

Non-Hospital Medical and Surgical Facilities Accreditation Program

ACCREDITATION STANDARDS

Governance and Leadership

No.	Description	Reference	Risk	Change
GVL1.1.5	B The organization's commitment to active patient engagement and a person-centred approach is documented.			



No.	Description	Reference	Risk	Change
Operational plan				
GVL1.3.8	B Responsibility for developing, reviewing and revising the organization's operational plan is clearly assigned.	1, 12		New
GVL1.3.9	B Responsibility for approving the organization's operational plan is clearly assigned.	1, 12		New
Risk management plan				
GVL1.3.10	B Responsibility for developing, reviewing and revising the organization's risk management plan is clearly assigned.	1, 12, 16		New
GVL1.3.11	B Responsibility for approving the organization's risk management plan is clearly assigned.	1, 12		New
Quality improvement plan				
GVL1.3.12	B Responsibility for developing, reviewing and revising the organization's quality improvement plan is clearly assigned.	1, 12		New
GVL1.3.13	B Responsibility for approving the organization's quality improvement plan is clearly assigned.	1, 12		New



No.	Description	Reference	Risk	Change
GVL1.4.5	M Responsibility for developing, reviewing and revising the policies and procedures required in accordance with the NHMSFAP accreditation standards is clearly assigned.	1	L	New
GVL1.4.6	M Clinical practice policies and procedures are developed using current standards, protocols and guidelines.	1	M	New
GVL1.4.7	M Policies and procedures required in accordance with the NHMSFAP accreditation standards are reviewed every two years.	1	M	REVISED Fr. 1 to 2 yrs.
GVL1.4.8	M Policies and procedures required in accordance with the NHMSFAP accreditation standards are reviewed and updated in response to			



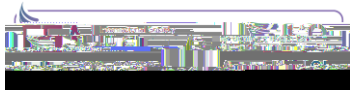
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No.	Description	Reference	Risk	Change
GVL1.5.13	M The organizational chart reflects the current governance structure.		L	
GVL1.5.14	M The organizational chart is dated.		L	



No.	Description	Reference	Risk	Change
GVL1.7.6	M The head of anesthesia is responsible and accountable to the medical director.	1	M	
GVL1.7.7	M The nurse leader is responsible and accountable to the medical director.	1	M	
GVL1.7.8	M Interrelationships between clinical operations leaders and departments are clearly indicated on the organizational chart.	1	M	
GVL1.7.9	M The lines of accountability are appropriate to the organization's size, scope and complexity of operations.	1	H	
GVL1.7.10	M The organizational chart reflects the current clinical operations leadership structure.		L	
GVL1.7.11	M The organizational chart is dated.		L	
GVL1.7.12	B The governing body endorses the clinical leadership structure of the organization.			



No.	Description	Reference	Risk	Change
GVL1.8.7	M The medical director (or delegated clinical operations leader) ensures the appropriate staffing levels for the safe delivery of care.	1	H	
GVL1.8.8	M The medical director (or delegated clinical operations leader) ensures appropriate materials and equipment management to meet the needs of the scheduled procedures.	1	H	
GVL1.8.9	B The medical director (or delegated clinical operations leader) ensures staff are provided with appropriate supervision, support and guidance.	1		New
GVL1.8.10	B The medical director (or delegated clinical operations leader) monitors and resolves workload issues.	1		New
GVL1.9	Clinical governance promotes high-quality and safe care by requiring staff to use current accepted evidence-based standards, protocols and guidelines in their clinical practice.			
GVL1.9.1	M The organization provides staff with access to current clinical practice guidelines.	1, 12, 19	M	New



	Description	Reference	Risk	Change
GVL1.13.3	M The risk register outlines the processes in place to mitigate the risks to the groups of patients that are known to be high-risk.	1, 18	M	New
GVL1.13.4	M The organization has conducted a risk assessment to identify procedures that are known to be high-risk.	1, 18	M	New
GVL1.13.5	M The risk register lists the procedures that are known to be high-risk.	1, 18	M	New
GVL1.13.6	M The risk register outlines the processes in place to mitigate the risks of the procedures that are known to be high-risk.	1, 18	M	New
GVL1.14	Patient safety and quality incidents are recognized, reported, investigated and this information used to improve safety and quality systems.			



No.	Description	Reference	Risk	Change
GVL1.14.2	M Patient safety incidents and near misses are investigated and analyzed.			



No.



References

1. International Society for Quality in Health Care External Evaluation Association. Guidelines and principles for the development of health and social care standards [Internet]. Version 1.1. Geneva (CH): International Society for Quality in Health Care External Evaluation Association; 2022 Mar [cited 2023 Mar 21]. 60 p.
2. College of Physicians and Surgeons of British Columbia. Bylaws [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia ; 2009 [revised 2023 Jan 13; cited 2023 Mar 21]. 109 p.
3. College of Physicians and Surgeons of British Columbia. Practice standard: disclosure of adverse or harmful events [Internet]. Version 2.0. Vancouver: College of Physicians and Surgeons of British Columbia; 2014 May 1 [revised 2022 June 23; cited 2023 Mar 21]. 4 p.
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6. College of Physicians and Surgeons of British Columbia, Non -Hospital Medical and Surgical Facilities Accreditation Program. Policy: addition of new programs, additional procedures or new contracts [Internet]. Version 1.1. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 Mar 25 [cited 2023 Mar 25]. 2 p. Document No.: 10786.
7. College of Physicians and Surgeons of British Columbia, Non -Hospital Medical and Surgical Facilities Accreditation Program. Policy: patient safety incidents reporting [Internet]. Version 4.1. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 Mar 25 [cited 2023 Mar 25]. 3 p. Document No.: 11098.
8. College of Physicians and Surgeons of British Columbia, Non -Hospital Medical and Surgical Facilities Accreditation Program. Accreditation standards: anesthesia [Internet]. Version 1.2. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 Mar 24 [cited 2023 Mar 25]. 20 p. Document No.: 10785.
9. College of Physicians and Surgeons of British Columbia, Non -Hospital Medical and Surgical Facilities Accreditation Program. Accreditation standards: medical records and documentation [Internet]. Version 4.1 Vancouver: College of Physicians and Surgeons of British Columbia; 2023 Mar 24 [cited 2023 Mar 25]. 27 p. Document No.: 10829.
10. College of Physicians and Surgeons of British Columbia, Non -Hospital Medical and Surgical Facilities Accreditation Program. Accreditation standards: human resources [Internet]. Version 5.1. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 Mar 24 [cited 2023 Mar 25]. 52 p. Document No.: 10820.



