CCHSA Patient/Client Safety Goals and Required Organizational Practices (ROPs)

Evaluation of Implementation and Evidence of Compliance

Version 2.1 for use with 2007 Standards
January 2007
(includes revised tests for compliance)
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Version 2.1 for use with 2007 Standards

INTRODUCTION

CCHSA's Patient/Client Safety Goals and Required Organizational Practices (ROPs) came into effect in January 2005. This document, Evaluation of Implementation and Evidence of Compliance, outlines each Patient/Client Safety Goal and the related ROPs. Information is provided on the test for compliance, the required evidence (what must be in place for each practice), and the suggested methods surveyors could use to assess compliance. Supporting notes and examples, and the relationship to current CCHSA standards, are also included.

To learn more about the Patient/Client Safety Goals and Required Organizational Practices (ROPs), please refer to CCHSA's website at www.cchsa-ccass.ca for regularly updated information including Frequently Asked Questions (FAQs).

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Abbreviations for CCHSA standards

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<th>Abbreviation</th>
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<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
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<td>AC</td>
<td>Acute Care Services</td>
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<tr>
<td>AMB</td>
<td>Ambulatory Care</td>
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<tr>
<td>ARTC</td>
<td>Assisted Reproductive Technology, Clinical Services</td>
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<tr>
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<td>Assisted Reproductive Technology, Laboratory Services</td>
</tr>
<tr>
<td>CC</td>
<td>Cancer Care Services</td>
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<tr>
<td>CFHS</td>
<td>Canadian Forces Health Services</td>
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<td>CHS</td>
<td>Community Health Services</td>
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</tr>
<tr>
<td>DD</td>
<td>Cognitive, Behavioural, or Psychosocial Developmental Disabilities</td>
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<tr>
<td>ENV</td>
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<tr>
<td>FNIAS</td>
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<tr>
<td>FNICHMS</td>
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</tr>
<tr>
<td>HPC</td>
<td>Hospice Palliative and End-of-Life Care</td>
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<tr>
<td>HR</td>
<td>Human Resources</td>
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<tr>
<td>IM</td>
<td>Information Management</td>
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<tr>
<td>L&amp;P</td>
<td>Leadership &amp; Partnership</td>
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<tr>
<td>LTC</td>
<td>Long Term Care</td>
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<td>MC</td>
<td>Maternal/Child</td>
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<td>MH</td>
<td>Mental Health</td>
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<td>RH</td>
<td>Rehabilitation</td>
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<tr>
<td>SAG</td>
<td>Substance Abuse and Problem Gambling</td>
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<tr>
<td>SD</td>
<td>Service Delivery</td>
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# PATIENT SAFETY AREA 1: CULTURE

**Goal:** Create a culture of safety within the organization.

## ROP 1: Adopt patient safety as a written, strategic priority/goal.

### Test for compliance
- Is patient/client safety written as a strategic priority/goal?
- Are resources allocated to support the organization’s implementation of the patient safety strategic priority/goal?

### Required Evidence
Documentation to ensure that patient/client safety is a written, strategic priority/goal, e.g. review strategic plan, annual report, and/or list of organizational goals.

### Suggested Methods
- Review required documentation.
- Discuss at L&P meeting.
- Describe how the organization allocates resources to support the patient/client safety strategic priority/goal.
- Identify the process used to determine the scope of the patient/client safety strategic priority/goal.
- Discuss with staff informally and/or at staff focus group.

### Notes and Examples
CCHSA’s Patient Safety Advisory Committee (PSAC) was in agreement that the first critical step to committing to patient safety is documenting this commitment. Baker and Norton noted that there must be recognition that improving safety is a priority.

CCHSA expects that patient/client safety is a strategic priority/strategic goal within the organization. This also strengthens the need for accountability.

Leadership sets the culture and is the key to most successful efforts to change organizational culture.

### Relationship to current CCHSA standards
- L&P 7.1: strategic planning
- L&P 7.2: organization’s vision, goals, and objectives
PATIENT SAFETY AREA 1: CULTURE

Goal: Create a culture of safety within the organization.

ROP 2: Provide quarterly reports to the Board of directors on patient/client safety, including changes/improvements following incident investigation and follow-up.

Test for compliance

- Is there written evidence of patient/client safety-related quality reports provided to the Board?
- Do the quarterly reports demonstrate activities and accomplishments that support the strategic priority/goal?
- Is there evidence of the Board’s involvement in supporting activities identified in the quarterly reports?

Required Evidence

Documentation re quarterly reporting to the board.

Suggested Methods

Review board quality and risk reports (on site or prior to survey)

Ask L&P team specific questions such as: Do you know how many people were harmed within your organizations in the last three months? Describe your role in supporting improvement activities that are profiled in the patient safety quarterly reports. How are the quarterly reports used to improve the safe provision of services to clients?

Ask community partners about patient/client safety within the organization.

Notes and Examples

Given that the board of directors is ultimately accountable for the quality of care and service, the board requires regular reports on patient/client safety.

CCHSA’s PSAC has recommended that the board receive quarterly reports. These reports may be provided to the appropriate board committee, or to the board as a whole. These reports may be integrated within other reports, such as quality reports.

Relationship to current CCHSA standards

- L&P 5.4: board receiving useful, timely, and accurate information so that it can identify issues, address concerns, and make informed decisions
- L&P 10.1: risk management
- L&P 10.2: support for risk management, including appropriate resources, RM practices, and requiring information on risk to help make decisions
PATIENT SAFETY AREA 1: CULTURE

Goal: Create a culture of safety within the organization.

ROP 3: Establish a reporting system for actual and potential adverse events, including appropriate follow-up. This should be in compliance with any applicable legislation; and within any protection afforded by legislation.

Test for compliance

- Is there a reporting policy and process for actual and potential adverse events?
- Are improvements made following incident investigation and follow-up?

Required Evidence

Reporting policy and process in place and used.

Suggested Methods

Ask questions and cross-check during survey with SD teams (i.e. check for implementation of reporting mechanisms: Tell us a story... or, Provide an example of a change made/lesson learned from reporting adverse events.

Discuss at staff focus group, and also ask individual staff.

Ask about sentinel events, and how these are handled.

Ask about regional/provincial reporting system, if one exists.

Notes and Examples

Note that some provinces have enacted legislation or are developing legislation regarding critical incidents and adverse events. For example, since fall 2004, Saskatchewan Health requires the investigation and reporting of all critical incidents in health service organizations. There must be an investigation, a report with de-identified information, and the identification and implementation of necessary system changes.

International literature and experience has shown that developing an environment in which a no-blame approach is practiced results in positive approaches to reporting, managing, and improving patient safety. Non-punitive reporting policies can assist in organizational learning and growth.

Establishing a “fair and just culture” in responding to errors reduces workers’ fear and disincentives to report adverse events. The goal is to learn from these events, and to strengthen the culture of safety.

Relationship to current CCHSA standards

- L&P 13.1: process to identify, report, assess, and manage sentinel events
- L&P 13.2: investigation of sentinel event causes
- L&P 13.9: process to identify, report, assess, and manage near-misses
- HPC 1.4; AC, ABI, AMB, ARTC, CC, CFHS, CHS, CSC, CTC, CWS, DD, FNIAS, FNICHSS, HC, LTC, MC, MH, RH, SAG 3.4; ARTL 3.5: process to identify, report, and record incidents such as sentinel events, adverse events, and near-misses
PATIENT SAFETY AREA 1: CULTURE

Goal: Create a culture of safety within the organization.

ROP 4: Implement a formal (transparent) policy and process of disclosure of adverse events to patients/families, including support mechanisms for patients, family, and care/service providers.

Test for compliance

- Is there a policy and process for disclosure, including support mechanisms for patients, family, and care/service providers?

Required Evidence

Policy and process for disclosure is implemented.

Suggested Methods

- Review the policy and discuss how it is implemented.
- Ask questions and cross-check during survey with SD teams.
- Ask: Tell us about how you disclose...
- Ask questions about support for service providers. For example, If you were involved in an event that harmed a client, how would you get support from your organization? (Counselling, emotional support, etc.)

Notes and Examples

Client organizations must have a disclosure policy and process in place. The process may differ somewhat for each adverse event because of the variation in circumstances, environments, providers and clients, and emotions.

Core elements of disclosure normally include discussing the adverse event itself, acknowledging/apologizing for the adverse event, reviewing the actions taken to mitigate the circumstances, discussing the corrective action to prevent further adverse events, and answering the patient/client and/or family’s questions.

Being involved in an adverse event that (potentially) caused harm to a patient/client can be very difficult – and even traumatic – for care/service providers. Organizations need to support care and service providers involved in adverse events that have unintentionally caused harm. Care and service providers may suffer from emotional and physical reactions for which they need support. Activities such as counselling, crisis intervention, professional support, and legal defense may be appropriate.

Relationship to current CCHSA standards

- HPC, CWS 6.3; FNIAS 8.3; ABI, DD, RH 9.2; AC, AMB, ARTC, CC, CHS, CSC, CTC, FNICHS, HC, LTC, MC, MH, SAG 9.3; CFHS 11.3: the team provides emotional support and counselling to help clients and families
PATIENT SAFETY AREA 1: CULTURE

Goal: Create a culture of safety within the organization.

ROP 5: Carry out one patient safety-related prospective, analytical process per year (e.g. FMEA), and implement appropriate improvements/changes.

Test for compliance
- Has at least one prospective analysis been completed within the past year?

Required Evidence
Documented evidence of at least one prospective analysis completed in the past year. Evidence of improvements/changes.

Suggested Methods
Discuss with L&P and SD teams. For example, What prospective analysis was carried out? How did you decide? What changes were implemented as a result of the analysis?
Review documentation from prospective analysis and discuss with group that completed it.
If this type of analysis has not been completed, ask if there are plans to do so. Ask why/why not?

Notes and Examples
Organizations should look not only at known problems/review adverse events, but also proactively identify and implement improvements to (high risk) processes and systems.
CCHSA’s website (patient/client safety node) contains a backgrounder on Prospective Analysis, including specific tools/techniques.
FMEA is a team-based systematic and proactive approach for identifying the ways that a process or design can fail, why it might fail, the effects of that failure, and how it can be made safer. FMEA focuses on how and when a system will fail, not IF it will fail. FMEA is based on Human Factors Engineering (HFE) – the discipline regarding how humans interact with devices and systems.
Tools such as FMEA can identify potential failures in high-risk processes and show which to address first to reduce the risk to the organization.
FMEA is different than Root Cause Analysis (RCA). RCA is a team-based approach to investigating and analyzing an adverse event that has already occurred. RCA is used to determine what factors contributed to that event, and to identify areas for improvement.
FMEA is just one way to proactively analyze key processes. Other methods include fault tree analysis, hazard analysis, simulations, and Reason’s Errors of Omissions model. Organizations should familiarize themselves with some of these methods, and select what is most appropriate for them. Liaison with peer organizations is encouraged.

Relationship to current CCHSA standards
- L&P 16.1: QI culture
- L&P 16.2: resources and training to support QI activities
- ENV 3.1: minimizing hazards and risks
- HPC 1.1; AC, ABI, AMB, ARTC, CC, CFHS, CHS, CSC, CTC, CWS, DD, FNIAS, FNICH, HC, LTC, MC, MH, RH, SAG 3.1: evaluate and improve quality
- HPC 10.6; FNIAS 12.3; AC, AMB, CC, CSC, CTC, DD, HC, LTC, MC, MH, SAG 13.3; ABI, ARTC, RH 13.4; CFHS, CHS, FNICH 15.3: steps to keep clients safe from accidents, injuries, or infections
PATIENT SAFETY AREA 2: COMMUNICATION

Goal: Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.

ROP 1: Inform and educate patients/clients and/or family about their role in patient safety, using both written and verbal communication.

Test for compliance
- Are there both written and verbal communications for patients/clients about their role in patient safety?
- Are staff aware of the verbal and written approaches used by the organization to inform and educate patients/clients about their role in patient safety?
- Do patients/clients consistently indicate that they have received both written and verbal communication about their role in patient safety?

Required Evidence
Written documentation provided for patients/clients about their role in patient safety, and also evidence of verbal communication.

Suggested Methods
- Review documentation, e.g. brochures, posters, client charts.
- Cross-reference with clients and service providers during survey, e.g. during individual client interviews, client focus group, and service delivery team interviews or staff focus group.
- What approaches are used to inform and educate patients/clients and/or family about their role in patient safety?
- Ask about involvement of patients/clients and/or families in any Patient Safety Advisory Councils, or other groups where appropriate. See Terms of Reference for these groups.
- Review documentation that was prepared for the public/clients, such as a fall prevention strategy.

Notes and Examples
Patients/clients and families can provide an important layer of defense against adverse events, and they are often a very good source of information.

Patients/clients and families will feel valued when included in patient safety initiatives (e.g. safety checks and multidisciplinary rounds), and their questions and comments often indicate possible errors. Staff members should take seriously patients and families.

Many organizations have developed patient/client brochures that address patient safety-related issues such as care provider handwashing; medication use; medication administration; fall prevention, etc.

CCHSA requires that organizations use BOTH written and verbal communication with patients regarding the patient/client’s role in safety.
Relationship to current CCHSA standards

- ENV 1.1: physical environment’s contribution to the well-being of clients, staff, and visitors
- ENV 5.9: activities that teach the community how to reduce risk of infection, and prevent spread of infections
- HPC, CWS 6.1; FNIAS 8.1; AC, ABI, AMB, ARTC, CC, CHS, CSC, CTC, DD, FNICHS, HC, LTC, MC, MH, RH, SAG 9.1; CFHS 11.1: providing info to clients and families
- HPC 6.1; CWS 6.4; FNIAS 8.4; ABI, DD, RH 9.3; AC, AMB, ARTC, CC, CHS, CSC, CTC, FNICHS, HC, LTC, MC, MH, SAG 9.4; CFHS 11.4: client and family responsibilities
- CWS 5.1; HPC 8.1; FNIAS 10.1; AC, ABI, AMB, CC, CHS, CSC, CTC, DD, FNICHS, HC, LTC, MC, MH, RH, SAG 11.1; ARTC 11.2; CFHS 13.1: client and family rights
PATIENT SAFETY AREA 2: COMMUNICATION

Goal: Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.

ROP 2: Employ effective mechanisms for transfer of information at interface points, including shift changes, discharge, and patient/client movement between health care services and sectors; and implement improvements.

Test for compliance

- Are mechanisms for timely transfer of information at interface points (e.g. patient charts, transfer forms, checklists, or other mechanisms) employed and does proper information transfer result?
- Are staff aware of the organizational mechanisms used to transfer information?
- Is there documented evidence that timely transfer of information has occurred?

Required Evidence
Mechanisms for timely transfer of information are consistently used (e.g. checklists, transfer forms, patient charts).

Suggested Methods
Review documentation.
Cross-check with providers during survey, e.g. staff focus group or SD team interview.
Review client files for evidence of documented information transfer.
Ask clients, If you were transferred to another unit in this organization, or from one organization to another, or discharged, was the transfer/discharge safe? e.g. smooth, correct, helpful, medication correct, etc.

Notes and Examples
Baker and Norton have identified improved communication as a critical patient/client safety improvement strategy; specifically handoffs and coordination in patient care teams and between hospital and community-based providers.

Relationship to current CCHSA standards
- CHS, FNCHS 4.3; AC, ABI, AMB, ARTC, CSC, CTC, DD, FNIAS, HC, LTC, MC, MH, RH, SAG 5.3; CC 5.4; CFHS 6.3: integration and coordination of services with other providers, services, organizations, or sectors
- HPC 5.2; CWS 10.2; FNIAS 11.2; AC, ABI, AMB, ARTC, CC, CHS, CSC, CTC, DD, FNCHS, HC, LTC, MC, MH, RH, SAG 12.2; CFHS 14.2: the integrated plan, including transition or follow-up
- HPC 5.3; CWS 10.3; FNCHS 11.3; AC, ABI, AMB, ARTC, CHS, CSC, CTC, DD, FNCHS, HC, LTC, MC, MH, RH, SAG 12.3; CC 12.4; CFHS 14.3: integrated plan communicated to all providers, in and outside the organization
- HPC 10.3; CWS 11.4; FNCHS 12.2; AC, ABI, AMB, CC, CSC, CTC, DD, HC, LTC, MC, MH, RH, SAG 13.2; ARTC 13.3; CFHS, CHS, FNCHS 15.2: continuity between service components and continuity over time
- HR 10.2: effective, two-way communication
- IM 5.1, 5.2: timely access to info in client file
- IM 8.1: policies & guidelines for managing client files
**PATIENT SAFETY AREA 2: COMMUNICATION**

**Goal:** Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.

**ROP 3:** Implement verification processes and other checking systems for high risk care/service activities, including ordering and receiving results of critical tests; administering surgical or other invasive procedures; diagnostic testing; medication use; and implement improvements.

**Test for compliance**
- Are verification processes or systems for high risk care/service activities implemented?

<table>
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<tr>
<th>Required Evidence</th>
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<tbody>
<tr>
<td>Verification processes and checking systems are used, e.g. communication forms.</td>
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<tr>
<td>Organization-wide implementation plan to support the spread of the medication reconciliation process upon patient/client admission to the organization.</td>
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<thead>
<tr>
<th>Suggested Methods</th>
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<tr>
<td>Cross-check with providers during survey (SD teams). For example, <em>Do you have verification processes to ensure correct identification of clients, such as checking name bands?</em></td>
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<tr>
<td>Discuss the stages of the medication reconciliation process upon admission.</td>
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<tr>
<td>Review client files to determine what verification processes are used and documented.</td>
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<td>Ask to be shown the process when there is a request for prescription or for laboratory/diagnostic work.</td>
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<td>Tour pharmacy/lab areas and ask about effective verification processes.</td>
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<tr>
<td>Check operating room and laboratory policies and procedures.</td>
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<tr>
<td>Ask clients, <em>If you were taken for a test, such as having blood drawn, how did staff verify your identity?</em> (e.g. check your ID band and ask your name).</td>
</tr>
<tr>
<td>How does the organization plan to spread their medication reconciliation process upon admission, across the organization, before the next accreditation survey?</td>
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**Notes and Examples**
Patient safety experts generally agree that verification and checking processes for high risk care/activities are extremely important to patient/client safety (consider verification re surgery site or medication management). Care/service teams must have processes to reduce the risk of harm.

**Relationship to current CCHSA standards**
- HPC 10.6; FNIAS 12.3; AC, AMB, CC, CSC, CTC, HC, LTC, MC, MH, SAG 13.3; ABI, ARTC, DD, RH 13.4; CFHS, CHS, FNICH 15.3: care team takes reasonable steps to keep clients safe from accidents, injuries, or infections.
PATIENT SAFETY AREA 2: COMMUNICATION

Goal: Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.

ROP 4: Reconcile the patient’s/client’s medications upon admission to the organization, and with the involvement of the patient/client.

Test for compliance
• Is there a demonstrated, formal process to reconcile patient medications upon admission?
• Does the process include generating a single documented, comprehensive list of the most accurate and current medications that the patient has been taking prior to admission to the organization?
• Does the process include a timely review of this prior-to-admission medication list with the new medications ordered?
• Does the process include documentation that differences between the two lists have been identified, resolved, and discussed, and that appropriate modifications have been made to any new medications that have been ordered?
• Do these processes take place as a shared responsibility, involving the patient/client, nursing staff, medical staff, and pharmacists, as appropriate?
• Does the organization have an implementation plan for the spread of the medication reconciliation process upon admission, across the organization, before the next accreditation survey?
Required Evidence
Medication reconciliation process and tools such as protocols, order sets and forms, instructions and guidelines.
Organization-wide implementation plan to support the spread of the medication reconciliation process at referral and transfer, across the organization, before the next accreditation survey.

Suggested Methods
Cross-reference above with clients and other organizations (partners) during survey.
Discuss the stages of the medication reconciliation process at referral and transfer.
Review medication incident data.
Ask client: Did your service provider ask you which medications you were taking when you began your service? Did the provider ask to see the medications that you brought from home?
Review client files for documentation of accurate medication history upon intake.
Review self-assessment information.
If team is involved in the Safer Healthcare Now! medication reconciliation initiative, ask about activities, progress, and results.
Discuss at SD team interviews. (For example: Do you have any difficulties identifying medications? How do you review prescriptions? How do you get support when there is no pharmacist present? How has medication reconciliation helped you uncover medication errors?)

How does the organization plan to spread their medication reconciliation process at referral and transfer, across the organization, before the next accreditation survey?

Notes and Examples
This process ensures the collection and communication of accurate client/patient medication information, and should include over-the-counter medications, vitamins, and supplements. Research has shown that poor communication of medication information at transition points is responsible for medication errors and adverse events.
Medication reconciliation is a shared responsibility. The patient/client and/or family should be involved. Liaison with the family physician and/or community pharmacist may be required.
See CCHSA Patient Safety FAQs for more information.

Relationship to current CCHSA standards
- HPC 4.1; CHS, FNICH 6.2; AC, ABI, AMB, ARTC, CC, CSC, CTC, DD, FNIAS, HC, LTC, MC, MH, RH, SAG 7.2; CFHS 8.2; CWS 9.3: client assessment, including medication profile
PATIENT SAFETY AREA 2: COMMUNICATION

Goal: Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.

ROP 5: Reconcile medications with the patient/client at referral or transfer, and communicate the patient’s/client’s medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.

Test for compliance
- Is there a demonstrated, formal process to reconcile patient medications at referral or transfer?
- Does the process include generating a single documented, comprehensive list of the most accurate and current medications that the patient has been taking prior to referral or transfer?
- Does the process include a timely review of this prior-to-referral or transfer medication list with the new medications ordered?
- Does the process include documentation that differences between the two lists have been identified, resolved, and discussed, and that appropriate modifications have been made to any new medications that have been ordered?
- Do these processes take place as a shared responsibility, involving the patient/client, nursing staff, medical staff, and pharmacists, as appropriate?
- Does the organization have an implementation plan for the spread of the medication reconciliation process at referral and transfer, across the organization, before the next accreditation survey?
### Required Evidence
Medication reconciliation processes and tools such as protocols, order sets and forms, instructions and guidelines.

### Suggested Methods
Discuss during SD team interviews. For example, *To whom do you communicate medication changes when discharging or transferring a client? How has medication reconciliation helped you uncover medication errors?*

Ask SD team: *How do you track medication errors? What is the process when an error occurs?*

Review medication incident data.

Cross-reference with clients and other organizations (partners such as community pharmacy, home care) during survey.

Review client files for relevant discussion/communication of medication changes upon discharge/transition/end of service. Discussion and communication should involve client/family, and potentially others such as family physician and/or community pharmacist.

Ask/check whether pharmacy is involved on care team.

Ask pharmacist: *What is your role in supporting staff?*

Ask physician: *Are your needs met through the arrangements with a private pharmacist?*

Ask client: *Do you know who to speak to for questions about your medications? Who will you talk to when you are back at home?*

### Notes and Examples
At the time of referral or transfer (whether within or outside the organization), medication reconciliation is required. This reconciliation (a.k.a. understanding, settlement) is meant to facilitate continuity of pharmaceutical care for patients/clients.

See CCHSA Patient Safety FAQs for more information.

### Relationship to current CCHSA standards
- **HPC 10.3; CWS 11.4; FNIAS 12.2; AC, ABI, AMB, CC, CSC, CTC, DD, HC, LTC, MC, MH, RH, SAG 13.2; ARTC 13.3; CFHS, CHS, FNICHS 15.2**: continuity between service components and continuity over time
- **HPC 11.1; CWS 12.1; FNIAS 14.2; AC, ABI, AMB, ARTC, CC, CSC, CTC, DD, HC, LTC, MC, MH, RH, SAG 15.2; CFHS, CHS, FNICHS 17.2**: preparing clients for transition, end of service, and follow-up
- **IM 5.2**: timely access to info in client file
- **IM 8.1**: policies and guidelines for managing client files
- **HR 10.2**: effective, two-way communication.
PATIENT SAFETY AREA 3: MEDICATION USE

Goal: Ensure the safe use of high risk medications.

ROP 1: Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient/client care units.

Test for compliance
• Are concentrated electrolytes removed from patient/client care units?

Required Evidence
No concentrated electrolytes in patient/client care units.

Suggested Methods
Ask providers whether concentrated electrolytes are available in patient care units, and cross-check with other providers during survey.

Look for concentrated electrolytes while on patient/client care units.

Discuss during visit to Pharmacy (if appropriate).

Notes and Examples
There is widespread agreement that concentrated electrolytes are extremely high risk, and should not be kept in patient/client care areas.

Each organization should determine which concentrated electrolytes – beyond those stated in the practice – pose a threat to safety and therefore should be removed.

The general rule is that drugs stocked in client care areas should be carefully selected for each area by considering the needs of each client care area, staff expertise and familiarity with specific drugs, the risk of error with each drug, and the age and diagnoses of typical clients being treated.

Relationship to current CCHSA standards
• HPC 10.4; CWS 11.10; FNIAS 13.1; AC, ABI, AMB, ARTC, CC, CSC, CTC, DD, LTC, MC, MH, RH, SAG 14.1; CFHS, CHS, FNICH 16.1: processes for using medications
• FNIAS 13.5; AC, AMB, ARTC, CSC, CTC, LTC, MC, MH, RH 14.5; CC 14.6; CFHS, FNICH 16.5: pharmacy QM
PATIENT SAFETY AREA 3: MEDICATION USE

Goal: Ensure the safe use of high risk medications.

ROP 2: Standardize and limit the number of drug concentrations available in the organization.

Test for compliance
- Are drug concentrations (strengths) standardized and limited across the organization?

Required Evidence
Standardized and limited number of drug concentrations available. This will be supported by appropriate documentation, e.g. list of drug concentrations; relevant minutes of Pharmacy & Therapeutics committee.

Suggested Methods
Cross-reference on site by asking where the organization was before re drug concentrations; where they are now; what the future holds.

Ask staff if there has been systematic attention to regulating drug concentrations in order to help reduce the risk of error and client harm.

Notes and Examples
Standardizing and limiting drug concentrations reduces variation, and hence the chance for error.

Multiple strengths of the same medications increases the risk that clinicians will select and either dispense or administer the wrong strength. By providing only one strength of each medication, or as few strengths as possible, an organization can reduce the risk of these errors.

Relationship to current CCHSA standards
- HPC 10.4; CWS 11.10; FNIAS 13.1; AC, ABI, AMB, ARTC, CC, CSC, CTC, DD, LTC, MC, MH, RH, SAG 14.1; CFHS, CHS, FNICHIS 16.1: processes for using medications
- FNIAS 13.5 AC, AMB, ARTC, CSC, CTC, LTC, MC, MH, RH 14.5; CC 14.6; CFHS, FNICHIS 16.5: pharmacy QM
PATIENT SAFETY AREA 3: MEDICATION USE

Goal: Ensure the safe administration of parenteral medications.

ROP 3: Provide ongoing, effective training for service providers on all infusion pumps.

Test for compliance

• Is there documented evidence of ongoing, effective training on infusion pumps? (Factors such as staff competency, staff continuity, infusion pump technology, and physical location of pumps (hospital, community, home) should be addressed through training.)

Required Evidence
Evidence and documentation of effective training for service providers on all infusion pumps.

Suggested Methods
Discuss with providers during survey, including issues such as infusion pump standardization, equipment availability and maintenance.

Suggested questions: What kind of training do you receive on infusion pumps?
How do you train staff and physicians on new equipment?

Documentation review including such items as training programs and attendance; infusion pump information, etc.

Notes and Examples
The more different types of infusion pumps there are within one organization, the more chance there is of error in the use of these pumps. As a result, organizations should strive to standardize infusion pumps to the greatest extent possible.

Most importantly, however, CCHSA believes that it is the organization’s responsibility to offer ongoing, effective training to care/service providers and users on infusion pumps.

This area is particularly important given the number of care/service providers (mostly nurses) who work at more than one health care organization. This may result in exposure to numerous types of infusion pumps.

Relationship to current CCHSA standards
Staff training is currently in our standards.

• HR 6.1: orientation
• HR 6.2: ongoing education and training
• HR 11.2: education to use equipment, supplies, and medical devices safely
• ENV 2.5: staff training and education on safely operating and maintaining equipment and medical devices, including new equipment and medical devices
• ENV 2.6: the competent operation of specialized equipment, including infusion pumps
PATIENT SAFETY AREA 4: WORKLIFE/WORKFORCE

Goal: Create a worklife and physical environment that supports the safe delivery of care/service.

ROP 1: Deliver at least annual education/training on patient safety to all staff, including targeted patient safety focus areas within the organization.

Test for compliance
- Is there annual patient safety training, tailored to staff needs/focus areas?

Required Evidence
Evidence of at least annual patient/client safety training for staff.

Suggested Methods
Discuss during HR team meeting.
Staff patient safety training documentation review, including attendance and evaluation data.
See also the training/teaching plan, and cross-reference in discussions with staff.
Ask staff at team interviews and staff focus group questions such as, Have you attended any training sessions on patient/client safety?
Check staff files regarding training.

Notes and Examples
As with any area of strategic importance to an organization, staff require appropriate and relevant training.

CCHSA requires at least annual education on patient/client safety to all staff, and allows organizations to identify the patient safety focus areas that are most important. Examples may include areas such as: safe medication use; using the reporting system for adverse events; human factors training; techniques for effective communication; equipment and facility sterilization; handwashing/hand hygiene; and, infection control.

Relationship to current CCHSA standards
- HR 6.2, 6.3: ongoing training and education, and positive results
**PATIENT SAFETY AREA 4: WORKLIFE/WORKFORCE**

**Goal:** Create a worklife and physical environment that supports the safe delivery of care/service.

**ROP 2:** Develop and implement a plan and process to assess patient safety issues within the organization, and to carry out improvement activities.

**Test for compliance**
- Has the organization assessed patient safety issues?
- Is there a plan and process in place to address the identified patient safety issues?

<table>
<thead>
<tr>
<th>Required Evidence</th>
<th>Suggested Methods</th>
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<tbody>
<tr>
<td>Review self-assessment re L&amp;P 7.1, etc.</td>
<td>Ask L&amp;P team about the plan and processes that the organization is using to assess patient/client safety issues, e.g. <em>What is your plan and process to ensure you have adequate staffing given client acuity and the needs of the client population?</em> Discuss at SD and HR team interviews.</td>
</tr>
<tr>
<td>Plan and process to assess patient/client safety issues.</td>
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</table>

**Notes and Examples**

CCHSA requires that organizations have a plan and process to assess and address their patient/client safety issues.

**Relationship to current CCHSA standards**
- L&P 7.1: strategic plan
- L&P 7.4: operational plans
- L&P 17.1: evaluating and improving the organization’s performance
- HR 1.1: assessment of current and future HR needs
- HR 10.1: a safe, healthy and positive work environment
- ENV 1.1: physical environment’s contribution to the well-being of clients, staff, and visitors
PATIENT SAFETY AREA 4: WORKLIFE/WORKFORCE

Goal: Create a worklife and physical environment that supports the safe delivery of care/service.

ROP 3: Delineate clearly the roles, responsibilities, and accountabilities of staff and other providers for patient/client care and safety.

Test for compliance

- Can staff articulate how they contribute to patient safety?
- Is there evidence of attention to staff roles and responsibilities for patient safety in job descriptions, performance reviews/appraisals, staff handbooks, orientation material, newsletters, patient safety committee minutes, etc?
- Does the organization have policies and procedures related to expected behaviours that promote patient safety (e.g. zero tolerance policies, codes of conduct, process for reporting, tracking and monitoring of near misses, and other safety related issues)?
- Does the organization provide appropriate training and education to empower staff to make informed decisions, and be aware of patient safety issues and concerns (e.g. how to identify a patient safety issue and how to follow-up/take action in the organization).

Required Evidence

- Evidence that staff/provider roles and responsibilities for patient/client safety are clearly delineated and understood.
- Related policies and procedures.

Suggested Methods

- Discuss related structures, processes, and outcomes at L&P.
- Cross-check with providers and support staff during survey.
- Ask individual staff and also during staff focus group: What is your role in patient/client safety?
- How do you contribute to making the organization safe for clients and staff?
- Do most people understand their roles and responsibilities for patient/client safety?
- What do you do when you perceive that other care/service providers do not understand their role in patient/client safety?

Notes and Examples

All staff and service providers play a role in patient/client safety, and being aware of this fact is important. It is not just the front line (service providers) that are responsible for patient safety. In fact, system factors that are the primary responsibility of administration and support staff are often the root cause of adverse events. (Hence the preferred focus on systems and processes, not on people committing errors.)

Relationship to current CCHSA standards

- HR 7.1: reporting relationships
- HR 7.2: clear roles and responsibilities
- HR 7.3: staff understanding of their role and their contribution to the broader health service system
- L&P 7.3: staff aware of their role to contribute to vision, goals, objectives, and strategic plans
PATIENT SAFETY AREA 4: WORKLIFE/WORKFORCE

Goal: Create a worklife and physical environment that supports the safe delivery of care/service.

ROP 4: Implement an effective preventive maintenance program for all medical devices, equipment, and technology.

Test for compliance
- Is there an effective preventive maintenance (PM) program?
- Are there relevant PM reports?
- Is there effective follow-up related to investigating incidents and problems involving medical devices, equipment, and technology?

Required Evidence
Preventive maintenance program in place, supported by regular reports.

Suggested Methods
Review preventive maintenance process and how it is tracked.
Discuss during ENV team interview.
Cross-check with staff during survey, e.g. How do you train people on new equipment? What type of preventive maintenance is there for this equipment?
Focus on identified situations and follow-up on “hot spots” e.g. What happened to the piece of equipment that was removed from the care unit or from the client’s home for safety reasons?
Ask about service contracts and in-house preventive maintenance expertise.
Look for proof of sterilization.

Notes and Examples
Equipment and medical devices must be safe and operational. Links to current standards.

Relationship to current CCHSA standards
- CHS, FNICH 7.3; AC, ABI, AMB, CC, CSC, CTC, DD, HC, LTC, MC, MH, RH, SAG 8.3; CFHS 9.3: diagnostic equipment that is safe and operational
- ENV 2.1: managing equipment, supplies and medical devices (including preventive maintenance)
- ENV 2.7: investigating incidents and problems involving equipment, supplies, medical devices, etc.
PATIENT SAFETY AREA 5: INFECTION CONTROL

Goal: Reduce the risk of health service organization-acquired infections and their impact across the continuum of care/service.

ROP 1: Adhere to federal and/or provincially-developed infection control guidelines such as Health Canada’s Infection Control Guidelines: Handwashing, Cleaning, Disinfection and Sterilization in Health Care.

Test for compliance

- Is the organization aware of and following relevant infection control guidelines?

**Required Evidence**

Review current standards compliance re ENV 1.1, 5.4, 5.5.

Evidence that organization adheres to infection control guidelines.

**Suggested Methods**

Cross-check on site with staff (SD and ENV team interviews) regarding their familiarity and compliance with relevant guidelines.

Ask clients and staff: Do you see staff wash their hands?

Review and discuss the organization’s link to the regional infection control program where applicable.

**Notes and Examples**

Organizations need heightened awareness about the importance of infection control.

**Relationship to current CCHSA standards**

- ENV 1.1: physical environment’s contribution to the well-being of clients, staff, and visitors
- ENV 5.4: appropriate processes when an infection does occur
- ENV 5.5: working with others and the community to promptly detect and respond to the presence of new and resistant viruses and bacteria
- HR 11.3: OH&S regulations and legal requirements
**PATIENT SAFETY AREA 5: INFECTION CONTROL**

**Goal:** Reduce the risk of health service organization-acquired infections and their impact across the continuum of care/service.

**ROP 2:** Deliver education and training for staff, other providers and volunteers on handwashing/ hygiene.

**Test for compliance**
- Is there training/support for handwashing/hygiene?
- Are providers familiar with effective hand hygiene protocol?

<table>
<thead>
<tr>
<th>Required Evidence</th>
<th>Suggested Methods</th>
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</thead>
<tbody>
<tr>
<td>Education and training on handwashing/ hygiene.</td>
<td>Ask care and service providers about training, resources, and routines for handwashing.</td>
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<tr>
<td></td>
<td>Ask patients/clients whether they see providers routinely wash hands.</td>
</tr>
<tr>
<td></td>
<td>Look for handwashing/disinfecting products on site.</td>
</tr>
<tr>
<td></td>
<td>Review relevant training material.</td>
</tr>
</tbody>
</table>

**Notes and Examples**
Handwashing/hand hygiene is key to infection control. For example, some organizations are educating patients/clients to ask care/service providers whether they have washed their hands prior to examining the patient.

**Relationship to current CCHSA standards**
- ENV 5.2: processes to prevent infections
- ENV 5.6: staff education about risks of infection and their role in prevention
PATIENT SAFETY AREA 5: INFECTION CONTROL

Goal: Reduce the risk of health service organization-acquired infections and their impact across the continuum of care/service.

ROP 3: Monitor infection rates and share this information throughout the organization.

Test for compliance
• Are infection rates monitored?
• Do staff know relevant infection rates?

Required Evidence
Documentation and related information on infection rates.

Suggested Methods
On-site review of infection rates.
Ask what actions are taken to improve infection rates. Also ask whether staff know about standard surveillance programs.
Ask: Are you aware of your organization’s infection rates?
Follow-up on Health Canada infection alerts/warnings while on site, where applicable, e.g. C-Diff.

Notes and Examples
Research has shown that the more staff know about infection rates, the more that their behavior can be positively affected.

Relationship to current CCHSA standards
• ENV 5.2: processes to prevent infections
• ENV 5.6: staff education about risks of infection and their role in prevention
• ENV 5.10: infection prevention and control processes are coordinated across the organization, multiple sites, clients’ homes, etc.
PATIENT SAFETY AREA 5: INFECTION CONTROL

Goal: Reduce the risk of health service organization-acquired infections, and their impact across the continuum of care/service.

ROP 4: Examine, and where indicated, improve processes for sterilization of equipment and facilities.

Test for compliance
- Is there evidence that sterilization processes and systems are effective?
- Where indicated, has action been taken to examine and improve sterilization processes?

Required Evidence
Review standards compliance regarding ENV 5.2.
Sterilization processes for equipment and facilities are in place.

Suggested Methods
Discuss during survey with service providers, relevant ENV staff, L&P.
Ask to see sterilizer, and pose relevant questions.
Ask about re-use items.
Review procedures and records re cleaning equipment such as scopes.

Notes and Examples
Organizations should sterilize equipment according to manufacturer instructions.
Appropriate CSA sterilization standard(s) may also apply.

Relationship to current CCHSA standards
- ENV 5.2: processes to prevent infections
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