ACCREDITATION
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STANDARDS

Public Health Services

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PUBLIC HEALTH SERVICES

The Accreditation Canada Public Health Services Standards focus on maintaining and improving the health of the population by designing and delivering services that affect groups and populations of people. The standards address the full range of the determinants of health to reduce inequities in health between and within populations.

The standards are based on the five core functions of a public health system: health assessment, health surveillance, health promotion, prevention, and health protection. The scope, roles and responsibilities, and approach the organization takes to address these functions will vary according to its size, structure, jurisdiction, and mandate. An essential part of effective public health service delivery is fostering partnerships and collaboration, and creating linkages with other organizations that provide services to the community.

The Public Health Services Standards include the following sections:

Building knowledge and understanding of population needs and assets
Standard 1.0 - 2.0: The organization assesses population health status and maintains a comprehensive surveillance system to monitor public health threats.

Investing in public health services
Standard 3.0: The organization plans and designs its programs and services to meet community health needs.

Building a prepared and competent team
Standard 4.0 - 5.0: The team's staff and service providers are qualified and competent, and the well-being and worklife balance of the team is promoted.

Creating conditions for meaningful engagement with partners
Standard 6.0: The organization engages community partners and stakeholders to address population health needs.

Promoting the health of the population
Standard 7.0 - 9.0: With its partners, the organization develops and implements effective public health communication strategies, contributes to public policy, and empowers and builds capacity within the community to promote the health of the population.

Investing in prevention for improved population health
Standard 10.0 - 11.0: The organization engages in a wide range of prevention activities, including providing safe immunization services.

Protecting the health of the population
Standard 12.0 - 13.0: The organization enforces public health laws and regulations to protect people from health and safety hazards, and is prepared to respond to public health emergencies**.**

Maintaining efficient information systems to support decision making
Standard 14.0: The organization manages public health data and information to support evidence-informed decisions.

Monitoring quality and achieving positive outcomes
Standard 15.0 - 16.0: The organization uses research and evidence, and collects and uses indicator data, to inform and improve its services.

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.

BUILDING KNOWLEDGE AND UNDERSTANDING OF POPULATION NEEDS AND ASSETS

1.0 Population health status is regularly assessed and health issues, inequities, and assets are identified.

1.1 A population health assessment is conducted at least every five years.

Guidelines

The population health assessment provides a demographic profile of the community. It includes the impacts of the determinants of health (e.g., income and social status, social support networks, education and literacy, employment/working conditions, social and physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, culture, and language), leading health problems in the community, health status, and risk factors. The health assessment examines the distribution of health inequities between different population subgroups. The assessment also describes population health strengths and needs, and the resources required to address those needs.

If it is not within the organization's mandate to conduct a population health assessment, the organization obtains the assessment from the appropriate body. Where the province/territory conducts or mandates the assessment, the organization follows that body's planning schedule.

1.2 Information from a variety of sources is regularly analyzed to assess population health.

Guidelines

Ongoing analysis is conducted to inform and update the population health assessment. Information includes internal and external data sources, epidemiological data, and trend information. Various types of research are included, such as community-based research, focus groups, key informants, community and expert knowledge, reports and publications, and consultation with stakeholders and partners.

Population Focus

1.3 The data from the population health assessment is compared with other jurisdictions to identify potential gaps and priority areas.

Guidelines

As part of the population health assessment, population data is compared to demographically similar populations in different jurisdictions, as well as regional and national averages.

Inequities between regions may indicate that population health interventions are required to bridge the gaps between communities, or that communities demonstrating success in an area may serve as a model for planning purposes.

Population Focus

1.4 Populations at higher risk of poor health outcomes are identified.

Guidelines

Identifying populations at higher risk includes determining their characteristics, including geographic considerations. Among the population groups at higher risk are seniors; youth; groups with different economic, cultural and linguistic backgrounds and traditions; and groups at increased risk of disease, injury and chronic conditions due to physical or social environmental factors, genetics, or lifestyle.

Population Focus

1.5 Health equity gaps that exist between and within populations are identified.

Guidelines

Identifying where gaps exist may help determine where to focus public health programs and services. Inequities result from the unequal distribution of the determinants of health across populations and create greater health consequences in certain vulnerable populations. These differences in risk factors and risk conditions, health status, incidence of disease and mortality are costly to society and create modifiable patterns of disease.

A tool such as the Health Equity Impact Assessment may be used to identify equity gaps and the impact of those gaps on population health. The tool is available on the Ontario Ministry of Health and Long-Term Care website.

Accessibility

1.6 Populations that experience barriers to access are identified.

Guidelines

Potential barriers to accessing services are age, level of education, income, cultural acceptability of services, language, ethnicity, race, physical disabilities, mental illness, or geographic location. Addressing barriers to access is an important aspect of to addressing health equity.

Services that are essential for public health, such as housing, education, and social programs, among others, may be reviewed to determine barriers to access.

Population Focus

1.7 As part of the population health assessment, information about the physical or built environment and its health implications is accessed and analyzed.

Guidelines

Elements of the physical or built environment that could either pose a risk, or offer health promoting or protective effects are analyzed. These elements could include exposure to pollutants, food safety, water safety, local industry and transportation, urban planning, green space, sidewalks, and recreation infrastructure that may influence the health of the population. Health risks associated with sewage disposal, air pollution, location of hazardous waste sites, local industry or agricultural operation, housing, and other aspects of planning should be identified.

Population Focus

1.8 As part of the population health assessment, information about the social environment and its health implications is accessed and analyzed.

Guidelines

Elements of the social environment may include legislation, economic policies that impact health (such as food and housing), psychologically safe workplaces and other occupational conditions, all of which create conditions that affect population health.

Population Focus

1.9 A variety of methods are used to share population health assessment results with the organization's leaders, partner organizations, stakeholders, and the general public.

Guidelines

A variety of methods are used for the interactive communication of information and results. Methods may include websites, social media, newsletters, press releases, presentations, or conferences. The information is tailored to the needs and capacity of the audience.

2.0 A comprehensive surveillance system is maintained to monitor public health threats.

Safety

2.1

A process is followed to regularly access and monitor surveillance data to identify and investigate emerging and immediate public health threats and trends.

Guidelines

Surveillance involves systematically collecting, collating, analyzing, and interpreting health data on an ongoing basis to inform public health action, and disseminating the information to key stakeholders in a timely way.

The distribution of diseases in the population and disease outbreaks, both communicable and non-communicable (including microbiological, genetic, metabolic and toxicologic) is monitored. Disease reports and environmental risks are monitored as part of the surveillance. Environmental risk reports include well sample reports, on-site waste water surveys, summaries of childhood blood lead levels, general inspection data, and water and air quality data.

Emerging public health issues and trends include communicable disease outbreaks of known or unknown pathogens, threats due to water quality or food safety, change in incidence or prevalence of chronic diseases and related risk factors, and natural disasters or other environmental situations with implications for public health.

Data is collected from a variety of internal and external sources including epidemiological data, clinical data, laboratory data, regionally sensitive data, peer-review research, community input, and partners. Internal sources include data and information collected in-house and in collaboration with community partners. Data may be qualitative or quantitative.

Population Focus

2.2

There are agreements with partner organizations to access external surveillance data as necessary.

Guidelines

The data collection process includes procedures to obtain existing data from external sources such as other representative communities, as well as provincial/territorial and national averages and other aggregate data. Partner organizations may include government ministries, schools, universities, private sector organizations, day care centres, urgent care centres, physician offices, nursing homes, and local laboratories.

Safety

2.3 There is a process to receive timely notification of potential public health threats identified by health service providers and local laboratories, inside and outside of normal business hours.

Guidelines

A list of reportable diseases and health conditions is maintained. Information about which communicable diseases and health conditions they are required to report, and how to provide the data is provided to health service providers and local laboratories. Contact information is shared with local emergency rooms, urgent care centres, health service providers, law enforcement agencies, emergency responders, etc.

There is a process to identify new health service providers or laboratories in the community and engage them in the reporting process.

Appropriate information technology systems are maintained to support this process.

Safety

2.4 Surveillance data is analyzed and interpreted to assess potential implications for population health.

Guidelines

Surveillance results are analyzed for potential implications such as disparities in disease distribution or other equity issues, outbreak or emergency potential, community programming, and making recommendations for laws and regulations.

Safety

2.5 Surveillance information is disseminated to the organization's leaders, partners, and the public in a timely way.

Guidelines

Information is tailored to the priority population and delivered in a variety of ways, such as through reports, advisories, newsletters, and media releases. Information is provided to the public as well as health providers, community groups, and internally to managers, leadership, the Director General, or the governing body.

Appropriateness

2.6 There is a process to evaluate the surveillance system and make improvements.

Guidelines

The surveillance system's ability to determine the population's health status is considered, based on analysis and interpretation of the information that is collected, the quality of the data, and additional resources that may be required.

INVESTING IN PUBLIC HEALTH SERVICES

3.0 Programs and services are planned and designed to meet community health needs.

Population Focus

3.1 The community is involved and engaged in the design of its public health services.

Guidelines

There are plans and initiatives that foster community engagement. Community consultations are conducted through activities such as focus groups.

Appropriateness

3.2 Public health services are designed in accordance with the organization's vision, mission, strategic objectives, and policies.

Guidelines

Expectations regarding the scope of services may be outlined in provincial/territorial and national strategies, frameworks, or legislation.

Population Focus

3.3 Information collected about the community is used to define the scope of public health services and to set priorities when multiple service needs are identified.

Guidelines

Information is drawn from the population health assessment, the population health improvement plan, and the results of community consultations.

Needs are identified by assessing the distribution of determinants of health, and evaluating the community's health status and incidence of disease and injury.

Appropriateness

3.4 Goals and objectives for public health services are measurable and specific.

Guidelines

The goals and objectives describe what the organization wants to achieve through its services. They are linked to the organization's strategic direction, have measurable outcomes and success factors, and are realistic and time-specific.

Efficiency

3.5 The resources needed to achieve public health goals and objectives are identified.

Guidelines

Resources may be human, financial, structural, or informational.

The availability of resources may depend on the continuity of funding, as well as opportunities to pool resources with other organizations.

Appropriateness

3.6 Public health services are designed to address the particular needs of populations at higher risk, with input from the community.

Guidelines

Public health services need to be applicable to whole populations, but designed in such a way that they target the particular needs of populations at higher risk. This approach has the greatest potential to impact the health of high-risk populations and reduce or prevent further inequities between groups.

Accessibility

3.7 Public health services are designed to be easily accessible by the population, with input from the community.

Guidelines

Strategies are developed to facilitate access to minimize potential and actual barriers faced by different community groups. Strategies may include outreach programs, culturally competent services and resources, improvements to site access, and other targeted activities.

Population Focus

3.8 Public health services are designed to address risks that impact health in the physical and built environments identified in the population health assessment, with input from the community.

Guidelines

Characteristics of the physical environment that can affect health include density, mixed land use, walkability of communities, green space, and community size. Improving the physical environment can promote physical activity and reduce the risk of injuries and social isolation which leads to better physical and mental health.

Strategies to address risks in the physical environment include advocacy, health promotion activities, participating in policy development, and community development activities.

Population Focus

3.9 Public health services are designed to address risks that impact health in the social environment identified in the population health assessment, with input from the community.

Guidelines

Strategies to address risks in the social environment may include advocating to the organization's leaders, advocating to governments for legislation or economic policies, participating in policy development or community development activities, and collaborating to develop psychologically safe workplaces or other improved occupational conditions.

Efficiency

3.10 There is access to sufficient laboratory capacity in the community to meet the needs of the local public health system.

Guidelines

A list of the current laboratories that are used is maintained, and there is a process for accessing additional laboratory services if needed. Partnerships with accredited laboratories are established, where possible.

Appropriateness

3.11 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.

Appropriateness

3.12 Utilization reviews are regularly completed to ensure resources have been used appropriately.

BUILDING A PREPARED AND COMPETENT TEAM

4.0 **Team members are qualified and have relevant competencies.**

Worklife

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

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

Worklife

4.3 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

4.4 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.

Safety

4.5 Ongoing education on public health laws and regulations, and their relationship to public health practice is provided to the team.

Guidelines

There is a method to keep team members updated on changes to laws and regulations.

Client-centred Services

4.6 Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.

Guidelines

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

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

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


Worklife

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

Guidelines

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

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


Worklife

5.2 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

5.3 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.

CREATING CONDITIONS FOR MEANINGFUL ENGAGEMENT WITH PARTNERS

6.0 Community partners and stakeholders are engaged to address population health needs.

Continuity

6.1 Services that address population health needs are coordinated through work with partners.

Guidelines

Meeting the full range of the needs of the populations served is beyond the capabilities of any one organization. Partners are identified and worked with to enhance the efficiency and effectiveness of services and provide access across sectors. A coordinated approach may minimize duplication of services, as well as service gaps or delays. Where there are gaps in the services provided in the region, the organization prioritizes areas for service delivery.

Partnerships can be internal and external, with other organizations and the community, and across sectors, related to both ongoing and new public health initiatives. Diversity in partnerships includes variety in geography or regional structures, politics and government, local industry, cultural associations, health care services or others.

Population Focus

6.2 Intersectoral partnerships are developed with educational services, local governments, social services, criminal justice services, and primary care.

Guidelines

These sectors are considered as mandatory partners for collaboration. Other partners may include community members or groups; regional and national organizations; other health system organizations; and community stakeholders such as schools, police, the municipality, business, and faith communities.

Appropriateness

6.3 A population health improvement plan is jointly developed and implemented with partners, stakeholders, and the community.

Guidelines

The population health improvement plan is a long-term plan that prioritizes health issues as identified in the population health assessment. The plan sets out clear objectives, roles for improving population health, and actions items. Community members are involved in developing, implementing, and monitoring the plan.

The population health improvement plan is implemented though a range of public health activities and functions, including health promotion, disease and injury prevention, health protection, and public health emergency response.

In Quebec, the population health improvement plan may be called ‘le Plan d'action local de santé publique'.

Efficiency

6.4 There is a documented strategy to engage partners in implementing the population health improvement plan.

Guidelines

The strategy clearly states how the organizations will involve the partners at each stage of implementation, and how these partnerships will help achieve the objectives of the population health improvement activities. The strategy demonstrates aligned strategic priorities between the organization and its partners. Evidence of collaboration and community partnering is demonstrated through a shared vision and plan, Memoranda of Understanding, organizational and sectoral linkages, and other written agreements.

The strategy includes detailing measurable objectives and specific timelines for the population health improvement plan with its partners. Progress towards achieving priority goals is monitored and results reported to partners.

Accessibility

6.5 Partners are engaged to implement activities that improve equitable access to services.

Guidelines

Activities to improve access may target transportation, childcare, timing and location of activities or services, cultural acceptability of services, language services, and other considerations for disadvantaged community members.

Appropriateness

6.6 Partnerships are assessed on an ongoing basis for relevance and effectiveness.

Guidelines

The strategic implications of partnerships are considered and whether partnerships continue to be relevant and effective over time is assessed. Regional service gaps are also assessed and how needs might be met by collaborating with partner organizations is considered.

PROMOTING THE HEALTH OF THE POPULATION

7.0 **Effective public health communication strategies are developed and implemented with partners, with input from the community.**

Appropriateness

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7.1 Communication strategies are developed based on evidence, best practices, research, and the population health assessment.

Guidelines

The communication strategies consider the public health issues that will be addressed on an ongoing basis and those that may be addressed on an as needed basis. Strategies are informed by the population health assessment, public health research, and relevant or emerging evidence.

Communication strategies may incorporate information from case studies, intervention studies, program evaluations, epidemiological data, regional or national data, and theories of behavior change. Strategies consider a variety of communication methods, such as interpersonal communication, social marketing, publications, media advocacy and campaigns.

Efficiency

7.2 Essential public health information is communicated at multiple levels using messages tailored to the priority audience.

Guidelines

Public health communication both informs and influences its audience using relevant, accurate, and understandable health information. Communicating at multiple levels includes addressing individuals, as well as community, regional, provincial/territorial, and national groups.

Information communicated is tailored to suit the characteristics of the priority audience, such as their language preference, culture, health literacy level, age, income, and whether they are high-risk or hard-to-reach groups.

Communication is conducted through a variety of methods such as community and provincial or national reports, professional and scientific publications, presentations, conferences, technical reports and literature reviews, websites, press releases and reports, and television and radio interviews. New communication methods such as social media are also used.

Client-centred Services

7.3 There is a process to respond to requests for information from the public, media, officials, or other organizations.

Guidelines

Requests for information may pertain to the population health assessment or surveillance data, and may be addressed in the form of raw data, charts, fact sheets, or reports. Responses may provide local or regional information depending on the nature of the request.

Safety

7.4 A procedure is followed for issuing public health advisories.

Guidelines

The procedure for issuing advisories includes the criteria for deciding when advisories will be issued, in what format, and using which type of media. Where partners are involved, the procedure details how the organization will ensure the messaging is accurate, tailored to the audience, and consistent where possible, and who will deliver the message.

Appropriateness

7.5 There is a process to collaborate with partners to provide accurate and consistent messaging when communicating public health information to the public.

Guidelines

Clear and consistent messaging of important information is tailored to the target audience, particularly in the case of providing risk communication to the public about emergencies or other threats.

Appropriateness

7.6 The effectiveness of communication strategies is evaluated and improvements are made as a result.

8.0 Contributions are made to public policy in collaboration with partners and with input from the community.

Population Focus

8.1 The organization, in partnership with relevant organizations, and with input from the community, participates in the development of public policies with population health implications.

Guidelines

Policy development activities may include issuing policy briefs; giving public testimony; participating in local, provincial/territorial, national, or international boards; participating in advisory panels; meeting with elected officials; contributing to regional, national, or international public policy initiatives and other forms of advocacy.


Population Focus

8.2 Current public policies with population health implications are analyzed and policy gaps are identified.

Guidelines

Public policies outside of the health sector at the local, provincial/territorial or national levels are analyzed using a framework for analysis, such as equity or sustainability. Missed opportunities for creating and sustaining supportive environments for the community may be identified. Examples of public policies with health implications include policies about transportation, housing, access to food, fiscal measures, and education strategies.


Population Focus

8.3 Health impact assessments for proposed public policies, programs, and projects are conducted in collaboration with partners and with input from the community.

Guidelines

Policies may address municipal, local, regional, provincial/territorial, or national issues.

There are several resources about strategies and evidence supporting Health Impact Assessments from the National Collaborating Centre for Healthy Public Policy (NCCHPP).

9.0 Capacity to promote the health of the population is built within the community, in collaboration with partners.


Population Focus

9.1 Health promotion programs that address the determinants of health are delivered at various levels of the population.

Guidelines

Addressing the determinants of health requires delivering promotion programs or activities that go beyond the immediate issue or problem and focus on the root cause of health problems. Health promotion activities support personal and social development through interventions such as policy development, enhancing the built environment, or education campaigns. Activities are based on models that are informed by evidence and/or proven to be effective.

Health promotion programs aimed at various levels of the population are designed and delivered using a multi-sectoral perspective with a long-term planning focus. When planning programs and activities, the particular needs of populations with increased risk of adverse health outcomes are considered in order to increase healthy living in the community.

Population Focus

9.2 Health promotion activities are based on priorities identified in the population health assessment and population health improvement plan.

Guidelines

Core population health promotion strategies include strengthening community action, building healthy public policy, creating supportive environments, developing personal skills, and reorienting health services towards enhancing health.

Health promotion activities focus on the needs of a particular population, for example, food security, living wages, violence reduction, breastfeeding promotion, or sexual health promotion. The community is meaningfully engaged in setting priorities, making decisions, and finding solutions.

Population Focus

9.3 Activities that build capacity and empower the community are designed with input from the community.

Guidelines

The community or population is engaged in identifying strengths and how to build on them, and also to encourage community development, which entails more significant involvement of the community to strengthen the social networks and community capacities that support health. The focus may be to develop skills or self-efficacy, improve access to resources, build effective infrastructure, develop strong social networks, and evaluate and learn from their efforts. These actions empower people to take control over their decisions and actions that affect their health.

Population Focus

9.4 Activities that create supportive physical and social environments are implemented with input from the community.

Guidelines

Creating supportive environments is a core population health promotion strategy. Environments are physical, social, political, cultural, and economic in nature. Supportive environments make it easier for the population to make healthier choices. Supportive environments may be created through policy, legislation, economic development, and social action. Actions may include smoke-free work environments; safe, accessible housing; access to public transport; playgrounds and sidewalks for physical activity; and healthy menus in schools and restaurants.

A supportive environment, e.g., through healthy food policies, and psychologically safe policies are modeled by the organization.

Population Focus

9.5 Health promotion activities are tailored to the priority audience and the setting in which it will be delivered.

Guidelines

Health promotion activities use health equity as a principle to develop, implement, and evaluate activities. The setting may be a school, workplace, health service setting, or the community-at-large. The activity is suited to the audience's needs and characteristics, such as literacy level and readiness to change.

Population Focus

9.6 Various health promotion activities are used to effect change on a particular health issue.

Guidelines

Multiple activities and strategies are required to affect sustainable change that supports the best possible health for everyone. The quality and duration of the health promotion activities are appropriate to reach the desired goal.

Appropriateness

9.7 Health promotion activities are regularly evaluated and improvements are made as a result.

Guidelines

The evaluation may examine the activities' effectiveness, applicability or reach, and, where possible, its impact on health issues, attitudes, health inequities, or achievement of goals and objectives.

Reports are provided to the general public, policy leaders, and elected officials about health promotion activities and results.

INVESTING IN PREVENTION FOR IMPROVED POPULATION HEALTH

10.0 A wide range of prevention activities are delivered.


Safety

10.1 Prevention programs and services based on the priorities identified in the population health assessment and population health improvement plan are delivered.

Guidelines

Prevention services may focus on chronic disease, communicable disease control, tobacco and substance use, mental well-being, sexual health and family planning, intentional and unintentional injuries, disability, oral health, safe products and environments, and new or emerging diseases. Examples of prevention measures include immunization campaigns, tobacco control, promoting a healthy diet, hand hygiene, weight and physical activity, minimizing UV exposure, alcohol and substance use, seat belt/child car seat usage, falls across the lifespan, workplace safety, and road safety. All prevention services are delivered in a manner that considers the equity of outcomes for populations, and program models are evidence-informed where possible.

Where applicable, programs and services consider a harm reduction philosophy, and attempt to reduce the potential dangers and health risks associated with risk behaviors. An example of a harm reduction intervention is a needle exchange program for intravenous drug users.

As part of prevention programming, information is made available to team members, partner organizations, and the public about their role in reducing risk and preventing disease and injury. The information can be provided through fact sheets, news items, public service announcements, e-communications or social media. Information is available in the appropriate format or language, is tailored to the characteristics of the target audience, is simple and easy-to-understand, and respects cultural beliefs and preferences.


Efficiency

10.2 When emerging and immediate risks to population health are identified, prevention services are delivered in a timely way.

Guidelines

Examples of when timely prevention services are required include the opening or closing of an important industry in a community, increased incidence of suicide, incidents of water contamination or shortage, and extreme weather events.

Population Focus

10.3 Services that support healthy early childhood development are provided.

Guidelines

There is significant evidence showing that a healthy development can help lead to a healthy adulthood. Several factors contribute to childhood development including family income, stressful life events, nutrition, and being part of a supportive school system and environments. Services may focus on healthy physical, emotional, social, cognitive or speech/language development. Services may also focus on building parenting skills or parents' capacity to access resources in the community, such as breastfeeding promotion or other community centre programs.

Population Focus

10.4 Services that support chronic disease prevention are provided.

Guidelines

Chronic diseases represent a significant burden of disease in Canada. Many chronic diseases are preventable or can be managed to reduce morbidity and mortality. Chronic disease prevention activities may focus on physical activity and promoting a healthy weight, access to healthy foods and beverages in the community, ultraviolet (UV) exposure, and mental health.

Population Focus

10.5 Services that support communicable disease prevention, including sexually transmitted infections, are provided.

Guidelines

An environment that promotes prevention of communicable diseases is fostered by the organization. Activities may focus on reducing the burden of sexually transmitted infections, hepatitis, influenza, tuberculosis, or other communicable health issues specific to the community.

Population Focus

10.6 Services that support the prevention of intentional and unintentional injuries are provided.

Guidelines

Services are targeted to reach team members, partner organizations, and the public. The focus of services may be intentional injuries (e.g., intimate partner violence), or unintentional injuries (e.g., motor vehicle accidents).

Population Focus

10.7 Services that support smoking avoidance and cessation are provided.

Guidelines

Tobacco use remains one of the leading causes of preventable disease and premature death. Programs that help prevent people from starting to smoke are supported, and smoking cessation programs that target the individual level, the community level and the regional level are coordinated through a variety of methods.

Population Focus

10.8 Equitable, evidence-based screening programs are provided or promoted.

Guidelines

Programs for individuals at risk and under-served populations are identified and prioritized to ensure equity of screening between populations. Individual risk may be influenced by age, sex, lifestyle, or health status. Screening programs may focus on, but are not limited to, early detection of cancer, sexually transmitted infections, and oral or mental health issues.

If these programs are not provided by the organization, the community is assisted in accessing available services by coordinating with partner organizations.

Appropriateness

10.9 Disease prevention activities are regularly evaluated and improvements are made as a result.

Guidelines

The evaluation may include examining the activities' effectiveness, applicability or reach, and where possible, the impact on health issues, attitudes, health inequities, or achievement of goals and objectives.

Reports are provided to the general public, policy leaders, and elected officials about its disease prevention activities and their results.

11.0 Safe and equitable immunization services are provided to the community.

Population Focus

11.1 The population's immunization coverage is monitored at regular intervals by reviewing immunization data.

Guidelines

Internal or external data may be used for the evaluation. Local immunization coverage is compared with regional and national data and provincial/territorial immunization schedules, and informs health service providers about current immunization coverage.

Appropriate community partners are involved in an effort to ensure adequate and equitable immunization coverage within and between populations or regions, and develops an action plan to improve immunization coverage where required.

Accessibility

11.2 Routine immunization programs are provided to the community.

Guidelines

Immunization programs are easily accessible. Immunization services are provided in convenient settings, which may include school-based clinics, community-based clinics, and outreach clinics for vulnerable groups. Vaccine clinics may be offered seasonally, or in accordance with accepted vaccine schedules depending on the immunization. Consideration is given to how the needs of hard-to-reach and vulnerable populations will be met. This may require outreach to achieve appropriate and equitable immunization coverage. Priority populations include children, individuals over 65 years, individuals with certain medical conditions, and health professionals.

Population Focus

11.3 There is a plan to provide urgent immunization programs to the community, when necessary.

Guidelines

Urgent immunization programs may be in response to pandemic influenza or outbreaks of other vaccine-preventable diseases in susceptible populations, e.g., measles in an unvaccinated population. Preparation for urgent immunization include having stockpiles of vaccines, a triage process, clear roles and responsibilities, and a plan of action which is linked to the organization's emergency response plan.

Safety

11.4 The vaccine cold chain is monitored and maintained according to provincial/territorial legislation.

Guidelines

The vaccine cold chain is the process of ensuring optimal conditions during the transport, storage and handling of vaccines from the time of manufacture to administration. All manufacturer's instructions, the Public Health Agency of Canada's National Vaccine Store and Handling Guidelines for Immunization Providers (2007), and applicable legislation are complied with.

Safety

11.5 Consent for vaccine administration is obtained and documented.

Guidelines

Prior to administering the vaccine, appropriate consent is received from the recipient, an appropriate guardian, or a substitute decision maker. Vaccine administration is recorded in the client's personal immunization record, the record maintained by the administering health care provider, and the local or provincial/territorial registry.

When and why a recipient refused to consent to a vaccine is documented and the information is used in planning services and communication strategies.

Safety

11.6 The uptake of immunizations is promoted among the public using various communication strategies.

Guidelines

To promote the benefits and importance of being immunized, and to reach or maintain the appropriate uptake of immunizations, public awareness and social marketing campaigns are held. Information on immunization coverage is used to determine the populations or regions to target.

Worklife

11.7 Appropriate vaccines are made available for team members.

Guidelines

Internal policies and procedures for administering the influenza vaccine to team members are followed. Other vaccines required will vary depending on the type of professional and the setting in which they deliver services.

Safety

11.8 Adverse events following immunization are monitored and reported.

Guidelines

There is a process to report adverse events following immunization to provincial or territorial authorities, according to legislation, where applicable. Guidelines and forms for reporting adverse events following immunization are available on the Public Health Agency of Canada website.

The rates of adverse events associated with particular immunizations are also monitored and the appropriate response, such as issuing an advisory is coordinated where required.

Appropriateness

11.9 The efficiency and effectiveness of immunization programs are monitored and improvements are made as a result.

Guidelines

Monitoring and evaluating all routine and urgent programs, including immunizations for team members, is done with the collaboration of relevant partners, where applicable.

Appropriateness

11.10 Information and expertise is provided to other health care providers that deliver immunization programs.

Guidelines

Proactive information or technical or administrative expertise is offered to private clinics, primary care, pharmacists, or other providers that are preparing to deliver immunization programs.

PROTECTING THE HEALTH OF THE POPULATION

12.0 Public health laws and regulations are enforced to protect people from health and safety hazards.


Safety

12.1 There is participation in the development of public health laws, regulations, and ordinances that influence population health.

Guidelines

Participation may include communicating with federal or provincial legislators, municipal or regulatory officials, or other policy and decision makers; participating in public hearings; and providing technical assistance to legislative, regulatory, or advocacy groups regarding proposed legislations and regulations. Public health laws include health protection laws.


Safety

12.2 Education about the importance of, and how to comply with, public health laws, regulations and ordinances is provided to regulated organizations, in collaboration with partners.

Guidelines

Requests for information from regulated organizations regarding issues such as inspection processes, criteria, and results are responded to in a timely way. Information about education provided to regulated organizations is documented in the inspection report, and copies of reports are retained.


Safety

12.3 Organizations' compliance with public health laws, regulations and ordinances is monitored.

Guidelines

Monitoring compliance may include conducting inspections or investigations, and issuing or verifying permits for regulated activities. Public health laws may pertain to occupational health, water quality, air quality, food safety, sanitation practices, land-use, presence of chemical, radiological, biological, and other physical hazards in the environment, as applicable. All local, provincial/territorial and national bylaws, ordinances, regulations and laws are complied with.

A procedure to guide the frequency and scheduling of public health inspections to monitor compliance, based on an analysis of risk associated with each organization it inspects, is established and followed. In certain jurisdictions, monitoring compliance may occur at a higher level of the system, e.g., provincially/territorially.


Safety

12.4 The public is informed about how and where to report potential or actual public health violations that arise in the community.


Safety

12.5 A procedure to receive and investigate public reports of public health violations or hazards in a timely way is established and followed.

Guidelines

Reports of violations or hazards may include the safety of food, drugs, and water; waste products; or other health hazards. A log of public notices and reports of conditions that may affect health is maintained.

The report and required follow-up activity is documented, time frames for investigating and responding to reports are set, and the reporting party is notified of any follow-up action.


Safety

12.6 Non-compliance with public health laws and practices are reported to the appropriate bodies and the information is disseminated to the public, where appropriate.

Guidelines

Appropriate bodies may include municipal or provincial/territorial governments and the Public Health Agency of Canada.


Safety

12.7 Notifiable diseases are reported to health authorities.

Guidelines

The applicable international, national, and provincial/territorial legislation are followed when determining what to report. In some provinces, certain non-communicable diseases must also be reported, e.g., chemical poisonings in Quebec.


Safety

12.8 Immediate action is taken to ensure organizations' compliance with public health laws and practices, when necessary.

Guidelines

Any issue that poses a public health hazard is identified and action may be taken, whether it is mandated by law or not. Actions may range from enforcing increases in dishwasher temperature to rescinding a license, initiating embargos on unsafe products, or addressing unsafe work environments.

Issues of non-compliance are responded to in a timely way and there is a fair process to consider appeals from regulated organizations that are non-compliant.


Safety

12.9 Protocols to trace the source and contacts of communicable diseases or toxic exposures are followed and appropriate control measures are implemented.

Guidelines

Protocols are in place for animal and vector control; communicable diseases; radiological health threats; and exposure to food-borne illness, water-borne illness, hydrogen sulfide, and other toxic chemicals.


Safety

12.10 Policies and procedures to safely collect, label, store, and transport laboratory samples are followed for the protection of public safety.

Guidelines

Policies and procedures for all laboratory sampling are followed for health protection purposes, whether the samples are biological, chemical, or environmental. Ways to protect sample integrity throughout the process are understood by the team. Partner or regulated organizations may be assisted with technical knowledge regarding providing and protecting samples.

13.0 The organization is prepared to respond to public health emergencies.


Safety

13.1 There is a public health emergency response plan that is integrated with the organization's broader all-hazard disaster and emergency response plan.

Guidelines

The public health emergency response plan clearly defines the public health organization's unique role in emergency response, for example, in the case of mass gatherings or pandemic influenza. The plan includes how vulnerable populations that are affected by the disaster or emergency will be reached, and how the type of emergency will affect the plan, response, and recovery.

The plan includes a roster of personnel with technical expertise for emergency responses and accurate 24-hour contact information for each person. The types of experts involved may include toxicologists, emergency management specialists, environmental health scientists, epidemiologists, hazardous material response teams, industrial hygienists, infectious disease specialists, law enforcement or armed forces personnel, medical examiners or coroners, microbiologists, occupational health physicians, public health laboratory directors, veterinarians, and funeral or mortuary directors.


Safety

13.2 There is capacity to rapidly initiate a response to public health emergencies in accordance with the all-hazard disaster and emergency response plan.

Guidelines

The response includes how to collaborate with partners to implement the emergency plan and how to coordinate the logistics of the response with partners, different regions, and levels of government. There are means to procure the necessary supplies and equipment required should an emergency occur.


Safety

13.3 There are clear activation criteria for initiating an emergency response.

Guidelines

There is capacity to promptly detect threats that may constitute an outbreak or an emergency. The triggers or criteria that must be in place to escalate the normal response to an emergency response are defined.


Safety

13.4 The public is informed about how and where to report public health threats and potential public health emergencies.


Safety

13.5 There is capacity to enhance surveillance during an emergency.

Guidelines

Enhanced surveillance builds on the routine surveillance systems already in place and introduces supplementary measures for gathering as much information as possible during a disaster or emergency. Examples include telephone hotlines, rumour tracking and verification, active surveillance of hospitals or high-risk groups, inclusion of additional sources of information, and monitoring radio or other networks.


Safety

13.6 A plan for informing the public about public health emergencies is established and followed in collaboration with partners.

Guidelines

Timely advisories are issued for public health emergencies. The public is communicated with throughout any potential or actual threat or public health emergency, and they are informed of appropriate protocols and safety procedures. Consistency of messaging is ensured with partner organizations and each involved level of government.


Safety

13.7 The public health emergency response is tested as part of broader all-hazard disaster and emergency response plan drills.

Safety

13.8

When the disaster or emergency response has been deactivated, a debrief on the situation and the response process is provided, and improvements are made as a result.

Guidelines

The debrief session may include members of the community, team, the organization's leaders, volunteers, and partner organizations. Part of the deactivation and debrief stage includes recovery planning, i.e., the steps required to return the community to its normal functioning.

MAINTAINING EFFICIENT INFORMATION SYSTEMS TO SUPPORT DECISION MAKING

14.0 **Policies, procedures and the appropriate information technologies are in place for managing public health data and information is available to support evidence-informed decisions.**

Appropriateness

14.1 Standards, policies, and procedures are adhered to for collecting and managing information to maintain reliable, comparable, accurate, and valid data.

Guidelines

Methods of defining, coding, classifying, collecting, and entering data are standardized, conform to regional or provincial/territorial data standards and guidelines, are applied consistently throughout the organization, are linked and coordinated throughout the organization to minimize duplication, and are in line with other organizations where possible.

Client-centred Services

14.2 There are written policies to protect the privacy, security, and confidentiality of information.

Guidelines

Written policies govern the use, sharing, and transfer of data within the organization and with the community.

Data is submitted to local, regional, and national organizations in a confidential and secure manner.

Appropriateness

14.3 Information about programs and services is generated to guide evidence-informed decision making.

Guidelines

Information may be generated in the form of reports, policy briefs, or data charts. All data published in reports includes the source and time period.

Worklife

14.4 Training regarding collection, management, integration, and display of health data is provided to the team.

Guidelines

Required skills may include knowledge of computer applications, word-processing software, and how to use the Internet.

Appropriateness

14.5 The data system, i.e., hardware and software, is evaluated annually and upgrades to improve the access, quality and use of health data are planned and implemented.

Guidelines

Examples include surveillance data management tools, electronic health records (EHR), client tracking systems, wait list management systems, and mobile technology for mobile services.

MONITORING QUALITY AND ACHIEVING POSITIVE OUTCOMES

15.0 Research, evidence, and best practices are used to inform and improve public health services.

Appropriateness

15.1 An up-to-date knowledge base of public health research, best practices, and evidence is maintained.

Guidelines

Information may include ongoing health surveillance activities; research on the social and environmental determinants of health; information about the incidence and prevalence of different diseases and conditions within the community; theories of population behavior change; program evaluations; best practice and other information used to focus public health policies and activities.

New and emerging research may include recent results described in relevant public health journals, government and organizational reports, technical reports, and other reputable sources.

Appropriateness

15.2 Information from research, best practices and evidence is used to guide programming and service development.

Guidelines

Research, evaluation and best practice information may be used to refine and guide the update of existing programs and services; make decisions about the most effective use and allocation of resources; redirect resources; establish new programs and services; and, develop or improve activities to achieve public health objectives and targets.

Appropriateness

15.3 Knowledge of public health research, best practices and evidence is shared with partners.

Guidelines

Sharing the results of relevant research and evidence with partners contributes to incorporating that knowledge into policy, programming, and service decisions.

Appropriateness

15.4 The organization works with research partners across sectors and at all levels to advance public health research.

Guidelines

Research partnerships and linkages may include partners in research institutions, universities, government research agencies, and individual researchers working in practice communities, epidemiology and health policy, among others. Organizations may participate directly in research or act in an advisory role.

Safety

15.5 There is a process for identifying, reporting, and recording patient safety incidents.

Guidelines

A proactive approach is taken to prevent incidents involving clients, staff, and visitors. All incidents should be investigated in a timely way, with action taken to prevent the same situation from happening again.

An accident/incident investigation must include the collection of all relevant information, an analysis of the data to determine root causes, recommendations, and follow-up actions.

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

Client-centred Services

16.1 Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.

Guidelines

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

Appropriateness

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

Appropriateness

16.5 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

16.6 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

16.7 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

16.8 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

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16.9 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

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

Guidelines

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

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

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

Appropriateness

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

Guidelines

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

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

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

Sector-Specific Resources

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Accreditation Canada would appreciate your feedback on these standards

Your Name: _____

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(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

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