



College of Physicians & Surgeons of Alberta

Program guide for new accreditation applications

- New facility, or
- New modality
- New service
- New scope
- New testing
- New procedure
- New exam

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Initiation phase

Timing:

- Prior to on-site assessment

Responsible parties:

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

This program guide is for:

- A new facility, or
- An existing CPSA accredited facility wanting to add a new modality, service or scope

Refer to the [accreditation page on CPSA's website](#) to view the required form.

The applicant must fill out the new modality/service/scope/testing/procedure/exam on-line form.

This form includes:

- Proposed start date
- Information system access status to provincial data repositories
- Staffing information
- Facility Medical Director information to confirm eligibility
- Current name and contact information/email address of the facility accreditation contact(s) and confirmation of Medical Directorship
- Which identified facility accreditation contacts (maximum of two staff per facility) require CPSA Facility SharePoint access (username/password)

CPSA will review for content/completeness.

If additional clarification or information is required, the applicant will be contacted via email.

Once the information is complete and acceptable:

- The facility Medical Director will be directly emailed a **Roles and Responsibility Form** via DocuSign for review and signature, if required (new facility)

The facility Medical Director must complete or have completed **Medical Director Training** through MyCPSA.

Once the formal initial application process is complete, the process then **transfers over** to exclusively using SharePoint for accreditation document facilitation/exchange.

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.)

Having the facility training resources available before the on-site portion of the assessment helps facility staff understand the accreditation process and what to expect on assessment day. It is a thorough introduction to manage as many expectations/concerns/stressors as possible before the team arrives on-site.

It is highly recommended that these resources are downloaded from the Facility SharePoint and shared 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.

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

Once the following documents are uploaded and available to download from SharePoint, the identified facility accreditation contact will be notified:

- **CPSA acknowledgement letter**
- **Application invoice (new facility or new modality/service/scope)**
- **Newly created or revised CPSA facility profile**
- **Pre-Assessment Data Verification (PADV) Form**
 - 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 embeds the requested documents directly into the **PADV** (use the **'How To...'** document for instructions/located in SharePoint). The **PADV** is to 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.

Diagnostic imaging facility ONLY:

- Designated radiation equipment registration

A parallel process to applying as a new diagnostic imaging facility is registering and certifying all designated radiation equipment (including class 3B/4 lasers) with CPSA.

CPSA is an **Authorized Radiation Health Registration Agency** under contract with the Government of Alberta performing an administrative role based on a Ministerial Order.

Please refer to the [diagnostic imaging accreditation webpages](#) for information and guidance.

New facility or new modality accreditation cannot be granted until **all** the designated radiation equipment at the facility has been successfully registered by CPSA.

Pre-assessment phase

Responsible Parties:

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

Assessment team

Teams are typically comprised of:

- An internal (CPSA employee) **Accreditation Assessment Advisor (AAA)**, or
- An external (non-CPSA employee) **Assessment Coordinator (AC)**, or
- A **modality/service/scope assessor(s)** who are content experts, and
- A **physician reviewer** (if required)

External assessors/reviewers:

- Are regulated health care professionals with current membership and good standing with their regulatory body
- Are content experts in their specific modality(ies)
- Have leadership/management/quality experience
- Have successfully completed CPSA Accreditation Assessor Training
- Have no conflicts of interest with the facility, group, zone or sector
- Sign annual confidentiality and conflict of interest agreements

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.

Pre on-site assessment phase

Once the facility has submitted the completed **PADV**, it is reviewed for completeness and content.

- If there is outstanding or additional documentation missing/required, the facility will be contacted.
- Timely cooperation in meeting document request deadlines is essential to ensure an efficient and timely accreditation process.

After the PADV has been reviewed, the AAA or AC contacts the facility to book a mutually agreed upon date and time to perform the on-site assessment when:

- Primary diagnostic equipment, ancillary equipment, consumables, supplies, exam rooms, information systems, etc. are ready for use, and
- Any construction or renovation has been completed

On-site assessment day

Responsible parties:

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

Note:

- If the facility cancels within two weeks of the planned on-site date, CPSA will issue a **cancellation fee (\$500.00)** and attempt to re-book the on-site assessment based on team availability.
- If the facility is not prepared to begin seeing patients at the time of assessment, and the Assessment Team determines that a second on-site assessment is required, provisional accreditation will not be granted. A second invoice will be issued to the facility.

At the time of the on-site assessment, the facility is expected to be **patient ready**.

CPSA Assessment team arrives on the planned date/time.

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 may remain in the dedicated room and facilitate/lead the assessment, based on team size
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
 - Reviewing hardcopy/electronic policies, processes, procedures, documents/templates, logs, checklists, etc.
 - Reviewing information system, patient information/images/charts, reports, etc.
 - Facility assessment walkthrough
4. Assessors 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.

The facility will be advised (within two business days) on which one of three scenarios they will be placed into:

Scenario one

- Observations and assessment findings confirmed **evidence of high-risk non-conformances (citations)** that impede the commencement of performing the health services which were applied for/assessed
- Any additional low-risk non-conformances (citations) must be addressed within 90-days (report will be authored by CPSA)
- **The facility will not be recommended for provisional accreditation** and cannot begin the health services which were applied for/assessed. The high-risk non-conformances (citations) must be addressed within a **30-day timeframe**
- Once all **30-day** non-conformances are satisfactorily resolved, the facility will be recommended for **provisional accreditation** while continuing to work on 90-day responses (if required)

Scenario two

- Observations and assessment findings confirmed there were **no high-risk non-conformances (citations)** impeding the commencement of the health services which were applied for/assessed
- Any additional low-risk non-conformances (citations) must be addressed within **90-days** (report will be authored by CPSA)
- **The facility will be recommended to MFAC for provisional accreditation** and can begin performing the health services which were applied for/assessed

Scenario three

- Observations and assessment findings confirmed there were **no high-risk non-conformances (citations)** impeding the commencement of the health services which were applied for/assessed
- The facility or health service which was applied for/assessed **will be recommended for full accreditation** to the Medical Facility Accreditation Committee (MFAC).

Post-assessment

Timing:

- 0-60 days after on-site

Responsible parties:

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

The CPSA report writing team authors the **accreditation report** within a maximum of **30** calendar days from assessment day.

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 that is available within SharePoint.

Responses are expected from the facility within the defined timeframes (30 days or 90 days), which are risk dependant.

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)

The facility must respond to their individual facility accreditation report by first uploading the responses to SharePoint and then notifying CPSA via email. The uploaded report with responses will be retrieved from SharePoint and reviewed by CPSA.

Upon review, the:

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

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.

Any contentious or egregious non-conformances (citations) which require input from 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.

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

[Please click here to review the authority of MFAC.](#)

When approved by MFAC, CPSA processes the decision and sends the facility:

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

Alberta Health will be notified in writing of the successful accreditation outcome.

The facility is then placed into a routine 4-year cycle. This may change the assessment cycle to 2, 3 or 5 years to align. Once aligned, a 4-year cycle is routine.

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.

Publicly funded facilities (only) New facility, new modality, scope or service or move

A new publicly-funded facility, an addition of a new modality, scope or service or a move will be assessed at the Zone's regularly scheduled 4-year assessment.