

Request for Proposal

Health Facility Accreditation Enterprise Software



February 6, 2026

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Purpose

The College of Physicians & Surgeons of Alberta (CPSA) is seeking proposals from qualified organizations to support the Digital Transformation Initiative (DTI) for CPSA's Accreditation department. This initiative will modernize workflows, optimize assessment processes, and implement an integrated digital infrastructure to support health facility accreditation operations. The solution will enhance operational efficiency, streamline assessments, improve data-driven decision-making, and facilitate continuous quality improvement and research within the Accreditation department.

About CPSA

CPSA is Alberta's medical regulator and responsible for overseeing the practice of medicine in Alberta. [Alberta's Health Professions Act \(HPA\)](#) grants physicians and physician assistants the privilege of profession-led regulation, which is carried out by CPSA.

Our work to guide the medical profession ultimately protects Albertans. This work includes:

- Registering physicians, surgeons, osteopaths, and physician assistants
- Supporting continuing competence and performance in practice
- Investigating and resolving complaints related to physicians and physician assistants
- Contributing to public policy affecting health care delivery
- Accrediting health facilities
- Engaging in evidence-based medical regulation, research and program evaluation
- Guiding professional conduct and ethical behaviour

CPSA is governed by a Council that includes physicians, public members and representatives from Alberta's medical schools. Public members are appointed by Alberta's Lieutenant Governor, while regulated members are elected by their professional peers. Also on Council are Alberta's two medical deans, and medical learners who sit as observers. The dual role of Chief Executive Officer and Registrar is responsible for the day-to-day operations of CPSA and leads a team of about 185 staff in Edmonton.

CPSA's Accreditation Department accredits facilities offering Diagnostic Imaging, Laboratory Medicine, Neurodiagnostic services, Pulmonary Function testing, Sleep Medicine Diagnostics, Psychedelic Assisted Psychotherapy, Cardiac Exercise Stress Testing, Hyperbaric Oxygen Therapy and Non-Hospital Surgical Facilities. Any community-based facility that offers a Prescribed Health Service, as defined under CPSA by-laws, must undergo an accreditation assessment when they open, renovate, move, or add new services, with re-evaluations every four years or after a complaint.

The Accreditation Department conducts regularly scheduled assessments based on standards developed through the Medical Facilities Accreditation Committee and its advisory framework of technical experts who are approved by CPSA Council.

Accreditation standards are developed based on ISO 9001, several other national and international standards and guidelines and are updated on a continuous cycle.

Accreditation standards promote quality improvement as well as staff and patient safety within accredited facilities. Currently, there are nine programs within Accreditation, each with its own applicable standard sets. In all, CPSA currently accredits close to a thousand medical and surgical facilities in Alberta.

To learn more about CPSA, please visit cpsa.ca.

Our Vision

Professional, ethical, and competent regulated members providing the highest quality care for all Albertans.

Our Mission

To serve and protect all Albertans, contributing to their health and wellness, by supporting and guiding regulated members to proudly provide high quality care together with healthcare partners and patients.

Our Strategic Directions

- **Highest Quality, Compassionate and Ethical Care** – Towards increasing the provision of excellent, regulated member care for all Albertans
- **Enhanced Partnerships** – Towards informed, engaged partners who help us provide quality care with Albertans
- **Proactive and Innovative Approach** – Towards being recognized as a leader and innovator in self-regulated professions who always strive for excellence
- **Anti-Racism and Anti-Discriminatory** – Towards becoming an anti-racism and anti-discrimination organization
- **Authentic Indigenous Connections** – Towards substantive and authentic connections and relationships that help us provide quality care in partnership with Indigenous Organizations

Project Definition

Introduction

CPSA manages accreditation across multiple accredited facility types and programs. Accreditation activities currently involve significant manual work, multiple information streams, varying workflows across programs, and heavy reliance on documents that are within various software programs and in need of integration.

The Digital Transformation Initiative (DTI) aims to establish a streamlined, end-to-end digitized, and research-friendly accreditation environment. A modernized enterprise software solution is required to support automated workflows, data capture, internal and external (accredited facility, authorized stakeholders) data integration with CPSA's system(s) to support accounting and information management requirements and cross-program integration, informed by current state process maps and future state design.

CPSA is seeking proposals from qualified organizations to provide a software that will help create a streamlined and efficient operational framework characterized by:

1. Improved workflow processes – smoother and more efficient processes, reducing manual errors and increasing productivity
2. Enhanced decision-making – access to a fit-for-purpose data repository to enable better decision-making, analytics and data-driven insights
3. Continuous quality improvement – accreditation process improvement and targeted interventions can be identified by using data to enhance quality and safety in accredited facilities over time
4. Increase research opportunities – establish a research-friendly repository that enables seamless, workflow-neutral data capture and easy data extraction. This will allow CPSA to conduct meaningful studies, contribute to the evidence base for health facilities accreditation, and continuously evaluate and strengthen our standards and overall impact within the healthcare system
5. Improved reporting functionality – standardized reports within program areas, summarized reports gathering data across programs, import & export files for integration with other CPSA programs, reporting for Medical Directors/health facilities and relevant stakeholders (e.g. accreditation committees, expert roster, Acute Care Alberta).

Project Sponsor

Fizza Gilani, Director, Accreditation

Business Sponsor

Dr. Neelam Mahil, Assistant Registrar, Accreditation

Deliverables

The successful vendor will be responsible for executing all required components of the Digital Transformation Initiative (DTI). CPSA's internal DTI Project Manager (DTI PM) will coordinate, oversee, and support delivery, but the vendor is responsible for performing the work, producing the deliverables, and ensuring successful implementation. We are looking for a hosted software solution that will allow the import and export of data through structured processes such as XML feeds. The application will create workflows that support the collection, organization and reporting of information across different specialties in the accreditation program. We are looking to standardize process across the different Accreditation programs through a singular unified tool, as well as create a front facing portal for our customers to access their information to view, upload and edit.

Major Phases and Activities of the Project

Phase 1 — Workflow Analysis, Future-State Design & System Configuration

- Review CPSA's current-state workflows and accreditation assessment processes.
- Review accounting requirements for revenue recognition criteria and expense capture.
- Participate in workflow validation to understand program nuances, dependencies, and operational bottlenecks.
- Develop an understanding of future-state workflows that streamline processes across all accreditation programs. Configure the selected software platform to reflect approved future-state workflows, including user roles, routing logic, automation triggers, and standard templates.
- Produce final workflow documentation and system configuration specifications.

Phase 2 — Data Architecture Development & Repository Build

- Identify required data elements for accreditation operations, continuous quality improvement (CQI), compliance monitoring, and research objectives.
- Design the system's data architecture and metadata standards.
- Build a research-friendly, workflow-neutral data-capture framework that collects clean, consistent and structured data suitable for easy extraction and analysis, without interrupting or changing the user's normal workflow.
- Configure structured data extraction capabilities for analytics, reporting, and research use cases.
- Enable structured data extraction and secure data storage.

Phase 3 — System Integration Development

- Assess existing CPSA systems and determine integration requirements.
- Analyze and document technical integration requirements between the new platform and CPSA systems (e.g., SharePoint, SQL, Microsoft Dynamics GP).
- Facilitate integrations to enable interoperability and data flow with existing CPSA systems.
- Ensure data mapping, validations, and secure transfer processes meet CPSA standards.

Phase 4 — Reporting & Analytics Capability Development

- Identify reporting and dashboard requirements for internal users, accredited facilities, and governance committees (e.g., Medical Facilities Accreditation Committee (MFAC), advisory committees).
- Design and configure dashboards aligned with CPSA's operational needs, CQI objectives, and research priorities.
- Develop analytics and reporting features that support quality monitoring, risk identification, and data-driven decision-making.
- Validate reports and dashboards through iterative testing and refinement with stakeholder feedback.
- Deliver testing-ready reporting tools for incorporation into user acceptance testing (UAT) and pilot environments.

Phase 5 — System Build, Functional Development & Internal Testing

- Build and configure all required system components for accreditation (pre-assessment, assessment, post-assessment), including assessor roster management, document control and reporting
- Develop functional features including forms, notices, assessment tools, decision-support logic, permissions, and audit trails.
- Implement user roles, permissions, workflow automation, and templates.
- Develop import/export files required for accounting needs.
- Conduct vendor-led internal testing to validate build quality before user testing.

Phase 6 — User Acceptance Testing (UAT) Design, Facilitation & Refinement

- Develop and execute a comprehensive User Acceptance Testing (UAT) plan.
- Facilitate UAT sessions with CPSA staff and assessors.
- Track issues, implement refinements, and validate corrections.
- Produce UAT documentation and final acceptance recommendations.

Phase 7 — Pilot Design, Deployment & Evaluation

- Develop a pilot deployment strategy including scope, duration, facility selection, training needs, and support pathways.
- Configure pilot-ready system environments.

- Develop training materials.
- Support CPSA in executing the pilot and provide real-time troubleshooting.
- Evaluate pilot results, gather user feedback, and implement required improvements.
- Produce a pilot evaluation report with recommendations for full rollout.

Phase 8 – Full Implementation & Rollout Support

- Develop a detailed, staged implementation plan based on pilot insights.
- Support CPSA through full deployment across all accreditation programs.
- Provide system adjustments, stabilization support, and final implementation documentation.
- Resolve any emergent system issues, errors or bugs.
- Ensure CPSA has the necessary knowledge transfer, training materials, and administrative documentation to sustain the solution.
- Helpdesk and emergency contact for troubleshooting of any issues arising during rollout.
- Provide post-implementation refinements for a period of 3 months and final documentation.

Other Resources

CPSA's DTI PM will coordinate and support project delivery by managing timelines, resources, internal communications, requirements gathering, and stakeholder engagement. The PM will serve as the primary liaison between CPSA teams and the vendor; support development of project documentation, including process maps, standard operating procedures, and training materials; facilitate testing and pilot readiness; oversee change management and adoption activities; and ensure alignment, risk tracking, and reporting for all phases of the project. The DTI PM will not perform vendor responsibilities but will provide the leadership and coordination required for successful implementation.

Proposals

To be considered, the proposal must contain:

- Required bidder information (see section below)
- A detailed business plan describing the methodology, tools, and approach for each project phase.
- Options and alternatives where applicable, with pros and cons.
- A cost estimate (or range) for each phase and for the overall engagement.

Provide separate costing for the following:

- the assessor claim expense capture
- Facility portal
- A work plan aligned to CPSA needs (timeline flexibility allowed).
- A clear description of scope, risk and change management approaches.
- A description of available customer support, including range of services covered under the proposal for technical assistance.
- Maintenance and subscription fees to support the program after implementation and rollout.

Work on the project will start April 15, 2026. The chosen consultant will work closely with the CPSA DTI PM and Accreditation Director to choose the specific elements and processes within each phase.

To be successful, the plan should:

- include a cohesive and validated future-state design aligned with the Accreditation Department requirements and CPSA's mandate.
- be written in accessible language and is understood and endorsed by department staff and leadership.
- outline a clear roadmap with measurable outcomes supporting Accreditation Department's deliverables.

The budget for the project management component is not specified but a quotation is sought as part of the proposal which must include all professional fees, subcontract fees (if applicable), expenses and taxes. CPSA is not exempt from GST.

Project completion must be no later than **June 30, 2027**.

Required Bidder Information

The following information should be included in your proposal to CPSA:

Expertise

Describe your expertise, qualifications and experience with respect to each aspect of the activities described in the project definition. Alternatively, describe the process by which you propose to select suitable individuals/firms to which you would subcontract such activities.

Resources

Describe the expertise, qualifications and experience of each person who would be providing services to CPSA, including the proposed role of each individual.

Please include the biographies of all individuals who would be assigned to work on the project.

Describe any project management or administrative support that would be part of the services to CPSA. If any portion of the project is to be done by subcontractors, please include in the pricing information.

Pricing Information

The proposals must include a detailed description of the basis for the charging of fees and expenses associated with the project.

Conflicts of Interest

The proposals must identify any potential conflicts of interest known that may affect the provision of services to CPSA.

References

Please include three references. References for similar projects and/or organizations similar to CPSA are preferred.

Proposal Process

Schedule

February 6, 2026	RFP will be made available.
February 27, 2026	All proposals must be submitted to CPSA by 4 pm of this day.
March 2-13, 2026	Internal screening of proposals. CPSA will develop a short list of organizations whose references will then be contacted.
March 19-20, 2026	Short-listed organizations will present their proposal and product demo to the selection committee (virtual option available).
March 23-31, 2026	Selection of the successful organization will be made and negotiation of terms of engagement undertaken. Other short-listed organizations will be...
April 1, 2026	Contracting with successful organization with project work commencing thereafter.

Proposal Requirements

Proposals must not exceed 15 pages in length, including all attachments and appendices.

Proposals are to be submitted in PDF format directly to CPSA via email, addressed to Accreditation@cpsa.ab.ca.

Selection Criteria

Proposals will be evaluated against the following criteria:

Criteria	Weighting
Organization's qualifications and experience in similar work with the not-for-profit sector	25%
Quality of the proposal, including approach, timeframes and work plan	15%
Project management and implementation plan, including the organization's capability to deliver complex transformation projects	15%

Team qualifications, relevant experience, and knowledge in accreditation, regulatory environments, or similar audit fields	20%
Customer service approach, including responsiveness, communication strategy, and ongoing support model	10%
References, with preference for projects of similar scale or context	5%
Fees and pricing	10%

Those organizations whose proposals are selected for further consideration may be asked to make a personal presentation to us and/or answer questions in advance of our final selection. **Only** those organizations selected for further consideration will be contacted.

CPSA will not necessarily select the lowest cost proposal. CPSA reserves the right to cancel, modify, or negotiate proposals.

Proposal Conditions

Contingencies

This Request for Proposals (RFP) does not commit CPSA to award a contract. CPSA reserves the right to accept or reject any or all proposals or waive irregularities if CPSA determines it is in the best interest of CPSA to do so.

Acceptance or Rejection of Proposals

Proposals shall remain open, valid and subject to acceptance anytime up to three months after the proposal opening date and time. CPSA realizes that conditions other than lowest cost are important and will award contract(s) based on the proposal(s) that best meet the needs of CPSA.

Modifications

CPSA reserves the right to issue addenda or amendments to this RFP.

Proposal Submission

To be considered, all proposals must be submitted in the manner set forth in this proposal. It is the Proposer's responsibility to ensure that its proposal arrives on or before the specified time.

Incurred costs

This RFP does not commit CPSA to pay any costs incurred in the preparation of a proposal in response to this request and Proposer agrees that all costs incurred in developing its proposal are the Proposer's responsibility.

Negotiations

CPSA may require the organization selected to participate in negotiations, and to submit cost, technical, or other revisions of their proposals as may result from negotiations.

Final Authority

The final authority to award contracts as a result of this RFP rests solely with CPSA.

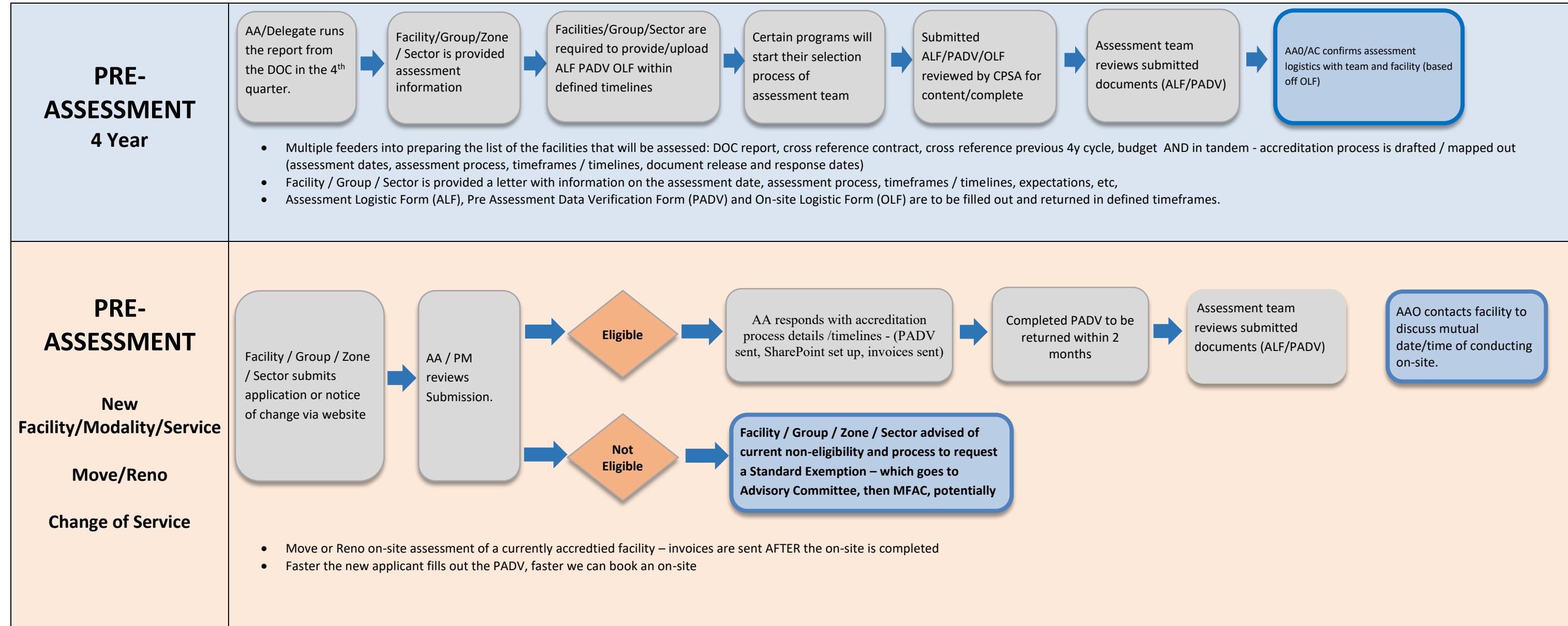
Contact Information

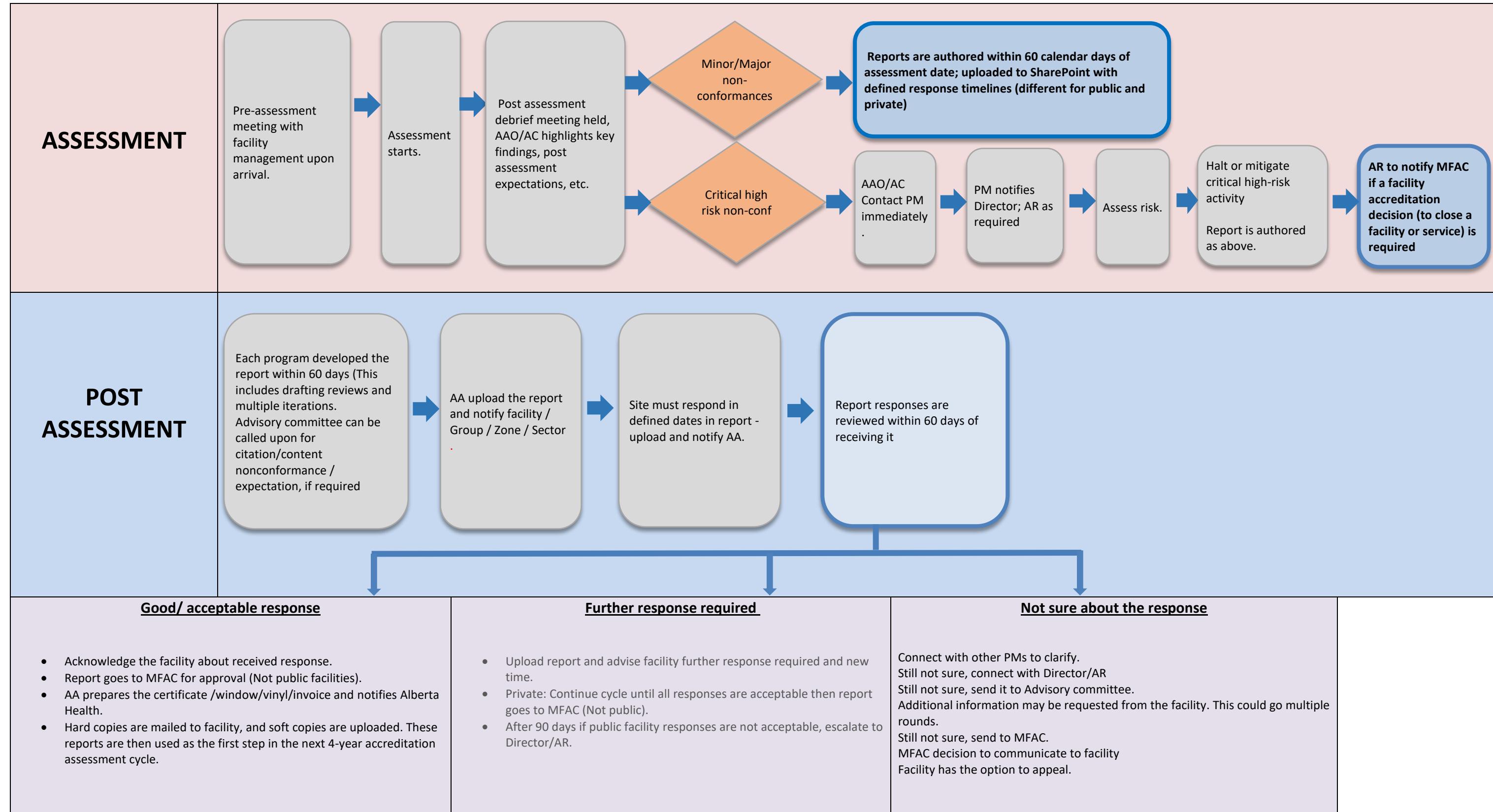
All inquiries should be directed to the following individuals:

College of Physicians & Surgeons of Alberta
2700, 10120 – 100 St NW
Edmonton, AB
T5J 0N3

Fizza Gilani, Director, Accreditation
Accreditation@cpsa.ab.ca

Appendix 1 - Accreditation Process Outline





Appendix 2: DOC (Database of the College)

DOC is a customized internal database build on SLQ tables. Facility details are captured across a number of screen sets.

FACILITY SELECTION / ADDITIONS

Facility Number: <input type="text"/>	Facility Name: <input type="text"/>
Assoc. Name: <input type="text"/>	Facility Status: <input type="text"/>
Facility Type: <input type="text"/>	Facility Sub-Type: <input type="text"/>
Public / Private: <input type="text"/>	Current Scope: <input type="text"/>
GST Type: <input type="text"/>	Current Subscope: <input type="text"/>
City: <input type="text"/>	Program: <input type="text"/>
Province: <input type="text"/>	Related Hospital: <input type="text"/>
Med.Director Type: <input type="text"/>	Consultant Group: <input type="text"/>
Medical Director: <input type="text"/>	Privilege Procedure: <input type="text"/>
AHS Zone: <input type="text"/>	ALQEP Participant: <input type="text"/>
Privilege Category: <input type="text"/>	Medical/Non-Medical: <input type="text"/>
Member Name: <input type="text"/>	IPAC - Contact Date: <input type="text"/>
	IPAC - Reprocessing: <input type="text"/>
	IPAC - Inspector: <input type="text"/>

Next Review/Assessment Year Last Initiation Date Last Assessment Date

From: To: From: To: From: To:

Cross Reference Facility Number: Clear Selection Select Add

Detail	Address	Scope	People	Facility Review	Annual Report	Certificate
Bring Forward	Notes	Rad. Equipment	Financial	PAP	NHSF	IPAC

We will require the below information for facility assessment tracking. The integration with the new system and DOC is to be evaluated to determine the optimum workflows and accounting requirements.

Facility Assessment - Tracking Sheet - Imaging

Facility	Facility Name	Type	Subtype						
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]						
Review Type	Assessment Year	Initiation Date	Assessment Date	Provisional Accr. Date	Provisional Duration	Provisional Ac. Ext. Date	Prov. Ext. Full Duration	Accred. Date	Next RVW Year
					30				

Accred. Status: [REDACTED] Comment: [REDACTED]
Assessment #: [REDACTED] Billing Recipient: [REDACTED]

Fee Calculator Amount: \$0.00

Tracking Sheet Assessor Assignment Assessor Claims

Initiation Letter to Facility / Region advising upcoming Assessment: [REDACTED] Assessors (double-click inside this list to view selected Assessor's tasks):

IC / Assessor / Reviewer Confirmation of Assignments:
Letter to Facility / Region proposing IC / Assessor(s):
Acceptance of IC / Assessor(s) from Facility / Region:
Inspection Package Sent to IC / Reviewer / Assessor:
Date Assessment Package Sent to Facility / Region:
Confirmation of Receipt of Pkg. - Conf. Letter 'A' Received:
Deadline for submission of Completed Questionnaires / doc:
Confirmation Quest / doc to IC - Conf. Letter 'B' Received:
Date of Assessment: [REDACTED]

Date for submission of studies:
Confirmation of Studies to Reviewer - Conf. Letter 'C' Received:

Date Accreditation Evaluation Part I Forwarded to Facility / Region:
Date Report Received at College:
Date Report Reviewed at Meeting:
Date Invoice sent to Facility / Region:
Date Invoice Paid: [REDACTED]

CPSA Decision: Provisional Accreditation 30 days

Current Accreditation Status: Full Accreditation

Date of Full Accreditation: [REDACTED]
Date Full Certificate Issued: [REDACTED]
Date Provisional Certificate Issued: [REDACTED]
Date of Revoked Accreditation: [REDACTED]
Date Accreditation Eval. Part II sent to Facility: [REDACTED]
Date Questionnaires received at College: [REDACTED]
To MFAC: [REDACTED]
Date Accreditation Evaluation sent to IC / Assessors / Reviewers: [REDACTED]

Provisional Accreditation 30 days

DETAILS:

Initial Status: Provisional Accreditation 30 days

Date of Provisional Accreditation: [REDACTED]
Date Responses Due from Facility / Region - 30 day: [REDACTED]
Responses Received from Facility / Region - 30 day: [REDACTED]
Acknowledgment of Responses Letter to Facility / Region - 30 day: [REDACTED]
Date Response Sent to IC / Assessor - 30 day: [REDACTED]
Date Assessment of Responses Received from IC / Assessor - 30 day: [REDACTED]
Date IC / Assessor Review of Responses: [REDACTED]

- Facility Number
- Facility Name
- Type
- Review Type
- Assessment initiation Year
- Assessment Date
- Next Review Year
- Assessment file number
- Year the assessment is being performed for
- Accreditation Status
- Billing Recipient
- Initiation letter to facility/Region advising upcoming assessment
- Assessor information – name, address, contact information
- Assessor letter (A B C D) (this is assigned by Accreditation when an assessor is assigned a file)
- Date of Assessment
- Date of Provisional Accreditation
- Date of Full Accreditation

Appendix 3: Accounting requirements

- Assessment costs:
 - Tracking costs of each assessment.
 - Costs are captured in Microsoft Dynamics GP and can be imported to the system based on job costing file numbers.
 - Forecasting costs to come for assessments in progress to allow for quarterly forecasting.
 - Budgeting for annual costs for assessments based on assessment schedules.

The functionality of the system can incorporate integrations with the existing fields within the DOC software.

Ability to export assessment costs, forecast costs and budget details to excel.

- Ability to schedule assessments for the year, organized by program. The schedule should capture sufficient detail to support operational planning, cost forecasting, and budgeting.
 - Key elements should include:
 - Program-specific assessment details, recognizing that requirements vary by program or facility (e.g., modality-based assessments, hour-based assessments, or assessments with multiple components).
 - Estimated time requirements for each assessment type.
 - Assessor information, including whether assessments are conducted by internal or external assessors, given the differing cost structures.

- Assessor origin/location, to support travel planning and cost estimation.
- Assessment location and timing, with particular attention to regional assessments (e.g., Laboratory and Diagnostic Imaging), where assessors are typically on site for a full week.
- The system should allow for entry of per-unit costs (e.g., per hour, per component, per assessment), enabling automatic cost calculations at the program, regional, and organizational levels.
- In addition, the system should support regional planning functionality, enabling efficient coordination of assessments across multiple facilities. This would allow for strategic scheduling of assessor travel (e.g., assessment schedules) to minimize cost and maximize efficiency. Consideration should be given to whether facilities could be grouped by initiation group or similar criteria to further streamline regional planning.
- This information should be exportable to support financial forecasting and budget development.
- Assessor claim payment capture:
 - Assessors submit expense claims and supporting receipts. These expense claims and receipts are captured and integrated with CPSA's electronic vendor invoice routing program (CoreIntegrator). Minimize data entry within CoreIntegrator.
 - Assessor claims need to be verified with individual contracts stored in QUEST (CPSA's SharePoint system for document repository) to ensure hourly rates charged and vendor names are correct.
- Develop a facility portal:
 - CPSA invoices created in DOC, and/or the new system, need to be generated in a PDF format and uploaded to the portal for the applicable facility. These invoices may include annual fees and assessment fees.
 - Each facility can view their financial information.
 - Reminder notices/ communication can be posted for the facility to view.
 - Ability to send mass communication to selected facilities.
- Build a facility listing including name of facility, address, phone number, contact information, including specific accounting contacts for the facility.

Appendix 4: Reporting needs

CPSA/Accreditation Department (Internal)

- Program-level operational reports to support workload planning, including:
 - Number of facilities by accreditation cycle year
 - Assessments scheduled, completed, and pending
 - Assessments by modality, program, and region
- Assessment lifecycle tracking reports showing status across:
 - Pre-assessment
 - Assessment
 - Post-assessment
 - Follow-up and closure
- Timeliness reports, including:
 - Time from initiation to assessment

- Time from assessment to report issuance
- Time to facility response
- Time to accreditation decision
- Non-conformance reporting, including:
 - Counts and trends of minor, major, and critical findings
 - Recurring non-conformance themes by program or facility type
 - Risk-based indicators to support targeted follow-up
- Assessor utilization and workload reporting:
 - Number of assessments per assessor
 - Assessment type and duration
 - Internal vs. external assessor usage
- Financial oversight reporting aligned with accreditation activity:
 - Invoiced amounts by program and facility
 - Payments received
 - Outstanding balances and aged receivables
 - Accreditation activity linked to revenue recognition
- Ability to generate ad-hoc reports to support operational decision-making, audits, and management inquiries.

Accredited Facilities (External / Portal-Based)

- Facility-facing reports and analytics accessible through a secure portal, including:
 - Current accreditation status and validity period
 - Upcoming assessments, deadlines, and required actions
 - Outstanding documentation, responses, or conditions
- Access to historical accreditation data, including:
 - Prior assessment reports and outcomes
 - Historical non-conformances and responses
 - Accreditation decisions and certificates
- Continuous Quality Improvement (CQI) Analytics, enabling facilities to:
 - View trends in non-conformances over time (by type, severity, and standard)
 - Identify recurring or systemic issues within their facility
 - Monitor progress on corrective actions and follow-up responses
- Comparative analytics to support internal quality improvement, such as:
 - Year-over-year performance comparisons for the facility
 - Aggregated benchmarking against anonymized peer facilities (where appropriate and permissible)
 - Program- or modality-specific trend indicators
- Risk and performance indicators presented in a clear, non-punitive format, supporting:
 - Internal governance discussions
 - Medical Director oversight
 - Quality committee review
- Financial visibility for facilities, including:

- Invoices issued and paid
- Outstanding balances and aging
- Downloadable invoice PDFs and payment records
- Ability for facilities to export reports and analytics outputs for:
 - Internal quality improvement initiatives
 - Board or governance reporting
 - Regulatory and operational record-keeping
- Clear distinction between facility-facing analytics and internal CPSA analytics, ensuring facilities see only appropriate, contextualized information without internal risk scoring or enforcement logic.

Committees, Expert Panels & Governance (Portal-Based)

- Secure, role-based portal access for committees, expert panels, and authorized members, including:
 - Medical Facilities Accreditation Committee (MFAC)
 - Advisory Committees
 - Standards development working groups
 - Expert panel members and assessors (as applicable)
- **Accreditation Decision-Making Support**
 - File-level reporting to support the granting, renewal, conditional approval, suspension, or denial of accreditation
 - Clear summaries of:
 - Assessment findings
 - Non-conformances and risk levels
 - Facility responses and corrective actions
 - Visibility into prior accreditation history and outcomes to support informed decisions
 - Structured presentation of information that aligns with committee decision pathways and authorities
- **Standards Development & Review Analytics**
 - Aggregated, de-identified analytics to support standards development and review, including:
 - Trends in non-conformances by standard, program, and modality
 - Emerging risk areas or recurring compliance gaps
 - Impact analysis of standards changes over time
 - Longitudinal data views to support:
 - Evidence-informed updates to standards
 - Evaluation of standards effectiveness
 - Continuous improvement of accreditation frameworks
- **Committee Recommendation & Oversight Reporting**
 - Reporting to support formal recommendations to CPSA leadership and Council, including:
 - Rationale for recommendations
 - Supporting data and trends
 - Risk and quality considerations
 - Ability to generate briefing-ready summaries for meetings, decision records, and minutes
 - Differentiation between public and private facility pathways, where applicable
- **Expert Panel & Assessor Roster Reporting**

- Portal-based access for expert panel members and assessors to:
 - View assigned files, tasks, and deadlines
 - Access relevant facility information and assessment materials
- Reporting on expert and assessor activity, including:
 - File assignments and status
 - Assessment completion and turnaround times
 - Area of expertise and program alignment
- Visibility for CPSA staff into:
 - Roster capacity and availability
 - Assignment distribution and workload balance
- **Governance and Transparency Controls**
 - Role-based views that ensure committee members and experts see only information relevant to their mandate
 - Clear separation between:
 - Operational data
 - Decision-support analytics
 - Internal enforcement or escalation logic

Audit-ready reporting to support defensible decision-making and governance oversight.

All reports and data tables to be exportable to excel and/or CSV, PDF. Visualizations to be exportable in PowerPoint and/or JPEG/PNG format.