

Patient and Family Engagement Requirements for Accreditation

A Guidance Document



IN THIS DOCUMENT

1. Introduction	1
2. Navigation of the New Standards	2
3. OHA Guidance on Meeting Expectations	4
4. Notable Insights into the New Standards	5
5. Ongoing Member Hospital Input	7
6. Index to Engagement Expectations in Accreditation Standards	8

processes, health outcomes, client experiences, financial management, and safety”². As such, CFCC and engagement language has been broadly included throughout the new *Standards* reflecting the expectation that CFCC is regarded as a part of routine work, and therefore, incorporated across the organization’s various processes.

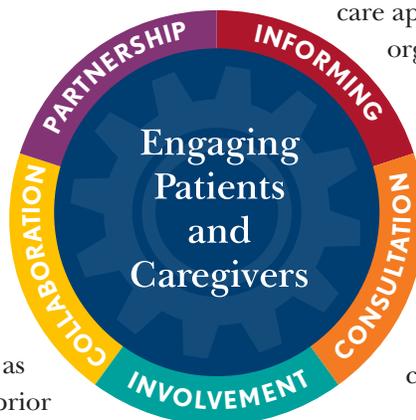
Including these CFCC expectations is a direct (and explicit) attempt by Accreditation Canada to “accelerate the implementation of a client- and family-centred care approach in health care and social services organizations across Canada”².

1. Introduction

Beginning in January 2016, hospitals undergoing accreditation by Accreditation Canada were subject to a new set of *Standards* which mark a significant change over previous years. The new *Standards* reflect the adoption of Patient- and Family-Centred Care, or Client- and Family-Centred Care (CFCC), as their “primary focus”¹ above and beyond prior years’ activity with respect to quality improvement and patient safety.

As defined by Accreditation Canada, CFCC is “an approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs, and preferences of clients and their family members. It supports mutually beneficial partnerships between clients, families, and health care service providers”².

Accreditation Canada’s rationale for including CFCC is that it “will help your organization improve decision making



The OHA understands that member hospitals across the province are looking for support in parsing out the new details and responding to the significant number of changes these new *Standards* imply. This document was developed to support and guide hospitals with respect to these changes.

The OHA will be monitoring the results of Accreditation Canada reviews in Ontario, and this document will be updated to reflect the experience and lessons learned by those organizations that have been surveyed, as well as any further guidance provided by Accreditation Canada on the application/evaluation of the *Standards* (see section 5 below).

In this document you will find:

- A primer to the new *Standards*, with guidance on how to navigate the engagement requirements.
- Guidance from the OHA on approaches for meeting the new *Standards*.
- References to the different ways engagement expectations appear in the new *Standards*, with select examples.
- A simple index of the most important Standards from an engagement and CFCC perspective (**Appendix A**).

1 Accreditation Canada Update 2014. PowerPoint presentation presented at the Ontario Hospital Association yearly conference, HealthAchieve, November 2014, Toronto, Ontario.
2 Accreditation Canada. “Client- and Family-Centred Care in the Omentum Program”. 2015. Retrieved online January 2017, <http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/accreditation-canada.pdf>

2. Navigation of the New Standards

Beginning in 2016, CFCC and engagement changes are in effect for the following *Standard* sets:

- a) *Governance*
- b) *Leadership*
- c) *Common Qmentum Service Excellence*

Beginning in 2017, CFCC and engagement changes are in effect for the following *Standards* sets:

- d) *Medication Management*
- e) *Infection Prevention and Control Standards*

As indicated by Accreditation Canada, “The content [in the *Standards*] identifies two levels of engagement and collaboration for your organization³:

- *With input from clients*, where an activity takes place with feedback from clients and families
- *In partnership with clients*, where health care providers collaborate directly with each client and family to deliver care services.”

To understand this division in the *Standards*, it may be helpful to use Carman’s *Multidimensional Framework for Patient and Family Engagement in Health and Healthcare*⁴ (abbreviated below). Where health care providers collaborate directly with patients (e.g., engagement at the bedside to create a collaborative care plan), the *Standards* fall into the green domain in the diagram. Where input or feedback from clients and families impact a larger organizational activity, the *Standards* fall into the red domain in the diagram below.

Each coloured domain also delineates multiple levels of engagement and collaboration (increasing left to right) which are represented in some way across the *Standards* sets ‘a’ through ‘e’ outlined below. “*With input from*” is understood to indicate a level that is further left on the framework, while “*In partnership with*” indicates a level that falls to the right of the framework.

LEVELS OF ENGAGEMENT	CONSULTATION	INVOLVEMENT	PARTNERSHIP AND SHARED LEADERSHIP
Direct Care	Patients receive information about the diagnosis	Patients are asked about their preferences in treatment plan	Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgement
Organizational design and governance	Organization surveys patients about their care experiences	Organization involves patients as advisers or advisory council members	Patients co-lead safety and quality improvement committees

3 Accreditation Canada Update 2014. PowerPoint presentation presented at the Ontario Hospital Association yearly conference, HealthAchieve, November 2014). Toronto, Ontario.

4 Excerpted from: Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C. & Sweeney, J. (2013). *Patient and family engagement: A framework for understanding the elements and developing interventions and policies*. *Health Affairs*, 32(2), 223-231. Retrieved online, January 2017, from <https://www.communitycarenc.org/media/files/health-affairs-feb-2013-patient-and-family-engagement-framework-unders.pdf>

2 a,b) Governance and Leadership Standards

Within the *Governance and Leadership Standards*, Accreditation Canada has identified several key objectives including⁵:

- The creation of an organizational structure and culture that supports the implementation, spread, and success of CFCC
- Inclusion of client and family representatives on advisory and planning groups
- Anticipation and expectation of meaningful partnership with clients and families
- A requirement to adopt a co-design approach to service planning

Specifically related to the *Leadership Standards*, is a “taking action” criterion for client experience. To meet this criterion, organizations must demonstrate how they have taken action on their client experience survey results.

2 c) Common Qmentum Service Excellence Standards (50)

Across the set of *Common Service Excellence Standards*, Accreditation Canada has identified several key objectives including⁶:

- Building in requirements to engage clients and families in planning and service design
- Partnering with clients and families in the direct delivery of care
- Engaging with clients and families in collaborative goal setting to establish care plans that are based on shared decision-making while observing client preference to be as involved in their care as desired

2 d,e) Medication Management and Infection Prevention and Control Standards

Within the *Medication Management and Infection Prevention and Control Standards*, CFCC and engagement requirements are much more limited, but still impact the evaluation of some *standards*.

5 Accreditation Canada Update 2014. PowerPoint presentation presented at the Ontario Hospital Association yearly conference, HealthAchieve, November 2014. Toronto, Ontario.

6 Excerpted from: Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C. & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231. Retrieved online, January 2017, from <https://www.communitycarenc.org/media/files/health-affairs-feb-2013-patient-and-family-engagement-framework-unders.pdf>

3. OHA Guidance on Meeting Expectations

The number of changes to the *Standards* where CFCC and engagement language has been added may be a significant challenge for organizations that are not already well developed in their Patient and Family Engagement and/or PFCC practices. As stated by Accreditation Canada, the “*Guidelines and Standards*” together, suggest a wide range of activities and commitments, including:

- Have client- and family-centred care as a guiding principle
- Co-design services with health care providers and clients
- Include client and family representatives on advisory and planning groups
- Include clients and families as part of a collaborative care team
- Partner with clients in planning, assessing, and delivering their care
- Monitor and evaluate services and quality with input from clients and families.⁷”

For organizations that are early on in their patient and family engagement practices, the integration of the new *Standards* into existing policy and process can be championed as an opportunity for proactive, positive change. Consider the following six opportunities to maximize your effort:

1. A slight CFCC-focused change to your existing policy/process may be all that is required to meet a new *Standard*.

In many cases, the only change to the *Standard* is the inclusion of patients and caregivers into the process. If you already scored well in meeting the *Standard*, you may be able to simply include appropriate patient/client caregiver representatives within your existing work team/plan.

2. Adopting a global approach may allow organizations to achieve multiple objectives simultaneously.

The *Standards* are deliberately designed to enable a common CFCC approach that applies across all the *Standard Sets*, and especially the *Common Qmentum Service Excellence Standards*. Adopting a CFCC ‘way of work’ across the organization, rather than seeking to check every individual CFCC accreditation box, may in fact prove more manageable and lead you to outperform the *Standards*.

3. Establish a patient/client and family advisory council and bring forward appropriate agenda items.

The *Standards* assume some form of patient/client and family advisory council (PFAC) is in place at the hospital. If this is not the case at your organization, it will be required from now on. If this is the case at your hospital, you may be able to immediately bring required items to your patient/family advisory table(s).

7 Accreditation Canada. “Client- and Family-Centred Care in the Qmentum Program”. 2015. Retrieved online January 2017, <http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/accreditation-canada.pdf>

4. The same engagement mechanism or technique may be suitable for meeting many of the newly required organizational consultation efforts.

The engagement mechanism requirements of the *Standards* will also allow your organization to meet separate requirements at the same time. By using a list of specific *Standards* that require engagement with patients and families as an agenda setting function for a single advisory group, you can use the single group to meet each *Standard's* engagement requirement over time. Map out a calendar of discussions to cover the required topics by a certain date.

5. Coordinate Accreditation efforts with other requirements for patient and family engagement.

Organizations in Ontario that have, and are in the process of building on requirements for engagement under the *Excellent Care for All Act (ECFAA)*, namely regarding the annual *Quality Improvement Plan (QIP)* and patient relations process, will already be establishing mechanisms and capabilities to meet certain Accreditation *Standards*.

6. Start Early.

Hospitals who were early in the new accreditation cycle are reporting success achieving their accreditation goals after a 12- to 18-month program to build in the requirements of the new *standards* leading up to their on-site survey.

If started early and allowed to grow naturally (with support), a PFAC will be better able to partner with staff to demonstrate that patients and families are considering significant issues outlined in the *Standards*. Research on the development of hospital-based engagement approaches indicates a natural growth pattern in the complexity of the issues they are able to productively provide input on.⁸

4. Notable Insights into the New Standards

The CFCC and engagement content in the *Standards* comes in a variety of forms. To help clarify how hospitals should be interpreting the *Standards*, several of the different ways engagement expectations appear are noted below with accompanying examples.

1. Hospitals need to read *Standards* and *Guidelines* closely to flag requirements for engagement planning.

Example:

AC Governance Standard 2.9

"Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole."

AC Guideline Language:

"Regular opportunities to hear directly from clients, and receiving reports from client advisory councils, assists the governing body to build a culture of client- and family-centred care within the organization."

Note: While not immediately obvious in the language of the *Standard*, the *Guideline* makes clear that the 'ongoing education' should include members of the governing body engaging directly with patients/clients as well as receiving reports of engagement activity.

⁸ The Change Foundation "Patient/Family Advisory Councils in Ontario Hospitals – At Work, In Play". 2014. Retrieved online January 2017, <http://www.changefoundation.ca/patient-family-advisory-councils-report/>

2. **Some *Standards*, written as general expressions of policy, may require initiatives at both levels of engagement (i.e. direct and organizational design/governance).**

Example:

AC Leadership *Standard* 1.4

“Teams are supported in their efforts to partner with clients and families in all aspects of their care.”

AC Guideline Language:

“There are a number of ways to establish meaningful partnerships with clients and families including:

- establishing policies that encourage family presence and ensure that clients have the support they need, when they need it, and from whom is most significant to them (e.g., unrestricted visiting hours)
- including clients and families as participants any time teams are discussing the client’s care plan
- partnering with clients and families in processes to improve patient safety and overall quality of care.”

Note: The *Guideline* references engagement at both the level of direct care and the level of organizational design and governance. It is unlikely that a single engagement initiative could successfully accomplish both.

3. **Some *Standards* require client/family engagement on a specific topic, policy, or group of policies, but do not specify which methods of engagement to be taken. Many *Standards* allow organizations the flexibility to craft a mix of initiatives to create authentic engagement according to their local context.**

Examples:

AC Infection Prevention and Control *Standard* 4.2

“There are policies and procedures that are in line with applicable regulations, evidence and best practices, and organizational priorities.”

AC Guideline Language:

“Organizations seek input from clients and families when developing policies and procedures, specifically around hand hygiene.”

Note: This *Standard* requires engagement on specific policies, but methods of engagement are at the discretion of the organization.

AC Common Service Excellence *Standard* 1.1 – High Priority
“Services are co-designed with clients and families, partners, and the community.”

AC Guideline Language:

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

Note: There is an expectation that co-design is a basic engagement *standard* across the organization, but the *Guideline* allows for multiple approaches.

AC Leadership *Standard* 1.3 – High Priority

“Client- and family-centred care is identified as a guiding principle for the organization.”

AC Guideline Language:

“... Each organization needs to consider how this concept is defined and put into practice for their unique mission. The organization’s leaders should model the organization’s commitment to client- and family-centred care and client engagement, and update the governing body on client- and family-centred care priorities and initiatives. There are many frameworks for client- and family-centred care...”

Note: While the principle in the *Standard* is clear, the *Guideline* acknowledges the need for unique application given the context of the organization.

4. Some *Standards* require an internal confirmation of engagement activity as part of a business process.

Example:

AC Leadership *Standard* 16.7 – High Priority
“The organization’s leaders verify that the quality improvement plans and related changes are implemented.”

AC Guideline Language:
“... clients, and families are involved in interpreting the results, solving problems, and making improvements...”

Note: The *Guideline* for this *Standard* outlines much more specific criteria for the evaluation activity prescribed in the *Standard*.

5. Some *Standards* require a co-design engagement process on an engagement-focused policy.

Example:

AC Common Service Excellence *Standard* 8.2
“The assessment process is designed with input from clients and families.”

AC Guideline Language:
“... Where applicable, an interdisciplinary or collaborative assessment may be completed with the client, family, and appropriate team members.”

Note: This *Standard* requires co-design of the process and represents the layering of direct care and organizational policy.

6. Some *Standards* impose an engagement requirement that would require particularly sophisticated engagement planning and participant preparation.

Example:

AC Common Service Excellence *Standard* 13.3
“There is a Standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.”

AC Guideline Language:
“Clients and families are consulted to determine whether the method of deciding among guidelines follows a client-centred approach.”

Note: This *Standard* requires engagement on a very specific and higher level policy/process. It is unlikely that a one-off engagement process would be successful in accomplishing productive engagement.

5. Ongoing Member Hospital Input

The OHA will be monitoring the ongoing results of Accreditation Canada reviews, and this document will continue to be updated to reflect the experience and lessons learned by those organizations that have undergone accreditation under the new *standards*. Any further guidance or changes provided by Accreditation Canada on the application/evaluation of the *Standards* will also be reflected in due course.

If you have any questions, comments, or concerns about the engagement requirements within the new Accreditation Canada *Standards*, or can report on how your organization was surveyed with respect to the new *standards*, please contact Andrew MacLeod, Program Lead, Patient and Family Engagement, at 416-205-1532, or ajmacleod@oha.com.

6. Index to Engagement Expectations in Accreditation *Standards*

The *Standards* most directly connected to CFCC or engagement expectations from each of the *Standard* Sets are listed in **Appendix A**.

Each line contains the following details:

INFORMATION INCLUDED	EXAMPLE
The <i>Standard</i> Group	Common Service Excellence <i>Standard</i>
Priority status (if applicable)	High
Common <i>Standard</i> reference	1.1
ROP designation (if applicable)	Required Organizational Practice (ROP)
The text of the <i>Standard</i>	
	A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.
The Quality Dimension, and Priority Process	Client-centered Services, Competency
Any guidelines included in the <i>Standard</i> specifically relevant to engagement activity Any engagement-specific test(s) of compliance if it is an ROP Any notes provided by the OHA regarding the <i>Standard</i>	Input may be sought in a variety of formal or informal ways, e.g., focus groups, town hall meetings, feedback or complaint mechanisms, client and family advisory councils, and other community engagement activities and consultation processes. TEST FOR COMPLIANCE (Minor) The effectiveness of the approach is evaluated. Evaluation mechanisms may include... Seeking feedback from clients , families, and team members Note: Other similar <i>Standards</i> can be found in this section

The list is organized first by the *Standard* group, then by priority. Among the high priority (and then regular priority) *Standards*, the individual *Standards* are listed simply in ascending order based on their *Standard* number.

This list represents a reasonable summary of the CFCC *Standards* related to engagement found throughout the *Standards*. Although some specific Service *Standards* may be similar, they are not all included here.

[The Full Index Table is available in Appendix A]

Appendix A: Index to Engagement Expectations in Accreditation Standards - 2017

Standard Group	Priority	Number	ROP	Standard	Quality Dimension	Relevant Guideline Language and Notes
Governance	High	5.3		The governing body provides oversight of the organization's efforts to build meaningful partnerships with clients and families .	Client-centred Services	A growing body of evidence demonstrates that improving the client experience and developing meaningful partnerships with clients and families are linked to improved health outcomes. Governing bodies educate themselves on the principles of client- and family-centred care and demonstrate the organization's culture is focused on client- and family-centred care.
Governance	High	5.4		The governing body monitors and evaluates the organization's initiatives to build and maintain a culture of client- and family-centred care.	Client-centred Services	There are a variety of ways that governing bodies can evaluate the client- and family-centred care initiatives, including reviewing client experience results, measuring the number of teams that have implemented the organization's client- and family-centred care philosophy and how they have done so, and monitoring the number of client and family advisors actively participating on advisory councils.
Governance	High	6.1		The governing body oversees the strategic planning process and provides guidance to the organization's leaders as they develop and update the organization's vision and strategic plan.	Effectiveness	... The governing body ensures that clients and families (through client and family advisory councils or other similar forums) and team members are partners in the process.
Governance	High	10.5		The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	Safety	Hearing about a safety incident provides additional context that cannot be gleaned from hearing about numbers or frequency of incidents. This context provides valuable information on next steps for improvement and incident prevention. The information can be shared directly (face-to-face), in writing, through a representative group, or in other ways that best meet the organization's, governing body's, and community's needs.
Governance	High	12.1	ROP	The governing body demonstrates accountability for the quality of care provided by the organization.	Effectiveness	... discussions need to be supported with indicator data and feedback from clients and families .
Governance		2.2		There are established mechanisms for the governing body to hear from and incorporate the voice and opinion of clients and families .	Client-centred Services	Mechanisms may include establishing client and family advisory councils, inviting community health boards to present, or hearing directly from clients and families about their experience(s) with the organization.
Governance		2.3		The governing body includes clients as members, where possible.	Client-centred Services	Client representation on the governing body should be appropriate, and the individuals supported through education and information to provide a meaningful contribution to the governing body. Where the organization's governing body is appointed by government, identifying the required membership mix may be the responsibility of government.
Governance		2.9		Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.	Worklife	Regular opportunities to hear directly from clients, and receiving reports from client advisory councils, assists the governing body to build a culture of client- and family-centred care within the organization.
Governance		3.3		The information required to support decision making is available and accessible to the governing body.	Efficiency	Strategic information to support decision making may include... feedback from clients , stakeholders, and the community.
Governance		4.2		When developing or updating the mission statement, input is sought from team members and external stakeholders, including clients, families , and partners.	Population Focus	The process to seek input differs from organization to organization. Input is often sought and compiled by the CEO or other delegates and brought back to the governing body. In the case of public organizations, the process may include open consultation with the community.
Governance		11.1		The governing body works with the CEO to identify stakeholders and learn about their characteristics, priorities, interests, activities, and potential to influence the organization.	Population Focus	Stakeholders include... clients and families
Governance		11.6		The governing body regularly consults with and encourages feedback from stakeholders and the community about the organization and its services.	Population Focus	The governing body may seek input from stakeholders [previously defined as including clients and families] and the community through public forums, consultation on new or changing services, or an annual general meeting.

Standard Group	Priority	Number	ROP	Standard	Quality Dimension	Relevant Guideline Language and Notes
Leadership	High	1.3		Client- and family-centred care is identified as a guiding principle for the organization.	Client-centred Services	... Each organization needs to consider how this concept is defined and put into practice for their unique mission. The organization's leaders should model the organization's commitment to client- and family-centred care and client engagement, and update the governing body on client- and family-centred care priorities and initiatives. There are many frameworks for client- and family-centred care...
Leadership	High	1.7		An ethics framework to support ethical practice is developed or adopted, and implemented with input from clients and families .	Effectiveness	The organization's leaders develop the ethics framework for the organization with support from the governing body, and ensure input from clients, families , and teams.
Leadership	High	16.6		Opportunities for quality improvement are identified based on trends in patient safety incidents, performance data, patient experience data, feedback from Client and Family advisory councils and other sources, and plans are developed to prioritize and address those opportunities.	Effectiveness	n/a
Leadership	High	16.7		The organization's leaders verify that the quality improvement plans and related changes are implemented.	Effectiveness	... clients, and families are involved in interpreting the results, solving problems, and making improvements...
Leadership		1.1		The organization has a values statement	Effectiveness	... the organization's leaders support the process by seeking input from team members, clients, families , and the broader community...
Leadership		1.4		Teams are supported in their efforts to partner with clients and families in all aspects of their care.	Client-centred Services	There are a number of ways to establish meaningful partnerships with clients and families including: <ul style="list-style-type: none"> • establishing policies that encourage family presence and ensure that clients have the support they need, when they need it, and from whom is most significant to them (e.g., unrestricted visiting hours) • including clients and families as participants any time teams are discussing the client's care plan • partnering with clients and families in processes to improve patient safety and overall quality of care.
Leadership		1.5		Policies addressing the rights and responsibilities of clients are developed and implemented with input from clients and families .	Client-centred Services	The policies should cover: <ul style="list-style-type: none"> • treating clients with respect and dignity • protecting clients' privacy, confidentiality, safety, and security • rights and responsibilities of clients in their own service delivery
Leadership		1.6		Input is sought from clients and families during the organization's key decision-making processes.	Client-centred Services	Key decisions are ones that would affect the experience of the client and family and can include a number of things, such as moving or changing a facility, changing services, or adjusting policies. Clients and families can often provide relevant input to such decisions to help maintain a positive client experience. There are a number of mechanisms through which to gather input from clients and families for decision-making, including committees and councils (e.g., Client and Family Advisory Councils, project-specific committees).
Leadership		3.3		Teams, clients, and families are supported to develop the knowledge and skills necessary to be involved in quality improvement activities.	Worklife	The organization's leaders should act as quality improvement champions and facilitate creativity and innovation by encouraging and building the capacity of team members and clients and families to think proactively about quality improvement.
Leadership		3.6		There are regular dialogues between the organization's leaders and clients and families to solicit and use client and family perspectives and knowledge on opportunities for improvement.	Effectiveness	Clients and families offer a unique perspective on quality improvement opportunities for organizations. Using client and family feedback to make improvements creates a responsive system and demonstrates that the organization values the opinion of clients and their families. Clients and families can be engaged to identify opportunities for improvement and to design solutions by: <ul style="list-style-type: none"> • holding focus groups or interviews • setting up feedback kiosks in the organization • speaking to clients at the point-of-care A variety of methods should be used to engage clients and families in quality improvement processes in order to get the most feedback possible.
Leadership		3.9		The organization's leaders promote learning from quality improvement results, and making decisions informed by research and evidence, client experience , and ongoing quality improvement.	Effectiveness	n/a

Standard Group	Priority	Number	ROP	Standard	Quality Dimension	Relevant Guideline Language and Notes
Leadership		4.1		There is a process to develop or update the mission statement with input from team members, clients, families , and key stakeholders.	Effectiveness	... The governing body requires input from within the organization and its stakeholders, including teams, clients, and families ...
Leadership		4.2		The organization has a vision and strategic plan.	Effectiveness	... The organization's leaders should partner with a broad network of stakeholders in the strategic planning process, including team members, clients, and families ...
Leadership		4.3		Services are planned with input from clients, families , and the broader community.	Population Focus	Input may be sought in a variety of formal or informal ways, e.g., focus groups, town hall meetings, feedback or complaint mechanisms, client and family advisory councils, and other community engagement activities and consultation processes.
Leadership		6.2		When developing the operational plans, input is sought from team members, clients and families , and other stakeholders, and the plans are communicated throughout the organization.	Worklife	n/a
Leadership		9.2		There are mechanisms to gather input from clients and families in co-designing new space and determining optimal use of current space to best support comfort and recovery.	Client-centred Services	n/a
Leadership		13.2		Information about barriers to client flow is used to develop a strategy to build the organization's capacity to meet the demand for service and improve client flow throughout the organization.	Effectiveness	... clients, and families are involved in the process of developing the client flow strategy...
Leadership		15.4	ROP	A patient safety incident management system that supports reporting and learning is implemented.	Safety	TEST FOR COMPLIANCE (Major) A patient safety incident management system is developed, reviewed, and updated with input from clients, families, and team members... TEST FOR COMPLIANCE (Minor) The effectiveness of the patient safety incident management system is evaluated... Evaluation mechanisms may include: Gathering feedback from clients, families , and team members about the system...
Leadership		15.6	ROP	A documented and coordinated approach to disclosing patient safety incidents to clients and families, that promotes communication and a supportive response, is implemented.	Safety	TEST FOR COMPLIANCE (Minor) The disclosure process is reviewed and updated, if necessary, once per accreditation cycle, with input from clients, families , and team members. TEST FOR COMPLIANCE (Minor) Feedback is sought from clients, families , and team members about their experience with disclosure and this information is used to make improvements, when needed, to the disclosure process.
Leadership		15.7	ROP	A documented and coordinated medication reconciliation process is used to communicate complete and accurate information about medications across care transitions.	Safety	... the team (e.g., physicians, nurses, pharmacists) works in partnership with clients and families to generate a Best Possible Medication History (BPMH)... ... the coordination team could include senior leaders (including clinical leaders representing medicine, nursing, and pharmacy); team members who are directly involved in the process; information technology staff; representatives from quality, risk, and safety committees; and clients and families .

Standard Group	Priority	Number	ROP	Standard	Quality Dimension	Relevant Guideline Language and Notes
Infection Prevention and Control	High	2.1		There is an IPC team responsible for planning, developing, implementing and evaluating the IPC program.	Appropriateness	Examples of IPC team members include... client and family representatives
Infection Prevention and Control	High	4.2		There are policies and procedures that are in line with applicable regulations, evidence and best practices, and organizational priorities.	Appropriateness	Organizations seek input from clients and families when developing policies and procedures, specifically around hand hygiene.
Infection Prevention and Control	High	5.0		Team members, clients, families , and volunteers are engaged in promoting an IPC culture within the organization.	Safety	n/a
Infection Prevention and Control		5.2		Team members, clients and families , and volunteers are engaged when developing the multi-faceted approach for IPC.	Safety	n/a
Infection Prevention and Control		9.5		Compliance with policies and procedures for cleaning and disinfecting the physical environment is regularly evaluated, with input from clients and families , and improvements are made as needed.	Safety	n/a
Infection Prevention and Control		14.3		Input is gathered from team members, volunteers, and clients and families on components of the IPC program.	Client-centred Services	Examples include surveys, focus groups, interviews, or meetings.
Medication Management	High	5.1		Information about medication allergies and previous adverse drug reactions is recorded in the client's medication profile, in partnership with the client and family .	Safety	n/a
Medication Management	High	21.1		Information about medications is discussed and documented prior to the initial dose and when the dose is adjusted, in partnership with the client and family .	Client-centred Services	n/a
Medication Management		24.2		The effects of medications on each client's treatment goals are monitored and documented.	Appropriateness	n/a

Standard Group	Priority	Number	ROP	Standard	Quality Dimension	Relevant Guideline Language and Notes
Common Service Excellence Component	High	1.1		Services are co-designed with clients and families , partners, and the community.	Client-centred Services	Collaboration with clients , partners, and the community in service design is achieved through client advocacy groups, community advisory committees, and client experience surveys. Gaps in services are identified and addressed where possible.
Common Service Excellence Component	High	3.1		Required training, and education are defined for all team members with input from clients and families .	Effectiveness	Clients and families can provide valuable input regarding education and training that could benefit team members and enhance services...
Common Service Excellence Component	High	3.8	ROP	A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	Client-centred Services	TEST FOR COMPLIANCE (Minor) The effectiveness of the approach is evaluated. Evaluation mechanisms may include... Seeking feedback from clients, families , and team members
Common Service Excellence Component	High	7.15		A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families .	Client-centred Services	n/a
Common Service Excellence Component	High	8.1			Effectiveness	NOTE: Engagement in direct delivery of care. Other similar standards in this section.
Common Service Excellence Component	High	11.1		An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	Effectiveness	... Clients and families are involved in providing and documenting information, and ensuring the information captured is accurate and complete. The team may partner with the client and family in various ways depending on the service setting and individual circumstances... When documenting in the client record with the client and family is not possible, the team works to include the client and family in the process as much as possible...
Common Service Excellence Component	High	11.8		There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families , and the information is used to make improvements.	Effectiveness	NOTE: Engagement in direct delivery of care. Other similar standards in this section.
Common Service Excellence Component	High	13.3		There is a standardized process, developed with input from clients and families , to decide among conflicting evidence-informed guidelines.	Effectiveness	Clients and families are consulted to determine whether the method of deciding among guidelines follows a client-centred approach (e.g., helping to determine which guideline is more client-centred, reviewing whether a guideline was developed with the client perspective).
Common Service Excellence Component	High	13.4		Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families .	Effectiveness	... Client perspectives are considered when evaluating improvements due to guidelines... ... Client and family perspectives are considered when evaluating improvements...
Common Service Excellence Component	High	13.5		Guidelines and protocols are regularly reviewed, with input from clients and families .	Effectiveness	Although clients and families may not be involved in a technical or scientific review, their perspectives on clients' experiences while receiving care driven by guidelines and protocols are valuable to the review process.
Common Service Excellence Component	High	13.6		There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families .	Effectiveness	n/a
Common Service Excellence Component	High	14.1		A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families .	Safety	Information is gathered to determine the causes of potential problems and strategize possible solutions. These activities include conducting audits, talking to clients , talking to team members, monitoring areas for risk, identifying interruptions, participating in safety briefings, and addressing areas where there is a high margin of error.
Common Service Excellence Component	High	14.3		Strategies are developed and implemented to address identified safety risks, with input from clients and families .	Safety	... Client and family perspectives are incorporated in the process of developing and implementing risk mitigation strategies...
Common Service Excellence Component	High	14.5		Safety improvement strategies are evaluated with input from clients and families .	Safety	n/a

Standard Group	Priority	Number	ROP	Standard	Quality Dimension	Relevant Guideline Language and Notes
Common Service Excellence Component	High	14.8		Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families .	Safety	n/a
Common Service Excellence Component	High	15.3		Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families .	Effectiveness	n/a
Common Service Excellence Component		1.2		Information is collected from clients and families , partners, and the community to inform service design.	Population Focus	New information may be solicited from clients and families , partners, and the community, or existing information may be used when it is still relevant... The information includes the expressed needs of clients served by the organization..
Common Service Excellence Component		1.3		Service-specific goals and objectives are developed, with input from clients and families .	Effectiveness	Clients and families , the team, and community partners are involved in developing team goals and objectives...
Common Service Excellence Component		1.4		Services are reviewed and monitored for appropriateness, with input from clients and families .	Efficiency	... The type of information gathered about services is determined with input from clients and families ...
Common Service Excellence Component		1.6		Information on services is available to clients and families , partner organizations, and the community.	Accessibility	Clients and families , partner organizations, and the community are engaged to determine what information is required or desired, and to evaluate whether the information provided meets their needs.
Common Service Excellence Component		1.7		Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families .	Accessibility	n/a
Common Service Excellence Component		2.3		An appropriate mix of skill level and experience within the team is determined, with input from clients and families .	Effectiveness	Clients and families have a unique perspective on the skills level and experience available on their team. They may be able to point to services that were not available through their care team as well as individual skills and knowledge that could improve the client experience...
Common Service Excellence Component		2.4		Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.	Client-centred Services	... Clients and families are involved in planning and designing the layout and use of space to meet their needs.
Common Service Excellence Component		2.5		The effectiveness of resources, space, and staffing is evaluated with input from clients and families , the team, and stakeholders.	Effectiveness	... Input from clients and families , the team, and stakeholders is gathered through surveys, focus groups, advisory committees, and informal feedback ...
Common Service Excellence Component		2.7		A universally-accessible environment is created with input from clients and families .	Accessibility	n/a
Common Service Excellence Component		3.11		Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	Client-centred Services	Regular communication between team members/leaders and client and family representatives ensures that the relationship is mutually beneficial. Discussions include opportunities for increased collaboration and role satisfaction. Though an open and transparent dialogue is encouraged, team leaders recognize that client and family representatives are to remain independent from the organization, to ensure their opinions and recommendations remain unbiased.
Common Service Excellence Component		3.3		A comprehensive orientation is provided to new team members and client and family representatives .	Effectiveness	n/a
Common Service Excellence Component		4.2		The team works in collaboration with clients and families .	Effectiveness	Clients and families are engaged in shared decision making and understand how care is provided...

Standard Group	Priority	Number	ROP	Standard	Quality Dimension	Relevant Guideline Language and Notes
Common Service Excellence Component		4.3		Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.	Worklife	Position profiles... are developed for all team members including those who are not directly employed by the organization (e.g., contracted team members, partners, client and family representatives).
Common Service Excellence Component		4.5		The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	Effectiveness	The process to evaluate team functioning and collaboration may include a review of its services, processes, and outcomes. This could be done by administering a team functioning questionnaire to team members, clients and families , and partners to stimulate discussion about areas for improvement.
Common Service Excellence Component		5.2		Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	Worklife	... Client and family input and feedback is considered in job design. When developing and reviewing job design, roles, responsibilities, and assignments, team member and client and family input and feedback is considered.
Common Service Excellence Component		7.2		Clients and families are encouraged to be actively engaged in their care	Client-centred Services	The environment encourages clients and families to be active participants in their care, ask questions, and provide input at all stages of the care process. Engagement in direct delivery of care. NOTE: Other similar standards in this section.
Common Service Excellence Component		8.2		The assessment process is designed with input from clients and families .	Client-centred Services	... Where applicable, an interdisciplinary or collaborative assessment may be completed with the client, family , and appropriate team members.
Common Service Excellence Component		8.5		Each client's preferences and options for services are discussed as part of the assessment, in partnership with the client and family.	Effectiveness	The client's expressed needs, preferences and the options for care and service are discussed with the client and family. The team and client engage in shared-decision making that considers client preferences, expected outcomes, and risks and benefits of the options...
Common Service Excellence Component		12.2		Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families .	Effectiveness	Policies regarding the use of electronic mail, texting, web applications and social media are determined using the perspectives of clients and families . This may include inter-team communication, communication with clients, or communication with partners and potential clients. When determining what electronic communications and technologies to use, considerations are made for how to manage issues of privacy, professionalism, security of information, client communication preferences, and legislation...
Common Service Excellence Component		13.2		The procedure to select evidence-informed guidelines is reviewed, with input from clients and families , teams, and partners.	Client-centred Services	A collaborative approach is used to select guidelines that are appropriately linked to improved client experience and outcomes. ...organizations gather and consider input from clients and families when reviewing the procedure to select evidence-informed guidelines. Although clients and families may not be involved in a technical or scientific review, their perspectives on clients' experiences of care are valuable.
Common Service Excellence Component		15.1		Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families , team members, and partners.	Client-centred Services	Information and feedback is collected in a consistent manner from key stakeholders about the quality of services. Feedback can take the form of client and family satisfaction or experience data... gathered by a variety of methods, including surveys, focus groups, interviews, meetings, or records of complaints.
Common Service Excellence Component		15.11		Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families .	Effectiveness	n/a
Common Service Excellence Component		15.2		The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families .	Effectiveness	n/a
Common Service Excellence Component		15.4		Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families .	Effectiveness	n/a