



College of Physicians & Surgeons of Alberta

Program guide for
accredited facilities/4-year

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Initiation phase

Timing:

- 90-180 days prior to on-site assessment

Responsible parties:

- CPSA Senior Manager
- CPSA Accreditation Assessment Advisor (AAA)
- CPSA 4-year Accreditation Administrator
- Facility/Zone/Group/Sector Medical Director
- Facility quality management

This program guide is for:

- An existing CPSA accredited facility undergoing a regular 2y/4-year assessment

Facilities ('facility') are accredited on a rotating 2y/4-year cycle using the most current version of the **CPSA Accreditation Standards**, based on the diagnostic or clinical health service provision on site.

The facility Medical Director will receive a formal written **Initiation Letter** via email from CPSA advising of their facility's accreditation on-site date/time and accreditation process expectations.

The **Initiation Letter** is also accompanied by the **Assessment Logistic Form (ALF)** which the facility is required to complete and return within the defined timeframe.

The **ALF** provides CPSA with current information regarding:

- Current name and contact information/email address of the facility accreditation contact(s), confirming Medical Directorship
- Identified facility accreditation contacts (maximum of two staff per facility) that require CPSA Facility SharePoint access (username/password)
- Facility confirmation of the assessment date/time and approval of the Assessment Team Lead

The facility Medical Director will be emailed a **Roles and Responsibility Form** via DocuSign for review and signature.

The facility Medical Director must complete or have completed **Medical Director Training** through MyCPSA. If this has not been completed, please contact the CPSA program directly for assistance.

Once the formal initiation process is complete, all future communications/document administration between CPSA and the facility will occur via SharePoint.

The SharePoint site contains:

- Full suite of current **CPSA Accreditation Standards**
- Facility training webinar/printable handout for facility staff review/information
- **'How to' documents** (guidance on how to embed documents into report, how to respond to report, etc.)
- Assessment year folder (individual facility file folders containing additional folders for reports, responses, etc.)

Pre-assessment phase

Timing:

- 40-120 days prior to on-site assessment

Responsible parties:

- CPSA Senior Manager
- CPSA Accreditation Assessment Advisor (AAA)
- CPSA 4-year Accreditation Administrator
- Facility/Zone/Group/Sector Medical Director
- Facility accreditation contact

CPSA recruits ad-hoc **assessors**, where/when required, ensuring they:

- Are regulated healthcare professionals with current membership and good standing with their regulatory body
- Are content experts
- Have leadership/management/quality experience
- Have successfully completed **CPSA Accreditation Assessor Training**
- Have no conflict of interest with the facility/Group/Zone they will be assessing
- Sign annual **assessor contracts and confidentiality agreements**
- Are in or out of province as required

Assessors work with either:

- An internal (CPSA employee) **Accreditation Assessment Advisor (AAA)**, or
- An external (non-CPSA employee), ad-hoc **Assessment Coordinator (AC)**

Once the team has been tentatively recruited, a draft **Team Approval Form** will be sent to the facility Medical Director for review and approval.

If there is a perceived conflict of interest regarding a potential team member flagged by the facility Medical Director, CPSA will work with the facility to mitigate accordingly, based on internal policy.

CPSA will upload accreditation documents to SharePoint and the facility accreditation contact will be electronically notified to log in and retrieve the following:

- **Pre-Assessment Data Verification Form (PADV)**
 - Requests documentation for team review before the on-site assessment (desk-audit documents)
- **On-Site Logistics Form (OLF)**
 - Requests logistical information from the facility for the team (parking, room number, Wifi access, lunch options, etc.) and additional documentation as needed for review on-site

The facility must embed the requested documents directly into the **PADV** (use the '**How To...**' document for instructions, located in SharePoint). The **PADV** must be completed by the facility accreditation contact within the defined timeframe allotted.

Each accreditation program will have subtle nuances regarding the type of documents they require from the facility based on their specific set of **standards** to demonstrate facility compliance.

The **PADV** and **OLF** must be completed and uploaded back to SharePoint within the defined timeframe. It is **crucial** that CPSA is notified electronically when this process has been completed.

A resubmission will be required if requested documentation is not provided, negatively impacting the accreditation assessment timeframes.

To support a timely and efficient process, it is important that document request deadlines are met. Continued collaboration will help avoid the need to escalate the matter to the Assistant Registrar Accreditation.

Timing:

- 40-90 days prior to on-site assessment

Responsible parties:

- CPSA Senior Manager
- CPSA Accreditation Assessment Advisor (AAA)
- CPSA 4-year Accreditation Administrator
- Facility accreditation contact

When the **Assessment Week Schedule** and/or **Individual Facility Assessment Day Summary** is uploaded into the Facility SharePoint, the facility accreditation contact will be alerted that they are available for review.

They will also be directed to the **facility/staff training resources** within the Facility SharePoint and advised to download them to share with all facility staff. **Please note:** The webinar file is too large for an email attachment and will need to be shared by other means.

Ensuring the facility training resources are available prior to the on-site helps facility staff understand the accreditation process and what to expect on assessment day. CPSA's goal is to manage as many expectations/concerns/stressors as possible before the team's arrival on-site.

Facility staff that partake in the facility training resource are eligible to receive a **CPSA Continuing Education certificate**.

On-site assessment day

Timing:

- Day of assessment

Responsible parties:

- CPSA Accreditation Assessment Advisor (AAA) or Assessment Coordinator (AC)
- Facility accreditation contact
- Facility staff/facility management
- Group/Zone/Sector affiliates

Note: If the private facility cancels within two weeks of the planned on-site date, CPSA will issue a **cancellation fee (\$500.00)** and try to re-book the on-site assessment based on team availability

CPSA assessment team arrives on the planned date/time

The facility is expected to be operating under normal and routine conditions.

Upon arrival, the facility accreditation contact will escort the team to the dedicated meeting room/area.

During the on-site assessment:

1. The AAA or AC will remain in the dedicated room and facilitate/lead the assessment
2. The AAA or AC is the main point of contact for any issues that arise during the assessment
3. Specialty areas will be assessed by:
 - Observing performance of tests/exams/procedures (with patient consent)
 - Speaking with staff (when available and without interrupting workflow)
 - Reviewing hardcopy/electronic policies, processes, procedures, documents/templates, logs, checklists, etc.
 - Technical review of information systems, patient information/images/charts, reports, etc.
 - Facility assessment walkthrough
4. Assessors will regularly report their observations to the AAA or AC
5. If the assessment is **longer than 4 hours**, the team will break for lunch
 - At the end of the on-site assessment, the team and facility staff have a summation meeting. The AAA or AC leads the summation meeting, presenting key observational findings, report, response timeframe, etc.
 - The report may include additional findings which were not discussed as they may be lower risk
6. Based on assessment results, an additional chart, image or report review may be initiated by CPSA post assessment

If the facility Medical Director is unable to attend on the assessment day, they must have a delegated proxy available on-site or immediately via telephone/video call.

Post-assessment

Timing:

- 0-60 days after on-site

Responsible parties:

- CPSA report writing team
- CPSA Accreditation Administrator
- Facility accreditation contact

A report writing team from CPSA will author the **accreditation report** within a maximum of **60 calendar days**, either from the day of the assessment or, if the team was out for a week, **from the last date of the on-site assessment week**.

When the report is complete, it will be uploaded to SharePoint and the facility accreditation contact will be notified via email to retrieve it.

It is important that the facility accreditation contact has reviewed the **'How to Respond to a Report'** document available within SharePoint.

The CPSA review timeline is approximately 30 calendar days post receipt/notification from the facility. Facility non-response will be subject to escalation as per CPSA policy.

If responses are not submitted appropriately (embedded into the report as directed and uploaded to SharePoint), **they will not be accepted and a resubmission will be requested, which may impact the accreditation process timeline**.

The **accreditation report** consists of:

- Standard number
- Safety risk
- Compliance assessment category
- Standard description
- Objective evidence
- Requirement
- Evidence of compliance (EOC) required
- Timeline for submission of EOC
- Facility response line/date (where response evidence/information (requested EOC) is to be embedded)

If there is a large zone/group/sector being assessed at one time, CPSA will author a zone/group/sector report where all the overarching non-conformances (citations) can be addressed simultaneously for multiple facility reports.

Typically, this zone/group/sector report speaks to the systemic non-conformances that cannot be resolved at the local facility level. The zone/group/sector management team is responsible for responding to this report, not the individual facility.

Zone/Group/Sector facilities will still receive an individual report that will highlight any non-conformances at the individual facility level.

The facility will respond to their individual facility accreditation report, uploads the responses to SharePoint and notify CPSA via email.
The uploaded report with responses from SharePoint will be retrieved and reviewed.

Upon review, the:

- Responses will be accepted, OR
- Further information will be requested within a new response timeframe

The CPSA review timeline is approximately 20 calendar days post receipt/notification from the facility.

Any contentious or egregious non-conformances (citations) which require input from the Medical Facility Accreditation Committee (MFAC) will be taken for review and decision at their next regularly scheduled meeting.

This process will repeat until all facility responses are determined to be satisfactory.

PRIVATE: Once all non-conformances (citations) are satisfactory, a **full facility accreditation status** will be recommended to MFAC at their next regularly scheduled meeting.

When approved by MFAC, CPSA will process the decision and send the facility:

- An accreditation letter
- A new 4-year facility accreditation certificate
- An assessment invoice

PUBLIC: Once all non-conformances (citations) are satisfactory, CPSA recommends a **full facility accreditation status**.

CPSA notifies Alberta Health in writing of the successful accreditation outcome.

The facility is then placed into their routine 2y/4-year cycle again.

After the accreditation process has been fully completed, an electronic **accreditation survey** will be sent out for completion.

Accreditation process completed

As an accreditation body, CPSA-accredited facilities are expected to always remain readily compliant to the current accreditation standards. CPSA may conduct ad-hoc on-site assessments at any time should concerns arise.

Remaining **accreditation ready** ensures the safety of all Albertans while maintaining quality diagnostic and clinical health service provision.

CPSA values the opportunity to continue collaborating with diagnostic and clinical facilities with educational and quality exercises regarding accreditation.