



Crosswalk

This crosswalk was produced in January 2017 and reflects the standards' content as of that date. The standards may have changed since this time. Please check the Client Organization Portal for the most up-to-date standards.

Sorted by new standards

Critical Care (v.12) (applicable to surveys starting in January 2018)

Critical Care (v.11) (applicable to surveys until end of December 2017)

Note: Text in red indicates new criteria or changes (additions or deletions) to requirements within existing criteria.

1.1	A tailored approach is used to provide critical care to various client populations including neonatal, pediatric, and/or adult clients.
1.2	Services are co-designed with clients and families, partners, and the community.
1.3	Information is collected from clients and families, partners, and the community to inform service design.
1.4	Service-specific goals and objectives are developed, with input from clients and families.
1.5	Services are reviewed and monitored for appropriateness, with input from clients and families.
1.6	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.
1.7	There is a framework for providing outreach critical care within the organization and/or to other organizations, if applicable.
1.8	The major sources of referral are known and services are coordinated with those units and organizations.
1.9	Information on services is available to clients and families, partner organizations, and the community.

	NEW
1.1	Services are co-designed with clients and families, partners, and the community.
1.2	Information is collected from clients and families, partners, and the community to inform service design.
1.3	Service-specific goals and objectives are developed, with input from clients and families.
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.
1.5	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.
	NEW
1.6	The major sources of referral are known and services are coordinated with those units and organizations.
1.7	Information on services is available to clients and families, partner organizations, and the community.



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Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
1.10	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.	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.
2.1	Critical care units are designed with input from clients and families to be self-contained and dedicated to the 24-hour care of clients with life threatening or potentially life threatening conditions.		NEW
2.2	Resource requirements and gaps are identified and communicated to the organization's leaders.	2.1	Resource requirements and gaps are identified and communicated to the organization's leaders.
2.3	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.	2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.
2.4	The required level of staffing is determined and maintained to provide consistent quality of service at all hours of the day and on all days of the week.	2.3	The required level of staffing is determined and maintained to provide consistent quality of service at all hours of the day and on all days of the week.
2.5	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	2.4	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.
2.6	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
2.7	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	2.6	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
2.8	Team members and clients have access to information about community services, including palliative and end-of-life care.	2.7	Team members and clients have access to information about community services, including palliative and end-of-life care.
2.9	A universally-accessible environment is created with input from clients and families.	2.8	A universally-accessible environment is created with input from clients and families.



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Critical Care (v.12)		Critical Care (v.11)	
2.10	There is a surge capacity plan for critical care units to manage a high number of clients during times of increased volume, as well as during pandemics, mass-casualties or other large-scale emergencies.		NEW
3.1	Required training and education are defined for all team members with input from clients and families.	3.1	Required credentials, training, and education are defined for all team members with input from clients and families.
3.2	Credentials, qualifications, and competencies are verified, documented, and up-to-date.	3.2	Credentials, qualifications, and competencies are verified, documented, and up-to-date.
3.3	A comprehensive orientation is provided to new team members and client and family representatives.	3.3	A comprehensive orientation is provided to new team members and client and family representatives.
3.4	Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.	3.4	Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.
3.5	Education and training are provided on the organization's care delivery model.	3.5	Education and training are provided on the organization's care delivery model.
3.6	Education and training are provided on the organization's ethical decision-making framework.	3.6	Education and training are provided on the organization's ethical decision-making framework.
3.7	Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.	3.7	Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.
3.8	ROP: A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	3.8	ROP: A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.



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Critical Care (v.12)	
3.9	There are strategies in place to help prevent errors when using multiple intravenous infusions that include education and training.
3.10	Education and training are provided on information systems and other technology used in service delivery.
3.11	Education and training are provided on how to identify palliative and end-of-life care needs.
3.12	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
3.13	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
3.14	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
3.15	Ongoing professional development, education, and training opportunities are available to each team member.
4.1	A collaborative approach is used to deliver services.
4.2	There is a process to communicate with admitting and referring team members and family physicians about their respective roles in the client's care.
4.3	The critical care unit model of care is appropriate to the level of care provided.
4.4	The team works in collaboration with clients and families.
4.5	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.
4.6	Standardized communication tools are used to share information about a client's care within and between teams.

Critical Care (v.11)	
	NEW
3.9	Education and training are provided on information systems and other technology used in service delivery.
3.10	Education and training are provided on how to identify palliative and end-of-life care needs.
3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.
3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.
3.14	Ongoing professional development, education, and training opportunities are available to each team member.
4.1	A collaborative approach is used to deliver services.
4.3	There is a process to communicate with admitting and referring team members and family physicians about their respective roles in the client's care when the client is admitted to an intensive care unit (ICU).
	NEW
4.5	The team works in collaboration with clients and families.
4.6	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.
4.7	Standardized communication tools are used to share information about a client's care within and between teams.



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Critical Care (v.12)	
4.7	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.
5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.
5.3	Team members are recognized for their contributions.
5.4	There is a policy that guides team members to bring forward complaints, concerns, and grievances.
5.5	Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.
5.6	Education and training are provided on how to identify, reduce, and manage risks to client and team safety.
5.7	Education and training are provided to team members on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.
5.8	The organization's policy on reporting workplace violence is followed by team members.
6.1	There is a process to screen potential clients against admission criteria for critical care.

Critical Care (v.11)	
4.8	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.
5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.
5.3	Team members are recognized for their contributions.
5.4	There is a policy that guides team members to bring forward complaints, concerns, and grievances.
5.5	Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.
5.6	Education and training are provided on how to identify, reduce, and manage risks to client and team safety.
5.7	Education and training are provided to team members on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.
5.8	The organization's policy on reporting workplace violence is followed by team members.
6.1	Standardized criteria are used to determine whether potential clients require critical care services.



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Critical Care (v.12)		Critical Care (v.11)	
6.2	The critical care team works with other teams in the organization to determine the process for monitoring clients that includes escalating care to the critical care unit.		NEW
6.3	When the team is unable to meet the needs of a potential client, access to other services is facilitated.	6.3	When the team is unable to meet the needs of a potential client, access to other services is facilitated.
6.4	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.	6.4	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.
7.1	There is an open, transparent, and respectful relationship with each client.	7.1	There is an open, transparent, and respectful relationship with each client.
7.2	Family presence is promoted within the critical care environment based on the wishes of the client and family.		NEW
7.3	Clients and families are encouraged to be actively engaged in their care.	7.2	Clients and families are encouraged to be actively engaged in their care.
7.4	The capacity of each client to be involved in their care is determined in partnership with the client and family.	7.3	The capacity of each client to be involved in their care is determined in partnership with the client and family.
7.5	The client's wishes regarding family involvement in their care are respected and followed.	7.4	The client's wishes regarding family involvement in their care are respected and followed.
7.6	Families have the information and support they need to determine their level of involvement in the client's care.		NEW
7.7	Complete and accurate information is shared with the client and family in a timely way, in accordance with the client's desire to be involved.	7.5	Complete and accurate information is shared with the client and family in a timely way, in accordance with the client's desire to be involved.
7.8	The team verifies that the client and family understand information provided about their care.	7.6	The team verifies that the client and family understand information provided about their care.
7.9	Translation and interpretation services are available for clients and families as needed.	7.7	Translation and interpretation services are available for clients and families as needed.
7.10	The client's capacity to provide informed consent is determined.	7.8	The client's capacity to provide informed consent is determined.



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Sorted by new standards

Critical Care (v.12)	
7.11	The client's informed consent is obtained and documented before providing services.
7.12	When clients are incapable of giving informed consent, consent is obtained from a substitute decision maker.
7.13	Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.
7.14	Ethics-related issues are proactively identified, managed, and addressed.
7.15	Clients and families are provided with information about their rights and responsibilities.
7.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.
7.17	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.
8.1	Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.
8.2	The assessment process is designed with input from clients and families.
8.3	Goals and expected results of the client's care and services are identified in partnership with the client and family.
8.4	During the assessment, there is a process to determine whether the client has an advance directive and this is recorded in the client record in partnership with the client and family.
8.5	Standardized assessment tools are used during the assessment process.

Critical Care (v.11)	
7.9	The client's informed consent is obtained and documented before providing services.
7.10	When clients are incapable of giving informed consent, consent is obtained from a substitute decision maker.
7.11	Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.
7.12	Ethics-related issues are proactively identified, managed, and addressed.
7.13	Clients and families are provided with information about their rights and responsibilities.
7.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.
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8.5	Standardized assessment tools are used during the assessment process.



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Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
8.6	ROP: Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	8.6	ROP: Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.
8.7	ROP: To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	8.7	ROP: To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.
8.8	ROP: Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	8.8	ROP: Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.
8.9	ROP: Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	8.9	ROP: Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.
8.10	Each client's preferences and options for services are discussed as part of the assessment, in partnership with the client and family.	8.10	Each client's preferences and options for services are discussed as part of the assessment, in partnership with the client and family.
8.11	An assessment of the client's palliative and end-of-life care needs is completed, where appropriate, in partnership with the client and family.	8.11	An assessment of the client's palliative and end-of-life care needs is completed, where appropriate, in partnership with the client and family.
8.12	There is access 24 hours a day, seven days a week, to supporting services such as laboratory testing and diagnostic imaging, including point-of-care testing.	8.12	There is access 24 hours a day, seven days a week, to supporting services such as laboratory testing and diagnostic imaging, including point-of-care testing.
8.13	The least invasive diagnostic tests are selected to obtain the necessary information and, where possible, multiple tests are performed at the same time.	8.13	The least invasive diagnostic tests are selected to obtain the necessary information and, where possible, multiple tests are performed at the same time.
8.14	The results of the assessment are shared with the client and the other team members in a timely and easy-to-understand way.	8.14	The results of the assessment are shared with the client and the other team members in a timely and easy-to-understand way.



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Sorted by new standards

Critical Care (v.12)	
8.15	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
8.16	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.
9.1	The client's individualized care plan is followed when services are provided.
9.2	Other teams or organizations are provided with the expected discharge dates for clients who will be repatriated to facilitate a timely transition.
9.3	Daily rounds are conducted by the team in partnership with the client and family.
9.4	ROP: 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.
9.5	All services received by the client, including changes and adjustments to the care plan, are documented in the client record.
9.6	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.
9.7	The client's health status is reassessed in partnership with the client, and updates are documented in the client record, particularly when there is a change in health status.
9.8	Standardized clinical measures are used to evaluate the client's pain on a continuous basis in partnership with the client and family.

Critical Care (v.11)	
8.15	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
8.16	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.
9.1	The client's individualized care plan is followed when services are provided.
9.2	Other units or facilities are provided with the expected discharge dates for clients who will be repatriated so those units or facilities can plan for a timely transition.
9.3	Daily rounds are conducted by the team in partnership with the client and family.
9.4	ROP: 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.
9.5	All services received by the client, including changes and adjustments to the care plan, are documented in the client record.
9.6	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.
9.7	The client's health status is reassessed in partnership with the client, and updates are documented in the client record, particularly when there is a change in health status.
9.8	Standardized clinical measures are used to evaluate the client's pain on a continuous basis in partnership with the client and family.



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Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
9.9	The client's level of sedation is evaluated and managed on a regular basis.	9.9	The client's level of sedation is evaluated and managed on a regular basis.
9.10	The client is regularly screened for delirium and receives interventions to help prevent delirium.	9.11	A delirium screening tool is used to assess clients for delirium in partnership with the client and family.
9.11	The client's need for restraints is regularly assessed and the least invasive restraint is selected if required.	9.12	The client's need for restraints is assessed on a daily basis in partnership with the client and family, and the least invasive restraint required is used to make that need.
9.12	A comprehensive nutritional assessment is completed and managed.		NEW
9.13	The client is regularly screened for hyperglycemia and hypoglycemia, and managed appropriately.	9.13	A protocol is followed to achieve glycemic control in clients.
9.14	Interventions that cover prevention and treatment of ventilator-associated pneumonia are implemented for all clients who are intubated/tracheostomized and mechanically ventilated.	9.14	The Safer Healthcare Now! Ventilator-Associated Pneumonia (VAP) bundle is implemented for all clients on ventilators, in partnership with the client and family.
9.15	Interventions are implemented for all clients requiring a central line that covers prevention and treatment of central line-associated bloodstream infections.	9.15	The Safer Healthcare Now! Central Line (CLI) bundle is implemented for all clients requiring a central line, in partnership with the client and family.
9.16	Interventions are implemented for all clients requiring a urinary catheter that cover prevention and treatment of catheter-associated urinary tract infections.		NEW
9.17	Clients are monitored for signs of sepsis and receive interventions to help prevent and manage appropriately.		NEW



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Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
9.18	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.	9.16	Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.
9.19	Access to spiritual space and care is provided to meet clients' needs.	9.17	Access to spiritual space and care is provided to meet clients' needs.
9.20	Clients and families have access to psychological and/or supportive care services as required.	9.18	Clients and families have access to psychological and/or supportive care services as required.
9.21	There is a process for initiating palliative and end-of-life care, as required.	9.19	There is a process for initiating palliative and end-of-life care, as required.
9.22	Support for the family, team members, and other clients is provided throughout and following the death of a client.	9.20	Support for the family, team members, and other clients is provided throughout and following the death of a client.
9.23	ROP: Information relevant to the care of the client is communicated effectively during care transitions.	9.21	ROP: Information relevant to the care of the client is communicated effectively during care transitions.
10.1	Oral communication is facilitated or alternate means of communication are used when the client is unable to communicate orally due to ventilator use, physical condition, or other reasons.	10.1	Oral communication is facilitated or alternate means of communication are used when the client is unable to communicate orally due to ventilator use, physical condition, or other reasons.
10.2	A process which meets legal requirements is followed to support decisions about providing, forgoing, or withdrawing life-sustaining treatment in partnership with the client and family.	10.2	A process which meets legal requirements is followed to support decisions about providing, forgoing, or withdrawing life-sustaining treatment in partnership with the client and family.
10.3	One or more interdisciplinary meetings are scheduled with clients and their family members in a private setting.	10.3	One or more interdisciplinary meetings are scheduled with clients and their family members in a private setting.
10.4	Clients and families are assisted to plan and prepare for a dignified	10.5	A dignified death is facilitated for clients at the end of life.



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Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
10.4	death at the client's end of life.	11.2	Clients and families are assisted to plan and prepare for death.
10.5	The cultural practices and spiritual beliefs of clients and families in regard to death and dying are respected.	10.6	The cultural practices and spiritual beliefs of clients and families in regard to death and dying are respected.
10.6	Where possible, the presence of the client's family members in the room is accommodated when life-saving measures are being taken.	10.7	Where possible, the presence of the client's family members in the room is accommodated when performing emergency procedures.
11.1	Clients and families are actively engaged in planning and preparing for transitions in care.	11.1	Clients and families are actively engaged in planning and preparing for transitions in care.
11.2	The client's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed.	11.3	The client's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed.
11.3	Clients are empowered to self-manage conditions by receiving education, tools, and resources, where applicable.	11.4	Clients are empowered to self-manage conditions by receiving education, tools, and resources, where applicable.
11.4	Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family, other teams, and organizations.	11.5	Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family, other teams, and organizations.
11.5	The transition plan is documented in the client record.	11.6	The transition plan is documented in the client record.
11.6	A client's wish to end or limit services, transfer to another service, or transition home, is respected.	11.7	A client's wish to end or limit services, transfer to another service, or transition home, is respected.
11.7	The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.	11.8	The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.
11.8	Clients are safely transported to and from critical care units.		NEW



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Critical Care (v.12)	
11.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
12.1	There are policies and procedures on organ and tissue donation.
12.2	There are policies and procedures on optimal donor management.
12.3	There is a policy on donation after cardiovascular death (DCD).
12.4	There is a policy on neurological determination of death (NDD).
12.5	Appropriate information about the implications of neurological death is provided to the family.
12.6	A policy is followed that meets legal requirements when approaching clients and families about organ and tissue donation.
12.7	Clinical referral triggers are established to identify potential organ and tissue donors.
12.8	Training and education on organ and tissue donation is provided to the team.
12.9	Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from families.
12.10	When death is imminent or established for potential donors, the OPO or tissue centre is notified in a timely manner.

Critical Care (v.11)	
11.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
	NEW
	NEW
	NEW
12.3	There is a policy on neurological determination of death (NDD).
12.6	Appropriate information about the implications of neurological death is provided to the family.
10.4	A protocol is followed that meets legal requirements when approaching clients and families about organ donation.
12.1	Clinical referral triggers are established to identify potential organ and tissue donors.
12.2	Training and education on the definition of imminent death, the use of clinical referral triggers, who to contact when potential organ and tissue donation opportunities arise, how to approach families about donation, and other donation issues is provided to the team.
12.7	The Organ Procurement Organization (OPO) is notified in a timely manner when death is imminent or established for potential donors.



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Critical Care (v.12)		Critical Care (v.11)	
12.11	All aspects of the donation process, including the family's decision about organ and tissue donation, are recorded in the client record.	12.13	All aspects of the donation process, including the family's decision about organ and tissue donation, are recorded in the client record in partnership with the family.
12.12	Data gathered on all ICU deaths is accessible and there is a process for reviewing the data to identify lost opportunities for donation and refer the information appropriately.	12.19	Data gathered on all ICU deaths is accessible and there is a process for reviewing that data to identify lost opportunities for donation.
13.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	13.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.
13.2	A standardized set of health information is collected to ensure client records are consistent and comparable.	13.2	A standardized set of health information is collected to ensure client records are consistent and comparable.
13.3	Policies and procedures to securely collect, document, access, and use client information are followed.	13.3	Policies and procedures to securely collect, document, access, and use client information are followed.
13.4	Clients are able to access information in their records, including electronic medical/health records, in a routine, client-centred, and timely way.	13.4	Clients are able to access information in their records, including electronic medical/health records, in a routine, client-centred, and timely way.
13.5	Information is documented in the client's record in partnership with the client and family.	13.5	Information is documented in the client's record in partnership with the client and family.
13.6	Policies and procedures for securely storing, retaining, and destroying client records are followed.	13.6	Policies and procedures for securely storing, retaining, and destroying client records are followed.
13.7	The flow of client information is coordinated among team members and other organizations, in partnership with the client and in accordance with legislation.	13.7	The flow of client information is coordinated among team members and other organizations, in partnership with the client and in accordance with legislation.
13.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	13.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.



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Critical Care (v.12)	
14.1	Training and education about legislation to protect client privacy and appropriately use client information are provided.
14.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.
14.3	Policies and procedures for disclosing health information for secondary use are developed and followed.
15.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.
15.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.
15.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
15.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.
15.5	Guidelines and protocols are regularly reviewed, with input from clients and families.
15.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.
16.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.

Critical Care (v.11)	
14.1	Training and education about legislation to protect client privacy and appropriately use client information are provided.
14.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.
14.3	Policies and procedures for disclosing health information for secondary use are developed and followed.
15.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.
15.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.
15.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
15.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.
15.5	Guidelines and protocols are regularly reviewed, with input from clients and families.
15.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.
16.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.



Crosswalk

Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
16.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	16.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.
16.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	16.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.
16.4	Safety improvement strategies are evaluated with input from clients and families.	16.4	Safety improvement strategies are evaluated with input from clients and families.
16.5	Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable.	16.5	Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable.
16.6	Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary.	16.6	Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary.
16.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	16.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.
17.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.	17.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.
17.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	17.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.
17.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families .	17.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families .



Crosswalk

Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
17.5	Quality improvement activities are designed and tested to meet objectives.	17.5	Quality improvement activities are designed and tested to meet objectives.
17.6	New or existing indicator data are used to establish a baseline for each indicator.	17.6	New or existing indicator data are used to establish a baseline for each indicator.
17.7	There is a process to regularly collect indicator data and track progress.	17.7	There is a process to regularly collect indicator data and track progress.
17.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	17.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
17.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	17.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.
17.10	Information about quality improvement activities, results, and learnings is shared with clients, families, organization leaders, and other organizations, as appropriate.	17.10	Information about quality improvement activities, results, and learnings is shared with clients, families, organization leaders, and other organizations, as appropriate.
17.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	17.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.
	DELETED		4.2 If outreach services in the form of a rapid response or a medical emergency team are offered, the role of this team is defined and communicated to other teams in the organization.
	DELETED		4.4 An intensivist or critical care specialist is available daily to consult with admitting physicians in open ICUs.
	DELETED		6.2 When offering outreach services, such as a rapid response or medical emergency team, other organizational teams are provided with the standardized criteria to determine whether critical care services are required.
	DELETED		9.10 A protocol is followed when conducting a daily interruption in sedation.



Crosswalk

Sorted by new standards

Critical Care (v.12)		Critical Care (v.11)	
DELETED		12.4	A written protocol is followed for NDD that includes accessing the people qualified to determine neurological death.
DELETED		12.5	The physicians that are accessed to determine neurological death must be independent of the intended recipient's care team.
DELETED		12.8	The provincial donor registry, where one exists, is checked to determine if the patient is a registered donor.
DELETED		12.9	Before approaching the family, a discussion takes place between the team and the donation coordinator regarding how they will approach the family about donation.
DELETED		12.10	When approaching families about donation, a decoupling approach is used.
DELETED		12.11	A written process is followed when approaching families about organ and tissue donation.
DELETED		12.12	When approaching the family, the sensitivity of the situation, as well as the client's and family's culture, beliefs, and decisions about organ and tissue donation are respected.
DELETED		12.14	There is access to consultants with expertise in proper donor management.
DELETED		12.15	There are written protocols for donor management.
DELETED		12.16	Potential donors are managed and cared for during testing and screening.
DELETED		12.17	Appropriate clinicians are available to properly manage the donor.
DELETED		12.18	All aspects of the donor management process are recorded in the potential donor's medical record.