BOARD QUALITY PERFORMANCE COMMITTEE
BRIEFING NOTE
Date: September 16, 2026

Agenda Item	Accreditation Survey Update
Submitted By	Dr. David Zygun, Vice President, Quality & Safety
Guests Participating	None
Time Required	10 minutes
Expected Outcome	□ Decision □ Discussion X Information

Purpose
To update the Board Quality Performance Committee on required follow-up submissions from the 2026 Accreditation Canada survey.

Background
- Fraser Health received final reports and the decision letter for the April 2026 Accreditation Canada survey following a successful appeal, increasing overall compliance to from 98.4 to 98.6%.
- Of the 23 unmet items, six require follow-up improvement reports to Accreditation Canada, including two unmet Required Organizational Practices: Patient Safety Incident Disclosure (Leadership) and Transfer of Information (Obstetrics) (Item 1, Table 1).
- The Fraser Health Accreditation Team will work with programs to review detailed results, share surveyor kudos, and support quality improvement action plans for unmet items.
- Fraser Health remains accredited until June 2027. The final accreditation award will follow the second survey visit in this cycle, scheduled for June 14–18, 2027, focused on acute and community services standards.

Recommendation
That the Board Quality Performance Committee receive this briefing note for information and endorse the outlined next steps to address Accreditation Canada follow-up requirements.

Specific Measurable
- Six follow-up reports submitted to Accreditation Canada by July 14, 2027

Timelines
Key next steps
- **September 2026:** Submit reports to the Ministry of Health Accreditation Lead and publish reports on the Fraser Health public website.
- **2026–2028:** Integrate identified improvement areas into organizational priorities.
- **May/June 2027:** Seek Regional Quality Safety Council approval of follow-up reports.
- **July 2027:** Submit follow-up reports to Accreditation Canada.

Item 1: 2026 Survey Required Follow-Up

Table 1: Follow-Up Requests for Submission to Accreditation Canada by July 14, 2027

Standard	#	Criterion/Test for Compliance
Leadership	4.2.2.2 (ROP)	The disclosure process is reviewed and updated, as necessary, with input from clients, families, and team members.
Medication Management	7.1.1	The pharmacist reviews each medication order prior to the first dose being administered.
Obstetrics (Maternal Infant Child Youth Program)	1.4.16.1 (ROP)	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.
	1.4.16.2 (ROP)	Documentation tools and communication strategies are used to standardize information transfer at care transitions.
	1.4.16.4 (ROP)	Information shared at care transitions is documented.
	1.4.16.5 (ROP)	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system)