ACCREDITATION AGRÉMENT CANADA
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STANDARDS

Perioperative Services and Invasive Procedures

For Surveys Starting After:
January 01, 2019

Date Generated: January 22, 2019
Ver. 14

PERIOPERATIVE SERVICES AND INVASIVE PROCEDURES

Accreditation Canada's sector- and service-based standards help organizations assess quality at the point of service delivery and embed a culture of quality, safety, and client- and family-centred care into all aspects of service delivery. The standards are based on five key elements of service excellence: clinical leadership, people, process, information, and performance.

Accreditation is one of the most effective ways for organizations to regularly and consistently examine and improve the quality of their services. The standards provide a tool for organizations to embed accreditation and quality improvement activities into their daily operations with the primary focus being on including the client and family as true partners in service delivery.

Client- and family-centred care is an approach that guides all aspects of planning, delivering and evaluating services. The focus is always on creating and nurturing mutually beneficial partnerships among the organization's team members and the clients and families they serve. Providing client- and family-centred care means working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences (adapted from the Institute for Patient- and Family-Centered Care (IPFCC) 2008 and Saskatchewan Ministry of Health 2011).

Accreditation Canada has adopted the four values that are fundamental to this approach, as outlined by the IPFCC, and integrated into the service excellence standards. The values are:

1. Dignity and respect: Listening to and honouring client and family perspectives and choices. Client and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

2. Information sharing: Communicating and sharing complete and unbiased information with clients and families in ways that are affirming and useful. Clients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

3. Partnership and participation: Encouraging and supporting clients and families to participate in care and decision making to the extent that they wish.

4. Collaboration: Collaborating with clients and families in policy and program development, implementation and evaluation, facility design, professional education, and delivery of care.

The Accreditation Canada *Perioperative Services and Invasive Procedures Standards* apply to the provision of invasive procedures (e.g., diagnostic, interventional, and endoscopic procedures) in a hospital. Procedures may take place in a traditional operating room, cardiac catheterization suites, endoscopy suites, radiology departments, or other areas where operative or invasive procedures may be performed. These standards do not apply to dental procedures or to minor dermatological procedures, including the removal of benign moles and cysts, nevi, seborrheic keratoses, fibroepithelial polyps, hemangiomas, and neurofibromata.

The team referred to in the standards reflects a combination of the preoperative, intraoperative, and postoperative teams. The team may work cooperatively with other teams in the organization (e.g., Biomedical Services) to achieve the requirements of the standards.

This set of standards contains the following sections:

- **Investing in quality services**
- **Building a prepared and competent team**
- **Providing safe and effective services**
- **Maintaining accessible and efficient information systems**
- **Monitoring quality and achieving positive outcomes**

All Accreditation Canada standards are developed through a rigorous process that includes a comprehensive literature review, consultation with a standards working group or advisory committee comprised of experts in the field, and evaluation by client organizations and other stakeholders.

If you would like to provide feedback on the standards, please complete the feedback form in this document.

Glossary - List of standard terms for all services

Care delivery model: A conceptual model that broadly outlines the way services are delivered. It is based on a thorough assessment of client needs, involving a collaborative approach and stakeholder input, which considers the best use of resources and services that are culturally appropriate. The benefits of using a care delivery model include improving access to services, providing safe, quality care, promoting a client-centred continuum of care, providing access to a balanced range of services, supporting a highly skilled and dedicated workforce, and reducing inequities in health status.

Care plan: May also be known as the service plan, plan of care, or treatment plan. It is developed in collaboration with the client and family and provides details on the client history as well as the plan for services including treatments, interventions, client goals, and anticipated outcomes. The care plan provides a complete picture of the client and their care and includes the clinical care path and information that is important to providing client-centred care (e.g., client wishes, ability/desire to partner in their care, the client's family or support network). The care plan is accessible to the team and used when providing care.

Client: The recipient of care. May also be called a patient, consumer, individual, or resident. Depending on the context, client may also include the client's family and/or support network when desired by the client. Where the organization does not provide services directly to individuals, the client refers to the community or population that is served by the organization.

Client representative or client advisor: Client representatives work with the organization and often individual care teams. They may be involved in planning and service design, recruitment and orientation, working with clients directly, and gathering feedback from clients and team members. Integrating the client perspective into the system enables the organization to adopt a client- and family- centred approach.

Co-design: A process that involves the team and the client and family working in collaboration to plan and design services or improve the experience with services. Co-design recognizes that the experience of and input from the client and family is as important as the expertise of the team in understanding and improving a system or process.

Electronic Health Record (EHR): An aggregate, computerized record of a client's health information that is created and gathered cumulatively from all of the client's health care providers. Information from multiple Electronic Medical Records is consolidated into the EHR.

Electronic Medical Record (EMR): A computerized record of a client's health information that is created and managed by care providers in a single organization.

Family: Person or persons who are related in any way (biologically, legally, or emotionally), including immediate relatives and other individuals in the client's support network. Family includes a client's extended family, partners, friends, advocates, guardians, and other individuals. The client defines the makeup of their family, and has the right to include or not include family members in their care, and redefine the makeup of their family over time.

Indicator: A single, standardized measure, expressed in quantitative terms, that captures a key dimension of individual or population health, or health service performance. An indicator may measure available resources, an aspect of a process, or a health or service outcome. Indicators need to have a definition, inclusion and exclusion criteria, and a time period. Indicators are typically expressed as a proportion, which has a numerator and denominator (e.g., percentage of injuries from falls, compliance with standard procedures, team satisfaction). Counts, which do not have a denominator, may also be used (e.g., number of complaints, number of clients harmed as a result of a preventable error, number of policies revised). Tracking indicator data over time identifies successful practices or areas requiring improvement; indicator data is used to inform the development of quality improvement activities. Types of indicators include structure measures, process measures, outcome measures,

and balancing measures.

In partnership with the client and family: The team collaborates directly with each individual client and their family to deliver care services. Clients and families are as involved as they wish to be in care delivery.

Interoperable: The ability of two or more systems to exchange information and use the information that has been exchanged.

Medical devices and equipment: An article, instrument, apparatus or machine used for preventing, diagnosing, treating, or alleviating illness or disease; supporting or sustaining life; or disinfecting other medical devices. Examples include blood pressure cuffs, glucose meters, breathalyzers, thermometers, defibrillators, scales, foot care instruments, client lifts, wheelchairs, syringes, and single-use items such as blood glucose test strips.

Medical equipment: A subset of medical devices, considered to be any medical device that requires calibration, maintenance, repair, and user training.

Partner: An organization or person who works with another team or organization to address a specific issue by sharing information and/or resources. Partnership can occur at the organization level, team level, or through individual projects or programs.

Patient safety incident: An event or circumstance that could have resulted, or did result, in unnecessary harm to a client. Types of patient safety incidents are:
- *Harmful incident:* A patient safety incident that resulted in harm to the client. Replaces adverse event and sentinel event.
- *No harm incident*: A patient safety incident that reached a client but no discernible harm resulted.
- *Near miss:* A patient safety incident that did not reach the client.

Policy: A document outlining an organization's plan or course of action.

Population: Also known as community. A specific group of people, often living in a defined geographical area who may share common characteristics such as culture, values, and norms. A population may have some awareness of their identity as a group, and share common needs and a commitment to meeting them.

Procedure: A written series of steps for completing a task, often connected to a policy.

Process: A series of steps for completing a task, which are not necessarily documented.

Scope of practice: The procedures, actions, and processes that are permitted for a specific health care provider. In some professions and regions, scope of practice is defined by laws and/or regulations. In these cases, licensing bodies use the scope of practice to determine the education, experience, and competencies that are required for health care providers to receive a license to practice.

Self-efficacy: A person's estimate or judgment of his or her ability to cope with a given situation, or to succeed in

completing tasks by attaining specific or general goals. An example of achieving a specific goal includes quitting smoking, whereas achieving a general goal includes continuing to remain at a prescribed weight level.

Team: The group of the care professionals who work together to meet the complex and varied needs of clients, families and the community. Teams are collaborative**,** with different types of health care professionals working together in service provision. The specific composition of a team depends on the type of service provided.

Team leader: Person(s) responsible for the operational management of a team. Duties include identifying needs, staffing, and reporting to senior management. Team leaders may be formally appointed or take a role naturally within the team.

Timely/regularly: Carried out in consistent time intervals. The organization defines appropriate time intervals for various activities based on best available knowledge and adheres to those schedules.

Transition in care: A set of actions designed to ensure the safe and effective coordination and continuity of care as clients experience a change in health status, care needs, health-care providers or location (within, between, or across settings (as defined by the Registered Nurses' Association of Ontario).

With input from clients and families: Input from clients and families is sought collectively through advisory committees or groups, formal surveys or focus groups, or informal day-to-day feedback. Input can be obtained in a number of ways and at various times and is utilized across the organization.

Service-specific Glossary

Advance directives: Documents containing explicit instructions regarding consent or refusal of treatment in specific circumstances, or that appoint an individual who will be authorized to make decisions on behalf of the client in the event that the client becomes incapable; also called "living wills."

Airborne precautions: Precautions that reduce the risk of transmitting infectious airborne droplet nuclei.

Anesthesiologist: A licensed medical practitioner with privileges to administer anesthetics.

Aseptic technique: Methods by which contamination with microorganisms is prevented.

Chemical indicator: A device used to monitor exposure to one or more sterilization parameters.

Contact precautions: Precautions designed to reduce the risk of transmitting epidemiologically important microorganisms by direct or indirect contact.

Disinfection: The inactivation of disease-producing microorganisms with the exception of bacterial spores. Health care organizations must use hospital-grade disinfectants, which need a drug identification number (DIN) for sale in Canada.
- *High-level disinfection* is the level of disinfection needed when processing semi-critical items. High-level disinfection processes destroy vegetative bacteria, myobacteria, fungi, and enveloped (lipid) and non-enveloped (non-lipid) viruses, but not necessarily bacterial spores.
- *Low-level disinfection* is the level of disinfection needed when processing non-critical items or some environmental surfaces. Low-level disinfectants kill most vegetative bacteria and some fungi, as well as enveloped (lipid) viruses (e.g., influenza, hepatitis B and C, and HIV). Low-level disinfectants do not kill myobacteria or bacterial spores.

Droplet precautions: Precautions that reduce the risk of large particle droplets (i.e., 5 microns or larger) transmitting infectious agents.

High-alert medication: A medication that has an increased risk of causing significant harm to a client if it is used incorrectly.

Immediate-use sterilization: A special steam sterilization cycle designed for the unplanned sterilization of unwrapped surgical goods; also referred to as "flash sterilization" or "emergency sterilization."

Instruments: Surgical tools or devices designed to perform a specific function, such as cutting, dissecting, grasping, holding, retracting, or suturing.

Intraoperative: The period from a client's transfer to the operating room bed until their admission to the post-anesthesia area.

Invasive procedure: Entry into tissues, cavities, or organs, or the repair of major traumatic injuries.

Medication (or drug): Health Canada defines medications as including "both prescription and nonprescription pharmaceuticals; biologically-derived products such as vaccines, serums, and blood derived products; tissues and organs; disinfectants; and radiopharmaceuticals."

Operating/procedure room: A room used specifically by the anesthesia and surgical teams for surgery or invasive procedures. A procedure room may have similar equipment to an operating room but may not have all the same equipment, or the equipment may be on a different scale. For the purposes of this document, operating/procedure room includes traditional operating rooms, cardiac catheterization suites, endoscopy suites, radiology departments, or other areas where operative or invasive procedures may be performed.

Preoperative care: The preparation and management of a client prior to surgery.

Postoperative: Relating to the period following a surgical procedure.

Post Anesthesia Care Unit (PACU): An area equipped with specialized personnel and equipment to aid in client recovery after the administration of anesthesia.

Reprocessing: The steps performed to prepare used medical equipment or devices for use (e.g., cleaning, disinfection, sterilization).
- *Cleaning* is the physical removal of foreign material (e.g., dust, soil, organic material such as blood); physically removes larger debris, rather than killing microorganisms.
- *Disinfection* is the inactivation of disease-producing microorganisms, with the exception of bacterial spores. Hospital-grade disinfectants are used.
- *Sterilization* is the destruction of all forms of microbial life including bacteria, viruses, spores, and fungi.

Specimen: A tissue or body substance removed for study.

Sponges: Soft goods (e.g., gauze pads, cottonoids, peanuts, dissectors, tonsil and laparotomy sponges) used to absorb fluids, protect tissues, or apply pressure or traction.

Sterile: The absence of all living microorganisms.

Sterile field: An area around the site of an incision into tissue or the site where an instrument was introduced into a body orifice that was prepared for the use of sterile supplies and equipment. This area includes all furniture covered with sterile drapes and all personnel who are in sterile attire.

Legend

Dimensions


Population Focus: Work with my community to anticipate and meet our needs


Accessibility: Give me timely and equitable services


Safety: Keep me safe


Worklife: Take care of those who take care of me


Client-centred Services: Partner with me and my family in our care


Continuity: Coordinate my care across the continuum


Appropriateness: Do the right thing to achieve the best results


Efficiency: Make the best use of resources

Criterion Types

High Priority High priority criteria are criteria related to safety, ethics, risk management, and quality improvement. They are identified in the standards.

Required Organizational Practices Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk.

Tests for Compliance

Minor Minor tests for compliance support safety culture and quality improvement, yet require more time to be implemented.

Major Major tests for compliance have an immediate impact on safety.


Performance Measures Performance measures are evidence-based instruments and indicators that are used to measure and evaluate the degree to which an organization has achieved its goals, objectives, and program activities.

INVESTING IN QUALITY SERVICES

1.0 Services are designed collaboratively to meet the needs of clients and the community.

Client-centred Services

1.1 Services are co-designed with clients and families, partners, and the community.

Guidelines

Collaboration with clients, partners, and the community in service design is achieved through client advocacy groups, community advisory committees, and client experience surveys. Gaps in services are identified and addressed where possible.

Population Focus

1.2 Information is collected from clients and families, partners, and the community to inform service design.

Guidelines

New information may be solicited from clients and families, partners, and the community, or existing information may be used when it is still relevant. If it is not within the team's mandate to collect information, the team knows how to access and use information that is available. Information can come from internal and external sources such as the Canadian Institute of Health Information (CIHI), census data, end-of-service planning reports, wait list data, and community needs assessments.

The information includes the expressed needs of clients served by the organization as well as trends that could have an impact on the community and its health service needs.

Health service needs are influenced by health status, capacities, risks, and determinants of health (i.e., income, social support networks, education and literacy, employment/working conditions, access to health services, gender, and culture).

Appropriateness

1.3 Service-specific goals and objectives are developed, with input from clients and families.

Guidelines

Clients and families, the team, and community partners are involved in developing team goals and objectives. Goals and objectives are aligned with the organization's strategic directions and are the foundation for delivering services. Objectives are clear, have measurable outcomes and success factors, and are realistic and time-specific.

Goals and objectives are meaningful to the team. They are reviewed annually or as needed and their achievement is evaluated.

Goals and objectives align with federal and provincial/territorial objectives as required.

Efficiency

1.4 Services are reviewed and monitored for appropriateness, with input from clients and families.

Guidelines

Monitoring and evaluating its services allows the team to examine what services are being offered to and used by clients, and identify areas for improvement. The type of information gathered about services is determined with input from clients and families.

Monitoring the use of services can make internal processes more efficient by identifying service gaps, either within the organization or in the community. Services are assessed to determine whether they are being offered and used as intended, are of appropriate quality, and whether there are opportunities to improve the service design and range of services.

This information is used to improve efficiency by minimizing duplication, evaluating cost-effectiveness of technologies and interventions, and increasing consistency across the organization.

Choosing Wisely Canada (http://www.choosingwiselycanada.org) provides information on services for various areas of service that may be unnecessary or inappropriate.

Continuity

1.5 Partnerships are formed and maintained with other services, programs, providers, and organizations to meet the needs of clients and the community.

Guidelines

Meeting the full range of needs of clients and a community is beyond the capabilities of one team or organization. Partnerships may be created to help clients navigate services across the continuum of care, or to fill service gaps.

Partnerships may be formed with primary care, acute care, community organizations, mental health services, education, housing, or social services. The organization may also partner or establish linkages with federal, provincial, or territorial organizations as well as non-governmental organizations.

Linkages and partnerships vary depending on the range of services provided by the organization and clients' needs.

Accessibility

1.6 Information on services is available to clients and families, partner organizations, and the community.

Guidelines

The information addresses, at minimum, the scope of the organization's services; costs to the client, if any; how to access services; contact points; the effectiveness and outcomes of services; other services available to address the client's needs; and any partner organizations.

Clients and families, partner organizations, and the community are engaged to determine what information is required or desired, and to evaluate whether the information provided meets their needs.

Accessibility

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.

Guidelines

There is a process to identify, report, and try to remove barriers to access.

Barriers to access may include the proximity and distribution of services, the physical environment, the cultural acceptability of services, wait times, the types of services available, language barriers, financial barriers, availability of transportation, and access to 24-hour emergency services.

Where barriers are beyond the control of the organization or team, they work with partners and/or the community to minimize them.

2.0 Sufficient resources are available to provide safe, high-quality, and client-centred services.

Appropriateness

2.1 Resource requirements and gaps are identified and communicated to the organization's leaders.

Guidelines

The resources needed to provide safe, effective, and high quality care are determined by team members and the organization. Resources may be human, financial, structural, informational, or technological.

Identifying resource requirements is a collaborative process between the team and the organization's leaders. It includes criteria to determine where resources are required, potential risks to the team and clients, gaps in services, service bottlenecks, or barriers to service delivery or access.

The team and the organization's leaders work together to determine how to effectively use available resources or where additional resources are required.

Appropriateness

2.2 Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.

Guidelines

Technology includes electronic medical/health records (EMR/EHR), decision tools, client tracking systems, wait list management systems, client self-assessment tools, or access to service-specific registries and/or databases. Depending on the organization, the need for systems could be complex (e.g., advanced software to increase interoperability) or support basic operation (e.g., newer computer systems).

As much as possible, innovative information technology is used to support the work of the service area.

Appropriateness

2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.

Guidelines

Ensuring an appropriate and optimal mix of skill level and experience supports safe, effective, client-centred service delivery and creates learning opportunities for team members.

Optimal evidence-based ratios of skills and experience are determined. Team members have a broad range of knowledge, skills, and experience working with various client groups.

Clients and families have a unique perspective on the skills level and experience available on their team. They may be able to point to services that were not available through their care team as well as individual skills and knowledge that could improve the client experience. For example, clients and families may be well positioned to recognize a resource or knowledge gap on the team (e.g., knowledge of community resources; experience working with clients and families with certain conditions, barriers, levels of understanding, or languages) as well as areas to improve communication (e.g., between teams, between providers, when and how the team communicates with clients and families).

Client-centred Services

2.4 Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.

Guidelines

To the extent possible, the physical space is designed to be safe and to respect privacy and confidentiality. Clients and families are involved in planning and designing the layout and use of space to meet their needs. Client dignity; respect, privacy, and confidentiality; accessibility; infection prevention and control; and other needs specific to the clients and community served are considered in space use and design.

When services are provided outside the organization (e.g., in a client's home or a community partner organization), the team works with the client or partner to maintain safety and privacy.

Appropriateness

2.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.

Guidelines

Evaluating resources, space, and staffing helps determine the extent to which effective services are being provided and identifies opportunities for improvements. Input from clients and families, the team, and stakeholders is gathered through surveys, focus groups, advisory committees, and informal feedback.

Appropriateness

2.6 Team members and clients have access to information about community services, including palliative and end-of-life care.

Guidelines

Written and verbal information is provided as needed, and may include information about rehabilitation, community mental health, and primary care, depending on the population served and the resources available. The level of understanding, literacy, language, disability, and culture of the client population are considered when developing and providing information.

Information on palliative and end-of-life care includes information for clients and families as well as resources for the team.

Accessibility

2.7 A universally-accessible environment is created with input from clients and families.

Guidelines

The service environment is kept clean and clutter-free to support physical accessibility for those who use mobility aids such as wheelchairs, crutches, or walkers. The environment is also accessible for those with language, communication, or other requirements, such as those who have auditory, visual, cognitive, or other impairments.

Where team members work outside the organization (e.g., delivering care in the community, home care) they work with partners, clients, and families to support accessibility.

3.0 The operating/procedure room(s) are designed to support high quality services and smooth client flow.

Appropriateness

3.1 The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.

Safety

3.2 The area where invasive procedures are performed has three levels of increasingly restricted access: unrestricted areas, semi-restricted areas, and restricted areas.

Guidelines

Unrestricted areas may include the preoperative holding area, staff lounge, booking office, or manager's office. Street clothes are permitted in unrestricted areas.

Semi-restricted areas include clean and sterile supply rooms, storage areas, scrub sink areas, and corridors leading to restricted areas. Personnel wear appropriate surgical attire and cover their head and facial hair in semi-restricted areas.

Restricted areas include any area where scrub personnel are present or where sterile supplies are opened. Surgical attire and facemasks are required in restricted areas.

Safety

3.3 Heating, ventilation, temperature, and humidity in the area where surgical and invasive procedures are performed are monitored and maintained according to applicable standards, legislation, and regulations.

Guidelines

Considerations include managing heating, ventilation, and air conditioning systems that control temperature, humidity, odours, and the availability of fresh air; and preventing exposure to second-hand smoke.

For more information see the Operating Room Nurses Association of Canada (ORNAC) Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice, 10th Edition, or CSA Standard Z317.2.10 – Special Requirements for heating, ventilation, and air conditioning (HVAC) systems in health care facilities.

Safety

3.4 Medical gas pipeline systems, including low-pressure connecting assemblies, pressure regulators, and terminal units, are certified and checked annually.

Safety

3.5 Connections in medical gas systems are non-interchangeable between different gases.

Safety

3.6 Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.


Safety

3.7 Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour.

Guidelines

Other procedures, such as cardiac catheterization, endoscopy, bronchoscopy, and cystoscopy, also require rooms with 20 air exchanges per hour, as does the PACU. For more information, see CSA standard Z317.2 – Special Requirements for Heating, Ventilation, and Air Conditioning (HVAC) Systems in Health Care Facilities.


Safety

3.8 Ducts have microbic filters whenever sterile fields are required.


Safety

3.9 The operating/procedure room has a restricted-access area for the sterile storage of supplies.


Safety

3.10 There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.

Guidelines

The cleaning schedule should address preliminary cleaning, end-of-procedure cleaning, terminal cleaning, weekly cleaning, and monthly cleaning.

4.0 Surgical equipment and medical devices are safe to use.


Safety

4.1 Surgical equipment and medical devices are regularly calibrated according to the manufacturers' instructions.


Safety

4.2 There is a process for managing equipment risk alerts and recalls.

Guidelines

The process includes:
- Identifying alerts and recalls
- Communicating alerts and recalls appropriately throughout the team
- Taking action regarding alerts and recalls (e.g., removing the affected equipment from use)
- Documenting the alerts and recalls, and the actions taken in response

Specific team members are assigned responsibility for reviewing recall notices and distributing notices throughout the organization.


Safety

4.3 Surgical equipment or medical devices returned to the operating/procedure room following repair or replacement are clearly marked with the date of their return/arrival and a signed notice describing the maintenance or purchase.


Safety

4.4 For each contaminated device and piece of equipment, a trained team member uses a recognized classification system to determine the level of reprocessing required.

Guidelines

Recognized classification systems have been adopted by national organizations such as Health Canada and the Canadian Standards Association (e.g., Spaulding's classification system).

The classification system is used to identify whether items are critical, semi-critical, or non-critical based on the risk of infection. Each classification has specific requirements that reduce the risk of infection. For example, all critical items must be appropriately sterilized, whereas non-critical items may only require disinfection.


Safety

4.5 If disinfection is required, the organization's and manufacturer's detailed procedures for cleaning and disinfecting the reusable device or equipment are followed by a trained and competent team member.

Guidelines

The disinfection procedures cover sorting, soaking, washing, rinsing, and drying the items, as well as inspecting each item after drying to ensure its proper functioning and to identify any chips, inappropriate sharp edges, wear, and other defects.


Safety

4.6 Disinfectants are selected based on compatibility with the devices being disinfected, compatibility with other agents used in the disinfection or sterilization process, the intended use of the devices being disinfected, and client, staff, and environmental safety.


Safety

4.7 For each disinfectant, manufacturers' recommendations for use, contact time, shelf life, storage, appropriate dilution, and any required PPE are followed.


Safety

4.8 Contaminated items are appropriately contained and transported to the reprocessing unit or area.

Guidelines

Formal procedures for containing used items and transporting them to and from the area where they are reprocessed are followed. Reprocessing may be done in a specific area of the organization, in another site, or outsourced to a private company.


Safety

4.9 Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.


Safety

4.10 When transporting contaminated equipment and devices, applicable regulations are followed; environmental conditions are controlled; and clean and appropriate bins, boxes, bags, and transport vehicles are used.

Guidelines

Environmental conditions include temperature and humidity.

Special considerations may be required when transporting devices over long distances.


Safety

4.11 Immediate-use (or “flash”) sterilization is used in the operating/procedure room only in an emergency, and never for complete sets or implantable devices.

Guidelines

An example of an emergency situation requiring flash sterilization may be when a very specialized device is dropped during a procedure and needs to be sterilized before it can be used during the procedure.


Safety

4.12 A record of each use of immediate-use/flash sterilization is retained in the team's files.

Guidelines

The use of immediate-use/flash sterilization is documented in an incident report and in the client's file.


Safety

4.13 Clean and sterile surgical equipment, medical devices, and supplies are stored separately from soiled equipment and waste, and according to manufacturers' instructions.

Guidelines

The items may be kept separate through containment, distance, different traffic patterns, and by moving them independently of each other.


Safety

4.14 The education, certification, and competency of team members involved in reprocessing in the operating/procedure room are verified.

5.0 Medications are stored safely and securely in the surgical area.


Appropriateness

5.1 The surgical area's supply of medications is appropriate to the procedures performed and the patient population served.

 Safety	!	5.2	Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.
 Appropriateness		5.3	The contents of medication carts for the surgical area are standardized across the organization.
 Safety		5.4	Use of multi-dose vials is minimized.

BUILDING A PREPARED AND COMPETENT TEAM

6.0 Team members are qualified and have relevant competencies.

Appropriateness

6.1 Required training and education are defined for all team members with input from clients and families.

Guidelines

The required training and education varies by role. They may be defined by a professional regulating body, may be formal or informal, and may include lived experience or work experience.

Clients and families can provide valuable input regarding education and training that could benefit team members and enhance services. For example, clients and families may identify a need for training on working with clients with diverse cultural backgrounds, religious beliefs, and care needs. Clients and families can also provide valuable input into where knowledge gaps may exist.

Input from clients and families is sought collectively through advisory committees or groups, formal surveys or focus groups, or informal day-to-day feedback. Input can be obtained in a number of ways and at various times and is utilized across the organization.

Appropriateness

6.2 Credentials, qualifications, and competencies are verified, documented, and up-to-date.

Guidelines

Requirements vary for different roles in the organization, including for regulated or unregulated team members.

Designations, credentials, competency assessments, and training are monitored and maintained to ensure safe and effective delivery of services. Professional requirements are kept up-to-date in accordance with provincial and organizational policies.

Services are delivered within accepted scopes of practice. Team members have the appropriate training and capacities to provide client-centred care and use equipment, devices, and supplies safely.

Appropriateness

6.3 A comprehensive orientation is provided to new team members and client and family representatives.

Guidelines

The orientation program covers, at minimum, the organization's mission, vision, and values; the team's mandate, goals, and objectives; the philosophy of client-centred care and how to apply its principles to practice; roles, responsibilities, and performance expectations; policies and procedures, including confidentiality; worklife balance initiatives; and the organization's approach to integrated quality management (e.g., quality improvement, risk management, utilization management, efficient use of resources).

Orientation processes and activities are documented.

Client-centred Services

6.4 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.

Guidelines

Cultural education and training build the skills, knowledge, and attitudes that are required to safely and appropriately deliver interventions and services to culturally diverse populations. The training may cover topics such as disability, level of understanding, or mental health.

Cultural education and experience are part of the recruitment (including position advertisements) and selection processes.

Client-centred Services

6.5 Education and training are provided on the organization's care delivery model.

Guidelines

The education and training program covers the philosophy of client- and family-centred care adopted by the organization, the expected behaviours associated with a client-centred approach, how to apply the principles to problem solve or address issues in the organization, clients' rights, the ways in which clients are involved in planning and delivering services in the organization, and the quality improvement initiatives that are being undertaken.

Appropriateness

6.6 Education and training are provided on the organization's ethical decision-making framework.

Guidelines

Training and support to handle ethical issues is provided to team members. Ethics-related issues include conflicts of interest, conflicting perspectives between clients and family and/or team members, a client's decision to withdraw care or to live at risk, and varying beliefs or practices.


Safety

6.7 Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.

Guidelines

Information about the safe use of equipment is provided to all team members. They are trained on how to use existing and new equipment, devices, and supplies. Retraining may be requested or required if a team member does not feel prepared to use the equipment, device, or supplies, or has not used the equipment or device for a long time.

Training includes handling, storage, operation, and cleaning; preventive maintenance; and what to do in case of breakdown.


Safety

6.8 Training is provided to prepare the team to respond to emergencies in the operating/procedure room.

Guidelines

Emergencies can include fire, power failure, flooding, external disasters that may affect the operating/procedure room, the unavailability of emergency equipment, equipment or device malfunctions, and anesthetic- or surgery-related emergencies.


Safety

6.9 REQUIRED ORGANIZATIONAL PRACTICE: 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.

Guidelines

Infusion pumps, used to deliver fluids into a client's body in a controlled manner, are used extensively in health care, including in the home environment, and are associated with significant safety issues and harm to clients.

This ROP focuses on parenteral delivery (i.e., routes other than the digestive tract or topical application) of fluids, medications, blood and blood products, and nutrients. It includes stationary and mobile intravenous infusion pumps, patient-controlled analgesia, epidural pumps, insulin pumps, and large-volume pumps. It excludes gastric feeding pumps.

Team members need training and education to maintain their competence in using infusion pumps safely, given the variety of pump types and manufacturers, the movement of team members between services, and the use of temporary staff. Safety is best achieved when organizations have a comprehensive approach that combines training and evaluation with the appropriate selection, procurement, and standardization of infusion pumps across an organization (see Accreditation Canada standards for medication management).

When evaluations reveal problems with infusion pump design, organizations can work with manufacturers to make improvements. Organizations are encouraged to report problems externally (e.g., to Health Canada or Global Patient Safety Alerts) so that other organizations can implement safety improvements.

Test(s) for Compliance

Major	6.9.1	Instructions and user guides for each type of infusion pump are easily accessible at all times.

Major	6.9.2	Initial and re-training on the safe use of infusion pumps is provided to team members: • Who are new to the organization or temporary staff new to the service area • Who are returning after an extended leave • When a new type of infusion pump is introduced or when existing infusion pumps are upgraded • When evaluation of competence indicates that re-training is needed When infusion pumps are used very infrequently, just-in-time training is provided.
Major	6.9.3	When clients are provided with client-operated infusion pumps (e.g., patient-controlled analgesia, insulin pumps), training is provided, and documented, to clients and families on how to use them safely.
Major	6.9.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.
Minor	6.9.5	The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members.
Minor	6.9.6	When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.

Appropriateness

6.10 Education and training are provided on information systems and other technology used in service delivery.

Guidelines

Education and training may cover topics such as knowledge of computer applications, word processing, software, time management tools, communication tools, research applications, cell phone use, and protecting the privacy of client information.

Worklife

6.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

Guidelines

An established process to evaluate each team member's performance is followed. Client and/or peer input is part of the evaluation process.

The evaluation may consider the team member's ability to carry out responsibilities, apply the principles of client-centred care, and contribute to the values of the organization. It may also consider the individual's strengths; opportunities for growth; contributions toward patient safety, worklife, and respecting client wishes; or specific competencies described in the position profile. The evaluation may identify issues that require follow up such as unprofessional or disruptive behaviour or challenges adopting client-centred care practices.

A performance evaluation is usually done before the probationary period is completed and annually thereafter, or as defined by the organization. An evaluation may also be completed after retraining or when new technology, equipment, or skills are introduced.

Client-centred Services

6.12 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.

Guidelines

Regular communication between team members/leaders and client and family representatives ensures that the relationship is mutually beneficial. Discussions include opportunities for increased collaboration and role satisfaction.

Though an open and transparent dialogue is encouraged, team leaders recognize that client and family representatives are to remain independent from the organization, to ensure their opinions and recommendations remain unbiased.

Worklife

6.13 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.

Guidelines

Issues may be identified by the team member or the team leaders and are used to develop an action plan or professional development plan.

Worklife

6.14 Ongoing professional development, education, and training opportunities are available to each team member.

Guidelines

Team leaders encourage team members to participate in opportunities for professional or skills development on a regular basis. Additional training or education may be given based on the team member's performance evaluation or as identified through professional development plans.

7.0 Services are provided within a collaborative team environment.

Appropriateness

7.1 A collaborative approach is used to deliver services.

Guidelines

An interdisciplinary collaborative team needs to evolve and adapt to the changing needs of the client. Depending on the needs and desires of the client and family, the team may consist of specialized roles (e.g., care providers) and support roles (e.g., care planners, translators, security staff, or representatives from community partner organizations). Students, volunteers, and client representatives or advisors may also be included as part of the team.

A team leader (or leaders) is defined and the role of each team member is made clear to the client and family.

The collaborative team is established based on defined criteria such as accepted standards of practice; legal requirements; knowledge, experience, and other qualifications; volume or complexity of caseload; changes in workload; and client safety and needs.

Appropriateness

7.2 The team works in collaboration with clients and families.

Guidelines

Clients and families are engaged in shared decision making and understand how care is provided. The client defines the makeup of their family, and has the right to include or not include family members of their choice in their care, and the right to redefine the makeup of their family over time. Family includes an individual's extended family, their partners, friends, advocates, guardians, and other representatives.

Worklife

7.3 Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.

Guidelines

Position profiles include a position summary, qualifications and minimum requirements, the nature and scope of the work, and reporting relationships. They are developed for all team members including those who are not directly employed by the organization (e.g., contracted team members, partners, client and family representatives).

Role clarity is essential in promoting client and team safety as well as a positive work environment. Understanding roles and responsibilities and being able to work to one's full scope of practice helps create meaning and purpose for team members.

Safety

7.4 Standardized communication tools are used to share information about a client's care within and between teams.

Guidelines

Standardized communication increases consistency, minimizes duplication, and improves teamwork while promoting patient safety. Tools may include protocols, technologies, or standardized processes such as SBAR (Situation Background Assessment Recommendation).

Team members are trained on organizational policies and practices regarding standardized communication tools.

Appropriateness

7.5 The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.

Guidelines

The process to evaluate team functioning and collaboration may include a review of its services, processes, and outcomes. This could be done by administering a team functioning questionnaire to team members, clients and families, and partners to stimulate discussion about areas for improvement.

The team evaluates its functioning when there has been a significant change to the structure of the team.

8.0 Well-being and worklife balance is promoted within the team.


Worklife

8.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.

Guidelines

Appropriate criteria are used for determining workload depending on the environment and the unique demands of different services areas, including hours of work, caseload, role complexity, complexity of client care, physical or emotional demands, repetitive nature of tasks, and level of responsibility. The preferences and availability of each team members are also considered.

In some cases teams may designate a maximum workload for team members. The process of assigning and reviewing workload includes monitoring and tracking hours and clients and when additional measures are needed (e.g., staffing transfers or team re-design).

An environment where team members are comfortable discussing demands and stress levels in the workplace is promoted by the organization and leaders. Measures are taken to alleviate these pressures as much as possible. These can include scheduling strategies, workload sharing, and scheduled time for documentation.


Worklife

8.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.

Guidelines

Job design refers to how a group of tasks, or an entire job, is organized. Job design addresses all factors that affect the work, including job rotation, work breaks, and working hours.

When developing and reviewing job design, roles, responsibilities, and assignments, team member and client and family input and feedback is considered. They can all provide unique insight into areas of job design that directly impact them. The flexibility of job design, roles, responsibilities, and assignments will vary depending on the type of services being delivered, the clients being served, and the individual team members involved. Assignments include who each provider cares for, as well as other elements of the team members' roles (e.g., participation in quality improvement activities, training new staff members).

Worklife

8.3 Team members are recognized for their contributions.

Guidelines

Recognition activities may be individual, such as awards for years of service or special achievements, or they may involve team recognition or activities.

Recognition can be formal or informal and may be verbal, written, or focus on promoting an atmosphere where team members feel appreciated for their contributions.

Worklife

8.4 There is a policy that guides team members to bring forward complaints, concerns, and grievances.


Safety

8.5 Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.


Safety

8.6 Education and training are provided on how to identify, reduce, and manage risks to client and team safety.

Guidelines

Training may include physical hazards; challenges with equipment; handling spills, waste, or infectious materials; working with clients who may pose a risk to themselves or others; and challenges with handling, storing, or dispensing medications.

Common risks to the team may include lack of training on safety issues, performing improper lifts, improper use of equipment, or working alone.


Safety

8.7 Education and training are provided to team members on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.

Guidelines

Acts of violence include abuse, aggression, threats, and assaults. They may be committed by clients, their families, teams, or anyone else in the workplace.

Where possible, team members use de-escalation techniques as a preventive measure. De-escalation techniques are minimally intrusive and the least restrictive way to manage violence. Some training programs on how to safely work with clients who are at risk of or who exhibit aggressive or responsive behaviors include:
• CPI Training (Crisis Prevention and Intervention)
• GPA (Gentle Persuasive Approach)
• U-First!

Training and education include the use of a standardized risk assessment tool such as the Hamilton Anatomy of Risk Management (HARM) tool. Training may address:
• Identifying triggers
• Assessing and communicating a client's potential for violence and recognizing signs of agitation and aggression
• Reducing harassment
• Responding to and managing violence (e.g., non-violent crisis intervention, emergency code response guidelines, conflict resolution and mediation, and self-defense)
• The trauma-informed approach
• Communication techniques

Training may also specify the team's alternate procedure for when de-escalation techniques are unsuccessful.

Safety

! 8.8 The organization's policy on reporting workplace violence is followed by team members.

Guidelines

Perceived, potential, or actual incidents of physical or verbal violence are reported to the appropriate authorities in accordance with applicable legislation, and may be reported in the client medical record depending on the nature of the incident.

PROVIDING SAFE AND EFFECTIVE SERVICES

9.0 Access to services for current and potential clients, families, teams, and referring organizations is provided in a timely and coordinated manner.

Accessibility

9.1 There is a process to respond to requests for services in a timely way.

Guidelines

Requests for service may come from clients, families, other teams, or referring organizations. There may be different processes to respond to a request based on who is requesting the services and what is being requested.

Requests for service, the process to respond to requests, and the definition of timely will vary by type of service being offered.

Responsiveness is monitored by setting and tracking times for responding to requests for services as well as through gathering feedback from clients and families, referring organizations, and other teams.

Appropriateness

9.2 Information about the client is gathered as part of the intake process and as required.

Guidelines

This process may be called admission, intake, pre-admission, screening, start of service, or moving in. The information is validated and reviewed. It is used to determine if the organization's services fit with the client's needs and preferences, identify the client's immediate needs, and decide on service priorities.

The intake process is adjusted as needed for clients and families with diverse needs such as language, culture, level of education, lifestyle, and physical or mental disability.

Accessibility

9.3 Defined criteria are used to determine when to initiate services with clients.

Guidelines

The needs of potential clients are assessed in relation to the capacity of the team to meet those needs.

Appropriateness

9.4 A process is followed to gather appropriate information from other service providers when determining the type of procedure to be offered.

Guidelines

Any assessment information and any consent forms for research related to the procedure that were already signed by the client are collected as part of the process. Input of all involved service providers, such as diagnostic imaging, laboratory, and referring organizations is also considered.

This step may take place outside of the organization, for example, at the surgeon's office or a pre-admission clinic.

Efficiency

9.5 Scheduling strategies, such as block times, are used to achieve an optimal flow of clients.

Guidelines

Understanding variability is necessary to improving client flow. Properly assigning procedures and using block times may ease the volume of elective procedures. An example of a scheduling strategy is to separate the flow of scheduled and emergent/urgent cases or limit the types of elective admissions. The time needed for proper reprocessing of devices should also be considered. Proper scheduling may improve bed capacity, reduce overtime, and help to improve client safety.

Accessibility

9.6 There is a standardized, proactive process to prioritize and schedule elective procedures.

Guidelines

The process allows inpatient and emergency cases to be added to the schedule as required.

Client-centred Services

9.7 Wait lists are regularly monitored and updated, and clients are kept informed about the anticipated date of their scheduled procedure.

Accessibility

9.8 There is a process to identify and respond to clients whose condition deteriorates to an urgent situation or crisis while on the waiting list.

Client-centred Services

9.9 Wait times for service are monitored and compared to identified targets (e.g., provincial wait-time targets).

Accessibility

9.10 When the team is unable to meet the needs of a potential client, access to other services is facilitated.

Guidelines

In the case where the organization is unable to meet the client's needs, the rationale is explained and access to other services is facilitated. The information is documented for use in service planning.

Accessibility

9.11 Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.

Guidelines

The assigned team member may be the collaborative team member with the most consistent contact with the client, or the primary provider responsible for care.

10.0 Clients and families are partners in service delivery.

Client-centred Services

10.1 There is an open, transparent, and respectful relationship with each client.

Guidelines

The team supports a respectful and transparent relationship with clients by introducing themselves and explaining their role; asking permission before performing tasks; explaining what they are doing; using a respectful tone; expressing concern or reassurance; providing an opportunity for questions, input, and feedback; respecting cultural and religious beliefs or lifestyle; and respecting confidentiality and privacy.

Client-centred Services

10.2 Clients and families are encouraged to be actively engaged in their care.

Guidelines

The environment encourages clients and families to be active participants in their care, ask questions, and provide input at all stages of the care process.

Client-centred Services

10.3 The capacity of each client to be involved in their care is determined in partnership with the client and family.

Guidelines

Each client will have differing levels of ability to be involved in their own care. At each stage, the appropriate team member works with the client, family, or substitute decision maker to determine how much and what type of information the client or family requires to be meaningfully involved in their care. This information is documented in the client record.

Client-centred Services

10.4 The client's wishes regarding family involvement in their care are respected and followed.

Guidelines

The team finds ways to include members of the client's support network in the client's care.

Applicable legislation when a substitute decision maker or family is involved in decision-making is respected. There is a process to resolve conflicts regarding level of desired involvement between the client and family.

Client-centred Services

10.5 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.

Guidelines

Sharing detailed and complete information is critical for informed choice and shared decision making between clients, families, and the team. Information is delivered according to individual needs and interests, as well as levels of understanding.

Clients and families are made aware of the risks and benefits of care; the client's roles and responsibilities in service delivery; the benefits, limitations, and possible outcomes of proposed services or interventions; how to prepare for tests and treatments; the availability of counselling and support groups; and how to reach team members in an emergency or crisis.

Varying levels of information may be required at different points in the client's care and are accommodated wherever possible. Similarly, different messages will require different delivery methods (e.g., serious topics require a more structured approach).

Appropriateness

10.6 Instructions are provided to clients about how to prepare for the procedure, and the importance of following the instructions is emphasized with clients and families.

Guidelines

Instructions are provided in writing and verbally, in a language understood by the client.

Pre-procedure instructions may include information on fasting, fluid intake, medication use, skin preparation, removal of makeup and jewelry, and special transportation arrangements if required.

They include any outcomes or implications that may arise as a result of not following the preparation instructions (e.g., the procedure may be cancelled) prior to the procedure.

The instructions include information about how to contact the team if the client has questions or concerns.

Appropriateness

10.7 Information is provided to clients about how to protect themselves against infection both before and following the procedure.

Guidelines

Surgical site infections can come from bacteria that are already present on the client's skin or mucous membranes. Clients can be given education and advice on steps they can take prior to surgery to reduce the likelihood of infection, such as showering with chlorhexidine gluconate soap and sleeping on clean sheets before surgery.

For more information, see the Project JOINTS (Joining Organizations IN Tackling SSIs) section of the IHI website.

Client-centred Services

10.8 The team verifies that the client and family understand information provided about their care.

Guidelines

The level of understanding, literacy, language, disability, and culture are considered when providing information to clients and families.

Processes to verify clients' understanding include encouraging and allotting time for questions, having the client repeat back information, ensuring a linguistic or cultural match wherever possible, using visuals or videos where possible, and creating an ongoing exchange where confirming understanding is a recurring event.

The Always Use Teach-back! Website (www.teachbacktraining.org/) provides useful tools to learn how to confirm client understanding of information.

Client-centred Services

10.9 Translation and interpretation services are available for clients and families as needed.

Guidelines

Written materials are available in the languages commonly spoken in the community, as required. Interpretation services are available when required by clients or families, wherever possible.

Client-centred Services

10.10 The client's capacity to provide informed consent is determined.

Guidelines

The process of evaluating a client's capacity to consent is carried out on an ongoing basis. With respect to decision making for consent purposes, “capacity” means the ability to understand the information relevant to the decision, appreciate foreseeable consequences of a decision or failure to make a decision, and weigh the risks and benefits of that decision.

Federal, provincial, and territorial legislation are followed when working with children and youth. When dealing with the elderly, minors, or those deemed incapable of consenting, clients are involved to the greatest extent possible in making decisions about their services, and the team values their questions and input.

Client-centred Services

10.11 The client's informed consent is obtained and documented before providing services.

Guidelines

Informed consent consists of reviewing service information with the client, family, or substitute decision maker; informing the client about available options and providing time for reflection and questions before asking for consent; respecting the client's rights, culture, and values including the right to refuse consent at any time; and recording the client's decision in the client record. The consent process is ongoing.

Implied consent occurs when providing services where written consent is not needed, such as when clients arrive for an appointment or class, have blood pressure taken, present their arm to have blood drawn, arrive for service through Emergency Medical Services (EMS), or present with life-threatening or emergent condition(s) and require immediate resuscitation.

Appropriateness

10.12 When clients are incapable of giving informed consent, consent is obtained from a substitute decision maker.

Guidelines

A substitute decision maker is consulted when clients are unable to make their own decisions, and an advance directive is used, where available, to ensure decisions are in line with the client's wishes. In these cases, the substitute decision maker is provided with information about the roles and responsibilities involved in being a substitute decision maker, and given the opportunity to discuss questions, concerns, and options. Selecting the appropriate substitute decision maker is done in consideration of the applicable legislation and may be an advocate, family member, legal guardian, or caregiver.

If consent is given by a substitute decision maker, his or her name, relationship with the client, and the decision made is documented in the client record.

When working with children and youth, informed consent is received and documented from the child, youth, family or legal guardian before providing services. The consent process includes involving them as much as possible in the decisions about their service, intervention, or treatment, and valuing their questions and input.

Appropriateness

10.13 Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.

Guidelines

There is an ethical review process to determine when to involve a client in a research activity. Research activities may include clinical trials, assessments of new protocols, or changes to existing protocols. Clients and families are included in participatory research project design and implementation where appropriate, (e.g., gathering qualitative data for quality improvement initiatives).

Appropriateness

10.14 Ethics-related issues are proactively identified, managed, and addressed.

Guidelines

Ethics-related issues are ones in which values may be in conflict, making it hard to reach a decision. The issues may be very serious, life-and-death matters, or related to day-to-day activities. Examples include conflicts of interest; respecting a client's choice to live at risk; triaging community members during an emergency; requests to withdraw or end services, including life-sustaining supports or treatments; and end-of-life care.

The organization's ethics framework is used to manage and address ethic-related issues. They may be addressed by an ethics committee or consultation team that may include health service professionals, clergy, or ethicists. In addition to clinical consultation, the ethics committee may be involved in policy review and ethics education.

Ethics-related issues involving particular clients are documented in the client record.

Client-centred Services

10.15 Clients and families are provided with information about their rights and responsibilities.

Guidelines

Client and family rights include the right to have privacy and confidentiality protected; be aware of how client information is used; have access to their record and information about them; be treated with respect and care; maintain cultural practices; pursue spiritual beliefs; live at risk; and be free from abuse, exploitation, and discrimination.

Client and family rights regarding service delivery include the right to refuse service or refuse to have certain people involved in their service; participate in all aspects of their service and make personal choices; have a support person or advocate involved in their service; appeal a care plan decision or file a complaint; take part in or refuse to take part in research or clinical trials; receive safe, competent service; and raise concerns about the quality of service.

Client and family responsibilities include treating others with respect, providing accurate information, reporting safety risks, and observing rules and regulations.

The information is provided at intake or admission and is adapted to meet diverse needs such as language, culture, level of education, lifestyles, and physical or mental disability. When the information cannot be provided to the client and family on intake, it is provided at the earliest opportunity.

Client-centred Services

10.16 Clients and families are provided with information about how to file a complaint or report violations of their rights.

Client-centred Services

10.17 A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.

Guidelines

An environment where clients, families, and team members feel comfortable raising concerns or issues is promoted. The organization may provide access to a neutral, objective person from whom clients and families can seek advice or consultation. Where electronic health records are used, there is a process to receive and respond to client complaints and questions regarding the privacy of the electronic record.

Claims brought forward by team members or other teams are also addressed.

11.0 Care plans are developed in partnership with the client and family based on a comprehensive assessment.

Appropriateness

11.1 Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.

Guidelines

Elements of physical health include:
- Medical history
- Allergies
- Medication profile
- Health status
- Nutritional status
- Palliative care needs
- Dietary needs

Elements of psychosocial health include:
- Functional and emotional status family and caregiver involvement
- Communication and self-care abilities and strengths
- Mental health status, including personality and behavioural characteristics
- Cognitive status
- Socio-economic status
- Cultural and spiritual beliefs and needs.

Client-centred Services

11.2 The assessment process is designed with input from clients and families.

Guidelines

The assessment process is as streamlined and straightforward as possible, so that clients are not required to repeat information to multiple providers or team members. Where applicable, an interdisciplinary or collaborative assessment may be completed with the client, family, and appropriate team members.

Client-centred Services

11.3 Goals and expected results of the client's care and services are identified in partnership with the client and family.

Guidelines

The client's physical and psychosocial needs, choices, and preferences as identified in the client assessment are used to develop service goals. Service goals and expected results suit the client's individual circumstances, are achievable, measurable, and complement those developed by other team members and organizations with which the client is involved.

Client-centred Services

11.4 Standardized assessment tools are used during the assessment process.

Guidelines

Tools are standardized and adopted across the team, and where applicable, across the organization. Assessment tools are designed to assist the team to systematically collect and interpret all of the information gathered during the assessment process. Benefits of using standardized tools for the client and the care provider include being more efficient, collecting more accurate information, consistency of assessment, and reliability of results and improved opportunity for communication between the client and the care provider.

The standardized assessment tools used will vary depending on the needs of the client and the type and range of services provided. Examples of standardized assessment tools are the Glasgow Coma Scale, the Clinical Frailty Scale, the Beck Depression Inventory, or the InterRAI tool. The standardized assessment tools used are evidence-informed and meaningful for the services provided.

Appropriateness

11.5 The assessment includes a discussion with the client about postoperative pain management options and preferences.

Guidelines

Strategies to manage pain may include analgesics, including opioids and adjuvants when needed, along with physical, behavioural, and psychological interventions. Consultation with experts, as well as research and evidence, can be used to understand the best ways to manage pain. The client is provided with these options and may select their preferred option for pain management.

Clients are also provided education about how to manage their pain following discharge.

Safety

ROP

11.6 REQUIRED ORGANIZATIONAL PRACTICE: Inpatient care only: Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.

Guidelines

Research suggests that more than 50 percent of clients have had at least one discrepancy between the medications they take at home and those ordered upon admission to hospital. Many of these discrepancies have the potential to result in adverse drug events.

Medication reconciliation begins with generating a Best Possible Medication History (BPMH) that lists all the medications the client is taking including prescription, non-prescription, traditional, holistic, herbal, vitamins, and supplements. The BPMH also details how they are being taken including the dose, frequency, route of administration, and strength if applicable. Creating the BPMH involves interviewing the client, family, or caregivers, and consulting at least one other source of information such as the client's previous health record, or a community pharmacist. Once generated, the BPMH is an important reference tool for reconciling medications at care transitions.

Medication reconciliation at admission can be achieved using one of two models. In the proactive model, the BPMH is used to generate admission medication orders. In the retroactive model, the BPMH is generated after admission medication orders have been written; a timely comparison of the BPMH and admission medication orders is then made. Regardless of the model used, it is important to identify, resolve, and document medication discrepancies.

At care transitions, in addition to the medications the client is currently receiving, it is important to also consider the medications that were taken prior to admission (as identified in the BPMH), which may be appropriate to continue, restart, discontinue, or modify. For example, medication reconciliation should happen at discharge or when medications are changed or reordered as part of a transfer involving a change in the service environment (e.g., from critical care to a medicine unit, or from one facility to another within an organization). Medication reconciliation is not required for bed relocation.

Clients should be regarded as active partners in the management of their medications and provided with information about the medications they should be taking in a format and language they understand. Clients should be encouraged to keep an up-to-date medication list and share it with their providers.

Test(s) for Compliance

Major	11.6.1	Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.
Major	11.6.2	The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.
Major	11.6.3	The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.
Major	11.6.4	The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.

Appropriateness

11.7 The assessment includes processes to evaluate risk of postoperative nausea and vomiting (PONV).

Guidelines

The client's risk factors for post-operative nausea and vomiting are assessed and reduced where possible.

Prophylactic medications should be administered where appropriate. Prophylactic medication is selected based on the client's level of risk, and the efficacy and possible side effects of the drugs.

Consultation with experts, and research and evidence, are used to determine the best ways to prevent and treat PONV.


Safety

11.8

The client is assessed for risk of other safety and health concerns related to surgical and invasive procedures, and steps taken to reduce those risks in partnership with the client and family.

Guidelines

Safety and health risks related to surgical and invasive procedures include perioperative hypothermia, infection, laser injury, radiation injury, burns, injury related to positioning, electrical injury, or injury from retained instruments/objects.


Safety

11.9

Each client is assigned an American Society of Anesthesiologists (ASA) physical status classification level.

Guidelines

Depending upon the organization's procedures, the physical status classification level may be assigned by the surgeon, anesthesiologist, or another appropriate team member.


Safety

11.10

REQUIRED ORGANIZATIONAL PRACTICE: Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.

NOTE: This ROP does not apply to outpatient settings, including day surgery, given the lack of validated risk assessment tools for outpatient settings.

Guidelines

Pressure ulcers have a significant impact on client quality of life, resulting in pain, slower recovery, and increased risk of infection. Pressure ulcers are also associated with increased length of stay, cost, and mortality. Effective pressure ulcer prevention strategies can reduce the incidence of pressure ulcers and are an indication of higher quality care and services.
Pressure ulcer prevention strategies require an inter-disciplinary approach and support from all levels of an organization. It is useful to develop a plan to support comprehensive education on pressure ulcer prevention, and to designate individuals to facilitate the implementation of a standardized approach to risk assessments, the uptake of best practice guidelines, and the coordination of health care teams.

Effective pressure ulcer prevention starts with a validated risk assessment scale, such as:

- The Braden Scale for Predicting Pressure Sore Risk
- The Norton Pressure Sore Risk Assessment Scale
- interRAI Pressure Ulcer Risk Scale (long-term care)
- The Waterlow Score
- The Gosnell Scale
- The Knoll Scale
- SCIPUS (Spinal Cord Injury Pressure Ulcer Scale)

A number of best practice guidelines are also available to inform the development of pressure ulcer prevention and treatment strategies, including risk assessments, reassessments, interventions, education, and evaluation. In Canada, comprehensive guidelines have been developed by the Registered Nurses Association of Ontario. International guidelines have been developed in collaboration between the European Pressure Ulcer Advisory Panel and the American National Pressure Ulcer Advisory Panel.

Test(s) for Compliance

Major	11.10.1	An initial pressure ulcer risk assessment is conducted for clients upon admission, using a validated, standardized risk assessment tool.

	Major	11.10.2	The risk of developing pressure ulcers is assessed for each client at regular intervals and when there is a significant change in the client's status.
	Major	11.10.3	Documented protocols and procedures based on best practice guidelines are implemented to prevent the development of pressure ulcers. These may include interventions to prevent skin breakdown; minimize pressure, shear, and friction; reposition; manage moisture; optimize nutrition and hydration; and enhance mobility and activity.
	Minor	11.10.4	Team members, clients, families, and caregivers are provided with education about the risk factors and protocols and procedures to prevent pressure ulcers.
	Minor	11.10.5	The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.
Safety	ROP	11.11	REQUIRED ORGANIZATIONAL PRACTICE: To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.

Guidelines

Clients admitted to hospital are at greater risk of falling and injuring themselves as they find themselves in an unfamiliar environment while also adjusting to a change in their physical or cognitive functioning (Stephenson et al., 2016). Reducing injuries from falls can increase quality of life, prevent loss of mobility and pain for clients, and reduce length of stay and costs.

Effective fall prevention and injury reduction requires an interdisciplinary approach and support from all levels of an organization. It is helpful to implement a coordinated approach to fall prevention and injury reduction within the organization, while recognizing the unique needs across different services, and to designate individuals to facilitate its implementation.

Organizations should identify and adopt precautions for all clients, regardless of risk of falling. The acronym S.A.F.E. (Safe environment; Assist with mobility; Fall-risk reduction; and Engage client and family) describes the key strategies for universal fall precautions. The Institute for Clinical Systems Improvement guideline (2012) also recommends the following universal interventions: familiarize the client to the environment; keep call buttons within reach at all times and observe clients demonstrate their use; keep clients' personal possessions within reach; have sturdy handrails in bathrooms, rooms, and hallways; keep the bed in low position with brakes locked; provide non-slip, well-fitting footwear to clients; use night lights or supplemental lighting; keep floor surfaces clean and dry; clean up all spills promptly; keep care areas uncluttered. It is important to identify precautions that align with the clinical setting and needs of clients in that setting.

Education about the importance of fall prevention and injury reduction, universal precautions and strategies to prevent falls and reduce injuries from falling is provided regularly to team members and volunteers. Clients, families, and caregivers are provided with easy to understand information that empowers them to play an active role in fall reduction and injury prevention.

It is important to regularly evaluate whether or not current precautions to prevent falls and reduce injuries from falling are having the desired impact and are meeting client, family, and team member needs. Effectiveness can be evaluated through a variety of means, whether informal discussions, interviews, surveys, audits, or evaluation processes. Measurement for improvement initiatives and post-fall debriefings may also help identify safety gaps and prevent the recurrence of falls or reduce injuries from falling.

Test(s) for Compliance

Major	11.11.1	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.
Major	11.11.2	Team members and volunteers are educated, and clients, families, and caregivers are provided with information to prevent falls and reduce injuries from falling.
Minor	11.11.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.

Safety

11.12 REQUIRED ORGANIZATIONAL PRACTICE: Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.

NOTE: This ROP does not apply for pediatric hospitals; it only applies to clients 18 years of age or older.

This ROP does not apply to day procedures or procedures with only an overnight stay.

Guidelines

Venous thromboembolism (VTE) is the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE).

VTE is a serious and common complication for those in hospital or undergoing surgery. The incidence of VTE can be reduced or prevented by identifying clients at risk and providing appropriate, evidence-informed thromboprophylaxis. The American College of Chest Physicians Evidence-Based Clinical Practice Guidelines are a helpful resource for the prevention of VTE.

The widespread human and financial impact of thromboembolism is well documented. VTE is associated with increased client mortality; it is the most common preventable cause of hospital death. Appropriate evidence-informed thromboprophylaxis reduces cost and median length of stay.

There are many evidence-based clinical practice guidelines that recommend thromboprophylaxis for large groups of clients (e.g. the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, 9th edition) or for specific subgroups (e.g. American Society of Clinical Oncology, Society of Obstetricians and Gynaecologistsof Canada). These guidelines are very useful resources and generally reflect the accepted standard of practice.

Test(s) for Compliance

Major	11.12.1	There is a written venous thromboembolism (VTE) prophylaxis policy or guideline.
Major	11.12.2	Clients at risk for VTE are identified and provided with appropriate, evidence-informed VTE prophylaxis.
Minor	11.12.3	Measures for appropriate VTE prophylaxis are established, the implementation of appropriate VTE prophylaxis is audited, and this information is used to make improvements to services.

Major	11.12.4	Major orthopedic surgery clients (i.e., those having hip and knee replacements or hip fracture surgery) who require post-discharge prophylaxis are identified and there is a process to provide them with appropriate post-discharge prophylaxis.
Minor	11.12.5	Information is provided to clients and team members about the risks of VTE and how to prevent it.

Safety

11.13 A pre-anesthetic assessment is conducted by the anesthesiologist prior to the commencement of the procedure, in partnership with the client and family.

Guidelines

The client's medical fitness is assessed, medications are reviewed, and any potential problems related to the administration of anesthetic are determined.

Appropriateness

11.14 Each client's preferences and options for services are discussed as part of the assessment, in partnership with the client and family.

Guidelines

The client's expressed needs, preferences and the options for care and service are discussed with the client and family. The team and client engage in shared-decision making that considers client preferences, expected outcomes, and risks and benefits of the options.

For example, various strategies to manage pain—such as analgesics including opioids and adjuvants, as well as physical, behavioural, and psychological interventions—may be discussed and the client is able to select the preferred option.

Other preferences that are discussed include options for self-care, privacy, visitors, treatments and testing, and personal care, such as sleeping, bathing, and eating.


Continuity

11.15 Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.


Continuity

11.16 The results of the assessment are shared with the client and other team members in a timely and easy-to-understand way.

Guidelines

Sharing assessment results as applicable improves clarity and prevents duplication. In order to provide information that is easy to understand, information is tailored to the client's literacy level, language, and culture.


Continuity

11.17 There is a process for forwarding the information obtained from the preoperative assessment to the team in the operating/procedure room.


Continuity

11.18 A comprehensive and individualized care plan is developed and documented in partnership with the client and family.

Guidelines

The care plan is based on the results of the assessment and the client's service goals and expected results. It includes the roles and responsibilities of the team, other organizations, and clients and their families. It includes detailed information about the client's history, assessments, diagnostic results, allergies, and medication, including any medication issues or adverse drug reactions.

The plan addresses where and how frequently services will be delivered; timelines for starting services, reaching the service goals and expected results, and completing services; how achievement of the service goals and expected results will be monitored; and plans for transition or follow-up once service ends, if applicable.

Client-centred Services

11.19 Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.

Guidelines

Including information in the care plan about transition planning, whether to home, another team, an alternate level of care, or end of service, enhances coordination among teams or partner organizations and helps prepare clients for the end of service. Client involvement in end-of-service planning ensures the client and family are prepared and know what to expect.

Discussions about the client's transition and post-care needs and preferences are part of developing the care plan. The discussion may include post-care follow up, ability to perform self-care, referrals to community supports, or other anticipated needs or challenges.

12.0 Care plans are implemented in partnership with clients and families.

Appropriateness

12.1 A comprehensive admission process is conducted for clients undergoing surgical or other invasive procedures, in partnership with the client and family, and includes documenting any changes in condition since the pre-admission assessment.

Guidelines

During admission, there is confirmation that pre-procedure preparation instructions have been properly followed by the client; the nature of the procedure and the site of the procedure are verified; and the client is provided with multiple forms of identification, e.g., bracelets and photo identification.

Appropriateness

12.2 The client's individualized care plan is followed when services are provided.

Safety

12.3 REQUIRED ORGANIZATIONAL PRACTICE: 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.

Guidelines

Using person-specific identifiers to confirm that clients receive the service or procedure intended for them can avoid harmful incidents such as privacy breaches, allergic reactions, discharge of clients to the wrong families, medication errors, and wrong-person procedures.

The person-specific identifiers used depends on the population served and client preferences. Examples of person-specific identifiers include the client's full name, home address (when confirmed by the client or family), date of birth, personal identification number, or an accurate photograph. In settings where there is long-term or continuing care and the team member is familiar with the client, one person-specific identifier can be facial recognition. The client's room or bed number, or using a home address without confirming it with the client or family, is not person-specific and should not be used as an identifier.

Client identification is done in partnership with clients and families by explaining the reason for this important safety practice and asking them for the identifiers (e.g., “What is your name?”). When clients and families are not able to provide this information, other sources of identifiers can include wristbands, health records, or government-issued identification. Two identifiers may be taken from the same source.

Test(s) for Compliance

Major	12.3.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.

Appropriateness

12.4 All services received by the client, including changes and adjustments to the care plan, are documented in the client record.

Guidelines

The client record is accessible to the team involved in care, including the client, and is contained in a single client record.

Appropriateness

12.5 Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.

Appropriateness

12.6 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.

Guidelines

Delays or failures to report a change in health status, in particular deterioration in a client's condition, are significant barriers to safe and effective care and services. Changes in the client's health status are documented accurately, in a timely manner, and communicated to all team members.

Appropriateness

12.7 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.

Guidelines

Documenting progress toward goals is done using both qualitative and quantitative methods and includes the client and family. It may include the use of standardized assessment tools, discussion with clients and families, and observation.

Client-centred Services

12.8 Access to spiritual space and care is provided to meet clients' needs.

Guidelines

Spiritual care is available to meet the needs of clients, as required. It includes access to a spiritual leader appropriate to the client's beliefs (e.g., a chaplain, imam, rabbi, or non-denominational counsellor). Clients and families have access to a designated space to observe spiritual practice.

The client's spiritual needs and preferences are seen as integral to the care and healing process, and are discussed when making care decisions that may involve an ethical or spiritual component.

Client-centred Services

12.9 Clients and families have access to psychosocial and/or supportive care services, as required.

Guidelines

Emotional support and counselling can help clients and families cope with the health needs and health-related issues. Supports may address coping with a diagnosis, help with decision making, dealing with side effects, or ethics-related issues such as advance directives.

Client-centred Services

12.10 Support for the family, team members, and other clients is provided throughout and following the death of a client.

Guidelines

Relevant information is shared with clients and families about the dying process, such as the signs and symptoms of imminent death; coping strategies; how to provide support and comfort during the final hours; and grief and bereavement services.

The client's family and friends are encouraged to use community support systems. When these are insufficient, or when family and friends are identified as being at risk for complex grief reactions, access is facilitated to bereavement services for clients, families, team members, and volunteers, including volunteer support or professional services.

Safety

12.11 REQUIRED ORGANIZATIONAL PRACTICE: Information relevant to the care of the client is communicated effectively during care transitions.

Guidelines

Effective communication is the accurate and timely exchange of information that minimizes misunderstanding.

Information relevant to the care of the client will depend on the nature of the care transition. It usually includes, at minimum, the client's full name and other identifiers, contact information for responsible providers, reason for transition, safety concerns, and client goals. Depending on the setting, information about allergies, medications, diagnoses, test results, procedures, and advance directives may also be relevant.

Using documentation tools and communication strategies (such as SBAR [Situation, Background, Assessment, Recommendation], checklists, discharge teaching materials and follow-up instructions, read-back, and teach-back) support effective communication, as does standardizing relevant information, and tools and strategies across the organization. The degree of standardization will depend on organizational size and complexity. Electronic medical records are helpful but not a substitute for effective communication tools and strategies.

Effective communication reduces the need for clients and families to repeat information. Clients and families need information to prepare for and improve care transitions; this may include written information or instructions, action plans, goals, signs or symptoms of declining health status, and contact information for the team.

Test(s) for Compliance

Major 12.11.1 The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.

Major	12.11.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.
Major	12.11.3	During care transitions, clients and families are given information that they need to make decisions and support their own care.
Major	12.11.4	Information shared at care transitions is documented.
Minor	12.11.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).

13.0 All equipment, devices, and supplies needed for the procedure are checked.

Safety

13.1 Availability of all necessary supplies and functionality of equipment is confirmed before the client enters the operating/procedure room.

Guidelines

Testing equipment includes confirming that all components are properly connected; inspecting the package and components for visual residue or organic matter, particularly in endoscopic devices; and inspecting to ensure all parts are present and functional. The timing of equipment testing should be appropriate to the type of equipment.

If the necessary supplies or equipment are not in the operating/procedure room, they are obtained before the client enters the operating/procedure room.

 Safety		13.2	Operating/procedure rooms contain readily-accessible suction equipment and back-up suction equipment.
 Safety	!	13.3	The integrity of packaging on all sterile items is checked.
 Safety	!	13.4	All chemical indicators on or in sterile packages are verified according to the organization's processes.
 Safety	!	13.5	A policy and procedure is followed for surgical counts that includes which materials must be counted, when the surgical count must be done, how to manage an incorrect count, and the documentation required.

Guidelines

The policy and procedure for surgical counts may be developed by the team or organization.

The ORNAC requires that sponges, needles, suture reels, and blades be counted for all procedures as appropriate, and that counts be done:
- Prior to the start of surgery
- At the first layer of closure
- At the skin closure
- Prior to closure of a cavity within a cavity,
- If likelihood exists that an instrument could be retained in a surgical site
- During a shift changeover

For more information, refer to the ORNAC Standards, Guidelines, and Position Statements for Peri-operative Registered Nursing Practice, 10th Edition.


Safety

13.6 When a surgical miscount is identified, a procedure is followed that includes recounting, searching for the missing item, using imaging technologies, documenting the miscount, and notifying the surgeon and other providers.

Guidelines

Documentation includes noting the incorrect count on the count sheet, completing an incident report, and documenting all actions taken in the client record.


Safety

13.7 The surgical count is conducted, documented, and signed by at least two designated team members.

Guidelines

The count record is signed by all personnel involved in the count. The number of items counted must be agreed upon by the designated team members.

14.0 The client is prepared for the procedure.


Appropriateness

14.1

The completeness of the client's health record information is validated, including the assessment and any relevant diagnostic imaging, in partnership with the client.

Guidelines

The information to be confirmed includes health history and physical examination; all diagnostic reports; preoperative vital signs; allergies; the NPO (nothing by mouth) status of the client; prostheses; hearing aids, eyeglasses, and dentures; medication, including herbal remedies; and the presence of an advanced directive, as necessary.


Safety

14.2

A process to confirm the site of the surgery is conducted in partnership with the client.

Guidelines

Marking the incision site is a method to help avoid wrong-site surgery, but consistent practices regarding marking the site are critical. Identification and verification of the surgical site is a team responsibility. Risks of a wrong-site surgery are increased by:
• A failure to engage the client in the process
• Inaccurate or incomplete information
• The absence of formal verification processes

The admission process includes instructions for team members on how and when to physically mark the surgical site, and alternative means of identifying the surgical site when clients decline to have their skin marked or when the surgical site does not lend itself to marking, such as with mucous membranes.

Surgical sites are marked by the surgeon while the client is conscious and with the input of the client.


Safety

14.3

REQUIRED ORGANIZATIONAL PRACTICE: A safe surgery checklist is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.

Guidelines

Surgical procedures are increasingly complex aspects of health services and carry a significant risk of potentially avoidable harm. Safe surgery checklists play an important role in improving the safety of surgical procedures. They can reduce the likelihood of complications following surgery and often improve surgical outcomes.

A safe surgery checklist is used to initiate, guide, and formalize communication among the team members conducting a surgical procedure and to integrate these steps into surgical workflow.

Safe surgery checklists have been developed by and are available from Canadian (Canadian Patient Safety Institute) and international (World Health Organization) sources. Each checklist has three phases:
i. Briefing – before the induction of anesthesia
ii. Time out – before skin incision
iii. Debriefing – before the patient leaves the operating room.

Test(s) for Compliance

Major	14.3.1	The team has agreed on a three-phase safe surgery checklist to be used for surgical procedures performed in the operating room.
Major	14.3.2	The checklist is used for every surgical procedure.
Major	14.3.3	There is a process to monitor compliance with the checklist.
Minor	14.3.4	The use of the checklist is evaluated and results are shared with the team.
Minor	14.3.5	Results of the evaluation are used to improve the implementation and expand the use of the checklist.

Appropriateness

14.4 Procedure-specific care maps or guidelines are used to guide the client through preparation for and recovery from the procedure.

Guidelines

Care maps are continuously updated to reflect new best practices in delivering perioperative services. For example, to reduce the likelihood of a surgical site infection, the care map may include (as a component of the care plan) the preoperative administration of prophylactic antibiotics or the postoperative control of serum glucose depending on the nature of the procedure and the client's condition.

While care maps and guidelines do not exist for every procedure, the goal is to promote standardization across service providers and teams wherever possible. For organizations with many sites, care maps should be consistent across sites.

Safety

14.5 All of the client's jewelry, body piercings, contact lenses, prostheses, dentures, and eyeglasses are removed prior to surgery.

Guidelines

Removing jewelry, piercings, etc., prior to surgery may prevent infection and complications during the procedure.

Safety

14.6 A process for appropriate skin preparation is conducted prior to surgery.

Guidelines

Skin preparation should be conducted prior to draping.

Skin preparation includes cleansing the operative site and surrounding areas, hair removal (when necessary to avoid interference with the operative area), and the application of antiseptic agents.

Skin preparation is documented in the operative record.

Appropriateness

14.7 The client is positioned appropriately, according to any physical limitations and intra-operative requirements, and the positioning is documented.

Guidelines

Patient factors influencing their positioning include age, height, and weight; skin condition; nutritional status; pre-existing conditions; and physical/mobility limits.

Intraoperative factors influencing positioning include the type of anesthesia used, the length of the surgery, and the position appropriate for surgical access.

The client's position should be consistent with proper anatomical alignment and physiological functioning in order to promote the safety and comfort of the patient during the procedure.

Support devices, pads, securing devices (e.g., safety belts, tapes), and specialty surgical beds can be used to support the appropriate positioning of the client.

The client's positioning information, including the preoperative assessment, type of position and any changes of position, and team members involved in positioning the client, is recorded in the appropriate log or file and signed by those responsible for the positioning.

Safety

14.8 Steps are taken to maintain the client's temperature during the procedure.

Guidelines

Steps can include providing sheets and blankets, monitoring temperature, or providing forced air warming.

For more information, see the Safer Healthcare Now! Prevent Surgical Site Infections Getting Started Kit, particularly the section on Perioperative Normothermia.


Safety

14.9 The client's vital signs are monitored and documented by a qualified team member prior to and throughout the procedure.

Guidelines

Vital signs include oxygenation, ventilation, circulation, and temperature.

Mechanical or electronic monitors that support safety by providing prompts may be used, but they do not replace ongoing monitoring by staff and clinical providers.


Safety

14.10 Established procedures for draping are followed.

Guidelines

When draping the surgical site, consideration is given to:
- The size of the sterile field
- The location and size of the incision
- The number of team members present
- The sterile equipment and instrumentation on the operative field.


Safety

14.11 Immediately prior to the procedure, a preoperative pause to confirm the client's identity and nature, site, and side of the procedure is conducted and documented.

Guidelines

The practice of preoperative pause is intended to enhance client safety by providing another opportunity to verify the accuracy of the essential information.

All team members must agree on the information verified during the pause before the procedure can begin.

The preoperative pause is recorded in the appropriate log or file and signed by the team.

15.0 **Medication is administered safely in the sterile field.**

Appropriateness

15.1 Before delivery to the sterile field, all medications are validated verbally and visually by two team members.

Guidelines

This verification includes confirming the medications listed on the surgeon's preference list with the prescribing physician before their delivery.

Safety

15.2 Medications are delivered to the sterile field using an aseptic technique.

Safety

15.3 Every medication and solution on the sterile field is labeled.


Safety

15.4 All medications and solutions on the sterile field at break relief or shift changes are communicated to other relevant team members.


Safety

15.5 An independent double-check is conducted before administering high-alert medications on the sterile field.

Guidelines

High-alert medications have an increased risk of causing significant harm to a client when they are administered in error. High-alert medications include: antithrombotic agents; adrenergic agents; chemotherapy agents; concentrated electrolytes; insulin; narcotics (opioids); neuromuscular blocking agents; and sedation agents. A detailed list of high-alert medications developed by the Institute for Safe Medication Practices (United States) can be found online and is a valuable starting point for the identification of high-alert medications.

A list of any high-alert medications that require an independent double-check before administration is established by the organization.

An independent double check means having a second team member verify each component of the prescribing, dispensing, and verification processes for high-alert medications. This may include verifying the client's identity, verifying the medication, the concentration, the rate of infusion, and line attachment. The independent double check may include the use of a barcode. However, this method cannot be used to verify the dose.


Safety

15.6 All medications administered on the sterile field are documented.


Safety

15.7 All medication containers used on the sterile field are retained until the end of the procedure.

16.0 Medications are safely administered in the non-sterile field.


Safety

16.1 When preparing to administer anesthesia (including conscious sedation), consideration is given to available medications, administration guidelines, potential complications and side effects, and indications/contraindications.


Safety

16.2 Emergency equipment and life support systems are available wherever anesthesia is administered.


Appropriateness

16.3 Medications and related supplies stored on anesthesia carts are standardized.

Guidelines

The standardization of medications on the anesthesia cart helps to reduce errors related to medication administration. Standardization provides consistency and can reduce human-factor errors.

Medications on the anesthesia cart should be organized by order of use, frequency of use, severity of harm, and medications that are similar in appearance should be separated.


Safety

16.4 A pre-anesthesia checklist is completed prior to the administration of anesthesia.

Guidelines

The availability and functionality of the required equipment, including suction, monitors, and vaporizers, is verified. Equipment alarms are checked to ensure that they are audible. For more information, refer to the Canadian Anesthesiologists' Society's Guidelines to the Practice of Anesthesia.


Safety

16.5 The client is monitored during and immediately following the administration of anesthesia, according to the organization's procedures.


Appropriateness

16.6 The physiological variables monitored during the procedure are documented in the client's chart by qualified team members.


Safety

16.7 All details related to the administration of anesthesia, including any unusual events, the duration of anesthesia, and the status of the client at the conclusion of anesthesia are documented in the client's chart.

17.0 Steps are taken to prevent and minimize infections.


Safety

17.1 Routine practices are followed to reduce the risk of infection to clients and team members.

Guidelines

Routine Practices, also known as Standard Precautions or Universal Precautions, are based on the premise that all clients and their environment might be contaminated with harmful microorganisms. Routine Practices can protect clients and staff from infection risk.

Routine Practices include:
• Hand washing
• The use of appropriate personal protective equipment (PPE), such as gloves, fluid-resistant gowns, head and foot coverings, face shields, masks, and eye protection
• Disposal of all PPE in an appropriate area or container.


Safety

17.2 A dress code is followed within the surgical suite.


Safety

17.3 Procedures for scrubbing, gowning, and gloving are followed.


Safety

17.4 Prophylactic antibiotics are administered by qualified team members within the appropriate timeframe.

Guidelines

Preoperative antibiotics reduce the risk of surgical site infection. Cases where prophylactic antibiotics are not administered are documented.

Safety

17.5 Airborne, droplet, and contact precautions are used as appropriate to reduce the risk of infection to clients and team members.

Guidelines

Airborne, droplet, and contact precautions are used in addition to Routine Practices. The circumstances under which these precautions must be used (e.g., for clients who are suspected or known to have certain infections) are determined by each specific organization.

Airborne precautions include using high-filtration (e.g., N95) masks, keeping the door to the operating/procedure room closed as much as possible, changing air pressure in the operating/procedure room from positive to negative, posting airborne isolation signs on the doors, using disposable anesthetic equipment, and having the client wear a surgical mask during transport.

Droplet precautions include having the client wear a surgical mask during transport, posting droplet precaution signs on the doors to the operating/procedure room, using high-filtration masks, and wearing eye protection when there is a chance that bodily fluids will come into contact with eyes.

Contact precautions include scheduling such procedures as the last case(s) of the day; removing unnecessary equipment from the operating/procedure room; posting contact precaution signs on the doors to the operating/procedure room; wearing gloves when touching the client; gowning if clothing will have direct contact with the client, or touch surfaces or objects that have come into contact with the client; recovering the client in the operating/procedure room or in a separate isolated area; terminal cleaning of the room after the case; and ensuring that the record does not come into contact with the bed linen during client transport.

See the ORNAC Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice (Section 2, Infection Prevention and Control) for more information about airborne, droplet, and contact precautions.


Safety

17.6 Aseptic technique is used at all times during the procedure.

Guidelines

An aseptic technique is used for establishing a sterile field, dispensing sterile supplies, maintaining the sterile field, and having sterile storage.


Safety

17.7 Procedures are followed for managing spills that occur during the procedure.


Safety

17.8 Soiled linen, infectious material, and hazardous waste are handled appropriately.

Guidelines

The appropriate handling of contaminated and infectious materials prevents the risk of exposure and infection to everyone in the operating/procedure room. Handling includes collection, storage, transportation, and disposal.

18.0 All equipment and supplies are used in a safe manner.


Safety

18.1 Personal protective equipment is used according to the manufacturer's instructions.

Guidelines

Using personal protective equipment appropriately reduces the risk of harm or injury from medical devices such as lasers, scalpels, or electro-cautery.

Safety

18.2 Lasers are used safely and in accordance with established standards, where applicable.

Guidelines

The potential hazards of using lasers in a health care setting include:
• Eye and skin burns
• Hazardous substances being released from the laser equipment
• Fumes being emitted from materials exposed to laser beams (including laser plumes)

Teams/organizations can refer to The Canadian Standards Association (CSA) Standard Z386-01: Laser Safety in Health Care Facilities, or The American National Standards Institute (ANSI) Standard Z136.3-1996: Safe Use of Lasers in Health Care Facilities and Z136.1-2000: Safe Use of Lasers.

Use of a laser safety checklist, such as the one developed by the Association of periOperative Registered Nurses can be used to confirm adherence to laser safety standards.

Safety

18.3 Appropriate precautions are followed to reduce the risk of fire associated with the use of specialized surgical equipment and medical devices.

Guidelines

Fire can occur when ignition sources such as specialized surgical equipment [including electrosurgery units (ESUs), argon-enhanced electrosurgical devices, ultrasound equipment, and medical lasers] come into contact with a fuel (e.g., linens, drapes, aseptic solutions, gowns, gauze) source, and an oxidizer (e.g., oxygen, nitrous oxide).

Precautions to prevent fire in the operating/procedure room include the use of non-flammable antiseptics and gels, wet or fire-retardant drapes, sterile water or normal saline at the sterile field, fire- or laser-retardant supplies (e.g., tubing), and appropriate finishes and coating on surgical instruments.

To protect the client and team in the event of a fire, training is provided to the team on how to respond to fires, including evacuation procedures, and a fire extinguisher should be available in the perioperative area.


Safety

18.4 A smoke evacuation system is used when any energy source that produces plume (e.g. electrosurgical unit) is operated.

Guidelines

Surgical smoke (or plume) is generated by instruments such as lasers and electrosurgical devices. Smoke plumes may contain toxic gases, vapours and viruses.


Safety

18.5 Only radiopaque soft goods (e.g., sponges and towels) are used in the wound.

Guidelines

The use of radiopaque markers reduces the risk of retained surgical items by facilitating items' identification and location.


Safety

18.6 If an instrument breaks during the procedure, the event is documented and all pieces of the item are accounted for.


Safety

18.7 If an instrument breaks during the procedure, it is removed from circulation.


Safety

18.8 Equipment failures that take place during anesthesia or surgery are reported and the equipment is removed from circulation.

Guidelines

Reports on equipment failures should clearly identify the piece of equipment (e.g., serial number, asset number); the type of failure; date, time, and circumstances of the failure; and action taken to ensure the equipment is repaired or replaced before its next use.

19.0 There is a process for documenting the perioperative services provided.


Safety

19.1 Counts for sponges, sharps, and instruments are documented in the client record.


Safety

19.2 Prostheses or implants used during the procedure are documented in the client record.

Guidelines

Documentation should include the quantity, size, and type of prostheses/implants; manufacturer; lot number; serial number; expiry date; and the site and side of the implant.


Appropriateness

19.3 The procedure performed is documented.


Appropriateness

19.4 The name and job title of all team members involved in the procedure are documented.


Appropriateness

19.5 Specimens or cultures taken during the procedure are documented and each specimen container is accurately labelled with the date, the client's name, and the type of tissue.

Guidelines

The specimens or cultures taken are listed in the client record and accurately identified on the surgical pathology form.

20.0 Clients and families are partners in planning and preparing for transition to another service or setting.


Safety

20.1 The client is continuously observed by one or more professional staff members during the transfer from the operating/procedure room to the receiving team.

Guidelines

Continuous observation helps to quickly identify post-surgical or post-anesthesia reactions.


Continuity

20.2 Preoperative and intraoperative information for each client is communicated by the operating/procedure room team to the receiving team.

Guidelines

Evidence shows that miscommunication or a lack of communication among members of the interdisciplinary team is a leading cause of client safety issues. Accurate and timely communication must be viewed as a priority to promote continuity of care and prevent patient safety incidents.

Communication of the client's information includes a full verbal report and the transfer of documentation (e.g. client record).

Appropriateness

20.3 Clients are continually observed as they recover from anesthesia, and vital signs and other observations are frequently documented.

Guidelines

Clients are monitored as appropriate to their condition and vital signs, in accordance with the appropriate standards (for example, the National Association of PeriAnesthesia Nurses of Canada standards). In particular, oxygenation, ventilation, circulation, and temperature are monitored.

Safety

20.4 Standardized criteria are applied to determine whether a client is fit for discharge from the recovery unit.

Guidelines

Discharge planning begins at admission, which allows for easier transitions for clients and a more efficient discharge process.

Scales that can be used to evaluated readiness for discharge include (but are not limited to), Post-Anesthesia Discharge Scoring System, Fast Track Tool, DASAIM Discharge Assessment Tool, and Aldrete criteria.

Appropriateness

20.5 When a client is being discharged to a different level of care, instructions for post-procedure care and the importance of following them are discussed with the client, family, or caregiver.

Guidelines

Instructions are shared in writing and verbally, in a language understood by the client, and are documented in the client record.

Post-procedure instructions may include information about medication, the safe and effective use of medical equipment, pain relief, bleeding, care for the surgical site, and how the effects of general anesthesia may impair judgment. The instructions include how to contact the team if the client has questions or concerns.

Clients who are discharged to the community are accompanied by a responsible escort.

Continuity

20.6 When a client is transitioned to another service or organization, or discharged to home, any medication changes are discussed with the client, family, and communicated to the next care provider.

Client-centred Services

20.7 Clients and families are actively engaged in planning and preparing for transitions in care.

Guidelines

Clients and families are involved in all transition planning. The team, client and family discuss the client's care plan, goals, and preferences; the care provided; outstanding issues, clinical or otherwise; what to expect during transition; follow-up appointments; exercise and nutrition plans, where applicable; contact information for the team members and details on when they should be contacted.

Continuity of care is improved when clients participate in transition planning and preparation and have comprehensive information about transitions and end of service.

Examples of key transition moments include rounds, shift changes, handoffs, moving in or out of an organization, to another community provider or at end of service.

Talking with the client and family about transitions helps them understand the process and provides an opportunity to ask any questions. It also helps ensure all information is accurate and complete, and that the client's wishes are respected.

Client-centred Services

20.8 The client's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed.

Guidelines

This assessment happens as early as possible within the care process. Instances where self-management would benefit the client are determined. Capacity to self-manage is influenced by factors such as access to a support network, community care options, cognitive and physical ability, and literacy level.

Client-centred Services

20.9 Clients are empowered to self-manage conditions by receiving education, tools, and resources, where applicable.

Guidelines

Education that promotes empowerment and helps clients self-manage chronic conditions may include action planning; modeling behaviors and problem solving strategies; reinterpreting symptoms; and social persuasion through group support and guidance for individual efforts. Self-management training topics should include exercise; nutrition; symptom management techniques; risk factor management; fatigue and sleep management; use of medications; managing emotions; cognitive and memory changes; training in communication with health professionals and other individuals; and health-related problem solving and decision making.

Tools and resources made available to help clients to self-manage and are tailored to each client's needs. For example, tools and resources can be modified based on level of understanding, literacy, language, disability, and culture.

Appropriateness

20.10 There is a process to confirm that the client, family, or caregiver understands the post-procedure care instructions.

Appropriateness

20.11 The client's post-operative care plan is updated in the client record.

Continuity

20.12 Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family, other teams, and organizations.

Guidelines

Responsibility for the client's care continues until service has ended or the client has been transferred to another team, service, or organization.

Follow-up services may include primary care, home and community services, community-based rehabilitation, psychological counselling services, and recommendations for ongoing care. Working together to establish proper placement for the client helps ensure the client receives the most appropriate services in the most appropriate setting, and minimizes temporary solutions or unnecessary transfers.

To ensure clients receive seamless and continuous care, placement and follow up includes a process for when transitions do not go as planned.

Continuity

20.13 The transition plan is documented in the client record.

Client-centred Services

20.14 A client's wish to end or limit services, transfer to another service, or transition home, is respected.

Guidelines

Shared decision making regarding a client's transition takes place in consultation with the family or substitute decision maker, when required, and takes the client's decision-making capacity into consideration. The risks of the transition are discussed with the client and family, as well as other community-based services that are available to them after the transition.

An ethical or values-based decision making framework is used when working with clients who have chosen options against the team's recommendation. In the event the client wishes to continue service against the team's recommendation or beyond the capacity of the organization, an ethical or value-based decision making framework is used to ensure a fair and equitable outcome for the client and the organization.

Client-centred Services

20.15 The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.

Guidelines

Where need for follow up has been identified, the appropriate type and method is determined. This includes the responsibilities of the team such as following up on testing, providing a referral to a partner organization, setting timelines for client contact, or reminding the client of an appointment. It also includes client responsibilities such as following up with other care providers (e.g., primary care or a community health centre), reporting worsening or changing symptoms, and taking medications as prescribed.

A standardized assessment tool (e.g., the LACE Index Scoring Tool). is used to assess risk of readmission after the end of service.

Appropriateness

20.16 There is a process to follow up with discharged day surgery clients.

Guidelines

Follow-up contact or appointments with discharged clients following day surgery are scheduled in a way that is appropriate, given the procedure performed and the client's condition.

Appropriateness

20.17 The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.

Guidelines

At regular intervals, a sample of clients, families, or referral organizations is contacted to determine the effectiveness of the transition or end of service, monitor client perspectives and concerns after the transition, and monitor follow-up plans. Evaluating transitions is an opportunity to verify that client and family needs were met and concerns or questions addressed.

Client feedback and the overall results of the evaluation are shared with the organization's leaders and the governing body and the information is used to improve transitions.

MAINTAINING ACCESSIBLE AND EFFICIENT INFORMATION SYSTEMS

21.0 Client records are kept accurate, up-to-date, and secure.

Appropriateness

21.1 An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.

Guidelines

Client records are accessible and up-to-date. Information is easy to find and identify, and is organized for ease of use. The record includes the dates of service, is signed by the appropriate authority, and is legible.

Only recognized abbreviations are used in the record, and critical client information is prominently displayed.

The client record is updated whenever there is a change in health status, the care plan, the client's medications, or when the client is transitioned to another level of care or service.

Organizational and professional standards are followed when determining what information is needed for the client record to be considered complete. These include significant changes in condition, diagnostic results, alert notations, progress notes, significant events or patient safety incidents, and others.

Clients and families are involved in providing and documenting information, and ensuring the information captured is accurate and complete. The team may partner with the client and family in various ways depending on the service setting and individual circumstances. For example, in community settings or primary care, documentation can often be completed in the room, with the client and family. This is not always possible in all care settings, particularly if the client record is maintained in a central location, concurrent documentation detracts from the care or service being delivered, or urgent care is being delivered.

When documenting in the client record with the client and family is not possible, the team works to include the client and family in the process as much as possible (e.g., taking notes with them, confirming information) to ensure that what is documented is accurate and reflects the nature of the service provided, intervention, or conversation.

Appropriateness

21.2 A standardized set of health information is collected to ensure client records are consistent and comparable.

Guidelines

Collecting standardized information applies whether the client records are paper-based or electronic.

The nature of the health information collected will vary depending on the type of organization and the services provided. Standards for data collection may be set out in provincial/territorial or national guidelines. Standardized data elements can be found through the Canadian Institute for Health Information, as well as provincial platforms for electronic records (e.g., e-Health Ontario). Where information is not available, the organization works with partner organizations and/or the health region to determine what information to collect for each client.

Appropriateness

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21.3 Policies and procedures to securely collect, document, access, and use client information are followed.

Guidelines

Policies outlining authorized access to client information are available to the team, including how, when, and what information they may access. Only team members who are actively involved in a client's care have access to the client record.

The team is aware of and knows how to comply with applicable legislation to protect the privacy and confidentiality of client information. Applicable legislation may be provincial, territorial, or federal.

Client-centred Services

21.4 Clients are able to access information in their records, including electronic medical/health records, in a routine, client-centred, and timely way.

Guidelines

Client access to their records is facilitated in a proactive way, according to the organization's policy and applicable legislation. The processes to access records are client-centred and support clients to access their information. Clients have opportunities to discuss the information, ask questions, provide feedback.

Client-centred Services

21.5 Information is documented in the client's record in partnership with the client and family.

Guidelines

Clients are the owners of their health information. They are included in the process of documenting information in their record and can provide input on the information being documented. Clients are given the right to read and comment on information that is recorded. The charting or documentation process may be conducted in partnership with the client as part of their care, or access to their records may be provided electronically.

Appropriateness

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21.6 Policies and procedures for securely storing, retaining, and destroying client records are followed.

Guidelines

Relevant legislation, including the federal Privacy Act and the federal Personal Information Protection and Electronic Documents Act, are followed, where applicable. Each province and territory refers to their respective privacy laws, and laws governing health information protection, where relevant.

Continuity

21.7 The flow of client information is coordinated among team members and other organizations, in partnership with the client and in accordance with legislation.

Guidelines

While respecting the client's right to privacy and with the client's consent, information is shared as required to facilitate a client-centred approach to service delivery. Effective information sharing helps the team better meet the needs of clients and reduces duplication in obtaining client information. The team obtains client consent to share information.

Clients are involved in sharing information (e.g., maintaining and sharing a current list of medications, or providing a discharge summary to appropriate providers).

Appropriateness

21.8 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.

Guidelines

Record-keeping may be paper-based and/or electronic. The monitoring and evaluation process meets any applicable legislation or requirements. The process examines privacy breaches, as well as accuracy and effectiveness of practices.

Evaluation may be done for a sample of records on an irregular or regular basis. Where record-keeping is electronic, evaluation can be triggered based on certain events, such as unusual activity, attempt to retrieve certain data, or unmasking of data.

All electronic activities are linked to a unique user identifier, date and time stamped, and an activity log is maintained to ensure practices can be appropriately monitored.

22.0 Health information is managed to support the effective delivery of services.

Appropriateness

22.1 Training and education about legislation to protect client privacy and appropriately use client information are provided.

Guidelines

Training is provided to all team members and may be formal or informal. Further training or education is provided when there are changes to legislation or after an extended period of time.

Appropriateness

22.2 Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.

Guidelines

Policies regarding the use of electronic mail, texting, web applications and social media are determined using the perspectives of clients and families. This may include inter-team communication, communication with clients, or communication with partners and potential clients.

When determining what electronic communications and technologies to use, considerations are made for how to manage issues of privacy, professionalism, security of information, client communication preferences, and legislation. Technologies may be used to assist in service provision or care, (e.g., demonstrating procedures on a tablet).

Appropriateness

22.3 Policies and procedures for disclosing health information for secondary use are developed and followed.

Guidelines

Secondary use refers to using health information for a purpose other than direct service provision, such as clinical program management, health system management, public health surveillance, and research.

Policies and procedures cover the appropriate circumstances in which to disclose the data and how to ensure client privacy is maintained (e.g., by de-identifying or aggregating data prior to disclosure). Where identifiable or re-identifiable data is requested, the team follows an ethics approval process and assesses risk prior to disclosure.

MONITORING QUALITY AND ACHIEVING POSITIVE OUTCOMES

23.0 **Current research, evidence-informed guidelines, and best practice information is used to improve the quality of services.**

Appropriateness

23.1 There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.

Guidelines

Guidelines may be selected by a committee, council, or individual who makes recommendations to the team on which guidelines to use and how they can be integrated into service delivery.

Guidelines from other organizations or associations can be adopted by the team. The process for selecting guidelines is standardized and formalized. It may include using content experts; a consensus panel; Grades of Recommendation Assessment, Development and Evaluation (GRADE); or the Appraisal of Guidelines Research and Evaluation (AGREE) II instrument, which allows organizations to evaluate the methodological development of clinical practice guidelines from six perspectives: scope and purpose, stakeholder involvement, rigour of development, clarity and presentation, applicability, and editorial independence.

Client-centred Services

23.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.

Guidelines

A collaborative approach is used to select guidelines that are appropriately linked to improved client experience and outcomes.

Organizations will use a comprehensive procedure to select evidence-informed guidelines. Depending on the scope of the project, this may include a comprehensive literature review, an environmental scan, consulting other organizations about their practices, and an evaluation with partners and stakeholders.

As with any activity that affects client care and experience, organizations gather and consider input from clients and families when reviewing the procedure to select evidence-informed guidelines. Although clients and families may not be involved in a technical or scientific review, their perspectives on clients' experiences of care are valuable. Client and family perspectives can be gathered through their attendance at procedural review committees, their review of procedural documents, and by shadowing the use or implementation of the procedure in practice.

Appropriateness

23.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.

Guidelines

Comprehensive documents that synthesize the evidence from several guidelines may be used. For example, the Cochrane Collaboration conducts systematic reviews of the available evidence that can help teams and organizations with their review process.

Clients and families are consulted to determine whether the method of deciding among guidelines follows a client-centred approach (e.g., helping to determine which guideline is more client-centred, reviewing whether a guideline was developed with the client perspective).

Appropriateness

23.4 Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.

Guidelines

Selected guidelines and evidence are used to develop procedures and protocols to improve service delivery and provide standardized care to clients. The procedures and protocols may enhance patient safety, improve inter-team collaboration, increase efficiency, and minimize variation in service delivery. Client and family perspectives are considered when evaluating improvements. As the recipients of care, clients and families are often best positioned to help identify unnecessary variations or duplications in service.

Research knowledge is adapted and applied to each unique care setting.

Appropriateness

23.5 Guidelines and protocols are regularly reviewed, with input from clients and families.

Guidelines

The review process includes accessing the most up-to-date research and information and determining its relevance (e.g., through literature reviews, content experts, or national organizations or associations). Research information may include intervention research, program evaluations, or clinical trials.

The review process informs the procedure to select evidence-informed guidelines.

Although clients and families may not be involved in a technical or scientific review, their perspectives on clients' experiences while receiving care driven by guidelines and protocols are valuable to the review process.

Appropriateness

23.6 There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.

Guidelines

The need for ethics approval is evaluated and, if necessary, sought, prior to undertaking research or activities (including quality improvement activities), where information is collected.

24.0 Client and team safety is promoted within the service environment.


Safety

24.1 A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.

Guidelines

A proactive, predictive approach is designed to address potential issues by mitigating a risk or hazard before it occurs. While it may not be possible to identify all risks in a service setting, a comprehensive process is used to identify the most probable risks.

Through this approach, the team works to address processes that create errors, delays, or inefficiencies and may be viewed as beyond the team's control. These may be small, continuously occurring interruptions to work flow that create significant loss of resources as time goes on (e.g., having to look up commonly used information, having to search for commonly used items).

Information is gathered to determine the causes of potential problems and strategize possible solutions. These activities include conducting audits, talking to clients, talking to team members, monitoring areas for risk, identifying interruptions, participating in safety briefings, and addressing areas where there is a high margin of error.

Regular opportunities to share information about potential problems and actual incidents can reduce risk and the likelihood of an incident occurring or recurring.


Safety

24.2 Strategies are developed and implemented to address identified safety risks, with input from clients and families.

Guidelines

The team works together to increase participation in risk mitigation strategies. Client and family perspectives are incorporated in the process of developing and implementing risk mitigation strategies. The strategies are tested on a small scale and results are monitored. Strategies will vary depending on the types of risks identified and may include action planning and working with other team members to address identified risks.

Safety

24.3 Verification processes are used to mitigate high-risk activities, with input from clients and families.

Guidelines

To identify high-risk activities, the team may review its services and use this information to develop and implement checking systems to reduce the risk of harm to clients and team members.

Across the care continuum, verification systems vary depending on services. Examples may include but are not limited to:

- Repeat back or read back processes for diagnostics or verbal orders
- Checking systems for water temperature, especially for bathing
- Standardized tracking sheets for clients with complex medication management needs
- Automated alert systems for communication of critical test results
- Computer-generated reminders for follow-up testing in high-risk clients
- Two person verification process for blood transfusions
- Independent double checks for dispensing and administering high-risk medications
- Medication bar coding systems for drug dispensing, labeling, and administration
- Decision support software for order entry or drug interaction checking
- Safety monitoring systems for teams in community-based organizations or for clients in high-risk environments
- Standardized protocols to monitor vital signs (e.g., fetal heart rate during medical induction/augmentation of labour, or in high-risk deliveries)
- Systems to monitor vaccine fridge temperatures
- Standardized protocols for the use of restraints
- Standardized screening processes for allergies to contrast media.

Safety

24.4 Safety improvement strategies are evaluated with input from clients and families.

Guidelines

Adjustments are made as needed to ensure positive change is sustained.

Safety

24.5 Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable.

Guidelines

Reporting and recording is done is a timely way. Patient safety incidents include harmful incidents, no harm incidents, and near misses, as per the World Health Organization International Classification for Patient Safety.

Client-centred Services

24.6 Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary.

Guidelines

The Canadian Patient Safety Institute (CPSI) publishes a guide to disclosing patient safety incidents, for health care providers, interdisciplinary teams, organizations, and regulators who are developing and implementing disclosure policies, practices, and training methods.

Support following a patient safety incident is an important part of the process. Support is provided to clients and families as well as team members affected by a patient safety incident.

Safety

24.7 Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.

Guidelines

Analyzing patient safety incidents includes determining the contributing factors, taking action to prevent the same situation from recurring, and monitoring the effectiveness of those actions. Organizations use this information when developing strategies to proactively anticipate and address risks to client and team safety.

The Canadian Patient Safety Institute offers a framework for incident management. It provides an in-depth description of the process of analyzing and managing patient safety incidents. An online Incident Analysis Learning Program series is available to assist organizations to apply the principles of incident analysis at www.patientsafetyinstitute.ca/.

25.0 Indicator data is collected and used to guide quality improvement activities.

Client-centred Services

25.1 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.

Guidelines

Information and feedback is collected in a consistent manner from key stakeholders about the quality of services. Feedback can take the form of client and family satisfaction or experience data, complaints, indicators, outcomes, scorecards, incident analysis information, and financial reports. It may be gathered by a variety of methods, including surveys, focus groups, interviews, meetings, or records of complaints.

Appropriateness

25.2 The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.

Guidelines

Feedback and other forms of information, observation, and experience are used to identify and prioritize areas for quality improvement initiatives. This is done using a standardized process based on criteria such as expressed needs of clients and families, client-reported outcomes, risk, volume, or cost.

Appropriateness

25.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.

Guidelines

Quality improvement objectives define what the team is trying to achieve and by when. Appropriate quality improvement objectives are typically short term, have targets that exceed current performance, and are usually aligned with longer-term strategic priorities or patient safety areas. The timeframe will vary based on the nature of the objective.

The SMART acronym is a useful tool for setting meaningful objectives. The objectives should be Specific, Measurable, Achievable, Realistic, and Time-bound. The United States Centers for Disease Control and Prevention offers a guide to writing SMART objectives.

Appropriateness

25.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.

Guidelines

Indicators are used to monitor whether the activities resulted in change and if the change is an improvement. Primarily, indicators are selected based on their relevance and whether they can accurately monitor progress. When there are multiple potential indicators, criteria such as scientific validity and feasibility are used to select them.

If there are difficulties selecting indicators, it may mean the quality improvement objective needs clarification.

Appropriateness

25.5 Quality improvement activities are designed and tested to meet objectives.

Guidelines

Quality improvement activities are the actions that are undertaken to initiate improvements, and are part of the larger quality improvement plan. Activities are first designed and tested on a small scale to determine their effect prior to implementing them more broadly.

The Getting Started Kit for Improvement Frameworks is a resource created by the Canadian Patient Safety Institute and is based on the Model for Improvement. The Institute for Healthcare Improvement offers a framework to guide quality improvement activities using Plan, Do, Study, Act cycles.

Appropriateness

25.6 New or existing indicator data are used to establish a baseline for each indicator.

Guidelines

Establishing a baseline reference point makes it possible to monitor progress towards meeting quality improvement objectives by comparing pre- and post-activity data and noting changes. Establishing a baseline may require one or many data points and occurs over a defined period of time. Once the baseline is established, the team may need to reevaluate its quality improvement objectives to ensure they remain feasible and relevant.

Appropriateness

25.7 There is a process to regularly collect indicator data and track progress.

Guidelines

How indicator data will be collected and how often is determined. Regularly collecting data allows the team to track its progress and understand the normal variation of values.

Appropriateness

25.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.

Guidelines

The team compares the intended and actual effects of its quality improvement activities, and, if the objective has not been achieved, adjusts its actions accordingly to meet the objective.

Analyzing data helps identify trends and may reveal areas that could be considered for future quality improvement initiatives. Indicator data can be displayed in a run chart or control chart, both of which are valid means of data analysis.

Safer Healthcare Now! offers Patient Safety Metrics, a web-based tool where organizations can submit data on various interventions, analyze results, and generate reports.

If it is not within the team's capacity to analyze the data, it seeks qualified internal or external assistance.

Appropriateness

25.9 Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.

Guidelines

The way in which activities are implemented broadly will vary based on the scope and scale of the team's services and the timeframe (e.g., an effective activity is implemented in more than one area of care and for a longer period of time).

Population Focus

25.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Guidelines

Information is tailored to the audience and considers the messaging and language that is appropriate for each audience.

Sharing the results of evaluations and improvements helps familiarize stakeholders with the philosophy and benefits of quality improvement and engage them in the process. It is also a way for organization to spread successful quality improvement activities and demonstrate its commitment to ongoing quality improvement.

Among other benefits, sharing indicator data externally allows for comparisons with organizations offering similar services.

Appropriateness

25.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.

Guidelines

The evaluation of quality improvement initiatives includes activities, objectives, and indicators. Results are used to plan future quality improvement initiatives including how and when to sustain or spread existing initiatives.

Outcomes of the quality improvement initiatives are considered with respect to how they align with the organization's overall quality improvement plan, goals and objectives, mission and values, and strategic plan. The team evaluates whether objectives were met within the timeframes and whether the timeframes are still relevant.

Based on the review of the initiatives, objectives and indicators may be added, amended, or removed as appropriate. The rationale for amending or removing them is documented.

Resources

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