



**ACCREDITATION  
AGRÉMENT  
CANADA**

# **Accreditation Report**

Qmentum Global™ for Canadian  
Accreditation Program

Swan Hills Healthcare Centre  
**Alberta Health Services**

Report Issued: June 11, 2025

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# Table of Contents

<b>Confidentiality .....</b>	<b>2</b>
<b>About Accreditation Canada .....</b>	<b>4</b>
<b>About the Accreditation Report .....</b>	<b>4</b>
<b>Program Overview .....</b>	<b>4</b>
<b>Executive Summary .....</b>	<b>6</b>
About the Accreditation Cycle .....	6
Surveyor Overview of Team Observations .....	7
Key Opportunities and Areas of Excellence .....	8
People-Centred Care .....	8
<b>Accreditation Decision .....</b>	<b>10</b>
<b>Required Organizational Practices .....</b>	<b>11</b>
<b>Assessment Results by Standard .....</b>	<b>13</b>
<b>Core Standards .....</b>	<b>13</b>
Emergency and Disaster Management.....	13
Infection Prevention and Control.....	15
Leadership .....	17
Medication Management.....	18
Service Excellence.....	19
<b>Service Specific Assessment Standards.....</b>	<b>20</b>
Emergency Department .....	20
Inpatient Services .....	22
<b>Criteria for Follow-up.....</b>	<b>23</b>

## 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

Swan Hills Healthcare Centre provides a range of healthcare services, including 24/7 emergency care, acute care, community care, and a detoxification program. The facility is well-maintained and clean, with appropriate redundancies in place for key systems. Regular fire drills are recorded, and lessons learned are discussed with staff. Staff appreciate working at the facility and with their colleagues. Patients interviewed spoke highly of the staff and their care.

The site has committee infrastructures that bring key personnel, such as department heads, zone and site leadership, and staff, together on a monthly basis to review matters related to quality, patient safety, infection prevention and control, emergency management, and occupational health and safety. The site has a Health Advisory Group that meets bi-monthly and includes the mayor, the chair of the foundation, and other key partners. Site leadership is active within the broader community, representing the activities and needs of the healthcare centre. The site collaborates with the Indigenous advisor to meet the needs of Indigenous patients and families.

The site is encouraged to explore optimal use of extra space to address its medication room deficiencies and consider potential use of this space for renewed programming in areas such as continuing care and expanded detoxification.

Staff indicated that binders containing policies and procedures were their preferred point of reference; however, several of these documents were in need of updating.

There are opportunities to nurture deeper partnerships with the local community, especially in fire and disaster planning. The site is also encouraged to engage patients and families to become more integral in the planning and review of the site's performance. Departments could be encouraged to engage patients and families as valued partners and advisors in their respective operations and quality improvement. A particular area for involvement would be hand-hygiene audits, which have not been completed for far too long.

## Key Opportunities and Areas of Excellence

### Areas of Excellence:

- Staff demonstrated consistent compassion and a patient-centred approach in their service delivery.
- Capacity to provide emergency care, inpatient medical care, medical detoxification and combined medical care and managed withdrawal
- Space is clean and well maintained.
- Staff and community have pride in their facility and are committed.
- Fire drills are regularly held, observed, analyzed, recorded and debriefed.

### Key Opportunities:

- Need to re-establish laboratory and x-ray services or find innovative ways to support providers and patients with access to diagnostics.
- Opportunity to develop a future state plan for sustainability that could include continuing care and expanded detoxification programs.
- Engage patients and families in many aspects of planning and operations - train for hand-hygiene audits.
- Greater involvement of infection control practitioners on-site to establish greater infection prevention and control capacity.
- Update policies and procedures.
- Remove clutter stored throughout the site and ensure that clean and dirty items are well separated.
- Address the medication room deficiencies.

## People-Centred Care

Swan Hills Healthcare Centre has a Health Advisory Group that meets bi-monthly to provide input/feedback to site management. The advisory group is made up of local stakeholders and the chair of the local foundation. The site does not currently use a structured approach to obtain timely feedback directly from patients. Site leadership is encouraged to consider implementing a simple approach to collecting feedback upon discharge (AHS has a one-page form that could be left by housekeeping, upon room turnover, at the bedside).

The surveyors observed staff partnering with patients bringing compassion and, in a couple observations, meeting multiple needs in one encounter with the health system (e.g., addressing a medical need, managed medical detox, and smoking cessation). Connect Care's algorithm of prompts supported nursing staff with enabling a more comprehensive wholistic approach.

An Indigenous advisor supports and assists in the coordination of services to meet Indigenous patients' needs within the broader health system. The team is encouraged to collaborate with the Indigenous advisor and the Indigenous patients/families to explore culturally safer approaches to care and to enhance the physical environment in a culturally relevant manner.

It is the surveyors' understanding that site leadership regularly meets with the staff to address both quality



of care/patient safety and staff safety/wellbeing as an integrated group. The surveyors applaud this approach. The Swan Hills Healthcare Centre team is dedicated to serving its patients and supporting each other to do so.

## 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
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	0 / 1	0.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
Falls Prevention and Injury Reduction - Inpatient Services	Inpatient Services	3 / 3	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	1 / 3	33.3%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Infusion Pump Safety	Service Excellence	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Emergency Department	Emergency Department	1 / 1	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Inpatient Services	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Pressure Ulcer Prevention	Inpatient Services	5 / 5	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%
Suicide Prevention	Emergency Department	5 / 5	100.0%
The 'Do Not Use' List of Abbreviations	Medication Management	7 / 7	100.0%
Venous Thromboembolism (VTE) Prophylaxis	Inpatient Services	5 / 5	100.0%

# Assessment Results by Standard

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

## Core Standards

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

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

## Emergency and Disaster Management

### Standard Rating: 85.7% Met Criteria

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

### Assessment Results

The site has experience with actual threats and evacuation. Regular fire drills are staged, observed, analyzed, and recorded. Feedback on performance and lessons learned are discussed at debriefing activities, often informally. The site manager has completed Incident Management training, and it is encouraged that the facility, maintenance and engineering lead also complete this training.

Equipment certifications are up to date, and fire extinguisher maintenance is contracted and current. Backup power exists and is tested regularly, with redundancies in place for major systems. An electronic preventive maintenance program is utilized. Emergency and disaster risk assessments are undertaken and shared. The site is commended for utilizing risk assessments to extend fire boundaries around the facility. Roofing has been identified as nearing end-of-life, and it is recommended that a plan to replace it be created. While the organization maintains an up-to-date version of its emergency and disaster plan, not all departments visited had an up-to-date version. The nutrition and food services department was unable to locate its version when asked. Contact lists of staff are updated. An Emergency Disaster Management Committee is active within the site and is supported by the zone.

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

Criteria Number	Criteria Text	Criteria Type
3.1.23	The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	HIGH

# Infection Prevention and Control

## Standard Rating: 89.7% Met Criteria

10.3% of criteria were unmet. For further details please review the table at the end of this section.

## Assessment Results

The site is supported by an off-site zone coordinator who is highly knowledgeable and enthusiastic about infection prevention and control (IPC). The facility appears to be clean and well-maintained. Nursing staff were observed wearing personal protective equipment and wiping equipment. Housekeeping staff are aware of IPC protocols for cleaning and take pride in their work. Nursing staff are aware of challenges such as Methicillin-resistant *Staphylococcus aureus* and initiate contact precautions quickly. Information is shared using a “trickle down” approach that includes emails and IPC meetings involving site administration and department leads. There is ongoing communication with partner agencies.

Several opportunities exist to improve IPC practices. Hand-hygiene audits have not been completed for a significant period of time. The site is encouraged to finish the training of new auditors and resume regular audits and results sharing.

There are considerable wood and porous surfaces throughout the facility that pose a risk for proper cleaning to prevent infections. Clutter is evident in many spaces, and separation of clean and soiled materials is problematic in several areas. Supplies contained in cardboard boxes were found on the floor and should be elevated.

The soiled room for sharps and biohazardous waste was found to be unlocked and easily accessible. A large buildup of full sharp containers awaiting movement to the final disposition, was observed and should have been transported for final pick-up sooner. Risk is elevated given the patient population at the facility that could find the disposed sharps interesting and easily accessible.

Soiled dishes are transported through areas of the facility without being covered. Policies related to handling of food were found to be outdated. The organization is encouraged to undertake an up-to-date review of IPC challenges and develop a list of deficiencies and risks that can be shared, considered, and addressed. While a quality improvement (QI) plan is said to exist at a provincial level, the site is encouraged to improve their own QI related to IPC practices.

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

Criteria Number	Criteria Text	Criteria Type
2.1.6	Compliance with infection prevention and control policies and procedures is monitored and improvements are made to the policies and procedures based on the results.	NORMAL

Criteria Number	Criteria Text	Criteria Type
2.4.5	Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	HIGH
2.4.6	There are policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.	HIGH
2.5.6	<p>Hand-hygiene Compliance</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Team members recording their own compliance with accepted hand-hygiene practices (self-audit).</li> <li>• Measuring product use.</li> <li>• Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance.</li> <li>• Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).</li> </ul> <p>2.5.6.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.</p>	ROP
2.7.13	Items that require cleaning, disinfection, and/or sterilization are safely contained and transported to the appropriate area(s).	HIGH



## Leadership

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet.

### Assessment Results

The site administrator, an experienced healthcare professional, is committed to the facility and is active in AHS committees, engaging the community and partners in the best interests of the site. Their enthusiasm for the site and its future success is commendable and is supported by a number of zone consultants and colleagues.

The facility is clean and appears well-maintained. The organization is encouraged to support site leadership in developing a future vision for the facility that may include a renewed focus on ways to make the facility relevant and sustainable going forward. Opportunities to utilize space at the facility for continuing care or increased detoxification programs are worthy of exploration.

Site leadership is encouraged to more broadly share performance metrics with staff and patients.

### Table 4: Unmet Criteria for Leadership

There are no unmet criteria for this section.

## Medication Management

### Standard Rating: 96.1% Met Criteria

3.9% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The Swan Hills Healthcare Centre medication stock is tailored to its role in the area and somewhat remote location. The zone pharmacist is on-site once per month to monitor utilization and conduct audits. The staff leverage Connect Care well in the medication reconciliation process.

The survey team found the medication room at the site to be insufficient for its function. The space is small; there is a lack of adequate space for medication preparation and for a two-person check of medication. The room overheats when the light is on and stays overheated when the light is off. The hand washing sink has an insufficient splash area/guard, the medication preparation surface is insufficient and porous, and cracked cupboards all present IPC risks. The site is encouraged to consider options for a medication room that is more conducive to safe medication practices.

The vaccine fridge is in the medication storage room, but the log sheet was in the nursing station. The team is encouraged to co-locate the vaccine fridge tracking log with the fridge to increase the likelihood of accurate temperature documentation.

The *Medication Orders* policy (PS-93) and the *Infusion Pumps for Medication and Parenteral Fluid Administration* policy (PS-70) are both outdated. The organization is encouraged to prioritize refreshing these key policies.

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

Criteria Number	Criteria Text	Criteria Type
5.1.2	Medication storage areas are clean and organized.	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
7.2.2	Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	HIGH

## Service Excellence

### Standard Rating: 97.4% Met Criteria

2.6% of criteria were unmet. For further details please review the table at the end of this section.

### Assessment Results

The team is commended for the patient-centered care observed, particularly for patients receiving medical withdrawal care and combined medical care and managed withdrawal. The site provides palliative care in a well-appointed palliative care room with the support of the provincial palliative care team enabling residents to die closer to home. With a significant population of Indigenous residents, the site is commended for providing translation in 23 Indigenous languages.

Site leadership meets with the site team on a regular basis in two separate meetings, one with a focus on patient quality and safety and another with a focus on staff safety. Given the size of the team, the survey team saw this as an effective approach to engaging staff in enhancing quality and safety. Site leadership is encouraged to engage staff in routine performance evaluations and development conversations and to schedule these as a regular part of their on-site work. If the team prefers to use paper policies and procedures, they are encouraged to set up a process to confirm that they are working with the current document and dispose of all surplus/outdated copies. The team has an opportunity, particularly during its quieter times, to remove some of the clutter, including surplus furniture and old equipment, to ensure that equipment and supplies are stored separately, and to leverage the asset of its space to improve patient and staff safety and continue to build on its track record in serving its patient population.

The site was observed to have significant available space, inefficient/ineffective use of the space, and significant clutter. Site leadership is encouraged to work with the staff to dispose of the clutter, optimize utilization of the space to enhance patient-centered care, and improve patient and staff safety.

Finally, the survey team commends the Swan Hills Healthcare Centre team for navigating the unannounced visit after a very busy few days that started before the visit that continued into the on-site survey visit.

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

Criteria Number	Criteria Text	Criteria Type
1.2.5	The team leadership engages with team members and other stakeholders to evaluate the effectiveness of its resources, including staffing and space.	NORMAL
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	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: 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

The emergency department (ED) is an integral part of the care provided at Swan Hills Healthcare Centre. Emergency services are co-located with inpatient services and near the primary care clinic within the center. Leadership and frontline staff have a clear understanding of the populations they serve. Staff interviewed advised they received an orientation to the ED and had opportunities for specialized training. ED staff were observed responding to patient needs and utilizing two client identifications. Patients are monitored for deterioration following a prescribed protocol. Efforts are made to work with the patients and their families to facilitate their care journey and ensure the patient's wishes are respected.

Emergency Medical Services work out of the facility. Offload response times are measured and are not deemed problematic.

While there was an awareness of organ and tissue donation, staff advised there were limited opportunities.

An electronic health information system has been a significant enhancement to care. Documentation is facilitated, assessments are thorough, Canadian Triage Assessment Scores are identified, best possible medication histories are established, and medication reconciliation occurs. Clinical practice guidelines are utilized, and features of the system also enhance safety and the fulsome transfer of information.

When asked, staff were uncertain of the protocols for obtaining informed consent. It was recognized that several admitted patients did not have consents documented. Site leadership is encouraged to ensure staff are aware of the consent policy and procedure, and monitor practice.

Appropriate emergency medical equipment and materials are available. Concerns were raised by a physician regarding the challenges of accessing specialist consults when utilizing the new system. A high number of "declines" require added work. In addition, the prolonged inability to recruit a laboratory and x-ray technician weakens diagnostic capacities at the site and poses many challenges for providers, patients, and their families. The site is encouraged to keep this gap front of mind and explore creative ways to ensure access to timely and accurate diagnostics.

Indicators of performance are tracked by leaders; however, there is limited awareness of these indicators among the frontline staff. Leadership is encouraged to proactively share this information that is readily available in Tableau.

**Table 7: Unmet Criteria for Emergency Department**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.1.4	Consultants and referring medical professionals are part of the collaborative team and work with the emergency department team to coordinate services or transfers.	NORMAL
2.4.10	The client's informed consent is obtained and documented before providing services.	HIGH
2.5.11	Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.	HIGH

## 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

The inpatient services team is commended for the patient-centred care observed, particularly for patients receiving medical withdrawal care or combined medical care and managed withdrawal. It was clear that the Connect Care digital platform has enabled the team to deliver its care and services with greater consistency and increased quality and safety. The staff are encouraged to fully leverage the tool by consistently documenting in a timely manner. The full team's pride and contribution to the effectiveness of the inpatient services was evident.

With a small number of patients at one time at a site such as Swan Hills Healthcare Centre in which the staff get to know their patients well, it is easy to slip into a pattern of inconsistency on using the two person-specific identifier process. Staff are encouraged to do this consistently and remind patients from time to time why this process is done to keep patient care as safe as possible.

Given the size of the site and the small number and unpredictable nature of the patient population, staff report that patients have not had an opportunity to engage in research activities for a number of years.

**Table 8: Unmet Criteria for Inpatient Services**

Criteria Number	Criteria Text	Criteria Type
3.4.2	Client Identification  3.4.2.1      At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	ROP

# 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	3.1.23 - The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.	June 2, 2026
Emergency Department	2.4.10 - The client's informed consent is obtained and documented before providing services.	June 2, 2026
Infection Prevention and Control	2.4.5 - Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	June 2, 2026
Infection Prevention and Control	2.4.6 - There are policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.	June 2, 2026
Infection Prevention and Control	<p>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:</p> <ul style="list-style-type: none"> <li>• Team members recording their own compliance with accepted hand-hygiene practices (self-audit).</li> <li>• Measuring product use.</li> <li>• Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance.</li> <li>• Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).</li> </ul>	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	2.7.13 - Items that require cleaning, disinfection, and/or sterilization are safely contained and transported to the appropriate area(s).	June 2, 2026
Inpatient Services	3.4.2.1 - At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	June 2, 2026

Standard	Criterion	Due Date
Medication Management	5.1.2 - Medication storage areas are clean and organized.	June 2, 2026
Medication Management	6.1.5 - There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	June 2, 2026
Medication Management	7.2.2 - Appropriate ventilation, temperature, and lighting are maintained in the medication preparation areas.	June 2, 2026