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STANDARDS

Organ and Tissue Donation Standards for Deceased Donors

For Surveys Starting After:
January 01, 2016

Date Generated: April 10, 2015
Ver. 10

Organ and Tissue Donation Standards for Deceased Donors

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.

ISQua Accreditation
STANDARDS

ORGAN AND TISSUE DONATION STANDARDS FOR DECEASED DONORS

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

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

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

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

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

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

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

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

The Organ and Tissue Donation Standards for Deceased Donors apply to acute care organizations that have a donation team. Throughout the standards, the term "organization" is used and refers to the hospital. The "donation team" includes the donation coordinator, who may be an employee of an organ procurement organization (OPO), physicians, nurses, social workers, respiratory therapists, spiritual advisors, and dieticians. The standards cover the following continuum of service: caring for deceased donors once they have been identified and referred to the OPO to retrieving the specific organs or tissues.

These standards include references to the Canadian Standards Association (CSA) standards entitled Cells, Tissues, and Organs for Transplantation and Assisted Reproduction: General Requirements (Z900.1-03) and two subset standards: Tissues for Transplantation (Z900.2.2-03) and Perfusable Organs for Transplantation (Z900.2.3-03).

The Organ and Tissue Donation Standards for Deceased Donors comply with Health Canada's Safety of Human Cells, Tissues and Organs for Transplantation Regulations.

This set of standards contains the following sections:

- Investing in quality services
- Building a prepared and competent team
- Assessing the suitability of donors in a consistent and sensitive manner
- Recovering organs and tissues safely and effectively
- Caring for families following donation
- Maintaining accessible and efficient information systems
- Monitoring quality and achieving positive outcomes

In alignment with provincial laws and regulations, certain functions and requirements addressed in these standards fall under the jurisdiction of provincial Organ Procurement Organizations. In some provinces, legislation outlines that the Organ Procurement Organization is designated and authorized to carry out specific responsibilities related to the coordination of organ and tissue donation and transplant. As part of the accreditation process, it is important for organizations to involve their donation and transplant stakeholders and partners in order to meet the standards.

The following is a list of Organ Procurement Organizations in Canada:

British Columbia Transplant
HOPE Program North, Alberta
Southern Alberta Organ and Tissue Donation Program, Alberta
Saskatchewan Transplant Program, Saskatchewan

Transplant Manitoba, Gift of Life, Manitoba
Trillium Gift of Life Network, Ontario
Québec-Transplant, Québec
Organ and Tissue Procurement Program, Department of Health, New Brunswick
Critical Care Organ Donation Program, Nova Scotia
Organ Procurement Exchange Network, Newfoundland

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

Collaborative team: The donation team includes donation coordinators, surgeons, physicians, nurses, social workers, respiratory therapists, pharmacists and spiritual advisors. Social workers and spiritual advisors may provide counselling, emotional, and bereavement support to deceased donors' families.

Ethical issues: Ethical issues related to donation may include withdrawing life-sustaining treatment; approaching families about donation too early; coercion or persuasion to donate; compensation for donation; handling exceptional distribution requests; or developing ethical DCD policies.

Evidence-informed guidelines: Evidence-informed guidelines in organ and tissue donation may be established internally by the donation committee, a council, or an individual who develops tools and makes recommendations to the team. Organizations such as the Organs and Tissues Division of Canadian Blood Services create consensus documents on best practices. Additionally, the Canadian Medical Association publishes best practice guidelines, as does the Canadian Institute for Health Information (CIHI) that publishes guidelines as well as outcomes through CORR (Canadian Organ Replacement Register).

Process and outcome measures: Process measures in organ and tissue donation may include appropriate family care and communication; effective donor management; or how often requests for diagnostic imaging, laboratory testing or requests for operating room access are denied. Outcome measures may include family satisfaction or donation rates, including the number of organs recovered per donor.

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).

Population Focus

1.3 Organ and tissue donation is part of the organization's strategic priorities.

Appropriateness

1.4 Policies for both organ and tissue donation are developed with input from clients and families.

Guidelines

The policies state whether the organization provides organ donation, tissue donation, services or both. If tissue donation services are provided, the policy includes the tissue bank it works with, procedures for collaborating with the bank, and how and where tissues are recovered.

Appropriateness

1.5 A policy on donation after cardio-circulatory death (DCD) is developed with input from clients and families.

Guidelines

The policy on DCD states whether the organization supports or carries out DCD. Clearly stating the position on DCD prevents confusion and inconsistency in clinical practice.

Client-centred Services

1.6 If DCD is not carried out by the organization, there is a process for responding to family requests for DCD.

Guidelines

Examples of processes are providing information to families or referring them to organizations that carry out DCD.

Appropriateness

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

Guidelines

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

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

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

Appropriateness

1.8 Goals should include identifying and referring every potential donor.

Guidelines

Providing every potential donor with the option to donate is part of end-of-life care and is required by provincial legislation through the Human Tissue Gift Act or the Trillium Gift of Life Network Act in Ontario.

Efficiency

1.9 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

1.10 Donor services are coordinated across the continuum with organ procurement organizations (OPOs), tissue banks, and transplant centres.

Guidelines

Open communication and collaboration with OPOs, tissue banks and transplant centres improves patient flow, makes donation referrals and transfers more efficient, and contributes to achieving positive transplant outcomes.

Efficiency

1.11 A written agreement is established with at least one specific OPO.

Guidelines

The OPO plays an important role in facilitating and coordinating donation by helping to procure, distribute, and deliver the donated organs and tissues as well as communicate and make arrangements with the transplant teams.

Safety ! 1.12 An up-to-date list of health care professionals from transplant programs that are authorized to accept and receive organs on behalf of the transplant program is maintained.
CSA Reference: Z900.2.3-03, 18.3, 18.4.

Accessibility 1.13 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 1.14 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 A donation committee and champions or leaders is established with input from clients and families.

Appropriateness

2.1 A donation committee that is responsible for monitoring and improving the quality of the donation program is established with input from clients and families.

Guidelines

The donation committee is made up of interdisciplinary representatives involved in donation, such as administrators, managers, physicians, and nurses.

Appropriateness

2.2 Donation data is regularly reviewed by the donation committee and this information is reported to the organization's senior leadership with recommended strategies for improvement.

Guidelines

Donation committee meetings occur regularly. Meeting minutes demonstrate that the committee reviews donation data, reports the results to the organization's senior leadership and makes recommendations for improvement.

Appropriateness

2.3 Champions or leaders to promote donation are appointed.

Guidelines

Donation champions and leaders promote donation throughout the organization by educating and updating staff and distributing information about donation issues and developments in the field.

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

Appropriateness

3.1 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

3.2 Technology and information systems requirements and gaps are identified and communicated to the organization’s leaders.

Guidelines

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

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

Appropriateness

3.3 Donation team members are provided with communication devices, e.g. pagers and cell phones, to rapidly relay and coordinate donation opportunities.

Appropriateness

3.4 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.

Appropriateness

3.5 ICU space, and laboratory and diagnostic services required to deliver effective donation services are available to the team.
CSA Reference: Z900.1-03, 4.2.

Guidelines

To provide high-quality services, access to inpatient and ICU beds, labs and blood banks, and space to complete clerical duties is required.

Client-centred Services

3.6 There is private space near the ICU for the donation team to meet with donors' families.

Client-centred Services

3.7 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

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3.8 Dedicated freezers are available for proper storage of tissues.

Safety

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3.9 Storage conditions are regularly monitored to ensure that they maintain organ viability and tissue sterility.

Appropriateness

3.10 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.

Accessibility

3.11 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.

4.0 There are standard operating procedures (SOPs) for all aspects of the donation process.

Appropriateness

4.1

An SOP manual is available to all members of the donation team.
CSA Reference: Z900.1-03, 6.1.

Guidelines

The SOP manual may be provided by the OPO.

Appropriateness

4.2

The SOP manual is dated and signed by the Medical Director or designate.
CSA Reference: Z900.1-03, 6.1.

Appropriateness

4.3

Each SOP contains the title and purpose, a unique identification number, the date it was implemented or revised, the signature of the authorizing person(s) and the date of authorization, the steps to be followed in the procedure, and who is responsible for checking, reviewing, and approving the SOP.
CSA Reference: Z900.1-03, 6.2.

Appropriateness

4.4

There are specific SOPs on the qualifications and responsibilities of the donation team members; requirements for client care plans; making referrals to the OPO; assessing donor suitability; managing donors; time intervals for retrieving, preserving, and storing organs and tissues; preparing and processing tissues; retrieving organs and tissues; handling medical examiner's or coroner's cases; exceptional distribution; sterilizing instruments; and record keeping for organs, tissues, reagents, and supplies.

Guidelines

Some of the required SOPs may be developed and maintained by the OPO and some by the hospital.

Appropriateness	4.5	The Medical Director or designate informs and trains donation team members before implementing a new or revised SOP. CSA Reference: Z900.1-03, 6.4.
Appropriateness	4.6	The training provided to the donation team on the SOPs is documented.
Appropriateness	4.7	Compliance with the SOPs is regularly reviewed by the Medical Director or designate.
Appropriateness	4.8	The effectiveness of the SOPs is annually reviewed and evaluated. Based on the results, the SOPs, training activities, or monitoring processes are changed as necessary. CSA Reference: Z900.1-03, 6.4.
Appropriateness	4.9	Relevant SOPs are reviewed following a patient safety incident, changes in regulatory or legal requirements, internal or external audits, and other situations as defined in the program's policies.

Appropriateness	4.10	All changes to the SOPs are tracked and version numbers are documented.
Appropriateness	4.11	New or revised SOPs are approved by the Medical Director or designate. CSA Reference: Z900.1-03, 6.4.

BUILDING A PREPARED AND COMPETENT TEAM

5.0 Team members are qualified and have relevant competencies.

Appropriateness

5.1 The donation program is supervised by a qualified Medical Director or designate.

Guidelines

The Medical Director or designate of the donation program is a licensed physician or surgeon with expertise in critical care, organ recovery or transplantation.

Appropriateness !

5.2 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

5.3 A donation coordinator is available at all times for donor referrals.
CSA Reference: Z900.2.3-03, 4.2.

Appropriateness

5.4 The donation coordinator is a qualified licensed physician, a qualified registered nurse, or health care professional with two years of experience in a donation program or clinical health care environment.
CSA Reference: Z900.2.3-03, 4.2.

Appropriateness

5.5 Newly recruited donation coordinators are oriented and trained on the standard operating procedures.
CSA Reference: Z900.2.3-03, 4.2.

Guidelines

The orientation and training is outlined in the relevant SOP. Donation coordinators are familiarized with the organization's values, goals and objectives for donation, and adequate resources to properly orient and train donation coordinators are provided.

Appropriateness !

5.6 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

5.7

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

5.8

Regular training and education about donation is provided to team members. CSA Reference: Z900.1-03, 4.2.

Guidelines

The organization trains and educates the team on all phases of the donation process, including pre- and post- operative donor care, standards, best practices, laws and regulations, and delivering client-centered care.

Client-centred Services

5.9

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

5.10 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

5.11 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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5.12 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.

Appropriateness

5.13 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

! 5.14 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.

Appropriateness

5.15 As a part of their performance evaluation, donation team members demonstrate their competence.
CSA Reference: Z900.1-03, 4.2.

Client-centred Services

5.16 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 ! 5.17 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 5.18 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.

6.0 Services are provided within a collaborative team environment.

Appropriateness ! 6.1 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

6.2 The team works in collaboration with clients and families.

Guidelines

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

Worklife

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

Guidelines

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

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

Safety

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

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

Worklife

7.1 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

7.2 There is a policy regarding maximum consecutive work hours.

Guidelines

The guidelines for the maximum number of consecutive hours worked vary by region and may range from 12 to 16 hours.

Worklife

7.3 The policy for maximum consecutive work hours is adhered to.

Guidelines

The policy may include having back-up personnel for co-ordinators, nurses, surgeons, and physicians.

Worklife

7.4 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.

Worklife

7.5 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

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

Safety ! 7.7 Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.

Safety ! 7.8 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 ! 7.9 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

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7.10 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.

ASSESSING THE SUITABILITY OF DONORS IN A CONSISTENT AND SENSITIVE MANNER

8.0 The potential donor's family is aided in making informed choices.

Client-centred Services

8.1 The potential donor's wishes and declared intent about donation are respected.

Guidelines

Information from the potential donor's advance directives, the donor registry or family and friends is used to determine the potential donor's wishes and declared intent.

Client-centred Services

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8.2 In the absence of declared intent or wishes, the potential donor's family is provided with enough information to make an informed choice.

Guidelines

Donors' families require information about the donor registry and whether or not the donor indicated a choice in the registry. Families require information on the various aspects of the donation process including the need to access the donor's medical records; what the requirements are for the donor's social history, physical exam, and testing and that the results will remain confidential; and how the donated organs and tissues will be used.

Client-centred Services

8.3 In organizations that provide DCD, the option to donate is presented after the family has decided to withdraw life-sustaining treatment but before withdrawing life-sustaining treatment.

Guidelines

The discussion and decision to withdraw life-sustaining treatment is independent of the discussion about donation. Managing the dying process follows existing ICU/critical care practice and is not influenced by donation potential.

Client-centred Services

8.4 There is a process to verify that the information provided is understood by the potential donor's family.

Guidelines

The family can be asked to repeat the information back as a means to ensure that they understand it.

Client-centred Services !

8.5 Informed consent is obtained and documented in the client record prior to completing the suitability assessment.

9.0 Each donor’s family is treated with respect and sensitivity.

Client-centred Services

9.1 The need for families to grieve their loss is accommodated.

Client-centred Services

9.2 Grieving families are helped to access counseling and emotional support services.
CSA Reference: Z900.1-03, 10.2.

Guidelines

Pre-donation counselling includes explaining the donation process; the need to access the donor's medical records; and requirements for the donor's social history, a physical exam, and testing.

Client-centred Services

9.3 Access to spiritual space and care is provided to meet the family's needs.

Guidelines

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

Client-centred Services

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9.4 The potential donor's family is informed about their rights and any claims that their rights have been violated are investigated and resolved.

Guidelines

Donor and family rights include the right to have their privacy and confidentiality protected; be treated with respect and care; maintain cultural practices; pursue spiritual beliefs; be free from abuse, exploitation, and discrimination; have consent obtained in a way that is free from coercion; and to raise concerns about the quality of service.

10.0 A comprehensive assessment of every potential donor is conducted.

Safety

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10.1 Complete information about the potential donors and their history is obtained using standardized questionnaires.
CSA Reference: Z900.1-03, 12.2, 12.3.

Guidelines

As a requirement of Health Canada's Regulations for the Safety of Human Cells, Tissues and Organs for Transplantation (18a, 22a), the donor's information and history can be medical, behavioural, or social. Standardized questionnaires are used to capture information about the potential donor's age, cause of death, clinical history, behavioural risk, exposure risks, immunizations, or transfusions. For specific suitability assessment components for deceased donors, see CSA Z900.2.3-03,12.2.2.3-4.

Safety ! 10.2 Potential donors are screened using organ and tissue-specific exclusionary criteria.
CSA Reference: Z900.1-03, 13.1, Z900.2.3-03, 13.2, Z900.2.2-03, 13.1.

Guidelines

As a requirement of Health Canada's Regulations for the Safety of Human Cells, Tissues and Organs for Transplantation (18b, 20a, 22b), exclusionary criteria are different depending on the type of organ or tissue being recovered. They may include death from an unknown cause, death from rabies, or high risk for HIV. See CSA Z900.1-03, 13.1.3, Z900.2.3-03, 13.2.2, and Z900.2.2-03 13.1.2-5 for more examples of exclusionary criteria.

Safety ! 10.3 A physical examination is completed for all potential donors.
CSA Reference: Z900.1-03, 13.2; Z900.2.3, 13.2.

Guidelines

As a requirement of Health Canada's Regulations for the Safety of Human Cells, Tissues and Organs for Transplantation (18c), during the physical examination the team looks for evidence of high-risk behaviour, signs of bacterial or viral infection; presence of malignancy or communicable disease; and trauma or abnormalities at the organ retrieval site.

Safety !

10.4 The necessary serological, blood, and infectious disease testing is completed for every potential donor.
CSA Reference: Z900.1-03, 14.2, Z900.2.3-03, 14.2, Z900.2.2-03, 14.2.

Guidelines

As a requirement of Health Canada's Regulations for the Safety of Human Cells, Tissues and Organs for Transplantation (18d, 20b, 22c, 22d),see CSA Z900.1.3-03, 14.2.6 for minimum testing and CSA Z900.2.3-03,14.2.6 for organ-specific testing and Z900.2.2-03, 14.2.6 for tissue testing.

Efficiency

10.5 Diagnostic and lab services can be promptly accessed to carry out the assessment of potential donors.

Safety !

10.6 A comprehensive assessment of tissue donors is completed.
CSA Reference: Z900.2.2-03, 13.1.

Guidelines

The tissue donor suitability assessment includes tissue-specific exclusionary criteria such as viral encephalitis, malaria or tuberculosis. See CSA Z900.2.2-03, 13.1.2-5 for exclusionary criteria for specific types of tissue donation.

Safety !

10.7 When infectious disease tests are positive, a documented procedure to share these results with the appropriate health authorities, OPOs, tissue banks, transplant programs, and the donor's physician is followed.
CSA Reference: Z900.1-03, 14.2.

Guidelines

Protocols for positive infectious disease test results are outlined in an SOP and include notifying the relevant health authorities in every case.

Safety ! 10.8 All aspects of the donor suitability assessment are documented in the appropriate client medical record.

Safety ! 10.9 Health Canada's Regulations for the Safety of Human Cells, Tissues and Organs for Transplantation are followed when responding to requests for exceptional distribution.

Guidelines

Health Canada defines exceptional distribution as the release of tissues or organs to a transplant program from a donor whose donor suitability assessment has identified an increased risk for disease transmission. Exceptional distribution may be permitted only in circumstances where it is medically justified and the potential benefit outweighs the potential risk to the recipient.

RECOVERING ORGANS AND TISSUES SAFELY AND EFFECTIVELY

11.0 The deceased donor is prepared for the organ recovery procedure.

Appropriateness !

11.1 Standard protocols are followed to properly manage and maintain donors immediately following the declaration of death and during the assessment phases.

Guidelines

To increase the likelihood that organs will be successfully transplanted, best practice donor management protocols that include monitoring hemodynamic, glycemia and nutrition, electrolytes, temperature, endocrine, oxygenation, and ventilation are used. For more information on these protocols, refer to the best practice reports Medical Management to Optimize Donor Organ Potential: A Canadian Forum, Report and Recommendations (October 2004, The Canadian Council for Donation and Transplantation) and Organ Donor Management in Canada: Recommendations of the Forum on Medical Management to Optimize Donor Organ Potential by Shemie et al. (2006) CMAJ; 174 (6).

Client-centred Services

11.2 For potential DCD donors, after the donor's family has consented to donation and prior to the withdrawal of life-sustaining therapy, only interventions that do not harm the potential donor or hasten death are used.

Guidelines

The purpose of interventions should be to improve the success of the donation and should pose no more than minimal risk to the donor.

Appropriateness

11.3 All aspects of donor management are documented in the appropriate client medical record.

Appropriateness

11.4 The appropriate permission is obtained from the coroner or medical examiner and is documented before recovering the organs and tissues.
CSA Reference: Z900.2.3-03, 10.4.2.

Guidelines

Permission or other information by the coroner should be documented in the client record.

12.0 Organs and tissues are safely and effectively recovered.

Efficiency

12.1 Once the assessment is complete, the recovery team is given timely access to operating rooms to retrieve organs or procedure rooms to retrieve tissues.

Efficiency

12.2 When the recovery team comes from outside the organization, special privileges are arranged for them.

Safety !

12.3 When the recovery team comes from outside the organization, their credentials and qualifications are verified before recovery of the organs or tissues.

Guidelines

An up-to-date list of transplant fellows and their credentials should be accessible. This list may be maintained by the OPO.

Appropriateness

12.4 Before recovering the organs or tissues, appropriate transportation arrangements are made so that the recovery team can rapidly transport the organs and tissues.

Guidelines

Arrangements are made to minimize the time between procurement and transplant, and to minimize organ waste.

Safety !

12.5 The donor assessment information is reviewed before recovery of the organs or tissues.

Safety !

12.6 The donor is identified by at least one member of the recovery team before recovery of the organ or tissue and the identification is documented in the client record.

Efficiency

12.7 If a biopsy is taken to assess pathology, prompt access to personnel who can read the biopsy is provided.

Efficiency

12.8 There is regular communication with the transplant coordinator regarding the organ recovery progress, including any delays, so that they can prepare the recipients accordingly.

Efficiency

12.9 All communication with the transplant coordinator is documented in the communication log, client record or progress notes.

Client-centred Services

12.10 For DCD donors, the recommended maximum time intervals between withdrawal of life-sustaining therapy and death, beyond which organs will not be offered or procured, is followed.

Guidelines

The maximum time limits should be set by the individual organization or program. Current practice is two hours for kidneys; one hour for pancreas and lungs; and 30 minutes for liver (2).

Safety !

12.11 Organs and tissues are recovered using aseptic techniques to maintain sterility and prevent contamination of recovered organs and tissues.
CSA Reference: Z900.1-03, 15.3; Z900.2.2-03, 15.3.

Client-centred Services

12.12 When recovering the organs or tissues, changes to the donor's body appearance are minimized.

Guidelines

Where families indicate that they would like to have a funeral viewing, tissue is not procured from the neck, arms and face.

Safety

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12.13 The recovered organs and tissues are inspected for anomalies and the findings are documented in the medical record for the transplant team.

Client-centred Services

12.14 After recovering the organs or tissues, the donor's body is reconstructed as closely as possible to its original anatomical state.

Client-centred Services

12.15 Upon request, the family is provided with the opportunity to see the donor's body after the recovery procedure.

Guidelines

Access to the donor's body may be restricted in cases of a coroner or medical examiner investigation so under some circumstances, permission may be required to view the body post-donation.

13.0 Recovered organs and tissues are prepared for transport.

Appropriateness

13.1 Recovered organs are flushed with cold preservation fluid immediately following recovery, according to the manufacturer's guidelines, to preserve them during transport.

Appropriateness

13.2

Organs and tissues are properly packaged to maintain the integrity, quality, and function of organs and tissues during all phases of transport, storage, and distribution.
CSA Reference: Z900.1-03, 15.6; Z900.2.3-03, 15.6.5.

Guidelines

Proper packaging includes using a three-barrier technique and only the packaging methods described in the SOP. The method of packaging includes ways to detect and deter tampering.

Appropriateness

13.3

Organs and tissues are properly labeled for identification during all phases of transport, storage, and distribution.
CSA Reference: Z900.1-03, 16.1; 16.4.

Guidelines

Proper labelling includes the donor identification number and facility in which the recovery took place. Proper labelling maintains traceability between donors and recipients.

CARING FOR FAMILIES FOLLOWING DONATION

14.0 Families of donors are provided with follow-up support.

Client-centred Services

14.1 Appreciation is expressed to the donor's family.

Guidelines

Appreciation to the donor's family may be given in a letter of thanks.

Client-centred Services

14.2 The donation team acts as a liaison between recipients and the donor's family.

Guidelines

The donation team maintains confidentiality by communicating with the donor's family on behalf of recipients.

Client-centred Services

14.3 The donor's family is helped to access bereavement support services as required.

Guidelines

The donor's family and friends are encouraged to use existing support systems. When these are insufficient, or when family and friends are identified as being at risk for complex grief reactions, the team helps them access bereavement services, including volunteer support or professional services.

MAINTAINING ACCESSIBLE AND EFFICIENT INFORMATION SYSTEMS

15.0 Donor records are kept accurate, up-to-date, and secure.

Safety

15.1 An accurate, up-to-date record is maintained for each donor.
CSA Reference: Z900.1-03, 7.3.

Guidelines

The donor record includes the original consent to donation; declaration of death forms and death certificate; specifications by the Medical Examiner or Coroner; notification or referral to the OPO; components of the donor suitability assessment including tests completed and test results; the retrieval; labelling; identity of those performing the steps; records on adverse events or problems; and dates for each step of the process.

Safety !

15.2 Each donor is assigned a unique identifier.
CSA Reference: Z900.1-03, 7.2.

Guidelines

The unique identifier maintains donor confidentiality and traceability between donors, donated organs and tissues, and recipients.

Safety !

15.3 Any organ or tissue can be easily traced between the donor, recipient, or tissue bank.

Guidelines

Keeping comprehensive documentation and using unique identification numbers of donors and recipients allows organs and tissues to be traced between the donor and recipients.

Continuity of Services

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15.4

Donor information is shared with service providers, other teams, or organizations, as appropriate.

Guidelines

Other organizations include transplant centres and follow up support services. The sharing of donor information respects the applicable provincial privacy legislation.

Safety

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15.5

Records are retained for a minimum of 30 years after the donation.
CSA Reference: Z900.1-03, 7.3.3.

Appropriateness

15.6

Provincial donation registries or methods of acquiring registry information are accessible to the team, where they exist.

Guidelines

Provinces such as Ontario and British Columbia have electronic donor registries that track individuals who have consented to donation.

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

Appropriateness

16.1

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

16.2

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

16.3

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

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

Appropriateness !

17.1 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.

Safety !

17.2 Health Canada's Safety of Human Cells, Tissues and Organs for Transplantation Regulations are followed.

Client-centred Services

17.3 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 ! 17.4 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 ! 17.5 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 ! 17.6 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 !

17.7 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.

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

Safety !

18.1 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 ! 18.2 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 ! 18.3 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 ! 18.4 Safety improvement strategies are evaluated with input from clients and families.

Guidelines

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

Safety

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18.5

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.

Safety

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18.6

Any patient safety incidents and results of the resulting investigations are disclosed to Health Canada, the Public Health Agency of Canada.

Guidelines

Patient safety incidents and investigations are disclosed to Health Canada in the form of a preliminary report within 24 hours of the beginning of the investigation. A more detailed report of the (suspected) error or harmful incident is submitted within 15 days of the start of the investigation and every 15 days after the incident until the final report is submitted.

This criterion reflects Health Canada's Regulations for the Safety of Human Cells, Tissues and Organs for Transplantation.

Client-centred Services

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18.7

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

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18.8 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/.

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

Client-centred Services

19.1 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

19.2 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 !

19.3 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

19.4 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 !

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Appropriateness

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

Guidelines

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

Appropriateness !

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

Guidelines

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

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

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

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

Appropriateness !

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

Guidelines

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

Population Focus

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

Guidelines

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

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

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

Appropriateness

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

Guidelines

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

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

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

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