ACCREDITATION AGRÉMENT CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

George McDougall - Smoky Lake Healthcare Centre

Alberta Health Services

Report Issued: June 11, 2025

Confidentiality

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About Accreditation Canada

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

About the Accreditation Report

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

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

The team at George McDougall – Smoky Lake Healthcare Centre is engaged in providing high-quality patient care and meeting the healthcare needs of the community they serve. Recent efforts to create a team charter for staff, along with the comment board at the main entrance—where staff and physicians can share positive feedback—are clear examples of the spirit of positivity and collaboration that defines the healthcare centre.

There are opportunities to standardize processes for patient rounding, mature continuous quality improvement, and advance person-centred care to advance a high-performance culture of learning, collaboration and partnership.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Recent development of Team Charter
- Comment board with positive comments from staff and patients sets a very positive tone.
- Return of the pharmacist has strengthened medication management.
- Learning culture amongst acute care nursing staff

Key Opportunities:

- Integrate quality boards and quality huddles with information relevant to what team members want to know.
- Standardized processes for daily patient rounding
    - Communication tools for physicians and nurses
    - VTE Prophylaxis
    - Opportunity to co-design with patients/families
- Clarity on process for emergency department diversion for predictability and consistency

People-Centred Care

Patients and families report high levels of satisfaction with the care they receive at George McDougall – Smoky Lake Healthcare Centre. However, while patient and family partners are engaged in the design of services at the provincial and zonal levels, there is little evidence that this occurs at the local level. When the site pursues opportunities to redesign processes that support improved patient care, patient and family partners with a local understanding of the needs of the community and a lived experience should be engaged to co-design services by working with front-line providers, quality improvement specialists and leadership.

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%

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%
	Long-Term Care Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	0 / 1	0.0%
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	3 / 4	75.0%
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%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	3 / 4	75.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Emergency and Disaster Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Emergency and Disaster Management (E/DM) is a division within Provincial Population and Public Health. The north zone team responds to floods, fires, telecommunication failures, evacuations and other emergency situations in Smoky Lake and the surrounding area.

The E/DM team is robust and committed to ensuring that patients, families, visitors, and staff stay safe. An example of keeping staff safe was placing two Helpline Phones in the parking lot due to the many break-ins noted.

There is a pilot project that two sites in Alberta are trialing, called “Rave Alert,” an app that staff can download. George McDougall – Smoky Lake Healthcare Centre is one of these sites. Staff can sign up and receive alerts from the town, such as fires, floods, accidents, etc.

The E/DM team meets regularly, and emergency codes are tested monthly, run by facilities, maintenance and engineering. In long-term care, they often have “tabletop” codes, which are quick exercises for staff to run through the codes. Action plans have been developed from the debriefs and shared with the teams.

The hospital is well integrated with its community partners, including other northern hospitals, fire, police, and the community.

Table 2: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The infection prevention and control (IPC) team are commended for their strong commitment to a quality IPC program. The intent of the program is to assist the site by improving the health and quality of life of the people served by preventing or reducing the risk of healthcare associated infections.

The team is committed to best practices of IPC standards. All required organizational practices and high priorities have been met. The site is kept clean and clutter free. The entrance to the building is welcoming and calm. Hand sanitizers are placed throughout the site.

There is a great relationship with the staff and the off-site infection control professional. Staff feel supported around IPC concerns by leadership and the IPC team. There is an IPC committee supporting the program that meets on a regular basis, and minutes are circulated.

Hand-hygiene audits are completed monthly and shared on the quality board; goals are met most months. Healthcare associated infections are tracked, reviewed, and shared monthly with the teams. Quality improvement (QI) is a priority for the IPC team. Daily huddles around the quality board are recommended.

The equipment that is used for personal hygiene in the emergency department (ED), acute care and long-term care (LTC) (such as basins, urinals and bedpans) are currently being cleaned manually. It is recommended that the team seek other methods to reprocess/disinfect or sterilize this equipment.

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

The staff at George McDougall – Smoky Lake Healthcare Centre demonstrate a strong sense of pride, positivity, and professionalism in their work. Team members are consistently welcoming and supportive, creating a warm and inclusive environment for both patients and colleagues.

Many of the registered staff are cross-trained, enabling them to assist across various roles as needed. This flexibility fosters a collaborative culture where workloads are shared equitably, and staff feel well-supported by their leadership.

There is a clear and consistent commitment to quality and safety for patients, families, and staff alike. Concerns and complaints from patients and families are addressed promptly and respectfully, reinforcing trust and transparency. The team embraces a spirit of openness and continuous improvement, actively seeking opportunities for positive change.

Families express confidence in the care provided, often noting that their loved ones feel safe and well looked after. A prominently displayed positive comment board, featuring feedback from both staff and patients, further contributes to the uplifting and affirming atmosphere of the site.

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

There is one pharmacist and one technician. The workload was manageable for the ED, acute care, and LTC areas. Medication reconciliation did not meet its target due to the pharmacist not being present (they were off and there was no replacement) from June 2024 to the end of March 2025. The work has resumed.

The medication room for acute care and ED is small but staff have adapted their work to the space. Narcotics were double locked, look-alike medications were separated, and there were no hazardous chemicals being used.

The pharmacist attends the Provincial Drugs and Therapeutics committee and Resident Council (LTC) meetings monthly and any other meetings as requested. The antimicrobial stewardship program has been newly initiated, and the data has been pulled and presented to the committee. This was also presented to the staff in April as part of the monthly meeting.

There is no compounded or chemotherapy drugs given at this site therefore no hood or negative pressure room is needed. The emergency night cupboard is in the medication room and is locked. There is always a pharmacist on-call after hours, although often in areas not close to Smoky Lake.

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: 88.6% Met Criteria

11.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Partnership with the surrounding First Nations and Metis populations is supported by a grant received through Healthcare Excellence Canada to strengthen the relationships between the local healthcare teams and Indigenous communities. While this grant initially targeted the teams at Lac La Biche, the partnership will also benefit Smoky Lake. The local leadership should be commended for spearheading this important work.

The local team recently undertook the creation of a team charter. Within it, the mission and objectives for George McDougall – Smoky Lake Healthcare Centre staff affirm a collaborative, positive, and respectful team environment. The values of the staff are articulated and captured.

Staff at the site noted that the lack of on-site leadership is a challenge. The clinical manager splits their time between two locations. To support on-site leadership, the non-clinical managers responsible for this site should consider coordinating a predictable, even if infrequent, on-site schedule to enhance leadership presence.

There is a strong commitment to continuing education among the nursing staff at the site. They have completed Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Trauma Nursing Core Course nursing courses to support their emergency nursing skills. Regular skills days are held, and competency is demonstrated in using infusion pumps and other medical equipment. This is tracked and monitored. Some education is conducted locally with a clinical nurse educator who supports the team and is shared with a neighbouring site. Performance evaluations/development conversations are not regularly conducted, and this is an area that could be addressed to ensure the ongoing development needs of staff.

The team has adapted and integrated electronic medical records (Connect Care) into how care is provided at the site over the past 18 months. However, there are components of Connect Care that are not fully realized by both nursing and physicians. Nurses do not consistently use nursing-initiated order sets and protocols, and physicians do not use established protocols or order sets that support best practice, reduce variation, and ensure patients are treated consistently. AHS may wish to refresh learning opportunities with on-site blitzes by super users or coaches that can support the full realization of Connect Care’s potential to improve provider practice and patient care.

A quality board exists within the healthcare centre. There is an opportunity to conduct regular weekly huddles around the quality board to reinforce the shared information and encourage dialogue. The boards and huddles should include topics and information that matter to the frontline staff and serve as an opportunity to identify and address important issues. Topics of discussion and review can stimulate ideas for QI projects that could be carried out locally by the teams in partnership with patients and families to improve care.

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
2.3.1	The team leadership assigns and reviews the workload of each staff member in a manner that ensures client and staff safety and well-being.	NORMAL
4.1.4	The team develops protocols and procedures for reducing unnecessary variation in service delivery.	HIGH
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL
4.3.9	The team leadership works with staff to implement throughout their services the quality improvement activities that were shown to be effective in the testing phase.	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: 94.5% Met Criteria

5.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The ED at George McDougall – Smoky Lake Healthcare Centre is an efficient and high-functioning department. The team is dedicated to providing high-quality patient care, taking pride in their work and caring deeply about their patients. Patients report high levels of satisfaction with the care they receive.

Every Thursday evening, the ED is on diversion. There is a process outlined for managing patients who present to the ED during those hours, as well as the responsibilities and expectations for nursing staff. However, the guidance binder includes outdated protocols and the algorithm/decision tree, written guidance from the local leadership, and official AHS protocol provide different, contradictory guidance. Furthermore, what the staff described as the process did not match what was outlined in any scenarios. Most concerning is that nurses face the challenge of calling neighbouring hospitals to review patients with a CTAS score of 3-5, and the physician is not obliged to review the patient. This is not a sustainable or predictable solution. A virtual ED solution exists in nearby Lac La Biche when the ED is on diversion. This pilot began in January 2025 and could serve as a model for George McDougall – Smoky Lake Healthcare Centre.

The healthcare centre is well-served by rural locums who come out almost every weekend. This leaves three days of the week where the four physicians in the community are consistently expected to provide after-hours call coverage. Physician leaders at the zone level are encouraged to review the current call arrangements with the local physicians to ensure that physicians are reasonably fulfilling their obligations in respect to call coverage under the practitioner staff bylaws and rules, as well as the continuity of care standards of practice as outlined by the College of Physicians and Surgeons of Alberta.

Leadership is encouraged to coordinate with neighbouring communities to ensure that where ED diversions must occur, they are coordinated and mitigate the risk posed to the greater population.

There is an opportunity to consistently complete a best possible medication history for all clients.

Table 7: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.1.3	Timely access for clients is coordinated with other services and teams within the organization.	HIGH
2.1.4	There is access to the emergency department 24 hours a day, seven days a week.	HIGH
2.1.8	Standardized processes and procedures are followed to coordinate timely inter-facility client transfers and transfers to other teams within the organization.	NORMAL
2.5.5	Medication Reconciliation at Care Transitions - Emergency Department 2.5.5.1 Medication reconciliation is initiated for all clients with a decision to admit. A Best Possible Medication History (BPMH) is generated in partnership with clients, families, or caregivers, and documented. The medication reconciliation process may begin in the emergency department and be completed in the receiving inpatient unit.	ROP
2.5.14	Priority access to consultation services is available 24 hours a day, 7 days a week.	HIGH
2.7.7	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	HIGH

Inpatient Services

Standard Rating: 92.3% Met Criteria

7.7% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Patients admitted to George McDougall – Smoky Lake Healthcare Centre receive inconsistent patient care due to variation in practice and disorganized morning rounding practices. Order sets and protocols that support best practice in patient care are not routinely used, orders are inconsistently entered by physicians and communication between nurses and physicians is not supported by standardized processes. As a result, venous thromboembolism prophylaxis is not routinely ordered on all eligible patients, and medication reconciliation does not consistently occur.

Ideally, daily patient rounds occur with the charge nurse and physician seeing patients together and with the family members of patients present to understand and share in the formulation of the care plan. It is challenging for the charge nurse to round with physicians when all four of them start rounding at the same time. It is recommended that physician start times are staggered or another form of intentional, consistent rounding be considered for the team so that ideal rounding processes can occur and support optimal care for all inpatients. Further, communication tools that facilitate structured and consistent information sharing between nurses and physicians should be explored.

There is an opportunity to engage patients and families in co-design at the local level. The implementation of standardized inpatient rounding practices supported by structured communication between care providers could serve as an excellent opportunity to partner with patients and their families to co-design this process. With the support of QI specialists, physicians, nurses, allied health professionals, and patient/family partners can design a model that works for all parties involved in care provision.

Table 8: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
1.1.1	Services are co-designed to meet the needs of an aging population, where applicable.	NORMAL
3.3.7	Medication Reconciliation at Care Transitions Acute Care Services (Inpatient) 3.3.7.1 Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	ROP

Criteria Number	Criteria Text	Criteria Type
3.3.10	Venous Thromboembolism (VTE) Prophylaxis 3.3.10.2 Clients at risk for VTE are identified and provided with appropriate, evidence-informed VTE prophylaxis.	ROP
3.3.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	HIGH
3.3.18	Where appropriate, clinical care pathways are consistently followed when providing care to clients to achieve the same standard of care in all settings to all clients.	HIGH
3.4.4	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	HIGH
3.4.15	Clients and families have access to psychosocial and/or supportive care services, as required.	NORMAL

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

There is a 23-bed LTC attached to George McDougall - Smoky Lake Healthcare Centre.

The environment was clean and organized and clutter free. The staff is made up of health care aids (HCAs), licensed practical nurses (LPNs) and registered nurses (RNs). The manager of this team shows their commitment to the nursing team and the team is dedicated to the home and their residents.

Continuous training and education occur for the team, including wound training, behavior training, international training (specialized nurses), safe mobility, minimal restraint, suicide risk and any other training or education staff requires. Yearly training has been mandatory; however not all staff are up to date.

The pharmacist and registered nurses ensure medication management is completed according to the standards.

The team has a great relationship with residents and families. Shared Commitments is shown to families and residents on admission and reviewed as required. Care conferences occur monthly with the whole team.

There is great communication between the teams. The manager meets with HCAs each week on one day and nursing staff on another day. Staff also receive emails, texts and other forms of communication.

Table 9: Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Palliative Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Palliative care consultative services are established and utilized at George McDougall – Smoky Lake Healthcare Centre. There is a dedicated palliative care room that is patient and family-centred located on the inpatient unit.

Processes to consult palliative care are well understood and staff spoke highly of the services that are provided by the team for patients. The team works with the patients and their families to ensure the care they are receiving is right for them and that their wishes are followed, where appropriate. Advanced care plans are kept up-to-date and shared with the appropriate members of the patient's team (including family and health providers). There are policies and procedures in place to address requests for medical assistance in dying (MAID).

Table 10: Unmet Criteria for Palliative Care Services

There are no unmet criteria for this section.

Criteria for Follow-up

Criteria identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	Criterion	Due Date
Emergency Department	2.1.3 - Timely access for clients is coordinated with other services and teams within the organization.	June 2, 2026
Emergency Department	2.5.5.1 - Medication reconciliation is initiated for all clients with a decision to admit. A Best Possible Medication History (BPMH) is generated in partnership with clients, families, or caregivers, and documented. The medication reconciliation process may begin in the emergency department and be completed in the receiving inpatient unit.	June 2, 2026
Emergency Department	2.7.7 - Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	June 2, 2026
Inpatient Services	3.3.7.1 - Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	June 2, 2026
Inpatient Services	3.3.10.2 - Clients at risk for VTE are identified and provided with appropriate, evidence-informed VTE prophylaxis.	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