



**ACCREDITATION  
AGRÉMENT  
CANADA**

# **Accreditation Report**

Qmentum Global™ for Canadian  
Accreditation Program

Manning Community Health Centre  
**Alberta Health Services**

Report Issued: June 11, 2025

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## About Accreditation Canada

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

## About the Accreditation Report

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

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from April 28 to May 2, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

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

## Program Overview

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

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

# Executive Summary

## About the Accreditation Cycle

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a continuous approach to quality by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

As part of government restructuring, AHS is being divided into four distinct health agencies. Once the change is complete, AHS will serve as a Service Delivery Organization, with a focused mandate on delivering acute care services within hospitals operated by AHS. Current agencies include: Recovery Alberta, Acute Care Alberta and Primary Care Alberta. Recovery Alberta, established in 2024 as the first of Alberta's new provincial health agencies, is responsible for providing comprehensive and accessible recovery-oriented mental health and addiction services and correctional health services across the province. Acute Care Alberta is the new provincial health agency, established in 2025, that oversees the governance and coordination of acute care services (including AHS), emergency medical services and cancer services across Alberta. Primary Care Alberta is the provincial health agency, established in 2025, responsible for primary care, including public health, across the province to support day-to-day health needs through every stage of life.

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

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

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

To further promote continuous improvement, organizations have adopted the assessment method referred to as attestation. Attestation requires teams to conduct a self-assessment against specified criteria and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization's knowledge. These ratings are used to inform an accreditation decision at the end of the four-year accreditation cycle.

Following each accreditation survey, reports are issued to support the organizations' quality improvement journey. At the end of the accreditation cycle, in Spring 2027, an overall decision will be issued that includes the organization's accreditation award.

## Surveyor Overview of Team Observations

The Manning Community Health Centre offers a range of healthcare services including a 24/7 emergency department (ED), acute care, continuing care, community, laboratory and x-ray services. The site provides care to approximately 7,500 patients in their ED each year. The ED is busy in the mornings and there is a physician onsite during daytime hours, along with a dedicated triage/emergency registered nurse.

The site, even though it is 25 years old, appears to be brand new due to the team's dedication and compassion. Despite its small size, the hospital is well-integrated into the community, collaborating with community and urban partners to ensure compassionate care for all. Physicians, nurses and pharmacy work as a collaborative team. Staff are proud to provide patient-centred care with many stating "I work here to keep my community healthy".

## Key Opportunities and Areas of Excellence

Areas of Excellence:

- Compassionate care for patients/residents and each other
- Collaboration between programs and services
- Responsive to health and psychological safety of staff
- Efficient pharmacy team that meets or exceeds times for restocking medications
- Exceptionally clean environment in the pharmacy and the entire hospital, with staff commended for the cleanliness of the facility.

Key Opportunities:

- Empower staff and physicians to lead local quality improvement while harnessing and sharing quality data at the local level
- Continue to achieve gains in recruitment and retention
- Automated dispensing cabinets
- Review drug expiration dates to extend to the one-year manufacturer's expiration date.

## People-Centred Care

Manning Community Health Centre is considered "a gem in the community," as described by a patient during the accreditation visit. Patients, residents and families report a high level of satisfaction with the compassionate and quality care they receive. The physicians and other members of the team conduct daily bullet rounds and involve patients and families in care planning.

There has been significant involvement at the provincial and north zone level by patient care advisors in various clinical processes and practices such as infection control, quality improvements, and emergency preparedness. There are numerous opportunities for patients and families to provide feedback at a local level. Staff are responsive to this feedback, enabling input into both clinical and non-clinical activities.

The team is working with the zone to develop local specific questions on the patient satisfaction survey to increase their responsiveness to patient and family feedback. The long-term care (LTC) unit has an active resident council, effectively infusing the voice of residents and families into processes and practices.



## 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**

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%

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
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%
	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%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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%
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: 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

Emergency and disaster response plans are accessible on Insite and within yellow binders at this site. Many plans have been updated regularly, but some plans are due for review, including *Code Purple* and *Code Grey* for the north zone.

A decontamination area with showers is available adjacent to the emergency department (ED), and a negative airflow isolation room is available at this site.

Regular drills occur and are assessed for learning, with reports regularly submitted to AHS.

The site is encouraged to ensure that the hard copy of policies stored in yellow binders at the site reflects the up-to-date information available on Insite. Regular drills should continue to be practiced at the local site level to identify improvement opportunities.

**Table 2: Unmet Criteria for Emergency and Disaster Management**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
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

# Infection Prevention and Control

**Standard Rating: 98.2% Met Criteria**

1.8% of criteria were unmet. For further details please review the table at the end of this section.

## Assessment Results

A well-trained team of infection control professionals (ICPs) provide support to the north zone. The Manning Community Health Centre has a dedicated ICP that provides support to their site and is accessible when required. At the time of this accreditation visit, this position was vacant however interim coverage is being provided from another site. The ICP can track infections electronically and provide support to the site in the event of an outbreak. Infection Prevention and Control policies and procedures are available and up to date on Insite. Hand-hygiene education takes place for all staff, and audits are posted on quality boards throughout the site.

The site is clean, and procedures are in place for cleaning of equipment and the environment. There is a negative airflow isolation room available if needed on the inpatient unit. Signage for isolation is readily available and includes visuals along with written information for those entering an isolation area. Patients and families are provided with education related to isolation requirements.

This site is encouraged to recruit a site-based reviewer to ensure audits are completed on a more regular basis and find ways to ensure that results of evaluations are shared with volunteers, patients and families. This position is currently vacant.

**Table 3: Unmet Criteria for Infection Prevention and Control**

Criteria Number	Criteria Text	Criteria Type
3.3.5	Results of evaluations are shared with team members, volunteers, clients, and families.	NORMAL

## Leadership

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

### Assessment Results

Medical devices and equipment are up-to-date and replaced when needed. Staff and physicians indicated that they have the equipment they require for patient care.

Physical spaces are well designed, and no construction or renovation was taking place at this site.

Patient concerns are reviewed and resolved in a timely transparent manner. AHS is encouraged to ensure rural hospitals receive information related to patient concerns at the site level to ensure appropriate improvement plans are developed and implemented.

### Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.



## Medication Management

### Standard Rating: 96.5% Met Criteria

3.5% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

Medications are delivered prepackaged from Grand Prairie Regional Hospital, adhering to the AHS pharmacy list. All medications have bar codes and are inputted into the system upon arrival at the site. The remote pharmacist reviews all the orders individually through the Connect Care system and looks for venous thromboembolism (VTE) prophylaxis. 24-hour coverage is done in collaboration with the Royal Alexandra Hospital. Staff package medications into single dose packaging and perform audits of high-alert medications. Expired medications are diligently monitored and removed from service.

The pharmacy room is very clean, well-lit, and maintained. However, access is a concern as the room is very small and lacks ventilation. As such, the door is propped open during the day and is across from an exit that the community may enter through. In the winter, the pharmacy room is very cold. Leadership is encouraged to explore a solution to support appropriate ventilation and temperature as well as address safety concerns.

On the units, the medication carts and doors to the medication rooms are kept locked. Medication administration is well done at the bedside with Connect Care electronic documentation. The Provincial Accreditation Medication Management Committee has established an exception process for higher concentrations of medications to be permitted than what is stated in the accreditation standards, and this was evident.

The procurement of automated dispensing cabinets could enhance safety by potentially decreasing medication errors and improving efficiencies by reducing the time spent on multiple signatures and counts for narcotics.

By the time the pre-packaged medications reach the Manning Community Health Centre, pharmacy technicians have stated medications have a limited expiration date of six months, which causes increased demand for auditing. It is suggested that this practice be reviewed and consider extending drug expiration dates to the one-year manufacturer's expiration date.

At the present time, the site is waiting for hazardous spill kits to be shipped.

**Table 5: Unmet Criteria for Medication Management**

Criteria Number	Criteria Text	Criteria Type
5.1.1	Access to medication storage areas is limited to authorized team members.	HIGH

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
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
7.2.2	Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	HIGH
9.3.3	A readily accessible hazardous spill kit is located wherever cytotoxic or other hazardous medications are dispensed and administered.	HIGH

## Service Excellence

### Standard Rating: 93.8% Met Criteria

6.2% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The care manager is new in the role and is commended for working with the staff to prepare for the accreditation activities over the last several months. The manager has introduced leadership rounding practices in support of the quality teams and zone leaders. Leadership is visible, approachable, and well respected. They are responsive to the health and psychological safety of staff.

The team is encouraged to engage with partners to develop service specific goals and objectives and align them with the provincial strategic plan's priorities. Leadership has reported that they have had discussions about goals and objectives, but these have not been formalized and documented. In the spirit of person-centred care, once these are developed, it will be important to share them with patients, families, and staff.

There are good partnerships with community partners such as home care, long-term care (LTC) facilities, and public health. During meetings with these partners, the team obtains feedback about their preparations for patient transfers. Several examples were provided that illustrate how the team has responded to this feedback.

Staff are extremely satisfied with the educational opportunities provided to them. There is a comprehensive orientation process for new staff, residents and their families. There is just-in-time learning when issues arise, annual mandatory training, and a variety of other offerings available on the intranet.

To address their staffing shortages, the leader hired two internationally educated nurses with one-on-one mentoring for many months. Recruitment initiatives have proved successful for registered nurses (0.5 FTE vacancy only) but they continue to recruit health care aides and licensed practical nurses.

The team reviews several clinical indicators with targets during monthly staff meetings and regular huddles. These indicators are posted on quality boards where staff, patients and families can review them. One specific quality improvement (QI) initiative discussed during the visit to the inpatient unit included a research ethics review, the development of a baseline indicator, and a resulting improvement of medication scanning practices to increase patient safety. There is an opportunity for the team to develop local indicators with specific objectives, targets and timelines that would formalize their local QI. Clinical indicators in all departments should be shared with staff to enhance their knowledge of QI activities.

Development conversations with staff are in the process of being scheduled with the care manager. Staff shared it has been some time since their last performance reviews and it is important for leadership to ensure that staff have opportunities to discuss their performance strengths, opportunities for growth, and identification of resources that could support them.

**Table 6: Unmet Criteria for Service Excellence**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.1.3	The team develops its service-specific goals and objectives.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
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: 100.0% Met Criteria**

0.0% of criteria were unmet.

### Assessment Results

The Manning Community Health Centre provides care to approximately 7,500 patients in their ED each year. The ED is busy in the mornings, with a physician onsite during daytime hours, along with a dedicated triage/emergency registered nurse. There is a site manager who has been in the role for nearly one year. There are policies in place to ensure overcrowding situations in the ED can be resolved.

Nurses in the ED and inpatient unit are cross trained to work in both areas as they are adjacent and ensure flexibility between patient care areas. Physicians are not onsite 24/7, however they are available to quickly respond to staff and patient needs. Nurse implemented protocols are available for both adult and pediatric patients to ensure timely care when required. Laboratory and diagnostic imaging services are available, along with pharmacy support 24/7, ensuring that patients who present to the ED have core services available.

The organization is encouraged to review site level data related to triage assessment, reassessment, left without been seen, and physician assessment to identify opportunities for QI and safe patient care in this unique model that strives to ensure ED services are available 24/7. This will ensure that Canadian Triage Assessment and Acuity Scales are achieved for all patients in this setting.

### Table 7: Unmet Criteria for Emergency Department

There are no unmet criteria for this section.

## Inpatient Services

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

### Assessment Results

The inpatient unit consists of 11 beds. There are occasions when patients must be held overnight in the ED when beds are not available on the inpatient unit. The site only offers radiology diagnostics and as such, patients are transferred to area hospitals (such as Peace River Community Health Centre or Grand Prairie Regional Hospital) when CT, ultrasound, and MRI imaging is required. When specialists are needed, patients are transferred to hospitals where the specialists are available. The team does use telehealth when appropriate. Mental health expertise is limited in the community. As with many rural hospital settings, it is challenging to provide some of these specialties at the local level. The team is encouraged to continue to advocate for access to LTC beds and mental health resources.

While the majority of its patients are seniors, the team is prepared to provide care to pediatric and youth patients. Staff receive a comprehensive orientation to the unit. There are many resources available to staff on the intranet and in the electronic health record (Connect Care). The team is commended for the results of their pressure injury prevention program, as they have not had any reported pressure injuries develop for a significant period of time.

All standardized assessments are completed, with audits reporting that staff are compliant with implementing the evidence-based protocols. Audits of VTE prophylaxis are completed and demonstrate 50% compliance with the protocol. The team is encouraged to follow-up on these results and ensure that all appropriate patients receive VTE prophylaxis.

Compassion rounds occur every two hours and results are documented. Patients appreciate the nurses' attention to their safety needs.

### Table 8: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

## Long-Term Care Services

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

### Assessment Results

The LTC unit is well-cared for, and considerable effort has been made to ensure the area is aesthetically pleasing and has a home-like environment for the residents. This unit has 16 beds, with 11 designated for residents and the remaining five beds are used for respite, overflow and palliation.

People-centered care is evident throughout the unit. Family members who desire to do so are engaged in assisting with the care of their loved ones. The yearly family conferences are multidisciplinary, allowing everyone to have a voice in the care of the residents. Staff are proactive in arranging meetings with family if the residents' health status changes and facilitates access to translation and interpretation services as needed. Resident and family satisfaction surveys are given and reviewed by the manager.

The Connect Care electronic charting system has standardized and streamlined assessments and care provision as well as reducing errors and increasing safety residents.

Staff value training provided on preventing, addressing, and reporting elder abuse, managing residents' responsive behaviours, use of minimal restraints and safe transfers.

The LTC unit is encouraged to use metrics for QI initiatives locally.

### Table 9: Unmet Criteria for Long-Term 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 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
Medication Management	5.1.1 - Access to medication storage areas is limited to authorized team members.	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
Medication Management	7.2.2 - Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	June 2, 2026
Medication Management	9.3.3 - A readily accessible hazardous spill kit is located wherever cytotoxic or other hazardous medications are dispensed and administered.	June 2, 2026