



**ACCREDITATION
AGRÉMENT
CANADA**

Accreditation Report

Qmentum Global™ for Canadian
Accreditation Program

Central Peace Health Complex
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

Central Peace Health Complex is a small rural hospital that is an economic engine for the community it serves. The hospital and health sector partners employ approximately 10% of the population who live in the region. The hospital strives to provide emergency, acute and long-term care services to the population.

Leaders of the site are focused on rebuilding their organizational culture and their relationship with community partners. A strong relationship exists with the other community health service providers in Area 3 of the north zone, the seniors lodge in Spirit River, local Emergency Medical Services (EMS), and regional emergency services. The site enjoys strong support from its community as the community members are strong advocates and raise funds for the site.

The Central Peace Health Complex has had success recruiting and retaining engaged and committed staff and physicians. Patients, residents and their families expressed appreciation for the staff and high-quality care received.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Dedicated and committed site manager and staff, who strive to provide timely, safe quality focused care.
- Innovative approach to recruitment and retention of staff, including the use of registered nursing students to ladder paid positions (e.g., health care aide, licensed practical nurse, registered nurse).
- Successful retention of four physicians who are dedicated to the hospital and to the organization.
- Dedicated pharmacist who drives quality of care for medication management, conducts appropriate audits and rises over and beyond the organizational policies to ensure optimal medication practices.
- Positive resident and family feedback in all areas of the site.

Key Opportunities:

- The site manager is currently fulfilling the responsibilities of three positions; organizational assistance to fill key clerical and leadership vacancies is needed.
- There is a shortage of EMS staff which impacts timely patient transport and safety.
- Patient equipment and supplies need to be processed and sent to the site in a more timely manner.

People-Centred Care

While there is evidence of patient and family engagement and input at provincial and zone levels, there is a need for more engagement at the site level. The organization is encouraged to include patients and family members in the co-design of its services and in quality improvement initiatives at the local level.

Leadership, patients and the community expressed concerns around the shortage of EMS services for safe patient transport.

Patients who are waiting for services are advised which team members to contact if there are changes to their condition and once services are provided, patients are made a part of the team to make sure the care they are receiving is right for them. Patients and their families are made aware of their rights and responsibilities and how to file a complaint or report and violations.

Patients and families are appreciative of their local hospital and are satisfied with the care they receive from dedicated caring teams.

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	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%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
Fall Prevention and Injury Reduction – Long-Term Care Services	Long-Term Care Services	6 / 6	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	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%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	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 – Long-Term Care Services	Long-Term Care Services	4 / 4	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	5 / 5	100.0%

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: 85.7% Met Criteria

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

Assessment Results

The site has a well-established emergency and disaster preparedness program that follows the AHS program. These protocols were tested in a recent community emergency where lockdown procedures were initially considered but later revisited after effective communication with the Royal Canadian Mounted Police (RCMP) detachment. Appropriate debriefs (hotwash) sessions and documentation are completed post-incident and after every mock code or tabletop session. Debriefs are conducted after each emergency incident, and learnings are documented. Findings are shared with team members, and lessons are applied to future situations. Actions are taken to close the loop on identified risks.

Backup processes are in place and documented for downtime or failure of the electronic medical record (EMR) system. Backup generators are in place, and fan-out lists are updated regularly. Code training of staff happens at orientation and on an ongoing basis. Training logs are documented and maintained, though the site is encouraged to follow a regular schedule for emergency preparedness training.

Daily bed huddles and surge protocols are in place; patients are triaged to the right facility where bed capacity is available. The site follows the AHS policy for evacuating patients to AHS sites only. Policies and procedures are out-of-date online as well as in the yellow emergency binder onsite. The site is encouraged to update all emergency policies regularly and develop site-specific protocols that cascade from organizational policies and procedures.

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
3.4.8	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
3.7.4	The organization shares evaluation results with internal and external stakeholders including staff, patients, clients, families, and the community, to promote transparency and learning.	NORMAL

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Central Peace Health Complex follows AHS policies and procedures for infection control. One infection control professional (ICP) provides support to many sites and is onsite one day a week and as required. The ICP is present at monthly quality/safety meetings.

There is no medical device reprocessing department (MDRD) at the site. Patient-use equipment (e.g., IV poles) is cleaned by staff on the unit who follow a cleaning process. Sterile equipment (scissors, scalpels, etc.) are washed and put in the cleaning solutions and transfer containers before being sent to another site for sterilization.

Surveillance for healthcare associated infections is done on admission and during the patient stay as needed. Infection control protocols are followed as needed based on the AHS policies and procedures. A concise surveillance report is created and provided to the site on a quarterly basis. The report is posted on the quality board and discussed with team members. Hand-hygiene audits are conducted regularly; however, the frequency of the audit has been impacted by a staff leave. A second auditor has been trained so that audits can be resumed. Aggregate reports are shared with team members in quality meetings and posted on quality boards.

While there is good day-to-day attention to infection prevention and control, the site can further enhance this program by actively involving patients and families in the refinement of the program. More systematic processes to share feedback from audits, outbreaks, etc., would elevate the program.

The practice of manually washing bedpans in sinks needs to be revisited. The site is encouraged to adopt disposable bedpans or closed-circuit bedpan washing machines. As well, the site is encouraged to declutter the main areas of the building and dispose of empty boxes. Supply boxes should be removed from floors and shelves, and it is also encouraged that all the equipment and supplies be secured with a lock on the supply cupboard and the supply storage area.

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

Central Peace Health Complex is a small rural hospital managing a high volume of inpatient and emergency visits. The site manager has been in place for less than two years and has focused on repairing the culture at the site and the relationships with community partners. Staff, patients, and families express appreciation for the visibility and responsiveness of the site manager. The site is to be commended for making improvements to physician and nurse staffing. Internationally trained physicians and nurses feel welcome at the hospital and have expressed a desire to continue working here.

There is a strong approach to emergency preparedness and infection prevention and control. The organization is encouraged to enhance its approach by proactively engaging patients and families in the development of programs, policies, and procedures, and for sharing feedback with patients and families in a systematic way.

There are clear processes for capital acquisition and upgrades, and a good preventive maintenance program. However, there are long timelines from requests being put in for urgent equipment (centrally) to the time the equipment arrives at the hospital. AHS is encouraged to evaluate its timelines for processing capital equipment requests from hospitals and care delivery sites. Equipment to support staff (e.g., bedpan washing machines or disposable bedpans) as well as automatic dispensing units (ADUs) for medication delivery could further enhance patient safety and staff satisfaction.

Good backup processes are in place, such as generators, EMR downtime procedures, etc. These processes are tested regularly and documented. The site is encouraged to follow up on their plans to implement regular quality huddles with patients, families, and staff, and to conduct regular leader rounding with patients and staff.

Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 99.1% Met Criteria

0.9% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

AHS is responsible for developing corporate policies and procedures for medication management, overseen by the provincial Medication Quality and Safety Team. A strong pharmacist on site assertively manages medication management practices and audits adherence to policy and practices.

The electronic patient record has integrated the required organizational practices (ROPs), which are also included in a patient education pamphlet for all admitted patients. The ROPs are embedded into practice, including an up to date “Do Not Use” abbreviation list, narcotic and heparin safety, venous thromboembolism prophylaxis, high alert medications, and concentrated electrolytes.

It is commendable that high alert medications and electrolytes are stored separately, and like-sounding medications are not stored together. Medication errors and near misses are reported regularly and trended. Action plans are developed based on these trends. Additionally, the site can enhance the engagement of patients and families in systematic ways to improve medication management processes.

The pharmacy and medication rooms are secured, well-organized, and well-lit. There are no ADUs at this site, and there is a large amount of stock medication on the unit. The site is encouraged to consider the purchase and adoption of ADUs to enhance patient safety and reduce risk.

There is evidence of an antimicrobial stewardship program. Physicians receive feedback and audits about their narcotic and antimicrobial practices from their regulatory college. No compounding or administration of chemotherapy is done at the site.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
6.1.5	There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	HIGH

Service Excellence

Standard Rating: 94.9% Met Criteria

5.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Central Peace Health Complex provides a range of healthcare services, including a 24/7 emergency department (ED), acute care, continuing care (long-term care), and community care, including laboratory and x-ray services. There is evidence of strong partnerships within the community and broader provincial system, with a shared focus on working with system and community partners to ensure the best care for patients and families. Public health and home care teams serve the community, providing valuable clinical support and are proximal to the site.

A large number of the clinical leadership team, frontline staff, and physicians are new to their positions and the site, often providing coverage to multiple areas and with shared responsibilities at the site. It is encouraging and commendable to observe and experience the positive engagement, collaboration, and focus on commitment to provide high-quality care to the community they serve. Site clinical leadership addresses risk and safety in an informal manner and is encouraged to work with broader AHS partners to align with a robust Enterprise Risk Management process, on a path to developing a site safety culture. There is a risk assessment matrix for the north zone linked to respiratory virus outbreaks, where the site works with infection prevention control, public health, and the Ministry of Hospital and Surgical Health Services.

There are position profiles with defined roles, responsibilities, and scope of employment for all positions. Managers and leaders use a recruitment management program software tool, where applicant pre-checks are completed by human resources and areas of concern or opportunity for follow-up can be flagged (e.g., international applicants who require support and guidance). Managers and leaders shared that they strive to balance the workload of nursing staff members in a challenging environment with vacancies, ongoing recruitment challenges, and working with agency and locum nursing staff. It is commendable that in the last year, the site has not required agency or locum nursing support, having recruited and retained permanent staff, with little staff turnover.

Training and education are provided to the staff on an online learning system (MyLearningLink), with access to required orientation and annual education refresher modules as well as professional development opportunities. There is an ethical framework in use, with access to an AHS ethicist. Staff are adequately trained on key equipment and devices, with key training including “It’s Your Move” to ensure safe handling of patients. Site leadership acknowledged that staff member performance has not been regularly completed or documented, however, the site manager is well into the process of engaging in staff development conversations, with approximately 30% of staff completed. The ongoing plan is to ensure staff performance conversations are completed annually and with the support of the clinical nurse educator (CNE), to focus on staff in need of learning support or skills acquisition. Site leadership is commended for engaging in staff recognition, including Nursing Week activities, with a plan to recognize other health professions to make it a week of celebration and recognition.

There are policies for patient information, privacy and security, and electronic communication at the zone level that teams access. Connect Care is now well established and there is strong agreement among staff and leadership of the many positive aspects of the electronic documentation and communication tool. It is commendable that patients and families have access to MyAHS Connect, a patient portal. Patients are provided with a barcode or log-in access and can review their clinical notes, appointments, and test results.

Supported by the site quality lead, quality improvement (QI) and safety initiatives are continuing to develop and grow at the site and unit level. The quality lead joins monthly site quality meetings and weekly staff meetings, with managers. Key quality indicators, generated at the zone level, are brought forward to staff and discussed, including hand-hygiene, falls, wait times, and Reporting and Learning System (RLS) incidents. There is a shared quality board visible in the acute, ED, and continuing care areas. The site is encouraged to deepen the focus on quality to identify measurable objectives for QI initiatives including specific timeframes for completion. Patient safety incidents reports are completed online using the RLS system and as required, follow-up with patients is completed by site leadership. Depending on the nature and severity of the incident, a debrief will be conducted and reports are shared with the quality lead. A key opportunity, as expressed by site leadership, would be to enhance QI capacity at the site, unit, and staff level with additional resources and processes to further develop and execute on key quality initiatives. While patient and family advisors provide input at the AHS provincial and zone level, it is recommended that more dedicated resources be available to support patient and family advisors at the site level to participate in QI initiatives, unit and site service design, and decision making. The inclusion of patients and families in huddling and rounding is an opportunity for engagement and partnership, as well as co-design opportunities for any future space expansion at the site.

Site leadership identifies and informs organizational leaders about the team's resource requirements and service gaps. There are daily staffing reviews and updates to leadership on recruitment and small and capital equipment requests. Feedback from staff, patients, and families is gleaned from leader rounding and patient experience surveys. It is encouraged that leadership integrate this feedback and any related data and metrics to their quality board and huddling processes.

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
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
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: 99.1% Met Criteria

0.9% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Central Peace Health Complex provides a 24/7 ED with five beds and approximately 7,600 visits per year, averaging 20 to 40 visits a day. Physicians and registered nursing staff are on site 24/7, and staff have expressed strong support for the ED team and site leadership. Notably, ED physicians have outpatient clinics in the area and follow their own patients if hospitalized, optimizing continuity of care, safety, and quality.

A committed and dedicated team of clinicians and staff support patient care. ED patients and their families or caregivers can access various consult services, including social work, speech language pathology, occupational therapy, physical therapy, psychiatry, public health, onsite pharmacy, dietitians, and palliative care. Emergency Medical Services (EMS), RCMP, and home care services are located near the ED. However, with only one EMS team on-site, there is a risk of delays in patient transport to other facilities due to a lack of available EMS teams both on-site and in surrounding areas. Leadership has identified the need for additional EMS resources at the site and in the area. Adult and pediatric patients who require more acute or urgent care services travel to Grande Prairie and via STARS to Edmonton. There is telehealth access and capacity at the site.

The ED is linked to key AHS strategic priorities, including reducing EMS wait times, decreasing ED wait times, improving patient flow, enhancing access and continuity of care, and addressing ongoing systemic health human resource challenges, including physician and nursing staff shortages and recruitment and retention challenges. The team has expressed the positive impact of having both dedicated ED physicians (four, soon to be five) and locum physicians to support a 24/7 ED on-call model. Leadership is commended for securing dedicated nursing staff, hiring three internationally educated nurses (IEN) and four domestically educated nurses (DEN). Notably, since Fall 2024, the site has not required agency or locum nursing staff. All nursing staff are cross-trained to work in the ED, acute care, and long-term care, enabling a flexible and responsive staffing model to support timely and safe quality patient care.

Patient flow and access to care in the ED are episodic challenges, with processes to monitor length of stay, capacity, and surge, including an overcapacity protocol. In the last two years, the ED has had to close six times due to a lack of nursing staff or physicians. Leadership is commended for their continued and focused efforts to ensure adequate physician and nursing staff are on site 24/7 to support the ED.

The team spoke positively of Connect Care as an effective electronic documentation and communication tool where staff and clinicians can access patient information across multiple encounters and sites. An ED track board, populated by Connect Care, provides real-time information on ED patient census, length of wait, and status in the system. Acute length of stay and expected length of stay are both tracked, with positive performance reported at the site. It is commendable that Connect Care prompts staff to complete and plan care linked to key patient safety screening tools: suicide risk screening and domestic violence

screening. The physical space in the ED, while small, is used efficiently, with good flow and use of space. Site leadership has expressed the need for additional space at the site, including the ED, to Capital Management. The team is encouraged to declutter the walls of paper and laminated postings and explore the use of poster boards, quality boards, and electronic signage. The ED does not have a seclusion room, and leadership is encouraged to secure a space for this use and purpose. With no security services on site, it is recognized and commended that site leadership partners with local RCMP for support in select patient situations.

Staff complete their required organizational learning and education via MyLearningLink and Insite. Professional development education is also offered. Leadership and the team continue to be innovative in the delivery of safe, patient-focused quality care despite system pressures. Patient volumes in the ED can be a challenge and can impact nursing workload. Site leadership is commended for their consistent focus on ensuring adequate and safe nursing staffing levels. It is commendable that the site has a mentoring program and nursing recruitment pathway utilizing third-year undergraduate registered nursing students who are hired by the hospital and practice under the supervision of a registered nurse (RN). The student RNs consolidate their nursing skills and knowledge, providing valuable support to patient care.

Two CNEs, shared across Area 3, provide training and education support to clinical staff. The quality lead, shared across Area 3, focuses on tracking and reporting on quality indicators from Tableau (e.g., hand-hygiene, falls, RLS patient safety incidents, and ED wait times). Monthly staff meetings create a forum for quality-focused sharing and engagement. A quality board is in a central area linked to the ED, acute, and long-term care areas. Information sharing on quality and safety occurs at staff meetings. There is a recognized need to build capacity for QI at the site, with dedicated resources and embedded processes, including huddles and quality rounding. Engaging patients and families in huddling is an opportunity for further engagement and partnership.

Patients interviewed were very satisfied with the care provided and communication from staff. A number were not aware of their patient rights and responsibilities, although Shared Commitments posters were visible in the area. This is an opportunity for engagement with patients and families to ensure an understanding of their rights and responsibilities.

Table 7: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.4.8	Seclusion rooms and/or private and secure areas are available for clients.	HIGH

Inpatient Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The Central Peace Health Complex has a strong and committed leadership presence, including the site manager, clinical coordinator (an RN), physicians, nursing staff, and a pharmacist. The inpatient unit has 12 beds, with two designated as palliative care beds as needed, and a negative pressure room available on site. RNs, licensed practical nurses (LPNs), and health care aides (HCAs) provide direct patient care, and all nursing staff are cross trained to work in the ED, acute care, and long-term care areas. Patients and their families or caregivers can access a variety of services, including social work, speech language pathology, occupational therapy, physical therapy, psychiatry, public health, pharmacy, dietitians, home care, and palliative care. For seniors, staff can access geriatric services through the Senior Complex Care team based in Grande Prairie. Site leadership has noted significant growth in the senior population in the Spirit River and local community, with a new seniors lodge and a future seniors apartment. A key recommendation is to invest in a local or area seniors complex care team and additional space at the site to meet the current and future healthcare needs of the seniors' patient population. The need for additional space at the site has been raised by site leadership to zone leadership through the AHS space and renovation department.

It is commendable that the site is ready to reintroduce volunteers to provide much-needed support following the pandemic. Physicians and the team engage in daily rounds to discuss and plan patient care, determine the best possible treatment plan, and coordinate care and discharge planning. Notably, physicians have outpatient clinics in the area and follow their own patients if hospitalized, optimizing continuity of care and patient safety.

Leadership is commended for securing dedicated nursing staff, hiring IENs as well as DENs. Since Fall 2024, the site has not required agency or locum nursing staff. All nursing staff are cross trained to work in acute care, ED, and long-term care, enabling a flexible and responsive staffing model to support timely and safe quality patient care. Additionally, the site has a valuable nursing mentoring program and recruitment pathway, utilizing third-year undergraduate registered nursing students who are hired by the hospital and practice under the supervision of an on-site RN. The student RNs consolidate their nursing skills and knowledge, providing valuable support for patient care.

Two clinical nurses provide training and education support to nursing and clinical staff working in the ED, acute, and long-term care areas. The team values working with a strong interprofessional team and consistent leadership support. There is a quality lead who works closely with site leadership and teams to focus on tracking and reporting key quality indicators, such as hand hygiene, falls, RLS patient safety incidents, and ED wait times. Monthly staff meetings and huddles create a forum for quality-focused sharing and engagement. A shared quality board is located in a central area. Information sharing occurs at staff meetings and with local leaders, including the local mayor and councillors, to communicate the quality of care and safety practices at the site. There is an opportunity for deeper engagement with staff to focus on QI metrics and how they impact care delivery and quality patient outcomes. The team is a valuable resource for engaging in quality and process improvement.

There are whiteboards in each patient room to aid communication with patients and families, with some completed and up to date. Consider standardizing this important communication tool to provide patients and families with an updated plan of care and the most responsible team members on a day-to-day basis.

Staff report feeling prepared and supported to work to full scope on the unit through online required education and training, additional professional development offerings, and access to a CNE. A strong sense of team and collaboration, a shared commitment to safe quality patient care, and support from

leadership were reported by staff as reasons they thrive at the site, as evidenced by the low staff turnover rate. Patients and families expressed satisfaction with the care they received, describing staff as knowledgeable, caring, and compassionate. Patients and families can provide valuable input regarding care and service delivery that could benefit team members and enhance the quality of care and services. Consider the best approach for gathering additional feedback and utilizing the information for quality improvement opportunities at the site. There is a recognized need to build capacity for QI at the site, with dedicated resources and a focus on embedding processes, including huddles and quality rounding. Engaging patients and families in huddling is a further opportunity for engagement and partnership.

Table 8: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Long-Term Care Services

Standard Rating: 98.4% Met Criteria

1.6% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The long-term care unit at the Central Peace Health Complex supports 13 residents. The unit is locked and attached to the inpatient unit, providing a secure environment. Staff are cross trained to work in all areas of the hospital, and they have expressed comfort and preference for this arrangement. The unit is well-organized with good lines of sight and features a bright and welcoming dining/common area. The environment is clean and inviting.

Residents and their families feel cared for and have expressed satisfaction with the care provided on the unit. Each patient undergoes a structured admission process that includes the best possible medical history completed by a nurse, Braden Scale assessment for development of pressure injuries, Schmid Falls Risk Assessment Tool, assessment of behavioral symptoms of dementia, and assessment of elder abuse.

The medication management approach is sound, with two person-specific identifiers carried out in all observed instances. Observations have shown good patient-centered approaches during medication administration and dining experiences. There is strong evidence of interdisciplinary collaboration and continuity of care on the unit, with staff able to access the physician from the ED for clinical issues that arise.

An active resident and family council, chaired by a dedicated community member, plays a vital role in the site. The unit is encouraged to follow up on its plan to implement regular quality and safety huddles and build on the success and energy of the resident and family council to develop systematic ways to implement co-design with residents and families on the unit. Additionally, there is an opportunity to adopt measures for a zero/least restraint practice.

Table 9: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text	Criteria Type
2.4.1	The team follows a minimal restraints procedure.	HIGH

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	3.4.8 – 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
Emergency Department	2.4.8 – Seclusion rooms and/or private and secure areas are available for clients.	June 2, 2026
Long-Term Care Services	2.4.1 – The team follows a minimal restraints procedure.	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