



**ACCREDITATION
AGRÉMENT
CANADA**

Accreditation Report

Qmentum Global™ for Canadian
Accreditation Program

High Prairie 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

The High Prairie Health Complex, built in 2017, provides a range of health services including a 24/7 emergency department, acute care, community services, laboratory and x-ray services.

The building is well designed to meet the needs of the patient population that it services. There is a multifaith spiritual space within the building that is enjoyed by patients, families and staff. Cultural diversity and inclusivity are strongly supported and there are plans underway to host a powwow on the beautifully maintained grounds of the facility, inviting all community members.

The people of High Prairie and surrounding area value their hospital and relationships are strengthened through regular meetings between site leadership and community partners. There are active and engaged volunteer programs which include hospital auxiliary, hospital foundation and palliative care volunteers.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Active volunteer programs include auxiliary, community foundation, and palliative care.
- The building is well designed to meet the needs of the patient population that it services.
- High functioning multidisciplinary team that are patient focused in their approach. The culture is described as "We are a family, even when there are problems."

Key Opportunities:

- Complete the quality improvement cycle surrounding antimicrobial stewardship by sharing audit results so practices can be improved.
- Revisit space and program utilization, such as perioperative and obstetrical spaces that are currently not in use.
- Continue to address Emergency Medical Services and paramedic staffing shortages to improve key performance indicators around access and flow and patient transfer times.

People-Centred Care

Patients shared they felt comfortable with the care they were receiving; they had input into their plan of care and were clear on the goals of care. Information is provided to patients on how to prevent injuries and how to keep themselves safe. Care is approached with dignity and respect and is underlined with a culture of safety. Patients are provided with opportunities to self-manage their chronic disease, and individual needs are carefully considered during the transition planning phase.

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%
Concentrated Electrolytes	Medication Management	3 / 3	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%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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%
Narcotics Safety	Medication Management	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	4 / 4	100.0%

Assessment Results by Standard

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

Core Standards

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

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

Emergency and Disaster Management

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Managers at the site ensure on-call notification of emergencies is in place, and leaders have incident command training to step up when necessary and anticipate needs. There is a new and welcomed emergency management officer for the north zone.

The team shared real-time experiences, training, and improvements based on actual emergency situations as well as their routine for emergency response practice.

Risk assessments for the site are in place. Yellow binders are prominently displayed, and staff were aware. There is a gap in understanding how the local work fits into a larger AHS risk plan. A next step may be to add this information to the front of the yellow binders or have the zone officer provide higher-level education at sites for stronger understanding of what may come into play for larger emergencies or ones the site is not part of.

The personal protective equipment cart)was fully stocked and secure at High Prairie Health Complex with nothing outdated.

This team is committed and well-connected with community services and partners for mutual need and ongoing preparation. The site emergency and disaster management committee member is enthusiastic and very organized. The level of interest and critical thinking by all involved in this area was great to see.

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 new infection control professional (ICP) has been in the role for four months with a strong start to-date and a goal to obtain Infection Prevention and Control (IPC) licensure. High Prairie Health Complex is fortunate to be the home base for this position with the benefit of being onsite to help address questions or concerns in person.

There is evidence of consistent hand-hygiene education and training, and hand-hygiene compliance. Processes are in place and are being followed and shared as expected. There is a very enthusiastic and dedicated staff member completing regular hand-hygiene audits. The site is encouraged to recruit additional hand-hygiene auditors to expand audits.

The ICP easily described all steps, actions and reporting done from start to finish in a recent COVID-19 outbreak at the site. Information about healthcare-associated infections and recommendations from outbreak reviews are shared with team members and leadership. Infection rates are tracked and analyzed to prevent recurrences where possible.

Processes were in place and being followed for cleaning and low-level disinfecting of medical devices and equipment used at the site.

The new IPC tool for conducting annual site practice reviews, aimed at providing real-time feedback and ongoing coaching support, has not yet been implemented at this site. It will be exciting to see how this assists and adds to IPC work and understanding.

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

This is a beautiful and well-kept newer building. The extensive grounds are also well maintained by an organized and skilled facilities maintenance crew. Site tours continue to identify any needs or risks. Newer laws and legislation for building code and health care are in place. There was high attention to incorporating patient and staff safety in all areas of this building which includes non-patient areas like administration. For example, rooms have a scan swipe system for entry, and panic buttons are in place in targeted areas. Incidents and patient concerns are investigated and shared as per policy.

High Prairie Health Complex is fortunate to have an active local community foundation and hospital auxiliary. Volunteers were in place at the gift shop and shared their impact on fundraising and funding of needed equipment for the hospital. This past year, there was an appreciation event for them, with over 40 staff in attendance, to celebrate the hard work of these hospital supporters.

The leadership team is working hard together as they continue to recruit to vacancies. The culture in High Prairie Health Complex is described as a sense of family even when there may be challenges. It was a welcoming environment and this snapshot of the work being done was positive and great to see.

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 High Prairie Health Complex pharmacy is staffed by an onsite pharmacist and pharmacy assistant five days per week. There is 24/7 access to a pharmacist via telephone for support and clinical guidance. Medications are received prepackaged, in unit dose, and are delivered twice per week from the regional pharmacy.

The main pharmacy is well-lit, clean and well organized. Inpatient units enjoy the use of automated dispensing cabinets, and the medication rooms are bright, spacious and designed to decrease distractions. There are opportunities to improve the storage of medication on the inpatient unit. Mainly, the medication carts' locking mechanisms are not operating properly, and the carts are stored in the unit hallways, creating risks in accessibility of medications.

The pharmacy department is actively engaged in patient care from admission through to discharge. Antibiotic stewardship is embedded into practice, however, the organization is encouraged to move forward with sharing goals and results surrounding antibiotic stewardship with front line staff, so that they may improve and adjust their practices at this site.

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: 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

New leaders have recently been recruited to High Prairie Health Complex, and their transition has been supported in a staged manner. As a result, the site has not been able to fully comply with performance appraisals/development conversations. Leaders are encouraged to follow through with their set goals of completing these conversations and identifying opportunities for growth and development. There is a publicly accessible staff recognition display, and staff are also recognized for long service awards.

The people of High Prairie and surrounding area value their hospital, and relationships are strengthened through regular meetings between site leadership and community partners. There is strong support for workplace health and safety and violence prevention. Safety inspections are conducted, incidents are reviewed and adjustments are made to improve and prevent future incidents when required.

The North Zone Quality Council meets monthly which includes community partners. The site is supported by a quality improvement (QI) consultant who helps with regular tracking with the organization's key performance indicators (KPI). In addition to the broader KPIs, the site is involved in QI initiatives that involve specific regional initiatives such as the Alternate Level of Care project, and access to Nurses Specialized in Wound, Ostomy and Continence. It is encouraged to continue to meet regularly with site leaders and support them with inspiring unit specific QI projects with front line staff.

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

Service Specific Assessment Standards

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

Emergency Department

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

This new emergency department (ED) has a physician designated for each shift. At times they may need to be called as some also work in clinics during their ED shift. There are two registered nurses for each shift and one licensed practical nurse. Staffing can be a challenge, and the last time a patient had to be diverted to another site due to staffing was approximately a week ago.

The trauma room is large and used for high acuity patients and resuscitation. There are some posters up to guide advanced cardiac life support algorithms. These posters are from 2015 and should be removed and replaced with more recent ones as the treatment pathway has been updated by Heart and Stroke Canada. The pediatric pathway for resuscitation would also be valuable to post. In the trauma room, it is recommended to consolidate and place all pediatric equipment in the same area for ease of use and reference, including the Broselow tape. At the nursing station it is suggested that all binders and printed content are reviewed to ensure they are up to date. Some order protocols with hard copies for use are dated as 2010.

The emergency carts are set to go, but there is no way to be sure if someone has gone in and removed something. Options should be considered to see this easily, such as tape or a breakaway lock.

The triage space and process are well situated within the same area (entry) as the admitting and the security area. This site has security 24/7, and staff are appreciative and find them helpful.

There can be some timing challenges from time of triage using the Canadian Triage and Acuity Scale to seen in the ED when they are down a nurse or it is busy, though times are considered reasonable by the team. The AHS assessment and reassessment policy is not specific regarding initial times, and it may benefit from adding actual target times, all in one place.

Emergency Medical Services (EMS) challenges are present with transfers as they often do not have manpower or an ambulance to support transfers for consult or testing. This is frustrating for medical staff and nursing. Options to travel/transfer in taxi or with family are not always feasible for a number of reasons. The zone is encouraged to continue to address EMS and paramedic staffing shortages to improve KPIs around access, flow and patient transfer times.

There is an experienced, committed team, with some long service team members. At times they are willing to stay late when short, and other days know they will work short. They stay professional, focus on patient care and do their best. This can impact retention and satisfaction.

Medical staff and nursing staff take students, and it is considered a way to intentionally recruit. This is a smooth-running department and one to be proud of. Update that old content on walls and in binders and show it off!

Table 7: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

Inpatient Services

Standard Rating: 97.8% Met Criteria

2.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

There are 30 inpatient beds, including one bed that is kept open and available for obstetrical emergency deliveries. The inpatient program is predominantly adult-focused; however, the unit is prepared to accept pediatric patients. Emergency equipment is available for adults, pediatrics, and obstetrical patients. Laboratory and some diagnostic testing are available onsite, however, patients are required to travel for some diagnostics and specialist services, and this is often delayed due to lack of patient transportation services in the north. There is a well-established system of escalation to transfer patients who require a higher level of care to larger centers. The organization is encouraged to continue to bring a coordinated, QI lens to improve the challenges that exist in the patient transportation systems in the north.

There is a high-functioning, interdisciplinary team that comes together for well-orchestrated, patient and family centered discharge planning rounds. Transition plans include input from the patient and family and are communicated to all partners. Team-based care is supported by clinical systems that embed required organizational practices (ROPs). Many standardized assessments are used and there is an opportunity to work with the ED to initiate a geriatric needs assessment earlier in the patient's stay in the hospital.

Table 8: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.3.3	The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.	HIGH
3.3.14	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.	NORMAL

Criteria for Follow-up

Criteria identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	Criterion	Due Date
Inpatient Services	3.3.3 - The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.	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