



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

STANDARDS

Provincial Correctional Health Services Standards

For Surveys Starting After:
January 01, 2019

Date Generated: November 26, 2018
Ver. 14

IMPORTANT: PLEASE READ THE FOLLOWING CAREFULLY. USE OF THIS PUBLICATION IS SUBJECT TO THE TERMS AND CONDITIONS SET OUT BELOW.

This publication is provided by Accreditation Canada. This publication, and all content contained herein, is owned by Accreditation Canada and/or its licensors and is protected by copyright and other intellectual property rights in Canada and around the world.

You are entitled to use this publication internally within your organization for information purposes only. You may reproduce, retransmit, and redistribute this publication internally within your organization (physically or on a digital network) solely for such limited purpose as long as the copyright notice and proper citations and permissions are included. Internal use is limited to a network of up to 30 personnel. **All other use and all other exploitation are expressly prohibited without the express permission of Accreditation Canada.**

Except as otherwise specifically provided above (or except as expressly permitted by Accreditation Canada otherwise), you may not: (i) use this publication for any other purpose (including without limitation, for commercial purposes), (ii) reproduce, retransmit, reprint or distribute this publication to any other person or entity, (iii) modify, amend or translate this publication, (iv) remove, modify or obscure any trade names, trademarks or copyright notices included in this publication, (v) combine this publication (in whole or in part) with any other materials (or software).

This publication is provided “as is” without warranty of any kind, whether express or implied, including without limitation any warranties of suitability or merchantability, fitness for purpose, the non-infringement of intellectual property rights or that this publication and the contents thereof is complete, correct, up to date, and does not contain any errors, defects, deficiencies or omissions. In no event shall Accreditation Canada and/or its licensors be liable to you or any other person or entity for any direct, indirect, incidental, special or consequential damages whatsoever arising out of or in connection with this publication and/or the use or other exploitation thereof (including lost profits, anticipated or lost revenue, loss of data, loss of use of any information system, failure to realize expected savings or any other economic loss, or any third party claim), whether arising in negligence, tort, statute, equity, contract (including fundamental breach), common law, or any other cause of action or legal theory even if advised of the possibility of those damages.

If you do not accept these terms and conditions (in whole or in part) you may not use this publication. Your failure to comply with any of these terms and conditions shall entitle Accreditation Canada to terminate your right to use this publication.

Nothing in these terms and conditions shall be construed or deemed as assigning or transferring to you or your organization any ownership, title or interest in this publication and any content thereof, or any intellectual property rights therein.

For permission to reproduce or otherwise use this publication or the contents thereof for any other purpose, including commercial purposes, please contact standards@accreditation.ca.

© 2017, Accreditation Canada and its licensors

PROVINCIAL CORRECTIONAL HEALTH SERVICES STANDARDS

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-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 as a true partner in service delivery.

Client-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 they serve. Providing client-centred care means working collaboratively with clients 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 perspectives and choices. Client 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 in ways that are affirming and useful. Clients receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- 3. Partnership and participation:** Encouraging and supporting clients to participate in care and decision making to the extent that they wish.
- 4. Collaboration:** Collaborating with clients in policy and program development, implementation and evaluation, facility design, professional education, and delivery of care.

Accreditation Canada's provincial Correctional Health Services standards are intended for health services delivered in correctional facilities other than at the federal level, that have different security levels (minimum, medium, maximum), and diverse inmate (or prisoner, or offender) populations. "Health services" is defined as including nursing assessments and interventions, diagnostic services, physician clinics, health promotion and prevention, emergency care, dental services, psychiatric and psychological

services, special programs (e.g. Methadone), and dialysis. Correctional health services are planned, designed, delivered, modified, and evaluated to fit the needs of inmates while considering local and organizational security protocols.

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.

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.



- 1.1 Services are delivered in a way that meets the requirements of relevant federal, provincial, and/or territorial legislation.



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

Guidelines

New information may be solicited from clients, 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).



- 1.3 Services are coordinated with correctional partners including treatment centres, psychiatric centres, and community correctional centres.



Appropriateness

1.4 Service-specific goals and objectives are developed.

Guidelines

Clients, 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

1.5 Services are reviewed and monitored for appropriateness.

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.

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.

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

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



Appropriateness



2.2

The health care centre has sufficient space to ensure the safe delivery of medical, dental, and medication management services.

Guidelines

The health care centre includes examination and treatment space that can accommodate medical equipment and permit privacy during service delivery as appropriate, subject to security requirements.



Appropriateness

2.3

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.

Client-centred
Services

2.4

Telehealth services are available, where feasible, to increase access to health services for clients.

Guidelines

Telehealth includes telephone, web-based video archives and video communication links between two or more settings. Telehealth may be used where distance prevents equitable access to health services.



Appropriateness

- 2.5 An appropriate mix of skill level and experience within the team is determined.

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.

Client-centred
Services

- 2.6 Space is designed to ensure safety and permit confidential and private interactions with clients.

Guidelines

To the extent possible, the physical space is designed to be safe and to respect privacy and confidentiality. 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

- 2.7 The effectiveness of resources, space, and staffing is evaluated with input from 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 the team and stakeholders is gathered through surveys, focus groups, advisory committees, and informal feedback.



Accessibility

2.8

A universally-accessible environment is created.

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 and clients to support accessibility.

BUILDING A PREPARED AND COMPETENT TEAM



Appropriateness



3.0 Team members are qualified and have relevant competencies.

3.1 Required credentials, training, and education are defined for all team members.

Guidelines

Credentials are defined for all team members, including unregulated staff.

Required credentials, 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.



Appropriateness



3.2 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

3.3 A comprehensive orientation is provided to new team members.

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

- 3.4 Education and training are provided to team members on how to work respectfully and effectively with clients 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

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

Guidelines

The education and training program covers the philosophy of client-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

3.6 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/or team members, a client's decision to withdraw care or to live at risk, and varying beliefs or practices.



Safety



3.7 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



3.8 **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	3.8.1	Instructions and user guides for each type of infusion pump are easily accessible at all times.
--------------	-------	---

Major	3.8.2	<p>Initial and re-training on the safe use of infusion pumps is provided to team members:</p> <ul style="list-style-type: none"> • 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 <p>When infusion pumps are used very infrequently, just-in-time training is provided.</p>
Major	3.8.3	<p>When clients are provided with client-operated infusion pumps (e.g., patient-controlled analgesia, insulin pumps), training is provided, and documented, to clients on how to use them safely.</p>
Major	3.8.4	<p>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.</p>
Minor	3.8.5	<p>The effectiveness of the approach is evaluated. Evaluation mechanisms may include:</p> <ul style="list-style-type: none"> • Investigating patient safety incidents related to infusion pump use. • Reviewing data from smart pumps. • Monitoring evaluations of competence. • Seeking feedback from clients and team members.
Minor	3.8.6	<p>When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.</p>
	3.9	<p>Education and training are provided on information systems and other technology used in service delivery.</p>



Appropriateness

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



3.10

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.



Worklife



3.11

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

- 3.12 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.



Appropriateness



4.0 Services are provided within a collaborative team environment.

- 4.1 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, 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.

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 patient safety and needs.



Appropriateness

4.2 The team works in collaboration with clients.

Guidelines

Clients are engaged in shared decision making and understand how care is provided.



Worklife

4.3 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 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



4.4 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

- 4.5 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 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.



Worklife

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

- 5.1 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

5.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members.

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.



Worklife

5.3 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

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



Safety



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



Safety



5.6

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



5.7

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, 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



5.8

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



Accessibility



6.0 Access to services is provided in a timely and coordinated manner.

6.1 Clients' requests for services are reviewed and triaged to a clinic appointment or care.

Guidelines

Client access to services is supported by reviewing requests for service on a regular basis, and responding on a timely basis. Requests for services include in-person, written, and verbal requests.



Accessibility



6.2 Immediate access to health services is provided when a client's condition is likely to deteriorate.

Guidelines

This includes emergency and urgent situations such as violent incidents, poisoning, suicide attempts, sexual assaults, and medical emergencies. Access to health services can be provided through other correctional facilities or other community services, as required.



Accessibility



6.3 Timely access to mental health services is provided for clients suffering from mental, emotional, or behavioural disorders.



Accessibility



6.4 Timely access to dental care is provided for clients.



Accessibility

6.5 Access to elective health services is provided to clients whenever possible.

Guidelines

There may be a cost to the client for elective services such as chiropractic or vasectomies. The process of arranging services is supported and the client is advised of any costs for elective services.



Accessibility

6.6 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.



Appropriateness

6.7 Clients are informed why some health services may be limited or restricted.

Guidelines

Limited or restricted health services may be a result of legal requirements or other reasons.

7.0 Clients are partners in service delivery.



Client-centred
Services

7.1 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.



7.2

Applicable legislation, organizational policies, accepted standards of practice, and codes of ethical practice are followed when delivering health services to clients.



7.3

Correctional and other non-health team members present during clients' health encounters are informed that they are required to maintain client confidentiality.



7.4

Clients are encouraged to be actively engaged in their care.

Guidelines

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



7.5

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

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 requires to be meaningfully involved in their care. This information is documented in the client record.



Client-centred
Services

7.6

Complete and accurate information is shared with the client 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 and the team. Information is delivered according to individual needs and interests, as well as levels of understanding.

Clients 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).



Client-centred
Services

7.7

Clients are provided with complete and accurate information about telehealth before delivering services.

Guidelines

Clients are told the name, profession, and location of the team members or others to whom they will be speaking during the telehealth encounter; what the technology is and how it will be used; potential risks and benefits; the limitations of using telehealth; any communication issues that may arise (e.g. what will happen if the technology fails); their right to refuse to participate and the alternatives available; their right to decline the service at any time; how the service will be documented; how information is kept secure, private, and confidential; and who is responsible for ongoing care.



Client-centred
Services

- 7.8 The team verifies that the client understands information provided about their care.

Guidelines

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

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

- 7.9 Translation and interpretation services are available for clients 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, wherever possible.



Client-centred
Services

7.10 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



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

Guidelines

Informed consent consists of reviewing service information with the client 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



7.12

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

7.13

Clients 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 are included in participatory research project design and implementation where appropriate, (e.g., gathering qualitative data for quality improvement initiatives).



Appropriateness



7.14

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

7.15

Clients are provided with information about their rights and responsibilities.

Guidelines

Client 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 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 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 on intake, it is provided at the earliest opportunity.



7.16

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



7.17

A process to investigate and respond to claims that clients' rights have been violated is developed and implemented.

Guidelines

An environment where clients and team members feel comfortable raising concerns or issues is promoted. The organization may provide access to a neutral, objective person from whom clients 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.

8.0 Care plans are developed in partnership with the client based on a comprehensive assessment.

8.1 An initial health assessment is completed in accordance with applicable policy upon admission or transition to the correctional facility.

Guidelines

Initial health assessments may include medication review; infectious disease status; acute medical, mental, or dental conditions; conditions requiring continuing treatment; pain assessment; and activity limitations.

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



Appropriateness



Appropriateness



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
- 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.



Appropriateness



8.3

With the client's consent, medical history is gathered with input from the collaborative team and external consultants as required.

Guidelines

This information may be needed to complete the assessment.



Client-centred
Services

8.4

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

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

8.5 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.



Safety



8.6 **REQUIRED ORGANIZATIONAL PRACTICE:** 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** 8.6.1 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** 8.6.2 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** 8.6.3 The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.
- Major** 8.6.4 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.



Safety



- 8.7** 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.

Guidelines

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 following are examples of universal fall precautions: familiarize clients to new environments; if you have call buttons (e.g., in washrooms) ensure they are within reach; have sturdy handrails in bathrooms, rooms, and hallways; use appropriate lighting; provide chairs that are appropriate for clients with mobility issues; have mobility aids on hand as appropriate to your client population; keep floor surfaces clean and dry; clean up all spills promptly; keep hallways and care areas uncluttered. It is important to identify precautions that align with the clinical setting and needs of clients in that setting, including their right to live at risk.



Safety



8.8

REQUIRED ORGANIZATIONAL PRACTICE: Clients are assessed and monitored for risk of suicide.

Guidelines

Every year close to 3,700 people in Canada die by suicide. Many of these deaths could be prevented by early recognition of the signs of suicidal thinking and offering appropriate intervention.

Test(s) for Compliance

Major

8.8.1 Clients at risk of suicide are identified.

Major

8.8.2 The risk of suicide for each client is assessed at regular intervals or as needs change.

Major

8.8.3 The immediate safety needs of clients identified as being at risk of suicide are addressed.

Major

8.8.4 Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.

Major

8.8.5 Implementation of the treatment and monitoring strategies is documented in the client record.



Appropriateness

8.9

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

Guidelines

The client's expressed needs, preferences and the options for care and service are discussed with the client. 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.



Safety



8.10

A risk assessment is completed and applicable legislation is followed if a client's refusal to consent to a health service threatens public safety.

Guidelines

Examples of threats to public safety include communicable diseases (e.g. tuberculosis) or acute mental health problems.



Continuity

8.11

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



Continuity

8.12

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



8.13

Correctional team members are informed of clients with special health needs that may affect housing, work, and program assignments.

Guidelines

Special health needs that may need to be accommodated may include kidney disease, communicable diseases, pregnancy, terminal illness, or suicide risk.



Safety



8.14

Health information that is pertinent to clients' disciplinary measures and transitions is shared with correctional team members.

Guidelines

Accurate and timely communication promotes continuity of care and may help to prevent patient safety incidents, for example, communication pertaining to suicide risk. Information is shared on a need-to-know basis.



Continuity



8.15

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

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. 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.



Appropriateness



8.16

Clients with a positive mental health screening are referred for a mental health evaluation.

Guidelines

Mental health screens usually include a series of questions used to identify the possibility of common mental health problems, e.g. depression, substance abuse/dependence, post-traumatic stress disorder. These screens are used to determine if further assessment or immediate intervention is warranted.



Appropriateness



8.17

A policy is applied with respect to clients' wishes for advance directives, health care proxies, and “do not resuscitate” orders.

Guidelines

The policy specifies circumstances where having advance directives is advisable (e.g. clients with complex health needs). An advance directive is a legal document that sets out instructions about what and/or how health care decisions are to be made in the event that the client becomes incompetent. It addresses health and personal care issues. Legislation about advance directives varies between provinces and territories.

A proxy directive is a legal document that sets out instructions about who is to make health care decisions in the event that the client becomes incompetent. This person may be referred to as the substitute decision maker.



Client-centred
Services

- 8.18 Planning for care transitions, including end of service, are identified in the care plan in partnership with the client.

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 is prepared and knows 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.

- 9.0 **Care plans are implemented in partnership with clients.**

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



Appropriateness



Safety



9.2

REQUIRED ORGANIZATIONAL PRACTICE: Working in partnership with clients, 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), 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, is not person-specific and should not be used as an identifier.

Client identification is done in partnership with clients by explaining the reason for this important safety practice and asking them for the identifiers (e.g., "What is your name?"). When clients 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

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



Appropriateness

9.3

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



9.4

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



Appropriateness



9.5

The client's health status is reassessed in partnership with the client, and updates are documented in the client record, particularly when there is a change in health status.

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

9.6

Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.

Guidelines

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



Client-centred
Services

9.7 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 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

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

Guidelines

Emotional support and counselling can help clients 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

9.9 There are health promotion and health prevention programs available for clients.

Guidelines

Health promotion and health prevention programs are aimed at improving or maintaining quality of life, preventing deterioration and complications, increasing capacities, and decreasing disabilities and handicaps.

Client participation in health promotion initiatives such as physical exercise, immunization, and disease screening is actively promoted.



Safety



9.10

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 to repeat information. Clients 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

9.10.1 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	9.10.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.
Major	9.10.3	During care transitions, clients are given information that they need to make decisions and support their own care.
Major	9.10.4	Information shared at care transitions is documented.
Minor	9.10.5	<p>The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include:</p> <ul style="list-style-type: none"> • 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 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).

10.0 The health of segregated inmates is monitored.



10.1 The suicide risk of segregated inmates is assessed upon admission and once a day during segregation.

Guidelines

Significant health findings are documented in the client's record.



10.2 The physical and mental health of segregated inmates is assessed once a day during segregation.

Guidelines

Significant health findings are documented in the client's record.



Safety



10.3

There is a process to recommend to the Director of the correctional facility the termination of segregation or the alteration of its conditions based on the physical or mental health status of the segregated inmate.



Appropriateness



11.0

Care plans for clients with complex health needs are carried out in partnership with clients.

11.1

Care plans are maintained for clients with complex health needs so that interdisciplinary care and follow up can be provided for these clients.

Guidelines

Clients with complex health needs include those who require close medical supervision, ongoing care, or interdisciplinary care. Complex health needs include chronic diseases, drug allergies, pregnancy, physical and developmental disabilities, psychological disorders, opioid dependence, infectious diseases, and conditions requiring hospice palliative care.



Client-centred Services



11.2

The care plan includes palliative care services for terminally ill or seriously chronically ill clients.

Guidelines

Palliative care services may be provided in the community.



Client-centred Services

11.3

The appropriate Correctional authorities are consulted about the suitability of requesting compassionate release for terminally ill or seriously chronically ill clients.



11.4

Care plans are developed for pregnant clients that include pre- and post-natal care and arrangements for external hospital delivery.



11.5

Client access to available support, counselling, and social services is facilitated.

Guidelines

Emotional support and counselling can help clients cope with their health needs and health-related issues, and build positive feelings, self-confidence, and dignity.

Collaboration with other team members may be needed to facilitate access to these services.



Safety



12.0

There are policies and procedures for the use of restrictive methods.

12.1

Restrictive methods are used for medical reasons only, and based on a medical order.

Guidelines

Restrictive methods refer to interventions that limit a client's personal freedom and autonomy for the purpose of preventing aggressive behaviour that may pose danger to self (e.g. self-injury, suicide) or others. This may include Crisis Prevention and Intervention (CPI) techniques and physical restraints.

The medical order for restrictive methods is based on set criteria including utilization goals, procedures, and limits on their use. Restrictive methods are never used to punish or to teach acceptable behaviour.



Safety



12.2

Chemical restraints are not used on clients.

Guidelines

Medication is only prescribed and administered for the treatment of a mental or physical condition.



Appropriateness



12.3

Specimens are collected with the client's consent for medical reasons only.



Safety



12.4

The status of restrained clients is continuously monitored and the use of restraints is documented in the client record.

Guidelines

The information documented in the client record specifies when, where, why, and for how long restraints were required.



Client-centred
Services



13.0 Clients are partners in planning and preparing for transitions to another service or setting.

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

Guidelines

Clients are involved in all transition planning. The team and client 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 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.



Continuity

13.2 The transition plan is coordinated with the correctional, probation, or parole team member responsible for planning the client's end of service, transition or release.

Guidelines

The client is under the responsibility of the team until health services have officially ended, or the client has been transitioned to another institution, or released.



Client-centred Services

13.3

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.



Continuity



13.4

The transition plan includes providing required medications so that current medical treatment will not be interrupted before the client receives health services in the community.

Guidelines

Medication limits are set out in policy and followed in the transition planning guidelines.



Client-centred Services

13.5

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 are 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.



Continuity

13.6

Client referrals to community treatment resources are facilitated prior to their release, as required.

Guidelines

Referrals to community treatment resources may be required for a variety of reasons, including infectious diseases and addictions.



Continuity

13.7

The transition plan is documented in the client record.



Continuity



13.8

A transition summary form is prepared and sent to the receiving facility no more than 48 hours prior to the client's transition.



Safety



13.9

Health-related information and recommendations are discussed with escorting officers on a need-to-know basis, in case of complications during a client's transition.



Safety



13.10

Receiving authorities are advised, when appropriate, if the client is not medically able to travel, except for transitions to medical treatment facilities for medical purposes.



Appropriateness

13.11

The effectiveness of transitions is evaluated and the information is used to improve transition planning.

Guidelines

At regular intervals, a sample of clients 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 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

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

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

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 are involved in providing and documenting information, and ensuring the information captured is accurate and complete.

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



Appropriateness



Appropriateness

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



14.3

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

14.4

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

- 14.5 Information is documented in the client's record in partnership with the client.

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



- 14.6 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

- 14.7 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).



Continuity



14.8

Client information is shared with team members, other correctional facilities, and other community health organizations, as needed and based on confidentiality provisions.

Guidelines

Sharing client information may facilitate transitions and reduce duplication in obtaining information.



Appropriateness



14.9

There is a process to monitor and evaluate record-keeping practices, 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.



Appropriateness

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

15.1 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

15.2 Policies on the use of electronic communications and technologies are developed and followed.

Guidelines

Policies regarding the use of electronic mail, texting, web applications and social media are determined using the perspectives of clients. 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

15.3 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

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



Appropriateness



16.1 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.



Appropriateness

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

Guidelines

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



Appropriateness



16.3 There is a standardized process 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 are consulted to determine whether the method of deciding among guidelines follows a client-centred approach.



Appropriateness



16.4

Protocols and procedures for reducing unnecessary variation in service delivery are developed.

Guidelines

Selected guidelines and evidence are used to develop procedures and protocols to improve service delivery and provide standardized care to clients. Guidelines may enhance patient safety, improve inter-team collaboration, increase efficiency, and minimize variation in service delivery. Client perspectives are considered when evaluating improvements due to guidelines. Research knowledge is adapted and applied to each unique care setting.



Appropriateness



16.5

Guidelines and protocols are regularly reviewed to ensure they reflect current research and best practice information.

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.



Appropriateness



16.6

There is a policy on ethical research practices that outlines when to seek approval.

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.



Safety



17.0

Client and team safety is promoted within the service environment.

17.1

A proactive, predictive approach is used to identify risks to client and team safety.

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



17.2

Strategies are developed and implemented to address identified safety risks.

Guidelines

The team works together to increase participation in risk mitigation strategies. Client 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



17.3

There is a process for handling medical complications or emergencies.

Guidelines

Handling medical complications or emergencies includes recognizing situations that require immediate medical intervention and determining the appropriate medical response such as calling an ambulance, or initiating CPR or first aid (i.e. emergency medical directives). Medical complications may include cardiac or respiratory arrest, suicide, hemorrhages, choking, anaphylactic shock, seizures, or falls.



Safety



17.4

Access to experts trained in medical crisis intervention and advanced emergency techniques is available.

Guidelines

Experts may include medical advisors and other emergency or intervention specialists.



Appropriateness



17.5

Emergency health care for visitors and staff is provided until external emergency services become available.



Safety

17.6

Records of on-site simulations of medical emergencies are practiced, analyzed and maintained at least annually.

Guidelines

Medication simulations may be both a CSC Health Services and health unit responsibility.



Safety



17.7

Verification processes are used to mitigate high-risk activities.

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



17.8

Safety improvement strategies are evaluated.

Guidelines

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



Safety



17.9

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 in 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



17.10

Patient safety incidents are disclosed to the affected clients 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, collaborative 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 as well as team members affected by a patient safety incident.



Safety



17.11

Patient safety incidents are analyzed to help prevent recurrence and make improvements.

Guidelines

Analyzing all harmful incidents, no harm incidents, and near misses 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/.



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

18.1 Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from 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 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.



18.2 The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities.

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, client-reported outcomes, risk, volume, or cost.



18.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives.

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

18.4

Indicator(s) that monitor progress for each quality improvement objective are identified.

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



18.5

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

18.6

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

18.7

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



18.8

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



18.9

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

18.10

Information about quality improvement activities, results, and learnings is shared with clients, 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

18.11

Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness.

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.

- Association of Public Health Observatories (APHO). (2008). *The Good Indicators Guide: Understanding how to use and choose indicators*. NHS Institute for Innovation and Improvement.
- Audet, A.M. (2006). Adoption of Patient-Centered Care Practices by Physicians: Results From a National Survey. *Arch Intern Med*, 166(7):754-9.
- Balik, B. (2011). Leaders' role in patient experience: Hospital leadership must drive efforts to better meet patients' needs. *Healthcare Executive*. 26(4):76-78.
- Balik, B. (2012). Patient- and Family-Centredness: Growing a Sustainable Culture. *Healthcare Quarterly* 15: 10-12.
- Balik, B., J. Conway, L. Zipperer & J. Watson. (2011). *Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care*. IHI Innovation Series White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement.
- Bate, P., & Robert, G. (2006). Experience-based design: from redesigning the system around the patient to co-designing services with the patient. *Qual Saf Health Care*, 15: 307-310.
- BC Patient Safety & Quality Council. (2010) *Measurement strategies for improving the quality of care: A review of best practice*. Vancouver BC.
- Bergeson, S.C. (2006). A Systems Approach to Patient-Centered Care. *JAMA*, 296 (23): 2848-51.
- Black, N. (2013). Patient reported outcome measures could help transform healthcare. *BMJ*, 346: f167.
- British Columbia Ministry of Health (2011). *Integrated primary and community care patient and public engagement Framework*. www.impactbc.ca
- Canadian Foundation for Health care Improvement (2013). *On Call Webinars - Patient Engagement Series*. www.cfhi-fcass.ca
- Canadian Institutes of Health Research (2011). News Release. Government of Canada puts patients first

with new research strategy. August 22, 2011. www.cihr-irsc.gc.ca

Canadian Malnutrition Task Force (2014). Canadian Malnutrition Task Force Screening Tool. June 2014. www.nutritioncareincanada.ca

Canadian Medical Association (2007). Putting Patients First: Patient-Centred Collaborative Care, A Discussion Paper. July 2007. www.cma.ca

Canadian Medical Association (2010). Health care transformation, *Change that Works. Care that Lasts*. Building a culture of patient-centred care. Charter for Patient-Centred Care. www.cma.ca

Cancer Quality Council of Ontario (2013). Environmental Scan: Patient and Family Experience June 2013.

Centers for Disease Control and Prevention (2003). *Prevention Works: CDC Strategies for a Heart-Healthy and Stroke-Free America*. Atlanta, GA: U.S. Department of Health and Human Services. www.cdc.gov

Chan, & Wood (2010). Preparing Tomorrow's Healthcare Providers for Interprofessional Collaborative Patient-Centred Practice Today. *UBCMJ* 1(2).

Change Foundation (2011). Winning Conditions to improve patient experiences: integrated healthcare in Ontario. www.changefoundation.ca

Chow, S., Teare, G., & Basky, G. (2009). Shared decision making: Helping the system and patients make quality health care decision. Saskatoon: Health Quality Council. www.hqc.sk.ca

Conway, et al. (2006). Partnering with Patients and Families To Design a Patient- and Family-Centered Health Care System, A Roadmap for the Future. www.ipfcc.org

Coulter, A. (2012). Leadership for patient engagement. The King's Fund. London: UK. www.kingsfund.org.uk

Coulter, A. (2012). Patient Engagement-What Works? *J Ambulatory Care Manage*, 35(2): 80-89.

Davis, R., Sevdalis, N., & Vincent, C. (2010). Patient involvement in patient safety: How willing are patients to participate? *BMJ Quality and Safety*, 20: 108-114.

Dentzer, S. (2013). Rx for the 'Blockbuster Drug' of Patient Engagement. *Health Affairs*, 32(2):202.

Epstein, R.M., & Street, R.L. (2011). The values and value of patient-centered care. *Annals of Family*

Medicine, 9(2): 100-103.

Epstein, R.M., Fiscella, K., Lesser C.S., & Stange, KC. (2010). Why The Nation Needs A Policy Push On Patient-Centered Health Care. *Health Affairs*, 29(8): 1489-1495.

Frampton, S., Charmel, P. Eds. (2009) Putting Patients First: Best Practices in Patient-Centered Care, Second edition. San Francisco: Planetree, Inc.

Frampton, S., Guastello, S., Brady, C., Hale, M., Horowitz, S., Bennett Smith, S., & Stone, S (2008). *Patient-Centered Care Improvement Guide*. Derby, Connecticut: Planetree. www.ihi.org

Frankel, et al (2011). Crossing the Patient-Centered Divide: Transforming Health Care Quality Through Enhanced Faculty Development, *Academic Medicine*, 86(4), 445-452.

Hall, J., Peat, M., Birks, Y., Golder, S. et al (2010). Effectiveness of interventions designed to promote patient involvement to enhance safety: A systematic review. *BMJ Quality and Safety in Health Care*, 19(5):e10.

Hibbard, J.H., Greene, J., & Overton, V. (2013). Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' 'Scores'. *Health Affairs*, 32(2): **216-222**.

Hudon, et al (2011). Measuring Patients' Perceptions of Patient-Centered Care: A Systematic Review of Tools for Family Medicine, *Annals of Family Medicine*, 9:155-164.

Institute for Healthcare Improvement (IHI) (2012). How to Improve. www.ihi.org

Institute for Healthcare Improvement, the National Initiative of Children's Healthcare Quality, the Institute for Patient and Family-Centered Care (2011). *Patient- and Family-Centered Care Organizational Self-Assessment Tool*. www.ihi.org

Institute for Healthcare Improvement (2004). Strategies for Leadership: Patient-and Family-Centred Care: A Hospital Self-Assessment Inventory. www.ihi.org

Johnson, et al (2008). Partnering with Patients and Families to Design a Patient and Family-Centered Health Care System: Recommendations and Promising Practices. The Institute for Patient- and Family-Centered Care. www.ipfcc.org

Kingston General Hospital (2012). Press Release: KGH wins patient-centred care award from NRC Picker. www.kgh.on.ca

- Langley, G.L., Nolan, K.M., Nolan, T.W., Norman, C.L., & Provost, L.P. (2009). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers.
- Levinson, W. (2011). Patient-centred communication: a sophisticated procedure. *British Medical Journal of Quality and Safety*, 20(10): 823-825.
- Lewis, S. (2009). Patient-Centered Care: An Introduction to What It Is and How to Achieve It: A Discussion Paper for the Saskatchewan Ministry of Health. www.health.gov.sk.ca
- Lloyd, R. (2004) *Quality healthcare: A guide to developing and using indicators*. Sudbury MA. Jones and Bartlett Publishers.
- Longtin, Y., Sax, H., Leape, L., Sheridan, S., Donaldson, L., & Pittet, D (2010). Patient Participation: Current Knowledge and Applicability to Patient Safety. *Mayo Clinic Proceedings*, 85: 53-62.
- Luxford, et al. (2011). Promoting Patient-centred care: a qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving patient experience, *International Journal for Quality in Health Care*, 23(5): 510-15.
- National Committee for Quality Assurance. *The Patient-Centred Medical Home: Health Care that Revolves Around You. An Established Model of Care Coordination*. www.ncqa.org
- New Brunswick Health Council (2010). *Our Health. Our Perspectives. Our Solutions. Results of our First Engagement Initiative with New Brunswick Citizens*. www.nbhc.ca
- Ontario Medical Association (2010). *Patient-Centred Care*, Ontario Medical Review, Policy Paper, June 2010. www.oma.org
- Picker Institute (2012). *Always Events: Health Care Solutions Book*. Publications. www.alwaysevents.pickerinstitute.org/?p=1759
- Raleigh, V.S., & Foot, C. (2010). *Getting the Measure of Quality: Opportunities and Challenges*. London: The King's Fund.
- Safer Healthcare Now!* (2011). *Improvement Frameworks Getting Started Kit*. Canadian Patient Safety Institute. www.saferhealthcarenow.ca

Safer Healthcare Now! Patient Safety Metrics: Measuring to Reduce Harm. www.saferhealthcarenow.ca

Saint Elizabeth Health Care (2011). Client-Centred Care in the Canadian Home and Community Sector: A Review of Key Concepts. September 2011. www.saintelizabeth.com

Saskatchewan Ministry of Health (2011). Patient- and Family-Centred Care in Saskatchewan: A Framework for Putting Patients and Families First. www.health.gov.sk.ca

Shaller, D., & Darby, C. (2009). High-Performing Patient and Family-Centered Academic Medical Centers: Cross-Site Summary of Six Case Studies. The Picker Institute.

Shaller, D. (2007). Patient-Centered Care: What Does it Take? The Commonwealth Fund. www.commonwealthfund.org

Smith, et al (2011). Behaviorally Defined Patient-Centered Communication-A Narrative Review of the Literature, *Journal of General Internal Med* 26(2): 185-91.

Spragins, & Lorenzetti (2008). Public Expectation and Patient Experience of Integration of Health Care: A Literature Review. The Change Foundation. www.changefoundation.ca

Stange, K.C., Nutting, P.A., et al (2010). Defining and Measuring the Patient-Centered Medical Home. *Journal of General Internal Med*, 25(6): 601-12. www.commonwealthfund.org

The Australian Council on Healthcare Standards (ACHS) (2010). The ACHS Equip5 Guide: Book 2- Accreditation, Standards, and Guidelines-Support and Corporate Functions. Sydney, Australia: ACHS.

The Australian Commission on Safety and Quality of Health Care (2010). Patient-Centred Care: Improving Quality and Safety by Focusing Care on Patients and Consumers, Discussion paper. www.safetyandquality.gov.au

The Health Council of Canada (2008). How Engaged are Canadians in their Primary Care? Results from the 2010 Commonwealth Fund International Health Policy Survey. Canadian Health Care Matters. Bulletin 5. www.healthcouncilcanada.ca

The Health Council of Canada (2012). Turning what we know into action: A commentary on the National Symposium on Patient Engagement. www.healthcouncilcanada.ca

The Health Foundation (2013). Evidence Scan: Involving patients in improving safety. The Evidence Centre. London: UK. www.health.org.uk

The King's Fund (2013). Patient Centred Leadership: Rediscovering our Purpose. www.kingsfund.org.uk

Wagner, et al (2012). Guiding Transformation: How Medical Practices Can Become Patient-Centred Medical Homes. The Commonwealth Fund. February 2012. www.commonwealthfund.org

Wasson, & Baker (2009). Balanced Measures for Patient-Centered Care. *J Ambulatory Care Manage*, 32(1), 44-55.

Weingard, S.N. (2013). Patient Engagement and Patient Safety: Perspective on Safety. Agency for Healthcare Research and Quality: WebM&M. www.webmm.ahrq.gov

WIHI. Recognizing Person- and Family-Centered Care: Always Events at IHI Radio Broadcast. September 26, 2013. www.ihi.org

World Health Organization (2007). People-Centred Health Care: A Policy Framework. Geneva. www.who.int

Wynia, & Matiasek (2006). Promising Practices for Patient-Centred Communication with Vulnerable Populations: examples from eight hospitals. The Commonwealth Fund. August 2006. www.commonwealthfund.org

Accreditation Canada would appreciate your feedback on these standards

Your Name: _____

Organization Name: _____

Email address or telephone number: _____

(A Product Development Specialist may contact you about your feedback.)

Feedback: Please indicate the name of the standard, as well as the criterion number in your comments. Please be as specific as possible in your comments.

For example: I would like to provide comments on the Long-Term Care Services standards, criterion 3.12. Clients should be included in this process. I suggest you change the wording to "The team engages staff, service providers, and clients in the process to plan services."

You may also submit your feedback online [HERE](#)

[YOUR COMMENTS HERE]

Thank you for your input! Please send this page to:

Program Development, Accreditation Canada, 1150 Cyrville Road, Ottawa, ON K1J 7S9

Fax: 1-800-811-7088, Email: ProgramDevelopment@accreditation.ca