Accreditation Report

Qmentum Global™ for Canadian
Accreditation Program

Barrhead Healthcare Centre
Alberta Health Services

Report Issued: June 11, 2025

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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 April 28 to May 2, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an action planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years 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. 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 Accreditation Cycle

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 is being divided into four distinct health agencies. Once the change 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: Recovery Alberta, Acute Care Alberta and Primary Care Alberta. Recovery Alberta, established in 2024 as the first of Alberta's new provincial health agencies, is responsible for providing comprehensive and accessible recovery-oriented mental health and addiction services and correctional health services across the province. Acute Care Alberta is the new provincial health agency, established in 2025, that oversees the governance and coordination of acute care services (including AHS), emergency medical services and cancer services across Alberta. Primary Care Alberta is the provincial health agency, established in 2025, responsible for primary care, including public health, across the province to support day-to-day health needs through every stage of life.

Accreditation Canada conducts two accreditation visits per year for the duration of the cycle (2023-2027). Accreditation visits help organizations achieve the goal of being Accreditation Ready every day by enabling and empowering teams to work with standards as part of their day-to-day quality improvement activities to support safe care.

Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices (where applicable) occur at tertiary, regional and urban acute, rehabilitation and psychiatric hospitals, as well as cancer centers in the first survey of the cycle (Fall 2023).

During the cycle, location-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Emergency and Disaster Management, Infection Prevention and Control, Leadership, Medication Management, Reprocessing of Reusable Medical Devices and Service Excellence. Program-based assessments are applied to large urban hospitals, provincial, and community-based programs where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach provides a more 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

Barrhead Healthcare Centre is a highly valued health facility within the region, demonstrating strong community integration, patient-focused care, and responsive leadership. Community members consistently described the site as a source of pride, often sharing multigenerational care experiences that reflect longstanding trust in the hospital. Leadership's engagement in municipal partnerships, recruitment efforts, and local committees supports collaborative service planning, particularly in the continued delivery of essential programs such as obstetrical care. While many relationships remain informal, they have proven effective in emergencies and day-to-day operations. There is an opportunity to formalize some of these partnerships to enhance clarity during high-pressure situations.

Leadership at the site is visible, approachable, and strongly committed to both staff and patient needs. The dyad leadership model — pairing operational and medical leadership — enables agile, informed decision-making based on local data and community feedback. Leaders conduct regular rounds, use structured tools like REDCap surveys to capture patient and staff insights, and actively participate in interdisciplinary meetings. These processes promote responsiveness and foster a culture of openness and learning. However, performance development practices remain variable, with inconsistent documentation and follow-up. Strengthening structured feedback and development planning will reinforce accountability and support professional growth across teams.

Staff engagement and morale are clear strengths across departments. Whether in inpatient, surgical, emergency, medical device reprocessing, or pharmacy services, staff consistently demonstrated compassion, teamwork, and clinical attentiveness. Onboarding is flexible and supported through mentorship, while infection prevention practices are embedded in day-to-day care. However, there are persistent operational challenges that affect workflow and safety, including outdated emergency binders, unresolved Wi-Fi issues in clinical areas, and lack of a dedicated spiritual care space. These gaps, while not detracting from the quality of care provided, present risks that should be prioritized through infrastructure upgrades and capital planning.

Service delivery at Barrhead Healthcare Centre is rooted in safe, respectful, and holistic care. Staff actively include patients and families in decision-making, especially in obstetrical and inpatient settings where stories of personalized, multigenerational care were shared. Medication reconciliation, falls prevention, and infection control practices are well established, and teams showed initiative in adapting physical space to support patient flow. Yet quality improvement (QI) processes remain underdeveloped in many areas. Staff are not consistently involved in setting QI priorities, collecting or analyzing indicator data, or evaluating outcomes. The introduction of unit-level huddle boards, clearer project structures, and staff-led initiatives would support a stronger QI culture and ensure progress is both measurable and relevant to daily practice.

Overall, Barrhead Healthcare Centre has cultivated a strong foundation of trust, collaboration, and local responsiveness. Patients and families feel heard and cared for, and staff demonstrate ownership and pride in their work. By addressing gaps in infrastructure and performance management, formalizing quality improvement processes, and ensuring inclusive, data-informed approaches to care, the site is well positioned to build on its strengths and continue delivering exceptional care that reflects the values and needs of its community.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Strong Staff Engagement and Interdisciplinary Teamwork - Staff across departments show high engagement, compassion, and collaboration. There is informal mentorship, peer support, and a clear commitment to patient-centered care evident in areas such as the inpatient unit, emergency department (ED), pharmacy, and perioperative services.

- Proactive Emergency Preparedness - Emergency planning is embedded into operations via "code of the month", hot washes, regular tabletop exercises, and close coordination with Emergency Medical Services (EMS), Royal Canadian Mounted Police, and community partners like churches and chaplaincy. These efforts build a strong culture of readiness.

- Responsive and Community-Focused Leadership - Leadership is visible, responsive, and strongly integrated with regional planning and local municipalities. Leadership rounds and collaboration across Westlock Healthcare Centre, Barrhead Healthcare Centre, and Swan Hills Healthcare Centre enables aligned service planning and resource advocacy.

- Effective Infection Prevention and Control (IPC) Practices - High hand-hygiene compliance, rapid outbreak response, and interdisciplinary IPC participation reflect strong system integration and frontline accountability. Connect Care and direct staff education enhance IPC responsiveness.

- Foundations for Data-Informed Planning and Service Design - The use of Tableau, Connect Care's "Slicer Dicer" tool, REDCap surveys, and leadership rounding provides a solid framework for evidence-based service planning. These tools are already informing evaluations of services like obstetrics and ED volumes.

Key Opportunities:

- Formalize and Expand Quality Improvement (QI) Structures - QI is inconsistent across departments. The ED lacks a quality board, and staff are not routinely engaged in setting indicators or tracking results. Formal QI project structures, timelines, and staff involvement are needed to build a culture of continuous improvement.

- Update Emergency Response and Risk Management Documents - Critical documents in the Hazard Identification and All Hazards Emergency Response binders are outdated (some from 2014–2016). Finalizing updates is essential for compliance and effective response during emergencies.

- Improve Clinical Communication Infrastructure and Data Transparency - Ongoing Wi-Fi issues in the inpatient unit affect documentation and access to Connect Care. Performance metrics (e.g., EMS offload times) are not regularly communicated to frontline staff, limiting their ability to act on system-level goals.

- Enhance Inclusive and Culturally Safe Care Practices - Staff often rely on family members or Google Translate for interpretation. There is no dedicated space for spiritual care. Addressing these gaps would promote safer, more equitable care, especially for patients with diverse cultural or linguistic needs.

- Strengthen Staff Performance Evaluation and Development - Performance reviews and development conversations are inconsistent or informal. A standardized, documented evaluation process would support staff development, reinforce accountability, and align with broader goals for service excellence.

People-Centred Care

The Barrhead Healthcare Centre exemplifies a strong commitment to people-centred care, supported by deep community roots, interprofessional collaboration, and a culture of compassion. Patients and families frequently shared positive experiences, often spanning generations, and described their deep trust in the care provided at the site. Staff consistently demonstrated a commitment to listening, involving families in decisions, and tailoring care to the needs of individuals. This was evident across multiple areas, including obstetrics, emergency, inpatient, and perioperative services, where respectful communication and shared decision-making were consistently observed.

Interprofessional teams work collaboratively to support patients through complex care journeys, often going beyond clinical responsibilities to ensure families feel supported and informed. In the inpatient unit and obstetrics program, families were engaged from admission through discharge, and team members confirmed understanding of care plans, reinforced informed consent, and responded proactively to evolving needs. These examples underscore a culture where partnership and trust with patients and families are foundational elements of care delivery.

The physical and cultural environment at Barrhead Healthcare Centre reinforces this people-centred approach. Staff are deeply embedded in the community they serve, enhancing accountability and compassion in their interactions. Informal community partnerships — such as with the auxiliary and local advisory groups — offer additional avenues for patient and family voices to influence planning and service delivery. While some of these channels are informal, their impact on patient-centred planning is evident and highly valued. The emergency department, for example, leverages informal mentorship and respects patient preferences around consent and information sharing, which are crucial in high-stress, high-volume settings.

There are meaningful opportunities to strengthen this culture further by creating more formal structures for patient and family engagement. While staff demonstrate a strong commitment to patient-centred values in daily practice, formalizing feedback mechanisms, co-design opportunities, and quality improvement roles for patients and families would align with best practices and deepen engagement. Quality boards — particularly in areas like the emergency department and inpatient unit — could also serve as tools for visibility and shared accountability around patient experience, safety, and access metrics.

Finally, investing in infrastructure improvements such as resolving Wi-Fi connectivity issues, creating a dedicated space for spiritual care, and enhancing staff training in culturally safe communication and interpretation services would further support an inclusive, respectful, and holistic care environment. Barrhead Healthcare Centre's strong relational foundation and commitment to care excellence position it well to advance its people-centred care journey through both structural and cultural enhancements.

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Antimicrobial Stewardship	Medication Management	4 / 5	80.0%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	3 / 3	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	N/A	N/A
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	N/A	N/A

Assessment Results by Standard

The following section includes the outcomes from the attestation 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: 78.6% Met Criteria

21.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Barrhead Healthcare Centre demonstrates a strong and proactive approach to emergency and disaster preparedness, embedding readiness into day-to-day operations across departments. A structured routine of monthly emergency and disaster management and infection prevention and control meetings, inclusive of both clinical and non-clinical services, supports this integration. The innovative "code of the month" initiative promotes ongoing learning and keeps emergency scenarios top of mind for all teams. The hospital is also well connected to broader zone and provincial systems through coordinated committee structures, event tracking tools, and post-incident hot wash reviews, which support shared learning and continuous improvement.

Preparedness extends to collaborative relationships with external partners such as local emergency responders, churches, and chaplaincy services. These partnerships, while often informal, are built on longstanding trust and have proven effective during recent emergency responses. The site is encouraged to explore opportunities to formalize these relationships, which would support role clarity and coordination during high-pressure events. The hospital also maintains robust internal processes for surge response, flow control, and patient communication—demonstrated through pre-identified space plans, manual triage tools, and support for families through redeployed staff and community liaisons.

Emergency resources, including procedures and contact information, are accessible to staff via well-known "yellow binders." However, it was noted that several documents within the Hazard Identification, Assessment, and Control binder, as well as the All Hazards Emergency Response binder, are outdated — some documents dating back to 2014 and 2015. The organization is encouraged to continue its current efforts to update these materials to ensure alignment with current practices and guidance. This work will strengthen staff readiness and reinforce the site's strong safety culture. Encouragingly, a site-wide review of emergency planning documents is already underway.

Other notable strengths include a well-managed approach to personal protective equipment (PPE) management and inventory oversight, supported by local coordinators and N95 fit-testing alignment. Staff contact information is maintained and reviewed quarterly, with a pilot of the "Alert Now" system underway to automate notifications. The hospital also demonstrates commitment to accountability and learning

through regular drills, tabletop exercises, and structured debriefings. These practices, coupled with transparent communication strategies and alignment with broader organizational frameworks, underscore the hospital's deep-rooted commitment to emergency preparedness. By continuing to build on these efforts — particularly around documentation updates, incident command system training, and communication with frontline teams — Barrhead Healthcare Centre is well positioned to lead and sustain excellence in emergency management.

Table 2: Unmet Criteria for Emergency and Disaster Management

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
3.1.23	The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	HIGH
3.4.8	The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	HIGH

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Barrhead Healthcare Centre demonstrates a proactive and collaborative approach to infection prevention and control (IPC), with a strong partnership between site leaders and zone-level IPC leadership. The site benefits from the effective integration of Connect Care tools, which generate real-time alerts and automated triggers that support timely identification of risk and appropriate intervention. These tools, along with strong zone-site communication, allow for swift, coordinated responses — exemplified by the recent influenza event, where proactive measures and close collaboration helped contain the outbreak to four individuals. This reflects a high degree of preparedness and effective outbreak management.

Engagement with patients, families, and team members is a core strength. Educational messaging begins at admission and continues throughout the care journey, using approachable strategies such as signage and bedside place mats to promote awareness of hand-hygiene, isolation practices, and symptom reporting. Visitors are consistently informed of precautions, contributing to a supportive and well-informed environment. Internally, information on IPC trends is shared through multiple channels, including IPC meetings and regular communications from the zone lead. Recognizing challenges with information fatigue, the site is working to consolidate messaging into a monthly format to improve accessibility and uptake among staff — an encouraging step that promotes awareness and participation in IPC efforts.

Environmental and support services are well integrated into the IPC program. Leaders from environmental services, dietary, and linen services actively participate in IPC meetings and site walkarounds. A particularly commendable practice is the use of cross-site auditing for cleaning procedures, helping to maintain objectivity and reinforce quality standards. The transition to off-site linen services has enhanced supply reliability, and the site has adapted effectively after initial adjustments. Ongoing education for all team members — provided at orientation and through regular training — ensures staff are equipped to follow IPC protocols including PPE use, outbreak response, and high-risk procedures.

Opportunities remain to strengthen staff engagement with IPC data by implementing visual communication tools such as IPC huddle boards featuring unit-specific indicators like healthcare-associated infection trends and hand-hygiene compliance. While overall hand-hygiene performance is strong, staff were not always aware of these achievements, suggesting that more visible feedback could help connect data to daily practice. Additionally, the emergency department faces physical and staffing challenges, with limited private rooms and increased pressure on environmental services during outbreak situations. The site is encouraged to explore strategies that support sustainable staffing and enhance IPC capacity in high-demand areas.

Overall, Barrhead Healthcare Centre's IPC program reflects a culture of accountability, responsiveness, and continuous improvement. Supported by strong interdepartmental collaboration and community-rooted values, the site is well positioned to continue advancing safe, high-quality care through effective infection prevention and control practices.

Table 3: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Barrhead Healthcare Centre demonstrates strong, community-focused leadership within a regional health model. Site leaders collaborate effectively across Barrhead Healthcare Centre, Westlock Healthcare Centre, and Swan Hills Healthcare Centre to ensure services reflect shared priorities rather than isolated needs. This is particularly evident in the commitment to maintaining obstetrical care — a critical service in the region. The dyad leadership between the area director and medical director enables agile decision-making, supported by real-time analysis of local trends such as birth rates and physician availability. Their ability to advocate for resources, including the recent return of a general practice anesthetist, has directly strengthened local service delivery and reduced the need for patient transfers.

Leadership is actively engaged in community consultation, drawing on informal feedback, municipal partnerships, and patient stories to shape services in a responsive manner. While these relational networks are a strength, there is an opportunity to enhance transparency and learning by formalizing how complaints and feedback are documented, tracked, and analyzed — supporting continuous improvement in alignment with quality standards. Similarly, while leaders demonstrated awareness of system pressures such as emergency department crowding and Emergency Medical Services offload delays, further structure around risk assessment documentation would help inform and monitor improvement plans.

The hospital is also navigating infrastructure challenges. Site leaders have been closely involved in advocating for long-awaited emergency department renovations, recognizing the impact of outdated physical space on workflow and patient care. Though no active construction was underway during the review, there is clear attention to planning for safe operations during future renovation phases. The site has made progress in upgrading clinical technology. However, opportunities exist to strengthen the tracking and upgrade of equipment lifecycle management, preventive maintenance, and replacement planning.

Overall, Barrhead Healthcare Centre's leadership team exemplifies a responsive and patient-centered approach, rooted in local insight and strong cross-site collaboration. With continued investment in formalized data use, infrastructure renewal, and safety oversight, the hospital is well positioned to enhance integrated quality management and sustain high standards of care delivery.

Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 98.3% Met Criteria

1.7% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Barrhead Healthcare Centre has a dynamic and highly engaged pharmacy team that is well integrated into the on-site structure. The department is comprised of an experienced team that is reliable and strongly dedicated to patient safety. The space is organized utilizing the given footprint with robust documentation and auditing processes well embedded. The team shared their journey with Connect Care, including the upfront support, education, and transition to this new standard operating software.

The pharmacy department's physical space is small and cluttered (in an organized manner). It would benefit greatly from a review and investment in maximizing current space and possibly considering redevelopment. The site provides dispensary services to several locations, and the risk for errors due to minimal counter space is well recognized by staff and evidenced during the site visit. The storage and security of medication, including narcotic storage, heparin, and concentrated electrolytes, were evident on site.

Medication reconciliation with the implementation of Connect Care and the pharmacy positioned in the acute care unit creates efficiencies and efficacy in patient safety, demonstrated at the local site level. Antimicrobial stewardship occurs at the zonal and provincial level, and it was evident during the on-site survey that staff were not aware of audits and their results. This presents an opportunity to explore and invest in ensuring audits and results are shared back to the site level to optimize improvements and staff engagement.

The pharmacy staff are a wealth of knowledge and meticulous in their dedication and commitment to patient safety. They are encouraged to continue to evolve and seek out opportunities to further enhance a culture of continuous quality improvement.

There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated. At Barrhead Healthcare Centre, the policy's next review date (2021) has passed, so the organization and site are encouraged to prioritize the review and revision of this policy. The policy related to self-administration is also noted to be dated for review in 2021, and it is recommended that this policy be reviewed and revised in a timely manner.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.2.3	Antimicrobial Stewardship 1.2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	ROP
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

Service Excellence

Standard Rating: 84.8% Met Criteria

15.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Barrhead Healthcare Centre demonstrates a strong and thoughtful commitment to service excellence, marked by proactive leadership, integrated data use, and deep community engagement. Tools such as Tableau and Connect Care's "Slicer Dicer" module allow staff and leadership to monitor service utilization and emerging trends. These insights help shape important service decisions, such as evaluating the sustainability of the obstetrics program. Leadership rounds twice weekly to stay connected with frontline teams and patients, using tools like REDCap surveys to formally capture feedback. This ongoing dialogue supports a culture of responsiveness and continuous learning.

Strong community partnerships are a hallmark of the hospital's service model. Collaborations with local organizations and municipal partners support informed service planning and help raise awareness of appropriate care pathways, such as promoting walk-in clinic services to reduce unnecessary emergency department use. The hospital also demonstrates adaptability in meeting evolving population needs, such as strengthening home care linkages for older adults. Workforce planning is being actively aligned to support these changes, showing a clear focus on long-term service sustainability and patient-centered care.

Opportunities exist to further elevate performance and engagement. Expanding quality improvement (QI) practices to all departments — such as implementing a quality board in the emergency department — would increase visibility of key indicators and foster a shared sense of ownership in improvement efforts. While QI initiatives are underway, formalizing project structures, engaging staff in setting baselines, and tracking progress over time would strengthen the hospital's ability to measure outcomes and prioritize improvements. These steps would also help fulfill the standard's expectations for data-informed, team-driven service enhancement.

Additional opportunities include resolving ongoing Wi-Fi connectivity concerns in the inpatient unit and refresher training for staff on interpreter services to ensure communication practices meet best practice standards - enhancements that would directly support safe, inclusive, and holistic service delivery. Staff would also benefit from While current performance conversations and evaluations are variable, building a consistent approach to staff feedback and growth planning would reinforce a culture of excellence and support professional development. With its strong foundation of community trust, clinical collaboration, and patient-focused planning, Barrhead Healthcare Centre is well positioned to continue advancing service excellence and meeting the needs of the patients it serves.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.2.2	The team leadership identifies and informs the organizational leaders about the team's technology and information systems requirements and gaps.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
3.2.2	The team follows organizational policies on the use of electronic communications and technologies.	NORMAL
4.3.2	The team uses information and feedback about the quality of services to identify opportunities for quality improvement initiatives and set priorities.	NORMAL
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
4.3.5	The team leadership works with staff to design and test quality improvement activities to meet objectives.	HIGH
4.3.6	The team leadership works with staff to use new or existing indicator data to establish a baseline for each indicator.	NORMAL
4.3.7	The team leadership works with staff to regularly collect indicator data and track progress towards quality improvement objectives.	NORMAL

Criteria Number	Criteria Text	Criteria Type
4.3.8	The team leadership works with staff to regularly analyze indicator data to evaluate the effectiveness of its quality improvement activities.	HIGH
4.3.10	The team leadership ensures that information about quality improvement activities, results and learnings are shared with staff, clients and families, organizational leaders, and partners, as appropriate.	NORMAL
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	NORMAL

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Emergency Department

Standard Rating: 100% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The emergency department team demonstrated strong engagement, professionalism, and preparedness during the recent review. Staff showed clear knowledge of the orientation process for new hires, which includes exposure to different shifts, buddy pairing, and a flexible, experience-based approach to onboarding. While formal training in areas such as mental health, pediatrics, and complex care is not mandatory, informal mentorship and access to educational opportunities help support staff development. Surge management protocols are well understood, and escalation measures, including management involvement and overtime call-ins, are used appropriately. Staff also demonstrated a strong commitment to patient-centered care through active monitoring of patients in the waiting room and respectful attention to consent and confidentiality.

Opportunities exist to build on these strengths by enhancing local QI efforts. The addition of a quality board within the department could provide a visible platform to highlight key performance indicators, showcase current initiatives, and support daily team huddles. This would help foster local ownership of quality and safety goals while promoting real-time staff engagement in improvement activities. While data related to emergency department metrics — such as wait times, length of stay, and ambulance offload efficiency — is reviewed at the leadership level, sharing this information more regularly with frontline staff could further support data-informed decision-making and promote meaningful improvements in patient care.

The team is in the early stages of development, and this presents an opportunity to build capacity in organ and tissue donation practices. Staff are encouraged to receive training on the donation process, including how to support families and ensure timely communication with the organ procurement organization. As donation-related procedures are introduced, the site is also encouraged to support staff in documenting all aspects of the process, including the family's decision, in the patient record. Strengthening this area will enhance the department's ability to provide compassionate and comprehensive end-of-life care.

Overall, the emergency department's culture of collaboration, professionalism, and openness provides a strong foundation for growth. By continuing to invest in staff education, improving communication of performance data, and encouraging local QI initiatives, the site can further empower staff and align efforts with broader system-wide goals for excellence in patient care and safety.

Table 7: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The inpatient team demonstrated a high level of engagement and readiness for accreditation. Staff described clear and effective practices for patient intake, service initiation, and information gathering. Admissions from the emergency department and direct admissions from clinics were managed efficiently, with patients typically admitted to the unit within a day. Even in times of high demand, processes were in place to ensure smooth transitions, and staff demonstrated a good understanding of criteria for initiating services and managing escalations in care.

Patient-centered communication and engagement were strongly evident. Staff fostered respectful, open relationships with patients and families, confirmed understanding of care plans, and verified informed consent prior to providing services. Family feedback highlighted the consistently high level of communication and attentiveness provided by the team, reinforcing a strong culture of partnership in care. Staff were proactive in patient safety practices, including regular repositioning to prevent pressure injuries and close monitoring to mitigate fall risks. These observations were consistent with a focus on falls and injury prevention practices and holistic patient assessments.

Safe medication management and effective transitions in care were also emphasized by staff. Medication reconciliation was described as a routine part of the handover process, and two-person identification protocols were consistently followed to enhance patient safety. However, some operational challenges were identified, notably ongoing Wi-Fi connectivity issues that affected the usability of Connect Care. Improving technological infrastructure should be a priority for leadership, as it would directly support timely documentation and enhance clinical workflow.

While the unit maintained a populated quality board, it was not consistently a focal point for daily huddles. In fact, the board was blocked by a bed that was positioned in front of it. There is a significant opportunity to make the quality board a centerpiece for team discussions, using it to drive visibility and ownership of QI activities. Staff demonstrated a high level of engagement and would be well-positioned to lead local QI initiatives that address unit-specific challenges and enhance patient care. Overall, the inpatient team should be commended for their collaborative spirit, dedication to patient-centered care, and readiness for continuous improvement.

Table 8: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Obstetrics Services

Standard Rating: 99.0% Met Criteria

1.0% of criteria were unmet.

Assessment Results

The Barrhead Healthcare Centre provides obstetrical care in the acute care unit with two dedicated private patient suites. The on-site team have a variety of cross trained staff to cover the care needs for this population and during the site visit staff were eager to share the recent local increase in births at the site. Labouring patients and their families are active partners in the care and experience from admission to discharge.

Staff attended to the patient and family needs throughout the obstetrical encounter and experience, seamlessly incorporating medication reconciliation and client identification required organizational practices into the care.

The site and team are early in their QI journey. There is a well-organized quality board upon entry to the acute unit that is blocked by a hospital bed and patient chair. The site is encouraged to explore with staff, patients, and families' opportunities to further grow and enhance a culture of safety and continuous improvement that takes current data and evaluation metrics captured at the local site.

Families shared positive experiences, and many were able to further describe the deeply connected extended family experiences, including several generations being born at the same site. The site was bright with access to outside space and a family room, however the team was unaware of which space could be used for spiritual needs when requested. Some areas such as hallways were quite cluttered with equipment and storage, that presents a safety risk for patients and staff. The Barrhead Healthcare Centre is encouraged to leverage their joy in their work that was obvious during the on-site visit and use this to motivate investment in enhancing QI at the unit and site level.

Table 9: Unmet Criteria for Obstetrics Services

Criteria Number	Criteria Text	Criteria Type
1.4.12	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Perioperative Services and Invasive Procedures

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

The Barrhead Healthcare Centre's perioperative team were highly skilled in team functioning. During the on-site survey several new staff were being onboarded, and the patience, just-in-time education, and support was evident in all observations. The department is divided into restricted designations and access to the area is visually clear in terms of floor marking and door signage.

This site has recently resumed consistent surgical cases after a period without a dedicated anesthesia specialist. The clinical leadership, balancing quality care for patients and families, ensured the safe surgical checklist was smoothly operationalized by the team. It will be crucial for the site to consider additional review and ongoing education for the checklist with the restarting of operating procedures and onboarding of new staff and physicians.

During the on-site tracer, some violations were noted where adherence to applicable Operating Room Nurses Association of Canada (ORNAC) standards and AHS policy related to scrubbing and dress code were not followed. These issues were highlighted with the on-site leadership, along with the recommendation that discussions be held with staff when such violations are identified. Additionally, the site is encouraged to invest in ongoing education, monitoring, and evaluation to ensure standards are followed.

Rooms where surgical and invasive procedures are performed come close but do not meet the standard of at least 20 complete air exchanges per hour as supported by current evidence. However, appropriate filters and monitoring of this space by facility experts continue annually as needed, to work within the age and current infrastructure.

The perioperative team are excited to be back to consistent operating services, exploring opportunities to commit and invest in continuous quality improvement is encouraged informed from local site level data and with input from staff, patients, and families.

Table 10: Unmet Criteria for Perioperative Services and Invasive Procedures

Criteria Number	Criteria Text	Criteria Type
1.1.7	Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	HIGH

Criteria Number	Criteria Text	Criteria Type
1.2.14	The education, certification, and competency of team members involved in reprocessing in the operating/procedure room are verified.	HIGH
2.9.2	A dress code is followed within the surgical suite.	HIGH
2.9.3	Procedures for scrubbing, gowning, and gloving are followed.	HIGH

Reprocessing of Reusable Medical Devices

Standard Rating: 91.3% Met Criteria

8.7% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Barrhead Healthcare Centre's Medical Device Reprocessing (MDR) team is a dynamic and engaged group of staff committed to efficiently completing work that ensures medical devices are cleaned, disinfected, and sterilized as required. The area is limited in space with little to no room to expand and grow. The area where instruments are packaged, sterilized, and stored is organized, clutter-free, and clean. However, the decontamination area is not contained (no door and opens to the hallway area close to laundry) and is very small. There is an identified risk of cross-contamination due to the narrow space and limited counter space.

Additionally, there is no access to a dedicated hand-hygiene sink in this area, which is critical given the nature of the MDR space and processes. The staff and leadership have outlined that this area is part of an upcoming capital equipment redevelopment project and prioritizing this as soon as possible is strongly encouraged.

Processes for endoscopy cleaning and high-level disinfection are clearly posted, and staff can walk through these with ease. However, the risk of cross-contamination for endoscopy-related equipment is evident with the current space and design. The site is further encouraged to consider engaging with IPC to complete an MDR audit.

The staff's ongoing education, including competency records, were incomplete, and this was flagged for the site leadership to take timely and swift action to ensure the staff's competencies are reviewed and prioritized if additional training or education is required. There was also no evidence that team development conversations were completed consistently. The site is encouraged to prioritize and complete this, including competencies, on a consistent basis.

The site is early in their QI journey in some areas, specifically engaging with frontline staff. This is an area that the site is strongly encouraged to enhance, especially in areas such as MDR.

The Barrhead Healthcare Centre's MDR team is dedicated and hardworking, but there are several areas that require immediate attention and improvement to ensure the highest standards of safety and efficiency.

Table 11: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
1.3.2	The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	HIGH

Criteria Number	Criteria Text	Criteria Type
1.3.4	The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	HIGH
2.1.3	Qualifications, requirements, and competencies are verified, documented, and up-to-date.	HIGH
2.1.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
2.1.12	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
3.2.1	The reprocessing area is equipped with hand hygiene facilities at entrances to and exits from the reprocessing areas, including personnel support areas.	HIGH
3.2.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.	NORMAL
5.3.2	Information and feedback is collected about the quality of services to guide quality improvement initiatives with input from stakeholders and team members.	NORMAL
5.3.11	Information about quality improvement activities, results, and learnings is shared with stakeholders, teams, organization leaders, and other organizations, as appropriate.	NORMAL

Criteria for Follow-up

Criteria identified for follow-up by the Accreditation Decision Committee

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 2, 2026
Emergency and Disaster Management	3.1.23 — The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	June 2, 2026
Emergency and Disaster Management	3.4.8 — The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	June 2, 2026
Medication Management	1.2.3.5 — The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 2, 2026
Medication Management	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 2, 2026
Perioperative Services and Invasive Procedures	1.1.7 — Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.	June 2, 2026
Perioperative Services and Invasive Procedures	1.2.14 — The education, certification, and competency of team members involved in reprocessing in the operating/procedure room are verified.	June 2, 2026
Perioperative Services and Invasive Procedures	2.9.2 — A dress code is followed within the surgical suite.	June 2, 2026
Perioperative Services and Invasive Procedures	2.9.3 — Procedures for scrubbing, gowning, and gloving are followed.	June 2, 2026
Reprocessing of Reusable Medical Devices	1.3.2 — The Medical Device Reprocessing (MDR) department is designed to prevent cross-contamination of medical devices, isolate incompatible activities, and clearly separate work areas.	June 2, 2026

Standard	Criterion	Due Date
Reprocessing of Reusable Medical Devices	1.3.4 — The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	June 2, 2026
Reprocessing of Reusable Medical Devices	2.1.3 — Qualifications, requirements, and competencies are verified, documented, and up-to-date.	June 2, 2026
Reprocessing of Reusable Medical Devices	3.2.1 — The reprocessing area is equipped with hand hygiene facilities at entrances to and exits from the reprocessing areas, including personnel support areas.	June 2, 2026