

## **Instructions for Stakeholder Review**

Please note that the standards document is only a draft and will undergo further revision and formatting before approval by the Medical Facility Accreditation Committee and CPSA Council before distribution.

When reviewing the standards please focus on the feasibility of each standard and the ease of implementation.

The standards themselves are in the second column on each page. How they will be assessed is in the fourth column.

The sections of the standards are arranged to allow the assessment team to assess the various facets of a facility delivering psychedelic-assisted psychotherapy. They are arranged in the following sections:

PAPT.1.0 addresses the organization, its management and personnel.

PAPT.2.0 addresses the Quality Management System, e.g. outcome measures and quality improvement.

PAPT.3.0 addresses the physical facility, covering space allocation, accessibility, privacy

PAPT.4.0 addresses the equipment, consumables and supplies (medications) used in delivering psychedelic-assisted psychotherapy.

PAPT.5.0 addresses the facility's information systems (EMR) and computer hardware and software.

PAPT.6.0 addresses the facility's pre-service policies, processes and procedures, covering referrals, patient screening, and patient preparation

PAPT.7.0 addresses the facility's service policies, processes and procedures, covering drug administration, patient monitoring and provision of psychotherapy

PAPT.8.0 addresses medical emergencies and adverse events

PAPT.9.0 addresses assessing the quality and outcomes of PAPT

PAPT.10.0 addresses the facility's post-service policies, processes and procedures for such things as post treatment management and discharge and reporting of results.

PAPT.11.0 addresses safety of patients and personnel at the facility including fire safety.

PAPT.12.0 addresses infection prevention and control

**If your time is limited, please focus on reviewing sections 6 to 10 as those address the delivery of psychedelic-assisted psychotherapy from start to finish.**

Questions regarding the standards may be directed to [papt@cpsa.ab.ca](mailto:papt@cpsa.ab.ca).

Stakeholders are asked to submit feedback regarding proposed revisions, deletions or amalgamation of standards.

To help CPSA consideration of feedback on the standards:

- submit using the [Stakeholder Standards Review Form](#) (use multiple copies of the form if needed)
- identify specific standard or section
- provide support for requests for revisions with verifiable references or evidence (embed a link or refer to an attachment)
- consider if proposed amendments are applicable to all Psychedelic-Assisted Psychotherapy facilities across the province and are not limited to organization specific practice
- include contact information for use by the CPSA if clarification of submission is required
- submit feedback to CPSA on/or before **March 31, 2023**

Please submit completed [Stakeholder Standards Review Form](#) to [papt@cpsa.ab.ca](mailto:papt@cpsa.ab.ca).

### **Standards Development Project Initiatives and Outcomes**

A comprehensive project to develop the CPSA Psychedelic-Assisted Psychotherapy Standards was undertaken in January 2023 to achieve the following outcomes:

- develop evidence based standards, in alignment with provincial, national and international standards and regulations
- be consistent and align with the standards for other CPSA accreditation programs including Laboratory, Diagnostic Imaging and Pulmonary Function Diagnostics
- follow a quality management systems approach with the implementation of directive, rather than prescriptive standards
- ensure all standards included in the document are mandatory requirements for accreditation; best practice recommendations are not included

Meetings were held with an expert focus group to review the first draft and provide input for further development.

The draft standards have been created with the following focus:

- review and incorporate relevant and current reference documents (e.g., AB Mental Health and Addiction 2023 Psychedelic Drug Treatment Service Standards)
- applicability of standards to Psychedelic-Assisted Psychotherapy setting
- clear language
- CPSA's ability to assess compliance to the standard

### **Standards References**

The Standards are evidence based and referenced to accepted best practices in Alberta, and Canadian legislation, relevant International Organization for Standardization (ISO) standards and other recognized provincial, national and international

standards/organizations. Approximately 66 reference documents/sources are cited in the Psychedelic-Assisted Psychotherapy Standards document.

**Document Format**

Key components of each standard include:

Column 1	Column 2	Column 3	Column 4
#	<b>Standard</b>	<b>Reference</b>	<b>Assessment of Compliance</b>

**Column 1**

- CPSA standard number
- Patient or staff safety risk classification (where applicable)
  - Indication where any non-compliance potential may have a direct and/or immediate safety risk to patients or staff
  - Patient safety (PS)/staff safety (SS) standards are shaded
  - Assessors must ensure ALL standards with either a PS or SS designation are directly assessed during the on-site assessment

**Column 2**

The language of the standard requirement

**Column 3**

- Specific external reference(s) (e.g., ACP, APA, CMA, GOC, CSA)
- Interpretation guidance, where relevant, regarding the application of requirements

**Column 4**

- Assessment of compliance questions (AOC) that provide specific guidance and practical direction for evaluation of compliance with the standard requirement
  - Although the AOC questions encompass the sentinel evidence required to meet the intent of each standard, they are not meant to be all encompassing (AOC questions are not numbered)
  - In addition to the AOC questions, there may be other evidence that demonstrates compliance with the standard—individual assessors apply their own expertise in determining compliance

**Compliance Assessment**

Compliance Assessment Categories:	
<b>C</b>	meets intent and requirements of standard
<b>P</b>	in progress (working towards meeting intent and requirements of standard; assessor notes evidence of progress towards full compliance)

<b>E</b>	exceeds requirements of standard
<b>N</b>	does not meet intent and/or requirements of standard
<b>N/A</b>	not applicable to the facility's scope of service

**Implementation of a Quality management System (QMS)**

All CPSA accreditation standards have consistent QMS requirements.

CPSA recognizes that the concept and implementation of quality management systems may be a challenge for some facilities. With the enhanced assessment process, there is the opportunity to apply 'stretch goals' for particular cited non-conformances that are not significant safety issues. For example, if a facility is cited for a non-conformance, they may be asked to submit a plan for development and implementation of a particular process. CPSA may ask for regular updates on the plan or review as part of the next 4-year accreditation assessment.