



ACCREDITATION 101

PREPARING FOR HEALTH PEI'S 2026/2027 ON-SITE
ACCREDITATION SURVEY VISITS

Quality and Patient Safety Division

Health PEI

What is Accreditation?

- *A continuous* process to assess health and social services against standards of excellence
- Health PEI participates in Accreditation Canada's program called **Qmentum Global**
- **Accreditation Canada** evaluates health and social service organizations in Canada and internationally. It sets safety and quality standards, conducts assessments, and guides continuous improvement.

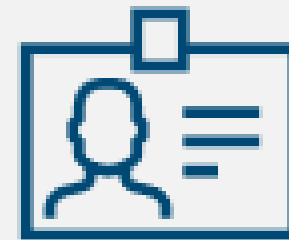
Why Accreditation Matters



Ensures high-quality, safe, and effective healthcare services.



Helps organizations meet regulatory and industry standards.



Builds public trust and accountability in healthcare organizations.



Identifies areas for improvement and promotes best practices.

Health PEI Accreditation Standards

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

Required Organizational Practices (ROPs) and High Priority Criteria



Required Organizational Practices (ROPs) – essential practices that organizations must have in place to enhance safety and minimize risk.

Examples: Maintaining an Accurate List of Medications during Care Transitions, Client Identification, Improving Hand Hygiene Practice, Patient Safety Incident Disclosure, Preventive Maintenance Program



High Priority Criteria – one tier below ROPs but key standards related to safety, ethics, risk management and quality improvement.

Examples: Informed Consent, Clients Rights and Responsibilities, Health PEI Ethical Decision-Making Framework, Health PEI All Hazards Plan (emergency and disaster preparedness)

Category	Required Organizational Practice (ROP)
Safety Culture	Accountability for Quality of Care Patient Safety Incident Disclosure Patient Safety Incident Management
Communication	Client Identification Adhering to a Do Not Use List of Abbreviations, Symbols, & Dose Designations Information Transfer at Care Transitions Medication Reconciliation as a Strategic Priority Maintaining an Accurate List of Medications during Care Transitions Safe Surgery Checklist
Medication Use	Antimicrobial Stewardship Managing High Alert Medications Infusion Pump Safety Limiting High Concentration & High Total Dose Opioid Formulations
Worklife/Workforce	Client Flow Patient Safety Education and Training Preventive Maintenance Program Workplace Violence Prevention
Infection Control	Improving Hand Hygiene Practice Cleaning & Low-Level Disinfection of Medical Equipment Infection Rates
Risk Assessment	Preventing Falls & Reducing Injuries from Falls Home Safety Risk Assessment Optimizing Skin Integrity Suicide Prevention Program Preventing Venous Thromboembolism (VTE)

25 ROPS

Survey Instruments

Surveys required for the Current Accreditation Cycle:

- Self-Assessment Survey
- Governing Body Assessment
- Canadian Patient Safety Culture Survey

Action plans are developed after the completion of these instruments by **Quality Improvement Teams (QITs), the Health PEI Board and the organization** to address the survey results.

Survey Results

Quality Patient Safety Dashboard

Home

Standards and Required Organizational Practices

Accreditation Instruments New

Quality Improvement Teams

Canadian Institute for Health Information (CIHI)

Clinical and Organizational Ethics Committee

Patient Experience

Quality Patient Safety Team

News

Links

Accreditation Survey Instruments

As part of Health PEI's 2022-26 Accreditation Canada cycle, two key surveys are being completed:

- The Self-Assessment Survey** is an online questionnaire where staff assess how well their program/service meets Accreditation Canada standards. Results are reviewed by Quality Improvement Teams (QITs) and help them identify strengths and areas for improvement in their action plans.
- The **Canadian Patient Safety Culture Survey (Can-PSCS)** is a required component of the Accreditation Canada program and was last launched in 2019, with 935 responses. This year, we're aiming for 1,000 responses! The survey includes 23 questions covering key dimensions of patient safety culture including leadership support, learning culture, communication and incident follow-up. Summary reports will be shared later this fall to inform follow-up actions.

Current Accreditation Instrument Results:

- [2025 Accreditation Canada Self-Assessment Survey Results](#) New
- Canadian Patient Safety Culture Survey (Can-PSCS) – Launched Sept. 22 – Oct. 17!**

Previous Accreditation Instrument Results:

- [Worklife Pulse Survey \(2020\)](#)
- [2019 Canadian Patient Safety Culture Survey \(Can-PSCS\)](#)

Accreditation 2026/2027 Checklist

First Phase – Assessment Fall 2024 - April 2025	Review of updated standards & ROPs completed Self-assessment survey: Results shared with organization Work plans developed, work to improve underway Education/training on accreditation, quality improvement (ongoing)	ACTIONS	STATUS
		Updated standards & ROPs reviewed by QITs/Programs; QIT work plan updates started	Fall 2024
		2024 Self-Assessment Survey completed & results reviewed by QIT and shared with frontline staff	February 2025
		QIT work plan updated by May 31, 2025	✓ and ongoing
		Key actions/summary of work plan posted on Quality Boards	ongoing
Second Phase – Preparation May 2025 – November 2026 *Preparation will continue for June 2027 Survey Visit*	Continue completing work plans Complete Mock Tracers throughout organization Compile and submit evidence for surveyors Finalize on-site survey schedule, logistics	Canadian Patient Safety Culture Survey completed & results shared with QIT and frontline staff	Fall 2025
		Work plans a standing agenda item on all QIT meetings	✓ and ongoing
		Mock tracer exercises occurring in and across programs/units/sites	Fall 2025
		Quality Boards regularly updated with key information including: - Accreditation Toolkit - ROP of the Month - Did You Know - Indicator results	ongoing
		On-site survey visit schedule finalized. Information on surveyor team shared with staff.	
Third Phase – Onsite Survey November 22 – November 27, 2026, and June 6 – June 11, 2027	Key Activities: 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 onsite survey week		

Accreditation Survey: Sequential Model

- Sequential accreditation model is a cyclical survey approach that unfolds over several years.
- Purpose is to embed continuous quality improvement and safety practices into everyday operations.
- Organizations do not “prepare” for the survey – they make continuous improvements and demonstrate capability over time.

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

Accreditation Survey: Sequential Model

- Surveyors will visit multiple HPEI programs and facilities in **November 2026** and **June 2027**. Once complete, this will align the organization to participate in a yearly, ongoing Accreditation sequential model.
- Facilities and programs may receive **limited or no advance notice** of the survey schedule or on-site dates

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

On-site Survey Methodology

- Surveyors use a **tracer methodology** to follow the journey of a client or process through the organization.
- It includes four key activities and involves:
 - Engaging with staff, patients, families, partners, leadership, and the Board.
 - Observing practices to assess how well policies are implemented and how stakeholders are involved.



How Can Leaders Support the Accreditation Process

- Review the [2022 Accreditation Report](#)
- Promote Accreditation Standards
- Know Your Area's Patient Safety & Quality Initiatives
- Reflect on Patient & Family Involvement
- Verify Required Organizational Practice (ROP) compliance
- Review Self-Assessment Results
- Support Mock Tracers
- Gather Documents & Evidence



Examples of Survey Evidence

- Orientation/Admission/Discharge info
 - Patient education materials
 - Policies & procedures (ROPs/High Priority Standards)
 - Staff orientation process
 - Performance reviews
 - Education & Trackers
 - Emergency & disaster plans
 - Communication tools (e.g., SBAR/handover)
 - Indicator or audit results
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Accreditation Decision

After the on-site survey, Health PEI will receive one of the following decisions:

Table 1: Decision Levels and Requirements

Award Level	All Normal Criteria	All High Priority Criteria	ROP/RSP Test of Compliance
Accredited with Exemplary Standing*	≥ 95% met	≥ 95% met	100% met
Accredited with Commendation	≥ 85% met	≥ 85% met	≥ 90% met
Accredited	≥ 70% met	≥ 75% met	≥ 80% met
Not Accredited	≤ 69% met	≤ 74% met	≤ 79% met



REMEMBER.....

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

Health PEI