ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Mayerthorpe 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

Mayerthorpe Healthcare Centre demonstrates a strong commitment to safe, high-quality, and compassionate care. Staff engagement and morale are high, supported by visible and responsive leadership, strong interdisciplinary collaboration, and a positive workplace culture. Community partnerships are well established and contribute to integrated, locally responsive services, particularly for a predominantly geriatric population.

Leadership is a clear strength, with team members describing approachable leaders who recognize staff contributions and support continuous improvement. Recent efforts to improve onboarding and education, especially for new graduates and internationally educated staff, have strengthened the workforce capacity. Opportunities remain to formalize performance reviews, expand ongoing education, and ensure consistent support for casual or temporary staff.

Care delivery is well aligned with patient needs and grounded in clinical attentiveness, communication, and safety. Staff demonstrate a strong reporting culture, but the sharing of audit results and quality improvement data is inconsistent. Strengthening staff engagement in quality processes, improving audit visibility, and ensuring compliance with medication storage standards would further enhance care quality and safety.

Patients, residents, and families consistently report positive care experiences, citing clear communication and respectful treatment. Feedback mechanisms, however, are mostly informal. Introducing more structured ways to collect and act on patient feedback alongside improved access to interpretation and spiritual support would help advance person-centred, inclusive care. Overall, Mayerthorpe Healthcare Centre is well-positioned to build on its strengths and continue evolving as a trusted, community-focused care provider.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Strong Team Engagement and Culture of Care - Staff consistently demonstrate compassion, pride in their work, and strong interprofessional collaboration. High morale and respectful staff - physician relationships contribute to a cohesive care environment.
- Visible and Trusted Leadership - Leadership is described as approachable, responsive, and community-connected. Their presence and advocacy efforts support staff retention, community trust, and long-term system planning.
- Proactive Emergency Preparedness - Initiatives like “code of the month” drills and structured disaster planning reflect a high level of readiness and team coordination across departments.
- Investment in Learning and Onboarding - The on-site educator has enhanced staff orientation and education, particularly for new graduates and internationally educated nurses, helping build workforce capacity and confidence.
- Effective Use of Clinical Tools and Documentation - Clinical teams demonstrate strong use of tools like Connect Care for wound tracking and medication reconciliation, contributing to quality and timely care for complex patient populations.

Key Opportunities:

- Strengthen Quality Improvement Engagement - Frontline staff are not consistently involved in quality improvement activities, and audit results (e.g., hand-hygiene, pressure injuries) are rarely shared. A staff-led quality board and structured huddles could promote shared ownership.
- Address Medication Security and Storage Compliance - Several narcotic storage concerns — unsecured access, unclear cabinet use, and inconsistent counts — pose safety risks. A full review aligned with regulatory standards is needed.
- Enhance Infrastructure and Digital Connectivity - Unreliable Wi-Fi, poor lighting in key areas, and layout limitations impact workflow and safety. Prioritizing infrastructure and technology upgrades would improve care delivery
- Expand Inclusive and Person-Centred Practices - There is no formal interpretation protocol, limited access to spiritual/cultural supports, and over-reliance on informal translation tools. Creating pathways for these supports would enhance equitable care.
- Standardize Performance Development - Performance reviews/development conversations are informal or inconsistent, limiting development planning and accountability. A formalized, interactive review process would support growth and succession planning.

People-Centred Care

Mayerthorpe Healthcare Centre demonstrates a strong foundation in people-centred care, marked by compassionate, respectful interactions and a clear commitment to involving patients, residents, and families as partners in care. Staff across inpatient and long-term care units were consistently described as kind, attentive, and collaborative, with patients and families expressing appreciation for timely updates, clear communication, and inclusion in care planning—particularly during transitions to other levels of care. The emphasis on holistic care is evident in the seamless integration of fall and pressure injury assessments into individualized care plans, and the use of tools like Connect Care to support continuity and transparency.

Staff take pride in their work and their relationships with each other and those they serve. High morale and a sense of shared purpose contribute to a welcoming and supportive environment, especially for the site's predominantly geriatric population. However, there are opportunities to further strengthen person-centred care by formalizing mechanisms to collect, analyze, and act on patient and family feedback. Expanding access to interpretation services, spiritual supports, and culturally safe care will also help ensure that care remains equitable and responsive to diverse needs. By building on these strengths and addressing identified gaps, the centre is well-positioned to advance its culture of person-centredness in meaningful and sustainable ways.

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%
	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	0 / 3	0.0%
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	7 / 8	87.5%
Infection Rates	Infection Prevention and Control	2 / 3	66.7%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Medication Reconciliation at Care Transitions – Long-Term Care Services	Long-Term Care Services	4 / 4	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
Narcotics Safety	Medication Management	2 / 3	66.7%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
Suicide Prevention	Long-Term Care Services	0 / 5	0.0%
The ‘Do Not Use’ List of Abbreviations	Medication Management	7 / 7	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	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: 71.4% Met Criteria

28.6% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Mayerthorpe Healthcare Centre demonstrates a strong and proactive approach to emergency preparedness, underpinned by engaged staff, regular training, and well-defined internal processes. The site's "code of the month" initiative fosters a culture of readiness by promoting scenario-based drills led by different departments, reinforcing shared responsibility across the organization. Staff actively participate in both mock and real events—such as a recent soft lockdown—with a clear understanding of their roles and a collaborative, solution-focused mindset.

Emergency preparedness is overseen by the Emergency Disaster Management (E/DM) committee, which includes representation from all departments. The committee coordinates site-wide activities, conducts debriefings after drills, and supports continuous learning in alignment with leading practices. Staff also collaborate effectively with external partners such as Emergency Medical Services (EMS) and Royal Canadian Mounted Police. The site maintains a detailed mass casualty plan, outlining clear triage protocols, designated family support areas, and identified surge treatment zones.

Each department maintains an emergency response binder containing protocols, checklists, and communication tools tailored to their specific functions. While these materials are actively used and understood by staff, many include outdated revision dates. This can create confusion about whether content reflects current needs. A more consistent approach to reviewing and re-dating these documents would help ensure they remain accurate, relevant, and easy to trust during high-pressure situations.

The site's staff contact database—essential for timely emergency notifications—is currently being updated. Finalizing this work will enhance communication reliability and ensure readiness during critical incidents.

While emergency drills and debriefings are well established, the results are primarily shared with internal leadership. Developing a process to communicate key learnings with frontline staff, patients, families, and community partners would improve transparency, support broader engagement, and reflect a more person-centred approach to emergency planning. Similarly, offering patients and families accessible information about what to expect during events such as lockdowns or evacuations could help build trust

and awareness during emergencies.

Although joint exercises with external agencies have occurred in the past, there is an opportunity to reinitiate these activities to ensure continued alignment with community emergency plans and strengthen cross-sector collaboration.

Overall, Mayerthorpe Healthcare Centre has built a strong foundation in emergency preparedness through staff engagement, structured training, and thoughtful planning. With continued attention to documentation, communication infrastructure, and stakeholder engagement, the site is well-positioned to further strengthen its capacity to respond effectively and safely in any emergency.

Table 2: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
3.1.3	The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	HIGH
3.4.8	The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	HIGH
3.4.10	The organization maintains an accurate and up-to-date database of contact information for all staff, to be able to notify them in case of an emergency or disaster.	HIGH
3.7.4	The organization shares evaluation results with internal and external stakeholders including staff, patients, clients, families, and the community, to promote transparency and learning.	NORMAL

Infection Prevention and Control

Standard Rating: 87.3% Met Criteria

12.7% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Mayerthorpe Healthcare Centre demonstrates a strong foundation in infection prevention and control (IPC), supported by a collaborative team, and a clear commitment to safe, high-quality care. Outbreak response is well-coordinated, involving leadership, IPC consultants, environmental services, and public health. Staff follow standard precautions, and equipment used in patient care is cleaned and prepared on-site before being sterilized off-site and returned. A dedicated site educator has enhanced preparedness through regular personal protective equipment (PPE) education and N95 fit testing. Provincial cleaning protocols are followed, and IPC specialists are engaged during construction or high-risk situations to ensure appropriate oversight.

Staff have access to IPC policies and education, and environmental cleaning aligns with standards. While educational offerings have improved with the educator role, stronger tracking of staff compliance across departments is needed. Some staff may be overdue on training, and current tracking tools are not regularly reviewed by leadership.

Opportunities exist to improve how IPC performance is monitored and communicated. Hand-hygiene audits have not been conducted recently due to staffing challenges, and posted results are outdated. Audit findings are not routinely shared with staff, limiting opportunities to celebrate successes or address gaps. Regular audits and broader visibility of results would promote accountability and drive quality improvement (QI).

There is no system in place to track trends or identify which staff groups may require additional support. Analyzing hand-hygiene data over time would help guide targeted interventions and foster sustained improvement.

While infections such as *Clostridioides difficile* are addressed during outbreaks, information about trends and outbreak learnings is not consistently shared. Improving transparency and involving staff in discussions about infection trends and outcomes would strengthen a culture of learning and shared responsibility.

Patient and family engagement presents another opportunity. Currently, there is no routine process for providing patients with information about IPC practices. Simple, accessible tools such as welcome placemats or posters could help patients and visitors understand hand-hygiene, PPE use, and other safety expectations. These materials should be available in formats that meet a range of needs.

Hand-hygiene reminders are not consistently displayed throughout the site. Increasing visual cues and ensuring supplies are readily available at the point of care would reinforce essential practices for staff, patients, and visitors.

While feedback from patients and families is captured informally, the site is encouraged to continue incorporating IPC topics into safety rounds and other touchpoints where patient perspectives can be heard and acted upon.

In summary, Mayerthorpe Healthcare Centre has a solid IPC foundation. Strengthening data sharing, restoring regular monitoring, and enhancing education and engagement for both staff and patients will further advance its infection prevention efforts. A proactive, collaborative culture positions the site well for continued improvement in safety and quality.

Table 3: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.3.1	Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.	HIGH
2.5.5	Reminders are posted about the proper techniques for hand-washing and using alcohol-based hand rubs.	NORMAL
2.5.6	Hand-hygiene Compliance 2.5.6.1 Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions). 2.5.6.2 Hand-hygiene compliance results are shared with team members and volunteers. 2.5.6.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	ROP
3.1.2	Infection Rates 3.1.2.3 Information about relevant health care-associated infections and recommendations from outbreak reviews are shared with team members, senior leadership, and the governing body.	ROP

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

Mayerthorpe Healthcare Centre is led by a dedicated and community-focused leadership team that demonstrates a clear understanding of local health needs. Leaders maintain strong relationships with health system partners, municipal leaders, and groups like the Ladies Auxiliary to support integrated, responsive care—particularly for a predominantly geriatric population. Ongoing advocacy for additional bed funding, service alignment, and infrastructure improvements reflects their commitment to long-term planning.

Internally, staff report high morale and a strong sense of support. Leadership is consistently visible and approachable, contributing to a positive workplace culture through regular check-ins, personal recognition, and responsiveness during challenging periods. Staff feel their contributions are valued, and many cite the quality of leadership as a reason for staying.

Onboarding and staff development have been strengthened by the addition of a shared site educator, improving orientation processes and support for new graduates and internationally educated nurses. There is an opportunity to further build on this momentum by formalizing ongoing education, succession planning, and leadership development.

Performance reviews or development conversations occur informally but vary in consistency. Standardizing the evaluation process would reinforce expectations, support professional growth, and strengthen accountability across teams.

A strong reporting culture exists, with incidents and risks submitted through formal channels and used to inform improvement efforts. The introduction of structured daily huddles and a visual quality board could further embed a culture of safety and continuous learning across departments.

The leadership team is engaged in QI initiatives, such as reducing discharge delays and implementing a hospitalist model. Goals are tracked in a shared drive and reviewed at regular leadership and medical staff meetings. However, expanding communication around QI initiatives and outcomes would strengthen transparency and encourage broader engagement from frontline staff.

Patient and family feedback is received through informal conversations and the Patient Concerns Office. Formalizing how feedback is analyzed and ensuring results are shared with staff would support learning and align with expectations for timely, transparent resolution and improvement. Introducing visible options for feedback—such as QR codes or signage locally—could also enhance patient engagement.

Infrastructure challenges, particularly with Wi-Fi and cellular connectivity, impact care delivery and system performance. Continued advocacy for improvements to digital infrastructure is critical to ensure safe and effective care, particularly in high-pressure areas like the emergency department (ED). Leadership may also benefit from a structured review process for identifying and prioritizing upgrades to medical equipment and technology, ensuring alignment with clinical and safety needs.

Spiritual and cultural services are arranged on a case-by-case basis through community partners. While staff make efforts to support cultural needs, the lack of a designated spiritual care space limits accessibility. Identifying sustainable options for spiritual and cultural support would strengthen inclusivity

and person-centred care.

Overall, Mayerthorpe Healthcare Centre has built a strong leadership foundation rooted in trust, collaboration, and responsiveness. By formalizing staff development and performance processes, improving communication around safety and feedback, and addressing infrastructure challenges, the site is well-positioned to sustain high standards of care while continuing to support staff and community needs.

Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 94.8% Met Criteria

5.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The pharmacy department at the Mayerthorpe Healthcare Centre is located between the ED and inpatient areas. The area is meticulously organized and clutter free. The site has been without a dedicated pharmacist for several months and other staffing challenges have placed further pressures on providing a consistent service for the site (i.e., casual staff). Discussions with some of the pharmacy leadership shed further light into the reality of staffing in rural areas of the province.

Day-to-day standard work was outlined with ease including the different checks and verifications processes that focused on ensuring any new orders or changes in orders were reviewed and consolidated. A review of the medication storage areas was completed with one of the pharmacy technologists. The area in the ED was flagged as it was not secured, and the narcotic key was visible and accessible (located on the counter between bins). This was flagged with on-site leadership. It is recommended this area be reviewed as a priority to ensure the safe storage of narcotics in addition to exploring an enclosed medication storage space.

There are several critical audits being completed as required and initially were not known to the staff. Additionally, ongoing education for staff (e.g., high alert medication) was not evident and is highlighted as an opportunity for leadership to explore, considering casual staff and a newly hired pharmacist. There were several keys for the pharmacy department located on a bookshelf (access to the high alert and concentrated medications) and the narcotic key was located in the top drawer of the workspace. This was flagged with some of the leadership as needing further exploration to ensure keys were securely stored and adhering to applicable legislative requirements. The narcotic space was organized however the lighting was noted to be poor in this area. This is suggested to be reviewed with staff and prioritized.

As part of the provincial antimicrobial stewardship program initiative that is in development with input from the zone and site level, local data including metrics for evaluation were not available at the site level. The site is encouraged to continue their work on the program and share results and feedback with the teams.

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
1.2.5	High-alert Medications 1.2.5.8 Information and ongoing training is provided to team members on the management of high-alert medications.	ROP
4.1.4	Narcotics Safety 4.1.4.3 When it is necessary for narcotic (opioid) products to be available in select client service areas, an interdisciplinary committee for medication management reviews and approves the rationale for availability, and safeguards are put in place to minimize the risk of error.	ROP
5.1.6	Medication storage areas meet legislated requirements and regulations for controlled substances.	HIGH
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
6.1.11	The organization uses regular, documented audits to assess the accuracy of medication order documentation and makes improvements as needed as part of a continuous quality improvement program.	HIGH

Service Excellence

Standard Rating: 87.3% Met Criteria

12.7% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Mayerthorpe Healthcare Centre demonstrates a strong commitment to compassionate, community-responsive care. Services are thoughtfully aligned with the needs of the local population – particularly older adults — and the team consistently demonstrates collaboration, adaptability, and a focus on patient well-being. Staff engagement is a clear strength, supported by a positive work culture, informal recognition, and strong relationships with leadership.

Orientation and onboarding have been greatly improved through the addition of an on-site educator, enhancing support for new graduates and internationally educated nurses. These efforts have contributed to a solid foundation for service excellence.

To build on this momentum, the site has an opportunity to strengthen its local QI infrastructure. While leadership sets priorities, frontline teams are not consistently engaged in defining service-specific goals, selecting indicators, or tracking progress. QI activities are not routinely evaluated or shared with staff, patients, or community partners. Formalizing these processes would promote shared ownership and improve transparency.

Introducing structured daily huddles and a staff-led quality board would help integrate improvement into daily operations and support team-based problem solving. Establishing baseline data and regular feedback loops would also ensure that changes are measurable, relevant, and sustainable.

There are also positive opportunities to enhance inclusive, person-centred care by strengthening supports for diverse patient needs. At present, there is no formal process for accessing interpretation services, and staff often rely on tools like Google Translate, which may not meet privacy or communication standards. Increasing awareness of AHS-approved interpretation services and establishing clear protocols would better support equitable, safe care.

Spiritual care is offered on an ad hoc basis, and no dedicated space exists for spiritual or cultural practices. Enhancing access — especially for Indigenous patients and those with specific spiritual needs — would further support the organization’s responsiveness to individual values and beliefs.

Performance development is another area for growth. While staff feel supported through informal check-ins, formal performance reviews or development conversations are not consistently documented or conducted in an objective, interactive manner. Implementing a standardized review process would reinforce professional development, clarify expectations, and support future planning.

Finally, while orientation includes key training, there is room to expand ongoing education in areas such as cultural safety, ethics, and broader AHS resources that are available to staff at the site. Strengthening training in these areas would help augment competency and align with safety and inclusion priorities.

With strong staff engagement and a deep connection to its community, Mayerthorpe Healthcare Centre is well-positioned to advance service excellence. By formalizing improvement structures, enhancing inclusive care practices, and strengthening staff development, the site can continue to deliver safe, high-quality, person-centred care.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.1.3	The team develops its service-specific goals and objectives.	NORMAL
1.2.8	The team leadership ensures that clients are provided with access to spiritual care and space for spiritual practices to meet their needs.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
3.2.2	The team follows organizational policies on the use of electronic communications and technologies.	NORMAL
4.3.3	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

Criteria Number	Criteria Text	Criteria Type
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: 97.2% Met Criteria

2.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Mayerthorpe Healthcare Centre's ED is staffed by a committed, collaborative team that consistently demonstrates compassion, clinical attentiveness, and adaptability under pressure. Staff work cohesively across units to maintain coverage during high-volume periods, and their proactive monitoring of patients reflects a strong culture of safety. The team effectively uses the Connect Care system to track performance indicators, such as wait times and EMS offload delays, which supports data-informed staffing and decision-making at the leadership level.

At the same time, frontline staff noted limited awareness of performance data. Establishing a dedicated quality board within the ED would increase visibility of key metrics, support team engagement, and help drive shared ownership of improvement efforts. Currently, there are no specific departmental goals around emergency wait times, length of stay, or the number of patients who leave without being seen. Developing and communicating these targets in collaboration with frontline staff and patients could support more focused QI and align with person-centred care priorities.

The department's physical layout presents some operational challenges, particularly around patient visibility and the flow from registration to triage. Staff have shared thoughtful, practical ideas to improve safety and efficiency—such as enhancing line-of-sight from triage to the waiting area and reorganizing supply storage. Proposed updates to the layout, including repurposing underutilized space, reflect a proactive and forward-thinking approach to improving patient care.

Staff demonstrated awareness of ethical considerations but expressed uncertainty about formal supports available to help navigate such dilemmas. Providing ongoing education or reminders about available ethics resources would ensure staff feel supported in complex situations. Similarly, staff shared that interpretation services are not available on site. In the absence of professional interpreters, communication often relies on family members or online tools. Identifying pathways to access formal interpretation support would enhance safe, inclusive care for all patients.

The current medication storage area, while functional, is located in an open, high-traffic zone and includes some visual clutter. There is an opportunity to improve organization and security in this space, which would support a more efficient and safe medication workflow.

Staff also highlighted concerns about inter-facility referral pathways, noting that some patients may need to travel long distances for specialty care despite closer alternatives. Reviewing these pathways to ensure they align with patient needs and support access to care closer to home would help enhance the patient experience.

Overall, the ED is anchored by a caring and resilient team with strong clinical judgment and a clear commitment to patient safety. By continuing to strengthen communication, support staff with the right resources, and engage patients and families in quality conversations (e.g., through ongoing safety rounds) the department is well positioned to evolve and improve in meaningful, patient- centred ways.

Table 7: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.4.7	Translation and interpretation services are available for clients and families as needed.	NORMAL
2.4.13	Ethics-related issues are proactively identified, managed, and addressed.	HIGH
2.7.13	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

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

The Mayerthorpe Healthcare Centre's inpatient services is a dynamic and cohesive team located on a 20-bed unit. While on-site the happiness seen in the staff interactions and the mutual respect between nurses and physicians was evident. Several staff commented on the joy in their work and the importance of the team, including interprofessional team collaborations.

The acute care unit was impeccably clean and clutter-free. The staff were observed adhering to hand-hygiene practices throughout the site visit. Patients and families spoke highly of the quality of care received, including being an integral part of their care receiving timely updates on results and partners included in transition planning (i.e., long-term care).

Many of the patients admitted to this unit are geriatric, often with complex care needs. Critical assessments and ongoing monitoring around risk for falls and pressure injuries are incorporated seamlessly into each patient's individual care plan. The medication reconciliation from admission to transfer/discharge is fully documented and outlined by staff with ease. It is important to note the site continues to encounter unreliable Wi-Fi and this was raised with the on-site leadership, who were aware as well and encouraged to continue to explore options to make improvements.

The medication room is locked and secured and houses four medication carts, only three of which are utilized. Each medication cart contains its own narcotic drawer and additionally there was a small stand-alone narcotic cabinet on top of one of the counter tops in the medication room. The cabinet had a paper-based medication label placed across one of the seams and there was an outside lock. A binder was next to the cabinet outlining narcotic counts. Staff were not confident they fully understood the reason why the narcotic cabinet was there and verbally shared they were asked to complete narcotic counts only if the cabinet had to be opened or if the label appeared to have been tampered with. The label was easily removed and replaced by the surveyor without detecting it was removed. The narcotic count as outlined by staff was not completed daily. This cabinet poses several safety concerns, and it is strongly recommended that the site and leadership work closely with pharmacy to ensure legislative requirements and evidenced based standards are adhered to specific to narcotic storage.

Though important audits could be demonstrated as being completed at the zonal level these were not shared with frontline staff. Staff recalled there being in previous years things like hand-hygiene audits and pressure injury rates posted and shared. The on-site leadership is strongly encouraged to make this a priority and enhance their QI journey that utilizes its audits and results to identify improvements on an ongoing basis.

At the Mayerthorpe Healthcare Centre staff were not aware of processes or what to do should an ethics-related issue come up. The site is encouraged to explore ongoing education with all staff related to ethics and the available resources to support identifying, managing, and addressing issues or concerns.

Table 8: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.2.12	Ethics-related issues are proactively identified, managed, and addressed.	HIGH
3.4.14	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Long-Term Care Services

Standard Rating: 91.8% Met Criteria

8.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Mayerthorpe Healthcare Centre houses a 30-bed attached LTC unit. There were noted gaps in consistent on-site leadership over the past year however the on-site manager, though new to their role, demonstrated a keen interest in improvement and outlined a current project centred on narcotic documentation. This project is well underway with demonstrated collaboration with pharmacy, a completed audit, and a scheduled upcoming staff meeting is planned to review the findings and communicate expectations.

The LTC unit was spacious with wide hallways and welcoming activity space. Though there were multiple pieces of equipment located in the hallways it was organized, and the pathway remained clear.

Residents and families spoke highly of the kindness and care received from staff and one family emphasized the quick access to a physician when needed.

The detailed oversight into ongoing staff education was impressive despite some challenges with staff turnover. The Mayerthorpe Healthcare Centre's LTC demonstrated suicide risk assessments are being completed on admission, however this is not done consistently and were unable to provide evidence of the ongoing reassessment and/or assessment at regular intervals for residents. The site is encouraged to prioritize this work and explore opportunities to embed additional education and invest in evaluation and monitoring to ensure the risk of suicide is part of ongoing care for each resident. Leadership highlighted that education around suicide and risk for suicide would be now added to staff required education.

The importance of skin and wound assessments, medication reconciliation, and information transfer were clearly evidenced during the survey. There is a committee structure comprised of multi-disciplinary team members that meet monthly and on-site leadership outlined there is access to a wound care specialist as needed. Connect Care provides a visual component via the “avatar” where actual photos of wound(s) can be tracked sequentially and aligned with other applicable documentation. This is a benefit to providing timely quality care especially in rural sites.

Further, audit results were available, and work is being planned to move forward to prioritizing continuous QI. The on-site leadership was strong and demonstrated a clear commitment to work with staff, residents, and families to provide quality and safe care. It is recommended that a quality board be considered with input from staff, residents, and families to house important quality data and improvement initiatives. This unit is poised to enhance continuous QI with a strong on-site clinical leadership team.

Table 9: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text		Criteria Type
2.5.5	Suicide Prevention		ROP
	2.5.5.1	Clients at risk of suicide are identified.	
	2.5.5.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	
	2.5.5.3	The immediate safety needs of clients identified as being at risk of suicide are addressed.	
	2.5.5.4	Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.	
	2.5.5.5	Implementation of the treatment and monitoring strategies is documented in the client record.	

Criteria for Follow-up

Criteria identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	**Criterion**	**Due Date**
Emergency and Disaster Management	3.1.3 - The organization maintains an up-to-date version of its emergency and disaster plan in locations that are known and accessible to all staff, to ensure the plan can be easily accessed during an event.	June 2, 2026
Emergency and Disaster Management	3.4.8 - The organization establishes, regularly reviews, and updates as needed policies and procedures to communicate patient and client information in a manner that is safe and facilitates care during an emergency or disaster.	June 2, 2026
Emergency and Disaster Management	3.4.10 - The organization maintains an accurate and up-to-date database of contact information for all staff, to be able to notify them in case of an emergency or disaster.	June 2, 2026
Emergency Department	2.4.13 - Ethics-related issues are proactively identified, managed, and addressed.	June 2, 2026
Infection Prevention and Control	2.3.1 - Clients, families, and visitors are provided with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.	June 2, 2026
Infection Prevention and Control	2.5.6.1 - Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	June 2, 2026
Infection Prevention and Control	2.5.6.2 - Hand-hygiene compliance results are shared with team members and volunteers.	June 2, 2026
Infection Prevention and Control	2.5.6.3 - Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	June 2, 2026
Infection Prevention and Control	3.1.2.3 - Information about relevant health care-associated infections and recommendations from outbreak reviews are shared with team members, senior leadership, and the governing body.	June 2, 2026
Inpatient Services	3.2.12 - Ethics-related issues are proactively identified, managed, and addressed.	June 2, 2026

Standard	Criterion	Due Date
Long-Term Care Services	2.5.5.1 - Clients at risk of suicide are identified.	June 2, 2026
Long-Term Care Services	2.5.5.2 - The risk of suicide for each client is assessed at regular intervals or as needs change.	June 2, 2026
Long-Term Care Services	2.5.5.3 - The immediate safety needs of clients identified as being at risk of suicide are addressed.	June 2, 2026
Long-Term Care Services	2.5.5.4 - Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.	June 2, 2026
Long-Term Care Services	2.5.5.5 - Implementation of the treatment and monitoring strategies is documented in the client record.	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	1.2.5.8 - Information and ongoing training is provided to team members on the management of high-alert medications.	June 2, 2026
Medication Management	4.1.4.3 - When it is necessary for narcotic (opioid) products to be available in select client service areas, an interdisciplinary committee for medication management reviews and approves the rationale for availability, and safeguards are put in place to minimize the risk of error.	June 2, 2026
Medication Management	5.1.6 - Medication storage areas meet legislated requirements and regulations for controlled substances.	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