



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ for Canadian
Accreditation Program

Peace River Community Health Centre
Alberta Health Services

Report Issued: June 11, 2025

Confidentiality

THIS DOCUMENT MAY CONTAIN CONFIDENTIAL INFORMATION AND IS PROTECTED BY COPYRIGHT AND OTHER INTELLECTUAL PROPERTY RIGHTS OF ACCREDITATION CANADA AND ITS LICENSORS IN CANADA AND AROUND THE WORLD.

This Accreditation Report is provided to the Organization for certain, permitted uses as set out in the Intellectual Property Client Licensee part of the Qmentum Global™ for Canadian Accreditation program agreement between Accreditation Canada and the Organization (the “Agreement”). This Accreditation Report is for informational purposes only, does not constitute medical or healthcare advice, and is provided strictly on an “as is” basis without warranty or condition of any kind.

While Accreditation Canada will treat any of the Organization’s information and data incorporated in this Report confidentially, the Organization may disclose this Report to other persons as set forth in the Agreement, provided that the copyright notice and proper citations, permissions, and acknowledgments are included in any copies thereof. Accreditation Canada will be free to deal with this Report once the Organization has disclosed it to any other person on a non-confidential basis. Any other use or exploitation of this Report by or for the Organization or any third party is prohibited without the express written permission of Accreditation Canada. Any alteration of this Accreditation Report will compromise the integrity of the accreditation process and is strictly prohibited. For permission to reproduce or otherwise use this Accreditation Report, please contact publications@healthstandards.org.

Copyright © 2025 Accreditation Canada and its licensors. All rights reserved.

Table of Contents

Confidentiality	2
About Accreditation Canada.....	4
About the Accreditation Report	4
Program Overview.....	5
Executive Summary	6
About the Accreditation Cycle.....	6
Surveyor Overview of Team Observations	7
Key Opportunities and Areas of Excellence.....	7
People-Centred Care.....	8
Accreditation Decision.....	9
Required Organizational Practices	10
Assessment Results by Standard.....	13
Core Standards.....	13
Emergency and Disaster Management	14
Infection Prevention and Control	15
Leadership	16
Service Excellence	18
Service Specific Assessment Standards	19
Emergency Department	19
Inpatient Services	21
Long-Term Care Services	22
Obstetrics Services.....	23
Perioperative Services and Invasive Procedures	24
Reprocessing of Reusable Medical Devices	25
Criteria for Follow-up.....	26

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 Peace River Community Health Centre is a full-service facility offering a broad range of services. Opened in 1999, the facility remains aesthetically pleasing and well maintained. Located approximately 200km from Grande Prairie, the site provides 24/7 emergency, obstetrical, surgical, acute and continuing care services for patients in this region. Other smaller sites in the north zone refer patients to this facility for care.

Interdisciplinary care is comprehensive on the acute care unit with daily rounds attended by nursing staff, physicians, home care, and a comprehensive group of allied health professionals including physiotherapy, dieticians, pharmacists, occupational therapists along with indigenous support personnel, and others.

The addition of clinical nurse educators and managers has enhanced staff satisfaction along with comprehensive orientation and training. Patients are very satisfied with the care in all areas of the hospital. Patients indicate they are informed and involved in care decisions.

Quality improvement is now the focus of the front-line leadership, with an emphasis on engaging staff in this journey. The Peace River Community Health Centre is encouraged to further implement quality improvement initiatives through development of north zone goals and objectives that align with organizational priorities.

Significant emphasis has been placed on the recruitment of staff and physicians since the last accreditation visit and efforts are encouraged to continue to ensure service provision is maintained.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Highly engaged, committed and dedicated team at the staff, leadership and physician levels
- Innovative practices led by clinical nurse educators
- Addition of onsite leadership support has contributed to staff satisfaction and quality improvement activities
- Broad range of services available to the community and surrounding areas

Key Opportunities:

- Continue recruitment, retention and recognition efforts for both staff and physicians along with regular coaching and development conversations to aid in retention
- Completion of medical device reprocessing area
- Consider expansion of services in the perioperative environment
- Development of formal north zone goals and objectives that align with organizational priorities

People-Centred Care

The Peace River Community Health Centre is well integrated with the community and uses feedback to inform processes, quality improvement and services. Staff are proud to provide patient-centred care and with many stating "I am here for the patients in our community." Patient feedback pamphlets are available throughout the site, along with receiving specific feedback from obstetrical patients through surveys.

There has been significant involvement at the provincial and north zone levels by patient care advisors in various clinical processes and practices, such as infection control, quality improvement, and emergency preparedness. Staff are responsive to real time feedback from patients, which influences both clinical and non-clinical activities.

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 are committed to daily interdisciplinary rounds and involve patients and families in care planning. Patients can access their records through MyAHS Connect.

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
	Obstetrics Services	1 / 1	100.0%
	Perioperative Services and Invasive Procedures	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%
	Obstetrics Services	3 / 3	100.0%
	Perioperative Services and Invasive Procedures	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%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
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%
	Long-Term Care Services	5 / 5	100.0%
	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	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%
	Obstetrics Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Safe Surgery Checklist	Obstetrics Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	5 / 5	100.0%

Assessment Results by Standard

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

Core Standards

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

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

Emergency and Disaster Management

Standard Rating: 85.7% Met Criteria

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

Assessment Results

Emergency and disaster response plans are accessible on Insite and within yellow binders in each area. Many plans have been updated regularly, however, site-specific plans for Code Purple and Code Grey are due for review.

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. During the accreditation visit, a real-time phone outage occurred, and systems were quickly put in place to ensure communication was available for both internal and external needs.

The site is encouraged to ensure that yellow binders are kept up-to-date and reflect information that is available on Insite. During the phone outage, the most up-to-date information was not available online or in the emergency response binder; however, the situation was well managed due to the experience of the staff. Drills are encouraged to continue to be practiced at the local level on a regular basis.

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

Infection Prevention and Control

Standard Rating: 97.6% Met Criteria

2.4% 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 Prevention and Control (IPC) professionals provide support to the north zone. The Peace River Community Health Centre has a dedicated infection control professional (ICP) that provides support to the site and is accessible when required. Although this position is currently vacant, interim coverage is in place. The ICP can track infections electronically and provide support in the event of an outbreak. IPC 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 and disinfecting 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 pictures along with written information for those entering an isolation area. Patients and families are provided with education related to isolation requirements.

The site has set up a creative way to ensure that those exposed to measles can be tested safely yet minimize exposure to others within the site setting.

There is a site-based reviewer to ensure audits are completed and shared with staff. There was no evidence that the evaluations are shared with volunteers, patients and families.

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. For further details please review the table at the end of this section.

Assessment Results

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

Physical spaces are well designed, and the current renovation of the medical device reprocessing department (MDRD) will improve health and safety requirements. Renovations are due to be completed in July 2025.

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: 99.2% Met Criteria

0.8% of criteria were unmet. For further details please review the table below.

Assessment Results

Medications are delivered prepackaged from Grande 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 pharmacist reviews all the orders individually through the Connect Care system and looks for venous thromboembolism prophylaxis.

The pharmacy is very clean, well-lit and maintained. Access is limited to the main pharmacy area. The medication carts are locked as are doors to access the medication rooms. Staff package medications into single dose packaging and perform audits of high-alert medications. The pharmacy team is efficient and able to meet or exceed the times for restocking of medications. The refrigeration in the pharmacy is adequate; however, the site is encouraged to explore acquiring a larger refrigerator, so medications are not stacked in bins on top of other medications.

Medication administration is well done at the bedside supported by Connect Care electronic documentation. The initiation of Connect Care and electronic charting has reduced medication errors.

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.

Expired medications are diligently monitored and removed from service after six months, given that medications come pre-packaged from another site. It is suggested that this practice be reviewed, and drug expiration dates be extended to the one-year manufacturer's expiration date. This may reduce wasted medication and time spent auditing.

Table 5: Unmet Criteria for Medication Management

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

Service Excellence

Standard Rating: 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

Patients and family members from the north zone are involved in provincial and zone initiatives. The Peace River Community Health Centre is encouraged to continue advocating for representation at these important committees. The north zone is encouraged to focus on specific goals and objectives that align with the provincial priorities and are meaningful to the population they serve. There is an opportunity to leverage data available from the electronic health care record to determine quality improvement (QI) priorities.

The staff are commended for their dedication, resilience, and commitment to their teams, patients/residents and families. Information on available services is shared with patients/patients, and family members with options provided.

Leadership is encouraged to provide patients and families with access to space for spiritual practices to meet their needs. Leaders are also encouraged to conduct staff performance/development conversations at regular intervals to ensure 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

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
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	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: 99.1% Met Criteria

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

Assessment Results

The Peace River Community Health Center provides care to over 18,000 patients per year. The volume has increased significantly with the closure of the Grimshaw/Berwyn and District Community Health Centre emergency department (ED) at 9:00 pm each day. The ED is very busy and has adjusted both physician and nursing staffing to better support the needs of patients in this community. This is a designated stroke center that is proud of their efficient care of these patients. Staffing shortages in nursing have improved since the previous accreditation visit and all staff are working to full scope of practice.

The addition of a manager covering this area along with other areas at this site has provided an opportunity to ensure that staff are supported and providing safe care to patients. The presence of security directly in the ED after hours provides support for patients who present with mental health concerns and instances of escalation of violence. The unit has increased the use of the Violence and Aggression Screening Tool (VAST) to ensure that safety issues are identified and available. The staff are also supported by a very involved clinical nurse educator (CNE).

Overcrowding during surge times continues to be a challenge. A seclusion room is available; however, the site is encouraged to continue to look at safe entry and exit from this room.

The organization is encouraged to ensure site level data is available related to triage assessment, reassessment, left without been seen and physician assessment to look at opportunities for QI and safe patient care. This will ensure that Canadian Triage Assessment and Acuity Scales are achieved for all patients in this emergency setting. In addition, the site is encouraged to track ambulance offload response times and used to set target times for patients brought to the emergency department by Emergency Medical Services.

Table 7: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.7.13	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Inpatient Services

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

There is an abundance of clearly visible and accessible education material available for patients and visitors. Recognition for Indigenous peoples are prominently displayed throughout the facility. Leaders are encouraged to explore access to a spiritual space that meets the needs of patients and families.

Rapid rounds occur every morning with participation from staff, physicians, the interdisciplinary team, pharmacy and Indigenous support staff. Discussions were comprehensive and patient-centered with active participation by all. All standardized assessments are completed, and compassion care rounds occur every two hours with a focus on patient safety needs.

There is access to extensive education and training experiences. Clinical educators are present and available to support staff in this area. While staffing has become more stable, recruitment and retention still require attention.

There is an opportunity to leverage data from the new electronic health record to determine quality improvement priorities. The unit is encouraged to set formal goals and objectives that align with the organizational strategies and establish more formalized QI activities at the local level.

Table 8: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.4.14	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Peace River Community Health Centre opened in 1999 and the long-term care (LTC) unit, Sutherland Place, was added in 2003. Considerable effort has been made to create an aesthetically pleasing, home-like environment for residents. Each resident's door appears to look like a front door to the resident's home.

The manager has initiated accountability strategies for staff. There is a comprehensive orientation process for new staff, residents and their families.

Compassionate, people-centred care is evident throughout the unit. Family members who desire to do so are engaged in assisting with the care of their loved ones. Annual 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 resident's health status changes and facilitate access to translation and interpretation services as needed. Resident and family satisfaction surveys are regularly distributed and reviewed by the manager.

The implementation of the Connect Care electronic charting system has standardized and streamlined assessments and care provision as well as reduced errors and increased safety. The LTC unit is commended for its progress in pressure injury prevention since their last accreditation survey. Additionally, audits and documentation related to suicide prevention are completed for every resident. 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.

Obstetrics Services

Standard Rating: 99.0% Met Criteria

1.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The acute care unit at Peace River Community Health Centre includes a three-bed delivery unit, which recorded 329 deliveries in the past year. The operating room is equipped to perform emergency caesarian sections 24 hours per day, seven days per week. A dedicated nurse assigned to the unit and supports the acute care unit when a delivery occurs.

Nurses are cross trained to work in both acute and obstetrical care. Standardized processes are in place, supported by a formal orientation program. The Beginnings of Obstetrical Rural Nursing (BORN) program, developed at Peace River Community Health Centre, is now used across rural hospitals providing obstetrical care. Leadership and the CNE prioritize ongoing education and skill development of staff. Standardized tools, such as those for postpartum hemorrhage, have been adapted for rural settings to ensure safe patient care.

The CNE delivers the Neonatal Resuscitation Program to all staff along with in-services that are pertinent to practice. In the past year the team has requested and received education on the care of compromised newborns by the tertiary care centre they are associated with, enhancing their ability to provide safe, appropriate care until the time of transfer.

Universal fall precautions and best possible medication histories were completed on all charts reviewed. Staff demonstrated a strong understanding of these and other required practices.

Table 10: Unmet Criteria for Obstetrics Services

Criteria Number	Criteria Text	Criteria Type
1.4.12	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Perioperative Services and Invasive Procedures

Standard Rating: 99.4% Met Criteria

0.6% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Peace River Community Health Centre is in the process of a full medical device reprocessing department (MDRD) renovation. At present, all sterile supplies are pre-cleaned in the operating room (OR), transported to Sacred Heart Community Health Centre for processing and then returned for use. As a result, the OR is crowded due to increased storage needs for sterile supplies. There is an opportunity to expand services within this perioperative environment.

The OR team consists of six staff (four registered nurses and two operating room technicians), who take great pride in their work and accomplishments despite the small team size. All perioperative staff have completed the Orientation to Perioperatively Educate Nurses training program. Staff are eager to learn and welcome others.

The OR theaters have a single entrance, and clean versus dirty supplies are kept covered to minimize contamination risk. Policies are in place and followed for surgical counts and the safe surgery checklist (modified for endoscopy) completed with every patient. Surgical staff are responsible to admit, scrub/circulate and recover patients.

While recruiting surgeons to rural facilities remains a challenge, it has been manageable at this site. The OR maintains 24-hour on call coverage and does not close for vacations or holidays.

Clear procedures are in place for transferring patients from smaller hospitals to regional and tertiary centers based on care needs. Pharmacy support is well integrated into patient care and plays a key role in medication management within the perioperative environment.

Table 11: Unmet Criteria for Perioperative Services and Invasive Procedures

Criteria Number	Criteria Text	Criteria Type
2.4.8	Access to spiritual space and care is provided to meet clients' needs.	NORMAL

Reprocessing of Reusable Medical Devices

Standard Rating: 98.5% Met Criteria

1.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The medical device reprocessing department (MDRD) is under renovation. The layout of the new MDRD has been designed to accommodate future service volumes, a broad range of reprocessing services, and a one-way flow of medical devices. A temporary scope reprocessing room is situated outside the patient theater where scopes are performed.

The temporary flexible endoscopic reprocessing areas are adequate and safe, equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation. Currently, all sterile supplies are pre-cleaned in the Peace River Community Health Centre OR. MDRD staff from Peace River Community Health Centre then transport instruments to Sacred Heart Community Health Centre for sterilization. Once the renovation is complete, Peace River Community Health Centre will resume reprocessing of instruments from outlying areas such as Grimshaw, Manning and Fairview. The completion of the new MDRD will be a significant milestone and it will be exciting to see the completed MDRD during the next accreditation survey visit.

Information about QI activities, results, and learnings being shared with teams, organization leaders, and other organizations, was not evident and is encouraged moving forward.

Table 12: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
5.3.11	Information about quality improvement activities, results, and learnings is shared with stakeholders, teams, organization leaders, and other organizations, as appropriate.	NORMAL

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	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