ACCREDITATION
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Qmentum

STANDARDS

Emergency Department

For Surveys Starting After:
January 01, 2016

Date Generated: August 17, 2015
Ver. 10

Emergency Department

Accreditation Canada is an independent, not-for-profit organization that accredits health care and social services organizations in Canada and around the world. Its comprehensive accreditation programs foster ongoing quality improvement through evidence-based standards and a rigorous external peer review. Accredited by the International Society for Quality in Health Care (ISQua), Accreditation Canada has been helping organizations improve health care quality and patient safety for more than 55 years.

EMERGENCY DEPARTMENT

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

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

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

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

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

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

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

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

Accreditation Canada's Emergency Department Standards are service-based standards that are designed for organizations with an emergency department that provides emergency care to clients.

This set of standards contains the following sections:

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

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

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

Glossary - List of standard terms for all services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Policy: An organization’s position on an issue, plan, or course of action.

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

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

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

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

Self-efficacy: A person's estimate or judgment of his or her ability to cope with a given situation, or to succeed in completing tasks by attaining specific or general goals. An example of achieving a specific goal includes quitting smoking, whereas achieving a general goal includes continuing to remain at a prescribed weight level.

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

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

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

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

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

Service-Specific Glossary

Care protocols: Care protocols for emergency departments may include anaphylaxis, asthma, gastroenteritis and dehydration, pain, suspected neonatal sepsis, septic shock, seizures and status epilepticus, procedural sedation, and radiology. Since evidence-based care protocols are normally developed in an urban setting, organizations in rural communities need to evaluate the applicability of these protocols to ensure they meet the needs of their emergency department.

Collaborative team: The team for the emergency department includes people with different roles and from various disciplines. Depending on the needs of clients and families, the team may include primary care staff including physicians, nurses, and nurse practitioners; EMS; trauma specialists; social workers; respite care workers; respiratory therapists; care planners; administrators; translators; security staff; or representatives from community partner organizations. Consultants and referring medical professionals who work with team members in the emergency department to coordinate services or transfers are also included on the team.

Overcrowding: As per the Canadian Association of Emergency Physicians (CAEP), overcrowding occurs in the emergency department when the demand for services exceeds the ability of the team to provide quality care within appropriate time frames and in an appropriate place. The primary problem arising from Emergency Department overcrowding is a block in the provision of health care required by patients presenting to the ED within an appropriate time and in an appropriate place. This results in diminished access to health care or an "access block". Access block often results from system capacity and efficiency issues that lie outside emergency department.

Surge: An unanticipated increase in the demand for service in the emergency department, outside of the usual patterns of client flow and often caused by an unexpected event such as an accident, natural disaster, or other emergency.

Urgent Care: The care provided by urgent care centres varies greatly across Canada, and is affected by complexity of care, how clients access services, and hours of operation. Some organizations provide community or primary care, while others provide emergency care that does not require cardiac resuscitation. Emergency departments often work closely with their partners in urgent care and they need to understand the nature and level of care that is available from urgent care centres in their community.

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 of Services: 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.

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

Tests for Compliance

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

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

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

INVESTING IN QUALITY SERVICES

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

Client-centred Services !

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

Guidelines

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

Population Focus

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

Guidelines

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

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

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

Appropriateness

1.3

Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.

Guidelines

Goals regarding wait times include time of arrival to EMS offloading, time of arrival to physician consultation, wait times for diagnostic imaging and specialty consultation, and time from physician consultation to decision to admit/discharge.

Goals are established together with internal and external partners, and are based on the individual circumstances of their organization. This may also include provincial/territorial or regional objectives.

Efficiency

1.4

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

Guidelines

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

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

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

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

Continuity of Services

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

Guidelines

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

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

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

Safety ! 1.6

The role of the emergency department in the organization's all-hazard disaster and emergency response plan is clearly defined.

Guidelines

The plan clearly defines the role of the emergency department and is integrated with the organization's all-hazard disaster and emergency response plan.

Accessibility 1.7

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

Guidelines

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

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

Accessibility 1.8

Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.

Guidelines

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

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

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

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

Appropriateness

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

Guidelines

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

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

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

Appropriateness

2.2 There is a process to collaborate with partners to develop resource-sharing arrangements to offer safe and effective services for each client and family.

Guidelines

Partners include those within and external to the organization.

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.

Appropriateness

2.4

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

Guidelines

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

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

Client-centred Services

2.5

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

Guidelines

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

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

Safety ! 2.6 Seclusion rooms and/or private and secure areas are available for clients.

Guidelines

Seclusion rooms and/or private and secure areas are only used as a short-term intervention to protect the safety of the client or others in the emergency department. Seclusion rooms and/or private and secure areas may be used when clients who present to the emergency department are verbally or physically aggressive, are experiencing high levels of anxiety, are in distress, are in danger of self-harm, or are dealing with circumstances that require an increased level of security and/or privacy (e.g., they have been brought to the emergency department by law enforcement).

Seclusion rooms and the private and secure areas are designed for that purpose and adhere to relevant guidelines. They are comfortable, safe, and are monitored to ensure client safety.

Safety ! 2.7 Equipment and supplies that are appropriate for pediatric clients are available and accessible.

Guidelines

Standard sized equipment and supplies are normally inappropriate for pediatric clients. Neonatal and pediatric sizes of all relevant equipment and supplies may be provided in the emergency department or shared with other inpatient services (e.g., pediatric ward, nursery).

The Canadian Association of Emergency Physicians also provides a list of recommended minimum equipment for emergency departments in rural communities.

Safety

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2.8 Emergency and advanced resuscitation equipment, supplies, and materials are available in the room where procedural sedation is administered.

Appropriateness

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

Accessibility

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

Guidelines

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

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

3.0 Client flow through the emergency department is managed.

Appropriateness

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3.1 Client flow throughout the organization is addressed and managed in collaboration with organizational leaders, and with input from clients and families.

Guidelines

The information collected through monitoring and evaluating trends in the emergency department is used to identify areas for improvement, and to advocate for resources (e.g., financial, support for change) with organizational leaders. Strategies to address overcrowding in the emergency department may include assessing and releasing select clients by Emergency Medical Services (EMS) to community health services or primary care, proactive communication about the use and access to resources in the community, improved information technology to assist with client distribution, a process at triage for the efficient offload of EMS clients, and transfer of care agreements.

Accessibility ! 3.2 A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.

Guidelines

A proactive approach to managing overcrowding in the emergency department includes monitoring trends and developing a strategy to prevent and address overcrowding. Times of overcrowding are anticipated and strategies are used to manage overcrowding in a safe and timely way. This may include assigning team members during times of the day when an increase in requests for services typically occurs.

Appropriateness ! 3.3 Timely access for clients is coordinated with other services and teams within the organization.

Guidelines

Other services or teams include medicine services, critical care, surgical services, ambulatory services, diagnostic imaging, laboratory services, cardiac imaging, and pharmacy services.

Accessibility !

3.4 There is access to the emergency department 24 hours a day, seven days a week.

Guidelines

There is collaboration with other providers, organizations, and the community to ensure that emergency services are available from other locations or groups when there is a high volume of emergencies.

Accessibility

3.5 Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.

Guidelines

Barriers to access include: overcrowding as a result of breakdowns in client flow and transfer of clients to inpatient units; physical and language barriers; a lack of or an inefficient over-capacity protocol; overcrowding as a result of a high volume of clients presenting in the emergency department; transportation; ambulance offload delays; ambulance diversion from another organization; and a lack of inpatient beds.

Continuity of Services

3.6 Comprehensive emergency services are provided in collaboration with partners.

Guidelines

Partners include other emergency health partners and other referral or transfer sources. The team has established connections with partners and communicates regularly to anticipate requests for service and facilitate smooth transitions in care. Other emergency health services may include local ambulance service operators and dispatchers, fire departments, and community groups.

Partners outside of emergency health include referring areas of the organization as well as primary care. There is collaboration with these organizations to ensure smooth and safe transitions in care.

Safety

3.7

Procedures for transport of high-risk clients are established with EMS providers.

Guidelines

Efficient transportation to the appropriate organization ensures that clients are receiving services in the appropriate organization and improves client outcomes. Procedures are established together with partners for client transport. This includes providing training and information to partners about the services provided in the organization, establishing protocols, early communication of high-risk clients or suspected conditions (e.g. trauma, stroke, head injury, spinal cord injury), bypass of smaller centres, use of air ambulance services, and use of specific screening tools.

Appropriateness

3.8

Standardized processes and procedures are followed to coordinate timely inter-facility client transfers and transfers to other teams within the organization.

Guidelines

This may include transfer to a higher level of care or specialized services within an organization and may be established by the organization or triggered by specific conditions (e.g., stroke, suspected head injury, suspected spinal cord injury, or suspected acute coronary syndrome).

Processes to improve client flow to other facilities and within the organization may include a client flow strategy or diagram, a time series model to predict inpatient resource requirements generated by admission to the emergency department, or an emergency department full capacity protocol to facilitate the admission of clients held in the emergency department awaiting bed assignment.

Accessibility

3.9

Discharge planning is completed with other health care services and includes information about referrals.

Guidelines

Other health care services and programs may include community-based health care or social services programs.

Accessibility

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3.10 There are established protocols to identify and manage overcrowding and surges in the emergency department.

Guidelines

Protocols for overcrowding and surges are accessible to and followed by the team. Protocols include information on when protocols are triggered (e.g., team to client ratio or threshold for client wait times), staffing protocols, when to contact other teams within the organization, and when to contact external partners.

Protocols are developed in partnership with other teams and community partners and align with the organization's disaster and emergency preparedness plan.

Safety

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3.11 Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.

Guidelines

In addition to limiting access to timely and appropriate care, overcrowding is a safety risk. In the event of overcrowding, protocols are followed to improve inpatient utilization and move the right client to the right bed within the right time frame using mutually-agreed upon transfers of care with other parts of the organization. Clients who require an alternate level of care (ALC), including chronic care, chronic complex care, transition care, respite care, and palliative care, are identified and transferred.

Accessibility

3.12 Protocols are followed to manage clients when access to inpatient beds is blocked.

Guidelines

Protocols will vary depending on the type and size of the organization, community served, and other resources available to clients. Other referral or service options may be explored, e.g., transferring clients to another hospital or determining if a client is willing to remain in the emergency department if discharge to other health care services and programs is not feasible.

Accessibility

3.13 Protocols to manage overcrowding and surges are followed before requesting aid from alternative health care sites or diverting ambulances.

Guidelines

Requesting aid from alternative health care sites may be an option in some areas when an organization is over capacity. Protocols are established and followed for when alternative aid and/or ambulance diversion should be accessed.

Often protocols are established by the region where the organization is located.

BUILDING A PREPARED AND COMPETENT TEAM

4.0 Team members are qualified and have relevant competencies.

Appropriateness !

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

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 !

4.2 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

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

Guidelines

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

Orientation processes and activities are documented.

Appropriateness

4.4 Orientation to the unique work environment in the emergency department is provided to new team members.

Guidelines

Orientation includes the specific nature of the emergency department; the triage process; the value of linking with team members beyond the emergency department (e.g., EMS, consultants, trauma services, and alternative levels of care); emergency disaster planning; protocols to address high volume and surges in the emergency department; and the process to address wait times.

Orientation also includes how risks (e.g., potentially violent or aggressive clients, hazardous materials or potentially contaminated clients or items) are managed in the emergency department and when to contact law enforcement or access security services.

Client-centred Services

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

Guidelines

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

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

Client-centred Services

4.6 Education and training are provided on the organization’s care delivery model.

Guidelines

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

Appropriateness

4.7 Education and training are provided on the organization’s ethical decision-making framework.

Guidelines

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

Safety

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4.8

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

ROP

4.9

REQUIRED ORGANIZATIONAL PRACTICE: A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.

Guidelines

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

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

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

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

Test(s) for Compliance

Major	4.9.1	Instructions and user guides for each type of infusion pump are easily accessible at all times.

Major	4.9.2	Initial and re-training on the safe use of infusion pumps is provided to team members: • Who are new to the organization or temporary staff new to the service area • Who are returning after an extended leave • When a new type of infusion pump is introduced or when existing infusion pumps are upgraded • When evaluation of competence indicates that re-training is needed When infusion pumps are used very infrequently, just-in-time training is provided.
Major	4.9.3	When clients are provided with client-operated infusion pumps (e.g., patient-controlled analgesia, insulin pumps), training is provided, and documented, to clients and families on how to use them safely.
Major	4.9.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.
Minor	4.9.5	The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members.
Minor	4.9.6	When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.

Appropriateness

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

Guidelines

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

Worklife

4.11 Education and support to work with clients with mental health and addictions are provided to team members.

Guidelines

Education promotes effective and equitable care for all clients who present in the emergency department.

Education includes working with clients who have a history of mental health and addictions, have an increased level of anxiety, are at risk of or are exhibiting aggressive behaviour, are at risk of self harm, are not in the emergency department willingly, and who may be uncooperative. Education also includes organizational policies for dealing with aggressive clients or clients who are presenting a danger to themselves and/or others, when to use seclusion, and monitoring clients who are in seclusion.

Worklife

4.12 Training specific to providing emergency health services to pediatric clients is provided to the team.

Guidelines

Training addresses the unique needs of pediatric clients including developmental stages, pediatric reference values, interaction with families, informed consent, Pediatrics Canadian Triage and Acuity Scale (P-CTAS), resuscitation and life support for infants and children, weight-based dose adjustment of medications, safe use of pediatric medical equipment, pain management, care protocols for common pediatric conditions, pediatric radiology protocols, and children and youth maltreatment.

Continuity of Services !

4.13 Education and training are provided on how to identify palliative and end-of-life care needs.

Guidelines

Training includes information on the organization’s process to provide or facilitate access to palliative care and end-of-life services, communicating with families about end-of-life issues, and how and when to initiate discussions about palliative and end-of-life care.

Federal, provincial, and territorial legislation and regulations regarding consent and substitute decision making are followed.

Worklife !

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

Guidelines

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

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

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

Client-centred Services

4.15 Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.

Guidelines

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

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

Worklife

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4.16 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

4.17 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.

5.0 Services are provided within a collaborative team environment.

Appropriateness !

5.1 A collaborative approach is used to deliver services.

Guidelines

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

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

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

Appropriateness

5.2 The team works in collaboration with clients and families.

Guidelines

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

Efficiency

5.3 Consultants and referring medical professionals are part of the collaborative team and work with the emergency department team to coordinate services or transfers.

Worklife

5.4

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

Guidelines

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

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

Safety

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5.5

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

5.6

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

Guidelines

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

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

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

Worklife

6.1 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

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

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. Client and family input and feedback is considered in job design.

Safety

6.3 Workload is assessed and team members are reassigned as required during periods of high volume and surges in the emergency department.

Guidelines

The process to assess workload and reassign team members during periods of high volume and surges is monitored, and the data are used to develop criteria to ensure client safety as well as fairness and equity in workload.

Worklife

6.4 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

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

Safety

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6.6

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

Safety

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6.7

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

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6.8

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

Guidelines

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

Where possible, team members use de-escalation techniques as a preventive measure. De-escalation techniques are minimally intrusive and the least restrictive way to manage violence. Some training programs on how to safely work with clients who are at risk of or who exhibit aggressive or responsive behaviors include:

- CPI Training (Crisis Prevention and Intervention)
- GPA (Gentle Persuasive Approach)
- U-First!

Training and education include the use of a standardized risk assessment tool such as the Hamilton Anatomy of Risk Management (HARM) tool. Training may address:

- Identifying triggers
- Assessing and communicating a client's potential for violence and recognizing signs of agitation and aggression
- Reducing harassment
- Responding to and managing violence (e.g., non-violent crisis intervention, emergency code response guidelines, conflict resolution and mediation, and self-defense)
- The trauma-informed approach
- Communication techniques

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

Safety	!	6.9	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

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

Accessibility !

7.1 Entrance(s) to the emergency department are clearly marked and accessible.

Guidelines

The emergency department is identified through appropriate signage. This may include “H” signs posted on major roadways; clear directions to the emergency department and hospital for ambulatory clients, emergency vehicles, and client vehicles; signs inside the hospital indicating where to find the emergency department or the 24-hour on-call physician; and clearly marked helipads for hospitals that use air emergency medical services.

Accessibility !

7.2 All clients who present at the emergency department are evaluated.

Guidelines

The evaluation process includes a method to prioritize or triage clients by level of urgency and relocate clients with less urgent needs to waiting rooms or other areas or levels of care such as urgent care, clinics or for particular client symptoms, point-of-care testing, or rapid diagnostics.

Appropriateness

7.3 Clients are offloaded from EMS and an initial assessment is conducted and documented by a nurse or other medical professional in a timely way.

Guidelines

Typically offloading is completed by an emergency department nurse; however this can also be done by other medical personnel such as a paramedic.

Efficiency

7.4 Pertinent client information is transferred in collaboration with EMS.

Guidelines

The effective transfer of client information includes providing information to EMS as well as obtaining comprehensive client information when the client arrives at the organization. Pre-hospital information may include proposed triage categories or priority categories; basic or advanced assessment; medical directives; client-specific orders; client history, records, progress notes, or verbal reports; telephone advice; medico-legal issues such as police cases, e.g., indications of domestic violence and abuse; animal bites; consent to treatment; involuntary clients; client refusals; withdrawal of life support; clients who are dead on arrival; confidentiality of information; safety and security of client identification, valuables, and belongings.

8.0 Clients in the emergency department are triaged in a timely way.

Appropriateness

8.1 The Canadian Triage and Acuity Scale (CTAS) is used to conduct the triage assessment.

Guidelines

The CTAS is used to define client needs and improve timely access to emergency care and services. If several clients are waiting to be triaged, a visual triage assessment may be conducted.

Appropriateness

8.2 The Pediatric-CTAS is used to conduct the triage assessment of pediatric clients.

Appropriateness ! **8.3** A triage assessment for each client is completed and documented within CTAS timelines, and in partnership with the client and family.

Guidelines

Clients receive a complete triage assessment regardless of how they arrive in the emergency department.

Appropriateness ! **8.4** A triage assessment for each pediatric client is conducted within P-CTAS timelines, and in partnership with the client and family.

Appropriateness **8.5** After triage, the client's immediate and urgent needs are identified and priorities of service are determined using set criteria, with input from the client's other service providers, and in partnership with the client and family.

Guidelines

This process may be called registration, admission, intake, pre-admission, or screening. Immediate and urgent needs may include: an older adult's age-related changes, (e.g., atypical presentation, wandering); clients who present with repeat injuries; clients who present with circumstances that may require intervention of law enforcement (e.g., indications of domestic violence and abuse, indications of violent crimes, gunshot wounds, or homicide). In some cases this process is conducted at the same time as triage.

The process is adjusted for clients and families with differing needs such as language, culture, level of understanding, lifestyles, and disability.

Client-centred Services ! **8.6** After the initial triage assessment, clients who are waiting for service are advised which team member to contact if their condition changes.

Client-centred Services

8.7 There is ongoing communication with clients who are waiting for services.

Appropriateness

8.8 Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.

Guidelines

Clients who initially appear stable may deteriorate as illnesses progress. All clients are reassessed (e.g., clients in hallways, waiting rooms, ambulance bays) according to policy, and there are defined responsibilities for re-assessment for all team members. The process includes measuring the timeliness of the re-assessments and setting targets based on CTAS re-assessment guidelines.

Where possible, client waiting areas are continually monitored. Where this is not possible, a process to regularly monitor, assess, and document clients who are waiting in the emergency department is developed, with input from clients and families.

9.0 Clients and families are partners in service delivery.

Client-centred Services

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

Guidelines

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

Client-centred Services

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

Guidelines

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

Client-centred Services

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

Guidelines

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

Client-centred Services

9.4 The client’s wishes regarding family involvement in their care are respected and followed.

Guidelines

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

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

Client-centred Services

9.5 Complete and accurate information is shared with the client and family in a timely way, in accordance with the client's desire to be involved.

Guidelines

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

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

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

Client-centred Services

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

Guidelines

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

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

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

Client-centred Services

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

Guidelines

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

Client-centred Services

9.8 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

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9.9 The client’s informed consent is obtained and documented before providing services.

Guidelines

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

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

Appropriateness

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9.10 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

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

Guidelines

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

Appropriateness !

9.12 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.

Safety

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9.13 There is a policy and process to manage medico-legal issues in the emergency department.

Guidelines

Training is provided to team members in the emergency department on the identification and management of medico-legal issues such as police cases (e.g., indications of domestic violence and abuse, indications of violent crimes, gunshot wounds); consent to treatment; involuntary clients; client refusals; withdrawal of life support; clients who are dead on arrival; and safety, security and confidentiality of client identification.

Client-centred Services

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

Guidelines

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

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

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

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

Client-centred Services ! 9.15 Clients and families are provided with information about how to file a complaint or report violations of their rights.

Client-centred Services ! 9.16 A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.

Guidelines

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

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

10.0 Clients who present to the emergency department are effectively assessed.

Appropriateness !

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

Guidelines

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

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

Client-centred Services

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

Guidelines

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

Client-centred Services

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

Guidelines

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

Client-centred Services

10.4 Standardized assessment tools are used during the assessment process.

Guidelines

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

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

Safety

ROP

10.5

REQUIRED ORGANIZATIONAL PRACTICE: In partnership with clients, families, or caregivers (as appropriate), medication reconciliation is initiated for clients with a decision to admit and a target group of clients without a decision to admit who are at risk for potential adverse drug events (organizational policy specifies when medication reconciliation is initiated for clients without a decision to admit).

Guidelines

Medication reconciliation is a structured process to communicate accurate and complete information about client medications at care transitions. The medication reconciliation process is initiated for clients with a decision to admit and for a target group of non-admitted clients who are identified as being at risk for adverse drug events. Organizations use a risk assessment approach, working with team members to identify client groups who are at most risk for adverse drug events and are most likely to benefit from medication reconciliation.

Targets may begin with a small group of clients, expanding as success with medication reconciliation is achieved. The rationale for the target group(s) is documented and takes into account factors that may affect the process (e.g., client flow).

Medication reconciliation begins with generating a Best Possible Medication History (BPMH). The BPMH lists all medications (prescription, non-prescription, traditional, holistic, herbal, vitamins, and supplements) the client is actually taking and shows the name, dose, frequency, and route of administration for each. Creating the BPMH involves interviewing the client, family, or caregivers (as appropriate) and consulting at least one other source of information such as the client's previous health record, a community pharmacist, or a provincial database.

The goal of medication reconciliation is to identify and communicate what medications should be continued, discontinued, or modified, and the reasons why.

Safer Healthcare Now! Communities of Practice provides BPMH tools and forms.

Test(s) for Compliance

Major	10.5.1	Medication reconciliation is initiated for all clients with a decision to admit. A Best Possible Medication History (BPMH) is generated, in partnership with clients, families, or caregivers, and documented. The medication reconciliation process may begin in the emergency department and be completed in the receiving inpatient unit.

Major 10.5.2 The criteria for a target group of non-admitted clients who are eligible for medication reconciliation are identified and the rationale for choosing those criteria is documented.

Major 10.5.3 When medications are adjusted for non-admitted clients in the target group, a BPMH is generated, in partnership with clients, families, or caregivers, and documented.

Major 10.5.4 For non-admitted clients in the target group, medication changes are communicated to the primary health care provider.

Safety ROP 10.6 REQUIRED ORGANIZATIONAL PRACTICE: To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.

Guidelines

In Canada, Safer Healthcare Now! has identified falls prevention as a safety priority. Reducing injuries from falls can increase quality of life for clients and reduce costs.

Falls prevention programs may include team training, risk assessments, balance and strength training, vision care, medication reviews, physical environment reviews, behavioural assessments, and bed exit alarms.

Measures to evaluate the falls prevention approach may include tracking the percentage of clients receiving a risk assessment, falls rates, causes of injury, and balancing measures such as restraint use. Post-fall debriefings may also help identify safety gaps and to prevent the recurrence of falls.

Test(s) for Compliance

Major 10.6.1 A documented and coordinated approach to falls prevention is implemented.

Major	10.6.2	The approach identifies the populations at risk for falls.
Major	10.6.3	The approach addresses the specific needs of the populations at risk for falls.
Minor	10.6.4	The effectiveness of the approach is evaluated regularly.
Minor	10.6.5	Results from the evaluation are used to make improvements to the approach when needed.

Safety ROP 10.7 REQUIRED ORGANIZATIONAL PRACTICE: Clients are assessed and monitored for risk of suicide.

Guidelines

Every year close to 3,700 people in Canada commit 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	10.7.1	Clients at risk of suicide are identified.
Major	10.7.2	The risk of suicide for each client is assessed at regular intervals or as needs change.
Major	10.7.3	The immediate safety needs of clients identified as being at risk of suicide are addressed.

Major	10.7.4	Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.
Major	10.7.5	Implementation of the treatment and monitoring strategies is documented in the client record.

Appropriateness

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

Guidelines

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

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

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

Appropriateness

10.9 Options and preferences for pain management are discussed with the client.

Guidelines

The team member discusses appropriate options with the client and gives the client an opportunity to select a preferred option for pain management. Strategies to manage pain may include analgesics, including opioids and adjuvants when needed, along with physical, behavioural, and psychological interventions. The team consults with experts and uses research and evidence to understand the best ways to manage pain.

The team also gives the client information about how to manage pain following discharge.

Client-centred Services

10.10 An assessment of the client's palliative and end-of-life care needs is completed, where appropriate, in partnership with the client and family.

Guidelines

The need for a palliative care assessment may be expressed by the client or family or identified by the team. The types of services that may be required are identified. Early identification of palliative care needs allows clients and families to be involved in care planning and can improve the quality of care and family satisfaction throughout the process.

In an organization or service area that does not provide palliative and end-of-life care, the assessment identifies the need to connect the client and family to the appropriate services.

Appropriateness

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10.11 Priority access to diagnostic services and laboratory testing and results is available 24 hours a day, 7 days a week.

Guidelines

Based on the organization's resources, 24-hour access to diagnostic and laboratory testing and results may be available on an on-call basis for life-threatening situations only. Effective access that prioritizes client needs while recognizing organizational demands (e.g., hours of operation, staffing, and when call-in processes are initiated) is ensured.

Access to diagnostic and laboratory services may be on-site or through partner organizations. Where these services are not on-site the organizations has an established process to facilitate access.

Protocols for access including which tests and conditions take priority based on acuity level are established.

Appropriateness

10.12 Evidence-based protocols are used to select diagnostic imaging services for pediatric clients.

Guidelines

Inappropriate use of diagnostic imaging may increase costs and expose pediatric clients to unnecessary radiation. The team is encouraged to collaborate with diagnostic imaging services to develop evidence-based radiology protocols.

Safety !

10.13 Urgent medications and pharmacy staff can be accessed 24 hours a day, 7 days a week.

Guidelines

Pharmacy staff may be accessed within the organization or through partner organizations. Consults may be conducted through telemedicine or be done on an on-call basis. Where consult services are not on site the organization has an established process to facilitate access.

Appropriateness

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10.14

Priority access to consultation services is available 24 hours a day, 7 days a week.

Guidelines

Specialists or allied health professionals either within the organization or through partner organizations may be consulted. Consult may be conducted through telemedicine or be done on an on-call basis. Where consult services are not on-site the organization has an established process to facilitate access.

Protocols for accessing consultation services and conditions that take priority based on acuity level are established with other teams.

Appropriateness

10.15

There is timely access to specialists with expertise in pediatric health.

Guidelines

Specialists with expertise in pediatric health may include pediatricians, pediatric emergency physicians, pediatric radiologists, and pediatric surgeons. Access to specialists can either be provided on-site or using virtual technologies such as telehealth.

Safety

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10.16

A process is followed to communicate and validate client diagnoses when there is discrepancy between the initial diagnosis and diagnostic imaging or laboratory results.

Guidelines

The process to communicate changes in diagnosis or information to clients when a discrepancy, change, or error is identified is established with other teams. The process includes who is responsible for contacting the client and/or family in a timely way and next steps.

Appropriateness

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10.17

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.

Continuity of Services

10.18

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 of Services

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10.19

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Client-centred Services

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

Guidelines

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

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

11.0 **Potential organ and tissue donors are identified and referred in a timely and effective manner.**

Efficiency

11.1 There are established protocols and policies on organ and tissue donation.

Guidelines

Policies include identification of potential donors, approaching the family of potential donors, checking the provincial donor registry, and working with the Organ Procurement Organization (OPO).

Efficiency

11.2 There is a policy on neurological determination of death (NDD).

Guidelines

The policy on NDD includes the definition of and testing required to determine NDD, who is qualified to determine NDD, and ethical frameworks around NDD (e.g., physicians who determine NDD must be independent of the procurement and transplant process).

Efficiency

11.3 There is a policy to transfer potential organ donors to another level of care once they have been identified.

Guidelines

It is important that potential organ donors are moved to another level of care to facilitate client access to the emergency department. Time frames for the transfer of potential organ and tissue donors are established with the other areas of care, (e.g., critical care, organ recovery centre, or tissue recovery team). The emergency department team works with other areas of care in the organization to ensure smooth and effective transfers in care.

Appropriateness

11.4 There are established clinical referral triggers to identify potential organ and tissue donors.

Guidelines

Clinical referral triggers that define criteria for imminent death are established. For organ donation, these clinical triggers address clients requiring mechanical ventilation; having clinical findings consistent with a score on the Glasgow Coma Scale less than or equal to an agreed-upon threshold; being evaluated for a diagnosis of neurological death; having withdrawal of life-sustaining therapies ordered by a physician; or lacking of brain stem reflexes. For tissue donation, these triggers address clients with cardiac death who are under 85 years of age.

Appropriateness

11.5 Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.

Guidelines

The training includes the role of the emergency department team in organ and tissue donation. The role of the team will vary by type and size of the organization as well as the services provided in the emergency department. Education and training includes information on the definition of imminent death, the use of clinical referral triggers, and who to contact when potential organ and tissue donation opportunities arise. Team members, (e.g., nurses, physicians, or respiratory therapists) are educated on when and how to make referrals to physicians qualified to determine neurological death or how to link with donation services such as an OPO.

Appropriateness

11.6 Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from clients and families.

Guidelines

Education and training includes information on respecting the family's culture and beliefs when discussing organ and tissue donation, who is appropriate and qualified to approach the families of potential donors, approaches to take when discussing organ and tissue donation (e.g., the decoupling approach), and others to involve in discussions with the family (e.g., social worker, spiritual advisory, or a representative from an OPO).

Efficiency

11.7 When death is imminent or established for potential donors, the OPO or tissue centre is notified in a timely manner.

Guidelines

Rapid notification of potential donors to the OPO increases the likelihood of organ and tissue donation.

In many jurisdictions, legislation specifies procedures to be followed when death is imminent. In those provinces, the law requires that the OPO be notified when a client has died or a physician has made an NDD.

Appropriateness

11.8 All aspects of the donation process are recorded in the client record, including the family's decision about organ and tissue donation.

Guidelines

The client record shows that the client was identified as a potential donor, the family was approached for donation, and the OPO was contacted, as well as the decision about organ and tissue donation.

12.0 Safe and effective care is provided to clients in the emergency department.

Appropriateness

12.1 The client’s individualized care plan is followed when services are provided.

Appropriateness

12.2 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.

Client-centred Services

12.3 Client privacy is respected during registration.

Guidelines

Often clients disclose personal information during registration such as the reason they are presenting in the emergency department. It is important that the team respects client privacy during this process.

Appropriateness

12.4 An established procedure, such as the use of armbands, is used to identify clients in the emergency department.

Guidelines

The process may include providing an armband for all clients or identifying which clients require an armband.

Appropriateness !

12.5 Assigned roles and responsibilities are adhered to during the resuscitation of clients.

Guidelines

Roles and responsibilities, including leadership roles, are understood by all team members, enabling them to work and communicate effectively as a team during resuscitation.

Safety ROP

12.6 REQUIRED ORGANIZATIONAL PRACTICE: Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.

Guidelines

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

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

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

Test(s) for Compliance

Major 12.6.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.

Appropriateness ! 12.7 Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.

Safety ! 12.8 Clients with known or suspected infectious diseases are identified, isolated, and managed.

Safety !

12.9 Clients who have received sedatives or narcotics are monitored.

Guidelines

A protocol is followed to monitor and document the status of clients who have received sedatives or narcotics while in the emergency department.

Safety !

12.10 Information on pediatric medication dosages is available and accessible to the team.

Guidelines

Validated and approved dosing references for pediatric medications are readily available to the team to reduce prescribing errors related to inaccurate weight-based dose adjustments.

Safety !

12.11 Medications are administered to pediatric clients using weight-based pediatric dosages and appropriately sized equipment.

Client-centred Services

12.12 Access to spiritual space and care is provided to meet clients’ needs.

Guidelines

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

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

Client-centred Services

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

Guidelines

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

Client-centred Services

12.14 There is a process for initiating palliative and end-of-life care, as required.

Guidelines

Services are initiated by the team, client, or family, and take into consideration the assessment results. Involvement in palliative and end-of-life care will differ depending on the services provided by the team and the clients served. Where palliative and end-of-life care is not provided by the team, clients are connected with the appropriate services.

Client-centred Services

12.15

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

Guidelines

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

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

Safety

ROP

12.16

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

Guidelines

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

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

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

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

Test(s) for Compliance

Major	12.16.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.
Major	12.16.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.

	Major	12.16.3	During care transitions, clients and families are given information that they need to make decisions and support their own care.
	Major	12.16.4	Information shared at care transitions is documented.
	Minor	12.16.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).
Appropriateness		12.17	Information obtained from EMS, triage, assessment, and admissions is transferred to service providers in the next setting.

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

Client-centred Services	!	13.1	Clients and families are actively engaged in planning and preparing for transitions in care.

Guidelines

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

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

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

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

Safety ! 13.2 Clinical guidelines are used to determine whether a client is fit for transfer of care.

Guidelines

Transfer of care may be within the organization or outside of the organization.

Guidelines may include different protocols for populations or conditions (e.g., post-sedation, procedural sedation, frail-elderly populations) as well as a review of criteria such as control of pain, nausea, or vomiting, and appropriateness and safety of discharge destination. Guidelines include information on transfer of clients who are not stable and requirements during transfer (e.g., monitoring during transfer, equipment necessary for transfer, what team members must be present during transfer, and pre-transfer assessments).

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.

Client-centred Services

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

Guidelines

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

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

Continuity of Services

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

Guidelines

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

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

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

Continuity of Services

13.6 The transition plan is documented in the client record.

Client-centred Services

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

Guidelines

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

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

Client-centred Services

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

MAINTAINING ACCESSIBLE AND EFFICIENT INFORMATION SYSTEMS

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

Appropriateness !

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

Guidelines

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

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

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

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

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

Appropriateness

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

Guidelines

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

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

Appropriateness ! 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 and family.

Guidelines

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

Appropriateness

! 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 of Services

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).

Appropriateness ! 14.8 There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.

Guidelines

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

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

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

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

Appropriateness 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, with input from clients and families.

Guidelines

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

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

Appropriateness

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.

Client-centred Services

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

Guidelines

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

Appropriateness !

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

Guidelines

Comprehensive documents that synthesize the evidence from several guidelines may be used. For example, the Cochrane Collaboration conducts systematic reviews of the available evidence that can help teams and organizations with their review process. Clients and families are consulted to determine whether the method of deciding among guidelines follows a client-centred approach.

Appropriateness

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

Guidelines

Selected guidelines and evidence are used to develop procedures and protocols to improve service delivery and provide standardized care to clients. 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

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

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

Guidelines

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

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

Safety

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

Guidelines

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

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

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

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

Safety !

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

Guidelines

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

Safety !

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

Guidelines

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

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

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

Safety ! 17.4 Safety improvement strategies are evaluated with input from clients and families.

Guidelines

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

Safety ! 17.5 Patient safety incidents are reported according to the organization’s policy and documented in the client and the organization record as applicable.

Guidelines

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

Client-centred Services ! 17.6 Patient safety incidents are disclosed to the affected clients and families according to the organization’s policy, and support is facilitated if necessary.

Guidelines

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

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

Safety ! 17.7 Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.

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.**

Client-centred Services

18.1 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

18.2 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

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18.3 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

18.4 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

18.5 Ambulance offload response times are measured and used to set target times for clients brought to the emergency department by EMS.

Guidelines

Data for ambulance offload times is tracked to identify patterns over time.

Accessibility

18.6 Data on wait times for services, the length of stay in the emergency department, and the number of clients who leave without being seen is tracked and benchmarked.

Guidelines

The data is assessed against the CTAS levels. Length of stay data are collected for all clients (admitted and not admitted).

Appropriateness !

18.7 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

18.8 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

18.9 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 !

18.10 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 !

18.11 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

18.12 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

18.13 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.

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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."

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