



2026 Accreditation Information Toolkit

Quality and Patient Safety Division

August 2025

Health PEI

Introduction

Health PEI participates in Accreditation Canada's program called the **Qmentum Global Program** for **Canadian Accreditation**. This program allows Health PEI to evaluate its programs and services against national evidence-based standards. Health PEI was last **Accredited (with report)** in **June 2022** following an on-site assessment by a team of external surveyors and will remain accredited until its next on-site survey is due in **June 2026**. The 2022 assessment highlighted many organizational strengths and opportunities for follow-up action. The full Health PEI 2022 Accreditation Report can be accessed online using the [Health PEI Accreditation Report 2022 | Government of Prince Edward Island](#) weblink.

The accreditation process offers Health PEI a valuable opportunity to measure ourselves against standards of excellence. The *2026 Accreditation Information Toolkit* provides education on the accreditation program to support staff through the process. It is intended for all staff – healthcare workers, providers, leaders and physicians.

Key Messages

- Health PEI is dedicated to promoting excellence and safety in patient care throughout all services and programs across the organization.
- Accreditation supports Health PEI's commitment to excellence by identifying strengths and opportunities for improvement.
- Accreditation is a journey – a continuous path towards better care and services.
- Accreditation engages everyone cross the healthcare system – from care teams to leadership, patients/clients/residents and partners.
- Health PEI uses the feedback in the accreditation report to empower the organization to meet national standards and guide us towards improving the quality and safety of care we provide to Islanders.

Accreditation Basics

What is Healthcare Accreditation?

Healthcare accreditation through **Accreditation Canada's Qmentum program** is an ongoing process of assessing healthcare organizations against standards of excellence to identify what is being done well and what needs improvement.

Quality Improvement is not a one-time project – it's a commitment to finding better ways to care for patients!

Accreditation Canada's Qmentum program is a four-year continuous cycle, called Qmentum – meaning quality and momentum. Throughout the four-year cycle, Health PEI completes various activities and staff surveys as part of the Qmentum program – see Appendix A: Accreditation 2026 Checklist for more details on activities.

The results from these activities provide Health PEI with tools to guide its quality improvement efforts and develop action plans. The end of year four is marked with an on-site survey assessment where a team of independent, third-party healthcare professionals, providers and people with lived experience visit various Health PEI sites and programs to evaluate us against best practice standards.

Qmentum is more than just an on-site survey. It's about driving quality improvement everyday by engaging with staff, patients, clients, residents and families!

What is the Value of Accreditation?

Accreditation plays a vital role in promoting quality, safety and continuous improvement at Health PEI by:

- ♦ **Enhancing Patient Safety and Quality of Care**

- ✓ Accreditation standards are designed to reduce risks, prevent harm and promote best practices.

- ♦ **Promotes Continuous Improvement**

- ✓ Accreditation helps Health PEI identify areas for improvement. It encourages a culture of ongoing learning and development – not a one-time event!

- ♦ **Builds Public Trust & Accountability**

- ✓ Accreditation demonstrates Health PEI's commitment to transparency and excellence
- ✓ Patients and families feel more confident knowing the organization meets national standards

- ♦ **Facilitates System Integration and Collaboration**

- ✓ Accreditation standards promote interdisciplinary teamwork and coordinated care at Health PEI
- ✓ This is especially important in complex healthcare environments with multiple services, sites and high volumes of care transitions.

Accreditation Canada and the Health Standards Organization (HSO)

Accreditation Canada and Health Standards Organization (HSO) are closely related but distinct not-for-profit and non-governmental organizations that work together toward the same mission of improving health care quality and safety. HSO is a **standards development organization (SDO)**. It develops evidence-based health and social service standards, assessment programs and quality improvement tools. HSO is recognized by the *Standards Council of Canada* as the only SDO solely focused on health and social services.

Accreditation Canada operates globally and is an affiliate of HSO. For more than 65 years, Accreditation Canada has been working with health, social and community service organizations to advance quality and safety. Through the accreditation program, Accreditation Canada sets quality and safety standards, evaluates and accredits healthcare organizations and provides guidance for continuous improvement.

Both organizations are committed to **person-centered philosophies**, but they frame it within a broader **people-centred care** model that includes families, caregivers, and communities. This approach is embedded in their standards and resources.

Summary: HSO develops the standards. Accreditation Canada applies those standards through the accreditation process

What are Accreditation Canada Standards?

Accreditation Canada Standards are **evidence-based guidelines** that healthcare organizations follow to ensure safe, high-quality care in areas like **patient safety, leadership, infection prevention, medication management and person-centered care**. These standards are developed with input from experts, professionals, policy makers and patients who bring together different perspectives and learnings to foster positive change and enhancements. The standards are regularly updated and used in Health PEI's on-site accreditation survey to assess our organization, identify areas for improvement and promote quality and safety advancement.

Health PEI will be evaluated using **six core (mandatory) standards: Governance, Leadership, Medication Management, Infection Prevention and Control, Emergency and Disaster Management and Service Excellence**, as well as **19 service standards** related to the various programs/services offered in our organization.

Standards that Apply to Health PEI

Ambulatory	Biomedical Laboratory	Cancer Care	Critical Care	Diagnostic Imaging
Emergency & Disaster Management	Emergency Department	Governance	Home Care	Infection Prevention & Control
Inpatient Services	Leadership	Long-Term Care	Medication Management	Mental Health & Addictions
Obstetrics	Palliative Care	Perioperative	Point-of-Care Testing	Primary Health Care
Public Health	Rehabilitation	Reprocessing of Reusable Medical Devices	Service Excellence	Transfusion Services

Meeting standards reflects Health PEI's ongoing commitment to quality and patient safety!

What are the different types of criteria?

Each set of standards has several criteria. Criteria are detailed requirements within broader standards that outline what organizations should have in place - such as policies, procedures, practices, checklists - to meet the standard effectively. The criteria are ranked as follows:



Required Organizational Practices (ROPs) are essential practices that organizations must have in place to enhance patient/client/resident safety and minimize risk. An example of a ROP is *Improving Hand Hygiene Practice or Preventing Falls and Reducing Injuries from Falls*. There are 25 ROPs that Health PEI must have in place. See Appendix B for an updated list of ROPs that apply to Health PEI.



High Priority Criteria are criteria related to safety, ethics, risk management, and quality improvement. These criteria are the next level from the ROPs. An example of a high priority criteria is Health PEI having an ethics framework.

Normal Priority Criteria are criteria that are not ROPs or high priority.

Unsure which ROPs and standards apply to your role? Connect with your manager or quality improvement team to learn more.

What are Priority Processes and Tracers?

Priority processes are critical areas and systems known to have a significant impact on the quality and safety of care and services. An example of a priority process is a patient/client/resident episode of care or infection prevention and control.

A **tracer** is the method surveyors use to evaluate priority processes during an on-site survey.

In a tracer, surveyors observe and interact with staff to gather evidence about our health system and the quality and safety of the care and service we provide. Surveyors



may also have discussions with leaders to obtain more information about the program or service. These discussions are generally short and informal.

There are four components to a tracer:

1. **Reviewing files and documents:** surveyors review documents relevant to the priority process they are evaluating. These may include patient/client/resident medical records, human resource files and policies/procedures.
2. **Talking and listening:** surveyors meet with Health PEI staff, patients/clients/residents, families or other partners/team members related to the priority process they are evaluating.
3. **Observing:** surveyors tour Health PEI facilities and observe processes, procedures, and direct care activities in the service areas.
4. **Recording:** surveyors record their perceptions and observations about what they see, hear and read.

How does the Accreditation Canada program work?

Phase One - The Self-Assessment Process

- ♦ Health PEI staff completed **self-assessment surveys** in February 2025 to evaluate compliance with updated accreditation standards in preparation for the June 2026 on-site survey assessment.
- ♦ The self-assessment survey activity is designed to engage staff in the accreditation journey by promoting awareness of the standards. It serves as a learning tool to encourage dialogue around quality and safety, highlight areas for further assessment, and support the development of targeted action plans. Program **Quality Improvement Teams (QITs)** analyze the results and create action plans focused on advancing quality improvement initiatives.
- ♦ The results of self-assessment surveys are not shared with Accreditation Canada Surveyors and do not influence Health PEI's accreditation decision.

Phase Two – Preparation

- ♦ QITs and other teams/leaders/committees will continue working together to ensure action plans are advancing.
- ♦ Health PEI staff will complete a second survey called the **Canadian Patient Safety Culture Survey (Can-PSCS)**. This survey is designed to measure staff's views on patient safety culture throughout the organization. Results from the Can-PSCS can be used to inform future initiatives and safety practices.
- Mock tracers will be conducted across various programs and facilities beginning fall 2025 to help staff become more familiar with the accreditation survey process. These exercises support preparation for the on-site survey assessment and serve as a valuable tool for identifying strengths and areas that may require further attention.
- **Patient Safety Walks** with a focus on **Required Organizational Practices (ROPs)** will continue across Health PEI programs and services. These walks are supported by the Quality and Patient Safety Division and serve as another “tracer” tool to help staff prepare for the upcoming survey and pinpoint where follow-up is needed.
- Departments across the organization's programs and facilities will continue to update local **Quality Boards** to ensure staff, patients, and families remain informed about ongoing quality improvement efforts.
- ♦ Documentation demonstrating how the organization meets Accreditation Standards will be gathered and submitted to the survey team prior to the on-site visit. This may include policies, organizational charts, audit tools, and performance indicator data.

Check out the [Health PEI Staff Resource Centre](#) for more Accreditation Resources including the ***ROP of the Month*** and ***Did You Know*** documents!

Phase Three – On-site Survey

- ♦ A team of trained surveyors will visit Health PEI facilities and programs from **June 7-12, 2026**, to evaluate our organization's clinical and administrative processes against evidence-based standards.
- ♦ Facilities and programs may receive **limited or no notice** of the surveyor team's schedule/on-site dates. This approach promotes a genuine representation of day-to-day conditions, offering a more accurate picture of how care is delivered.
- ♦ The surveyor team may consist of experienced healthcare professionals, leaders, and individuals with lived experience. Their purpose is to evaluate, learn, and share insights that strengthen the broader healthcare system. They focus on recognizing best practices and identifying areas for enhancement.
- ♦ Surveyors will visit multiple Health PEI programs and facilities to carry out tracers, focusing on key clinical and administrative processes. They observe and interact with staff and document their findings to assess if Health PEI is following the standards.
- ♦ All Health PEI staff, regardless of role or location, may be invited to take part in the on-site survey or other accreditation-related activities.
- ♦ On the last day of the survey week, a debriefing session will be conducted with the survey team. Open to all staff, the session will be delivered through virtual platforms and will summarize key observations and findings.

The accreditation on-site survey is your moment to shine—highlight the great care you provide and celebrate your team's achievements.

Phase Four - Post on-site survey

- ♦ After the on-site survey, the surveyors submit a preliminary report to Health PEI and Accreditation Canada. Accreditation Canada reviews the findings and issues a final report along with an accreditation decision, which remains valid for four years.
- ♦ Accreditation Canada released **new** Accreditation Decision Guidelines in 2024. Health PEI can receive two possible decisions: **Accredited** or **Not Accredited**. The following table shows the requirements to be **Accredited**:

Accredited		Results from 2022 Survey	Comments/Status for 2026 Survey
Core Standards	≥ 85% of total core criteria rated Met	Core Standards Evaluated; Results ranged from 93% - 100% met	
Service Standards	≥ 80% of total service criteria rated Met	Service Standards Evaluated; Results ranged from 86% - 100% met	
ROP Tests for Compliance	≥ 85% of total Tests for Compliance rated Met	96-100% met	
Governing Body Assessment (GBA)	Response rate ≥80%	Met	GBA Completed for 2026: 100% Response Rate from HPEI Board of Directors
Global Workforce Survey (GWS)	Deploy the HSO Global Workforce Survey Submit action plan based on survey results.	Met	Health PEI received approval to launch the Canadian Patient Safety Culture Survey as a substitution for the GWS. Planned for Fall 2025
Not Accredited: Organizations not meeting the Accredited requirements will be conditional with have up to one year to improve their status to Accredited by meeting requirements. This may involve submitting evidence or undergoing a supplementary assessment.			

- ♦ The **Accreditation Decision and Report** is anticipated approximately 8 weeks following the on-site survey visit. The Decision will be communicated both internally within Health PEI and externally to stakeholders, partners and to the public. The Accreditation Report will also be available on the [Health PEI Accreditation webpage](#).

Having Discussions with Surveyors

Interacting with an Accreditation Canada surveyor is a great opportunity to showcase the excellent care and services we provide every day. The conversations you will have with surveyors focus on your daily work – no trick questions involved.

When approached by an Accreditation Canada surveyor keep the following tips in mind:

- ♦ Relax and be yourself.
- ♦ Be prepared for the surveyor to observe you performing your job duties—identifying patients, drawing blood, administering medications, etc. Just follow your usual procedures with confidence!
- ♦ Be familiar with your department’s policies and procedures, and know how to access them within your unit, service, or program area.
- ♦ Be prepared to help a surveyor navigate an electronic file or provide information and directions.
- ♦ Be ready to support coworkers who may be struggling—whether it's answering a question or helping locate something in the health record or on the unit.
- ♦ You’re not expected to know everything—answer the surveyor’s questions to the best of your ability. If you’re unsure, refer the surveyor to someone who can answer the questions or let the surveyor know how you’d find the answer - like checking a manual or asking a coworker.
- ♦ Be ready to share examples of how your unit, program, or facility is improving care and services. For instance:
 - How have you enhanced the client experience?
 - What steps do you take to promote safety?
 - What quality improvement activities are underway?



Sample questions Accreditation Canada surveyors might ask:

- How are patients/clients/residents and families provided with information on their rights and responsibilities?
- How do you report a patient or staff safety incident?
- Do you know who to contact if you have an ethical issue or question that needs to be addressed?
- How does your area/organization promote a healthy workplace?
- What processes are in place to transfer client information? (e.g., hand off or shift reports)
- Tell me to how an accurate list of medications is obtained on admission. How do you reconcile a medication discrepancy?
- When and how are patients/clients/residents educated about their medications?
- How do you check a patient/client/resident's identity before administering a medication, collecting or administering blood or performing other treatments or procedures?
- What education/training did you receive related to hand hygiene? Are hand hygiene audits completed in your area? Where can I find the data?
- Do you have a procedure for cleaning and low-level disinfection of medical equipment? How do you know if medical equipment is clean or requires cleaning?
- How do you determine if a patient/client/resident is at risk of impaired skin integrity? What tool(s) are used? Can you show me how interventions are documented in the care plan?
- Can you show me your falls prevention and injury reduction approach? What tool(s) are used? Can you show me how interventions are documented in the care plan?
- What safety checks of the physical environment are completed in your area/unit? How do you screen for suicide risk? Where do you refer a patient/client/resident who screens positive for suicide risk for further assessment and safety planning?
- What continuous learning activities do you receive in your area/unit?
- Do you have a policy that outlines the process for disclosure of patient safety incidents? Can you show me a copy?
- Do you know if Health PEI has an all hazards disaster and/or an emergency response plan? Did you receive education on this? Where can you find a plan?
- Where can I find your policies and procedures? Can you show me where your policies and procedure manuals?

References

Accreditation Canada. (2024). About Accreditation Canada. <https://accreditation.ca/about/>

Accreditation Canada. (2025). Health Care Standards. <https://accreditation.ca/standards/>

Accreditation Canada. (2025). *Qmentum global for Canadian accreditation: Accreditation decision guidelines*. Ottawa, ON: Author.

Accreditation Canada. (2025). *Qmentum global for Canadian accreditation: Priority process guidelines for organizations*. Ottawa, ON: Author.

Accreditation Canada. (2024). *Qmentum global for Canadian accreditation: Program guide for organizations*. Ottawa, ON: Author.

Accreditation Canada. (2016). *Share your accreditation story: Communications Kit*. Ottawa, ON: Author.

Appendix A - Accreditation 2026 Checklist

		ACTIONS	STATUS
First Phase – Assessment Fall 2024 - April 2025	Review of updated standards & ROPs completed	Updated standards & ROPs reviewed by QITs/Programs; QIT work plan updates started	Fall 2024
	Self-assessment survey: Results shared with organization	2024 Self-Assessment Survey completed & results reviewed by QIT and shared with frontline staff	February 2025
	Work plans developed, work to improve underway	QIT work plan updated by May 31, 2025	✓ and ongoing
	Education/training on accreditation, quality improvement (ongoing)	Key actions/summary of work plan posted on Quality Boards	
Second Phase – Preparation May 2025 – April 2026	Continue completing work plans	Canadian Patient Safety Culture Survey completed & results shared with QIT and frontline staff	Fall 2025
	Complete Mock Tracers throughout organization	Work plans a standing agenda item on all QIT meetings	✓ and ongoing
	Compile and submit evidence for surveyors	Mock tracer exercises occurring in and across programs/units/sites	Fall 2025
	Finalize on-site survey schedule, logistics	Quality Boards regularly updated with key information including: <ul style="list-style-type: none"> - Accreditation Toolkit - ROP of the Month - Did You Know - Indicator results 	ongoing
		On-site survey visit schedule finalized/shared with staff. Information on surveyor team shared with staff.	
Third Phase – On-site Survey June 7-12, 2026	Key Activities: <ul style="list-style-type: none"> Opening meetings followed by Accreditation Canada Surveyors begin tracers at Health PEI facilities, staff discussions and observations, facility walkthroughs and documentation and evidence review. An all staff debrief with the survey team on the final day of the on-site survey week 		
Forth Phase – Post-Survey June 2026 – Aug. 2026	Review the final report and Accreditation Decision from Accreditation Canada; Celebrate successes and pinpoint areas for growth Share final report with Health PEI, Staff, Board of Directors and the Public Submit additional evidence on unmet criteria (as requested by Accreditation Canada)		

Appendix B: Health PEI Required Organizational Practices (ROPs)

1. Accountability for Quality of Care
2. Patient Safety Incident Management
3. Patient Safety Incident Disclosure
4. Client Identification
5. **Adhering to a Do Not Use List of Abbreviations, Symbols, and Dose Designations**
6. Medication Reconciliation as a Strategic Priority
7. **Maintaining an Accurate List of Medications during Care Transitions**
8. Safe Surgery Checklist
9. Information Transfer at Care Transitions
10. Antimicrobial Stewardship
11. **Limiting High Concentration and High Total Dose Opioid Formulations**
12. **Managing High Alert Medications**
13. Infusion Pump Safety
14. Preventive Maintenance Program
15. Patient Safety Education and Training
16. Workplace Violence Prevention
17. Client Flow
18. **Cleaning and Low-Level Disinfection of Medical Equipment**
19. **Improving Hand Hygiene Practice**
20. Infection Rates
21. **Preventing Falls and Reducing Injuries from Falls**
22. Home Safety Risk Assessment
23. **Optimizing Skin Integrity**
24. **Suicide Prevention Program**
25. **Preventing Venous Thromboembolism (VTE)**

* New 2024 ROPs are bolded above

Appendix C: General Accreditation Terms

Accreditation cycle: A cycle, with a specific time frame, that outlines when the activities of an accreditation program, such as the Accreditation Canada Qmentum Global accreditation program, are required to be completed to achieve an accreditation status.

Accreditation program: An assessment program that provides organizations with the relevant assessment content, assessment methods, survey instruments, accreditation cycle, digital platforms, education, and resources required to demonstrate accountability and drive measurable improvements against evidence-informed standards to achieve an accreditation status.

Accreditation Decision Committee (ADC): A formal committee that is responsible for conferring an accreditation decision by respecting the approved accreditation decision guidelines. The Accreditation Decision Committee may include Accreditation Canada staff members, third-party surveyors, or members of the public with relevant expertise and experience.

Accreditation status: A status given to an organization by the Accreditation Decision Committee that has successfully completed the requirements of the accreditation cycle based on assessment results and the accreditation decision guidelines.

Accreditation decision guidelines: A document that outlines the specific requirements of the accreditation cycle that an organization must meet to achieve or maintain their accreditation status.

Canadian Patient Safety Culture Survey: A survey tool used by Accreditation Canada to assess healthcare staff perceptions of their organization's patient safety culture. It plays a key role in accreditation and quality improvement efforts across Canadian healthcare settings.

Governing Body Assessment: An HSO/Accreditation Canada survey instrument, that is completed by an organization's governing body, that measures the governing body's role in governance of the organization.

On-site assessment: A formal procedure conducted on-site by third-party surveyors to assess an organization's conformity against identified assessment criteria.

People-centred care: "An approach to care that consciously adopts the perspectives of individuals, [essential care partners,] and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases" (World Health Organization, Framework on Integrated, People-Centred Health Services, 2016). People-centred care adopts the perspectives of all people involved in care, those providing care, and those receiving care.

Quality Board: Quality Boards are visual communication tools typically displayed in common areas of healthcare facilities—such as nursing stations, staff rooms, or patient waiting areas—to share key information about quality improvement initiatives. Their purpose is to promote transparency, engagement, and continuous improvement by keeping staff, patients, and families informed. Quality Boards often include: performance indicators (e.g., infection rates, patient satisfaction scores), quality improvement goals and progress, recent audit results or feedback, updates on safety initiatives, recognition of team achievements and provide opportunities for staff or patient input.

They can be physical boards (e.g., bulletin boards or whiteboards) or digital displays, depending on the facility. The idea is to make quality and safety efforts visible and accessible to everyone involved in care.

Required Organizational Practice (ROP): A criterion that describes a standardized practice that an organization must have in place to enhance client safety and minimize risk to deliver reliable and high-quality care to the population the organization serves. If the standardized practice is not in place, harm could result. Each Required Organizational Practice has a set of identified tests for compliance.

Self-assessment: A formal procedure completed by an organization to assess its conformity against assessment criteria to identify areas of strength and opportunities for improvement to promote continuous learning and improvement.

Standard(s): A published document developed by Health Standards Organization (HSO) that includes a set of evidence-based criteria and guidelines to support and promote quality and safety across health and social service organizations.

Third-party surveyor: A peer, from an external organization and subject matter expert, who is trained by Accreditation Canada and demonstrates the skills, attitudes, and behaviours needed to assess an organization. A peer may include a person with lived experience, an essential care partner, or provider.

Tracer methodology: A method surveyors use to evaluate priority processes during an on-site survey. During a tracer, surveyors observe and interact with a wide variety of team members, clients and families, and stakeholders to gather evidence about the quality and safety of care and services in a particular service area. Tracers help them evaluate both clinical (direct client care) and administrative (governance, leadership, management) processes.