



Health PEI
One Island Health System



Accreditation Toolkit 2017

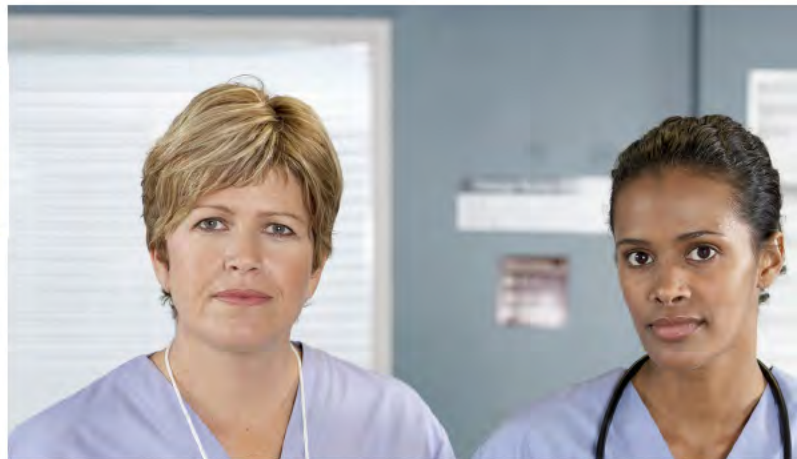


Table of Contents

- Introduction 3
- Key Messages..... 3
- Accreditation Basics 3
 - What is health care accreditation? 3
 - What is the value of accreditation?..... 3
 - What is Accreditation Canada?..... 4
 - What are some of the feature of Qmentum?..... 4
 - What will happen during the onsite survey? 4
 - What will happen following the onsite survey? 5
- Strategies for sharing Information..... 5
- Communication Tools 6
- Information for HPEI Staff and Physicians 7
 - Introduction 7
 - What will Surveyors do when they visit a site/program/area? 7
 - What’s expected of me as a staff member or physician?..... 7
 - Sample questions a surveyor might ask..... 9
- Tools and Templates 10
 - Quality Time Newsletter 10
 - QIT Active Work Plan 11
 - “Did You Know” Template 12
 - ROP Action Plan 13
 - Timeline..... 15
 - WebEx 16
 - Safety Questions for Walking Tours..... 17
 - Accreditation Planning Template..... 19
- Communication Plan of the Accreditation Decision 21
 - Background 21
 - Objective 21

Strategic Considerations 21
Key Messages..... 21
Internal Communication 22
External Communication 25

Introduction

The accreditation process offers Health PEI a valuable opportunity to measure ourselves against national standards of excellence. This toolkit provides material to support the process of accreditation including communication of the onsite survey results.

Key Messages

- Health PEI is committed to quality and safety in the delivery of our services/programs.
- Accreditation in relation to quality and safety is a quality improvement process which helps Health PEI to identify what we are doing well and where we need to focus our quality improvement efforts.
- Accreditation touches our entire health system and involves everyone from physicians, frontline staff, and volunteers to board members, patients and families.
- The accreditation process and resulting report help us ensure that our health services meet national standards and compare favorably to other health systems across Canada.
- Health PEI uses the accreditation report as a tool in our ongoing effort to continuously improve the quality and safety of the care we provide to Islanders.

Accreditation Basics

What is health care accreditation?

Health care accreditation through the Qmentum program is an ongoing process of assessing health care organizations against national standards of excellence to identify what is being done well and what needs to be improved.

What is the value of accreditation?

Accreditation helps health care organizations improve quality and safety by shining a light on processes that work well, and those that need more attention.

- ✓ The result - Reduced risk and higher quality care.

Accreditation creates stronger teams by improving communication and collaboration and promoting learning around leading practices.

- ✓ The result - More effective teams and better care outcomes.

Accreditation demonstrates our commitment to quality, safety, and accountability.

- ✓ The result - Greater public confidence in the Island's health system.

What is Accreditation Canada?

Accreditation Canada is an independent, not-for-profit, 100% Canadian organization. They have been Canada's trusted surveyor for more than 55 years. They're here because Canadians expect high-quality health care and want to feel that health systems—from the largest to the smallest and everything in between—offer safe, high-quality health care.

Health PEI works hard to meet the standards because quality health care matters.

What are some of the features of Qmentum?

A Quality Performance Roadmap (QPR) is the feedback we receive from the self-assessment questionnaire. This feedback highlights the requirements of the standards and how our organization is doing in relation to these requirements. The QPR helps our Quality Teams manage their quality journey by identifying opportunities for improvement and helping to prioritize their work.

Required Organizational Practices (ROP's) were introduced into the Accreditation program in 2005. An ROP is an essential practice that organizations *must* have in place to enhance patient/client safety and minimize risk. An example of an ROP is *Falls Prevention*.

Priority Process is a system or process that Accreditation Canada has identified as having a significant impact on patient/client safety and quality of care or service. An example of a priority process is infection prevention and control.

During the onsite survey, surveyors will assess priority processes using tracers. A survey Tracer is a quality improvement tool to help surveyors determine if standards are met and identify areas needing improvement. Many tracers follow the care path of a patient while others look at areas such as infection prevention and control, emergency preparedness and human resources.

Quick Tip: Do you know which ROPs and standards are important to your area of work? If not, contact your manager/quality improvement team chair to learn more.

What will happen during the onsite survey?

11 surveyors from Accreditation Canada will visit PEI from September 25 to Sept 29, 2017. Your Quality/Risk Coordinator will share a schedule of events for the onsite survey with you, prior to the survey visit.

As an employee of Health PEI no matter where you work or what you do you may be asked to participate in the onsite survey visit and / or other accreditation activities.

The surveyors will be conducting tracers while they are onsite to assess priority processes. In a tracer, surveyors work with staff to “trace” the path of a patient or client through a process to

gather evidence about our health system and the quality and safety of the care and service we provide. The surveyors will ask questions about the process and may ask to review documents related to a patient's or client's journey.

On September 29, 2017 the Quality/Risk staff will work with Accreditation Canada to provide a debriefing session that is informative and constructive through a general debrief utilizing technology as appropriate (i.e. Web ex, video conference). The surveyors will provide a synopsis of the survey onsite process, visit and key findings.

What will happen following the onsite survey?

Sites/facilities and programs are encouraged to host a celebration event following the accreditation onsite survey visit to thank staff, physicians and volunteers for their hard work and contributions.

The Accreditation Decision is anticipated approximately 14 days following the onsite visit. It will be communicated internally and externally as outlined in the section; *Communication Plan of the Accreditation Decision*

Strategies for sharing Information

- Provide information and education regarding Q-Mentum, questionnaires and the onsite Accreditation survey visit.
- Provide information to staff to facilitate site quality discussions, including indicator results, questionnaire and instrument completion results, via staff meetings, email, quality board and quality huddles
- Develop and distribute fact sheets for discussion at staff meetings, e.g. Accreditation Basics, ROP's, & quality improvement team initiatives
- Develop and distribute timeline posters at various sites.
- Provide information sessions re: Accreditation Qmentum program.
- Provide education re tracer methodology (video and mock tracer visits to sites).
- Create and post "Did You Know" posters, and present Accreditation PowerPoint overview presentation.
- Utilize the staff resource centre for information sharing.
- Utilize CEO/ED/Director/Manager Pocket Guide for Quality and Safety and Patient Engagement.
- Utilize Quality Teams newsletters where applicable.

- Communicate the survey schedule and logistics.
- Distribute surveyor biographies when confirmed.

Quick Tip:

- The toolkit, “Did You Know” posters, fact sheet and templates are available on the Staff Resource Centre at www.healthpei/src/accreditation.
- Policies are available on the Policy Document Management System (PDMS) at <http://healthpeipolicy.medworxx.com/default.aspx?login=true>

Communication Tools

Various communication approaches will be utilized to highlight the accreditation process and the communication of Health PEI’s Accreditation results: For example;

Tool	Target Audience	Details
Newsletter	Frontline staff	Quality Teams have newsletters
Reports to the Board	Board Members and CEO	Quarterly reports
Posters/Fact sheets	Staff, physicians volunteers patient and families	Timeline graphic Did you know posters ROP fact sheets Key information linked to policies and procedures
Sample onsite survey questions	Staff, physicians volunteers patient and families	A Q&A with samples of questions surveyors might ask when doing the survey
Staff resource center	Staff, physicians volunteers, patient and families	Explain accreditation basics; Create a step-by-step time line of what will happen during the Accreditation process. Post regular updates about successes and challenges. Create customized information that allow for staff collaboration. Include a countdown to the onsite survey
Internal accreditation emails	Staff, physicians volunteers	A brief email with accreditation facts. Monthly
Slide presentations	Staff, physicians volunteers	Standardized presentations on select topics, such as Required Organizational Practices, for use during staff meetings
Checklists	Managers/Directors	Create a checklist of what needs to be in place based on AC’s national standards
Onsite survey schedule	Staff, physicians volunteers	Post on the staff resource center so everyone knows what is taking place and when
Team /unit/ program specific key messages	Staff, physicians	Outline what staff needs to know about their service or program area (e.g. overview of goals/objectives, accomplishments, quality improvement initiatives).

Quick Tip: Staff is encouraged to contact their local area Manager or Quality/Risk Coordinator if they require further information on any topic.

Information for Health PEI Staff and Physicians

Introduction

Accreditation Canada will be sending 11 representatives to survey our organization **September 25-29, 2017**. Their role is to verify that Health PEI is providing safe and effective care that aligns with national standards.

The following information is being provided to help you prepare for the on-site survey visit by outlining surveyor expectations.

What will Surveyors do when they visit a site/program/area?

The surveyors will conduct *tracers* while they are on site to assess priority processes. During a tracer, surveyors interact with a variety of people to “trace” the path of a patient or client through a process and gather evidence about our health system and the quality and safety of the care and service we provide. Surveyors may also follow or “trace” the path of a process such as patient flow, infection prevention and control and emergency preparedness.

Tracer activities include:

- Meeting with unit/program/service managers
- Reviewing files and other supporting documents including quality data
- Discussion with patients, staff, physicians, senior management, Board of directors, community partners or others
- Interviews with patient and/or family members
- Review of patient charts (3-5)
- Direct observation of how the work is carried out.

The tracer method is designed to be flexible and responsive, allowing surveyors to observe and interact directly with frontline staff in their working environment. During a tracer, surveyors are not evaluating individual performance, but rather observing processes and procedures to assess compliance with national standards.

Quick Tip: Ask your colleagues how they contribute to patient safety and share your ideas on how you deliver safe care.

What’s expected of me as a staff member or physician?

Having a chance to interact with an Accreditation Canada surveyor is an opportunity to showcase all the great care we deliver at Health PEI each and every day. The questions and discussions that you will have with the Accreditation surveyors are all about the work you do every day. There are no trick questions.

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

- Relax, and be friendly and helpful
- Be prepared to have the surveyor watch you perform your job duties: identifying patients, drawing blood, passing medications etc. Follow your normal procedure with confidence.

- Be familiar with your department’s policies and procedures and their location in your unit/service/program area.
- Be prepared to help a surveyor navigate an electronic file or to provide information or directions.
- Be prepared to help your co workers (when they are struggling) if you know where something is located in the medical record or on the unit.
- Do not guess if you do not know the answer. Tell the surveyor where you could find the answer, e.g. “ I can ask my supervisor or consult policy”
- Share your success. Be prepared to provide examples of what your program/ unit or facility is doing to improve patient care or services: For example:
 - What have you done to improve the client experience in your area?
 - What do you do to make care as safe as possible for staff/ patient and family?
 - What quality indicators are being monitored for your area? How is your area doing? Can you show me your results, information etc.?
- Show pride in your area and in the organization!
- Be ready and willing to provide them with whatever assistance they request

Remember that surveyors focus on the processes we use to deliver services and not on an individual’s practice...

If the surveyor asks me a question, how do I answer it?

Answer the surveyor’s question to the best of your ability. You are not expected to know everything. If the question is about a situation you do not often encounter and you are not sure about the answer, explain to the surveyor how you would get the right information (e.g. Look it up in a procedure manual, ask a co-worker or supervisor).

If you are not able to provide the information requested, do not be afraid to say so and to refer the surveyor to the right person who can answer their questions.

Quick Tip: The following actions should be taken on the day the Accreditation Surveyor visits your area. (These are standard policies and procedures of Health PEI :)

- Ensure you are wearing your ID badge and that it is visible
- Ensure you use two patient identifiers to check that you are providing care/treatment to the right patient
- Be prepared to describe how you contribute to safe, quality care in your area

Sample questions a surveyor might ask

- When must you wash your hands with soap and water?
- What steps would you take if you discovered a fire?
- What changes have been made to improve patient/resident/client safety in your area?
- How is patient specific information protected in your organization?
- How do you check the identity of patients before administering medication, collecting or administering blood, or performing other procedures or treatments?
- What is your process for double checking before administering high risk medications?
- How do you conduct a falls assessment?
- What processes are in place to transfer client information? E.g. On transfer, hand off reports, shift reports.
- What are your processes to ensure correct identification of clients, before administering treatment?
- Tell me about your medication reconciliation process, on admission?
- Tell me how you inform your clients/families about their role in patient safety?
- Have you received training on infusion pumps? Where would I find that information?
- How do you report patient safety incidents?
- How do you contribute to making the organization safe for patients/families and staff?




Remember to relax and be yourself!

Quick Tip: Remember that Accreditation is an opportunity to showcase all the high quality and safe care you provide at Health PEI.

Tools and Templates

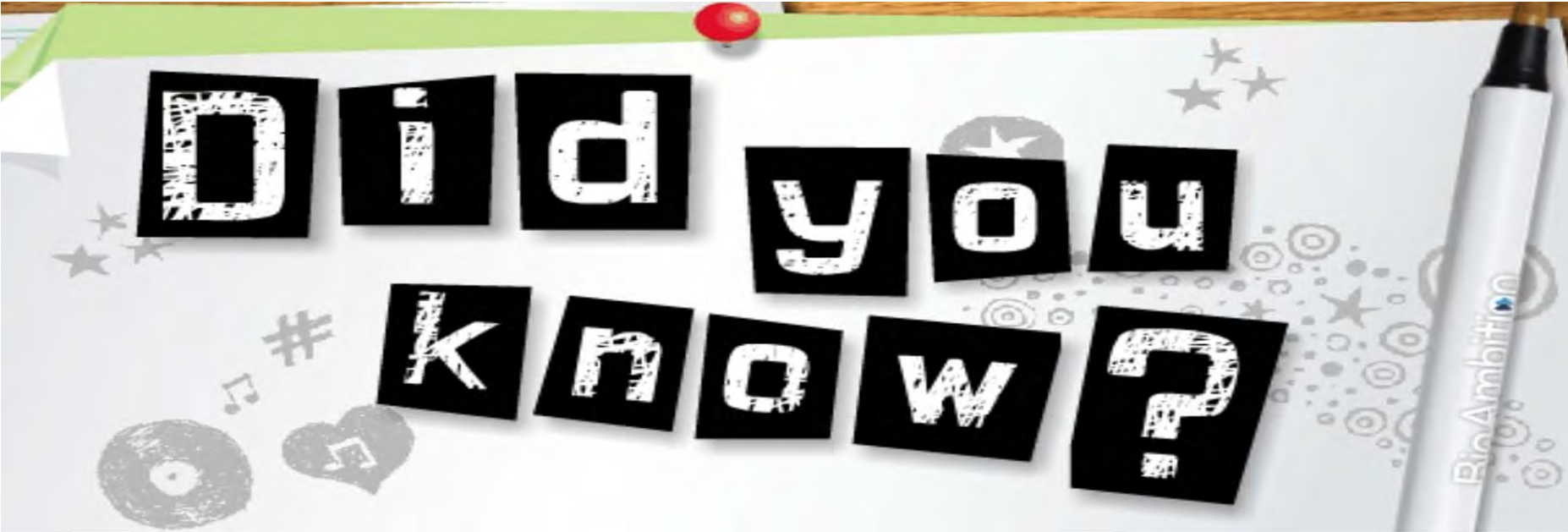
Quality Time Newsletter

<h1>Title</h1>	
<h2>Health PEI</h2>	
Volume #	Date

QIT Active Work Plan

Name QIT Active Work Plan								
<i>Last Updated:</i>								
AC Standard & Flag Color (Red, Yellow,Green)	High Priority Standard Yes/No	ROP Yes/No	Description of Standard	Action/Steps	Evidence Available to Support Actions	Responsibility	Follow Up Dates	Progress

“Did You Know” Template



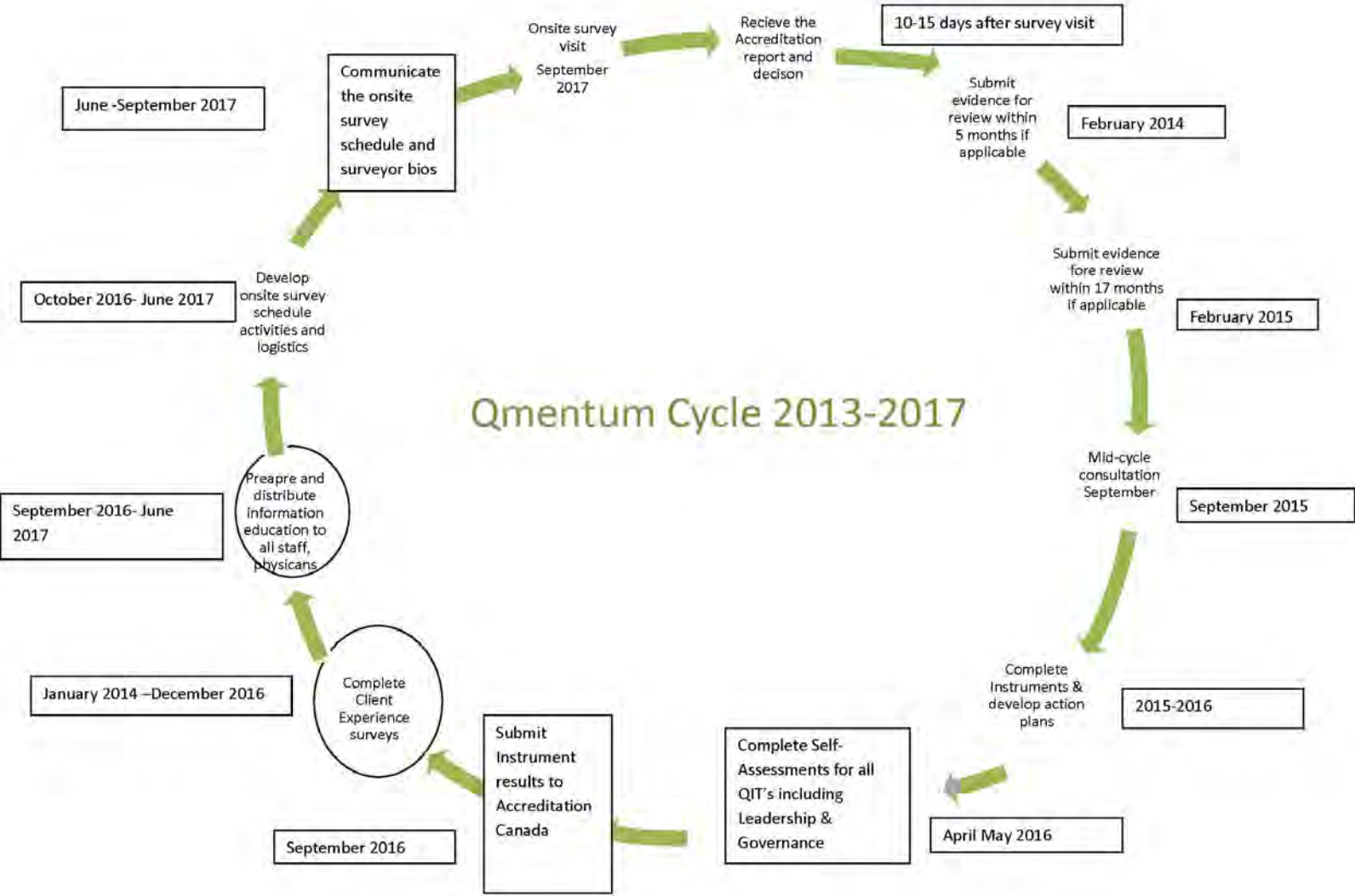
ROP Action Plan

Required Organizational Practices (ROP's) are essential practices that an organization must have in place to enhance client safety and minimize risk. Provided below is a checklist for the Pressure Ulcer Prevention ROP tests for compliance and a few questions to help determine next steps.

Description	Actions/Steps	Evidence Available to Support Actions	Responsibility	Progress
ROP: <Insert ROP name>				
Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.				
Tests for Compliance:				
MAJOR				<input type="checkbox"/> In progress <input type="checkbox"/> Completed
MAJOR				<input type="checkbox"/> In progress <input type="checkbox"/> Completed
MAJOR				<input type="checkbox"/> In progress <input type="checkbox"/> Completed
MINOR				<input type="checkbox"/> In progress <input type="checkbox"/> Completed
MINOR				<input type="checkbox"/> In progress <input type="checkbox"/> Completed

If a 'Test for Compliance' is still in progress, would it be helpful for you to connect with other teams? If yes, what specifically would you like to focus on when working with other teams?	
If applicable, provide suggestions on how you could connect with other teams (e.g. teleconference, chairs to discuss, face-to-face session, etc).	
Other comments:	
QIT Name:	
Contact:	

Timeline



WebEx Meetings Directions

Before You Begin

Your user profile must be enabled to attend WebEx meetings. It is strongly suggested that you test your computer's connectivity a couple days prior to a meeting. This will ensure that Active X and/or Java are enabled on your computer to run WebEx.

Join the WebEx Meeting

Step 1 Open the meeting e-mail notification. (You cannot log into your meeting until 10 minutes prior to the meeting)

Step 2 Click the **Join Meeting** or **Meeting URL** link.

Step 3 Enter the following requested information:

- a. Full Name
- b. Email Address
- c. Password (when required)
- d. Click **Join**



Most meetings will require a password when logging in. The password will have been provided to you in your email invitation.

Step 4 Establish an audio connection to the meeting:

- a. Click **Join Teleconference**
- b. Enter your area code and telephone number in the Number field (Provided in email)
- c. Click **OK**

Step 5 If the host of the meeting has not joined, a dialog box will pop up to notify you. Click **OK** and check to see that your name in the Participant Panel on the lower left hand side. The host of the meeting will take control once they have logged into the meeting.

Leave the WebEx Meeting

Only the Host can end the meeting but participants can leave the meeting at any time.

Step 1 Click **File** on the Menu Bar

Step 2 Select **Leave Meeting**

Step 3 Click **Yes** to confirm that you are leaving the meeting

Safety Questions for Walking Tours

Safety Questions for Leadership Walking Tours

Being visible and discussing safety issues with staff is critical to building a culture of safety.

- What safety initiatives are happening here?
- What safety issues are you concerned about?
- Have there been any incidents lately where a patient was harmed?
- Have there been any near misses?
- Where can we make some safety improvements?
- What can I do to help?
- Ask a patient about their experience.

Follow-up and feedback on issues discussed is critical.



Safety Questions for Leadership Walking Tours

Being visible and discussing safety issues with staff is critical to building a culture of safety.

- What safety initiatives are happening here?
- What safety issues are you concerned about?
- Have there been any incidents lately where a patient was harmed?
- Have there been any near misses?
- Where can we make some safety improvements?
- What can I do to help?
- Ask a patient about their experience.

Follow-up and feedback on issues discussed is critical



Safety Questions for Leadership Walking Tours

Being visible and discussing safety issues with staff is critical to building a culture of safety.

- What safety initiatives are happening here?
- What safety issues are you concerned about?
- Have there been any incidents lately where a patient was harmed?
- Have there been any near misses?
- Where can we make some safety improvements?
- What can I do to help?
- Ask a patient about their experience.

Follow-up and feedback on issues discussed is critical



Safety Questions for Leadership Walking Tours

Being visible and discussing safety issues with staff is critical to building a culture of safety.

- What safety initiatives are happening here?
- What safety issues are you concerned about?
- Have there been any incidents lately where a patient was harmed?
- Have there been any near misses?
- Where can we make some safety improvements?
- What can I do to help?
- Ask a patient about their experience.

Follow-up and feedback on issues discussed is critical



Leadership Walking Tours

Objective: Being visible is important at the front line. The key message: “We are all in this together!”

Before: Review HPEI strategy, ROP’s and QIT Plan.

On Site: Engage with site leaders, staff, physicians, quality champions. Talk to 2-3 Patients, clients, residents or family members. Participate in Quality Board Huddle.

Communicate: Provide positive feedback, encouragement and appreciation for hard work. Ask leaders/staff regarding HPEI’s strategic priorities, discuss how quality plans align.

Action: Develop action plan together on ways to improve services.

After: Reflect on visit and consider what would the team believe is important to you.

Follow-up and feedback on issues discussed is critical.

Health PEI

One Island Health System

Leadership Walking Tours

Objective: Being visible is important at the front line. The key message: “We are all in this together!”

Before: Review HPEI strategy, ROP’s and QIT Plan.

On Site: Engage with site leaders, staff, physicians, quality champions. Talk to 2-3 Patients, clients, residents or family members. Participate in Quality Board Huddle.

Communicate: Provide positive feedback, encouragement and appreciation for hard work. Ask leaders/staff regarding HPEI’s strategic priorities, discuss how quality plans align.

Action: Develop action plan together on ways to improve services.

After: Reflect on visit and consider what would the team believe is important to you.

Follow-up and feedback on issues discussed is critical.

Health PEI

One Island Health System

Leadership Walking Tours

Objective: Being visible is important at the front line. The key message: “We are all in this together!”

Before: Review HPEI strategy, ROP’s and QIT Plan.

On Site: Engage with site leaders, staff, physicians, quality champions. Talk to 2-3 Patients, clients, residents or family members. Participate in Quality Board Huddle.

Communicate: Provide positive feedback, encouragement and appreciation for hard work. Ask leaders/staff regarding HPEI’s strategic priorities, discuss how quality plans align.

Action: Develop action plan together on ways to improve services.

After: Reflect on visit and consider what would the team believe is important to you.

Follow-up and feedback on issues discussed is critical.

Health PEI

One Island Health System

Leadership Walking Tours

Objective: Being visible is important at the front line. The key message: “We are all in this together!”

Before: Review HPEI strategy, ROP’s and QIT Plan.

On Site: Engage with site leaders, staff, physicians, quality champions. Talk to 2-3 Patients, clients, residents or family members. Participate in Quality Board Huddle.

Communicate: Provide positive feedback, encouragement and appreciation for hard work. Ask leaders/staff regarding HPEI’s strategic priorities, discuss how quality plans align.

Action: Develop action plan together on ways to improve services.

After: Reflect on visit and consider what would the team believe is important to you.

Follow-up and feedback on issues discussed is critical.

Health PEI

One Island Health System

Accreditation Planning Template

**Site/service/program Accreditation Planning Template
Accreditation On-site Survey Visit September 25-29, 2017**

**Important Information for all Staff
INSERT DEPARTMENT NAME**

Our Vision:	Our Mission:	Our Values
One Island Health system supporting improved health for Islanders	Working in partnership with Islanders to support and promote health through the delivery of safe and quality health care	Caring, integrity and excellence

What is Accreditation?

- Independent 3rd Party review to determine if we are meeting national standards of excellence
- Assist health-care organizations to:
 - identify strengths and areas for improvement
 - identify a plan of action to better meet the needs of clients, families, and communities
- Research shows that accreditation:
 - Increases organizational uptake of QI initiatives
 - Enhances use of indicators
 - Enables change management
 - Improves organizational learning practices
 - Improves communication among teams

What Standards do the Surveyors Assess?

Surveys are customized to the services provided within the organization.

Standards

- Provide guidance on best practice(s) related to a specific program / services area
- Describe key functions and activities critical to providing safe and high quality care
- Provide direction to teams on where improvements are required

System wide standards include:

- Leadership
- Governance
- Infection Prevention and Control
- Medication Management

In Addition Health PEI follows these national standards:	
Ambulatory Care Services	Medicine Services (Adult
Cancer Care & Oncology Services	Obstetric Services
Critical Care	Pediatrics (medicine standards)
Diagnostic Imaging Services	Peri-operative services
Emergency Department	Populations with Chronic Conditions
Home Care Services	Primary Care
Hospice Palliative & End-of-Life Services	Public Health Services
Laboratory Services	Rehabilitation Services
Point of Care testing	Reprocessing of Reusable Medical Devices
Transfusions (lab)	Mental Health Services
Long Term Care Services	Substance Abuse & Problem Gambling Services
	Community Based Mental Health Services

Required Organizational Practices

In addition to service specific standards, Health PEI must meet 33 Required Organizational Practices (ROPs).

- ROPs are essential practices specifically focused on patient safety and minimizing risk
- ROPs are integrated into the standards with clear test of compliance
- Health PEI must demonstrate compliance with all 33 ROPs to be accredited

What ROPs do I need to be aware of? (Fill in the ROPs relevant to your service)

•
•
•
•

What are the red and yellow flags in my area of service? (Fill in the red and yellow flag ROPs/Standards that were identified in your service’s self-assessment results)

•
•
•
•

How are we meeting these standards/ROPs? (fill in how your unit meets these standards)

•
•
•
•

What audits are complete on our unit to ensure quality and patient safety compliance? (List audits completed)

•
•
•
•

What Polices and/or Operational Best Practice Guidelines should staff know and review annually? (refer to your standards to populate)

Examples include:

- Abbreviations “Do not Use” Policy
- High Risk Activities Patient /Client Identification
- Armband – Patient identification
- Patient Client Identifiers
- Least Restraints
- Medication Reconciliation on Admission, Transfer & Discharge
- Pressure Ulcer Risk Assessment and Prevention
- Sentinel Event & Management Policy
- In-patient Shift to Shift Transfer Information
- Medication Double Checking
- Informed Consent in Healthcare
- Falls Prevention Management Policy
- Ethics Consultation Policy

Communication Plan of the Accreditation Decision

Background

Health PEI voluntarily undergoes evaluation from Accreditation Canada every four years to determine if health services provided by the organization meet national standards. Accreditation Canada surveyors will visit Health PEI on Sept 25th, 2017 and will issue their findings and Accreditation Decision report in late November 2017.

Objective

Develop an internal and external release plan for Health PEI's 2017 Accreditation Report.

Strategic Considerations

Media has shown past interest in receiving reports and doing follow-up stories on specific items of interest contained in the Accreditation Canada report.

Some staff has voiced disconnect from the accreditation process in the past. Staff appreciate the opportunity to celebrate the accreditation process, therefore CAO's, directors and / or managers are encouraged to order food for a celebration and / or host on-site BBQs following the onsite visit.

Key Messages

- Accreditation is a voluntary process that involves collaboration of HPEI Board, Leadership, staff, physicians, volunteers, community partners, clients/patients, and Accreditation Canada.
- The accreditation process and resulting AC report helps ensure that our Island's health services meet national standards and compare favorably to other health systems across Canada.
- Health PEI uses the accreditation report in our ongoing effort to continuously improve the quality and safety of the care we provide to Islanders.

Evaluation and Modification of Process

Throughout the process of communicating the survey result, communication activities will be monitored, modified and followed up as appropriate.

Internal Communication

AUDIENCE

- Health PEI Board
- CEO
- Senior Management Group
- Medical Advisory Committees
- Directors/Managers
- All Staff/Physicians
- Quality & Safety Council
- Quality Improvement Teams
- Volunteers
- Foundations

Phase One September 24th, 2017		
Action	Responsibility	Timeline
Prepare Media Statement	Communications/CEO/ Executive Director of Quality & Safety	September
De-brief held with: Health PEI Board Chair Board Quality & Safety committee Senior Management Group Director of Quality & Safety Manager of Quality/Risk	Surveyors	September
General Staff debrief	Surveyors / All staff and physicians	September
Prepare Briefing note	Director of Quality & Safety	September

PHASE TWO - REPORT RECEIVED		
October 2017		
Action	Responsibility	Timeline
Review onsite report from AC and prepare communications	Quality/Risk Manager Quality & Risk Coordinators	October
Board Chair Quality & Safety committee chair Senior Management Group	Executive Director of Quality & Safety	October
Quality & Safety Committee members receive report and overview presentation	Manager of Quality/Risk, Director of Quality, Safety, and Ethics	October
Minister / Deputy Minister briefed	CEO, Executive Director of Quality & safety	October
Leadership Forum Group	Director of Quality & Safety	October
Prepare overview presentation for distribution to managers/staff	Manager of Quality/Risk Quality & Risk Coordinators	October
Prepare survey results package for specific Quality Improvement Teams, managers and directors	Quality & Risk Coordinators	October-November

PHASE THREE		
November 2017		
Action	Responsibility	Timeline
Internal communication with covering message and thank you from CEO. To be distributed to all staff and physicians	Quality & Safety Communication Staff	November
Presentation / Overview for Health PEI Board	Health PEI CEO Executive Director Quality & Safety	November
Schedule divisional meetings with key Directors/managers to review the report	Senior Management Group	October /November
Provincial Medical Advisory Committee briefed	Chiefs	October/ November
Foundations briefed	Senior Management Group	October/ November

PHASE FOUR November 1- November 30, 2017		
Action	Responsibility	Timeline
Quality teams review results and recommendations at their regular scheduled meetings.	Quality Team Chairs / Quality & Risk Coordinators	October/November
Physicians briefed at Medical Staff Meeting	Chiefs	October/November
Highlights and recommendations are shared with staff	Directors/managers	November
Report posted on Intranet / Internet	Quality/Risk Manager / Communications	November

External Communication

AUDIENCE

- Media
- General Public

Action	Responsibility	Timelines
<p>If media inquiries occur during Accreditation Survey visit, each request will be assessed on its own merit - to determine an appropriate spokesperson.</p> <p>If media inquiries occur after Accreditation Survey visit, but prior to public release each request will be assessed on its own merit - to determine an appropriate spokesperson</p>	<p>CEO</p> <p><i>The CEO/Board Chair is best suited to speak to broader issues associated with accreditation, patient safety and quality improvement concerns.</i></p> <p><i>Senior Management Group/Directors are best suited to speak to specific front line issues / recommendations associated with Accreditation</i></p>	Ongoing
News release – following last day of survey Visit – re: purpose of Accreditation, standards/ processes, ROP etc.	Director of Quality & Safety Communications	October –November, 2017
Prepare Briefing note Highlights Key Messages	Director of Quality & Safety Communications	October –November, 2017
News Release developed and distributed re; AC decision.	Communications Director of Quality & Safety	November , 2017
Accreditation report posted on Health PEI website.	Communications/Manager of Quality/Risk/ Quality/Risk Admin	November , 2017