ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

APEX Surgical

Corner Brook, NL

On-site survey dates: December 1, 2021 - December 3, 2021

Report issued: January 14, 2022

About the Accreditation Report

APEX Surgical (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in December 2021. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

APEX Surgical (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

APEX Surgical's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: December 1, 2021 to December 3, 2021**

- **Location**

  The following location was assessed during the on-site survey.

  1. Apex Surgical

- **Standards**

  The following sets of standards were used to assess the organization's programs and services during the on-site survey.

  Service Excellence Standards

  1. Independent Medical/Surgical Facilities - Service Excellence Standards

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	5	0	1	6
 Accessibility (Give me timely and equitable services)	5	0	1	6
 Safety (Keep me safe)	112	0	23	135
 Worklife (Take care of those who take care of me)	18	0	1	19
 Client-centred Services (Partner with me and my family in our care)	27	0	1	28
 Continuity (Coordinate my care across the continuum)	4	0	0	4
 Appropriateness (Do the right thing to achieve the best results)	78	0	5	83
 Efficiency (Make the best use of resources)	3	0	0	3
Total	**252**	**0**	**32**	**284**

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Independent Medical/Surgical Facilities	124 (100.0%)	0 (0.0%)	21	115 (100.0%)	0 (0.0%)	8	239 (100.0%)	0 (0.0%)	29
Total	**124 (100.0%)**	0 (0.0%)	21	115 (100.0%)	0 (0.0%)	8	239 (100.0%)	0 (0.0%)	29

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Patient safety incident disclosure (Independent Medical/Surgical Facilities)	Met	4 of 4	2 of 2
Patient safety incident management (Independent Medical/Surgical Facilities)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Independent Medical/Surgical Facilities)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Independent Medical/Surgical Facilities)	Met	1 of 1	0 of 0
Safe Surgery Checklist (Independent Medical/Surgical Facilities)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Independent Medical/Surgical Facilities)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Independent Medical/Surgical Facilities)	Met	2 of 2	2 of 2
Patient safety: education and training (Independent Medical/Surgical Facilities)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Independent Medical/Surgical Facilities)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Workplace Violence Prevention (Independent Medical/Surgical Facilities)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Independent Medical/Surgical Facilities)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Independent Medical/Surgical Facilities)	Met	1 of 1	0 of 0
Reprocessing (Independent Medical/Surgical Facilities)	Met	1 of 1	1 of 1

Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

Apex Surgical services is located in Corner Brook, Nl and provides cataract surgeries. They do approximately 95% of the cataract surgeries in Western Nl. The facility is new and inclusive, with other supportive services throughout the building, including family physicians, a pharmacy, ophthalmologists, Vogue Optical, and the Canadian National Institute for the Blind (CNIB), to note a few.
The space includes 46,000 square feet over four levels, as well as an underground parking garage and storage spaces. The new facility opened in Feb 2021 and meets the building code requirements.
Apex Surgical services is privately owned and operated with 11 staff. There is a quality assurance committee in place. Leadership and staff are commended for their diligence, their determination, and their delivery of ambulatory patient services, namely cataract surgery, in Western Nl. The team is very focused on providing the best possible level of care for their patients.

The mission of the organization is to provide quality, elective, ambulatory surgical care that promotes the health and optimal function for patients to lead active lives.

The vision for Apex Surgical is to provide excellent outpatient surgical care in their community. They strive to be the outpatient surgical healthcare provider of choice, to have a team of professional personnel who are passionate about patient care, and to be committed to improving services for their patients. A spirit of collaboration and trust is evident among the medical staff, nursing staff, administrative staff and ancillary personnel.

The goals of the organization include:

- To create a safe, convenient and user-friendly environment for patients, physicians and staff
- To provide an atmosphere of compassion and understanding with minimal stress and anxiety.
- To function at a high level of efficiency to accommodate the convenience of both the patient and the physician.
- To facilitate a plan of diagnostic and surgical treatment for each patient.
- To promote knowledge and skills of the facility’s staff in the delivery of health care and to be aware of new research, new products, and new ideas which may modify and improve present activities and procedures.
- To assure that all information regarding patients is kept private and confidential.
- To ensure that the medical staff, clinical and non-clinical personnel, display professional performance and conduct.
- To ensure all patients receive the highest quality care on a completely non-discriminatory basis as to sex, sexual orientation, age, religion, race, color, creed or national origin.

These goals are endorsed by the staff and physicians, and demonstrated in their work and care delivery. They have a Code of Ethics to guide their decision making. The team is encouraged to evaluate ethical decision making frameworks to determine if they would be beneficial. There is a strong patient safety plan, that would benefit from being highlighted and strengthened as one of their strategic priorities.

There is a Patient Rights and Responsibilities defined that is posted in the patients waiting room. It was encouraged that they consider the Rights and Responsibilities becoming part of their registration package. The facility has done a good job carrying out fire drills and mock codes. They have used the results to make improvements, where applicable.

The team has strong community partnerships including Western Health, their professional peers, their patients and families...

The staff are provided a good orientation, ongoing and regular education and training, and will be provided annual performance reviews. The staff are acknowledged for their contributions by having access to an onsite gym and a personal trainer, gift cards, recognition of their birthdays, a retreat for team building, paid benefits, and uniforms, to note a few.

At present, the team provides surgery three days of the week, as indicated by their contract with the government. They are anxious to expand these timelines.

Client satisfaction is measured after they receive services, through the patient satisfaction survey. The results have been very positive; however they will continue to monitor these and use the feedback to implement improvements. The facility has ample patient parking close to the facility which makes it easier for some patients to access the building. This was something considered during the planning for the facility.

Some challenges noted for the organization are under utilization with respect to ongoing sustainability, succession planning for those areas where only one or two staff are available with the required expertise, and future development in expanding the scope of their services. The organization is encouraged to continue to benchmark and monitor their progress for future comparisons with like organizations.

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Apex Surgical center is privately owned and provides cataract surgery for the communities of Western Newfoundland. The facility has very limited control over the services and volumes it provides, as it is directed under a government contract. They complete 2269 cataract surgeries annually. The organization continues to write letters in support of the services that are required to meet the community's needs. The organization does a good job of tracking trends in cataract surgery and the wait times and continues to advocate for additional surgeries in the area.

The center also houses ophthalmologists and family physicians, which provides a central location for patients to seek the services they require. It is a benefit to do this ambulatory cataract surgery done at the same location. Referrals are managed through central booking, which is also on-site and operated through Western Health.

The organization is encouraged to continue to evaluate the waitlist for cataract surgery and to promote reduced wait times for its patients.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a dedicated team and leadership staff, committed to providing safe and quality patient care. There is a good orientation for new staff, and staff receives regular education and training. The organization value their staff and make a strong effort to retain those staff. The staff have access to a free onsite gym, as well as the availability of a personal trainer. Other ways they recognize staff is through a celebration of birthdays, Christmas dinner/outings, gift cards, thank you notes, a team-building retreat, paid benefits, uniforms are provided, and laundered onsite, to note a few.

The HR files are organized and centrally located onsite. The staff will get regular performance reviews and updates. The staff has the necessary credentials to do their work and credentialing is reviewed as outlined in the policy. Staff are evaluated at three months and then annually. Each staff member will have their position profiles reviewed annually at the time of their performance review. Exit interviews were obtained from the one staff member who left for another position closer to her home, and there is a process outlined for those exit interviews. Patient safety education and training are available annually and is an overall strategic initiative. The organization is encouraged to highlight the many ways in which patient safety is implemented and identify it as a strategic priority. Occupational health and safety legislation and regulations are followed at the center. The staff mix and expertise meets the requirements of the patients, and the team is collaborative and interactive. The staff are most proud of their team and how well they work together.

There is a policy for workplace violence prevention that is provided to staff with their regular training and orientation. It was suggested this would become part of their ongoing competency assessment for all staff.

There is a staff member assigned responsibility for Occupational Health and Safety.

Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a Quality Improvement Program (QI), referred to as Quality Assurance, in place. This includes a committee that meets quarterly. The meetings have minutes documented that are shared with the staff and physicians. The committee reviews adverse reports and monitors improvements on a regular basis.

A strategic goal of the organization is to create a safe, convenient, and user-friendly environment for patients, physicians and staff. I would encourage the team to strengthen this goal as they reflect on patient safety and beyond the environment. The team is involved in a number of additional patient safety measures.

The staff complete Adverse Event Reports on any incidents or near misses. There is a commitment from the QA committee to review and complete an Adverse Event Follow-up Report. Improvements and changes are addressed at staff meetings and acted upon quickly.

The organization has a Risk Management Plan in place. They also complete regular data reporting around patient satisfaction, hand hygiene audits, adverse event reports, and follow-ups, to note a few. The organization will benefit when they have more data to trend and use the trending to compare themselves to other similar organizations.

They have good communication with their external partners, therefore they may want to share ongoing data with them, as well as continue to share with their patients. These results are posted in the waiting area for patients and visitors to see.

The organization has also developed and implemented a Patient Safety Plan to ensure they continue to focus on safety and have a number of patient safety initiatives in place that are ongoing, including staff awareness, education and training.

Apex Surgical Services is new, opened in February 2021, so has not had the opportunity to benchmark with similar provincial, national public or private clinics. They do, however, follow national and international evidence-based guidelines.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Apex Surgical Center has a code of ethics to guide decision-making. There are processes in place to address any conflicts of interest. The team is cohesive and collaborative in meeting their patient's needs. It is apparent that they are person centered when they talk about how the facility was built with their patients in mind. For example, wanting to ensure patients were provided parking close to the building for ease of access.

The compassion they have around the wait times for cataract surgery and the negative impact this can have on their patients is evident.

There is a Patient Rights and Responsibilities posted, that is made available to patients.

The team was encouraged to evaluate ethical decision-making frameworks to determine if they might be useful in solving ethical dilemmas. They have done some research around where ethicists are available.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is good communication internally amongst the team members They are a small team and they use WhatsApp, a more secure communication media to share internal information. The team members are well versed in privacy and confidentiality and sign an oath of confidentiality when they are first employed. There was a great deal of thought put into ensuring privacy and confidentiality for their patients at the center, with separate rooms for various conversations and processes. The building manager circulates information regarding the building and what is happening. There is a patient satisfaction survey that is distributed for feedback from patients and their families. Information is posted around the rights and responsibilities of the patients, as well as any data they are measuring, like patient satisfaction surveys and hand hygiene audits.

All patient information is captured in the electronic medical record, Mediflow. Regular chart audits are completed and improvements made where applicable.

The Human Resources (HR) files are centrally located, secure, and well organized for easy access. The facility is secured with good monitoring processes in place, like the ability to track key fob access and onsite video surveillance.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Apex Surgical center is located as part of a new 46,000 square foot facility, with an underground parking garage and storage areas. It was built to meet all the building code requirements and opened in February 2021. They have 24 air exchanges per hour in the operating room where they do cataract surgery. There are good privacy and confidentiality spaces for patients and families. There are actually two backup generators. One has a five-second delay and can be used to operate the elevators as well. The second one has an eight-second delay and can operate for a longer period of time, by combining these two systems. The procedure rooms, pre and post-operative rooms, and the operating room are private, and well designed for patient safety and flow. The spaces are large and well laid out, with good lighting. The areas have up to date equipment that is checked regularly and documented. Preventative maintenance is practiced as outlined by the companies and their policies. External contracts are reviewed and monitored for satisfaction and changes are made when needed.

Fire drills were held in June and October 2021, with improvements made when indicated. The muster station is well known and identified. There is good information posted throughout the facility regarding fire extinguishers, exits...The fire systems are checked and monitored regularly, as well as the fire extinguishers. Mock emergency codes were completed in June and October 2021. When follow-up is required from these mock codes, it should be noted on the debrief forms with any improvements that were put in place to ensure documentation is maintained.

The staff wear photo Identification, with the emergency codes, noted on the back of their IDs.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This organization only provides cataract surgery and all equipment and reprocessing concerns for these procedures. New equipment requirements are vetted by the user group and the clinical directors. Preventative maintenance on all large pieces of equipment is provided by the vendors and the organization keeps a log of maintenance issues and repairs.

Reprocessing is managed by a certified MDR individual and occurs in an appropriate separate area. All equipment undergoes cleaning, washing, and inspection prior to wrapping and sterilization. Test loads are run each day and there is a log (kept for two years) of all sterilization cycles. Biological test strips accompany each package and there is a process for the management of potential errors. Equipment and reprocessing issues are discussed at staff meetings and dealt with by the clinic director.

There is an emergency crash cart that is checked daily with a monthly inventory check. Consideration should be given to applying a plastic "lock" on the cart to reduce the necessity of daily inventory counts (if the seal is not broken-no need to count what is in the drawer).

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Surgical Procedures

- Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

Standards Set: Independent Medical/Surgical Facilities - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Competency

All staff are appropriately trained and competent to perform their tasks. Appropriate regulatory bodies are responsible for certifications and possible retraining and medical directives.

Education and training are made available to staff re information systems.

Priority Process: Episode of Care

Patients serviced at this facility have been referred via the cataract waitlist managed by Western Health. All pre-assessment and pre-operative workups are done by that independent clinic. Patient education is provided in that clinic.

There is a very restricted scope of service (cataracts only) and patients who are at potential risk are referred to Western Memorial for surgery. All procedures are done with local anesthesia with no sedation.

Patients are fully aware of the service provided and are very complimentary of the staff and surroundings. Confidentiality and privacy are respected and there are no physical or financial barriers to care.

Priority Process: Decision Support

Electronic charting is available to provide a comprehensive sequential record of all patient encounters. This record is generated on the day of surgery and includes data obtained from the independent eye clinics, pre-op assessments, surgical procedures, and post-op assessments. This becomes a permanent record for the patient.

Best practice and evidence-based guidelines for cataract surgery follow national "best practice" and are reviewed and implemented by the surgical group on a regular basis.

Priority Process: Medication Management

The organization has a very limited supply of medications with a formulary that is agreed to by the user group and regularly reviewed and modified as necessary. There are no narcotics, high risk, or high alert medications on site.

Medications are stored in locked cabinets and the clinical director is responsible for inventory control and management. She also oversees the management of the emergency crash cart supplies.

Patients are instructed upon discharge re the instillation of eye drops and written directions are provided on site. There is an avenue for inquiry re medications should that be required.

Policies are in place for the recognition and reporting of medication errors and these are discussed and documented at regular intervals.

Priority Process: Infection Prevention and Control

The organization has delegated IPAC responsibilities to an individual who has had training in infection control. Policies and procedures have been developed that follow provincial and national guidelines taking into consideration local nuances. IPAC issues are discussed regularly at staff meetings. Regular education and updates are provided. IPAC is involved with all aspects of MDR.

There is limited biological hazardous waste and it is removed under contract with Western Health. Sharps containers are appropriately managed and disposed of.

All preventative precautions are in place and hand hygiene stations are readily available. The immunization status of staff is reviewed and follows provincial requirements. Vaccines are made available to staff through the local pharmacy.

Priority Process: Surgical Procedures

Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

All patients for APEX surgery have been pre-screened and assessed in an independent eye clinic prior to being referred for surgery. This assessment includes all ophthalmological testing and medical screening. Once a decision for surgical referral is made the attending surgeon completes the booking forms including history, BPMH, and pre-surgical instructions (all these are reconfirmed at the surgical facility) and consents are obtained by the surgeon. Electronic charting of surgical data occurs and becomes a permanent record.

Intraoperative actions are all within the standard-surgical checklists and pre-operative pauses are performed. Postoperative care is provided by nursing- one-to-one and instructions are given reactivity, eye drop dosing, and follow-up (patients purchase their drops post-operatively and follow the instructions given, consideration of pre-operative purchasing and direct instruction may be of value for continuity of care). The patient has a final surgical check prior to leaving the facility.

Follow-up care post-procedure is provided by the surgeon at the independent eye clinic. Should there be questions or suspected difficulties, the patient has the provided ability to have direct contact with the on-call APEX surgeon.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.

Priority Process	Description
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge