

Accreditation Canada surveyors will be at HHS June 17 to 21, 2019 to observe our practices and talk to physicians, staff, patients, and families. They'll be looking for evidence of compliance with key health care standards and required organizational practices (ROPs).

ROP/KEY STANDARD	QUESTIONS YOU MAY BE ASKED	EVIDENCE
Antimicrobial Stewardship Program (ASP)	<p>What processes/practices are in place to ensure appropriate antimicrobial therapy?</p> <p>How are antibiotics regimens for your patients reviewed?</p>	<ul style="list-style-type: none"> ✓ ASP reviews antimicrobials with the intensive care units twice weekly across the acute care sites. ✓ ASP reviews all patients with nosocomial C. difficile infection. ✓ ASP does a prospective review of patients with positive urine cultures and subsequent management on the adult medicine wards. ✓ ASP Handbook/App is available.
Two Patient Identifiers	<p>How do you verify the identity of a patient prior to any procedure, treatment, services or transfer?</p>	<ul style="list-style-type: none"> ✓ Use TWO approved patient identifiers (full name, DOB, MRN). Use TWO approved sources (EMR, paper chart, requisition, ID band). ✓ Room number and bed number are NOT appropriate identifiers. ✓ Patient ID is verified before all treatment and procedures, collection of specimens, medication and IV fluid administration, transfers, and diet/food delivery.
“Do Not Use” list of Abbreviations	<p>If you wanted to know if an abbreviation was on the Do Not Use List where would you look to find out?</p> <p>How do you learn about what is on the Do Not Use List?</p>	<ul style="list-style-type: none"> ✓ Policy is aligned with the Institute of Safe Medication Practices List to prevent error and harm. ✓ “Do Not Use” list of abbreviations for medication orders is integrated in patient care order forms and order sets, and is posted in charting areas.
Hand Hygiene and Infection Control Practices	<p>Describe your role in infection control and when you would follow proper hand cleaning practices?</p> <p>What do you do to reduce the rate of infection in your work area?</p>	<ul style="list-style-type: none"> ✓ Perform the 4 moments of hand hygiene in the following circumstances: <ul style="list-style-type: none"> ○ Before initial patient/patient environment contact ○ Before aseptic procedure ○ After body fluid exposure risk ○ After patient/patient environment contact ✓ Adhere to additional precaution guidelines - available in the HHS Policy Library.
Information Transfer at Care Transitions	<p>How do you transfer patient information to other members of the care team and between physicians?</p> <p>How do you involve patients in care plans and discharge readiness?</p>	<ul style="list-style-type: none"> ✓ Ensure information transfer occurs during rounds, team meetings, and enter this key information in the chart. ✓ Involve patients and families in all care transition discussions. ✓ Ensure sign-off to another MRP and /or consultant, when there is a change in team membership; clearly document in the patient’s chart and communicate with patient and staff. ✓ Use transfer of information tools (ED records, i-PASS, discharge summary, verbal handoffs, etc.) and document when sharing information at care transitions.



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<p>Medication Reconciliation at Care Transitions</p>	<p>Walk me through your process for accessing a patient's medication when he/she is admitted.</p> <p>What is involved in the medication reconciliation process?</p> <p>Who is responsible for obtaining a BPMH in your clinical area?</p>	<ul style="list-style-type: none"> ✓ Obtain and document Best Possible Medication History (BPMH) for each admission from patient/family and one other information source; include drug name, dose, route and frequency. Use BPMH to generate admission medications orders or to identify and resolve any medication discrepancies. ✓ Reconcile medication orders at transfer with BPMH and current Medication Administration Record (MAR) at transitions between levels of care. ✓ Reconcile medications at discharge with BPMH and current MAR documenting new medications, and pre-admission medications that have been changed, discontinued or are to continue. Provide a copy of the complete list of medications to the patient/family at discharge, next care provider and copy to remain in patient chart. ✓ Reconcile medications in ambulatory care clinics where frequent medication changes or administration are a major component of the care.
<p>Patient Safety Incident Management & Disclosure</p>	<p>How do you contribute to patient safety at HHS?</p> <p>How and when do you disclose a patient safety incident to a patient or family member?</p> <p>Provide an example of an improvement you and your team have made based on monitoring or related to incident management.</p>	<ul style="list-style-type: none"> ✓ Follow the disclosure of patient incidents policy. ✓ There are processes in place at HHS (death review, adverse event process, critical incident review, disclosure of harm process, C. diff process, National Surgical Quality Improvement Program, and Solutions for Patient Safety) that review, analyze, monitor, report, and update on incidents with input from teams, patients/families.
<p>Venous Thromboembolism Prophylaxis</p>	<p>How do you identify patients at risk for VTE?</p>	<ul style="list-style-type: none"> ✓ Ensure that VTE assessments for at risk patients are documented and prophylaxis is given as appropriate. Click here to review the policy.
<p>Workplace Violence Prevention</p>	<p>What would you do if you were involved in or witnessed violence in the workplace?</p> <p>How would you prevent workplace violence?</p>	<ul style="list-style-type: none"> ✓ If you are involved in or witness incidents of violence, seek assistance right away. Notify your department chief, Human Resources, and complete a Safety Occurrence Report. ✓ Tools are available (on HHS intranet) for dealing with violence and should be reviewed: <ul style="list-style-type: none"> ○ Prevention and Management of Workplace Violence & Harassment Protocol ○ Preventing Domestic Violence in the Workplace protocol ○ Managing Reports of Inappropriate Behaviour Toolkit ○ Patient Behaviour Safety Risk (BSR) Communication and Care Plan Program

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Safe Surgical Checklist	How is the safe surgery checklist used in your practice?	Used in ORs, birthing suites for c-sections and procedure areas (ie. interventional radiology, endoscopy, etc.) <ul style="list-style-type: none"> ○ Safe Surgical Checklist is to be implemented for all surgical procedures at three different times: Briefing; Time Out; Debriefing ○ Be aware of the policy, process and compliance data for your area
Suicide Prevention	How do you identify patients who are at risk for self-harm? What parameters are included in your suicide assessment?	For Mental Health, Behavioural Health and Emergency Department ONLY : <ul style="list-style-type: none"> ✓ Know the process to identify patients at risk for suicide and the intervals for observation for your area ✓ Provide care in the moment – “Is there anything I can do to help you right now?” ✓ Make the environment safe ✓ Know the disposition process for your area ✓ Document risk assessment, disposition, safety plan and crisis plan in patient’s health record
Privacy practices and patient confidentiality		<ul style="list-style-type: none"> ✓ Be diligent in limiting access to Personal Health Information (PHI) to those in the circle of care.
Informed Consent to Treatment	Describe the process of obtaining a consent. How does your team work in partnership with and with input from patients and their families? Provide specific examples.	Know the key elements of the informed consent process: <ul style="list-style-type: none"> ✓ Provide patient and family with accurate information about the procedure ✓ Verify that the information is understood ✓ Allow time for reflection and decision ✓ Respect their culture, values and right to refuse treatment ✓ If patient is unable to give consent, involve a substitute decision maker ✓ Accurately document the decision
Ethical issues	What have been the top 3 ethical issues faced in your service over the past 3 years? How have you addressed these? How has this improved care? If you can’t resolve the ethical issue locally (i.e. within your team) what resources would you connect with for support?	HHS has a comprehensive clinical and organizational ethics framework. It is designed to: <ul style="list-style-type: none"> ✓ support inclusive, transparent & rigorous decision-making; ✓ consider the pros and cons of various options; and, ✓ help teams identify justifiable choices. Refer to the Clinical Ethics Decision-Making Guide and Organizational Ethics Decision-Making Guide (on HHS intranet) for worksheets and other tools to help you work through the process: <ol style="list-style-type: none"> 1. Identification of the issue and relevant stakeholders 2. Study of all the relevant facts 3. Selection of reasonable options 4. Understanding of values & duties 5. Evaluation and justification of options 6. Sustainability and review of the plan