Hospital and Care Centre (LHCC) operates a busy emergency department and inpatient unit, in addition to a sizeable continuing care centre. Leadership across both the acute care and continuing care areas has remained stable over the past few years. This continuity has had a positive impact on staff, contributing to a sense of stability, consistent direction, and improved access to leadership support.

LHCC benefits from a highly committed, skilled, and collaborative workforce. Staff report feeling well trained and supported in their roles, enabling them to provide high-quality care to patients and residents. Teamwork is a defining feature of the culture at LHCC, with a strong emphasis on collaboration, mutual respect, and shared accountability. Staff consistently highlight the value of support from both their colleagues and leadership, which contributes to a positive and cohesive work environment.

The quality of care provided at LHCC is regarded as excellent. Patient- and resident-centred care is consistently demonstrated in day-to-day practice, with an emphasis on dignity, respect, and individualized care planning. This is reflected in very positive patient and resident satisfaction survey results, which indicate a high level of confidence in the care provided.

In addition, LHCC has a well-established and active quality improvement program spanning both the hospital and continuing care centre. Staff are engaged in ongoing initiatives aimed at enhancing patient and resident outcomes, improving processes, and promoting a culture of continuous learning and improvement.

Key Opportunities and Areas of Excellence

Areas of Excellence

- The team demonstrates strong collaboration, mutual respect, and a shared commitment to delivering high-quality care and supporting one another.
- Leadership stability has provided consistent direction, clear expectations, and continuity in decision-making and operations.
- There is a strong focus on ongoing quality improvement, with continuous efforts to evaluate practices, enhance patient outcomes, and strengthen service delivery.

Key Opportunities

- There is a need to address limited power capacity at the site to support necessary infrastructure upgrades, including the installation of televisions, overhead lifts, and a CT scanner.
- Opportunities exist to improve the physical environment to enhance patient and staff comfort, safety, and overall experience.
- Increase the visibility of quality improvement initiatives across the site to promote awareness, engagement, and a culture of continuous improvement.
- Consideration should be given to expanding the trauma room into the former operating room theatre to improve space utilization and enhance patient privacy.

People-Centred Care

Lacombe Hospital and Care Centre (LHCC) exemplifies people-centred care. Each person’s unique circumstances and preferences are reviewed in order to provide the most appropriate care possible. Patients and families are aware that for their specific care needs they may be transferred to other sites for care management. Exemplary care is provided for patients for whom required care can be safely delivered at LHCC.

LHCC's approach encourages collaboration between patients/residents and healthcare providers, fostering a supportive environment where patients and residents (or substitute-decision makers) can make informed decisions about their treatment and well-being. Resident preferences are incorporated into care plans in the continuing care centre whenever possible. Shared decision making ensures patients and residents are informed and engaged in their care. Communication between community partners and LHCC is well done and further enhances the level of people-centred care that is currently provided.

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%
	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	4 / 5	80.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%

Table 1: Summary of the Organization's ROPs

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

Regular drills are conducted (e.g., fire drills, Code Blue, Code White), and an evacuation exercise is planned in the near future. Additional drills for other codes and emergency conditions are also being developed. Leadership shares the results of drills and exercises with staff.

Staff know where to find the Emergency and Disaster Management (EDM) binders; however, the binders are not up to date. While the online content has been updated, the information in the binders remains outdated.

In general, the team works well with community partners (e.g., Community Health Trust, Seventh Day Adventist community, local police) and is encouraged to re-establish working relationships with the town administration. There is no formal communication related to EDM between town officials and the site. The site manager will continue to work at re-establishing relationships and foster better communication and collaboration with community first responders and the town council.

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

Criteria Number	Criteria Text	Criteria Type
3.1.3	The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	HIGH

Infection Prevention and Control

Standard Rating: 98.0% Met Criteria

2.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Lacombe Hospital and Care Centre (LHCC) participates in the Infection Prevention and Control (IPC) program and follows Alberta Health Services (AHS) policies and procedures. IPC support is provided by a highly experienced, Certification Board of Infection Control and Epidemiology (CIC®)-certified Infection Control Professional (ICP) who covers multiple sites.

The ICP is onsite approximately once per month but maintains regular contact with LHCC staff, communicating with clinical teams almost daily. They are readily accessible during working hours via phone or Connect Care to provide timely guidance and support. The ICP reports feeling well supported by the corridor Medical Director, which contributes to effective program oversight.

IPC education is mandatory for all staff, volunteers, and contractors at orientation and is renewed every three years to ensure ongoing competency and adherence to best practices.

Hand hygiene auditing is conducted by trained site auditors and unit-specific compliance rates are available and posted on quality boards. Leadership is aware of results and is invested in maintaining good hand hygiene compliance. Access to alcohol-based hand rub can be improved in both the emergency department and continuing care area. Also, dedicated hand hygiene sinks are not readily accessible in the inpatient or continuing care areas.

Healthcare-associated infection rates are tracked and available using the AHS reporting template (reporting numbers of cases vs. standardized rates) but are not posted on quality boards. During the survey visit, there was a respiratory outbreak in the continuing care unit, with IPC staff available for support as needed. Practice audits are conducted periodically (last in August 2025) for hand hygiene, additional precautions, cleaning (environmental and medical equipment), among other practices, with immediate feedback provided to staff. The IPC team was involved in meetings for the recent lobby and registration renovation but had not been included during the planning stage. It is imperative that the proper process be followed and the IPC team be included in the planning stages of any renovation or construction.

Table 3: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.5.4	Team members, and volunteers have access to dedicated hand-washing sinks.	NORMAL

Leadership

Standard Rating: 60.0% Met Criteria

40.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The team is safety focused. Staff feel safe with overnight on-site security and the availability of Peace Officers during the day. Quality of care and patient safety are the main areas of focus here. The site is encouraged to improve engagement with frontline staff in safety and quality improvement activities, and transparently share results and improvement plans (e.g., on quality boards), specifically on the hospital side.

LHCC was originally built in 1967, with additions and upgrades completed in 1982/83. Due to the age of the facility, there are ongoing infrastructure challenges. For example, televisions purchased for patient rooms remain in storage because the building's electrical system cannot support their installation. There is also interest in installing overhead lifts in all patient rooms to improve safety for both patients and staff during transfers. However, this is not currently possible in Unit B due to insufficient electrical capacity within the facility.

There have been recent renovations to the lobby and the emergency department. It is recommended that the facilities maintenance and engineering team and leadership engage IPC staff earlier in the process (i.e., during the planning stages) in future renovation or construction projects. Monthly maintenance meetings are held; however, staff report that maintenance requests, including minor repairs such as painting and countertop replacement, are often not addressed.

The environment is very clean overall. Temporary repairs were observed throughout the facility, including micropore tape being used to secure arborite surfaces and the presence of wooden structures in patient care areas. A few surfaces in the inpatient unit (e.g., baseboards, countertops, floors) are either damaged (some held together with tape) or made of porous materials, which preclude effective environmental cleaning and disinfection. It is recommended that these be prioritized for repair or replacement when possible.

Table 4: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
4.3.1	The organization ensures its physical spaces are safe and meet relevant laws and regulations.	HIGH
4.3.3	The organization protects client and staff health and safety during construction or renovation.	HIGH

Medication Management

Standard Rating: 95.4% Met Criteria

4.6% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

LHCC is a busy site that works closely with Red Deer Regional Hospital Centre. Pharmacy leadership is currently in transition, with several part-time staff temporarily filling full-time roles. One full-time pharmacist position remains vacant following a transition, a full-time pharmacy assistant is currently on leave, and there is a need for an additional full-time pharmacy technician. Currently, a pharmacist works four days per week, with the fifth day covered remotely by a corridor pharmacist.

The current staffing complement includes one 1.0 FTE pharmacist position (currently vacant), a 0.5 FTE pharmacist, a 1.0 FTE pharmacy technician role shared between two staff members (0.2 and 0.8 FTE), one 1.0 FTE pharmacy assistant, and access to a casual pharmacy assistant. Despite limited human resources and workload demands that occupy the majority of staff time and limit opportunities for in-house quality improvement initiatives, medication management is effectively maintained by this small, dedicated and well-organized team.

The pharmacy team makes excellent use of the limited workspace available; however, the physical environment presents challenges. The area is notably warm and lacks adequate ventilation, raising concerns about maintaining appropriate ambient conditions for medication storage, particularly for products stored outside of refrigerated environments. This may pose risks to medication stability, and further examination is recommended.

The pharmacy itself is highly organized, with a clear and consistent system in place. Safety measures include the effective use of Tall Man lettering to distinguish look-alike medication names, as well as high-alert and sound-alike warning stickers to reduce the risk of medication errors. 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.

There are plans to install an automated medication dispensing unit (Pyxis) in the night cupboard, which is expected to reduce medication wastage and improve compliance with medication signature requirements.

The team works well together and is well respected throughout the facility. Connect Care has significantly reduced medication errors and improved documentation of medication administration and usage. The pharmacy team also participates in weekly central zone team meetings.

The site leadership is encouraged to review the environmental conditions in the pharmacy as the area is very warm and poorly ventilated, raising concerns about medication storage stability outside of refrigerated environments.

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.

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
5.1.4	The organization maintains medication storage conditions that protect the stability of medications.	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
7.2.2	Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	HIGH
9.2.2	A record is kept of the medications accessed from the night cabinet or automated dispensing cabinet.	NORMAL

Service Excellence

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Clinical leadership promotes an open-door policy for all staff. There is a strong sense of teamwork throughout the facility. Unit management and site leadership are actively involved in staff education, encouragement, and maintaining positive morale.

Frontline staff report feeling supported and describe the workplace culture as collaborative, with little sense of hierarchy. Staff feel comfortable bringing forward concerns and speaking openly with leadership. Development conversations have not been consistently performed in all areas; however, the managers are aware and are in the process of addressing this.

LHCC works closely with several community partners, including Emergency Health Services, police liaison services, home care, respiratory services, and community oxygen suppliers. Town Hall events also provide education to the community through pamphlets from Assisted Living Alberta about the different levels of care available. There continues to be a strong need to reduce wait times for long-term care placement.

The Community Health Trust Fund continues to raise money for improvements needed at LHCC. The current focus is raising awareness and funding for a CT scanner in the area. The recovery room from the former operating room space has been identified as a potential location for CT installation. There is also potential to use the remaining operating room space to expand the emergency department trauma area.

Table 6: Unmet Criteria for Service Excellence

There are no unmet criteria for this section.

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: 97.0% Met Criteria

3.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

A broad mix of pediatric and adult cases are assessed in this emergency department (ED). The waiting room is out of direct line of sight of clinical staff but is video monitored at the ED desk; the previous window was obscured to improve privacy during triage. Nurses will round in the waiting room on an hourly basis. There is a surge capacity plan and spaces that can be used when the department is at capacity. Admitted patients in the ED are rare, and they are transferred efficiently to the inpatient unit.

The ED is clean and appears well maintained. There is no airborne infection isolation room, but there is a room with doors that can be used for isolation. There is opportunity to re-examine placement of alcohol-based hand rub dispensers to ensure that they are at point-of-care in all patient bays. One room can be emptied to create a seclusion room temporarily, until the patient can be transferred, but the door does not lock; an external lock would increase the safety of staff and other patients.

Most staff are cross-trained to work in both the ED and inpatient units, which supports flexibility and continuity of care. The ED orientation process is comprehensive and competency-based, helping ensure staff are well prepared for their roles. Staff report strong working relationships with physicians and demonstrate effective communication and mutual support within the team.

Handover between shifts is consistently conducted; however, a standardized handover tool is not currently used. Nursing staff identified their colleagues and the variety of clinical cases they encounter as key highlights of their work. They also noted that access to necessary equipment, medications, and consultation services (e.g., RAAPID) enables them to provide high-quality care.

Clinical care is standardized where possible, with the use of established pathways and order sets to support consistency and best practices. Patients reported high levels of satisfaction with their care, indicating they felt engaged in decision-making and that communication from staff was clear and effective. There is however the need for staff to ensure patients are provided with information regarding their rights and responsibilities and how to file a complaint or report violations of their rights.

Areas for improvement are communicated with staff by email. There is a quality board in the ED, and although staff are not aware of ED-specific metrics, quality improvement projects are currently in place (e.g., improving EMS offload times, improving communication with patients in the waiting room). Posting relevant ED metrics would be beneficial to drive further improvement.

Currently, the two trauma spaces in the ED are separated only by curtains. This can create challenges for patient privacy and may cause distress for other patients during major trauma events, as conversations and activities can easily be overheard.

Table 7: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.4.15	Clients and families are provided with information about their rights and responsibilities.	HIGH
2.4.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.	HIGH
2.7.13	Access to spiritual space and care is provided to meet clients' needs.	NORMAL
2.7.17	Information Transfer at Care Transitions 2.7.17.2 Documentation tools and communication strategies are used to standardize information transfer at care transitions.	ROP

Inpatient Services

Standard Rating: 99.0% Met Criteria

1.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The inpatient unit consists of 33 beds, including two palliative care suites. Through its quality initiatives program, site management implemented a Head Nurse Assistant role Monday through Friday to support continuity and consistency of care. This initiative has improved patient flow and strengthens collaboration among physicians and community partners.

Staff morale is high, as demonstrated through effective communication among staff members and physicians. Multidisciplinary discharge rounds are held on Monday, Wednesday, and Thursday/Friday. Representatives from all departments including community services, respiratory therapy, occupational therapy, nutrition services, pharmacy and students participate in these meetings and demonstrate strong interdisciplinary collaboration with mutual respect. Physicians were approachable and engaged, particularly the hospitalist, who was open, professional, and cordial with staff and patients alike. Surveyors observed and received positive feedback regarding the excellent care provided to patients. However, there is the need to provide patients with information on their rights and responsibilities.

Although LHCC is a smaller, older facility, it serves as an excellent learning environment for community college students, medical students, respiratory therapy learners, and other trainees. Quality boards are in use; however, additional initiatives and performance metrics could be displayed to reinforce that quality improvement happens at the frontline level. Current posted data includes falls prevention and hand hygiene compliance.

Both inpatient units would also benefit from painting and maintenance repairs, particularly for damaged countertops.

Table 8: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.2.13	Clients and families are provided with information about their rights and responsibilities.	HIGH

Long-Term Care Services

Standard Rating: 97.6% Met Criteria

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

Assessment Results

The 73-bed continuing care unit is a bright, welcoming space for residents and families. The unit has recently been refreshed to make it feel more welcoming, including the installation of murals along the walls. A recent Continuing Care Health Service Standards audit by the Ministry of Assisted Living and Social Services identified non-compliance in several areas (resident care, training, infection prevention and control, restraint use). The team is in the process of addressing these.

Routes of admission include AHS facilities, community placement process, or through the care coordinator. Patients and families receive an informative admission package that addresses many topics including resident safety, rights and responsibilities, hand hygiene, infection control, and immunizations, among many others. The admission process and assessment is standardized and comprehensive, addressing most essential elements; a trauma-based history is currently lacking, but unit leadership is aware and is planning to incorporate this into resident care. Care plans, both comprehensive care plans and daily bedside care plans, are in place and reviewed regularly. Care is resident-centred and individualized according to the residents' needs and preferences.

There is work to be done regarding the use of validated order sets for the management of infections other than sepsis. Currently, management is individualized.

Resident autonomy is actively encouraged, with a provincial process in place to assess and manage resident risk. Staff support residents in maintaining independence by promoting engagement in self-care, daily activities, and organized outings.

The continuing care unit benefits from many long-tenured staff who work collaboratively as a cohesive team and report strong support from leadership. A family and resident council is in place and open to all residents and families, with residents encouraged to participate.

Overall, residents report being satisfied with the care they receive. They note that staff consistently follow infection prevention practices, such as hand hygiene, and that resident rooms are cleaned daily.

Alcohol-based hand rub dispenser locations should be reviewed to be more at point-of-care; some dispensers may not have been replaced after recent installation of wall murals.

There is a strong focus on quality improvement (QI). There is a quality board in a central location, with relevant metrics and action plans, and results of the most recent resident/family survey displayed. A Quality Committee meets monthly. Recent QI initiatives include participation in Choice+, a multi-centred national project aimed to enhance the dining experience for all residents by improving dining arrangements. Feedback has been very positive. The continuing care unit is also part of the Quality of Life Chrysalis project to transform continuing care homes across central Alberta to provide a warmer, home-like environment and improve recreation activities.

Table 9: 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
3.2.12	The team uses validated order sets for the management of common infections.	HIGH

Palliative Care Services

Standard Rating: 94.7% Met Criteria

5.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The palliative care program consists of two dedicated rooms located on the inpatient unit. A local palliative care society, made up of care aides, raised funds to renovate these rooms to improve comfort for patients and their families.

The rooms provide a warm and compassionate environment that supports dignity and comfort for patients receiving end-of-life care. Each room includes a full bathroom, cuddle bed, separate sleeping area with a couch and chairs, kitchenette, and private washroom facilities for family members. The rooms are designed to feel more like apartments and provide access to the hospital's inner garden area.

Approximately half of the inpatient staff have completed the Learning Essential Approaches to Palliative Care (LEAP) program. Patients receiving terminal care, along with their families, also have access to a variety of community hospice supports that allow palliative care to be provided at home when appropriate. Families are offered information about available options and funding support for additional care staff when needed.

Medical Assistance in Dying (MAID) is also available through Alberta Health Services facilities, including LHCC. A dedicated team is available to support patients and families throughout the MAID process.

Several AHS policies, guidelines, and algorithms aligned with palliative and end-of-life care are not current and are encouraged to be reviewed and updated.

Table 10: Unmet Criteria for Palliative Care Services

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

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	3.1.3 The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	June 8, 2027
Emergency Department	2.4.15 Clients and families are provided with information about their rights and responsibilities.	June 8, 2027
	2.4.16 Clients and families are provided with information about how to file a complaint or report violations of their rights.	June 8, 2027
	2.7.17.2 Documentation tools and communication strategies are used to standardize information transfer at care transitions.	June 8, 2027
Inpatient Services	3.2.13 Clients and families are provided with information about their rights and responsibilities.	June 8, 2027
Leadership	4.3.1 The organization ensures its physical spaces are safe and meet relevant laws and regulations.	June 8, 2027
	4.3.3 The organization protects client and staff health and safety during construction or renovation.	June 8, 2027
Long-Term Care Services	3.2.12 The team uses validated order sets for the management of common infections.	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
	5.1.4 The organization maintains medication storage conditions that protect the stability of medications.	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
	7.2.2 Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	June 8, 2027