



# ACCREDITATION 101

PREPARING FOR HEALTH PEI'S 2022 ACCREDITATION SURVEY

Quality, Risk and Patient Safety Division

**Health** PEI

# What is Accreditation?

**Labrador-Grenfell Health Achieves 2018  
Accreditation Status**

Pincher Creek EMS earns accreditation

**The Ottawa Hospital largest in the  
country to receive exemplary**

Health P.E.I. achieves national accreditation

**AMBULANCE NEW BRUNSWICK EARNS  
ACCREDITATION CANADA'S HIGHEST RANKING**

**Windsor Regional Hospital  
awarded glowing accreditation**

NWT Health and Social Services  
System Receives Accreditation

Tillsonburg MSC receives highest accreditation

Cambridge hospital receives exemplary  
quality rating from Accreditation Canada

Nova Scotia Health Authority pleased with  
first-ever Accreditation Canada results

# The Accreditation Cycle



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## FOUR-YEAR CYCLE



# Accreditation Standards

Over **100** standards developed by clinicians, policy makers that have been tested and validated in over 600 facilities in Canada

Standards focus on helping organizations provide the highest quality of patient care

**Mandatory standards:**  
Governance, Leadership,  
Medication Management,  
Infection Prevention and Control



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Biomedical Laboratory Services

## PLANNING, DESIGNING, AND COORDINATING LABORATORY SERVICES

 

**1.0 The team plans and designs its laboratory services to meet the needs of current and future clients, and laboratory users.**

**1.1** The team collects information at least every two years about service volumes and wait times for accessing laboratory services.

**Guidelines**

Collecting this information helps the laboratory evaluate the demand for services, identify patterns in service needs, and determine the resources needed. The laboratory may collect this information by administering questionnaires to staff and reviewing internal databases related to service volumes and wait times.

 

**1.2** The team collects information at least every two years from laboratory users and clients about their needs for laboratory services.

# Health PEI Accreditation Standards

- Ambulatory Care
- Biomedical Laboratory
- Cancer Care
- Case Management
- Community-Based Mental Health
- Critical Care
- Diagnostic Imaging
- Emergency Department
- Governance
- Home Care
- Home Support
- Hospice, Palliative, End of Life
- Inpatient Services
- Infection Prevention and Control
- Leadership
- Long Term Care
- Medication Management
- Mental Health (Inpatient)
- Obstetrics
- Perioperative and Invasive Procedures
- Point of Care Testing
- Population Health and Wellness
- Primary Care
- Public Health
- Rehabilitation
- Reprocessing of Medical Devices and Equipment
- Substance Abuse and Problem Gambling
- 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:** Falls Prevention and Injury Reduction, Client Identification, Hand Hygiene, Patient Safety Incident Management, Workplace Violence Prevention



**High Priority Criteria** – next level from ROPs; standards related to safety, ethics, risk management and quality improvement.

**Examples:** Health PEI Ethics Framework, Health PEI All Hazards Plan (emergency and disaster preparedness)

Category	Required Organizational Practice (ROP)
<b>Safety Culture</b>	Accountability for Quality Patient Safety Incident Disclosure Patient Safety Incident Management Patient Safety Quarterly Reports
<b>Communication</b>	Client Identification The Do Not Use List of Abbreviations Information Transfer at Care Transitions Medication Reconciliation as a Strategic Priority Medication Reconciliation at Care Transitions Safe Surgery Checklist
<b>Medication Use</b>	Antimicrobial Stewardship Concentrated Electrolytes Heparin Safety High-Alert Medications Infusion Pump Safety Narcotics Safety
<b>Worklife/Workforce</b>	Client Flow Patient Safety: Education and Training Patient Safety Plan Preventive Maintenance Program Workplace Violence Prevention
<b>Infection Control</b>	Hand-Hygiene Compliance Hand-Hygiene Education and Training Infection Rates Reprocessing
<b>Risk Assessment</b>	Fall Prevention and Injury Reduction Home Safety Risk Assessment Pressure Ulcer Prevention Skin and Wound Care Suicide Prevention Venous Thromboembolism Prophylaxis

**31 ROPS**

# Instruments

Three instruments which are essential requirements:

- **Patient Safety Culture Survey**
- **Worklife Pulse Survey**
- **Governance Functioning Tool**

# Self-Assessments



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*Driving Quality Health Services*  
*Force motrice de la qualité des services de santé*

Organization Self-Assessment

Standards Set:

**Biomedical Laboratory Services**

19.0	The team collects the appropriate sample(s) to perform the requested analysis.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
!	19.1 The team follows SOPs for preparing the client, identifying the sample needed, collecting the sample, safely disposing of the materials used to collect the sample, and maintaining the client's confidentiality throughout the process.	<input type="radio"/>						
ROP	19.2 Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.							
	19.2.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	<input type="radio"/>						
	19.3 The team labels each sample with the relevant information.	<input type="radio"/>						
!	19.4 The team ensures that all samples are traceable to the client.	<input type="radio"/>						

Online questionnaire  
Self-assessed against current Accreditation standards

# Instrument and Self-Assessment Results

<b>Green</b>	Top two columns with positive answers* are added and the sum is greater or equal to 75%
<b>Yellow</b>	Top two columns with positive answers* are added and the sum is more than 50% but less than 75%
<b>Red</b>	Top two columns with positive answers* are added and the sum is less than or equal to 50%

\* Positive answers indicate the most desirable response to the question (not necessarily in agreement with the question).

# Self-Assessment Results

#	Criteria	Flag	High Priority	ROP	Strongly Agree #	Strongly Agree %	Agree #	Agree %	Neutral #	Neutral %	Disagree #	Disagree %	Strongly Disagree #	Strongly Disagree %
1.1	Services are co-designed with clients and families, partners, and the community.	Y	Yes		3	21.4 %	5	35.7 %	4	28.6 %	1	7.1 %	1	7.1 %
1.2	Information is collected from clients and families, partners, and the community to inform service design.	R			3	21.4 %	4	28.6 %	5	35.7 %	2	14.3 %	0	0.0 %
1.3	Service-specific goals and objectives are developed, with input from clients and families.	Y			2	16.7 %	5	41.7 %	3	25.0 %	2	16.7 %	0	0.0 %
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	R			2	14.3 %	5	35.7 %	4	28.6 %	3	21.4 %	0	0.0 %
1.5	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.	G			2	14.3 %	10	71.4 %	2	14.3 %	0	0.0 %	0	0.0 %
1.6	The major sources of referral are known and services are coordinated with those units and organizations.	G			3	21.4 %	8	57.1 %	3	21.4 %	0	0.0 %	0	0.0 %
1.7	Information on services is available to clients and families, partner organizations, and the community.	G			5	35.7 %	7	50.0 %	1	7.1 %	1	7.1 %	0	0.0 %
1.8	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	Y			2	15.4 %	7	53.8 %	2	15.4 %	2	15.4 %	0	0.0 %
2.1	Resource requirements and gaps are identified and communicated to the organization's leaders.	G			2	15.4 %	11	84.6 %	0	0.0 %	0	0.0 %	0	0.0 %
2.2	Technology and information systems requirements and gaps are identified and communicated to the	G			2	15.4 %	10	76.9 %	1	7.7 %	0	0.0 %	0	0.0 %

# Accreditation 2022 Timeline

<p><b>First Phase – Assessment</b> until December 2020</p>	<ul style="list-style-type: none"><li>• All instruments completed, results shared with organization</li><li>• Self-assessment surveys completed</li><li>• Work plans developed, work to improve underway</li><li>• Education/training on accreditation, quality improvement (ongoing)</li></ul>
<p><b>Second Phase – Preparation</b> January 2021 – May 2022</p>	<ul style="list-style-type: none"><li>• Continue completing work plans</li><li>• Complete Mock Tracers throughout organization</li><li>• Compile and submit evidence for surveyors</li><li>• Finalize on-site survey schedule, logistics</li></ul>
<p><b>Third Phase – On-site Survey</b> June 2022</p>	<ul style="list-style-type: none"><li>• Meet on-site with Accreditation Canada surveyors at Health PEI facilities</li></ul>

# Accreditation Status



# Ongoing Quality Improvement



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## FOUR-YEAR CYCLE





**REMEMBER....**

**It's not about being  
Accreditation ready – it's  
about being PATIENT ready  
every day!**

**Health PEI**