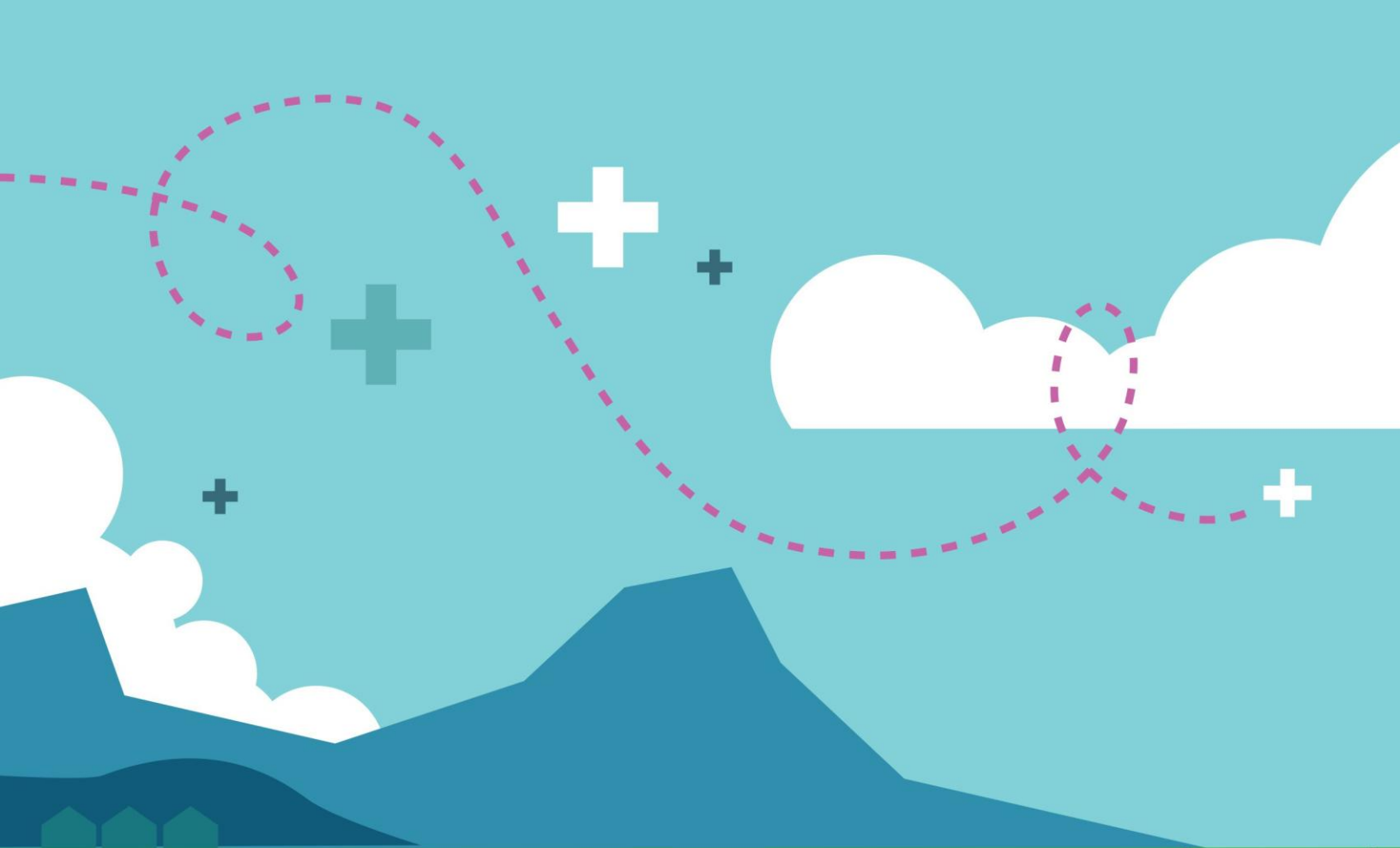




Coming Together Around the First Nations Definition of Quality of Emergency Care

July 2026



Improving Healthcare Together

Health Quality Alberta is a provincial agency that has a legislated mandate to promote and improve patient safety, person-centred care, and health service quality for Albertans. We engage with Albertans to gather information about their experiences and collaborate with health system partners to identify and drive actionable improvements. Our responsibilities are set forth in the *Health Quality Council of Alberta Act*.

DOCUMENT COPYRIGHT

Health Quality Alberta holds copyright and intellectual property rights of this document. This document is licensed under a Creative Commons “Attribution-Non-Commercial-No Derivatives 4.0 International” license: <http://creativecommons.org/licenses/by-nc-nd/4.0/>



You may copy, distribute, or transmit only **unaltered** copies of the document, and only for non-commercial purposes.

Attribution is required if content from this document is used as a resource or reference in another work that is created. To reference this document, please use the following citation:

Health Quality Alberta. **Coming Together Around the First Nations Definition of Quality of Emergency Care**. Calgary, Alberta, Canada: Health Quality Alberta; [July 2026].

Please contact Health Quality Alberta for more information: info@hqa.ca, 403.297.8162.

TABLE OF CONTENTS

Coming together around the First Nations definition of quality of emergency care	4
A reflection on relationships.....	4
Overview of our time together.....	4
A shared commitment to people-centred care rooted in relationships.....	6
Alignment around recognizing gaps and barriers in the current system and a shared desire to improve.....	6
A common vision for accessible, wholistic, culturally safe care.....	6
Different and connected emphases in understanding quality	7
Distinct yet linked ways of expressing and carrying knowledge about quality	7
Attuning to the past-present realities that shape care experiences	7
How the definitions of quality can guide our work to improve care for First Nations peoples and communities	8
Continuing the conversation	9

COMING TOGETHER AROUND THE FIRST NATIONS DEFINITION OF QUALITY OF EMERGENCY CARE

A reflection on relationships

Our Health Quality Alberta team would like to express our deepest appreciation for the generosity of knowledge and passion from everyone who participated in this gathering around quality healthcare in Alberta.

We extend our heartfelt gratitude to Elder Alice Kaquitts, Yumotata Grizzly Walker, Stoney Nakota First Nation Wesley Band for opening and closing the day with such warmth and guidance.

We are thankful for the opportunity to listen and learn from Lea Bill, Chief Executive Officer, Alberta First Nations Information Governance Centre and Patrick McLane, Senior Researcher, Acute Care Alberta / Adjunct Professor, University of Alberta about their research and insights on First Nations experiences with emergency care, which led to the development of the First Nations Quality of Care Definition.

We are grateful to all who were able to join us – and hold equal appreciation for those who wished to attend but could not. We valued the opportunity to build relationships grounded in humility and to learn alongside one another. As we continue getting to know one another, these perspectives on how we work together are invaluable—not only in deepening our understanding of quality, but in shaping collaborative health system improvement efforts. These conversations, rooted in respect for past, present, and future relationships and the lived experiences within Alberta’s health system, are essential as we carry this work forward together. As one attendee reminded us, “We are all working towards the same goal of quality healthcare for everyone.”

Siyísgáàs (Dene), nitsíniiyi'taki (Blackfoot), Îsnîyês (Stoney Nakoda) – I am grateful and thankful.

OVERVIEW OF OUR TIME TOGETHER

The gathering held on March 12, 2026, emerged through conversations with the Alberta First Nations Information Governance Centre and the Equity in Emergency Care Research Program, about their shared work on First Nations experiences of emergency care and a First Nations definition of quality, developed in partnership. Health Quality Alberta saw an opportunity to learn from this research and worked with Equity in Emergency Care Research Program to create a dedicated space to explore First Nations’ experiences of emergency care, while also providing an opportunity for Health Quality Alberta to share the Alberta Quality Dimensions for Health. The idea for a day of shared learning evolved to include additional health system partners with an interest in quality of emergency care so that they could also benefit from these discussions.

The gathering was hosted on Tsuut’ina Nation at the Grey Eagle Resort, within Treaty 7. This includes the Blackfoot Confederacy, the Siksika, Piikani, and Kainai Nations, the Iyârhe Nakoda Nations, the Chiniki, Bearspaw, and Good Stoney Bands, and the peoples of the Tsuut’ina Nation. These lands are also home to the historic Northwest Métis and to the Otipemisiwak Métis Government.

Participants included First Nations partners, health system partners, researchers, and Health Quality Alberta staff who came together to reflect on the Alberta Quality Dimensions for Health and the First Nations Quality of Care Definition for Emergency Care in Alberta. The themes presented in this report reflect perspectives shared during discussions and are not intended to represent the views of every participant, Nation, community, group, or organization in attendance, nor the perspectives of all Indigenous Peoples, including First Nations, Métis, and Inuit peoples.

The day was grounded in relationship building. It was also a space to learn more about the experiences of First Nations peoples with emergency care in Alberta. It began with a blessing from Elder Alice Kaquitts.

Two presentations followed. The first was from Lea Bill and Patrick McLane on the [First Nations Quality of Care Definition for Emergency Care in Alberta](#). Their presentation included sharing qualitative research findings about First Nations' experiences in accessing and receiving emergency care. The second was by Mollie Cole, Executive Director, Health System Improvement from Health Quality Alberta. It outlined the [Alberta Quality Dimensions for Health](#), a recently released definition of healthcare quality. This set the stage for reflection on resonances and distinctions between these perspectives on quality.

Next, smaller group conversations took place (before and after lunch) to create an opportunity for attendees to reflect on how the two definitions of quality could inform their roles and spheres of influence. Participants were invited to listen deeply and speak from their own perspectives and experiences. The goal was to create a space where everyone had an opportunity to share. One logistical learning from this day was to provide more opportunities for sharing between the smaller groups and across the collective.

This document offers a synthesis of the small-group conversations, exploring linkages, distinctions, and insights on how these definitions of quality can guide individual and collective efforts to improve care. These discussions reinforce that cultural safety, racism, and the ongoing impacts of colonialism are central to quality emergency care. They shape access, trust, patient experience, and whether care is experienced as safe, respectful, and responsive.

Throughout the discussions, participants identified many areas of connection between the Alberta Quality Dimensions for Health and the First Nations Quality of Care definition, including a shared commitment to people-centred care, accessibility, safety, respect, and improving care experiences. They also noted important distinctions in what each definition brings forward. The Alberta Quality Dimensions for Health was described as offering broad language for discussing quality across the health system, while the First Nations Quality of Care definition brought forward perspectives related to governance, territory, relationships, accountability, cultural identity, wholistic wellbeing, and lived experiences of emergency care. Participants reflected that these similarities and distinctions can help inform individual and collective efforts to improve care, while also pointing to the need for continued conversations about how quality is understood, measured, and made accountable with First Nations peoples and communities.

A shared commitment to people-centred care rooted in relationships

A key theme from the conversations was that both frameworks understand that quality and experiences of care begin with people and relationships. Participants observed that the Alberta Quality Dimensions for Health offers a broad way of articulating people-centred care and supporting shared discussion of quality across the health system. They also noted that the First Nations Quality of Care definition emphasizes relationships, reciprocity, and wholistic understandings of wellbeing, while also bringing forward perspectives on governance, accountability, and the conditions needed for quality care in emergency settings. Participants described the importance of seeing a person in the fullness of their context, history, and needs. This was reflected in the stories shared during the presentation about the First Nations Quality of Care definition, which helped bring these ideas into closer connection with lived experience.

Several participants noted that what resonated most deeply was the relational element in these definitions, described as, “paralleling people-centred with focus on relations.” Participants reflected on how the two approaches reinforce one another. Some described the Alberta Quality Dimensions for Health as offering a broad framing for discussing quality across settings, while the First Nations Quality of Care definition was understood as grounding quality in the lived realities, relationships, and responsibilities that shape emergency care for First Nations individuals, families, and communities.

Alignment around recognizing gaps and barriers in the current system and a shared desire to improve

Participants recognized the importance of people feeling safe, respected, and heard.

They noted that each definition brings forward important and complementary ways of understanding the barriers that can impact care: “Both are tools to have conversations about the quality gaps in our system.” Participants reflected on system pressures and organizational factors that influence the ability to improve quality, while also emphasizing the ongoing impacts of colonial history, harm, and mistrust in emergency care. One participant shared how they felt overwhelmed by hostility or the potential for harm during their experience in the emergency room: “Just wanting to be acknowledged and heard, instead waiting for racism or negativity to hit.” Together, these definitions offer a multi-layered lens on complex barriers that affect care. They provide complementary entry points for considering how to strengthen accountability and improve the conditions that support quality care.

A common vision for accessible, wholistic, culturally safe care

Participants noted that both definitions inspire a shared view that ideal healthcare experiences are accessible, wholistic, respectful, and culturally safe, though they do so from different starting points and contexts. The Alberta Quality Dimensions for Health was described as offering language that can be used broadly across the health system, while the First Nations Quality of Care definition was understood as grounding quality in First Nations experiences of emergency care, including connections to land, relationships, spirit,

cultural identity, territory, and governance. Participants' reflections expressed the importance of "wholistic care... seeing the whole person, their history," and "working with Indigenous communities as partners." They felt these definitions can offer a fuller picture of quality when system-wide strategies are informed by lived experience, cultural grounding, and accountability to First Nations perspectives.

Different and connected emphases in understanding quality

Participants highlighted that the two definitions arise from different contexts, while also offering complementary guidance for improving care. Some participants described the Alberta Quality Dimensions for Health as a framework "meant to influence at the system level" and to guide policy, program design, and organizational accountability across diverse settings. Participants also reflected that the First Nations Quality of Care definition brings forward perspectives on governance, territory, accountability, relationships, and wellbeing – carrying, as one participant described, "more emotion and intimacy." Read together, participants felt the definitions invited deeper reflection on how quality can be understood, practiced, and made accountable in ways that honour multiple perspectives on quality improvement.

Distinct yet linked ways of expressing and carrying knowledge about quality

Another distinction noticed by participants was how each definition expresses and carries knowledge about quality. Health Quality Alberta's definition was seen to support consistency and alignment across the health system through language intended to help people discuss, describe, measure, evaluate, and assess quality (i.e., accessible, safe, people-centred). Participants also noted that the First Nations Quality of Care definition includes clearly articulated concepts and guidance, while conveying this through lived experience, relationships, and the specific realities of emergency care.

Participants shared that the First Nations definition of quality is something many people could feel, as well as understand, shaped through story, lived experience, and teachings held within relationships, spirit, and community. This came through in the personal stories participants shared: the steady, anchoring presence of family and kinship; the reminder that health is lived through how we show up for one another; and the recognition that, in the emergency department, some individuals are "on the verge of entering the spirit world." Participants also reflected on the central role of reciprocity in traditional healing – the understanding that entering relationship is done not only on one's own behalf, but alongside the presence of ancestors, helpers, and all those relations who journey with us.

Participants reflected that the definitions offer distinct yet linked ways of understanding and communicating quality. Together they create a more grounded and inclusive understanding of quality across the health system.

Attuning to the past-present realities that shape care experiences

Participants also reflected on how the Alberta Quality Dimensions for Health offers

language intended for broad use across settings to guide improvement toward shared goals across Alberta's health system. At the same time, discussions highlighted that the First Nations Quality of Care definition also has important implications for governance, accountability, and organizational decision-making, particularly when considering how care is experienced by First Nations peoples in emergency settings. Conversations around the distinctions prompted discussion and acknowledgment of the ongoing harms of colonialism that continue to be experienced by First Nations peoples in the health system. Stories of fear and silence reminded the group that these realities are not abstract and distant. They shape how people arrive, how they are received, and what they carry with them. For example, participants shared how there is "fear today to walk into an [emergency department] ... history is in the present," and the desire to understand "why our people don't speak up... oppression and colonial history." This example shows how laws, histories, discrimination, and trauma continue to influence how safe First Nations peoples feel in emergency departments.

Together, these perspectives highlight different contexts and emphases rather than separate levels of concern. The Alberta Quality Dimensions for Health offers a broad quality framework, while the First Nations Quality of Care definition brings forward First Nations perspectives on governance, accountability, relationships, wellbeing, and the experiences of care that must be understood and acknowledged to meaningfully improve quality.

How the definitions of quality can guide our work to improve care for First Nations peoples and communities

Participants expressed vulnerability and a sense of responsibility for improving care experiences so that First Nations peoples feel safe, respected, and have access to culturally responsive and dignified care. They reflected on how these definitions can guide their influence, however large or small, toward a more equitable vision and lived experience of quality. Consideration of these definitions across the diverse roles and responsibilities present helped nurture a collective way forward.

A key theme that emerged was the tension between efficiency and relationships. Many participants observed that emergency care systems and decision-makers often prioritize efficiency. Yet meaningful care for First Nations peoples requires relationship, even in brief encounters. This is fostered through presence, respect, listening, and humility. It was also noted that a priority for the health system is measurement, but relational aspects of care are often less visible within current measurement systems, leaving these aspects unseen or undervalued. Participants noted that this reflects choices about what the health system has invested in measuring, rather than an inherent inability to measure relational aspects of care.

The Truth and Reconciliation Commission's Calls to Action were raised as steady guides for orienting collective efforts toward reconciliation, equity, and relationship-centred care. Participants emphasized the importance of renewed commitment to these calls—particularly those related to health—as foundations for planning, collaboration, and shared accountability. The work of G4 Health was highlighted as an example of how these commitments can be enacted through collaborative partnerships grounded in reciprocity, ensuring that First Nations perspectives remain central in organizational decisions and governance processes.

Across roles, a shared intention was present to uphold First Nations perspectives in shaping direction, decisions, and the meaning of quality itself. Participants reflected that doing so would require reexamining and decolonizing both the concept of quality and the data that drives it. They noted the limits of Western metrics in reflecting community-held meanings of safety, trust, and respect. As such, participants encouraged creating spaces where First Nations communities can define what quality looks and feels like through approaches determined by First Nations communities themselves, grounded in cultural and nation-specific realities. Participants emphasized that accountability to relational aspects of care requires rethinking both what is measured and how data is gathered, interpreted, and used in decision-making.

A powerful example of how language shapes understandings of quality and experience of care was shared. Elder Alice Kaquitts explained that, in Dene, the term for “hospital” translates to “house of sickness” a meaning that contrasts sharply with the reciprocal, healing-centred experience of visiting a medicine person. This contrast illustrates how language reflects underlying worldviews and shapes expectations of care, and how healthcare spaces may evoke fear or distance rather than healing. Building on this, a participant reflected on what it means to be an operator of a “house of sickness,” emphasizing the importance of beginning with community and building relationships as a foundation for trust. This includes working “at the speed of trust,” guided by Elders and local Nations, to understand histories, beliefs, and experiences of place. Trust was described as growing over time through shared learning, reciprocity, and sustained relationships.

At the same time, participants acknowledged the challenges of enacting this approach within a strained health system. The emotional labour involved was highlighted, including provider experiences of burnout, fear, and defensiveness, alongside the reality that many First Nations patients enter acute care spaces expecting and bracing for negative, and at times hostile, experiences. Following these reflections, conversations pointed to the need for culturally safe space to be intentionally created and upheld within emergency care, grounded in cultural humility and gentle curiosity.

Participants also shared examples of culturally safe care that fosters trust, recognizing that other ways forward are already happening. These include health spaces and initiatives, such as the Siksika birthing community at South Health Campus in Calgary, where Elders are welcome and Indigenous languages are visible — contributing to a sense of belonging and safety within the acute care setting. These initiatives represent meaningful changes that help ensure First Nations peoples and communities feel safe and respected.

Overall, participants emphasized the value of bringing multiple perspectives into conversations about what quality means and how it is lived in practice. A shared belief surfaced that ongoing dialogue is essential, alongside a collective responsibility to work toward a more relational—relationship-focused—safe, and responsive health system for First Nations peoples and communities.

CONTINUING THE CONVERSATION

The day began with discussions about quality in emergency departments and acute care settings; however, as the day progressed many expressed the need for continuing conversations about quality to be extended across every level of Alberta’s health system, particularly in ways that reflect and respond to First Nations peoples’ experiences,

priorities, and contexts.

Those gathered were invited to consider how both definitions of quality—First Nations Quality of Care definition and the Alberta Quality Dimensions for Health—can be held together in the work ahead, informing decisions, evaluations, and improvements across the health system.

Learning—especially for non-Indigenous peoples and institutions—is essential to understanding and promoting quality. Such learning requires acknowledging and responding to the histories, present-day realities, and systemic harms that shape First Nations peoples’ experiences in the health system. However, conversations about quality must lead to action, guided by accountability, relationships, and the principle that nothing about First Nations peoples should be designed or measured without them. As participants articulated, education and awareness are an important beginning, but not the destination.

Looking ahead, a clear question was asked: “Where do we go from here?”

Our Health Quality Alberta team would like to continue building upon the relationships formed within this space by staying connected, listening, and shaping together what quality means in ways that honour our collective responsibilities. This “What We Heard” report reflects that spirit and intention: a gentle and ongoing invitation to keep building a system rooted in relationship, reciprocity, cultural safety, and respect. A system where quality is measured, and also felt and experienced.

At Health Quality Alberta, we hope to build on the momentum of this gathering by continuing to strengthen relationships with First Nations partners and working to ensure that discussions of quality honour the First Nations Quality of Care definition alongside the Alberta Quality Dimensions for Health. In addition, the redesign of Health Quality Alberta’s Emergency Department Patient Experience Survey is expected to be informed by intentional and ongoing engagement with the Alberta First Nations Information Governance Centre, Indigenous Health Division, and First Nations, Métis, Inuit peoples and communities.

Thank you again for joining us for a day of insightful reflection and connection. We invite you to share feedback, stay connected, and continue these conversations as we move forward together.

Please feel free to contact: Meagan Cloutier, Lead – Survey Projects at Health Quality Alberta with any comments on this report.



210, 811 – 14 Street NW
Calgary, Alberta Canada T2N2A4
T: 403.297.8162 F: 403.297.8258
E: info@hqa.ca
hqa.ca

Improving Healthcare Together