ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

Coronation Hospital and Care Centre
Alberta Health Services

Report Issued: June 17, 2026

Confidentiality

Table of Contents

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 May 4, 2026 to May 8, 2026. 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/RSPs. 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 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 Alberta 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. Health Shared Services, established December 2025, supports Alberta's provincial health agencies and corporations by delivering shared expertise, systems and resources across finance, data and technology, human resources and governance to enable timely, high-quality care for patients and families.

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 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

The Coronation Hospital and Care Centre (CHCC), a 13-bed rural hospital located in Coronation, provides a range of healthcare services including a 24/7 emergency department, acute care, continuing care, allied health clinics, laboratory and x-ray services, to the town and surrounding rural areas in east-central Alberta. CHCC has three emergency department beds, 10 inpatient medicine beds (one of which is for palliative care) and a 23-bed long-term care unit. Due to challenges in physician recruitment, CHCC closed five (5) inpatient beds and eight (8) long-term care beds as only one physician is working full-time. From a flow perspective, the site has been on diversion for over a year.

Current challenges at the hospital include physician staffing and nursing recruitment and retention. The leadership team are commended for their relentless focus on recruitment and retention to restore service to the community. The site was provided with funding to pilot the virtual emergency physician (VEP) program. The experience with this program was exceptionally positive for the organization, patients and staff. In fact, engagement in the VEP program has had an added benefit of attracting locum physicians and new recruits to the site. Recently it was confirmed that two physicians will be joining the team.

Recruitment and retention of nursing staff is a challenge in rural settings. Given that nurses work in both the acute inpatient and emergency department settings, recruitment is focused on nurses who have some experience in these areas. With the introduction of the rural capacity investment fund (RCIF), the leadership team is working on a proposal for incentives for long stay staff. Most roles are filled, with interim staff coverage in place until vacancies are finalized. The leadership team is commended for supporting student placements which help raise awareness of rural nursing practice. Recently two students worked with the team and had projects focused on safety and quality and required organizational practices. The site received a certificate of appreciation from Red Deer Polytechnic and University of Alberta for the placements. Another student will be joining soon.

A high performing CoACT collaborative care model was observed at the site as staff care for emergency, acute, and ambulatory patients on the inpatient unit. Workload is monitored through CoACT practices, and staff huddle regularly on shifts to ensure care is provided and adjust based on flow and acuity.

The manager recently received a brief patient experience report. Overall satisfaction was above the zone target. In conversations with patients and family members the surveyors heard overwhelming positive comments about their care, team communication and coordination as well as respect for the patients' voice.

The site has a quality committee that meets monthly and has a deep focus on safety and quality improvement. Several indicators are being tracked. The leadership team are currently working on developing service-based goals and objectives, as well as an integrated quality management plan to advance their work.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Highly engaged leadership team in acute and long-term care.
- People-centred care approach.
- Strong focus on safety and quality improvement.
- High performing Collaborative Care Model (CoACT).
- Leadership and staff resilience and adaptability in addressing challenges with human resources.

Key Opportunities

- Continue to formalize performance conversations and processes for staff to support individual growth and development.
- Development of site-specific service goals.
- Creation of quality improvement plans with SMART goals and indicators.
- Advancing Emergency and Disaster Management with tabletop exercise for mass casualty event.
- Given that acute, emergency, and ambulatory care activities are provided by nursing staff on the inpatient unit, the organization should consider funding a position to streamline operations allowing staff to focus on patient care.

People-Centred Care

The leadership team at Coronation Hospital and Care Centre are true models of people-centred care (PCC). They are living the PCC approach with true engagement of patients, caregivers and the community as a whole. Engagement with the community includes town officials and the hospital foundation. Given the staffing challenges and operational impact, public service announcements are made regularly to keep the community informed. Feedback shared by patients, family and the community are reviewed, responses provided and changes made, where applicable.

Discussion with patients and family members at the hospital highlights the conscientious, caring approach of the staff, and patients' active engagement in decisions and care planning. They felt staff listened to them and respected their opinions.

The residents' council in Long-Term Care has had input into a variety of quality improvement initiatives to improve care and their environment.

The site leadership team are encouraged to build on current PCC activities to identify focused opportunities for engagement as they advance their approach to integrated quality management. Connecting with patient and family advisors on the Corridor Complex Quality Assurance Committee (QAC) can provide the team with the opportunity to consider how they can further advance engagement at the local level.

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*

Required Organizational Practices

Required Organization Practices (ROP) 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	5 / 5	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	5 / 5	100.0%
Client Identification	Emergency Department	1 / 1	100.0%
	Inpatient Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
Improving Hand Hygiene Practices	Infection Prevention and Control	5 / 5	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Information Transfer at Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%

Table 1: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	5 / 5	100.0%
Maintaining an Accurate List of Medications during Care Transitions	Emergency Department	5 / 5	100.0%
	Inpatient Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
Managing High-Alert Medications	Medication Management	5 / 5	100.0%
Optimizing Skin Integrity	Emergency Department	6 / 6	100.0%
	Inpatient Services	6 / 6	100.0%
	Long-Term Care Services	6 / 6	100.0%
Preventing Falls and Reducing Injuries from Falls	Emergency Department	7 / 7	100.0%
	Inpatient Services	7 / 7	100.0%
	Long-Term Care Services	7 / 7	100.0%
Preventing Venous Thromboembolism	Emergency Department	6 / 6	100.0%
	Inpatient Services	6 / 6	100.0%
Suicide Prevention Program	Service Excellence	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: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The last external tabletop drill at Coronation Hospital and Care Centre (CCH) was conducted prior to the COVID-19 pandemic. However, the organization has managed several real-life events in recent years, including loss of telephone services, a town-wide power outage lasting 3.5 days, and both planned and unplanned water disruptions. Detailed debriefs are conducted following all events. Notably, during the extended power outage, the hospital was the only facility in the community with power due to its generator capacity. Following extensive review with Town of Coronation officials, a generator was procured for the Community Centre to enhance community support during future power outages.

There is strong alignment, communication, and collaboration between the emergency management officer (EMO) and the town's local emergency management representatives for all emergency and disaster management (EDM) activities. Site leadership is highly commended for its significant focus and progress in strengthening EDM structures and processes over the past several years.

The EDM and Workplace Safety Committees have been combined. The site administrative assistant is an active member of the EDM Committee and works closely with the EMO to ensure that updates to the emergency response manuals are completed. The manuals reviewed by the surveyor were well organized and up to date.

As the hospital has a helipad and the town has an airport, these areas are prioritized for snow clearing during winter months to ensure that Referral, Access, Advice, Placement, Information and Destination (RAAPID) can access the site for urgent patient transfers when care needs exceed local capacity.

The EDM committee recently revised the site's incident management system to better reflect the realities of a small site, where staff often assume multiple roles. Incident management roles and responsibilities have been simplified, and clearly labeled envelopes have been created to support a straightforward and effective response during emergencies.

The EDM Committee provides oversight for all drills conducted at the site. Monthly fire drills and "Code of the Month" activities are carried out, with results reviewed and discussed at committee meetings to support continuous improvement and staff preparedness.

Currently, the EDM Committee is planning a tabletop mass casualty event drill to test the Code Green (evacuation) and Code Orange (mass casualty) plans. Following completion of the internal tabletop exercise, the site plans to collaborate with the Town of Coronation local emergency management leads and key stakeholders to plan and execute an integrated, community-based mass casualty drill.

Table 2: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

The infection prevention and control (IPC) nurse is onsite at least once per month and more frequently as required, providing leadership, oversight, and support to staff. The IPC nurse participates in monthly facilities management meetings, providing updates as needed to ensure that identified risks, emerging trends, and compliance issues are communicated and addressed at the leadership level.

Staff across the organization demonstrated a strong knowledge of IPC practices, including routine practices, outbreak management, and hand hygiene expectations. Surveillance activities are conducted through regular monitoring of laboratory reports and trend analysis, supplemented by direct communication with frontline staff. This comprehensive approach supports the early identification of potential infections and enables timely and appropriate intervention when required.

Low-level disinfection practices are supported by standardized checklists for shared equipment, such as medication carts and wheelchairs. Both acute care and long-term care checklists were observed to be completed consistently. These checklists are readily available on the units, and low-level disinfection is generally completed during the night shift. Observations confirmed that staff were performing hand hygiene appropriately and were able to clearly describe outbreak protocols when asked.

Hand hygiene compliance is actively monitored through regular audits. Audit results are posted on unit quality boards and discussed at staff meetings, promoting transparency, accountability, and a culture of continuous improvement.

In addition to acute care areas, the kitchen, cafeteria, laundry, and housekeeping departments were visited. Staff in all areas demonstrated strong knowledge and a clear understanding of their roles and responsibilities in preventing the spread of infection and maintaining a safe and healthy environment.

Laundry Services

Linen flow is well organized, supporting the appropriate separation of clean and dirty processes. Personal protective equipment is used during the sorting of soiled linen, and linen carts are covered during transport, with appropriate cart exchange occurring on the units. Only long-term care laundry is processed onsite; all acute care linens are sent to an external linen service and transported appropriately.

A recurring issue has been identified with laundry received from the contracted linen service. Staff reported that bedding and stretcher covers are sometimes stained, and on occasion, foreign items have been found attached to sheets. In these instances, the bedding is not used, and the supplier is notified. Concerns are escalated to the site manager, who communicates them to senior leadership. While improvements are often noted following reporting, periodic lapses continue to occur. The team is strongly encouraged to continue reporting these occurrences as per site procedure regarding concerns to support follow-up and corrective action with the supplier.

Housekeeping

Standard operating procedures (SOPs) and cleaning checklists are in place and up to date. The laundry area demonstrates good workflow, with clean and dirty areas clearly identified. The space is neat and well organized. Daily cleaning checks are consistently completed and documented. Hazardous material information sheets are readily accessible, and cleaning supplies are stored appropriately. Housekeeping staff clearly articulated their roles and responsibilities and expressed pride in the work they do.

Dietary Services

The dietary and cafeteria areas are clean and well lit. Refrigeration units are appropriate for service delivery and are monitored with alarm systems to ensure food safety. The dietary services area has two separate entrances: one designated for clean trays being delivered to units and another for the return of dirty trays to the dishwashing area, supporting appropriate clean to dirty flow.

Dietary staff were knowledgeable, engaged, and demonstrated positive teamwork. A new staff member, currently early in the orientation process, was able to clearly describe topics covered through online modules and videos. She shared that she already feels welcomed and supported by the team and experiences a strong sense of belonging within the department.

One opportunity for improvement was identified during the tracer. Condensation from refrigeration units is currently drained through two pipes that run down the wall and discharge into an open floor drain located in the food preparation area. The exposed and protruding pipe ends present a potential safety risk to staff. It is recommended that the dietary services team, in collaboration with maintenance, review this configuration and implement mitigation strategies to reduce the risks associated with the open drain and protruding pipes, in alignment with food safety, environmental safety, and occupational health and safety standards.

Table 3: Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Leadership

Standard Rating: 80.0% Met Criteria

20.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The manager responds to complaints or concerns in a timely manner, and a concerns log is maintained to identify themes and consider opportunities for system-level action. Given the bed closures at the site, consistent communication is provided through public service announcements and updates at town meetings.

The site leadership team demonstrates operational responsiveness and strong safety culture for action when it comes to risk and safety for patients and staff. CHCC was built in 1960. The facilities maintenance and engineering (FM&E) team is highly responsive and works diligently to manage the physical environment and ensure hospital systems operate effectively. Preventive maintenance is conducted regularly, and meticulous record-keeping was observed.

Staff submit work orders to FM&E on a regular basis and the team completes the work in a timely manner. The FM&E team and site manager consider trends in the work orders to identify potential areas for more substantial upgrades or repairs. The IPC team participates in any construction work at the site. Although the facility is bright and clean, there is clutter in many areas given the technology used in care today. Staff do their best to ensure safety for patients and themselves as they navigate the space.

AHS has an established capital acquisition process, and preventive maintenance is performed on equipment. The biomedical engineering team is highly responsive. During the site visit, the surveyor observed a biomedical engineer attending to a staff request regarding a cardiac monitor, ensuring that the issue was addressed promptly. The hospital foundation is also highly active and plays an important role in raising funds to support smaller equipment purchases. Staff expressed strong appreciation for the foundation’s contributions, and the impact of their work is visibly recognized in the facility lobby.

After-hours security is a challenge, as protective services are available by phone 24/7, but may take several hours to arrive if an on-site response is required. While calling 911 provides an additional layer of support, the Royal Canadian Mounted Police (RCMP) may not always be immediately available, and response times may be prolonged. Security cameras are currently limited to interior areas and do not provide visibility of external entry points, making it difficult to monitor attempts to access the building. The organization is encouraged to consider installing external video cameras to enhance workplace safety for staff, patients, and residents, and to strengthen overall site security.

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: 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

Medication management processes are well established and effectively supported. A highly knowledgeable and diligent pharmacy technician is onsite five days per week and is responsible for medication ordering, dispensing, inventory control, and related processes. Pharmacist consultation is available remotely, with mandatory remote verification completed for every medication dispensed before it leaves the pharmacy. After hours, a pharmacist remains on call to provide additional support as needed. The pharmacy technician also prepares and dispenses medications for the long-term care (LTC) unit on a weekly basis.

The main pharmacy is secure, well organized, and medications are clearly labelled and arranged in accordance with Alberta Health Services (AHS) policy. Medications are appropriately stored in the main pharmacy and across several clinical locations, including an emergency cart and antidote kit in the trauma room, a night cupboard, a medication room, and an acute patient medication cart at the shared acute care / emergency nurses' station. LTC services have a dedicated medication room and medication cart.

There are opportunities to further strengthen medication safety and infection prevention practices. In the main pharmacy's secure narcotic room, additional non-medication items are being stored, including boxes, historical records awaiting transfer to Iron Mountain (secure, off-site storage contractor), old cassettes, and seasonal decorations. While the narcotic room is serviceable, the additional storage has resulted in congestion. It is recommended that these items be removed and stored elsewhere. In particular, the presence of cardboard poses an infection prevention and control concern, as it can harbor bacteria and insects.

In addition, the emergency cart and antidote kit were observed to be unlocked. It was recommended that the emergency cart be secured and that the antidote kit be stored within a locked cupboard to reduce the risk of unauthorized access.

The next day the pharmacy tech, in partnership with the emergency team, identified a way to secure the medication contents of the emergency cart and the antidote kit in the secure night cupboard. The is an example of staff's initiative, as well as their commitment to quality and safety.

Finally, inconsistencies were noted in medication sign-out documentation (medication usage chit) from the night cupboard. Staff accessing medications from the night cupboard are strongly encouraged to consistently complete the sign-out sheets, as this process is essential for maintaining accurate inventory control and enabling the pharmacy technician to monitor stock levels effectively.

The organization is encouraged to review and update its policies and procedures related to smart pump alert overrides, as well as medication orders, including telephone and verbal orders.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
4.3.2	A policy that specifies when and how to override smart infusion pump alerts is developed and implemented.	HIGH
6.1.5	There is a policy for acceptable medication orders, with criteria being developed or revised, implemented, and regularly evaluated, and the policy is revised as necessary.	HIGH
6.1.8	There is a policy on telephone and verbal orders for medications that specifies when such orders are acceptable, how they are to be documented, and when they are to be co-signed by the prescriber.	HIGH

Service Excellence

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

The surveyors observed a highly engaged leadership team at the site. The site manager and clinical resource registered nurse have been in their roles for less than two years and have developed a strong, collaborative working relationship with the long-term care manager, who brings longer tenure and experience.

The team are keenly aware of the service needs of the community, and they are working hard to recruit medical and nursing staff so that they can re-open acute and long-term care beds. Priority goals include physician and nurse recruitment and retention. The leadership team is encouraged to develop service specific goals and objectives aligned with AHS priorities.

There is strong integration and communication with the community. The manager provides monthly reports on hospital activities at the town meeting. The Coronation Hospital Foundation is very active in raising funds to purchase equipment. Results of these efforts are proudly displayed in the lobby.

Communication with staff is done using a variety of methods including monthly meetings, emails, huddles and a clinical resource nurse monthly newsletter.

The leadership team is commended for supporting university nursing student placements which help raise awareness of rural nursing practice and could potentially lead to recruitment of new staff. Recently two students worked with the team and had projects focused on safety and quality, particularly required organizational practices (ROPs). The site received a certificate of appreciation from Red Deer Polytechnic and University of Alberta for the placement. Another student will be joining soon.

There is a strong focus at CHCC on competency development and continuing education focused on patient care, safety and quality. This work has advanced with the addition of the clinical resource nurse (CRN) role which is held by an experienced nurse who has worked at CHCC for close to two decades. Staff have access to a variety of courses on Insite. Infusion pumps are used regularly and staff complete annual education. Suicide prevention education has been conducted. One nurse had returned from a maternity leave and spoke about completing a variety of modules, including infusion pump training, so that her practice is current given changes in practice, policies, protocols and practice.

Since arrival, the new manager has met with every staff member to get to know them and understand their goals. Formal performance conversations are being planned.

Staff have used Connect Care for several years. Evidence-based protocols are built into the standardized tool used for documentation.

Site leadership is commended for their active approach to quality improvement (QI). The QI Committee meets monthly. Membership includes the leadership team (acute and long-term care managers, the CRN), and staff. Key areas of focus include evaluation of the collaborative care model (CoACT) using results from current inpatient surveys, key themes and learnings from incident reports, ROP compliance audits and monthly antipsychotic medication review in LTC. The unit quality board highlights ROP compliance audit results and improvement trends and opportunities. Improvement plans have been implemented for hand hygiene compliance and falls related incident report evaluation both demonstrating improved results over time.

The site is encouraged to take their quality journey to the next level by developing a QI plan that includes SMART goals, indicators and targets. The team has already started to draft the quality improvement plan. They have reached out to their clinical quality consultant so that they can receive further support and coaching in creating the plan.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
1.1.3	The team develops its service-specific goals and objectives.	NORMAL
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
4.3.6	The team leadership works with staff to use new or existing indicator data to establish a baseline for each indicator.	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
4.3.11	The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.	NORMAL

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Emergency Department

Standard Rating: 99.2% Met Criteria

0.8% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Due to the staffing challenges at CHCC, the three emergency department (ED) beds are co-located on the inpatient unit. Triage assessment is prompt and registration is carried out after the patient has been triaged. The CRN has worked with the AHS Tableau support team to develop a standard emergency dashboard where key metrics are tracked and trended. Recent wait times to see a physician are shorter than other rural sites in the area. Flow processes are clearly defined and there is an overcapacity plan that was activated during the survey with the unit being one over census.

Given physician coverage challenges, CHCC is a pilot site for the virtual emergency physician (VEP) program. The experience with this program was exceptionally positive for the organization, patients and staff. A couple of parents spoke about how the VEP provided a thorough assessment and was able to order what was needed, as well as having one pediatric patient transferred to another centre based on their acute care needs.

Participation in VEP has led to other benefits for the organization. Physicians who were part of the VEP team now work with locums at CHCC and have recruited colleagues to join the pool. In fact, through this process, two physicians have been hired to join the CHCC medical team. Recruitment reflects the culture of collaboration and excellence in practice that exists at CHCC. The patients and family members in the ED spoke highly of the prompt and expert care provided.

The nursing staff are cross trained to cover the emergency department, acute inpatient and ambulatory care patients. The ability of the nursing staff to care for patients with a wide range of acute and chronic conditions reflects the focus and support of an education and competency-based learning environment. During the survey, an acutely ill patient was seen in the ED. Prompt assessments and planning by the nursing and medical staff indicated the need to send the patient to a high acuity centre for urgent treatment. RAAPID was called and the patient was transported to another centre. In this scenario, the team demonstrated expert knowledge, assessment and diagnostic skills to meet the patient's acute needs.

With respect to a seclusion room, the team has a room they use for private and secure space for a client in distress. They remove as much equipment as possible to reduce risk. The challenge is that the door cannot be secured and there is no way to visually see the patient once the door is closed. A plan is underway to designate a seclusion room where a window can be inserted for improved patient monitoring while they are secured in the room. Additional steps will be taken to ensure the room can easily be emptied of equipment to reduce risk to the patient.

The focus on organ and tissue donation is new to the team. AHS and the province of Alberta have policies and processes to support organ and tissue donation. Education has been carried out to raise awareness. The site does not have ventilator capacity and hence may at some point be a tissue donor site.

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: 100.0% Met Criteria

0.0% of criteria were unmet.

Assessment Results

As a result of physician staffing challenges, the 10-bed inpatient unit only has five beds open. The unit was overcapacity by one bed during the survey.

A high-performing CoACT collaborative care model was observed in action. Workload is monitored through applied CoACT practices, such as team huddles and adjustments in assignments made throughout the day based on patient acuity. A strong culture of support and teamwork was evident in how the team collaborated.

Given that acute, emergency, and ambulatory care activities are all provided on the inpatient unit, the area has a very busy environment. While caring for patients with varying levels of acuity, staff are also responsible for clerical duties (e.g., booking tests and answering phone calls). The organization is encouraged to consider funding a position to support patient flow and daily operations, particularly during high-volume periods. This role would enable clinical staff to focus fully on meeting patient and family needs and may contribute to improved staff retention.

Patients spoke highly of the conscientious and compassionate approach of staff. One patient described feeling like a respected member of the care team and noted being actively engaged in discharge planning to support a safe transition home.

To support a focus on safety and quality improvement, a quality board displaying ROP performance metrics is located on the inpatient unit. The CRN is commended for implementing a “metric of the month” approach focused on specific ROPs, including auditing, coaching, and trending of results, along with recognition of improvements. The team is encouraged to continue efforts to strengthen ROP compliance and meet performance targets. Conducting brief huddles at the quality board to review ROP performance and generate ideas for improvement would further support team engagement and continuous improvement.

Table 8: Unmet Criteria for Inpatient Services

There are no unmet criteria for this section.

Long-Term Care Services

Standard Rating: 97.6% Met Criteria

2.4% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The LTC service is supported by a strong and experienced nurse manager who has been in the leadership role for several years. This continuity in leadership contributes to stable operations, clear expectations, and a culture of accountability and continuous improvement. The interdisciplinary care team includes registered nurses, health care aides, dedicated housekeepers, a hair stylist, recreational therapy support, and a range of allied health professionals such as a physiotherapist, therapy assistant and occupational therapy, all of whom are accessible onsite. Together, this team provides comprehensive, coordinated, and compassionate care that reflects a shared commitment to resident centered practice.

Staff were observed to be knowledgeable, respectful, and compassionate in their interactions with residents. Care delivery consistently demonstrated respect for resident dignity, privacy, and individual preferences. Privacy during personal care was maintained, and staff communicated in ways that were supportive and reassuring, reflecting alignment with Accreditation Canada expectations for dignity, respect, and safe, ethical care.

The LTC unit has 23 funded beds. During the visit, eight beds were vacant, although the service typically maintains full occupancy. The current vacancies are related to limited physician availability within the community, with only one physician presently providing coverage. The organization has successfully recruited two additional physicians who are expected to join the team soon. It is anticipated that this will strengthen medical coverage and support the timely admission of additional residents, improving access to care while maintaining quality and safety.

Recreation and social engagement are recognized as important components of quality of life for residents. Although the service is currently recruiting for a recreational therapist position, the team has demonstrated adaptability and collaboration by maintaining a monthly calendar of recreational activities. Nurses, support staff, and volunteers work together to deliver meaningful activities that promote social interaction and engagement. This approach demonstrates resilience and commitment to meeting resident needs despite workforce challenges.

The home environment is further enhanced by the presence of a resident cat, Nico, who is well loved by residents and contributes positively to their sense of comfort and companionship. A fish tank is also located within the unit, and residents are encouraged to participate in feeding the fish, supporting engagement and routine. The physical environment is clean, well maintained, and thoughtfully designed to create a homelike atmosphere, with good lighting and furnishings that support both comfort and safety.

Resident and family satisfaction is routinely assessed through surveys. The team is committed to engaging residents and families as partners by seeking their input into the development of actions to address identified opportunities for improvement.

While several quality initiatives have been undertaken, there was no evidence of a quality improvement plan with clearly defined and measurable goals and objectives. As the team demonstrates a strong foundation on which to build, it is recommended that the results of the quality-of-life survey be shared with the residents' council to solicit their input. This feedback would support the identification of priority actions and inform the development of a structured, data driven quality improvement plan that demonstrates ongoing monitoring, evaluation, and continuous improvement.

Overall, the LTC service demonstrates strong leadership, a compassionate and committed care team, respect for resident dignity and privacy, and a clear focus on quality of life and continuous improvement. The organization is supported in its plan to share quality-of-life survey results with the residents' council and to collaborate on actionable strategies to further enhance the resident experience.

Table 9: Unmet Criteria for Long-Term Care Services

Criteria Number	Criteria Text	Criteria Type
4.1.1	Teams have a quality improvement plan for improving residents' quality of life.	HIGH
4.1.2	Teams have a quality improvement plan for improving residents' quality of care.	HIGH

Palliative Care Services

Standard Rating: 94.7% Met Criteria

5.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

CHCC has two palliative care rooms that have been recently renovated using community donations. The rooms were designed to provide a comfortable environment for patients and families experiencing palliative and end-of-life care. The leadership and staff at the site are commended for their approach and engagement with palliative and end-of-life care processes.

Advanced care planning and goals of care conversations trigger the use of AHS palliative and end-of-life care resources such as the palliative care (PC) team in the community. The unit nurses spoke highly of their experience with the responsive and knowledgeable PC resource nurse and team in the community. One nurse told a story of having an end-of-life patient experiencing delirium on a weekend night. She reached out to the PC resource nurse on call who assessed the situation and consulted with the PC physician on call. The team provided expert advice to the nurse and on-call physician at CHCC, resulting in a more comfortable experience for the patient, family and team as they were able to address the acute symptoms of delirium. The team are commended for taking action to bring comfort at a challenging and distressing time.

Some staff have been supported to attend PC conferences to enhance knowledge and build capacity in palliative and end-of-life care at the site. One nurse who has worked at CHCC for several years reflected on the noticeable improvement in access to expert palliative and end-of-life care within the community, and the value this brings to both patients and staff providing care to individuals requiring PC services.

AHS has policies regarding medical assistance in dying and respecting patient wishes are a priority. Several AHS policies, guidelines, and algorithms aligned with palliative and end-of-life care are not current and are encouraged to be reviewed and updated.

Table 10: Unmet Criteria for Palliative Care Services

Criteria Number	Criteria Text	Criteria Type
1.1.1	The organization has policies and resources to help team members implement a palliative approach to care.	HIGH
5.1.1	The organization has policies and procedures to address requests for medical assistance in dying (MAiD).	HIGH

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**
Emergency Department	2.4.8 Seclusion rooms and/or private and secure areas are available for clients.	June 8, 2027
Leadership	4.3.1 The organization ensures its physical spaces are safe and meet relevant laws and regulations.	June 8, 2027
Medication Management	4.3.2 A policy that specifies when and how to override smart infusion pump alerts is developed and implemented.	June 8, 2027
	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 8, 2027
	6.1.8 There is a policy on telephone and verbal orders for medications that specifies when such orders are acceptable, how they are to be documented, and when they are to be co-signed by the prescriber.	June 8, 2027