



Non-Hospital Medical and Surgical Facilities Accreditation Program

ACCREDITATION STANDARDS

Governance and Leadership

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Governance and leadership

No.	Description	Reference	Risk	Change
GVL1.0	GOVERNANCE AND LEADERSHIP STANDARD			
GVL1.1	The governing body sets and communicates the organization’s commitment to a safety and quality culture and a person-centred approach care.			
GVL1.1.1	B The mission of the organization is defined.	1, 12, 20, 22		
GVL1.1.2	B The values of the organization are defined.	1, 12,		

No.

No.	Description	Reference	Risk	Change
GVL1.4	The governing body ensures that the organization has a defined process to develop, review, update and approve policies and procedures for its key functions.			
GVL1.4.1	B There is a documented process for developing, monitoring and revising the organization's policies and procedures.	1, 15		New
GVL1.4.2	B Policies and procedures not related to clinical operations are reviewed within defined timeframes.	1, 15		New
GVL1.4.3	B Responsibility for developing, reviewing and revising policies and procedures not related to clinical operations is clearly assigned.			

No.	Description	Reference	Risk	Change
GVL1.4.11	M	New and revised policies and procedures are communicated to staff.		

No.	Description	Reference	Risk	Change
GVL1.5.2	M The governance structure is appropriate for the organization's size, scope and complexity of operations.			

No.	Description	Reference
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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	
GVL1.6	The roles and responsibilities of the governing body and the governance	MCID BMC 139.53 448.47 580.6 16.3C q594.1		



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			



No.	Description	Reference	Risk	Change
GVL1.9.2	M Clinical practice policies and procedures have been developed using or are adopted from textbooks, peer-reviewed literature or standards, guidelines and best-practices by international, national or provincial bodies.	1, 12, 19	M	New
GVL1.10	Service planning provides direction for human resource planning, capital expenditure planning and service continuity and expansion.			
GVL1.10.1	B The organization has a planning process for the provision of services which is informed by patients, medical staff, clinical operations leaders and other external health partners.			

No.	Description	Reference	Risk	Change
GVL1.14.2	M Patient safety incidents and near misses are investigated and analyzed.	1, 2, 4, 7, 17, 26	H	
GVL1.14.3	M Recommended actions for improvement arising from the patient safety incident and near miss analysis are implemented and their effectiveness monitored.	1, 4, 17	H	
GVL1.14.4	M There is a patient safety incident and near miss reporting framework.	7, 17, 26	H	
GVL1.14.5	M Patient safety incidents and near misses are reported to the medical director.	7	H	

No.	Description	Reference	Risk	Change
GVL1.14.6	M Patient safety incidents and near misses requiring mandatory			

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