



# ACCREDITATION AGRÉMENT CANADA

Better Quality. Better Health.  
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July 20, 2015

Mr. Michael Marchbank  
Chief Executive Officer  
Fraser Health Authority  
Suite 400, Central City Tower, 13450 - 102 Avenue  
Surrey, British Columbia  
V3T 0H1

Dear Mr. Marchbank:

The Accreditation Decision Committee has reviewed your letter requesting an appeal, supporting evidence, and other available information from your on-site survey. As a result of this review, the Accreditation Decision Committee has changed some criteria ratings. Below is an explanation of the committee's rationale:

Based on the evidence provided by the organization the ratings of the following criteria were changed to met. Please note, suggestions for further improvement are included with the criteria where ratings were changed:

**Ambulatory Systemic Cancer Therapy 21.2.2-** The strategy identifies the populations at risk for falls.

**Analysis:** The team is encouraged to ensure that all patients are assessed for falls risk at each clinic visit and to be more diligent in their falls risk assessments; specifically at the Royal Columbian Hospital site.

**Ambulatory Systemic Cancer Therapy 21.2.3** -The strategy addresses the specific needs of the populations at risk for falls.

**Analysis:** It is important to address the clutter observed in the narrow spaces identified during the onsite survey at the Royal Columbian Hospital.

**Ambulatory Systemic Cancer Therapy 21.2.4** - The team establishes measures to evaluate the falls prevention strategy on an ongoing basis.

**Analysis:** The team is encouraged to include process-related performance measures (e.g. compliance with use of screening questions/tools, application of SAFE universal precautions) in order to evaluate the implementation of the falls prevention strategies as outlined in the Clinical Practice Guideline.

**Ambulatory Systemic Cancer Therapy 5.9** - The team supports student and volunteer placement on the ambulatory systemic cancer therapy team.

Criterion that remains unchanged:

**Ambulatory Systemic Cancer Therapy 21.2.5-** The team uses the evaluation information to make improvements to its falls prevention strategy.

**Analysis:** Although the organization reviews the falls prevention strategy during monthly team meetings, given the low number of falls, an updated strategy has not been developed. The surveyor identified some process related areas for improvements during the onsite survey such as clutter in hallways and limited use of risk assessment tools at certain sites. Therefore, the organization is encouraged to develop some process-related measures that can be used in the evaluation of the falls prevention strategy in order to ensure that the strategies described in the Clinical Practice Guideline are being implemented by staff. These additional metrics will provide more comprehensive and detailed information for the evaluation of the strategy and identifying areas for improvement.

A revised Accreditation Report has been uploaded to your organization portal.

We would like to remind you that your organization will need to submit evidence for all follow-ups. The required follow-ups must be met within the specified timelines to maintain your status.

By September 24, 2016 please submit evidence that your organization has met the following:

Required Organizational Practices (ROPs) Minor Tests for Compliance Requiring Follow-up:

Ambulatory Systemic Cancer Therapy Services (21.2.5)

Emergency Department (16.3.4), (16.3.5)

Medication Management Standards (2.3.5)

Criteria Requiring Follow-up:

Medication Management and Infection Prevention & Control

Medication Management Standards (15.1)

Applicable Service Excellence

Emergency Department (13.2)

Evidence of compliance is to be submitted via your Quality Performance Roadmap located on the client organization portal.

We thank you for your commitment to accreditation and quality improvement and look forward to ongoing work with your organization.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher Dean". The signature is fluid and cursive, with a long horizontal stroke at the end.

Christopher Dean,  
Chair, Accreditation Decision Committee

cc: Ms. Wendy Nicklin, President & Chief Executive Officer  
Ms. Joanne Longson, Managing Consultant Accreditation  
Mr. Saab Singh, Accreditation Specialist