

Non-Hospital Medical and Surgical Facilities Accreditation Program

ACCREDITATION STANDARDS

Quality Performance

11/15/2017

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Introduction

Quality improvement is a proven and effective way to improve the safety and quality of care. The goal of assessing performance is to create a system that promotes the best clinical standards and ensures the safety and quality of patient care. Quality improvement should be a continuous process and an integral part of everyone's work.

No.	Description	Reference	Risk	Change
QPS1.1.8	B Physician and staff satisfaction surveys are distributed.	1		
QPS1.2				

No.	Description	Reference	Risk	Change
QPS1.3.1	B There is a quality improvement plan. <i>Guidance: Quality improvement plans are developed, documented and implemented. The Excellence through Quality Improvement Project website has a publicly available QI plan template. The Institute of Healthcare Improvement website has a QI Essentials Toolkit.</i>	1, 10, 11, 12		
QPS1.3.2	B Organizational performance data is used to inform the quality improvement plan objectives and goals. <i>Guidance: See section 1.2 above.</i>	1		
QPS1.3.3	B The quality improvement plan defines its objectives and goals (targets).	1		
QPS1.3.4	B The quality improvement plan outlines the specific activities being undertaken to meet each objective and goal (target).	1		
QPS1.3.5	B A leader is assigned responsibility for each objective, goal (target) and activity.	1		
QPS1.3.6	B The quality improvement plan is updated to demonstrate progress towards achieving the objectives and goals (target). <i>Guidance: The quality improvement plan is a live document. For each objective, the quality improvement plan should outline baseline performance, current performance, target (goal) performance and the specific activities planned and their status (e.g. not started, in-progress, completed) to meet the objectives and goals. The quality improvement plan is reviewed and updated regularly (such as quarterly) with progress and performance data.</i>	1		
QPS1.3.7	B The quality improvement plan and progress towards achieving the goals (target) and objectives is shared with and regularly reviewed by the governing body.	1, 9, 15		
QPS1.3.8	B			

No.	Description	Reference	Risk	Change
QPS1.5.2	<p>B Quality performance results are made publicly available. <i>Guidance: This information should be available on the organization's website and may include patient satisfaction survey results, surgical site infection surveillance reports, hand hygiene compliance audit results, environmental cleaning audit results and infection, prevention and control program reports.</i></p>	1		
QPS1.5.3	<p>B Evaluation of the organization's performance against the NHMSFAP accreditation standards is made publicly available. <i>Guidance: NHMSFAP Accreditation assessment reports are available on the organization's website.</i></p>	1, 2, 9		

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14. Canadian Institute for Health Information (CIHI). Canadian patient experience survey – inpatient care survey instructions [Internet]. Ottawa (ON): CIHI; 2019 Jan [cited 2023 Mar 21].
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