



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

Inpatient Services (v.12) (applicable to surveys starting in January 2018)

Medicine Services (v.11) (applicable to surveys until end of December 2017)
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Note: Text in red indicates new criteria or changes (additions or deletions) to requirements within existing criteria.

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	Services are co-designed to meet the needs of an aging population, where applicable.
1.4	Services are co-designed to effectively serve pediatric and youth populations, where applicable.
1.5	Service-specific goals and objectives are developed, with input from clients and families.
1.6	Services are reviewed and monitored for appropriateness, with input from clients and families.
1.7	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.
1.8	Information on services is available to clients and families, partner organizations, and the community.
1.9	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	Resource requirements and gaps are identified and communicated to the organization's leaders.

1.1	Services are co-designed with clients and families, partners, and the community.
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	NEW
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1.3	Service-specific goals and objectives are developed, with input from clients and families.
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1.5	Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.
1.6	Information on services is available to clients and families, partner organizations, and the community.
1.7	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	Resource requirements and gaps are identified and communicated to the organization's leaders.



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Inpatient Services (v.12)	
2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.
2.3	Equipment and supplies appropriate for pediatric clients are available and accessible.
2.4	An appropriate mix of skill level and experience within the team is determined, with input from 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.
2.6	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
2.7	Team members and clients have access to information about community services, including palliative and end-of-life care.
2.8	A universally-accessible environment is created with input from clients and families.
3.1	Required 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.
3.3	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.
3.5	Education and training are provided on the organization's care delivery model.

Medicine Services (v.11)	
2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.
	NEW
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.
2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.
2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.
2.6	Team members and clients have access to information about community services, including palliative and end-of-life care.
2.7	A universally-accessible environment is created 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.
3.3	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.
3.5	Education and training are provided on the organization's care delivery model.



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Inpatient Services (v.12)		Medicine Services (v.11)	
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.
3.9	Education and training are provided on information systems and other technology used in service delivery.	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.	3.10	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.	3.11	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.	3.12	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.	3.13	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.	3.14	Ongoing professional development, education, and training opportunities are available to each team member.
4.1	Education and training are provided on how to work with pediatric and youth clients to ensure safe and effective care.		NEW



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Inpatient Services (v.12)		Medicine Services (v.11)	
4.2	Education and training are provided on the organization's processes to identify, escalate, or change the level of care a client is receiving.		NEW
4.3	Education and training are provided on established clinical care pathways.		NEW
4.4	Education and training on the safe and appropriate use of restraints are provided to the team.		NEW
4.5	Education and training on when clients need to be accompanied when receiving service in another service or location is provided to the team.		NEW
5.1	A collaborative approach is used to deliver services.	4.1	A collaborative approach is used to deliver services.
5.2	The team works in collaboration with clients and families.	4.2	The team works in collaboration with clients and families.
5.3	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.	4.3	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.
5.4	Standardized communication tools are used to share information about a client's care within and between teams.	4.4	Standardized communication tools are used to share information about a client's care within and between teams.
5.5	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	4.5	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.
6.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.
6.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.



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Inpatient Services (v.12)	
6.3	Team members are recognized for their contributions.
6.4	There is a policy that guides team members to bring forward complaints, concerns, and grievances.
6.5	Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.
6.6	Education and training are provided on how to identify, reduce, and manage risks to client and team safety.
6.7	Education and training are provided to team members on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.
6.8	The organization's policy on reporting workplace violence is followed by team members.
7.1	There is a process to respond to requests for services in a timely way.
7.2	Information about the client is gathered as part of the intake process and as required.
7.3	Defined criteria are used to determine when to initiate services with clients.
7.4	When the team is unable to meet the needs of a potential client, access to other services is facilitated.
7.5	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.

Medicine Services (v.11)	
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 respond to requests for services in a timely way.
6.2	Information about the client is gathered as part of the intake process and as required.
6.3	Defined criteria are used to determine when to initiate services with clients.
6.4	When the team is unable to meet the needs of a potential client, access to other services is facilitated.
6.5	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.



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Inpatient Services (v.12)	
7.6	Clients and families are provided with information on how to identify when an escalation in care may be needed and how to initiate the process.
8.1	There is an open, transparent, and respectful relationship with each client.
8.2	Clients and families are encouraged to be actively engaged in their care.
8.3	The capacity of each client to be involved in their care is determined in partnership with the client and family.
8.4	The client's wishes regarding family involvement in their care are respected and followed.
8.5	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.
8.6	The team verifies that the client and family understand information provided about their care.
8.7	Translation and interpretation services are available for clients and families as needed.
8.8	The client's capacity to provide informed consent is determined.
8.9	The client's informed consent is obtained and documented before providing services.
8.10	When clients are incapable of giving informed consent, consent is obtained from a substitute decision maker.
8.11	Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.
8.12	Ethics-related issues are proactively identified, managed, and addressed.

Medicine Services (v.11)	
	NEW
7.1	There is an open, transparent, and respectful relationship with each client.
7.2	Clients and families are encouraged to be actively engaged in their care.
7.3	The capacity of each client to be involved in their care is determined in partnership with the client and family.
7.4	The client's wishes regarding family involvement in their care are respected and followed.
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.
7.6	The team verifies that the client and family understand information provided about their care.
7.7	Translation and interpretation services are available for clients and families as needed.
7.8	The client's capacity to provide informed consent is determined.
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.



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Inpatient Services (v.12)		Medicine Services (v.11)	
8.13	Clients and families are provided with information about their rights and responsibilities.	7.13	Clients and families are provided with information about their rights and responsibilities.
8.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	7.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.
8.15	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	7.15	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.
9.1	Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.	8.1	Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.
9.2	A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.		NEW
9.3	The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.		NEW
9.4	The assessment process is designed with input from clients and families.	8.2	The assessment process is designed with input from clients and families.
9.5	Goals and expected results of the client's care and services are identified in partnership with the client and family.	8.3	Goals and expected results of the client's care and services are identified in partnership with the client and family.
9.6	Standardized assessment tools are used during the assessment process.	8.4	Standardized assessment tools are used during the assessment process.
9.7	ROP Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	8.5	ROP Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.



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Inpatient Services (v.12)		Medicine Services (v.11)	
9.8	ROP To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.	8.6	ROP To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.
9.9	ROP Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	8.7	ROP Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.
9.10	ROP Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.	8.8	ROP Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.
9.11	Each client's preferences and options for services are discussed as part of the assessment, in partnership with the client and family.	8.9	Each client's preferences and options for services are discussed as part of the assessment, in partnership with the client and family.
9.12	A comprehensive nutritional assessment is completed when clinically indicated.		NEW
9.13	An assessment of the client's palliative and end-of-life care needs is completed, where appropriate, in partnership with the client and family.	8.10	An assessment of the client's palliative and end-of-life care needs is completed, where appropriate, in partnership with the client and family.
9.14	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.	8.11	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.
9.15	The results of the assessment are shared with the client and other team members in a timely and easy-to-understand way.	8.12	The results of the assessment are shared with the client and other team members in a timely and easy-to-understand way.
9.16	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	8.13	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.
9.17	Where appropriate, the care plan includes strategies to assess and manage pain.		NEW



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Inpatient Services (v.12)		Medicine Services (v.11)	
9.18	Where appropriate, clinical care pathways are consistently followed when providing care to clients to achieve the same standard of care in all settings to all clients.		NEW
9.19	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.	8.14	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.
10.1	The client's individualized care plan is followed when services are provided.	9.1	The client's individualized care plan is followed when services are provided.
10.2	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.	9.2	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.
10.3	All services received by the client, including changes and adjustments to the care plan, are documented in the client record.	9.3	All services received by the client, including changes and adjustments to the care plan, are documented in the client record.
10.4	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	9.4	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.
10.5	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.	9.5	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.
10.6	Clients who have received sedatives or narcotics are monitored.		NEW
10.7	There is a least-restraints policy that is followed by the team.		NEW
10.8	A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.		NEW



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Inpatient Services (v.12)		Medicine Services (v.11)	
10.9	A process to monitor the use of restraints is established by the team, and this information is used to make improvements.		NEW
10.10	When signs of increased acuity are present, the team assesses the client's risk and follows processes to escalate care.		NEW
10.11	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.	9.6	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.
10.12	Access to spiritual space and care is provided to meet clients' needs.	9.7	Access to spiritual space and care is provided to meet clients' needs.
10.13	Clients and families have access to psychosocial and/or supportive care services, as required.	9.8	Clients and families have access to psychosocial and/or supportive care services, as required.
10.14	There is a process for initiating palliative and end-of-life care, as required.	9.9	There is a process for initiating palliative and end-of-life care, as required.
10.15	Support for the family, team members, and other clients is provided throughout and following the death of a client.	9.10	Support for the family, team members, and other clients is provided throughout and following the death of a client.
10.16	ROP Information relevant to the care of the client is communicated effectively during care transitions.	9.11	ROP Information relevant to the care of the client is communicated effectively during care transitions.
11.1	Clients and families are actively engaged in planning and preparing for transitions in care.	10.1	Clients and families are actively engaged in planning and preparing for transitions in care.
11.2	For pediatric or youth clients, transition planning to adult care is completed in partnership with the client and family and is identified in the care plan.		NEW
11.3	The client's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed.	10.2	The client's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed.



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Inpatient Services (v.12)	
11.4	Clients are empowered to self-manage conditions by receiving education, tools, and resources, where applicable.
11.5	Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family, other teams, and organizations.
11.6	The transition plan is documented in the client record.
11.7	A client's wish to end or limit services, transfer to another service, or transition home, is respected.
11.8	The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.
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	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.
12.2	A standardized set of health information is collected to ensure client records are consistent and comparable.
12.3	Policies and procedures to securely collect, document, access, and use client information are followed.
12.4	Clients are able to access information in their records, including electronic medical/health records, in a routine, client-centred, and timely way.
12.5	Information is documented in the client's record in partnership with the client and family.
12.6	Policies and procedures for securely storing, retaining, and destroying client records are followed.

Medicine Services (v.11)	
10.3	Clients are empowered to self-manage conditions by receiving education, tools, and resources, where applicable.
10.4	Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family, other teams, and organizations.
10.5	The transition plan is documented in the client record.
10.6	A client's wish to end or limit services, transfer to another service, or transition home, is respected.
10.7	The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.
10.8	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.
11.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.
11.2	A standardized set of health information is collected to ensure client records are consistent and comparable.
11.3	Policies and procedures to securely collect, document, access, and use client information are followed.
11.4	Clients are able to access information in their records, including electronic medical/health records, in a routine, client-centred, and timely way.
11.5	Information is documented in the client's record in partnership with the client and family.
11.6	Policies and procedures for securely storing, retaining, and destroying client records are followed.



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Inpatient Services (v.12)		Medicine Services (v.11)	
12.7	The flow of client information is coordinated among team members and other organizations, in partnership with the client and in accordance with legislation.	11.7	The flow of client information is coordinated among team members and other organizations, in partnership with the client and in accordance with legislation.
12.8	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.	11.8	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.
13.1	Training and education about legislation to protect client privacy and appropriately use client information are provided.	12.1	Training and education about legislation to protect client privacy and appropriately use client information are provided.
13.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	12.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.
13.3	Policies and procedures for disclosing health information for secondary use are developed and followed.	12.3	Policies and procedures for disclosing health information for secondary use are developed and followed.
14.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	13.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.
14.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	13.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.
14.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.
14.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	13.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.



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Inpatient Services (v.12)		Medicine Services (v.11)	
14.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	13.5	Guidelines and protocols are regularly reviewed, with input from clients and families, to ensure they reflect current research and best practice information.
14.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	13.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.
15.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	14.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.
15.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	14.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.
15.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	14.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.
15.4	Safety improvement strategies are evaluated with input from clients and families.	14.4	Safety improvement strategies are evaluated with input from clients and families.
15.5	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.		NEW
15.6	There is a process to ensure client safety and effective client monitoring when the client is receiving care off service.		NEW
15.7	Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable.	14.5	Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable.
15.8	Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary.	14.6	Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary.



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Inpatient Services (v.12)		Medicine Services (v.11)	
15.9	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	14.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.
16.1	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.	15.1	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.
16.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	15.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.
16.5	Quality improvement activities are designed and tested to meet objectives.	15.5	Quality improvement activities are designed and tested to meet objectives.
16.6	New or existing indicator data are used to establish a baseline for each indicator.	15.6	New or existing indicator data are used to establish a baseline for each indicator.
16.7	There is a process to regularly collect indicator data and track progress.	15.7	There is a process to regularly collect indicator data and track progress.
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.
16.9	Information and data on bed availability is collected and used for quality improvement initiatives in collaboration with organizational leaders, and with input from clients and families.		NEW



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Inpatient Services (v.12)		Medicine Services (v.11)	
16.10	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	15.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.
16.11	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	15.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.
16.12	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

