



Non-hospital Medical and Surgical  
Facilities Accreditation Program

**ACCREDITATION STANDARDS**

Quality Performance

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## Introduction

Quality improvement is a proven and effective way to improve the safety and quality of care. The goal of assessing performance is to create a system that promotes the best clinical standards and ensures the safety and quality of patient care. Quality improvement should be a continuous process and an integral part of everyone's work.

## Quality performance

No.	Description	Reference	Risk	Change	Asmt.
<b>QPS1.0</b>	<b>QUALITY PERFORMANCE</b>				
<b>QPS1.1</b>	<b>The organization seeks, collects and acts upon information and feedback relating to its performance.</b>				
QPS1.1.1	<p><b>M</b> There is a process for patients to file a complaint regarding the organization, physician(s), nurse(s) or other staff.</p> <p>Guidance: The organization’s website should have information on filing a complaint.</p>	1, 15	M		F
QPS1.1.2	<p><b>M</b> There is a process for patients to report safety and quality concerns.</p> <p>Guidance: Patients should be encouraged to report any safety or quality concerns and the organization’s website should have information on reporting a safety or quality concern.</p>	1, 15	M		F
QPS1.1.3	<p><b>B</b> There is a process for patients to share compliments regarding the organization, physician(s), nurse(s) or other staff.</p> <p>Guidance: The organization’s website should have information on sending a compliment.</p>	1	B		F
QPS1.1.4	<p><b>B</b> There is a defined timeline for the investigation, follow-up and resolution of patient complaints or concerns.</p>	1, 15	B		F
QPS1.1.5	<p><b>B</b> The complaints process is made publicly available.</p> <p>Guidance: The complaints process should be accessible without patients having to request information on how to file a complaint such as by providing a facility email address on their website for filing complaints, by posting signage in patient care areas or by including information on written discharge instructions.</p>	1	B		F

No.	Description	Reference	Risk	Change	Asmt.
QPS1.1.6	<b>M</b> Patients who are unsatisfied with the organization’s response to their complaint or concerns are advised of the option to take their concerns to the College.	1, 2	M		F
QPS1.1.7	<b>B</b> Patient experience surveys are distributed.  Guidance: The Canadian Institute for Health Information website has an example of a patient experiences survey on inpatient care.	1, 9, 13, 14	B		F
QPS1.1.8	<b>B</b> Physician and staff satisfaction surveys are distributed.	1	B		F
<b>QPS1.2</b>	<b>The organization evaluates and uses performance information and feedback to guide quality improvement.</b>				
QPS1.2.1	<b>M</b> Patient complaints and safety and quality concerns are analyzed and used to inform quality improvement planning.	1	M		F
QPS1.2.2	<b>B</b> Patient compliments data is analyzed and used to inform quality improvement planning.	1	B		F
QPS1.2.3	<b>M</b> Infection, prevention and control practice audit data is analyzed and used to inform quality improvement planning.  Guidance: Hand hygiene compliance, PPE compliance, environmental cleaning audits and medical device reprocessing department audits are a few examples.	1	M		F
QPS1.2.4	<b>M</b> Surgical site infection surveillance data is analyzed and used to inform quality improvement planning.	1	M		F
QPS1.2.5	<b>M</b> Medical record audit data is analyzed and used to inform quality improvement planning.	1,3	M		F

No.	Description	Reference	Risk	Change	Asmt.
QPS1.2.6	<p><b>M</b> Risk management data is analyzed and used to inform quality improvement planning.</p> <p>Guidance: This should also include data from safety inspections of the facility, equipment, work methods and practices.</p>	1, 4	M		F
QPS1.2.7	<p><b>M</b> Patient safety incident and near miss reports are analyzed and used to inform quality improvement planning.</p>	1	M		F
QPS1.2.8	<p><b>B</b> Patient experience survey information is analyzed and used to inform quality improvement planning.</p>	1, 9, 14	B		F
QPS1.2.9	<p><b>B</b> Physician and staff satisfaction survey information is analyzed and used to inform quality improvement planning.</p>	1	B		F
QPS1.2.10	<p><b>B</b> Data from other performance measures identified by the organization as key to safety and quality care is analyzed and used to inform quality improvement planning.</p> <p>Guidance: Surgical safety checklist conformance audits, safe medication practices and specimen handling are a few examples.</p>	1	B		F
<b>QPS1.3</b>	<b>Continuous quality improvement is embedded in the organization's safety and quality culture.</b>				
QPS1.3.1	<p><b>B</b> There is a quality improvement plan.</p> <p>Guidance: Quality improvement plans are developed, documented and implemented. The Excellence through Quality Improvement Project website has a publicly available QI plan template. The Institute of Healthcare Improvement website has a QI Essentials Toolkit.</p>	1, 10, 11, 12	B		F

No.	Description	Reference	Risk	Change	Asmt.
QPS1.3.2	<p><b>B</b> Organizational performance data is used to inform the quality improvement plan objectives and goals.</p> <p>Guidance: See section 1.2 above.</p>	1	B		F
QPS1.3.3	<p><b>B</b> The quality improvement plan defines its objectives and goals (targets).</p>	1	B		F
QPS1.3.4	<p><b>B</b> The quality improvement plan outlines the specific activities being undertaken to meet each objective and goal (target).</p>	1	B		F
QPS1.3.5	<p><b>B</b> A leader is assigned responsibility for each objective, goal (target) and activity.</p>	1	B		F
QPS1.3.6	<p><b>B</b> The quality improvement plan is updated to demonstrate progress towards achieving the objectives and goals (target).</p> <p>Guidance: The quality improvement plan is a live document. For each objective, the quality improvement plan should outline baseline performance, current performance, target (goal) performance and the specific activities planned and their status (e.g. not started, in-progress, completed) to meet the objectives and goals. The quality improvement plan is reviewed and updated regularly (such as quarterly) with progress and performance data.</p>	1	B		F
QPS1.3.7	<p><b>B</b> The quality improvement plan and progress towards achieving the goals (target) and objectives is shared with and regularly reviewed by the governing body.</p>	1, 9, 15	B		F
QPS1.3.8	<p><b>B</b> The quality improvement plan and progress towards achieving the goals (target) and objectives is shared with the organization's leaders and staff.</p>	1, 9, 15	B		F
<b>QPS1.4</b>	<p><b>The organization reports on its performance data and quality improvement activities to the governing body.</b></p>				

No.	Description	Reference	Risk	Change	Asmt.
QPS1.4.1	<b>B</b> The governing body receives regular reports related to patient compliments, safety and quality concerns and complaints.	1, 15	B		F
QPS1.4.2	<b>B</b> The governing body receives regular reports related to practice audits.  Guidance: Practice audit reports may include infection prevention and control such as hygiene compliance, PPE compliance, environmental cleaning audits and medical device reprocessing department audits, clinical care audits and medical record audits.	1, 9, 15	B		F
QPS1.4.3	<b>B</b> The governing body receives regular reports related to surgical site infection surveillance.	1	B		F
QPS1.4.4	<b>B</b> The governing body receives and regularly reviews the risk register.  Guidance: The risk register should be reviewed regularly and updated as risks change.	1, 8, 15	B		F
QPS1.4.5	<b>B</b> The governing body receives regular reports related to patient safety incidents and near misses.  Guidance: The reports should provide comprehensive information on all serious incidents and near misses and summary information about all other incidents. Meeting records should demonstrate that these reports were reviewed, and any strategies or actions taken to reduce risk.	1, 5, 6, 7, 8, 9, 15	B		F
QPS1.4.6	<b>B</b> The governing body receives regular reports related to patient experience survey information.	1, 9, 14	B		F
QPS1.4.7	<b>B</b> The governing body receives regular reports related to physician and staff satisfaction survey information.	1	B		F

No.	Description	Reference	Risk	Change	Asmt.
QPS1.4.8	<p><b>M</b> The governing body receives and reviews the NHMSFAP accreditation assessment reports.</p> <p>Guidance: The governing body should review the accreditation report and monitor actions that arise from it.</p>	9, 15	H		F
<b>QPS1.5</b>	<b>The organization publicly reports its quality performance results.</b>				
QPS1.5.1	<p><b>B</b> The organization's quality improvement plan is made publicly available.</p> <p>Guidance: The quality improvement plan should be available on the organization's website.</p>	1, 9	B		F
QPS1.5.2	<p><b>B</b> Quality performance results are made publicly available.</p> <p>Guidance: This information should be available on the organization's website and may include patient satisfaction survey results, surgical site infection surveillance reports, hand hygiene compliance audit results, environmental cleaning audit results and infection, prevention and control program reports.</p>	1	B		F
QPS1.5.3	<p><b>B</b> Evaluation of the organization's performance against the NHMSFAP accreditation standards is made publicly available.</p> <p>Guidance: NHMSFAP Accreditation assessment reports are available on the organization's website.</p>	1, 2, 9	B		F
QPS1.5.4	<p><b>M</b> The NHMSFAP accreditation certificate is posted to notify patients that the facility is accredited by the College of Physicians and Surgeons of British Columbia.</p>	2	H		F
QPS1.5.5	<p><b>M</b> The NHMSFAP accreditation certificate is posted in a prominent public area.</p>	2	H		F

No.	Description	Reference	Risk	Change	Asmt.
QPS1.5.6	<p><b>M</b> There is a sign notifying patients that the physicians and surgeons practicing in the organization are licensed and regulated by the College.</p> <p>Guidance: The medical director is responsible for ensuring this signage is posted.</p>	2	H		F
QPS1.5.7	<p><b>M</b> The required signage is posted in a prominent public area.</p> <p>Guidance: The medical director can obtain an office sign through their registrant login on the College website.</p>	2	H		F

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## Revision history

Date	Revisions
November 22, 2024	ISQuaEEA Logo (no content changes) (version 1.1)
April 1, 2026	Transcribed to new template (no content changes) (version 1.2)