ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Rehabilitation Services Program
Alberta Health Services

Report Issued: November 19, 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 October 6, 2025, to October 10, 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 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, 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 Organization

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 has been divided into four distinct provincial health agencies. Once the transition 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: Acute Care Alberta, Assisted Living Alberta, Recovery Alberta, and Primary Care Alberta. Acute Care Alberta, established in 2025, oversees the governance and coordination of acute care services (including AHS), and the new provincial health corporations of Emergency Health Services and Cancer Care Alberta. Assisted Living Alberta, established in 2025, will provide Albertans with a comprehensive, holistic system of continuing care with a full range of wrap-around services including medical and non-medical supports, home care, community care and social services. Recovery Alberta, established in 2024 provides comprehensive and accessible recovery-oriented mental health and addiction services and correctional health services across the province. Primary Care Alberta, established in 2025, is 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 (IPC), 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 standards along with the foundational standards. This integrated assessment approach provides a 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

Rehabilitation services were visited across four sites in Alberta including the Chinook Regional Hospital in Lethbridge, the Foothills Medical Centre in Calgary, the Red Deer Regional Hospital Centre in Red Deer, and the Glenrose Rehabilitation Hospital in Edmonton. Clinical standards of Rehabilitation Services, and, for the first time, Integrated People-Centred Spinal Cord Injury Rehabilitation Program standards, along with Service Excellence and select criteria from Leadership, Infection Prevention and Control and Medication Management were assessed.

Across the sites, the team saw patient-centred, holistic and high-quality services being delivered to patients and families from across Alberta, Northwest Territories and northern British Columbia.

The teams work with various community partners in academia, industry and municipalities. There is an abundance of research projects in which physicians, staff and patients/families are participating. This is providing new evidence in the care of various injuries and conditions including stroke care, spinal cord injury in adults and children, as well as amputees and burns.

Leadership at the sites are engaged, present and working hard to support the work of their staff. The work is demanding, both mentally and physically. The leadership work hard to help their staff maintain their psychological health, as well as their physical health.

While the workload is described by staff as “heavy” (mentally/physically), the staff morale appears to be quite high. Staff and physicians find fulfillment in celebrating milestones with patients and their families, taking pride in knowing they played a role in those achievements.

There is high satisfaction from patients and families with whom we had opportunity to meet. They report being “as involved as they want to be” in their care. Families of children feel very engaged and involved in their younger children’s care plan.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Holistic care provided by entire team.
- International recognition for Pediatric Pain Care Excellence (ChildKind Certification).
- Ability to work with academia and industry on research and best practices.
- External partnerships.

Opportunities

- Several required organizational practices remain unmet, but efforts are actively underway to close the gaps.
- Coaching and training to support the development and implementation of Quality Improvement Plans (QIPs), with local activities aligned to the integrated QIP at the site, program, or organizational level.
- Aging infrastructure.
- Crowding at some sites.

People-Centred Care

Across the units, there was consistent evidence of integrated, people-centred care. Patients and families reported being involved to the extent they desired, discharge plans were clearly communicated, and whiteboards in patient rooms were actively used to share up-to-date information.

All team members worked towards assisting patients and families to meet their goals. Goals were set during the admission process with the staff asking patients/families about their care goals and what matters most to them. Goals are updated and changed as required and are reviewed regularly. Patients and families are gently nudged by therapists to continue to work hard, and every achievement is celebrated as patients and families reach milestones. The care provided encompasses physical, spiritual, emotional, and psychological well-being. There is ongoing support for patients and families as they journey through their rehabilitation. There are accommodations at some of the sites for Indigenous patients and families to smudge, and this is appreciated by Indigenous patients and families. There is an Indigenous worker position at Glenrose that is currently vacant with efforts to fill this position. Peer mentors visit and many of the peer mentors have had serious injuries, including spinal cord injuries.

Partnerships with external groups, including academia and industry, are important in enhancing quality of life of patients and families. The partnership with Spinal Cord Injury Alberta is integral to the success and opportunities for patients with spinal cord injury. Spinal Cord Injury Alberta provides ongoing education for patients and families and provides ongoing support to be able to obtain necessary equipment and technology for patients to utilize upon discharge.

Parents of children in the Pediatric Unit at Glenrose report feeling supported by staff as they learn to cope with potentially life-limiting and/or life-changing injuries. Staff at this site have worked towards and achieved a Pain Management Certification. The certification is referred to as ChildKind Certification which is issued by ChildKind International for hospitals that demonstrate a commitment to pediatric pain care excellence through a structured, multi-year process involving self-assessment, evidence-informed protocols, continuous improvement, and a focus on the five ChildKind Principles. This certification signifies a hospital's adoption of best practices for pain prevention, assessment, and treatment using pharmacological, psychological, and physical methods to benefit children. The hospital and staff are to be commended for their hard work and diligence to improve the lives of injured children and their families.

Accreditation Decision

Alberta Health Services' accreditation decision continues to be:

Accredited

The organization has succeeded in meeting the fundamental requirements of the accreditation program. The current accreditation decision covers all locations that were previously part of Alberta Health Services, and that continue to operate within the same Accreditation Program-related governance and accountability framework. A new accreditation decision will be awarded at the end of the cycle to include locations owned by:

- *Alberta Health Services*
- *Assisted Living Alberta (Home and Community Care, Continuing Care)*
- *Recovery Alberta*
- *Primary Care Alberta (Public Health Services)*
- *Cancer Care Provincial Health Corporation*
- *Emergency Health Services Provincial Health Corporation*
- *Organ and Tissue Donation and Transplantation Provincial Health Corporation*

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Chinook Regional Hospital
- Foothills Medical Centre
- Glenrose Rehabilitation Hospital
- Red Deer Regional Hospital Centre

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

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
Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	Medication Management	3 / 5	60.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	5 / 5	100.0%
Client Identification	Integrated People-Centred Spinal Cord Injury Rehabilitation Program	1 / 1	100.0%
	Rehabilitation Services	1 / 1	100.0%
Information Transfer at Care Transitions	Integrated People-Centred Spinal Cord Injury Rehabilitation Program	5 / 5	100.0%
	Rehabilitation Services	4 / 5	80.0%
Infusion Pump Safety	Service Excellence	4 / 6	66.7%
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	5 / 5	100.0%
Maintaining an Accurate List of Medications during Care Transitions	Integrated People-Centred Spinal Cord Injury Rehabilitation Program	5 / 5	100.0%
	Rehabilitation Services	1 / 5	20.0%
Managing High-Alert Medications	Medication Management	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Optimizing Skin Integrity	Integrated People-Centred Spinal Cord Injury Rehabilitation Program	6 / 6	100.0%
	Rehabilitation Services	6 / 6	100.0%
Preventing Falls and Reducing Injuries from Falls	Integrated People-Centred Spinal Cord Injury Rehabilitation Program	7 / 7	100.0%
	Rehabilitation Services	7 / 7	100.0%
Preventing Venous Thromboembolism	Integrated People-Centred Spinal Cord Injury Rehabilitation Program	Not assessed	Not assessed
Suicide Prevention Program	Service Excellence	3 / 5	60.0%

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: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

There is an Emergency Response Manual (ERM) on each unit. The manual is inclusive of staff phone lists to contact staff in the event of an emergency. Procedures are included in the binder including site emergency notification list, emergency response quick reference guide for frontline staff, as well as policies for each code.

Information pertaining to business continuity is provided to staff in the ERM. This includes areas such as utility disruption, telephone, power supply, water supply, and information technology down times procedures.

There is an action checklist to easily identify the immediate actions required for all incident/code types and copies are maintained in the ERM. Staff can access pertinent information from remote locations including handheld devices if applicable.

There are regular drills conducted. Each month has one to two designated codes that are reviewed. Information about the drill may be in the form of a drill itself, through email communication, or staff meetings. Learnings are shared with staff.

Tabletop exercises are completed at tertiary hospitals such as the Foothills Medical Centre. The organization engages with partners and other hospitals in their planning. When an emergency occurs, the site emergency Command Post is activated, and plans are revised from learnings.

Table 2: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 95.5% Met Criteria

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

Assessment Results

Staff and volunteers are provided with access to policies and procedures on Infection Prevention and Control (IPC). Information is available through the internal Insite platform as well as on the external facing website for the public. Staff and volunteers are required to complete IPC education on orientation and regular modules thereafter.

Access to infectious disease information is available to staff through a robust electronic manual. Management of outbreaks was demonstrated, and thorough surveillance monitoring is completed, including investigation of the root cause of the infection. Staff feel confident managing outbreaks and other infectious disease protocols. Staff report that personal protective equipment is available.

Hand hygiene is a focus for the team. Hand washing sinks are available, as well as hand sanitizers.

Regular hand hygiene audits are completed, and results are tracked. There is variability among the sites with how the results are used to make improvements. There is opportunity to align with a quality improvement plan. Sharing successes and learnings more broadly throughout the organization would be helpful for translation of success.

Patient screening occurs daily for influenza-like symptoms. Appropriate precautions are implemented if there is a positive sign in the screening process. Teams follow the organization's cleaning and disinfection processes.

At Chinook Regional Hospital, there is an opportunity to review the handling of biohazardous materials, for example, ensuring that all biohazard bins in soiled utility rooms have lids and that sharps containers are correctly placed in designated biohazard disposal bins.

Table 3: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
2.4.5	Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	HIGH

Leadership

Standard Rating: 50.0% Met Criteria

50.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The sites have an opportunity to evaluate their current use of space. Many units face challenges related to physical infrastructure, resulting in cluttered hallways and patient rooms filled with equipment and supplies. While modifying existing infrastructure may not be feasible, there are ongoing opportunities to review space and storage practices to help protect the health and safety of both patients and staff.

Engaging patients and families can provide valuable feedback to inform meaningful changes. Accessibility to hallway railings and other shared spaces is essential for safety. The organization is encouraged to assess and improve universal accessibility within units where possible. Adapting the environment to support activities of daily living such as enabling patients to eat in dining rooms may support care goals. Ensuring access to a safe and supportive environment aligns with the goals of the sub-acute program.

Table 4: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
4.3.1	The organization ensures its physical spaces are safe and meet relevant laws and regulations.	HIGH

Medication Management

Standard Rating: 96.4% Met Criteria

3.6% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

A policy for managing high-alert medications is in place, last revised in October 2024, with the next review scheduled for October 2027. The Provincial Medication Management Committee (PMMC) oversees its implementation and monitoring at the provincial level. High-alert medications are identified through Connect Care and/or by an identifier on the medication packaging. Audits are conducted at least annually, and the organization is encouraged to formalize and act on audit findings to drive improvements. Medication incident reports are completed, and it is recommended that learnings from these incidents be shared more broadly with managers and staff. The inclusion of high-alert medications, particularly opioid formulations in the medication management quality improvement plan is encouraged.

A Do-Not-Use List of abbreviations is currently implemented, however, since the rollout of Connect Care, staff have expressed uncertainty about whether the list still applies as the majority of orders are contained within order sets. Audits within Connect Care have revealed ongoing use of incorrect abbreviations. It is recommended that a medication management quality improvement plan be developed and implemented including adherence to the Do-Not-Use List of abbreviations, symbols, and dose designations.

Medication rooms are well-maintained, with medications stored in locked carts that require code access. Barcode scanning is used to verify medications against patient wristbands, ensuring accuracy and safety. Narcotics are securely stored, with counts completed at each shift and audited by pharmacy staff.

While some sites, such as Glenrose Rehabilitation Hospital, have made progress in improving medication security, opportunities remain at other locations to ensure medication carts are consistently locked and medications are not easily accessible.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
1.2.3	Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations 1.2.3.1 The organizational leaders provide clinical teams with a current list of do-not-use abbreviations, symbols, and dose designations that applies to all medication-related communication. 1.2.3.3 The organizational leaders ensure the use of misinterpreted abbreviations, symbols, and dose designations that could have harmed or did harm a client are reported as medication safety incidents.	ROP

Service Excellence

Standard Rating: 83.5% Met Criteria

16.5% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Staff across multiple sites report receiving a robust and comprehensive orientation to their respective units. A six-module course on culturally sensitive care is available to all staff, supporting inclusive and respectful patient interactions. Recognition programs, such as the Daisy Award at Glenrose Rehabilitation Hospital, highlight excellence in nursing through clinical expertise and compassionate care. Nominees receive pins, and the award is announced annually during Nurse's Week. Staff have expressed pride in being nominated, reinforcing a culture of appreciation. To promote psychological health and safety, staff have access to resources such as MySafetyNet, annual education on topics like mindfulness and burnout prevention, and the Employee and Family Assistance Program. Staff and physicians generally find the work rewarding, especially in helping patients recover from traumatic health events and transition to a new way of life.

Research collaboration is supported across sites and their partners, with a formal ethics process in place. Participation in research is valued by patients, families, staff, and physicians. Patient input into the design of care spaces is evident at Glenrose Rehabilitation Hospital, where requests for a library and healing space were successfully accommodated.

Despite these strengths, several opportunities for improvement remain. Red Deer Regional Hospital Centre (RDRHC) faces overcrowding in its rehabilitation unit, with patients being admitted to hallway spaces. This compromises safety, dignity, and quality of life. The organization is encouraged to review and explore alternatives.

With regards to required organizational practices (ROPs), at Chinook Regional Hospital some staff have not completed infusion pump training in over two years. Regular training and competency evaluation are encouraged. At RDRHC, a suicide risk assessment process is scheduled for implementation in the coming year, recognizing the high-risk nature of rehabilitation patients. Once launched, it will be important to monitor compliance, evaluate effectiveness, and adjust based on findings.

There are role descriptions in place for all staff; however, they are generic and have not been updated since 2020. Leaders are encouraged to review these descriptions in collaboration with staff performing the roles, ensuring they reflect current responsibilities and site-specific needs.

To support continuous improvement, development of a documented site, program or organizational quality improvement plan is encouraged. This plan should include clear aims, measures, actions, and expected outcomes, and be developed in partnership with staff, physicians, patients, and families. Using SMART goals, the team could identify indicators, define measurement methods, establish timelines, allocate resources, and set target dates to guide and assess progress.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.2.4	The team works with the organization to co-design its physical spaces to meet its safety and service needs including confidential and private interactions for clients and families.	NORMAL
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
1.2.7	The team works with the organization to create a universally accessible service environment.	NORMAL
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. 2.1.7.5 The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members	ROP
2.2.2	The team leadership works with the organization to develop staff position profiles that outline the defined roles, responsibilities, and scope of employment or practice for each staff position.	NORMAL

Criteria Number	Criteria Text	Criteria Type
4.2.2	Suicide Prevention Program 4.2.2.2 The team leadership ensures the team receives appropriate training and education to deliver safe suicide prevention services. 4.2.2.3 The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders.	ROP
4.2.5	The team evaluates its safety improvement strategies.	HIGH
4.2.8	The team leadership follows organizational policy and engages with team members to analyze safety incidents and use the results to make improvements and prevent recurrence.	HIGH
4.3.2	The team uses information and feedback about the quality of services to identify opportunities for quality improvement initiatives and set priorities.	NORMAL
4.3.3	The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.	HIGH
4.3.4	The team identifies indicators to monitor progress for each quality improvement objective.	NORMAL
4.3.10	The team leadership ensures that information about quality improvement activities, results and learnings are shared with staff, clients and families, organizational leaders, and partners, as appropriate.	NORMAL

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.

Integrated People-Centred Spinal Cord Injury Rehabilitation Program

Standard Rating: 97.8% Met Criteria

2.2% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Fall 2025 survey marked the first application of the People-Centred Spinal Cord Injury Rehabilitation Program standard to the Spinal Cord Injury Program at Glenrose Rehabilitation Hospital, Canada's largest free-standing rehabilitation hospital. Unit 3B, which serves patients with spinal cord injuries, neurological conditions, and amputations, was assessed. The team delivers integrated, patient-centred care focused on improving function and safe discharge, using Functional Independence Measure scores at admission and discharge to guide progress. While full independence may not be possible for every patient, the team supports everyone's optimal outcome.

Glenrose Rehabilitation Hospital is a research and innovation hub, partnering with academic institutions such as the University of Alberta, Northern Alberta Institute of Technology, University of Calgary, Red Deer Polytechnic, iSMART, and Praxis Spinal Cord Institute, as well as industry partners like Bowhead Adaptive Mobility, KarMED, and Zamplo. These collaborations provide access to advanced technologies and research opportunities for patients, staff, and physicians. The hospital has a strong quality structure, supported by leadership and advisory committees, unit-level initiatives, and collaborations across sites and provinces. Focus areas align with improving patient experience, access and flow, service redesign, outcomes and practice advancement, and staff experience.

While the team is actively delivering quality care and undertaking improvement projects, a comprehensive written Quality Improvement Plan is encouraged. This plan should include aims, measures, actions, and outcomes, developed with input from staff, physicians, patients, and families. SMART goals and defined indicators would support tracking progress and benchmarking against provincial data. For example, fall prevention compliance is being measured, but the team is unaware of how their rate compares to the provincial average of 17.5%. Leveraging analytics would help identify gaps and guide improvements, especially given the high fall risk within this population.

Admission is based on specific criteria, and the navigation team explores alternatives when criteria are not met. A key strength is the partnership with Spinal Cord Injury Alberta, which supports patients with education, equipment access, and emotional support. Upon admission, an Expected Date of Discharge (EDD) is generated based on injury type and complexity, shared with the patient, and updated regularly. To address concerns about early discharge, the team uses EDD reviews, goal setting, weekend passes, and holistic support. A Discharge Champion ensures all teaching is completed, questions are answered, and transition planning is coordinated.

Patients have the right to refuse care, and the team works to understand and address barriers, sometimes pausing therapy to focus on grief, depression, or other issues. Sexual and reproductive health

is addressed during admission and throughout the stay; consults are available from a sexual health nurse. Bone health is monitored due to the high risk of fractures from immobility, with preventive measures such as bloodwork and Vitamin D supplementation in place.

The unit exemplifies integrated care, with a multidisciplinary team working collaboratively to help patients achieve their goals. Staff receive thorough orientation and ongoing training, and patient assignments are managed to ensure appropriate skill mix. Despite the physical and emotional demands, staff and physicians find the work rewarding.

Patients and families consistently praise the care provided, noting strong involvement in care planning and goal setting. One Indigenous patient appreciated the opportunity to smudge and suggested filling the vacant Indigenous Worker role as an improvement. Two operational opportunities were identified: enhanced integration of EMS trained access within Connect Care to portions of the patient record to enhance transfer safety and tagging equipment, such as lifts, with inspection dates to ensure staff can verify equipment is safe and up to date. While inspections are occurring, visible tags would enhance confidence and transparency.

Table 7: Unmet Criteria for Integrated People-Centred Spinal Cord Injury Rehabilitation Program

Criteria Number	Criteria Text	Criteria Type
6.2.2	Organizational leaders establish a quality improvement action plan to continuously improve the integrated SCI rehabilitation program.	HIGH
6.2.3	Organizational leaders use quality indicators to evaluate the integrated SCI rehabilitation program, which inform the development of the quality improvement action plan.	HIGH

Rehabilitation Services

Standard Rating: 91.9% Met Criteria

8.1% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

During the Fall 2025 survey, four rehabilitation services sites were visited: Glenrose Rehabilitation Hospital (Units 4A, 201), Chinook Regional Hospital (Unit 5B), Foothills Medical Center (Unit 58), and Red Deer Regional Hospital Centre (Unit 35). These included both pediatric and adult services.

Each unit has specific patient acceptance criteria. Referrals are triaged by a physiatrist, and once accepted, transition teams initiate pre-admission assessments. The admission process is comprehensive, addressing physical, mental, emotional, spiritual, psychological, and sexual health (as applicable). Patients are asked “What Matters to Me?” to guide goal setting and discharge planning, with over 80% transitioning home. On the pediatric unit at Glenrose Rehabilitation Hospital, the “F” words – Fun, Family, and Future – are used to foster hope in patients and families.

Connect Care has improved communication and information flow across Alberta. The Foothills Medical Centre team has optimized transition-related documentation and care planning based on patient feedback, particularly for discharge to community partners such as home care. This practice is recommended for broader adoption across the organization.

Rehabilitation services demonstrate strong integration and person-centred care, with interdisciplinary teams including pharmacists, physicians, nurses, therapists, psychologists, social workers, and technologists working collaboratively to support patient goals. Staff expertise is consistently recognized and appreciated by patients and families.

These units also support research and innovation, with participation from patients, families, and staff in clinical research and technology development. Ethical training is ongoing, and teams navigate complex ethical situations thoughtfully. For example, a patient with a spinal cord injury requested not to be turned at night. Staff, concerned about skin integrity, consulted legal advisors and worked through a risk-benefit analysis. Ultimately, a compromise was reached that balanced patient autonomy with safe care.

Some physical infrastructure is outdated and not well-suited to current equipment and technological needs. This is particularly noticeable at Foothills Medical Centre, Red Deer Regional Hospital Center, and Chinook Regional Hospital, where hallways and patient rooms are cluttered with equipment and supplies. While structural changes may be limited, ongoing review of space and storage solutions is recommended. Engaging patients and families could provide valuable input for improvements.

Medication reconciliation processes are well-established at Glenrose Rehabilitation Hospital and Foothills Medical Centre. It is recommended that Chinook Regional Hospital and Red Deer Regional Hospital Center review their processes to ensure timely and accurate completion, including obtaining the Best Possible Medication History (BPMH). These sites are also encouraged to evaluate communication during care transitions to ensure accurate and timely information exchange.

Table 8: Unmet Criteria for Rehabilitation Services

Criteria Number	Criteria Text	Criteria Type
1.3.8	Maintaining an Accurate List of Medications during Care Transitions 1.3.8.1 The team follows the organization's procedure to obtain a best possible medication history during care transitions. 1.3.8.2 The team follows the organization's procedure to resolve medication discrepancies during care transitions in a timely way. 1.3.8.4 The team participates in continuous learning activities about the medication reconciliation procedure to maintain an accurate list of medications during care transitions. 1.3.8.5 The team participates in activities to improve the medication reconciliation procedure to maintain an accurate list of medications during care transitions as part of the organization's integrated quality improvement plan.	ROP
1.4.12	Information Transfer at Care Transitions 1.4.12.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	ROP
1.5.8	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	NORMAL

Criteria for Follow-up

Criteria identified by the Accreditation Decision Committee for follow-up reporting to Accreditation Canada

Follow- up Requirements		
Standard	**Criterion**	**Due Date for sites**
Infection Prevention and Control	2.4.5 - Policies, procedures, and legal requirements are followed when handling bio-hazardous materials.	December 14, 2026 • Chinook Regional Hospital
Leadership	4.3.1 - The organization ensures its physical spaces are safe and meet relevant laws and regulations.	December 14, 2026 • Chinook Regional Hospital
Medication Management	1.2.3.1 - The organizational leaders provide clinical teams with a current list of do-not-use abbreviations, symbols, and dose designations that applies to all medication-related communication.	December 14, 2026 • Glenrose Rehabilitation Hospital
	1.2.3.3 - The organizational leaders ensure the use of misinterpreted abbreviations, symbols, and dose designations that could have harmed or did harm a client are reported as medication safety incidents.	December 14, 2026 • Glenrose Rehabilitation Hospital
Rehabilitation Services	1.3.8.1 - The team follows the organization's procedure to obtain a best possible medication history during care transitions.	December 14, 2026 • Red Deer Regional Hospital Centre
	1.3.8.2 - The team follows the organization's procedure to resolve medication discrepancies during care transitions in a timely way.	December 14, 2026 • Red Deer Regional Hospital Centre
	1.3.8.4 - The team participates in continuous learning activities about the medication reconciliation procedure to maintain an accurate list of medications during care transitions.	December 14, 2026 • Red Deer Regional Hospital Centre
	1.3.8.5 - The team participates in activities to improve the medication reconciliation procedure to maintain an accurate list of medications during care transitions as part of the organization's integrated quality improvement plan.	December 14, 2026 • Chinook Regional Hospital • Red Deer Regional Hospital Centre

Follow- up Requirements		
Standard	Criterion	Due Date for sites
Rehabilitation Services	1.4.12.5 - The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer; Asking clients, families, and service providers if they received the information they needed; Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	December 14, 2026 • Chinook Regional Hospital • Red Deer Regional Hospital Centre
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.	December 14, 2026 • Chinook Regional Hospital
	2.1.7.5 - The effectiveness of the approach is evaluated. Evaluation mechanisms may include: Investigating patient safety incidents related to infusion pump use; Reviewing data from smart pumps; Monitoring evaluations of competence; Seeking feedback from clients, families, and team members	December 14, 2026 • Chinook Regional Hospital
	4.2.2.2 - The team leadership ensures the team receives appropriate training and education to deliver safe suicide prevention services.	December 14, 2026 • Red Deer Regional Hospital Centre
	4.2.2.3 - The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders.	December 14, 2026 • Red Deer Regional Hospital Centre