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◆ New in 2011
Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk.

In the Qmentum accreditation program, ROPs are vital components of patient safety and quality improvement.

ROPs are reviewed annually and updated as required. New ROPs are developed as recommended by expert advisory committees and field-specific consultation.

ROPs are categorized into six patient safety areas, each with its own goal.

- **SAFETY CULTURE**: Create a culture of safety within the organization.

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

- **MEDICATION USE**: Ensure the safe use of high-risk medications.

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

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

- **RISK ASSESSMENT**: The organization identifies safety risks inherent in its client population.

Accreditation Canada began developing ROPs in 2004 under the leadership of its Patient Safety Advisory Committee. Initial work includes national and international literature reviews to identify major patient safety risk areas and best practices, analysis of patient safety-related accreditation on-site survey results and compliance issues, and research into related activities in other international accrediting bodies. Before being released to the field, each ROP is then subject to extensive testing, consultation, and feedback from expert advisory committees, client organizations, surveyors, and other stakeholders such as governments and content experts.

For more information on ROPs, Accreditation Canada, or the Qmentum accreditation program, visit [www.accreditation.ca](http://www.accreditation.ca).
For convenience and ease of use, all ROPs that appear in the standards have been collected into this handbook.

Most ROPs are applicable to more than one set of standards, and some of them, such as medication reconciliation, are customized for a specific service or field.

Each ROP in this handbook is presented as follows:

- **The ROP**
  e.g. **Adverse Events Disclosure**
  The organization implements a formal and open policy and process for disclosure of adverse events to clients and families, including support mechanisms for clients, family, staff, and service providers involved in adverse events.

- **Guidelines**
  The guidelines provide context and rationale on why the ROP is important to patient safety and risk management, supporting evidence, and information about meeting the tests for compliance.

- **Tests for Compliance**
  The tests for compliance show the specific requirements that are assessed to establish compliance with the ROP. Even one unmet test for compliance results in an unmet rating for that ROP.

- **Reference Material**
  This section shows sources of supporting evidence used to develop the ROP, as well as tools and resources to assist organizations in meeting requirements.

- **The patient safety area and goal**
  e.g. SAFETY CULTURE: Create a culture of safety within the organization.
ADVERSE EVENTS DISCLOSURE

The organization implements a formal and open policy and process for disclosure of adverse events to clients and families, including support mechanisms for clients, family, staff, and service providers involved in adverse events.

GUIDELINES

Findings show a positive relationship between client satisfaction with how an adverse event is handled by an organization and formal open disclosure. Disclosing adverse events in an open and timely manner may maintain the client’s relationship with the health service organization, staff and service providers, and reduce the risk of litigation.

Core elements of disclosure include discussing the event with the client, family, and relevant staff or service providers; acknowledging or apologizing for the event; reviewing the actions taken to mitigate the circumstances surrounding the event; discussing corrective action to prevent further similar adverse events; responding to client, family and staff or service provider questions; and offering counseling to staff, service providers, and clients involved.

The Canadian Disclosure Guidelines, published by the Canadian Patient Safety Institute (CPSI) is a resource intended to encourage and support healthcare providers, interdisciplinary teams, organizations and regulators in developing and implementing disclosure policies, practices and training methods. They can be accessed on the CPSI website.

The disclosure policy and process is in compliance with any applicable legislation and within any protection afforded by legislation.

TESTS FOR COMPLIANCE

- There is a written policy for disclosure of adverse events to clients and families.
- The disclosure policy includes support mechanisms for clients, families, staff and service providers.
- There is evidence of a process for disclosure of adverse events to clients, families, staff and services providers.

(Cont’d on next page...)
Adverse Events Disclosure (cont’d)

REFERENCE MATERIAL


Adverse Events Reporting

The organization establishes a reporting system for sentinel events, adverse events, and near misses, including appropriate follow-up. The reporting system is in compliance with any applicable legislation, and within any protection afforded by legislation.

Guidelines

An adverse event is an unexpected and undesirable incident directly associated with the care or services provided to the client. The incident occurs during the process of receiving health services. The adverse event is an outcome, injury or complication for the client.

A sentinel event is an adverse event that leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or began, e.g. a client dies or is seriously harmed by a medication error.

A Near Miss is an event or situation that could have resulted in an accident, injury or illness to a client but did not, either by chance or through timely intervention.

The reporting system for adverse events, sentinel events and near misses may be part of a larger incident reporting system.

The goal of the reporting system for adverse events, sentinel events and near misses is to learn from the event, prevent recurrences, and strengthen the culture of safety.

Tests For Compliance

• There is a reporting policy and process to report sentinel events, adverse events, and near misses.
• Improvements are made following investigation and follow-up.

Reference Material

(2) Accreditation Canada. Reference Guide on Sentinel Events.
**CLIENT SAFETY AS A STRATEGIC PRIORITY**

The organization adopts client safety as a written, strategic priority or goal.

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**GUIDELINES**

There is an important connection between organization excellence and safety. Ensuring safety in the provision and delivery of services is among an organization’s primary responsibilities to clients, staff and providers. Accordingly, safety should be a formally written component of the organization’s strategic objectives. This may be in the form of the strategic plan, the annual report, or list of organizational goals.

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**TESTS FOR COMPLIANCE**

- Client safety appears as a written, strategic goal as part of, for example, the strategic plan, the annual report, or list of organizational goals.
- Resources are allocated to support the organization’s implementation of the client safety strategic priority or goal.

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**REFERENCE MATERIAL**

The organization’s leaders provide the governing body with quarterly reports on client safety, and include recommendations arising out of adverse incident investigation and follow-up, and improvements made.

GUIDELINES

The board or governing body for each organization is ultimately accountable for the quality and safety of health services. Literature supports the important role of a governing body to enable an organizational culture that enhances client safety. An organization is more likely to make safety and quality improvement a central feature of health services if the governing body is aware of client safety issues, and leads in the quality improvement efforts of the organization. Furthermore, evidence is emerging that organizations with active board engagement in client safety are able to achieve improved outcomes and processes of care.

Accreditation Canada requires that the board or governing body receive quarterly reports on client safety. The key outcome of this ROP is that the governing body be aware of and understand adverse events that have occurred at the organization. In addition, the governing body needs to be informed about and have input into follow-up actions or improvement initiatives resulting from adverse events.

TESTS FOR COMPLIANCE

- Quarterly client safety reports have been provided to the governing body.
- The reports outline specific organizational activities and accomplishments in support of client safety goals and objectives.
- There is evidence of the governing body’s involvement in supporting the activities and accomplishments, and acting on the recommendations in the quarterly reports.

REFERENCE MATERIAL


SAFETY CULTURE
Create a culture of safety within the organization
**Client Safety–Related Prospective Analysis**

The organization carries out one client safety-related prospective analysis per year, and implements appropriate improvements.

**Guidelines**

Evidence shows that conducting systematic prospective analyses of potential adverse events is an effective method to prevent errors. The principle behind the reduction of such events is the elimination of unsafe actions and conditions that can lead to potentially serious events. A study by Nickerson applied Failure Modes and Effects Analysis (FMEA) to two high-risk situations, transcription of medication errors for inpatients, and overcrowding in the emergency department. Results showed a significant improvement.

There are numerous tools and techniques available to conduct a prospective analysis. One tool is FMEA, a team-based, systematic, and proactive approach that identifies the ways a process or design might fail, why it might fail, the effects of that failure, and how it can be made safer. Other methods to proactively analyze key processes include fault tree analysis, hazard analysis, simulations, and Reason’s Errors of Omissions model. More information about prospective analysis is available on the Accreditation Canada website.

**Tests for Compliance**

- At least one prospective analysis has been completed within the past year.

**Reference Material**

Client and Family Role in Safety

The team informs and educates clients and families in writing and verbally about the client and family’s role in promoting safety.

Guidelines

Clients and families play an important role in preventing adverse events. Their questions and comments are often a good source of information about potential risks, errors, or safety issues. Clients and families are able to fulfill this role when they are included and actively involved in the process of care.

Many organizations have developed materials that relate to client safety-related issues and provide guidance and direction for questions and topics to address during care. Examples of client safety educational materials include the Manitoba Institute of Patient Safety’s “It’s Safe to Ask”, and Ontario Hospital Association’s “Your Healthcare – Be Involved”.

Tests for Compliance

• Written and verbal information is provided to clients and families about their role in promoting safety.
• Staff uses written and verbal approaches to inform and educate clients about their role in promoting safety.
• Clients indicate that they have received written and verbal communication about their role in promoting safety.

Reference Material

DANGEROUS ABBREVIATIONS

The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.

GUIDELINES

Medication errors are the largest identified source of preventable hospital medical error. From 2004-2006, a total of 643,151 medication errors were reported to the United States Pharmacopeia (USP) MEDMARX program, with a total annual cost of $3.5 billion. 5% of those errors were attributed to abbreviation use. Misinterpreted abbreviations can result in omission errors, extra or improper doses, administering the wrong drug, or giving a drug in the wrong manner. In return this can lead to an increase in the length of stay, more diagnostic tests and changes in drug treatment.

TESTS FOR COMPLIANCE

• The list is inclusive of the abbreviations, symbols, and dose designations, as identified of the Institute of Safe Medication Practices (ISMP) Canada’s “Do Not Use List”, available at http://www.ismp-canada.org/dangerousabbreviations.htm.
• The organization implements the Do Not Use List and applies this to all medication-related documentation when hand written or entered as free text into a computer.
• The organization’s preprinted forms, related to medication-use, do not include any abbreviations, symbols, and dose designations identified on the Do Not Use List.
• The dangerous abbreviations, symbols, and dose designations are not used on any pharmacy-generated labels and forms.
• The organization educates staff about the list at orientation and when changes are made to the list.
• The organization updates the list and implements necessary changes to the organization’s processes.
• The organization audits compliance with the Do Not Use List and implements process changes based on identified issues.

REFERENCE MATERIAL


COMMUNICATION

Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum
Information Transfer
The team transfers information effectively among providers at transition points.

Guidelines

Effective communication has been identified as a critical element in improving client safety, particularly with regard to transition points such as shift changes, end of service, and client movement to other health services or community-based providers.

Effective communication includes transfer of information within the organization, between staff and service providers, with the client and family, and sending information to other services outside the organization, such as primary care providers.

Tests for Compliance

• The team uses mechanisms for timely transfer of information at transition points (e.g. transfer forms, checklists) that result in proper information transfer.
• Staff is aware of the organizational mechanisms used to transfer information.
• There is documented evidence that timely transfer of information occurs.

Reference Material

**Medication Reconciliation**

*For Effective Organization Standards*

The organization reconciles clients’ medications at admission and discharge, transfer, or end of service.

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**Guidelines**

Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care.

Medication reconciliation is widely recognized as an important safety initiative. Research suggests that over 50% of patients have at least one medication discrepancy upon admission to hospital, with many discrepancies carrying the potential to cause adverse health effects. Evidence shows that medication reconciliation reduces the potential for medication discrepancies such as omissions, duplications, and dosing errors, while cost-effectiveness analyses have also demonstrated that medication reconciliation is an extremely cost-effective strategy for preventing medication errors. Additional research highlights that successful medication reconciliation can also reduce workload and rework associated with patient medication management.

In Canada, *Safer Healthcare Now!* identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

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**Tests for Compliance**

- Medication reconciliation is implemented in one client service area at admission.
- Medication reconciliation is implemented in one client service area at transfer, discharge, or end of service.
- The organization has a documented plan to implement medication reconciliation throughout the organization.
- The plan includes locations and timelines for implementing medication reconciliation throughout the organization.

(Cont’d on next page...)

www.accreditation.ca
Reference Material


Communication

Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum
Medication Reconciliation At Admission

For standards sets other than Effective Organization, Emergency Department, Ambulatory Care Services, and Home Care

The team reconciles the client’s medications upon admission to the organization, with the involvement of the client, family or caregiver.

Guidelines

Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care.

The medication reconciliation process involves generating a comprehensive list of all medications the client has been taking prior to admission – the Best Possible Medication History (BPMH). The BPMH is compiled using a number of different sources, and includes information about prescription medications, non-prescription medications, vitamins, and supplements, along with detailed documentation of drug name, dose, frequency, and route of administration.

Medication reconciliation at admission generally fits into two models - the proactive process, the retroactive process, or a combination of the two:

- In the proactive process, the prescriber uses the BPMH to create admission medication orders. This process includes verification that every medication in the BPMH has been assessed by the prescriber.
- In the retroactive process, the BPMH is generated after the admission medication orders are written. This process requires a timely comparison of the BPMH against the admission medication orders, with any discrepancies identified and resolved with the prescriber.

Medication reconciliation is widely recognized as an important safety initiative. Evidence shows medication reconciliation reduces potential for medication discrepancies such as omissions, duplications, and dosing errors. In Canada, Safer Healthcare Now! identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

(Cont’d on next page...)
Medication reconciliation at admission (cont’d)

Tests for Compliance

- There is a demonstrated, formal process to reconcile client medications upon admission.
- The team generates a Best Possible Medication History (BPMH) for the client upon admission.
- Depending on the model, the prescriber uses the BPMH to create admission medication orders (proactive), OR, the team makes a timely comparison of the BPMH against the admission medication orders (retroactive).
- The team documents that the BPMH and admission medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.
- The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.

Reference Material

**Medication Reconciliation At Admission**

*For Emergency Department Standards*

The team reconciles medications for clients with a decision to admit, with the involvement of the client, family or caregiver.

**Guidelines**

Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care.

The medication reconciliation process involves generating a comprehensive list of all medications the client has been taking prior to admission – the Best Possible Medication History (BPMH). The BPMH is compiled using a number of different sources, and includes information about prescription medications, non-prescription medications, vitamins, and supplements, along with detailed documentation of drug name, dose, frequency, and route of administration.

Medication reconciliation at admission generally fits into two models - the proactive process, the retroactive process, or a combination of the two:

- In the proactive process, the prescriber uses the BPMH to create admission medication orders. This process includes verification that every medication in the BPMH has been assessed by the prescriber.
- In the retroactive process, the BPMH is generated after the admission medication orders are written. This process requires a timely comparison of the BPMH against the admission medication orders, with any discrepancies identified and resolved with the prescriber.

Medication reconciliation is widely recognized as an important safety initiative. Evidence shows medication reconciliation reduces potential for medication discrepancies such as omissions, duplications, and dosing errors. In Canada, Safer Healthcare Now! identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

(Cont’d on next page...)
Tests for Compliance

- There is a demonstrated, formal process to reconcile client medications for clients with a decision to admit.
- The team generates a Best Possible Medication History (BPMH) for clients with a decision to admit.
- Depending on the model, the prescriber uses the BPMH to create admission medication orders (proactive), OR, the team makes a timely comparison of the BPMH against the admission medication orders (retroactive).
- The team documents that the BPMH and admission medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.
- The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.

Reference Material


Communication

Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.
Medication Reconciliation At Admission

For Ambulatory Care Services Standards

The team reconciles the client’s medications with the involvement of the client, family or caregiver at each visit if medications have been discontinued, altered or changed.

Guidelines

Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care.

The medication reconciliation process involves generating a comprehensive list of all medications the client has been taking prior to a visit – the Best Possible Medication History (BPMH). The BPMH is compiled using a number of different sources, and includes information about prescription medications, non-prescription medications, vitamins, and supplements, along with detailed documentation of drug name, dose, frequency, and route of administration.

Medication reconciliation is widely recognized as an important safety initiative. Evidence shows medication reconciliation reduces potential for medication discrepancies such as omissions, duplications, and dosing errors. In Canada, Safer Healthcare Now! identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

Tests for Compliance

- There is a demonstrated, formal process to reconcile client medications at each visit if medications have been discontinued, altered or changed.
- The team generates or updates a comprehensive list of medications the client has been taking prior to the visit (Best Possible Medication History).
- The team documents that if medications have been discontinued, altered, or prescribed during the visit, that appropriate modifications have been made to the new medications list; and clients have been provided with clear information about the changes.
- The new medications list is retained for the next client visit.
- The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.

(Cont’d on next page...)
Reference Material


Required Organizational Practice

Required Organizational Practice

Medication reconciliation at admission (cont’d)

Communication

Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum
**Medication Reconciliation At Admission**

*For Home Care Standards*

The team reconciles the client’s medication at the beginning of service with the involvement of the client and family or caregiver when medication management is a component of care.

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**GUIDELINES**

Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care.

The medication reconciliation process involves generating a comprehensive list of all medications the client has been taking prior to the beginning of service – the Best Possible Medication History (BPMH). The BPMH is compiled using a number of different sources, and includes information about prescription medications, non-prescription medications, vitamins, and supplements, along with detailed documentation of drug name, dose, frequency, and route of administration.

Medication reconciliation is widely recognized as an important safety initiative. Evidence shows medication reconciliation reduces potential for medication discrepancies such as omissions, duplications, and dosing errors. In Canada, Safer Healthcare Now! identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

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**Tests for Compliance**

- There is a demonstrated, formal process to reconcile client medications at each visit if medications have been discontinued, altered or changed.
- The team generates a Best Possible Medication History (BPMH) at the beginning of service when medication management is a component of care.
- The team documents that if medications have been discontinued, altered, or prescribed during a visit, that appropriate modifications have been made to the new medications list; and clients have been provided with clear information about the changes.
- The new medications list is retained for the next client visit.
- The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.

(Cont’d on next page...)
Medication reconciliation at admission (cont’d)

REFERENCE MATERIAL


COMMUNICATION

*Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum*
Medication Reconciliation At Referral Or Transfer

The team reconciles medications with the client at referral or transfer, and communicates information about the client’s medication 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.

Guidelines

Medication reconciliation is a way to collect and communicate accurate information about client medication, including over-the-counter medications, vitamins, and supplements. Evidence shows medication reconciliation can lead to reduced medication discrepancies on admission such as omissions, duplications, and dosing errors, and a reduction in discrepancies in drug frequency and dose at the time of discharge.

Medication reconciliation is a widely recognized as an important safety initiative. In Canada, Safer Healthcare Now! identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Medication reconciliation is a shared responsibility which must involve the client or family. Liaison with the primary care provider and community pharmacist may be required.

Tests for Compliance

- There is a demonstrated, formal process to reconcile client medications at referral or transfer.
- The process includes generating a comprehensive list of all medications the client has been taking prior to referral or transfer.
- The process includes a timely comparison of the prior-to-referral or prior-to-transfer medication list with the list of new medications ordered at referral or transfer.
- The process requires documentation that the two lists have been compared; differences have been identified, discussed, and resolved; and appropriate modifications to the new medications have been made.
- The process makes it clear that medication reconciliation is a shared responsibility involving the client, nursing staff, medical staff and pharmacists, as appropriate.

(Cont’d on next page...)
Medication reconciliation at referral or transfer (cont’d)

## Reference Material


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**COMMUNICATION**

*Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum*
The team uses a safe surgery checklist to confirm safety steps are completed before beginning a surgical procedure.

GUIDELINES

Surgical checklists have an important role in the provision of effective and safe surgery. Evidence demonstrates the use of surgical checklists reduces likelihood of complications following surgery, and may improve surgical outcomes.

The purpose of a surgical checklist is to initiate, guide, and formalize communication among the team members conducting a surgical procedure and to integrate these steps into surgical workflow.

Surgical procedures are increasingly complex aspects of health services, and represent significant risk of potentially avoidable harm. Data show substantial cost savings if surgical checklists were widely used. Semel et al estimate savings in the USA of 15-25 billion.

Surgical checklists have been developed and are available from Canadian (Canadian Patient Safety Institute) and international (World Health Organization) sources.

TESTS FOR COMPLIANCE

- The team has agreed on a standard checklist to be used in the operating room.
- The team uses the checklist before every surgical procedure.
- The team has an ongoing process of monitoring compliance with the checklist.
- The team evaluates the use of the checklist and shares results with staff and service providers.
- The team uses results of the evaluation to make improvements to implementing and expanding the use of the surgical checklist.

(Cont’d on next page...)
Reference Material


Two Client Identifiers

The team uses at least two client identifiers prior to the provision of any service or procedure.

Guidelines

Failure to correctly identify clients may result in a range of adverse events such as medication errors, transfusion errors, testing errors, wrong person procedures, and the discharge of infants to the wrong families. Client misidentification was identified in more than 100 individual root cause analyses by the US Department of Veterans Affairs National Center for Patient Safety from January 2000 to March 2003. The UK National Patient Safety Agency reported 236 incidents and near misses related to missing wristbands or wristbands with incorrect information between 2003 and 2005. Evidence has shown decreases in client identification errors when using revised client identification systems.

The team uses means of identification that are appropriate to the type of services provided and population served. The information obtained needs to be specific to the client, and examples include person-specific identification number (e.g. registration number), client identification cards (e.g. health card with name, address, date of birth), client barcodes, double witnessing, or a client wristband. Two client identifiers may be taken from a single source, such as client wristband. The client’s room number is not to be used as a client identifier.

Tests for Compliance

• The team uses at least two client identifiers before providing any service or procedure.

Reference Material

TWO CLIENT IDENTIFIERS

For Managing Medications Standards
The team uses at least two client identifiers before administering medications.

GUIDELINES

Failure to correctly identify clients may result in a range of adverse events such as medication errors, transfusion errors, testing errors, wrong person procedures, and the discharge of infants to the wrong families. Client misidentification was identified in more than 100 individual root cause analyses by the US Department of Veterans Affairs National Center for Patient Safety from January 2000 to March 2003. The UK National Patient Safety Agency reported 236 incidents and near misses related to missing wristbands or wristbands with incorrect information between 2003 and 2005. Evidence has shown decreases in client identification errors when using revised client identification systems.

The team uses means of identification that are appropriate to the type of services provided and population served. The information obtained needs to be specific to the client, and examples include person-specific identification number (e.g. registration number), client identification cards (e.g. health card with name, address, date of birth), client barcodes, double witnessing, or a client wristband. Two client identifiers may be taken from a single source, such as client wristband. The client's room number is not to be used as a client identifier.

TESTS FOR COMPLIANCE

- The team uses at least two client identifiers before administering medications.

REFERENCE MATERIAL

Verification Processes For High-Risk Activities
The team implements verification processes and other checking systems for high-risk activities.

GUIDELINES

Processes and checking systems for high-risk care or service activities are important to client safety.

To identify high-risk activities the team reviews their services and uses this information to develop and implement checking systems to prevent and reduce risk of harm to clients.

Across the care continuum, systems will vary depending on services. Examples may include surgical services checklists and procedural pauses, read back processes for diagnostics, checking systems for water temperature for client bathing, standardized tracking sheets for clients with complex medication management needs, and checking systems for receiving results of critical tests.

TESTS FOR COMPLIANCE

- The team identifies high-risk activities.
- The team develops and implements verification processes for high-risk activities.
- The team evaluates the verification processes and uses information to make improvements.

REFERENCE MATERIAL


www.accreditation.ca
CONCENTRATED ELECTROLYTES

The organization removes concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from client service areas.

GUIDELINES

Concentrated electrolytes are high-risk medications and should not be stored in client service areas. Removal of concentrated electrolyte solutions from client care units reduces risk of death or disabling injury associated with these agents.

Concentrated potassium chloride in particular has been identified as a high-risk medication. In Canada, 23 incidents involving potassium chloride mis-administration occurred between 1993 and 1996. There are also reports of accidental death from the inadvertent administration of concentrated saline solution.

The organization identifies concentrated electrolytes to be removed from client care areas, and ensures the policy is followed.

TESTS FOR COMPLIANCE

• There are no concentrated electrolytes stored in client service areas.

REFERENCE MATERIAL

(1) Control of Concentrated Electrolyte Solutions. WHO Collaborating Centre for Patient Safety Solutions. 2007. 1(5).
**Drug Concentrations**

The organization standardizes and limits the number of medication concentrations available.

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**Guidelines**

Having multiple concentrations or strengths of the same medication available increases the risk that clinicians will select, dispense, or administer the wrong concentration. Standardizing medication concentrations across the organization and limiting strengths to as few as possible reduces chances for error.

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**Tests for Compliance**

- Medication concentrations are standardized and limited across the organization.

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**Reference Material**


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**Medication Use**

Ensure the safe use of high-risk medications.
HEPARIN SAFETY
The organization evaluates and limits the availability of heparin products and has removed high-dose formats.

GUIDELINES
Heparin is identified as a high alert medication that is an area of focus for safety. More than 17,000 heparin-related medication errors were reported to the U.S. Pharmacopoeia (USP) MEDMARX from 2003 to 2007; 556 of these resulted in harm to clients, including seven deaths.

Implementation of safety recommendations and other measures can help to improve safety and heparin therapy.

TESTS FOR COMPLIANCE

- The organization has completed an audit of unfractionated and low molecular weight heparin storage in the pharmacy and in all patient care areas.
- The audit includes a review of products and quantities stored; assessment of the intended use for each heparin product stored (alignment with evidence-based guidelines); and identification of unnecessary products to be removed.
- The organization has removed high-dose formats of unfractionated heparin products (50,000 unit total drug quantity) from patient care areas, i.e., 10,000 units/mL in 5 mL vials and 25,000 units/mL in 2 mL vials.
- The organization has reviewed and reduced, where possible, availability of the following unfractionated heparin products in patient care areas, i.e., 10,000 units/mL in 1 mL vials and 1,000 units/mL in 10 mL vials.

REFERENCE MATERIAL


MEDICATION USE
Ensure the safe use of high-risk medications
INFUSION PUMPS TRAINING

The organization provides ongoing, effective training for service providers on all infusion pumps.

GUIDELINES

The more types of infusion pumps there are within an organization, the more chance there is for serious error. To minimize risk staff and service providers receive ongoing, effective training on infusion pumps, covering client clinical needs, staff competency, staff continuity, infusion pump technology, and the location of the pumps (e.g. hospital, community, home). This training is particularly important given that many service providers often work at more than one health service organization, meaning they need to be competent in using many different types of infusion pumps.

Organizations are also encouraged to standardize infusion pumps to the greatest possible extent.

TESTS FOR COMPLIANCE

- There is documented evidence of ongoing, effective training on infusion pumps.

REFERENCE MATERIAL

Narcotics Safety

The organization evaluates and limits the availability of narcotic (opioid) products and removes high-dose, high-potency formats from patient care areas.

Guidelines

Narcotics are identified as high alert medications that are an area of focus for safety. In 2002 and 2003, 416 medication incidents involving narcotics were reported to ISMP Canada by hospitals that participated in a research project.

Limiting opiates and narcotics available in floor stock, as well as staff education and training about the potential confusion between hydromorphone and morphine can reduce medication errors.

Tests for Compliance

- The organization has completed an audit of narcotic (opioid) storage areas. The audit includes a review of products and quantities stored; and identification and removal of unnecessary products.
- The organization has removed the following products (exceptions include palliative care): hydromorphone ampoules or vials with concentration greater than 2 mg/ml; and morphine ampoules or vials with concentration greater than 15 mg/ml.
- The organization standardizes and limits the number of parenteral narcotic (opioid) concentrations available.

Reference Material

(3) Implementing System Safeguard to Prevent Error-Induced Injury with Opioids: An ISMP. Canada Collaborative. Identifying and Reducing Risks, volume 19.

Medication Use

Ensure the safe use of high-risk medications
CLIENT SAFETY: EDUCATION AND TRAINING

The organization delivers client safety training and education at least annually to senior leaders, staff, service providers, and volunteers, including education targeted to specific client safety focus areas.

GUIDELINES

Annual education on client safety is made available to senior leaders, staff, service providers, and volunteers, and organizations identify specific client safety focus 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 and hand hygiene, and infection prevention and control.

TESTS FOR COMPLIANCE

- There is annual client safety training, tailored to staff needs and the organization’s focus areas.

REFERENCE MATERIAL


CLIENT SAFETY PLAN

The organization develops and implements a client safety plan, and implements improvements to client safety as required.

GUIDELINES

Client safety may be improved when organizations consider and develop a plan for addressing safety issues. Safety plans consider the safety issues related to the organization, delivery of services, and needs of clients and families. The safety plan includes range of topics and approaches to addressing and evaluating safety issues. Safety plans include content such as mentoring staff and service providers, role of leadership (e.g. client safety leadership walkabouts), implementing organization-wide client safety initiatives, accessing evidence and best practice, recognizing staff and service providers recognition for innovations to improve client safety.

TESTS FOR COMPLIANCE

- The organization assesses client safety issues.
- There is a plan and process in place to address identified client safety issues.

REFERENCE MATERIAL

CLIENT SAFETY: ROLES AND RESPONSIBILITIES

The organization clearly defines the roles, responsibilities, and accountabilities of leaders, staff, service providers, and volunteers for client care and safety.

GUIDELINES

Senior leaders, staff, service providers, and volunteers have important roles to play in client safety. System errors that are a result of multiple breakdowns in processes and communication often contribute to adverse events.

TESTS FOR COMPLIANCE

- Senior leaders, staff, service providers, and volunteers can articulate how they contribute to client safety.
- Attention to client safety is demonstrated by defining roles and responsibilities for client safety in position profiles, performance appraisals, handbooks, orientation material, and by addressing client safety on regular basis in newsletters and client safety committee minutes.
- The organization has policies and procedures that outline behaviours to promote client safety.
- The organization provides training and education to make staff, service providers, and volunteers aware of client safety issues and concerns, and assist them to make informed decisions about client safety.

REFERENCE MATERIAL

Preventive Maintenance Program

The organization’s leaders implement an effective preventive maintenance program for medical devices, equipment, and technology.

Guidelines

An effective preventive maintenance program helps the organization ensure medical devices, equipment, and technology are in safe and functional order. It also helps identify and address potential problems with medical devices, equipment, or technology that may result in injury to staff or clients.

Tests for Compliance

• There is a preventive maintenance (PM) program in place for all medical devices, equipment, and technology.
• There are documented PM reports.
• The organization’s leaders have a process to evaluate the effectiveness of the organization’s PM program.
• There is documented follow-up related to investigating incidents and problems involving medical devices, equipment, and technology.

Reference Material

Workplace Violence Prevention

The organization prevents workplace violence.

GUIDELINES

Workplace violence is more common in health care settings than many other occupations. One-quarter of all incidents of workplace violence occur at health services organizations. Further, workplace violence is an issue that touches all staff and providers across the health care continuum.

Accreditation Canada adopts the modified International Labour Organization definition of workplace violence as: ‘Incidents in which a person is threatened, abused or assaulted in circumstances related to their work. These behaviours would originate from customers or co-workers, at any level of the organization. This definition would include all forms of harassment, bullying, intimidation, physical threats, or assaults, robbery and other intrusive behaviours.’

There are four classifications of workplace violence:

1. Type I (Criminal Intent): Perpetrator has no relationship to the workplace.
2. Type II (Client or Customer): A client, visitor, or family member of a client at the workplace becomes violent toward a worker or another client.
3. Type III (Worker-to-worker): Perpetrator is an employee or past employee of the workplace.
4. Type IV (Personal Relationship): Perpetrator has a relationship with an employee (e.g. domestic violence in the workplace).

A strategy to prevent workplace violence should be in compliance with applicable provincial legislation, and is an important step in response to the growing concern about violence in health care workplaces.

(Cont’d on next page...)
Workplace violence prevention (cont’d)

Tests for Compliance

• The organization has a written workplace violence policy.
• The policy is developed in consultation with staff, service providers, and volunteers.
• The policy names the individual(s) responsible for implementing and monitoring the policy.
• The organization conducts risk assessments to ascertain the risk of workplace violence.
• There is a documented process in place for staff and service providers to confidentially report incidents of workplace violence.
• There is a documented process in place for the organization’s leaders to investigate and respond to incidents of workplace violence.
• The organization’s leaders review quarterly reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence, and make improvements to the workplace violence policy.
• The organization provides information and training to staff on the prevention of workplace violence.

Reference Material

Hand Hygiene Audit

The organization evaluates compliance with accepted hand hygiene practices.

Guidelines

Hand hygiene is considered the single most important way of reducing nosocomial infections, but compliance with hand hygiene protocols is poor.

Hand hygiene audits allow organizations to monitor compliance with hand hygiene protocols, improve education and training on hand hygiene, evaluate hand hygiene facilities, and benchmark practices across the organization. Studies have shown that improvements in hand hygiene compliance decreased the number of hospital-acquired infections.

Tests for Compliance

- The organization audits its compliance with hand hygiene practices.
- The organization shares results from the audits with staff, service providers, and volunteers.
- The organization uses the results of the audits to make improvements to its hand hygiene practices.

Reference Material


Infection Control

Reduce the risk of health service organization-acquired infections and their impact across the continuum of care/service.
Hand Hygiene Education and Training

The organization delivers education and training for staff, service providers, and volunteers on hand hygiene.

Guidelines

Hand hygiene is acknowledged as a critical element of an adequate infection control program in healthcare settings. However, adherence to proper hand hygiene protocols is often lacking. Cost estimates of health acquired infections significantly exceed those related to hand hygiene. For example, cost of the hand hygiene promotion corresponded to less than 1% of the costs associated with nosocomial infections.

Training on hand hygiene is multimodal and addresses the importance of hand hygiene in preventing the spread of infections, factors that have been found to influence hand hygiene behaviour, and proper hand hygiene techniques. Training also includes recommendations on when to clean one's hands, such as before and after each direct contact with a client.

Tests for Compliance

- Education and training on hand hygiene and the hand hygiene protocol is delivered.
- Staff, service providers, and volunteers understand how to apply the hand hygiene protocol.

Reference Material

**INFECTION CONTROL GUIDELINES**

The organization adheres to international, federal, and provincial or territorial infection control guidelines.

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**GUIDELINES**

Developing and implementing comprehensive infection prevention and control guidelines reduces risks of healthcare associated infections and contributes to client safety. Provincial guidelines or groups include the Provincial Infectious Diseases Advisory Committee (PIDAC) in Ontario, and the Comité sur les infections nosocomiales du Québec (CINQ).

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**Tests for Compliance**

- The organization is aware of and follows evidence-based international, federal, and provincial or territorial infection control guidelines.

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**REFERENCE MATERIAL**


Infection Rates

The organization tracks infection rates, analyzes the information to identify clusters, outbreaks, and trends, and shares this information throughout the organization.

Guidelines

Tracking methods may focus on a particular disease or service area, or may be organization- or system-wide. They may include virtual surveillance and data analysis techniques to help detect previously unrecognized outbreaks.

The organization identifies the infections and infectious agents most common to their services and client populations, e.g. C. difficile, surgical site infections, influenza A and Norwalk, urinary tract infections. The organization tracks these as well as other reportable disease and antibiotic resistant organisms. The information tracked includes frequencies and changes in frequencies over time, associated mortality rates, and attributed costs.

Staff who are well informed about infection rates are usually better equipped to prevent and manage infections. The organization identifies who is responsible for receiving information about infections and diseases, e.g. the governing body, senior management, staff, and service providers, and establishes plans to disseminate information appropriately and in a regular and timely way, e.g. quarterly reports to all departments.

In addition to staff and service providers, the organization also keeps the governing body up-to-date about infection rates and associated infection prevention and control issues. This may be done directly through senior management, or through a Medical Advisory Committee (MAC).

Tests for Compliance

- The organization tracks infection rates.
- The organization analyses outbreaks and makes recommendations to prevent future recurrences.
- Staff and service providers know the infection rates and recommendations from outbreak reviews.
- The organization provides quarterly updates on infection rates.

Reference Material


Infection Control

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

The organization develops and implements an organizational policy and procedure for administration of the influenza vaccine.

GUIDELINES

Vaccination is a low cost and effective method of preventing illness. Findings show that an intervention to improve the assessment and delivery of influenza vaccination to healthcare staff, service providers, and hospitalized clients would improve clinical outcomes in addition to cost savings for the health system.

TESTS FOR COMPLIANCE

• The organization has a policy and procedure for the administration of the influenza vaccine.
• The policy and procedure include identifying populations at increased risk of complications associated with influenza.
• The policy and procedure includes vaccinating staff and service providers against influenza.

REFERENCE MATERIAL

(3) Nichol K, et al. Burden of Influenza like illness and effectiveness on influenza vaccination among working adults aged 50-64 years. CID. 2009; 48; 292.
PNEUMOCOCCAL VACCINE

The organization develops and implements an organizational policy and protocol for administration of the pneumococcal vaccine.

GUIDELINES

Populations at risk for suffering complications from pneumococcal disease may include clients and staff, where appropriate.

Findings show that immunizing identified high-risk clients can improve morbidity and mortality rates, and reduce costs for the healthcare system.

TESTS FOR COMPLIANCE

- The organization has a policy and protocol to administer the pneumococcal vaccine.
- The policy and protocol includes identifying populations at risk for suffering complications from pneumococcal disease.

REFERENCE MATERIAL

STERILIZATION PROCESSES

The organization monitors processes for reprocessing equipment, and makes improvements as appropriate.

GUIDELINES

Monitoring the sterilization cycle helps organizations identify areas for improvement, and subsequently reduce nosocomial infections.

Organizations reprocess equipment according to manufacturers’ instructions. If the organization does not perform the reprocessing of equipment, it has a process to ensure equipment has been appropriately reprocessed prior to use.

TESTS FOR COMPLIANCE

• There is evidence that reprocessing processes and systems are effective.
• Action has been taken to examine and improve reprocessing processes where indicated.

REFERENCE MATERIAL

FALLS PREVENTION STRATEGY

The team implements and evaluates a falls prevention strategy to minimize the impact of client falls.

GUIDELINES

Falls may lead to a variety of client injuries and costs, as well as claims of clinical negligence.

Falls prevention programs can include staff training, balance and strength training for residents, and using bed exit alarms for clients who are at high risk of falling. Evidence-based approaches to reducing falls and fall injuries can increase quality of life for long-term care residents and reduce costs associated with serious injury from falls.

TESTS FOR COMPLIANCE

- The team has implemented a falls prevention strategy.
- The strategy identifies the populations at risk for falls.
- The strategy addresses the specific needs of the populations at risk for falls.
- The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.
- The team uses the evaluation information to make improvements to its falls prevention strategy.

REFERENCE MATERIAL

**New in 2011**

**Home safety risk assessment**

The team conducts a safety risk assessment for clients receiving services in the home.

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**Guidelines**

Health services provided in the home present unique considerations for clients, families, and health care staff. The home health environment differs from facility-based health services due to a number of factors including the distinct characteristics of each client's home, the intermittent presence of health care staff, and the increased role of families or caregivers in providing health services.

Home care agencies may have little direct control over risks in a client's home environment, however, the safety of clients, families, and staff involved in home health services is enhanced when a risk assessment approach is utilized. Results from a home safety risk assessment can be used to select priority service areas, and can assist with the identification of safety strategies for inclusion in service plans, and for communication with clients, families, and partner organizations.

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**Tests for Compliance**

- The team conducts a safety risk assessment for each client at the beginning of services.
- The safety risk assessment includes a review of: internal and external physical environments; chemical/biological, fire and falls hazards; medical conditions requiring special precautions; client risk factors; and emergency preparedness.
- The team uses information from the safety risk assessment when planning and delivering client services, and/or shares this information with partners who may be involved in the planning of care.
- The team regularly updates the safety risk assessment and uses the information to make improvements to the client's health services.
- The team educates clients/families on home safety issues identified in the risk assessment.

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**Reference Material**

PRESSURE ULCER PREVENTION
The organization assesses each client’s risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development.

GUIDELINES
Standardized research-based pressure ulcer prevention and treatment protocols can substantially reduce prevalence of pressure ulcers. Preventing pressure ulcers improves client quality of life, caregiver morale, and is indicative of higher quality care and services. In addition, preventing pressure ulcers reduces health services costs.

TESTS FOR COMPLIANCE

• The organization conducts an initial pressure ulcer risk assessment at admission, using a standardized risk assessment tool.
• The organization reassesses each client for risk of developing pressure ulcers at regular intervals.
• The organization implements documented protocols and procedures to prevent the development of pressure ulcers, which include interventions to prevent skin breakdown, reduce pressure, reposition, manage moisture, maximize nutrition, and enhance mobility and activity.
• The organization educates staff on the risk factors and strategies for the prevention of pressure ulcers.
• The organization monitors its success in preventing the development of pressure ulcers and makes improvements to its prevention strategies and processes.

REFERENCE MATERIAL


RISK ASSESSMENT
The organization identifies safety risks inherent in its client population
Suicide Prevention

The organization assesses and monitors clients for risk of suicide.

Guidelines

Suicide is a global health concern. The Public Health Agency of Canada reports that suicide accounts for 1.7% of all deaths in Canada. Risk assessment is important to prevent suicide through early recognition of the signs of suicidal thinking and appropriate intervention.

Tests for Compliance

- The organization assesses each client for risk of suicide at regular intervals, or as needs change.
- The organization identifies clients at risk of suicide.
- The organization addresses the client’s immediate safety needs.
- The organization identifies treatment and monitoring strategies to ensure client safety.
- The organization documents the treatment and monitoring strategies in the client's health record.

Reference Material

Venous Thromboembolism (VTE) Prophylaxis

The team identifies medical and surgical clients at risk of venous thromboembolism (DVT and PE) and provides appropriate thromboprophylaxis.

Guidelines

Venous thromboembolism (VTE) is the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is a serious and common complication for clients in hospital or undergoing surgery. Evidence shows that incidence of VTE can be substantially reduced or prevented by identifying clients at risk and providing appropriate, evidence-based thromboprophylaxis interventions during their health care exposures. Currently, the American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th edition) are the generally accepted standard of practice for the prevention of VTE.

The widespread human and financial impact of thromboembolism is well documented. Development of DVT or PE is associated with increased patient mortality, and is the most common preventable cause of hospital death. In addition, both hospital costs and median length of stay are greatly increased for patients developing VTE.

Tests for Compliance

- The organization has an organization-wide, written thromboprophylaxis policy or guideline.
- The team identifies clients at risk for venous thromboembolism (DVT and PE) and provides appropriate evidence-based, VTE prophylaxis.
- The team establishes measures for appropriate thromboprophylaxis use, audits the implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.
- The team identifies major orthopedic surgery clients (hip and knee replacements, hip fracture surgery) who require post-discharge prophylaxis and has a mechanism in place to provide appropriate post-discharge prophylaxis to such clients.
- The team provides information to health professionals and clients about the risks of VTE and its prevention.

(Cont’d on next page...)
Venous thromboembolism (VTE) prophylaxis (cont’d)

Reference Material

Our objective of guiding our clients toward safe and quality health care is strengthened by the Required Organizational Practices listed below. ROPs that will come into effect in 2011 are indicated with a ★.

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★ New in 2011
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