ACCREDITATION
AGRÉMENT
CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Sacred Heart Community Health 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 actioning 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 leadership team at Sacred Heart Community Health Center demonstrates commitment and a can-do attitude. Their dedication to the community, staff and one another is evident in the creative and local perspective that they bring to their work. Staff, patients and families expressed gratitude and appreciation for this leadership style, noting that it is making a positive difference and contributing to ongoing improvements. Team members described Sacred Heart Community Health Centre as a hospital of choice for families and patients and are only limited by services they cannot offer.

Patients reported that they were provided with all the correct information for their procedure, they had input into the assessment, and they were given the opportunity to ask questions and provide feedback on their care. Patients appreciated the ability to receive care closer to home.

A strong sense of teamwork is evident, with departments collaborating to meet patient needs. There is a just-culture in place, and staff feel comfortable with raising issues and concerns.

Key Opportunities and Areas of Excellence

Areas of Excellence:

- Committed leadership with a can-do attitude that is valued by staff
- Engaged Indigenous patient navigator who visits patients twice daily, providing support to First Nations, Inuit and Métis peoples
- Strong teamwork and culture of psychological safety, enabling collaboration among teams, patients, families and community partners to local needs.

Key opportunities:

- While working on recruitment of current leadership vacancies, prioritize the workload and responsibilities of the current leaders with a focus on retention.
- Continue addressing Emergency Medical Services and paramedic staffing shortages to improve key performance indicators around access, flow and patient transfer times.
- Complete the quality improvement cycle for antimicrobial stewardship by sharing audit results to support practice change.
- Address concerns in the medical device reprocessing department by confirming and responding to staffing and workflow needs to ensure patient safety. The newly renovated area should be able to strengthen practices and leverage new information to support staff in solo practice settings to serve this community and others safely with room to grow.

People-Centred Care

Patients expressed gratitude for having care close to home. They reported feeling safe, listened to, and cared for. An Indigenous patient navigator is actively engaged, visiting patients twice daily to support First Nations, Inuit and Métis patients.

Patients and families are encouraged to participate in their care and to provide input into their plan of care. Whiteboards in patient rooms display important information such as the name of the most responsible physician, assigned nurse, goals of care, mobility needs and estimated discharge date.

The newly established zone people-centred care committee, chaired by a quality improvement lead, is a welcome initiative to enhance patient and family engagement. The group has also created a subcommittee focused on Indigenous health to identify and address key priorities. Both groups are well attended and positively received.

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%
	Perioperative Services and Invasive Procedures	1 / 1	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
	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%
Heparin Safety	Medication Management	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	5 / 6	83.3%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
	Perioperative Services and Invasive Procedures	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
	Perioperative Services and Invasive Procedures	N/A	N/A
Safe Surgery Checklist	Perioperative Services and Invasive Procedures	N/A	N/A
Suicide Prevention	Emergency Department	5 / 5	100.0%
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	3 / 4	75.0%
	Perioperative Services and Invasive Procedures	N/A	N/A

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: 92.9% Met Criteria

7.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

A new and welcomed emergency management officer (EMO) has been appointed for this area. Sacred Heart Community Health Centre and McLennan are fortunate to have this individual based locally.

Managers at the site ensure on-call systems are in place for emergency notifications, and leaders are trained in incident command procedures to step up when necessary and anticipate needs. The team shared real time experiences, training and improvements based on actual emergency situations as well as their routine emergency response practice. Examples include the learning and follow-up from a 2023 evacuation event that led to the development of a real-time tracking system for evacuees from the hospital. In response to the 2024 wildfires and a site risk review, all shrubs against the physical hospital buildings were removed to reduce fire risk.

While site risk assessments were shared, the site was not aware and could not provide evidence of how these fit or add to the AHS overall organization risk assessment and plan.

There is also a need to source personal protective equipment (PPE) for hazardous materials at Sacred Heart Community Health Centre, which the EMO is aware of.

The team is committed and well-connected with community services and partners for mutual need and preparation on an ongoing basis. The level of interest and critical thinking by all involved in this area was great to see.

Table 2: Unmet Criteria for Emergency and Disaster Management

Criteria Number	Criteria Text	Criteria Type
2.1.3	The organization shares the results of its emergency and disaster risk assessment with internal and external stakeholders, to keep them informed.	HIGH

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The infection control professional (ICP) is new to the role and commended for a strong start and work done to date. The Infection Prevention and Control (IPC) course has been completed and there is a future goal already set to obtain IPC licensure. The ICP is well-connected to zone and provincial structures and feels well supported in the program. Although not based on-site, the ICP visits as needed and as soon as possible in times of outbreak or high need events.

Hand-hygiene processes are in place, followed and shared as expected.

A new IPC tool was implemented on April 1, 2025, introducing an annual site practice review that provides real-time feedback, ongoing support with coaching and incorporates IPC targets and goals to support continuous quality improvement (QI). The review was just completed at Sacred Heart Community Health Centre, with plans to roll it out across all sites in the region. It will be exciting to see how this assists and adds to IPC work and understanding at the site level. The IPC tool will also assist in highlighting areas in older facilities that may require attention, such as surface upgrades or renovation needs.

Next steps include a plan to work toward the implementation of a PPE safety coach program.

Table 3: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

Local leadership is committed to the hospital and community. There is positive energy and a belief that this site has more to offer including space for innovative ideas and growth. Teams work to fulfill obligations and work thoughtfully to identify and respond to risks identified at the site. For example, facilities management took action to mitigate wildfire risk by clearing brush planted and grown against the building and replacing it with lava rock.

Equipment and technology needs are actively identified. Recent upgrades include a new fire alarm system that accommodates smudging ceremonies without triggering alarms, due to improved airflow and the use of air scrubbers - demonstrating thoughtful consideration of patient, family, and Indigenous needs.

Patient concerns and complaints are addressed with calls from the site manager, with tracking and follow-up status shared with AHS.

Most spaces are felt to be safe and well cared for by all departments involved including maintenance and environmental services. However, there is a need to address the ability to care for patients in the emergency department (ED) when seclusion or secure and safe spaces are needed.

The site manager and team are working hard together as they continue to recruit to vacancies and address key priorities. The environment is welcoming, and the progress being made is positive.

Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

Medication Management

Standard Rating: 95.5% Met Criteria

4.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The Sacred Heart Community Health Centre pharmacy is staffed by an onsite pharmacist and pharmacy assistant five days per week. There is 24/7 access to a pharmacist via telephone for support and clinical guidance. Medications are received prepackaged, in unit dose, and are delivered daily from the regional pharmacy. The main pharmacy is well lit, clean and well organized.

There are opportunities to improve storage of medication on the inpatient unit. The medication carts do not have locking drawers, and the carts are stored in the unit hallways, making the medications accessible. Space in the medication rooms is limited, and the site would benefit from the addition of automated dispensing cabinets. Within the medication room it was noted that one bin held a high alert medication with different dosages without flags, notification, or separation.

The site is doing well with compliance with high alert medication, concentrated electrolytes, and heparin required organizational practices (ROPs). There is an opportunity to evaluate the antimicrobial stewardship program on an ongoing basis and share results to support learning and improvement.

Safe medication administration practices are greatly enhanced with the use of Connect Care system and the many routine audits that are performed. The organization is encouraged to place attention to formalize education for patients and families on the risks associated with tampering with IV infusion pumps to further enhance safety.

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
4.3.6	Clients and families are educated about the risks of tampering with the infusion pump.	HIGH

Criteria Number	Criteria Text	Criteria Type
5.1.2	Medication storage areas are clean and organized.	HIGH
5.1.7	Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	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

Service Excellence

Standard Rating: 95.0% Met Criteria

5.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Partnerships are fostered with community stakeholders, including knowledge sharing with emergency and disaster management efforts. Within rural acute care, the north zone leadership are also partners as they step up to cover for each other whenever needed, despite already full workloads, and even when Accreditation Canada arrives. There is a true team spirit felt. Work life and support is acknowledged as staff one-year anniversaries are acknowledged by the site leader with one-to-one conversations and check ins. Staff shared that whenever they identify education needs, the answer is always a yes and "really" appreciate this. There is high support for growth, but this is self-identified. There is opportunity to support growth and development through focused performance/development conversations.

Daily leadership rounding by the site manager has been adopted with a QI lens. It is viewed as a positive use of valuable time to check in with all encountered. Staff, including nurses and medical staff, feel supported by the site manager. Positive outcomes noted include attracting more physicians and feeling supported, including education which is highly valued.

The site manager is aware of areas that need attention and is working hard to fill current vacancies to increase support. Suggestions for addressing patient safety incidents were accepted with thanks during the accreditation survey visit, as was input on Sacred Heart Community Health Centre medication equipment improvements. This open and engaged attitude is what makes this hospital a place that attracts patients from outside their immediate area.

There are some priority areas to address at the site, with the most significant being medical device reprocessing and the level of potential risk with the current state. The site manager's receptiveness, openness and willingness to address concerns is to be commended. This will require support and expertise locally and from north zone leaders.

There is an opportunity for the site to evaluate and document the competency of team members using infusion pumps safely at least every two years to align with this ROP.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.1.7	Infusion Pump Safety 2.1.7.4 The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	ROP

Criteria Number	Criteria Text	Criteria Type
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH
2.1.12	The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.	HIGH
3.2.2	The team follows organizational policies on the use of electronic communications and technologies.	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: 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

A committed small team in the ED is working to manage the challenge of increasing wait times for initial assessments.

The *Assessment and Reassessment of Patients* policy does not specifically give time frames for initial assessment or Canadian Triage and Acuity Scale for all patient situations presenting. Consideration, planning and clarification of expectations for this policy may assist with achieving times if provided all in one place (policy). When the ED is busy and rooms are full, assessment slows and is completed in open, non-confidential areas. Given the small team (two registered nurses on duty which includes relief), planning is needed to address the need for ongoing assessments while minimizing delay. While privacy is attempted for patients, there is not a separate confidential area for this purpose.

Patients and families wait in a common waiting room outside of the ED area and are out of view of the ED team unless they walk to look. Unassessed and assessed patients wait together. Camera placement for an ongoing view of the area should be considered and can be added to other cameras already monitored at the nursing desk.

Seclusion rooms or private and secure rooms are not available if needed. Consider proactive planning now to address high-risk patient needs and departmental safety before an incident occurs.

Medical staff have increased from one to four physicians with persistent recruitment efforts leading to success. The last ED diversion was in 2022. There is concern that Emergency Medical Service (EMS) delays for transfer are a barrier to providing needed care and service. This impacts patient care, wait times, and health care provider frustration. There is also concern that the services needed are scattered at different facilities. For example, ultrasound is not available at Sacred Heart Community Health Centre, adding to wait times and EMS pressures when needed.

Connect Care is a very helpful electronic charting platform and is welcomed by staff. It can trigger needed assessments/requirements and options for resources.

The trauma room is a very active space. Identified needs here include prioritizing the replacement of the old brittle plastic medication cart, which is not locking well, and identifying a way to secure the crash cart with a measure that alerts staff whenever it has been opened so that it is always stocked and ready e.g., a plastic lock system. For advanced life support, the posters are up and visible for adult resuscitation. It is recommended to add the pediatric resuscitation pathway on the walls with other pediatric trauma information. Pediatric supplies are present, though may benefit from consolidation and storage in one go-to area.

Organ transplant policy and expectations need clarification, awareness and any needed education for the site staff and community should this be expanded to rural areas.

The small interprofessional team works well together and maintains a calm and caring environment, even in times of pressure such as during staff shortages or when addressing patient concerns about wait times and the need for attention. It is felt that “the site manager has made a difference.” The interprofessional team – medicine, laboratory, x-ray, and nursing were described as “excellent” with “a good clean hospital.” Patients described staff as “awesome” and “very friendly”. Patients value that the doctor is in the ED all day if needed; and expressed “I like this hospital the best”. “Impeccable care and no complaints.” Well done!

Table 7: Unmet Criteria for Emergency Department

Criteria Number	Criteria Text	Criteria Type
2.4.8	Seclusion rooms and/or private and secure areas are available for clients.	HIGH

Inpatient Services

Standard Rating: 95.6% Met Criteria

4.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

There are 20 inpatient beds, including two higher acuity telemetry beds located next to the nursing desk for patients who need closer monitoring. The inpatient program is predominantly adult focused; however, the unit is prepared to accept pediatric patients. Education and emergency equipment is available to support the care for both adult and pediatric patients. The unit is encouraged to complete a comprehensive geriatric needs assessment when a patient is admitted to the inpatient unit.

Basic laboratory and diagnostic testing are available onsite; however, patients have to travel for ultrasound or other laboratory testing not provided at this site. There is a well-established system of escalation to transfers patients who require a higher level of care to larger centers. There is an opportunity to explore the use of technology to provide diagnostics via distance in this region to decrease the frequency of travel.

Care is delivered by the interdisciplinary team and supported by clinical systems that embed ROPs. Many standardized assessments are used, and there is an opportunity to make the venous thromboembolism (VTE) risk assessment a forced function for all adult patients to ensure consistency. Patients are provided with a visit summary upon discharge; however, expanding the functions of Connect Care to provide language translation, would enable patients to receive their visit summary in their preferred language.

Table 8: Unmet Criteria for Inpatient Services

Criteria Number	Criteria Text	Criteria Type
3.2.7	Translation and interpretation services are available for clients and families as needed.	NORMAL
3.3.2	A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.	HIGH
3.3.3	The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.	HIGH

Criteria Number	Criteria Text	Criteria Type
3.3.10	Venous Thromboembolism (VTE) Prophylaxis 3.3.10.2 Clients at risk for VTE are identified and provided with appropriate, evidence-informed VTE prophylaxis.	ROP

Perioperative Services and Invasive Procedures

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The perioperative program focuses solely on endoscopy. The service is provided by a group of surgeons from surrounding larger hospitals who rotate to Sacred Heart Community Health Centre four days per month. They are diligent in meeting expected wait times. Conscious sedation is used and therefore, no anesthesia support is required.

Patients are referred to the program through their family physician or via the colorectal screening program. There is an excellent integration of teams, including the family physician, surgeon, booking clerk, patient registration, ED, endoscopy, medical device reprocessing and housekeeping departments that communicate seamlessly to ensure the patient receives a high standard of care. Patients receive all the necessary information about their procedure, including how to prepare, in a format that meets their individual needs. Patients indicated that they were provided with opportunities to ask questions and were grateful for the opportunity to have their care close to home. Patient experience surveys are offered to every individual following their endoscopic procedure.

The site follows Connect Care prompts which uses terminology to cover some of the same elements found in the safe surgical checklist for procedures that do not require anesthesia or surgical incision.

Table 9: Unmet Criteria for Perioperative Services and Invasive Procedures

There are no unmet criteria for this section.

Reprocessing of Reusable Medical Devices

Standard Rating: 84.5% Met Criteria

15.5% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Sacred Heart Community Health Centre has recently completed a full renovation of the medical device reprocessing department (MDRD). Much of the equipment in the department is new, and the organization and leadership have ensured that all infrastructure and Occupational Health and Safety requirements for this area were accomplished with the renovation. It is well done and an outstanding physical work area.

This site reprocesses all equipment for the internal operating room endoscopy program and sterile supply reprocessing.

Foundational required policies and standard operating practices are in place, though they are not fully embedded in practice. There is significant concern that policies, and expected procedures are not being followed consistently by all staff. It is recommended that immediate attention be given to this area and the team. The oversight for this area is at the zone level with onsite support by the site manager.

There is a high level of risk with vague or omitted expected practices. This may lead to negative outcomes and impact patients. A review of training and education for understanding, critical thinking, and the ability to transfer knowledge to practice needs immediate attention for all staff members.

This department is often a sole or single employee work setting, which requires gowned entry for good observation. There are challenges with current staff evaluation methods which should be addressed.

The MDRD has the ability for separation, but repeated malfunctioning of a door sensor is preventing this at the decontamination entry.

Highlighted areas of concern have been provided directly to the organization.

Table 10: Unmet Criteria for Reprocessing of Reusable Medical Devices

Criteria Number	Criteria Text	Criteria Type
1.2.3	An appropriate mix of skill level and experience within the team is determined to support quality service delivery.	NORMAL
1.2.5	The effectiveness of resources, space, and staffing is evaluated with input from the team, and stakeholders.	NORMAL

Criteria Number	Criteria Text	Criteria Type
1.3.4	The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	HIGH
1.4.7	Routine testing of reprocessing equipment is performed and documented as per manufacturers' instructions.	HIGH
2.1.3	Qualifications, requirements, and competencies are verified, documented, and up-to-date.	HIGH
2.1.4	The team involved in reprocessing medical devices is prepared for the functions it performs through education and training in a formal medical device reprocessing training program recognized by the health care setting.	HIGH
2.1.7	Initial and ongoing education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.	HIGH
2.1.8	Initial and ongoing education and training are provided on information systems and other technology used in service delivery.	NORMAL
2.1.9	Education and training are provided and documented on how to reprocess medical devices and operate reprocessing equipment when team members are first employed, when there is a change in the reprocessing process, and on an ongoing basis.	HIGH
2.1.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
2.2.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	NORMAL

Criteria Number	Criteria Text	Criteria Type
3.1.2	The reprocessing of critical and semi-critical single-use devices (SUD) is not permitted on-site in line with the organization's policy and national or regional regulations.	HIGH
4.1.8	Chemical residue and loosened soil is rinsed from the medical device prior to disinfection.	NORMAL
4.1.9	Following decontamination, and prior to additional reprocessing, each device is inspected for cleanliness, functionality, and defects such as breaks, chips, or cracks.	HIGH
4.1.10	Following decontamination, and prior to additional reprocessing, devices with problems undergo additional cleaning, lubrication or maintenance as required.	HIGH
4.2.4	Manufacturers' instructions are followed while operating the sterilizer.	HIGH

Criteria for Follow-up

Criteria identified for follow-up by the Accreditation Decision Committee

Follow-up Requirements		
Standard	**Criterion**	**Due Date**
Emergency Department	2.4.8 - Seclusion rooms and/or private and secure areas are available for clients.	June 2, 2026
Inpatient Services	3.3.2 - A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.	June 2, 2026
Inpatient Services	3.3.3 - The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.	June 2, 2026
Inpatient Services	3.3.10.2 - Clients at risk for VTE are identified and provided with appropriate, evidence-informed VTE prophylaxis.	June 2, 2026
Medication Management	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	4.3.6 - Clients and families are educated about the risks of tampering with the infusion pump.	June 2, 2026
Medication Management	5.1.2 - Medication storage areas are clean and organized.	June 2, 2026
Medication Management	5.1.7 - Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	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
Reprocessing of Reusable Medical Devices	1.3.4 - The Medical Device Reprocessing (MDR) department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	June 2, 2026

Standard	Criterion	Due Date
Reprocessing of Reusable Medical Devices	1.4.7 - Routine testing of reprocessing equipment is performed and documented as per manufacturers' instructions.	June 2, 2026
Reprocessing of Reusable Medical Devices	2.1.3 - Qualifications, requirements, and competencies are verified, documented, and up-to-date.	June 2, 2026
Reprocessing of Reusable Medical Devices	2.1.4 - The team involved in reprocessing medical devices is prepared for the functions it performs through education and training in a formal medical device reprocessing training program recognized by the health care setting.	June 2, 2026
Reprocessing of Reusable Medical Devices	2.1.7 - Initial and ongoing education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.	June 2, 2026
Reprocessing of Reusable Medical Devices	2.1.9 - Education and training are provided and documented on how to reprocess medical devices and operate reprocessing equipment when team members are first employed, when there is a change in the reprocessing process, and on an ongoing basis.	June 2, 2026
Reprocessing of Reusable Medical Devices	3.1.2 - The reprocessing of critical and semi-critical single-use devices (SUD) is not permitted on-site in line with the organization's policy and national or regional regulations.	June 2, 2026
Reprocessing of Reusable Medical Devices	4.1.9 - Following decontamination, and prior to additional reprocessing, each device is inspected for cleanliness, functionality, and defects such as breaks, chips, or cracks.	June 2, 2026
Reprocessing of Reusable Medical Devices	4.1.10 - Following decontamination, and prior to additional reprocessing, devices with problems undergo additional cleaning, lubrication or maintenance as required.	June 2, 2026
Reprocessing of Reusable Medical Devices	4.2.4 - Manufacturers' instructions are followed while operating the sterilizer.	June 2, 2026

Standard	Criterion	Due Date
Service Excellence	2.1.7.4 - The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	June 2, 2026