



**ACCREDITATION**  
**CANADA**

QMENTUM PROGRAM STANDARDS

# Service Excellence

Effective: May 2024



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# Preface

Health Standards Organization (HSO) develops evidence-based health and social services standards, assessment programs, and quality improvement solutions. Recognized as a Standards Development Organization by the Standards Council of Canada, we work with leading experts and people with lived experience from around the world, using a rigorous public engagement process, to co-design standards that are people-centered, integrated and promote safe and reliable care. For more information visit [www.healthstandards.org](http://www.healthstandards.org)

## HSO's People-Centred Care Philosophy and Approach

People-centered care (PCC) is an integral component of HSO's philosophy and approach. PCC is defined by the World Health Organization as: “An approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases” (World Health Organization, 2016). This definition is inclusive of all individuals – patients, residents, clients, families, caregivers, and diverse communities.

As such, PCC guides both what HSO does and how HSO does it. PCC calls for a renewed focus on the interaction and collaboration between people, leading to stronger teamwork, higher morale, and improved co-ordination of care (Frampton et al., 2017). This ensures people receive the appropriate type of care in the right care environment.

With a mission to inspire people, in Canada and around the world, to make positive change that improves the quality of health and social services for all, HSO has developed the following guiding PCC principles:

- 1. Integrity and relevance:** Upholding the expertise of people in their lived experiences of care; Planning and delivering care through processes that make space for mutual understanding of needs /perspectives and allow for outcomes that have been influenced by the expertise of all.
- 2. Communication and trust:** Communicating and sharing complete and unbiased information in ways that are affirming and useful; Providing timely, complete, and accurate information to effectively participate in care and decision making.
- 3. Inclusion and preparation:** Ensuring that people from diverse backgrounds and contexts have fair access to care and opportunities to plan and evaluate services; Encouraging and supporting people to participate in care and decision making to the extent that they wish.

**4. Humility and learning:** *Encouraging people to share problems and concerns in order to promote continuous learning and quality improvement; Promoting a just culture and system improvement over blame and judgement.*

## About Our Standards

HSO standards are the foundation on which leading-edge accreditation programs and great public policy are built. Standards create a strong health care structure that the public, providers and policy makers can rely on, assuring high quality health services where it matters most.

HSO's standards are formatted using the following structure.

- **Subsection Title:** A section of the standard that relates to a specific topic.
- **Clause:** A thematic statement that introduces a set of criteria.
- **Criteria:** Requirements based on evidence, that describe what is needed by people to achieve a particular activity. Each criterion outlines the intent, action, and accountability.
- **Guidelines:** Provide additional information and evidence to support the implementation of each criterion.

This particular standard is intended to be used as part of a conformity assessment.

# Disclaimer

The intended application of this standard is stated below under Scope. Users of this standard are responsible for judging its suitability for their particular purposes.

HSO standards are not intended to replace clinical, management, or best practice guidelines or to contravene existing jurisdictional regulations.

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# Introduction

The delivery of safe and reliable health and social services that meet the needs of clients, families, and the community, is reliant on the effective team-level implementation of the organization's model of service delivery and the policies and practices that support it.

HSO A0001:2020 (E) *Service Excellence* outlines the standard requirements for teams that provide care at the service, unit, or program levels in health and social services organizations to achieve excellence in service delivery. The standard combines the elements of care and service delivery that are common across high-performing health and social services teams to guide service design, implementation, and evaluation, irrespective of the type of service they provide.

The common elements of excellence in service delivery include strong team leadership, competent and collaborative teams, up-to-date information systems to support service delivery and decisions, the regular evaluation of their impact on outcomes, and an overarching culture of safety and continuous quality improvement.

The standard takes an integrated and people-centred approach to service delivery where clients and families work hand-in-hand with team leadership and staff as equal members of the interdisciplinary team and as true partners in service delivery to achieve positive experiences and outcomes.

The standard guides teams to understand clients and community needs as the foundation for their service-specific goals and objectives, their resource planning, and the co-design, implementation, and evaluation of their services.

HSO A0001:2020 (E) *Service Excellence* is intended to supplement HSO service-specific standards.

# Scope

## **Purpose**

This standard outlines the common requirements across health and social services teams to be able to implement and deliver services in accordance with the organizational model of service delivery and the policies and practices that support it. The intent of this standard is to guide the provision of safe and reliable care for clients and families.

## **Applicability**

This standard is intended to be used by interdisciplinary teams in health and social services organizations that deliver at least one type of service.

# Terms and Definitions

## Definitions

Below is a list of terms and definitions that are used throughout this standard. For additional terms and definitions commonly used throughout all HSO standards please refer to our master glossary, HSO 0400 - HSO Terms and Definitions found here: <https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf>.

## Standard Specific Definitions

**Community:** All groups of people that an organization is responsible for providing services to as part of its mandate. The organization needs to note all groups of people within its “community” as each group may have different access and functional needs and therefore may require different types and levels of services and support. Therefore, the organization must note the vulnerable populations, underserved populations, Indigenous peoples, cultural groups, and minority populations in its “community”. Further, the organization must note the populations of all ages, abilities, genders and gender identities, races, ethnicities, languages, cultures, beliefs, histories, colonial legacies, migration statuses, locations, employment statuses, income and social statuses, literacy levels, housing statuses, and health statuses, in its “community”.

**Evidence-informed:** An approach that involves the consideration of findings from scientific research and published literature, best practices based on expert opinion, the knowledge gained from testing assumptions and evaluating lived experience, and cultural knowledge.

**Partner:** An external service, program, provider, or organization that has a formal or informal arrangement with the team or the organization and provides related services.

**Regularly:** See *Timely/regularly* in HSO 0400 – *HSO Terms and Definitions* (<https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf>).

**Safety:** A shared responsibility among everyone associated with the organization including, clients, families, visitors, staff (inclusive of volunteers and contractors), and the community to prevent harm to themselves and others around them and to ensure each other's physical, psychological, and cultural well-being. Safety is about creating a mutually respectful and healthy environment that is harm-free for everyone who is participating in providing, receiving, and supporting care.

**Staff or staff members:** A team's workforce (i.e., everyone working in or on behalf of the organization on a given team that delivers a designated set of health and/or social services). This includes workers on the team who are salaried, non-salaried, clinical, non-clinical, contracted, and voluntary.





**Stakeholder:** See *Stakeholder* in HSO 0400 – *HSO Terms and Definitions* (<https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf>).

**Team leadership:** The person or persons responsible for the operational management of a team (e.g., team directors, managers, supervisors, clinical leaders). Team leadership is usually formally appointed, but the term can include team members who take on informal leadership roles within the team. (Adapted from *Team Leader* in HSO 0400– *HSO Terms and Definitions* (<https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf>)).

**Team or team members:** See *Team/team members* in HSO 0400 – *HSO Terms and Definitions* (<https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf>).

## Abbreviations

HSO – Health Standards Organization

PCC – People-centred care

## HSO Quality Dimensions

HSO Standards are based on eight-quality dimensions. Each dimension highlights themes of safety and high quality care in all health and social services sectors. Each criterion within the standard is defined by one of the eight quality dimensions.

**Population Focus:** Work with my community to anticipate and meet our needs

**Accessibility:** Give me timely and equitable services

**Safety:** Keep me safe

**Worklife:** Take care of those who take care of me

**Client-centred Services:** Partner with me and my family in our care

**Continuity of Services:** Coordinate my care across the continuum

**Appropriateness:** Do the right thing to achieve the best results

**Efficiency:** Make the best use of resources

## Criteria Types

- **Required Organizational Practices:** Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk.



- **High Priority Criteria:** High priority criteria are criteria related to safety, ethics, risk management, and quality improvement.
- **Normal Priority Criteria:** Normal priority criteria are criteria that are not high priority or ROPs.

## Assessment Methods

- **Attestation:** A formal procedure where an organization attests their conformity against identified assessment criteria. The criteria tagged with “attestation” means that an organization will be expected to review the identified assessment criteria and attest their conformity against the identified assessment criteria.
- **On-Site:** A third-party review conducted to assess an organization's conformity against identified assessment criteria. The criteria tagged with “on-site” means that the criteria will be assessed on-site by a third-party reviewer.

## Levels

- **Gold:** Addresses basic structures and processes linked to the foundational elements of safety and quality improvement.
- **Platinum:** Builds on the elements of quality and safety, and emphasizes key elements of client centred care, creating consistency in the delivery of services through standardized processes, and involving clients and staff in decision-making.
- **Diamond:** Focuses on the achievement of quality by monitoring outcomes, using evidence and best practice to improve services, and benchmarking with peer organizations to drive system level improvements.



# 1 INVESTING IN QUALITY SERVICES

## 1.1 Services are designed collaboratively to meet the needs of clients and the community.

1.1.1 The team co-designs its services with its partners and the community.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

### Guidelines

Team members, including clients and families, work collaboratively with each other, partners, and the community to design the services. This includes identifying and addressing existing gaps in services, where possible. The team may use client experience surveys, client advocacy groups, and community advisory committees as part of the co-design process.

1.1.2 The team uses information about the service needs of clients and the community to guide its service design.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

### Guidelines

The team designs services based on information about the expressed needs of clients and families, as well as information about trends that have impacted the community and on factors that affect the community's health and social service needs such as health status, capacities, risks, and determinants of health (i.e., income, social support networks, education and literacy, employment/working conditions, access to health services, gender, and culture).

The team may access this information by collecting new information from its members, including clients and families, as well as from its partners and the community. If it is not within the team's mandate to collect new information, the team should know how to access and use existing information that is available and relevant from internal and external sources (e.g., census data, end-of-service planning reports, wait-list data, and community needs assessments).

1.1.3 The team develops its service-specific goals and objectives.



Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

#### Guidelines

The team members, including clients and families, work with their partners in the community to develop team goals and objectives. Team goals and objectives are service-specific and are aligned with the organization's strategic directions. They also align with regional and national objectives as required. They are clear, have measurable outcomes and success factors, and are realistic and time-specific.

Team goals and objectives are the foundation for the team's delivery of services. They are meaningful to the team. The team reviews their goals and objectives annually or as needed and evaluates their progress toward achieving them.

1.1.4 The team monitors and evaluates its services for appropriateness.

Priority: **Normal Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

#### Guidelines

By monitoring and evaluating its services, the team is able to examine the services it offers and the use of its services by clients, to identify areas for improvement. As team members, clients and families participate in determining the types of information that the team collects about its services.

Monitoring the use of services can make internal processes more efficient by identifying service gaps, either within the organization or in the community. The team assesses its services to determine whether they are being offered and used as intended, are of the required quality, and whether there are opportunities to improve the service design and range of services.

The team uses this information to improve efficiency by minimizing duplication, evaluating the cost-effectiveness of technologies and interventions, and increasing consistency.

1.1.5 The team leadership forms and maintains partnerships with other services, programs, providers, and organizations to meet the needs of clients and the community.

Priority: **Normal Priority** | Quality Dimension: **Continuity of Services** | Assessment Method: **On-site**



### Guidelines

Meeting the full range of needs of clients and the community is beyond the capabilities of one team or organization. Therefore, partnerships may be created to help clients navigate services across the continuum of care, or to fill service gaps.

The team leadership may form partnerships with services, programs, providers, and organizations across the continuum of care (e.g., primary care, acute care, community care, mental health, education, housing, and other health and social services).

The team leadership with the support of the organizational leaders may also partner or establish linkages with regional or national organizations as well as non-governmental organizations. The types of partnerships may vary depending on clients' needs and the range of services provided by the organization.

- 1.1.6 The team leadership ensures that information about services is available to clients and families, partners, and the community.

Priority: **Normal Priority** | Quality Dimension: **Accessibility** | Assessment Method: **On-site**

### Guidelines

The information addresses, at minimum, the scope of the team's services; costs to the client, if any; how to access the services; contact points; the effectiveness and outcomes of the services; other services available within and beyond the team to address the client's needs.

The team leadership engages with clients and families, as team members, as well as with partners and the community to determine what service-specific information is required or desired, and to evaluate whether the information provided meets their needs.

- 1.1.7 The team works with the organization to identify and remove barriers that may limit clients, families, service providers, and referring organizations from accessing its services.

Priority: **Normal Priority** | Quality Dimension: **Accessibility** | Assessment Method: **On-site**

### Guidelines

There is a process for team members, including clients and families, to identify barriers to accessing its services, and report the barriers to the organization. The team works with the organization to remove or minimize the barriers to access.



Barriers to access may include proximity and distribution of services, physical environment, cultural acceptability of services, wait times, types of services available, language barriers, financial barriers, availability of transportation, and access to 24-hour emergency services.

Where barriers are beyond the control of the team and organization, the team with the support of the organization works with partners, and/or the community to minimize the barriers to access.

## 1.2 Sufficient resources are available to provide safe, high-quality, and people-centred services.

### 1.2.1 The team leadership identifies and informs the organizational leaders about the team's resource requirements and service gaps.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

#### Guidelines

The resources needed by the team to provide safe, effective, and high-quality care are identified through a collaborative process between the team leadership and the organizational leaders. The process of identifying resource requirements includes criteria to determine where resources are required, potential risks to team members, including clients and families, gaps and bottlenecks in services, and/or barriers to service delivery or access.

Resources required may be human, financial, structural, informational, or technological.

The team leadership and the organizational leaders work together to determine how to effectively use available resources to meet identified resource requirements, and where additional resources may be required.

### 1.2.2 The team leadership identifies and informs the organizational leaders about the team's technology and information systems requirements and gaps.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

#### Guidelines



Technology and information systems include electronic health records, decision tools, client tracking systems, wait-list management systems, client self-assessment tools, or access to service-specific registries and/or databases. Depending on the service, the need for systems could be to support complex operations (e.g., advanced software to increase interoperability) or basic operations (e.g., newer computer systems).

As much as possible, innovative information technology is used to support the work of the service area.

1.2.3 The team leadership engages with clients and families to determine the required mix of skill levels and experience within the team.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method:

**Attestation**

Guidelines

The team leadership requires an optimal mix of skill level and experience on the team to support safe, effective, people-centred service delivery.

The team leadership engages with clients and families, as team members, to determine the optimal evidence-informed ratios of skills and experience needed on the team, including staff who have a broad range of knowledge, skills, and experience working with various client groups. The team leadership can use this information to create learning opportunities for team members.

Clients and families have a unique perspective on the skill levels and experience available on their team. They may be able to identify service, knowledge, and skill gaps that need to be addressed to improve their client experience. For example, clients and families may be well-positioned to recognize a resource or knowledge gap among staff (e.g., knowledge of community resources; experience working with clients and families with certain conditions, barriers, levels of understanding, or languages) as well as areas to improve communication (e.g., among staff, and between staff and clients and families).

1.2.4 The team works with the organization to co-design its physical spaces to meet its safety and service needs including confidential and private interactions for clients and families.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method:

**On-site**



### Guidelines

As team members, clients and families are engaged in the planning and designing of space layout and use to meet their needs.

The team works with the organization to design and use its physical spaces to be safe and meet client and family service needs to the greatest extent possible including client dignity, respect, privacy and confidentiality, accessibility, infection prevention and control, and other needs specific to the clients and community served.

When services are provided outside the organization (e.g., in a client's home or a partner organization), the team members, including clients and families, may work with partners to maintain safety and privacy.

- 1.2.5 The team leadership engages with team members and other stakeholders to evaluate the effectiveness of its resources, including staffing and space.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

### Guidelines

Evaluating the team's resources, including space and staffing helps the team leadership determine the effectiveness of the services and identify opportunities for improvements.

The team leadership collects information from the team members, including clients and families, and other stakeholders (e.g., other teams, organizational leaders, partners, the community), through surveys, focus groups, advisory committees, and informal feedback.

- 1.2.6 The team leadership ensures that team members have access to information about community services, including palliative and end-of-life care.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

### Guidelines

The team leadership ensures that its team members, including clients and families, are provided with written and verbal information and resources as needed about palliative and end-of-life care and other community services (e.g., rehabilitation, community mental health, primary care). The information provided to team members will depend on the population served and the resources available. The level of understanding, literacy, language, abilities, and culture of clients and families are considered when developing and providing information.





1.2.7 The team works with the organization to create a universally accessible service environment.

Priority: **Normal Priority** | Quality Dimension: **Accessibility** | Assessment Method: **On-site**

Guidelines

A universally accessible service environment supports physical accessibility for those who use mobility aids such as wheelchairs, crutches, or walkers. It also supports accessibility for those with language, communication, or other requirements, such as those who have auditory, visual, cognitive, or other impairments.

Where services are provided outside the organization (e.g., delivering care in the community or home) the team members, including clients and families, may work with partners to support accessibility.

1.2.8 The team leadership ensures that clients are provided with access to spiritual care and space for spiritual practices to meet their needs.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

The team leadership ensures that clients and families have access to spiritual care, as required. Spiritual care includes access to a spiritual leader suited to the client's beliefs (e.g., chaplain, imam, rabbi, or non-denominational counsellor). Clients and families have access to a designated space to observe spiritual practices.

The clients' spiritual needs and preferences are seen as integral to the care and healing process and are discussed by the team when making care decisions.



## 2 BUILDING A PREPARED AND COMPETENT TEAM

### 2.1 Team members are qualified and have relevant competencies.

2.1.1 The team leadership engages with clients and families to define the required training and education for all team members.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

#### Guidelines

The required training and education for team members vary by role. The required training and education for each role may be based on the requirements of professional regulating bodies, may be formal or informal, and may include lived experience or work experience.

The team leadership engages with clients and families to gather valuable information about where knowledge gaps exist on the team, and what education and training could benefit team members, including clients and families, in improving quality of care.

The team leadership may engage with clients and families in a number of ways and at various times through advisory committees or groups, formal surveys or focus groups, or informal day-to-day feedback.

2.1.2 The team leadership ensures that the credentials, qualifications, and competencies of each staff member are verified, documented, and up-to-date.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

#### Guidelines

Requirements vary for different staff roles on the team, including for regulated or unregulated staff members.

The team leadership ensures that designations, credentials, competency assessments, and training are monitored and maintained to ensure safe and effective delivery of services. Professional requirements are kept up-to-date in accordance with jurisdictional and organizational policies.



Staff members deliver services within their accepted scopes of practice, have the required training and capacities to provide people-centred care and use equipment, devices, and supplies safely.

- 2.1.3 The team leadership ensures that new staff, including client and family representatives, receive comprehensive orientation on the organization and its service delivery model.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

#### Guidelines

The team leadership ensures that orientation covers, at minimum, the organization's mission, vision, and values; the team's mandate, goals, and objectives; staff roles, responsibilities, and performance expectations; organizational policies and procedures, including about confidentiality; work-life balance initiatives; and the organization's approach to integrated quality management (e.g., quality improvement, risk management, utilization management, efficient use of resources).

The team leadership also ensures that the orientation provides education and training on the organization's philosophy of people-centred care (PCC), the expected behaviours associated with the PCC approach, how the principles of PCC can be applied to solve problems and address issues, client rights, the ways in which clients are involved in planning and delivering services, and the quality improvement initiatives that are being undertaken.

Orientation activities are documented.

- 2.1.4 The team leadership ensures that staff are provided with education and training on how to work respectfully and effectively with clients and families of diverse cultural backgrounds, religious beliefs, and personal care needs.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **Attestation**

#### Guidelines

Cultural education and training build the skills, knowledge, and attitudes that are required to safely and effectively deliver interventions and services to culturally diverse populations. The training may cover topics such as disability, level of understanding, or mental health.



Cultural education and experience are part of the recruitment (including position advertisements) and selection processes.

- 2.1.5 The team leadership ensures that staff are provided with education and training on the organization's ethics framework.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The team leadership ensures that staff are provided with training and support to handle ethical issues. Ethics-related issues include conflicts of interest, conflicting perspectives between team members, including clients and families, a client's decision to withdraw care or to live at risk, and varying beliefs or practices.

- 2.1.6 The team leadership ensures that staff are provided with education and training on the safe use of equipment, devices, and supplies used in service delivery.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

Guidelines

The team leadership ensures that all staff are provided with information about the safe use of equipment. They are trained on how to use existing and new equipment, devices, and supplies. Retraining may be requested or required if a staff member does not feel prepared to use the equipment, device, or supplies, or has not used the equipment or device for a long time.

Training includes handling, storage, operation, and cleaning; preventive maintenance; and what to do in case of a breakdown.

- 2.1.7 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.

ROP

Priority: **ROP** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines



Infusion pumps, used to deliver fluids into a client's body in a controlled manner, are used extensively in health care, including in the home environment, and are associated with significant safety issues and harm to clients.

This ROP focuses on parenteral delivery (i.e., routes other than the digestive tract or topical application) of fluids, medications, blood and blood products, and nutrients. It includes stationary and mobile intravenous infusion pumps, patient-controlled analgesia, epidural pumps, insulin pumps, and large-volume pumps. It excludes gastric feeding pumps.

Team members need training and education to maintain their competence in using infusion pumps safely, given the variety of pump types and manufacturers, the movement of team members between services, and the use of temporary staff. Safety is best achieved when organizations have a comprehensive approach that combines training and evaluation with the appropriate selection, procurement, and standardization of infusion pumps across an organization.

When evaluations reveal problems with infusion pump design, organizations can work with manufacturers to make improvements. Organizations are encouraged to report problems externally so that other organizations can implement safety improvements.

### Test(s) for Compliance

2.1.7.1 Instructions and user guides for each type of infusion pump are easily accessible at all times.

2.1.7.2 Initial and re-training on the safe use of infusion pumps is provided to team members:

- Who are new to the organization or temporary staff new to the service area
- Who are returning after an extended leave
- When a new type of infusion pump is introduced or when existing infusion pumps are upgraded
- When evaluation of competence indicates that re-training is needed
- When infusion pumps are used very infrequently, just-in-time training is provided



- 2.1.7.3 When clients are provided with client-operated infusion pumps (e.g., patient-controlled analgesia, insulin pumps), training is provided, and documented, to clients and families on how to use them safely.
- 2.1.7.4 The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.
- 2.1.7.5 The effectiveness of the approach is evaluated. Evaluation mechanisms may include:
- Investigating patient safety incidents related to infusion pump use
  - Reviewing data from smart pumps
  - Monitoring evaluations of competence
  - Seeking feedback from clients, families, and team members
- 2.1.7.6 When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.

2.1.8 The team leadership ensures that staff are provided with education and training on information systems and other technology used in service delivery.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method:

**Attestation**

Guidelines

Education and training may cover topics such as knowledge of computer applications, word processing, software, time management tools, communication tools, research applications, cell phone use, and protecting the privacy of client information.

2.1.9 The team leadership ensures that staff are provided with education and training on identifying and addressing palliative and end-of-life care needs.

Priority: **High Priority** | Quality Dimension: **Continuity of Services** | Assessment Method:

**Attestation**



### Guidelines

The education and training include information about the organization's procedures to provide or facilitate access to palliative and end-of-life services.

Staff are trained on communicating with clients and families about end-of-life issues including how and when to initiate discussions about palliative and end-of-life care and identify palliative and end-of-life care needs.

The team leadership ensures that relevant legislation and regulations regarding consent and substitute decision making are followed.

- 2.1.10 The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

### Guidelines

The team leadership follows an established process to evaluate each staff member's performance. The team leadership incorporates client and/or peer input as part of the evaluation process.

As part of the evaluation, the team leadership may consider the staff member's ability to carry out responsibilities, apply the principles of people-centred care, and contribute to the values of the organization. The team leadership may also consider the individual staff member's strengths; opportunities for growth; contributions toward safety, worklife, and respecting client wishes; or specific competencies described in the position profile. In the evaluation, the team leadership may identify issues that require follow-up such as unprofessional or disruptive behaviour or challenges adopting people-centred care practices.

A performance evaluation is usually done before the staff member's probationary period is completed and annually thereafter, or as defined by the organization. An evaluation may also be completed after retraining or when new technology, equipment, or skills are introduced.

- 2.1.11 The team leadership regularly engages with client and family representatives to gather input and feedback on their roles and responsibilities as well as role design, processes, and satisfaction.



Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method:  
**On-site**

Guidelines

The team leadership engages in regular communication with client and family representatives to discuss opportunities for increased collaboration and to ensure the role of the representatives remains beneficial to the team and is also a satisfying role for the representatives.

The team leadership encourages open and transparent dialogue and recognizes that client and family representatives are to remain independent from the organization to ensure their opinions and recommendations remain unbiased.

2.1.12 The team leadership supports staff to follow up on issues and opportunities for growth identified through performance evaluations.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

Issues may be identified by team leadership or staff and are used to develop an action plan or professional development plan.

2.1.13 The team leadership makes opportunities for ongoing professional development, education, and training available to each staff member.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The team leadership encourages staff to participate in opportunities for professional or skills development on a regular basis. Additional training or education may be given based on individual staff member's performance evaluation or as identified through professional development plans.

## **2.2 Services are provided within a collaborative team environment.**

2.2.1 The team uses a collaborative approach in its services.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**





### Guidelines

The team's collaborative approach is based on defined criteria such as the organization's model of service delivery and people-centred care approach; accepted standards of practice; legal requirements; knowledge, experience, and other qualifications; volume or complexity of caseload; changes in workload; safety; and client and family needs.

As team members, clients and families are engaged in shared decision making and understand how care is provided. The clients define the makeup of their family. They have the right to include or not include family members of their choice in their care, and the right to redefine the makeup of their family over time. For example, the client can decide to include their extended family, their partners, friends, advocates, guardians, and other representatives, as part of their family. An interdisciplinary collaborative team needs to evolve and adapt to the changing client and family needs.

Based on the needs and desires of the client and family, the team may include specialized roles (e.g., care providers) and support roles (e.g., care planners, translators and interpreters, security, or representatives from partner organizations). Students, volunteers, and client representatives or advisors may also be included as part of the team.

The team leadership is defined and the role of each staff member is clearly understood among team members, including clients and families.

- 2.2.2 The team leadership works with the organization to develop staff position profiles that outline the defined roles, responsibilities, and scope of employment or practice for each staff position.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

### Guidelines

Staff position profiles include a position summary, qualifications, and minimum requirements, the nature and scope of the work, and reporting relationships. They are developed for all staff including those who are not directly employed by the organization (e.g., contracted staff, partners, and client and family representatives).

Role clarity is essential in promoting safety as well as a collaborative and positive work environment. Understanding roles and responsibilities and being able to work to one's full scope of practice helps create meaning and purpose for staff.



2.2.3 The team leadership ensures that staff use the organization's standardized communication tools to share information about a client's care within and between teams, as consented to by the client.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

Guidelines

Standardized communication increases consistency, minimizes duplication, and improves teamwork while promoting client safety. The organization's standardized communication tools may include standardized protocols, technologies, or processes.

Staff members are trained on organizational policies and practices regarding standardized communication tools.

2.2.4 The team evaluates the effectiveness of its collaboration and functioning, and identifies opportunities for improvement.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The process to evaluate the effectiveness of team collaboration and functioning may include a review of its services, processes, outcomes against the team goals and objectives, and terms of reference. This review could be done by administering a team functioning questionnaire to team members, including clients and families, and to partners to stimulate discussion about areas for improvement.

The team evaluates its functioning when there has been a significant change to the structure of the team.

## 2.3 **Well-being and worklife balance are promoted within the team.**

2.3.1 The team leadership assigns and reviews the workload of each staff member in a manner that ensures client and staff safety and well-being.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines



The team leadership uses defined criteria for determining workload. The criteria take into consideration the environment and the unique demands of different service areas, including hours of work, caseload, role complexity, complexity of client care, physical or emotional demands, repetitive nature of tasks, and level of responsibility. The preferences and availability of each staff member are also considered.

In some cases, the team leadership may designate a maximum workload for staff. The process of assigning and reviewing workload includes monitoring and tracking hours and clients and when additional measures are needed (e.g., staffing transfers or team redesign).

The organization and the team leadership promote an environment where staff feel comfortable to discuss the demands and stress levels in the workplace. Measures (e.g., scheduling strategies, workload sharing, and scheduled time for documentation) are taken to alleviate these pressures as much as possible for the benefit of both client and staff safety.

### 2.3.2 The team leadership engages with team members to determine work and job design, roles and responsibilities, and assignments.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

#### Guidelines

Job design refers to how a group of tasks, or an entire job, is organized. Job design addresses all factors that affect the work, including job rotation, work breaks, and working hours.

When developing and reviewing job design, roles, responsibilities, and assignments, the team leadership considers the input and feedback from team members, including staff, clients, and families. All team members can provide unique insight into areas of job design that directly impact them. The flexibility of job design, roles, responsibilities, and assignments will vary depending on the type of services being delivered, the clients being served, and the individual staff members involved. Assignments include whom each provider cares for, as well as other elements of staff roles (e.g., participation in quality improvement activities, training new staff members).

### 2.3.3 The team leadership recognizes staff members for their contributions to safe and quality care.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**



### Guidelines

Recognition activities may be at the individual or team level (e.g., awards, announcements, or other rewards for years of service, special achievements, or contributions toward quality improvement).

Recognition can be formal or informal and may be verbal, written, or focus on promoting an atmosphere where staff feel appreciated for their contributions.

- 2.3.4 The team leadership ensures that staff follow organizational policy on bringing forward complaints, concerns, and grievances.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

- 2.3.5 The team leadership ensures that staff are provided with education and training on occupational health and safety regulations and organizational policies related to workplace safety.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

- 2.3.6 The team leadership ensures that staff are provided with education and training on how to identify, reduce, and manage safety risks.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

### Guidelines

The team leadership ensures that staff are informed about organizational policies and procedures to identify, reduce, and manage clients' and staff members' safety risks, including service- or role-specific safety risks. Safety risks may include physical hazards; challenges with equipment; handling spills, waste, or infectious materials; clients who may pose a risk to themselves or others; and challenges with handling, storing, or dispensing medications.

Common contributors to safety incidents are lack of training on safety issues, performing improper lifts, improper use of equipment, or working alone.

- 2.3.7 The team leadership ensures that staff are provided with education and training on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**



### Guidelines

Acts of violence include abuse, aggression, threats, and assaults. They may be committed by clients, their families, staff, or anyone else in the workplace.

Training and education for staff may address

- Use of organizational standardized risk assessment tools
- Violence prevention (e.g., de-escalation techniques that are minimally intrusive and the least restrictive way to manage violence; training programs on how to safely work with clients who are at risk of or who exhibit aggressive or responsive behaviours)
- Alternate procedures for when de-escalation techniques are unsuccessful
- Reducing harassment
- Identifying triggers
- Assessing and communicating potential for violence and recognizing signs of agitation and aggression
- Communication techniques
- Responding to and managing violence (e.g., non-violent crisis intervention, emergency code response guidelines, conflict resolution and mediation, and self-defence)
- Trauma-informed approach

2.3.8 The team leadership ensures that staff follow organizational policy and procedures on reporting workplace violence.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

### Guidelines

Staff report perceived, potential, or actual incidents of physical or verbal violence to the appropriate authorities in accordance with organizational policy and procedures and relevant legislation. The incidents may also be reported in the client's medical record depending on the nature of the incident.



## 3 MAINTAINING ACCESSIBLE AND EFFICIENT INFORMATION SYSTEMS

### 3.1 Client records are kept accurate, up-to-date, and secure.

#### 3.1.1 The team maintains accurate, up-to-date, and complete records for each client.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

##### Guidelines

Client records are accessible and up-to-date. Information is easy to find and identify, and is organized for ease of use. The records include the dates of service, are signed by the appropriate authority, and are legible.

Only recognized abbreviations are used in records, and critical client information is prominently displayed.

A client's records are updated whenever there is a change in the client's health status, care plan, medications, or they are transitioning to another level of care or service.

Organizational and professional standards are followed when determining what information is needed for client records to be considered complete. These include significant changes in condition, diagnostic results, alert notations, progress notes, significant events or safety incidents, and others.

As team members, clients and families actively participate in providing and documenting information, and ensuring the information captured in their records is accurate and complete. Clients and families may participate in maintaining their records in different ways depending on the service setting and individual circumstances. For example, in community settings or primary care, providers can often complete documentation and update the records in partnership with the client and family while they are still in the room. This is not always possible in all care settings, particularly if the client records are maintained in a central location, concurrent documentation detracts from the care or service being delivered, or urgent care is being delivered.

In cases where updating the client records in the presence of the client and family is not possible, providers work in other ways to include the client and family in the process as much as possible (e.g., taking notes with them, confirming information) to ensure that



what is documented is accurate and reflects the nature of the service provided, intervention, or conversation.

- 3.1.2 The team collects and documents a standardized set of health information to ensure client records are consistent and comparable.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The team collects and documents standardized information irrespective of whether the client records are in paper or electronic form. As team members, clients and families actively participate in providing and documenting information, and ensuring the information captured in their records is accurate and complete.

The nature of the health information collected will vary depending on the type of service provided. Standards for data collection may be set out in jurisdictional or national guidelines. Where guidelines are not available, the team with the support of the organization may work with partners and/or the health region to determine what information to collect for each client.

- 3.1.3 The team leadership ensures that staff follow organizational policies and procedures to securely collect, document, access, and use client information.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

Policies outlining authorized access to clients' information are available to staff, including how, when, and what information they may access. Only staff who are actively involved in a client's care have access to the client record.

The team is aware of and knows how to comply with relevant legislation to protect the privacy and confidentiality of client information.

- 3.1.4 The team leadership ensures that clients are able to access the information in their health records in a routine, people-centred, and timely way.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**



### Guidelines

The team leadership proactively facilitates client access to their health records, including their electronic health records, according to organizational policy and relevant legislation. The procedures to access client records are people-centred and support clients to access their information. Clients have opportunities to discuss the information, ask questions, and provide feedback.

- 3.1.5 The team ensures that clients are able to actively participate in documenting information in their record.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

### Guidelines

Clients are the owners of their health information. As team members, clients are partners in the process of documenting information in their record. Providers may update the client records in collaboration with the client as part of their care so clients can actively participate in documenting information. Clients also have access to their paper or electronic records and have the right to read and comment on information that is documented in their records.

- 3.1.6 The team leadership ensures that staff follow organizational policies and procedures for securely storing, retaining, and destroying client records.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

- 3.1.7 The team coordinates the flow of client information among its members and with other organizations in accordance with relevant legislation.

Priority: **Normal Priority** | Quality Dimension: **Continuity of Services** | Assessment Method: **On-site**

### Guidelines

Respecting the client's right to privacy and with the client's consent, information is shared as required to facilitate an integrated, people-centred approach to service delivery. Effective information sharing helps the team better meet the needs of clients and reduce duplicative processes. Information can only be shared in accordance with client consent. As team members, clients may participate in sharing information (e.g., maintaining and sharing a current list of medications, or providing a discharge summary to relevant providers).





3.1.8 The team monitors and evaluates its record-keeping practices, and uses the results to make improvements.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The team members, including clients and families, monitor and evaluate its record-keeping practices in accordance with relevant legislation and requirements. The team evaluates the accuracy and effectiveness of the record-keeping practices and examines privacy breaches.

Evaluation may be done for a sample of records on an irregular or regular basis.

Record-keeping may be in paper and/or electronic form. Where record-keeping is in electronic form, all electronic activities are linked to a unique user identifier, date and time stamped, and an activity log is maintained to ensure practices can be monitored. Evaluation of electronic record-keeping can be triggered based on certain events, such as unusual activity, attempt to retrieve certain data, or unmasking of data.

## 3.2 **Health information is managed to support the effective delivery of services.**

3.2.1 The team leadership ensures that staff receive education and training on legislation that protects client privacy and governs the use of client information.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

Training is provided to all staff members and may be formal or informal. Further training or education is provided when there are changes to legislation or after an extended period of time.

3.2.2 The team follows organizational policies on the use of electronic communications and technologies.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines



The team members, including clients and families, follow the organizational policies on the use of electronic mail, texting, web applications, and social media. These may include policies on communication between team members including clients and families, and communication with other teams, with partners, and with potential clients.

When determining which electronic communications and technologies to use, the team considers how to manage issues of privacy, professionalism, security of information, client communication preferences, and legislation. Technologies may be used to assist in service provision or care (e.g., demonstrating procedures on a tablet).

### 3.2.3 The team leadership ensures that staff follow organizational policies and procedures for disclosing health information for secondary use.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

#### Guidelines

Secondary use refers to the use of health information for a purpose other than direct service provision, such as clinical program management, health system management, public health surveillance, and research.

Staff follow organizational policies and procedures on secondary use that cover the circumstances in which data may be disclosed and how staff can ensure that client privacy is maintained (e.g., by de-identifying or aggregating data prior to disclosure). Where identifiable or re-identifiable data is requested, staff follow an ethics approval process and assess risk prior to disclosure.



## 4 MONITORING QUALITY AND ACHIEVING POSITIVE OUTCOMES

### 4.1 Current research, evidence-informed guidelines, and best practice information is used to improve the quality of services.

4.1.1 The team leadership ensures that staff follow the organizational standardized procedure to select evidence-informed guidelines for their services.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

#### Guidelines

Staff use the organization's standardized, formalized, and comprehensive procedure for selecting evidence-informed guidelines to improve the quality of their services.

The procedure uses a collaborative approach to select guidelines that are linked to improved client experience and outcomes.

Depending on the scope of the service, the procedure may include a comprehensive literature review, an environmental scan, consulting other organizations about their practices, and an evaluation with partners and other stakeholders.

The procedure may include adopting guidelines from other organizations or associations, or selecting guidelines based on recommendations from one or more content experts on which guidelines to use and how to integrate them into service delivery (e.g., through a committee, council, or consensus panel of experts, or using other validated and systematic approaches for organizations to evaluate and select evidence-informed practice recommendations based on defined criteria or perspectives).

4.1.2 The team works with the organization to review the organizational standardized procedure to select evidence-informed guidelines.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

#### Guidelines



The team members, including clients and families, actively participate in the organization's review of the procedure to select evidence-informed guidelines for services. Although clients and families may not be involved in a technical or scientific review of the selection procedure, client and family perspectives on their experiences of care are critical to the review as guideline selection has a direct impact on client care and experience.

Client and family perspectives can be gathered through their attendance at procedural review committees, their review of procedural documents, and by shadowing the use or implementation of the procedure in practice.

4.1.3 The team follows the organizational standardized procedure to decide between conflicting evidence-informed guidelines.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

Team members, including clients and families, consider which guidelines support a people-centred approach and were developed with the client perspective in mind. The standardized procedure may also include steps for the team to review comprehensive documents that synthesize the evidence from across several guidelines. For example, the Cochrane Collaboration conducts systematic reviews of the available evidence that can help teams and organizations with their review process.

4.1.4 The team develops protocols and procedures for reducing unnecessary variation in service delivery.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

Selected evidence-informed guidelines are used to develop procedures and protocols to improve service delivery and provide standardized care to clients. The team adapts research knowledge and applies it to each unique care setting.

The procedures and protocols may enhance client safety, improve team collaboration, increase efficiency, and minimize variation in service delivery. As team members who participate in and benefit from the services, clients and families are often best positioned to evaluate services and help identify areas where there are unnecessary variations or duplications in service.



4.1.5 The team regularly reviews its evidence-informed guidelines and protocols for service delivery.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

#### Guidelines

The review process includes accessing the most up-to-date research and information and determining its relevance (e.g., through literature reviews, content experts, or national organizations or associations). Research information may include intervention research, program evaluations, or clinical trials.

The review process informs the procedure to select evidence-informed guidelines.

Although clients and families may not be involved in a technical or scientific review, as team members, their perspectives on their experiences while receiving care driven by guidelines and protocols are valuable to and are integrated into the review process.

4.1.6 The team follows organizational policy on ethical research practices including when to seek ethics approval.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

#### Guidelines

Team members, including clients and families, evaluate the need for ethics approval, and seek ethics approval if necessary, prior to undertaking research and related activities (including quality improvement activities), where personal information is collected.

## **4.2 Safety is promoted within the service environment.**

4.2.1 The team follows the organization's proactive, predictive approach to identify safety risks.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

#### Guidelines

The team follows the organization's proactive, predictive approach that is designed to address potential safety issues by mitigating a risk or hazard before it occurs. While it may not be possible to identify all risks in a service setting, a comprehensive process is used to identify the most probable risks.



Through this approach, the team members, including clients and families, work to identify the safety issues including errors, delays, or inefficiencies that may be viewed as beyond the team's control. These may be small, continuously occurring interruptions to workflow that add up to create a significant risk and loss of resources as time goes on (e.g., having to look up commonly used information, having to search for commonly used items).

Information is also gathered to determine the causes of potential safety issues by conducting audits, talking to clients and staff, monitoring areas for risk, identifying interruptions, participating in safety briefings, and identifying areas where there is a high margin of error.

Regular opportunities to share information about potential safety problems and actual incidents can help reduce the risk and likelihood of an incident occurring or recurring.

4.2.2 The team leadership ensures the team demonstrates the required competencies to follow organizational procedures to prevent suicide.

#### ROP

Priority: **ROP** | Quality Dimension: **Safety** | Assessment Method: **On-site**

#### Test(s) for Compliance

4.2.2.1 The team leadership ensures the team follows organizational procedures to minimize safety risks and ensure a secure environment for all.

##### Guidelines

The team conducts regular safety checks of the physical environment to minimize risks to clients, designated support persons, and the workforce, regardless of the care settings. Clients and their designated support persons are involved in identifying risks and determining what needs to be done to keep themselves safe irrespective of care settings. The individualized safety plan should include client-specific measures to minimize risk.

The safety checks are conducted transparently and the results are made available to the relevant stakeholders. The team works towards the maintenance of a safe environment for all.

4.2.2.2 The team leadership ensures the team receives appropriate training and education to deliver safe suicide prevention services.



### Guidelines

Training and education are fundamental to enabling a team to conduct screening, assessment and provide safety planning for suicide prevention including care planning for populations experiencing potential risk for suicide. Having the appropriate skills, behaviours and attitudes is important to deliver suicide risk assessment, appropriate interventions and postvention services.

The team is provided with culturally safe training to deliver suicide prevention and support services that match the goals, abilities, and preferences of the population they serve.

- 4.2.2.3** The team leadership ensures the team conducts standardized routine screening for suicide risk, using evidence-informed tools provided by the organizational leaders.

### Guidelines

The team conducts suicide risk screening as an initial step to determine the need for a suicide risk assessment and intervention. It then implements the appropriate follow-up in the event of positive screens.

The information that is collected during the suicide risk screening is recorded and documented in the client record so appropriate team members can easily access the information.

The suicide risk screening tools are evidence-informed and appropriate to the care setting in which the screening is conducted. In some care settings, universal screening (i.e., screening of all clients who are in contact with the organization) may be appropriate when needing to identify those who may not have otherwise self-identified as suicidal or experiencing potential risk for suicide. However, selective screening of clients with warning signs and /or risk factors for suicide or who are in physical or mental distress may be more appropriate for other settings.

- 4.2.2.4** The team leadership ensures the team refers clients who screen positive for suicide risk to a person with the competencies to do a suicide risk assessment and put the necessary safety plan in place.

### Guidelines



When the screening identifies a risk for suicide, the client is kept safe, a timely suicide risk assessment is conducted, and a safety plan is developed with the client. The team may refer the client to a person with the competencies, either within or outside the organization, to conduct a suicide risk assessment. The person is a competent team member who has the skills, attitudes, and behaviours to conduct the suicide risk assessment. The team follows appropriate guidelines for the referral to ensure it is timely and complete and based on the level of risk identified during the screening.

The risk of suicide is higher during transitions of care and is a possible deficiency in the delivery of safe care. When a care transition is necessary, the team ensures information relevant to the care of the client is communicated effectively. There is a potential safety risk during care transition when relevant information is not transferred appropriately.

- 4.2.2.5** The team leadership ensures the team develops an individualized safety plan, based on the goals, abilities and preferences of the person.

#### Guidelines

Based on the result of the suicide risk screening and/or assessment, the team develops an individualized safety plan for suicide prevention that:

- Includes reasons for living (“What is important to the client?”)
- Is culturally safe
- Addresses imminent behaviours that can cause harm to self or others
- Includes personal warning signs
- Ensures the person is being provided with the care in the safest care setting
- Identifies the designated support person, caring contact or most relevant care provider to call in case of an emergency or when help is needed
- Provides information on accessing local crisis services
- Focuses on reducing access to lethal means (could include medication overdose, dangerous chemicals and weaponry)

The individualized safety plan is based on the needs and level of risk of the client that may include a care transition recommendation. The underlying objective of the safety plan is to ensure the ongoing support and safety of the client.





The individualized safety plan is documented and shared with the client and the appropriate team members and could be accessible to the designated support person and/or caring contact with the client's consent. The individualized safety plan includes any care transition planning. The individualized safety plan is regularly re-assessed. When possible and coherent with care-setting, in addition to safety planning, developing an intervention plan that includes the client's goal for recovery as an integrated practice, that mitigates risks of recurring suicidal ideation.

#### 4.2.3 The team develops and implements strategies to address identified safety risks.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

##### Guidelines

Information about the causes of potential safety issues and actual incidents can help identify potential solutions and risk mitigation strategies. The team members work together to increase participation in risk mitigation strategies. As team members, clients and families participate in the process of developing and implementing risk mitigation strategies. The strategies are tested on a small scale and results are monitored. Strategies will vary depending on the types of risks identified and may include action planning and working with other team members to address identified risks.

#### 4.2.4 The team uses verification processes to mitigate high-risk activities.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

##### Guidelines

To identify high-risk activities, team members, including clients and families, may review the services and use this information to develop and implement monitoring systems to reduce the risk of harm to clients and other team members.

Across the care continuum, verification systems vary depending on services. Examples may include but are not limited to:

- Repeat or read back processes for diagnostics or verbal orders
- Monitoring systems for water temperature, especially for bathing
- Standardized tracking sheets for clients with complex medication management needs
- Automated alert systems for communication of critical test results
- Computer-generated reminders for follow-up testing in high-risk clients



- Two-person verification process for blood transfusions
- Independent double checks for dispensing and administering high-risk medications
- Medication bar coding systems for drug dispensing, labelling, and administration
- Decision support software for order entry or drug interaction monitoring
- Safety monitoring systems for teams in community-based organizations or for clients in high-risk environments
- Standardized protocols to monitor vital signs (e.g., fetal heart rate during medical induction/augmentation of labour, or in high-risk deliveries)
- Monitoring system for vaccine fridge temperatures
- Standardized protocols for the use of restraints
- Standardized screening processes for allergies to contrast media.

#### 4.2.5 The team evaluates its safety improvement strategies.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

##### Guidelines

As team members, clients and families participate in the evaluation process.

The team uses evaluation results to make adjustments to the strategies as needed to ensure positive change is sustained.

#### 4.2.6 The team leadership ensures that staff follow organizational policy to report and document safety incidents.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

##### Guidelines

The staff reports and documents safety incidents in a timely way and in accordance with organizational policy.

Safety incidents include both clients and staff safety incidents. They include harmful incidents, no harm incidents, and near misses.

#### 4.2.7 The team leadership follows organizational policy to disclose safety incidents to the affected clients and families and facilitate support as needed.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**



### Guidelines

Facilitating support following a safety incident is an important part of the incident disclosure process. Support is provided to clients and families as well as staff affected by the safety incident.

- 4.2.8 The team leadership follows organizational policy and engages with team members to analyze safety incidents and use the results to make improvements and prevent recurrence.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

### Guidelines

The team leadership works with team members, including clients and families to analyze safety incidents. Analyzing safety incidents includes determining the contributing factors, taking action to prevent the same situation from recurring, and monitoring the effectiveness of those actions. The team leadership shares the results of the analysis with the organization and uses it when developing strategies to proactively anticipate and address risks to client and staff safety. The team leadership shares the results of the analysis with the organization.

## **4.3 Indicator data is collected and used to guide quality improvement activities.**

- 4.3.1 The team collects information and feedback from its members and its partners about the quality of services to guide quality improvement initiatives.

Priority: **Normal Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

### Guidelines

The team consistently collects information and feedback from its members, including staff, clients and families, as well as its partners about the quality of services. Feedback can take the form of client and family satisfaction or experience data, complaints, indicators, outcomes, scorecards, incident analysis information, and financial reports. Feedback may be gathered by a variety of methods, including surveys, focus groups, interviews, meetings, or records of complaints.



4.3.2 The team uses information and feedback about the quality of services to identify opportunities for quality improvement initiatives and set priorities.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The team members, including clients and families, use the feedback and other forms of information, observation, and experience to identify and prioritize areas for quality improvement initiatives. This is done using a standardized process based on criteria such as expressed needs of clients and families, client-reported outcomes, risk, volume, or cost.

4.3.3 The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

Quality improvement objectives define what the team is trying to achieve and by when. Appropriate quality improvement objectives are typically short term, have targets that exceed current performance, and are usually aligned with safety or long-term strategic priorities. The specified timeframes for completion vary based on the nature of the objectives.

The SMART acronym is a useful tool for setting meaningful objectives. The objectives should be Specific, Measurable, Achievable, Realistic, and Time-bound.

As team members, clients and families participate in identifying the objectives and timeframes.

4.3.4 The team identifies indicators to monitor progress for each quality improvement objective.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines



Indicators are used to monitor whether the activities resulted in change and if the change is an improvement. Primarily, indicators are selected based on their relevance and whether they can accurately monitor progress. When there are multiple potential indicators, criteria such as scientific validity and feasibility are used to select them.

If there are difficulties selecting indicators, it may mean the quality improvement objective needs clarification.

As team members, clients and families participate in identifying indicators.

#### 4.3.5 The team leadership works with staff to design and test quality improvement activities to meet objectives.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

##### Guidelines

Quality improvement activities are the actions that are undertaken to initiate improvements, and are part of the larger quality improvement plan. Activities are first designed and tested on a small scale to determine their effect prior to implementing them more broadly.

#### 4.3.6 The team leadership works with staff to use new or existing indicator data to establish a baseline for each indicator.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

##### Guidelines

Establishing a baseline reference point makes it possible to monitor progress toward meeting quality improvement objectives by comparing pre- and post-activity data and noting changes.

Establishing a baseline may require one or many data points and occurs over a defined period of time. Once the baseline is established, the team may need to re-evaluate its quality improvement objectives to ensure they remain feasible and relevant.

#### 4.3.7 The team leadership works with staff to regularly collect indicator data and track progress towards quality improvement objectives.



Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method:  
**Attestation**

Guidelines

The team leadership ensures that staff follow a consistent process that outlines how indicator data will be collected and how often. Regularly collecting data allows the team to track its progress and understand the normal variation of values.

4.3.8 The team leadership works with staff to regularly analyze indicator data to evaluate the effectiveness of its quality improvement activities.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

Staff compare the intended and actual effects of its quality improvement activities, and, if the objective has not been achieved, adjusts its actions accordingly to meet the objective.

Analyzing data helps identify trends and may reveal areas that could be considered for future quality improvement initiatives. Indicator data can be displayed in a run or control chart, both being valid means of data analysis.

If it is not within the staff's capacity to analyze the data, it seeks qualified internal or external assistance.

4.3.9 The team leadership works with staff to implement throughout their services the quality improvement activities that were shown to be effective in the testing phase.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The way in which the team implements quality improvement activities throughout its services will vary based on the scope and scale of its services and the timeframe of implementation (e.g., an effective activity is implemented in more than one area of care and for a longer period of time).

4.3.10 The team leadership ensures that information about quality improvement activities, results and learnings are shared with staff, clients and families, organizational leaders, and partners, as appropriate.



Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

#### Guidelines

Information is tailored to the audience and considers the messaging and language that is appropriate for each audience.

Sharing the results of evaluations and improvements helps familiarize stakeholders with the philosophy and benefits of quality improvement and engage them in the process. It is also a way for the organization to spread successful quality improvement activities and demonstrate its commitment to ongoing quality improvement.

Among other benefits, sharing indicator data externally allows for comparisons with organizations offering similar services.

- 4.3.11 The team regularly evaluates quality improvement initiatives for feasibility, relevance, and usefulness.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

#### Guidelines

The team members, including clients and families, evaluate the quality improvement initiatives including activities, objectives, and indicators. The team uses the results to plan future quality improvement initiatives including how and when to sustain and spread the implementation of existing initiatives.

Outcomes of the team quality improvement initiatives are considered with respect to how they align with the organization's overall quality improvement plan, goals and objectives, mission, values, and strategic plan. The team evaluates whether objectives were met within the timeframes and whether the timeframes are still relevant.

Based on the review, the team may add, amend, or remove initiatives, objectives and indicators as appropriate, and document their rationale for the changes.

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