ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Tofield Health Centre
Alberta Health Services

Report Issued: June 17, 2026

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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

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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.

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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.

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Surveyor Overview of Team Observations

The teams and leadership at Tofield Health Center (THC) should be commended for exemplifying the model of accreditation ready every day in their daily operations. Without exception, teams were excited to discuss and demonstrate their commitment to quality improvement and creating a safe and welcoming environment for their patients and residents. From the physicians to the nursing staff, leaders, and support staff, the response was “I live here, this is my home and welcome.” There is a strong sense of community and pride in the facility and its services it can offer to the clients of the town and surrounding area.

The linen and environmental services and facilities maintenance and engineering staff perform exceptional work in maintaining this facility. Constructed in 1987, the facility is bright, very clean, open and welcoming. There has been a focus throughout the facility to deploy hand hygiene stations at all doors and high contact points, no doubt contributing to the significantly high compliance with hand hygiene throughout this facility, something that the staff and leadership should be commended for.

Patients, residents and families receiving care at THC expressed universal appreciation for the care they receive at the facility and the programing provided to the community. Families and patients have a high degree of trust in their care and providers and describe the environment as being at home. There are posters up in the main entrance notifying patients/residents of their rights and responsibilities (shared commitments). There may be additional opportunities for the leadership to include this discussion at admission to the facility, as well as continuing to engage residents and patients in partnership in their care and services provided.

Patient flow and continuity of care is a paramount priority with the leaders and staff of the facility. Daily interprofessional rounds occur within the acute care program focused on ongoing care to determine when patients are appropriate for transition of care. Acute care teams meet every Tuesday to confer on placement for patients requiring transition and there are daily huddles with acute, long-term care and the corridor service to facilitate transfer of patients or residents into or out of the facility. With the recent transition to care under the corridor, THC maintains approximately 100% capacity for both long-term care as well as acute care, both utilizing the provincial Refer, Access, Advice, Placement, Information, Destination (RAAPID) service should a patient or resident transfer be required or the facility require assistance, transfer, or capacity relief.

The leadership team is exceptionally committed and visible. Throughout the acute and long-term care areas it is evident that regular leader rounds have built a culture of safety and commitment to the highest levels of resident and patient care.

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Key Opportunities and Areas of Excellence

Areas of Excellence

- Collaborative and engaged interdisciplinary teams.
- A clean and well-maintained facility with exceptional support from linen and environmental services, dietary, and facilities maintenance and engineering teams.
- Strong use of leader rounding. Patients and residents know who the leaders of the facility are and how to get in touch with them.
- Partnerships with the community and engagement with community services.
- Exemplified demonstration of the team model. Every staff member was committed to helping each other.

Key Opportunities

- Continue to work toward engaging all staff with the opportunity to participate in performance appraisals as an occasion for feedback and growth.
- Optimize the use of venous thromboembolism (VTE) prophylaxis for patients and residents in accordance with AHS policies and procedures.
- Enhance input from residents and patients into services and programs to strengthen programming and increase quality of care.
- Develop a quality improvement plan – the site is rich in data, and the team, residents, and patients are interested in improving care.
- Facility infrastructure upgrades - consider connection of generators to air handler units, and age of existing air handler units.

People-Centred Care

The leaders and staff are dedicated in providing residents and patients with care in a model that treats them as equal partners, respects their values, autonomy and dignity and is personalized to their needs. Residents and patients reported their care to be fantastic, and family noted that they would not consider taking their loved ones anywhere else for care.

The patients and residents state that they are uniformly consulted on their care, interventions are explained, they are given choices about what they would prefer, fully participating as a partner in their care. Interdisciplinary rounding occurred at the patient's bedside and included the patient and their family in discussions and decisions related to care and transition planning.

There are opportunities to engage further with members of the community, patients, families and residents on the care they receive to ensure the programs and services delivered at THC meet the needs of the community. The long-term care service has an exceptionally engaged and enthusiastic resident council with ideas to enhance their experience and programming. Patients and their families feel very connected and invested in the services at THC and are willing to provide input. Leaders are encouraged to harness the voices of patients, families and residents to co-develop and partner on services moving forward.

The quality projects related to medication reviews, hospital acquired infection rates and falls reductions are impressive in their data. Leaders are encouraged to include patients and residents in these processes and consider a broader program or facility quality initiative plan.

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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*

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

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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	5 / 6	83.3%
Suicide Prevention Program	Service Excellence	3 / 5	60.0%

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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: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

There is a strong culture of preparation for emergency and disaster management. Leaders coordinate with the town and county emergency management agency, RCMP and fire department for quarterly updates as well as annual tabletop disaster exercises. The facility has up-to-date internal code responses which staff were aware of, including backed up hard copies. In the event of disaster, the facility has business continuity plans to continue service, inclusive of alternative communication devices that are tested.

There is a backup generator that is tested regularly to ensure uninterrupted power to critical systems. The facility also has a backup phone system if land lines and cell phone systems have been disrupted. Contingency plans are in place with non-networked computers on each unit housing document libraries to allow the facility to pivot to hybrid paper/shadow charting in the event of a loss of health network access. Department leaders maintain information to connect with staff in the event of emergency, and units have plans in place to evacuate and account for all residents and patients exclusively of electronic records.

Leadership has been very effective in communicating with the community partners, patients and families to ensure they are prepared. Overall, THC maintains well established emergency and disaster management processes.

Table 2: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

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Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The team has built a strong foundation of infection prevention and control applications into their daily work practices. The program benefits from regular onsite education and support from corridor infection control practitioners (ICPs) who visit the site regularly to provide staff education, conduct audits, guide renovation and facility upgrades, and consult with leadership.

Connect Care is widely used to assist in tracking healthcare related infections. This measure is actively pursued by both the ICPs, leaders and care staff, with active investigations and mitigation strategies implemented if early trends are identified.

Hand hygiene is actively tracked, monitored and audited. The inpatient and emergency departments have achieved a 100% hand hygiene compliance rate for the last several months. Hand hygiene audit results are shared publicly on quality boards in each unit such that patients, resident and families can view this information.

While at the site, the four moments of hand hygiene were consistently observed. The linen and environmental services (LES) team should be commended for the partnership in installing additional alcohol-based hand rub (ABHR) stations. An improvement project at the facility saw the replacement of ABHR hand hygiene stations with hand pumps that have a red flag to alert LES teams to the fact that the pump is empty. This has resulted in swift replacement of empty ABHR stations. An additional improvement in continuing care had the leader work with LES to install motion trigger ABHR hand hygiene stations at the dining rooms to ensure that mobility dependent residents could also utilize them prior to and after meals.

The facility is exceptionally diligent in ensuring that clean and disinfected equipment is not cross contaminated with dirty equipment. Cleaning wipes are attached to all mobile workstations and staff were observed to consistently disinfest mobile workstations and medical devices in between patient/resident uses. Clean and soiled holding rooms are well separated, with minimal hording and the facility is exceptionally maintained. The workplace health and safety committee is in process of obtaining new membership to continue regular meetings.

Table 3: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

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Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

THC is a clean and well-maintained facility. Built in 1987, the facility has been exceptionally sustained and continues to provide service to the community and surrounding area. The facility has clearly marked entrances for the emergency department, acute care and long-term care. There is ample parking space for patients and visitors at the facility. The long-term care wing is wrapped in green space with numerous patios and gardens and provides stunning panoramic views of the prairie.

The hallways are unobstructed, facilitating easy movement of patients or equipment. Use of space has been thoughtful and well organized, with each patient or resident care area having dedicated space for locked medication rooms, separated clean and soiled utility rooms, and dedicated storage rooms.

Patient and resident rooms are a mixture of single and double occupancy rooms; however, room sizes are quite generous, even in double occupancy, allowing ample space for care delivery and personal items. There is limited deployment of fixed ceiling lifts within patient and resident rooms, and this may be an area to consider for future expansion. At present, the site does not have capability to provide negative pressure in any of its rooms or emergency rooms. This may be an area for future consideration.

An onsite kitchen and laundry facility for the long-term care program is located in the basement. The kitchen is equipped with new convection ovens and steam kettles, and existing walk-in fridges and freezers. All equipment is temperature monitored, logged multiple times per day and audited. The laundry department has three washers and dryers, with automated detergent dispensing and temperature control.

There are two backup generators which provide more power than the site can use and are tested weekly. The site has two air handler units, both original to the building and beyond end of life. The air handler unit for the long-term care area is reported to not be equipped with cooling coils and does not provide cooling to residents' rooms. In addition, the backup generators are not wired to the air handler units. In the event of a prolonged power failure during peak summer hours the facility would be without any mechanical means to provide cooling for patients or residents. This may be an area to consider for remediation.

There is a strong team dedicated to the ongoing maintenance and upkeep of the technology to facilitate the care of patients. The facilities maintenance and engineering department maintains logs and audits of all devices within the facility that require ongoing services and provides regular scheduled service on patient beds, laundry equipment, stoves, ovens and plant infrastructure. All work orders are logged and audited, and a 3-year history is maintained on all services that have been completed.

AHS clinical engineering provides regular service to smart pumps and clinical devices. These devices are sent out for service and returned post preventive maintenance per manufacturer schedule.

The facility does not have a Medical Device Reprocessing department and only performs minor procedures in the emergency department. Any trays receive an initial surface clean and are sent offsite for cleaning, disinfecting and sterilizing.

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Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

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Medication Management

Standard Rating: 97.2% Met Criteria

2.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The pharmacy team maintains a clean and organized space within their limited footprint of the facility. High alert, as well as high dose-controlled substances, were appropriately secured within a locked safe in the locked pharmacy department. The site maintains a minimal amount of these medications, with the ability to obtain additional supply on short notice from Red Deer Regional Hospital Centre or Wetaskiwin Hospital and Care Centre if needed. Medications are stored as per AHS policies and procedures, however, should there be future plans to consider space in partnership with the pharmacy services team, a layout that would allow for enhanced separation of look-alike and sound-alike medications or future consideration of automated drug cabinets would be advised.

Medication rooms appear to be stocked for daily use as the pharmacy is on site and replenished the medication rooms each day. The central pharmacy department is a secure department with additional internal security for controlled substances. Over the duration of the visit, these rooms were consistently closed and locked, every drawer was also locked. It is clear the pharmacy team have solid practices in this area.

The pharmacy team is engaged in both VTE prophylaxis and antimicrobial stewardship. Significant progress has been made in rapidly moving patients to the most sensitive antibiotic, as well as tapering patients to oral routes of administration as soon as is permissible. There is opportunity for the team to continue to engage in work on standardizing VTE prophylaxis to the AHS policies and procedures as there appears to be a variable practice outside this. This may be a quality project for the team to take on.

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
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

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Service Excellence

Standard Rating: 94.1% Met Criteria

5.9% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Quality boards are public and visible in both areas of the facility and current to the quality measures ongoing. Leadership is to be commended for the ongoing commitment to ensuring a safe environment for patients and staff. There may be opportunities for a joint quality committee to consider larger scale quality improvement (QI) projects the entire facility could support in an integrated manner. The leaders are encouraged to continue their strong work while partnering with patients and residents to improve quality within the facility.

Staff acknowledged their appreciation for access and support in education and learning available to them. New staff, or those returning from leave are provided with a comprehensive orientation. A full year suite of education is available to staff to participate to enhance and continue skill development.

Performance appraisals and development conversations have been highlighted as a valuable growth and development tool particularly with the regulated health professionals who appear to have been getting these on a regular basis. The unregulated professionals noted most have not had performance appraisals in many years but would value the opportunity to know how they are doing. This may be an area for leadership to focus attention.

Staff had limited knowledge and tools related to suicide prevention education and screening as a routine practice. Leadership has identified this as a gap and instituted a QI project commencing later in May to begin a site wide role out of standardized suicide screening and prevention tools to assist staff with creating an environment that provides patients with increased safety.

The resident council within long-term care is very active, and members of the council have a very open and cordial relationship with the leadership. Residents and family members noted no hesitation with being able to bring forward a concern if needed; however, they were confident that it could be addressed at a local level. Within the inpatient and emergency departments, patients and their families additionally described an environment where the “normal business” is that if they needed to bring something forward, they would see the leader on the unit and bring it to their attention. The culture of service and safety that staff and leadership have created is to be commended as the residents’ and patients’ trust and admiration can be easily felt.

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

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Criteria Number	Criteria Text	Criteria Type
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
4.2.2	Suicide Prevention Program 4.2.2.2 The team leadership ensures the team receives appropriate training and education to deliver safe suicide prevention services. 4.2.2.3 The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders.	ROP
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	NORMAL

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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 is comprised of predominantly individual rooms and one shared room. The layout, a longer “L” shape interrupted by the entrance to the ambulance bay, can create a challenging environment when the care staff are trying to communicate with each other or coordinate care.

Patient care rooms are well proportioned, with ample space for patient care and to accommodate families. The department does not have a formally assigned seclusion room, however there is a room with minimal equipment that can, with short preparation, be used for seclusion purposes.

The department trauma room is well proportioned with both adult and pediatric emergency resuscitation equipment available. While pediatric patients are not admitted into its facility, the site is prepared with both adult and pediatric emergency equipment and staff are training to respond to pediatric emergency situations.

The department benefits from having a dedicated locked medication room as well as private space for patient triage, and physician and care staff charting/consultation.

The facility has not historically endured overcapacity or surge issues. With the transition to the corridor model the facility now operates at near 100% capacity routinely and may find that an overcapacity or surge plan may need to be developed. At present the facility staff operate as a team, flexing the staffing to address the needs of the demand in the facility. Staff within inpatient services and emergency department are cross trained and rotate through both departments. If one area is busy or has time of lower demand the staff flex to support the other department to address surge.

The inpatient, long-term care and emergency department leadership engage with corridor patient flow by attending a daily bed flow meeting. All sites within the corridor discuss potential discharges, admissions, and transfers that may be appropriate to and from their site which includes transitions of care information.

Table 7: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

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Inpatient Services

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Inpatient services comprise 16 beds. The staff in this area are cross trained to work in both the emergency department, outpatient department as well as the inpatient medicine unit. The unit functions effectively, with one nurse and two licensed practical nurses. Interdisciplinary support of pharmacy, part-time occupational therapy, part-time physiotherapy, part time social work, and once-a-week respiratory therapy, occurs weekly to provide rounding and comprehensive discharge and care planning for patients.

Patients and families are included as members of the team in daily rounds which include discussions related to goals of care, ongoing treatment and plans for ongoing needs, including discharge planning or transitions of care. The close connections between the staff and patients were commendable as several patients were supported through challenging discussions with empathy and dignity. It was abundantly clear from all levels that advocacy for patients and families is of strong value.

Care staff note that recent changes have seen the daily census rise significantly, with THC normally running at 100% capacity with a high weekly turnover of patients. This has greatly increased the strain on capacity of staff and every patient/family noted that while care staff are excellent, they are stretched beyond capacity.

Staff and physicians have widely adopted Connect Care, and patient and resident assessment information and documentation are standardized. Staff, leadership and physicians make use of AHS RAAPID service when a patient or resident requires a higher level of care, or the facility is at capacity and cannot accept admission. AHS policy is to place patients within the first available bed within the corridor that is appropriate for their needs.

In review of patient charts, and in discussion, VTE prophylaxis does not appear to be completed consistently with policy and procedure. There is inconsistent use of the order set for VTE prophylaxis; physicians write independent orders for VTE prophylaxis that may not be specific to the patient's weight. The site is encouraged to review their practices in this regard to mitigate risk of harm.

The team should be commended for the dedication to the patients and families in their care. There is a strong sense of community and a spirit of teamwork where everyone helps each other to ensure that patients and their families get the very best.

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Table 8: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.3.9	Preventing Venous Thromboembolism 3.3.9.2 The team follows the organization's procedure to use clinical decision support tools to determine appropriate interventions for a client who screens positive for risk of venous thromboembolism.	ROP

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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

THC has 50 long-term care beds comprised of a secure dementia unit and a general long-term care. The long-term care portion of the health centre is a bright and welcoming environment. Entering this portion of the facility is like stepping into a small town, each wing a street, with residents' rooms brightly decorated. Awnings hang over departments such as recreation and physiotherapy lending to a feeling of community shops. There are numerous patios with gardens where residents grow plants throughout the season and harvest the crops. These are used for canning and cooking, which has become a highlight of the fall season, culminating in a large community sale where residents sell the products made from their harvest. The proceeds of the sale go toward resident programming and donations to the community. The residents maintain indoor hydroponic gardens throughout the winter in partnership with local elementary schools. Students and residents participate in planting, tending and harvesting the herbs and produce, which are donated to local food banks.

The leadership and care staff of the unit are highly committed to the care and wellbeing of the residents and their families. Residents were uniform in their high praise of the staff and their compassion. LTC leadership is passionate in improving the quality of care and environment for the residents. While new to the facility, she has engaged in supporting renovations to improve resident rooms and several QI initiatives to reduce resident falls and improve resident skin integrity.

The resident council is active and meets regularly, with participation from residents, families, and community partners. Residents have expressed frustration with the need to repeatedly bring forward requests for enhanced recreational therapy that supports diversity and meaningful mental and social engagement, as well as greater input into long-term menu planning. One resident shared, "Please treat me as you would want to be treated. Make me feel like I matter." There is an opportunity to strengthen collaboration with residents to support more diverse recreational programming and increased involvement of residents and families in meal and menu planning.

Table 9: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text	Criteria Type
2.1.3	The LTC home leaders enable meaningful daily activities that foster residents' sense of purpose.	NORMAL
2.1.4	The LTC home leaders enable meaningful mealtime experiences that meet residents' needs and preferences.	NORMAL

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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**
Inpatient Services	3.3.9.2 The team follows the organization's procedure to use clinical decision support tools to determine appropriate interventions for a client who screens positive for risk of venous thromboembolism.	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
Service Excellence	4.2.2.2 The team leadership ensures the team receives appropriate training and education to deliver safe suicide prevention services.	June 8, 2027
	4.2.2.3 The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders.	

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