



Non-Hospital Medical and Surgical Facilities Accreditation Program

Bylaw Policy

Terms of Accreditation

PURPOSE

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) is designed to provide assurance to the public that facilities meet required standards for the quality and safety of services delivered in an accredited non-hospital facility. When accreditation has been granted, a certificate of accreditation is issued by the committee which identifies the level of accreditation and the period for which it is valid.

In order to receive and maintain accredited status, a non-hospital facility is required to:

- demonstrate compliance with the accreditation standards
- provide patient care services in a manner consistent with the standards
- engage in ongoing processes of self-review and quality improvement

The term of accreditation provides recognition of the level of commitment to quality improvement demonstrated by the facility at the time of accreditation and reflects the level of regulatory oversight needed.

POLICY

In accordance with the Bylaws, accreditation is granted for a specified period as set out in the certificate of accreditation which period must not exceed five years with or without a requirement for a further on-site assessment during the term of accreditation. NHMSFAP Committee will grant one of the following terms:

- provisional accreditation for up to one year (for new facilities)
- four-year full accreditation
- accreditation subject to a report

A four-year full accreditation may be in effect for a total period not exceeding five years. Appendix A outlines the criteria for determining a term of accreditation.

DEFINITIONS

term Time interval between accreditation cycles.

RESPONSIBILITY

Role	Responsibility
NHMSFAP Committee	<ul style="list-style-type: none"> • Set the standards for accreditation • Set criteria for each term of accreditation • Determine the term of accreditation granted to a non-hospital facility
Accreditation assessment officer	<ul style="list-style-type: none"> • Facilitate a consensus decision-making process with the accreditation team in determining a term recommendation • Recommend a term of accreditation to the NHMSFAP Committee

RELATED DOCUMENTS AND REFERENCES

College of Physicians and Surgeons of BC Bylaws (December 30, 2017)

APPENDIX A: TERM OF ACCREDITATION CRITERIA

Facilities seeking accreditation may receive one of the following terms of accreditation:

Provisional accreditation

Following completion of the on-site assessment for a new facility, the committee may grant provisional accreditation for an initial period of up to one (1) year with the requirement that the facility be subject to a further on-site assessment prior to full accreditation.

Provisional accreditation reflects that a new facility has met all of the physical design/building commissioning documentation requirements, demonstrated readiness to open and remediated all deficiencies arising from the approval to open site visit. Full accreditation is not granted until a full patient tracer accreditation visit satisfactory to the committee is conducted.

Four-year full accreditation

Following completion of the on-site assessment, the committee may grant full accreditation for a period of four (4) years. For new facilities, full accreditation will be granted for a period of four years from the date of issuance of provisional accreditation.

Four-year full accreditation with further on-site assessment during the term of accreditation

Following completion of the on-site assessment, the committee may grant full accreditation for a period of four years with a requirement for a further on-site assessment during the term of accreditation.

The requirement for further on-site assessment reflects that deficiencies of moderate to significant risk were identified in one or more areas and the facility has addressed them sufficiently to the satisfaction of the committee. The purpose of the on-site assessment is to ensure that the deficiencies remain remediated and no further deficiencies arise during the entire accreditation cycle.

The timing of the on-site assessment is at the sole discretion of the committee.

Accreditation subject to a report

A facility may be granted accreditation subject to a report while it is working to resolve deficiencies identified during re-accreditation. If, within the time period specified by the committee, the committee is satisfied that the facility has successfully remediated all deficiencies and complied with all conditions and limits imposed on it, the committee may grant a full term of accreditation.