



PROCEDURE	Adopted on: 2014	Executive Committee
	Revised and adopted on: April 3, 2019	Board of Directors
	Update: January 2020	Scientific council
SUBJECT: Development / adaptation and revision of quality standards and programs		

CQA guidelines:

The Quebec Accreditation Council provides organizations with quality standards and quality assessment programs, such as accreditation, in keeping with the principles of continuous improvement of quality, taking into account the mission and the mandates granted, available resources and the Quebec legislative and regulatory framework.

The health and social services network is a constantly changing environment, both in terms of the evolution of the population's health and social data, the needs and expectations of users with regard to the services they are entitled to receive, and the means and resources available to organizations to provide these services.

Taking into account this context, the respect of the values and foundations brought by the CQA in the exercise of its mission, the observation that, since 2005 in Quebec, the accreditation program influences the quality system of an organization and the means it deploys to demonstrate the quality of its services and its functioning to the public and decision-makers. In this context, quality standards and the accreditation program must demonstrate their relevance and rigor and are therefore subject to ongoing review, in line with recognized best practices and national and international standards applicable to the different sectors concerned.

This concern is part of the missions of the CQA from three complementary angles to the effect of:

- ⇒ Publicly certify that the quality requirements circumscribed by each quality program of the CQA are met;
- ⇒ Develop and maintain a rigorous normative framework;
- ⇒ Contribute to the realization of complementary approaches related to the quality of services.

Objectives of the accreditation program

The CQA conceives accreditation as a mechanism contributing to the continuous improvement of the quality and safety of services and care provided for all users of the Quebec health and social services network in respect of their rights.



Accreditation is a public recognition that an institution is compliant with a set of recognized quality standards and is committed to a continuous and integrated process of evaluation and improvement of the quality and security of its services.

The objectives pursued by the CQA in the implementation of its program:

- To provide organizations, public, private or community, with a normative framework and a program of continuous evaluation of the quality and safety of care and services, rigorous, efficient, rooted in the reality and in the vision of the Quebec network;
- Provide organizations, as well as the health and social services network to which they belong, with real added value in optimizing practices while preserving the systemic nature of our evaluative approach;
- Offer an approach that can adapt to the specificity of Québec, which brings together, in a single integrated network, social services and health services;
- Provide strategies, means, tools and methodologies to the actors of the quality of the network, in order to support them in achieving the desired ends;
- Promote and support the participation of all the actors directly concerned by the quality and safety of the interventions: users, professionals, doctors, managers, employees, administrators, researchers ...

Purpose of the procedure :

The purpose of this procedure is to present and describe the stages of development / adaptation and revision of the quality standards incorporated in the accreditation program and serving as references to other quality programs of the CQA.

It comes in two (2) parts:

- Development of new standards and / or evaluation programs ;
- - Review and annual update of the different program components (standards, process, methodology, decision rules,) ;



Summary

1. Steps for the development of new quality standards and / or evaluation programs
2. Steps for the revision of quality standards and / or evaluation programs
3. The quality standards of management structure and evaluation programs
4. Appendix 1: General reference frameworks for the development and review of quality standards and / or evaluation programs
5. Appendix 2: Experimental procedure with pilots
6. Annex 3: Procedure for reviewing legal and regulatory obligations (OLR)
7. Appendix 4 : Diagram of the elaboration procedure and adapting standards (website)

1. Development of new quality standards and / or new evaluation programs

STEPS		RESOURCES
I - INITIATION AND FORMALIZATION PHASE – 6 months		
1.	<p>Proceed with the adoption, by the Board of Directors, of the project of elaboration of new quality standards or a new evaluation program, proposed by the Scientific committee, in connection :</p> <ul style="list-style-type: none"> - with the orientations of the CQA ; - and / or following an identification of the needs of the sector and the actors concerned ; - with consultations and strategic meetings with the MSSS and institutional partners ; - following the analysis of the evaluations and feedbacks of client organizations, partners, expert visitors¹ 	Vigilance and quality committee / Board of Directors
2.	Identify, at the national and international levels, the status of existing standards and guidelines and related literature relevant to the area.	Scientific committee
3.	<p>Establish a committee of experts :</p> <ul style="list-style-type: none"> - representatives of the mission or type of organization concerned ; - representatives of professional bodies, professional associations of the sector ; - representatives of the research and / or academic community - representatives of service users - expert methodologists of standard development 	Scientific committee
4.	Train the experts of the committee so that they take ownership of the components of the accreditation program "Integrated Quality Management-GIQ" (philosophy, normative framework, evaluation methodology) in which the new standards will have to be inserted, in order to respect the rigor and continuity of their application in the accreditation program.	Program management
5.	<p>Develop standards proposals :</p> <ul style="list-style-type: none"> - Analyze the peculiarities of the context concerned, the stakes, the organizational and legal specificities to be taken into account for the development or adaptation and implementation of new quality standards. - Make a comprehensive survey of all activities related to the provision of targeted services including all the necessary resources (financial, material, human) for the production of this service or services. - Identify the different components of the new standards and make recommendations to the CQA - Introduce legal and regulatory obligations and ensure legal validation 	Committee of experts + program management

¹ Expert visitors: for the CQA, resources with the necessary and validated expertise to carry out external assessments on the conformity of standards, as part of a formal recognition process.



II - PHASE OF CONSULTATION / EXPERIMENTATION – 10 months		
1.	Consult stakeholders directly or indirectly through the application of these standards in order to enhance and complement the proposals of the expert committee : associations of institutions, councils or professional associations; partners involved in the evaluation of services in this sector; the representatives of the ministerial authorities concerned (medical management, quality department, etc.); the institutions or organizations concerned, representative associations of users and / or patients	Program management*
2.	If necessary, opening a new standards consultation site on the CQA website.	Program management
3.	Analyze and take into account the results of the consultation - Finalize the 1st official version of the new standards including the legal and regulatory obligations –	Scientific committee*
4.	Make a first formal validation before the launch of the new standards and / or the new program and its experimentation.	Vigilance and quality committee*
5.	Organize an experiment to apply the new standards: search for pilot sites; accompany and monitor the experimentation process (implementation, evaluation, data collection ...). Introduce the changes in the "Integrated Quality Management" portal.	Program management
6.	To make an assessment of the experiment, both in substance and in form, and analyze the results. Introduce the changes into a second version of the standard. Present them to the expert committee.	Scientific committee
7.	Finalize the final version of the standards in the portal.	Program management
III - PHASE OF ADOPTION – 1 month		
8.	Introduce the new standards to the CQA Board of Directors.	Vigilance and quality committee
9.	Develop the communication, deployment and implementation program for customers, visitors and partners.	Program management
10.	Adopt the new standards and the implementation program.	Board of Directors
IV - COMMUNICATION / DEPLOYMENT PHASE AND IMPLANTATION – 3 months		
11.	Communicate on new standards and / or the new program to all customers (website, emails, etc.).	Program management



12.	Communicate on the new standards and / or the new program to the actors concerned: associations of establishments, representative associations of users / patients, councils and professional associations, ministerial bodies ... (website, letters ...).	Program management
13.	Organize information / training sessions for the clientele concerned.	Program management
14.	Organize training sessions on new standards for expert visitors.	Program management
<i>V – ASSESSMENT PHASE THE FIRST YEAR OF IMPLANTATION – 12 months</i>		
15.	Collect customer feedback from new standards during the cycle and at the end of the cycle with the CQA customer satisfaction survey.	Program management
16.	Collect expert visitors' comments on the new standards at the end of the cycle.	Program management
17.	Collect feedback from the decision-making committee.	Scientific committee
18.	Analyze the results collected and introduction to the annual standards revision plan.	Scientific committee

***descriptions CQA organization plan (2019)**

2. Steps for the revision of quality standards and / or evaluation programs

STEPS		RESOURCES
<i>I - INITIATION AND FORMALIZATION PHASE - continuous</i>		
1.	Continuously monitor trends in developments of best practices and scientific knowledge in relevant sectors, including legal and regulatory obligations	Program management * Scientific committee *
2.	Continuously compile remarks, comments, suggestions and expectations regarding the application of standards, with quality advisors from the CQA, the decision-making committee, external evaluators and client organizations	Program management
3.	Conduct a systematic evaluation of client satisfaction with organizations, in progress and at the end of each evaluation program, with a compilation of results	Program management
4.	Conduct, among the actors directly or indirectly through the application of these standards: associations of establishments, councils or professional associations; partners involved in the evaluation of services in this sector; the representatives of the ministerial authorities concerned (medical management, quality management, etc.), external evaluators, compiled reviews, by accreditation cycles and by types of missions, both qualitative and quantitative, to validate the optimal use of standards and collect the expectations and / or needs of the environment.	Program management
5.	Set up, where appropriate, a committee of experts representative of the stakeholders involved in the application of the standards in order to identify comments for the updating and updating of the standards.	Program management
6.	Regularly analyze all the data collected and select the elements to integrate according to the following criteria: relevance, cross-sectoral generalization possible, impact, redundancy, compliance with the accreditation program (philosophy, vision, normative framework, values ...)	Scientific committee
7.	Develop proposals for integrating modifications, adjustments and / or adaptations into standards.	Scientific committee

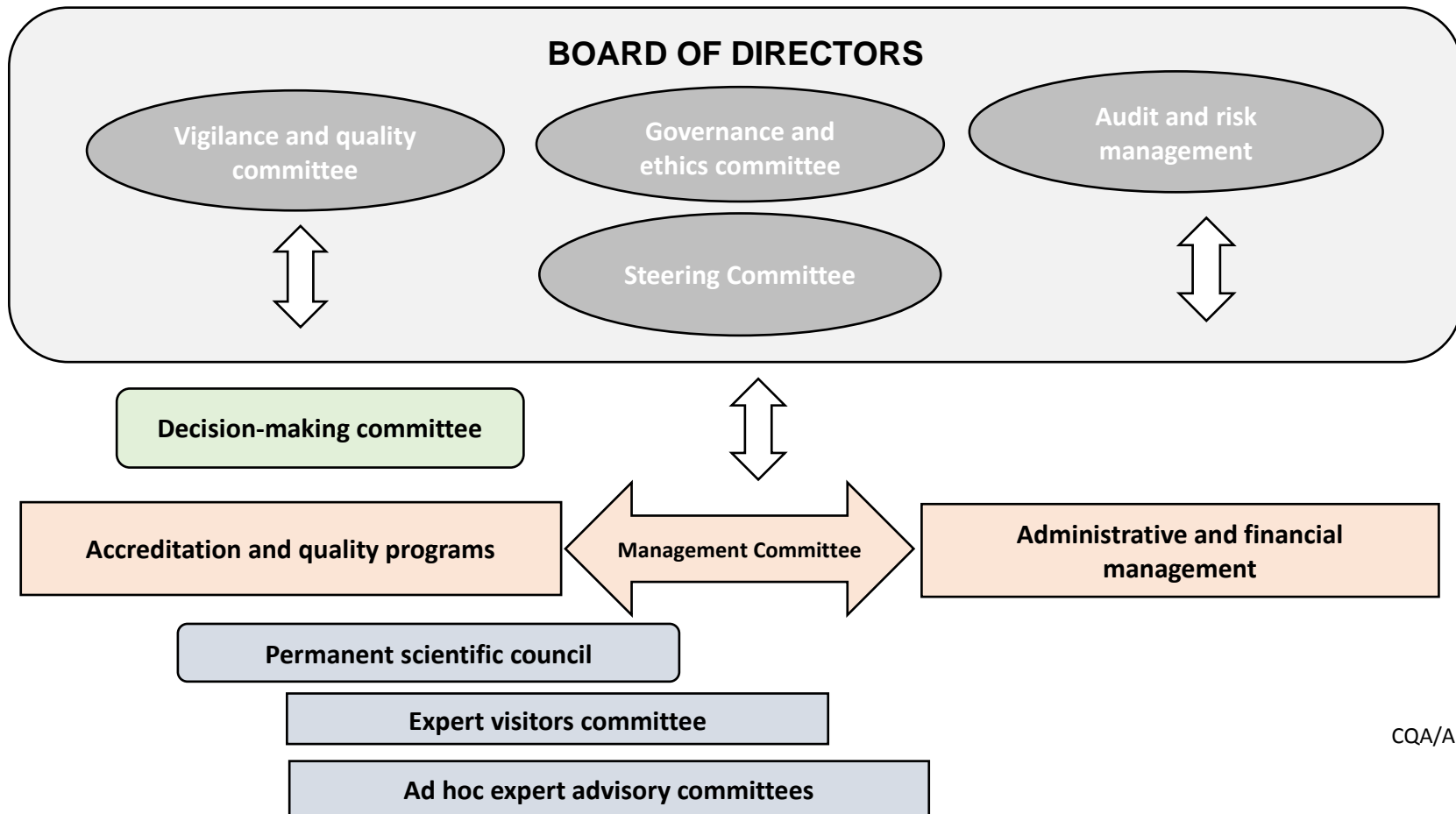


II - PHASE OF CONSULTATION / EXPERIMENTATION – 6 months		
8.	Validate the revision project for validation of modifications, adjustments and / or adaptation of standards.	Vigilance and quality committee *
9.	Final formatting of the new standards and adaptation of the portal "Integrated Quality Management - GIQ".	Program management
10.	Notify and educate organizations of changes to standards and collect feedback.	Program management
11.	Notify, and if necessary, train external evaluators of changes to standards and collect feedback.	Program management
12.	Validate the relevance of the modifications made and analyze the results of the first year of implementation both in terms of content and form and integrate before adoption.	Scientific committee
III - PHASE OF ADOPTION – 1 month		
13.	Submit revisions to the CQA Board of Directors..	Vigilance and quality committee
14.	Adoption of changes to standards.	Program management
IV - COMMUNICATION / DEPLOYMENT PHASE AND IMPLANTATION – 1 month		
15.	Communiquer sur les changements auprès des acteurs concernés : associations d'établissements, associations représentatives des usagers/patients, conseils et associations professionnelles, instances ministérielles...	Program management Scientific committee
16.	Organize timely training sessions on the updates for the clientele	Program management
17.	Organize timely training sessions on updates for expert visitors.	Program management
V – ASSESSMENT PHASE THE FIRST YEAR OF IMPLANTATION – 12 months		
18.	Collect the comments of the customers concerned by the revisions of standards during the cycle and at the end of the cycle by the customer satisfaction survey CQA.	Program management
19.	Gather feedback from expert visitors on end-of-cycle standards reviews.	Program management

20.	Collect feedback from the decision-making committee.	Scientific committee
21.	Analyze the results collected.	Scientific committee

*descriptions CQA organization plan (2019)

3. The quality standards of management structure and evaluation programs





4. Appendix 1: General reference frameworks for the development and review of quality standards and / or evaluation programs

a. Gouvernance

- Organisation mondiale de normalisation ISO - Normes 9001 – version 2015 “ Système de management de la qualité
- WHO – management of quality of care for accreditation: <https://www.who.int/management/quality/accreditation/en/>
- Baker et al [2010]. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations. <http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
- Guide-Entreprise en santé – Bureau de Normalisation des Normes – Québec

b. Normes internationales et nationales en qualité et sécurité des soins

- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards (September 2012). Sydney. ACSQHC, 2012.
- Joint Commission : Comprehensive Accreditation Manuals <https://www.jcrinc.com/2019-comprehensive-accreditation-manuals/> 2019
- Tracers; <https://www.jcrinc.com/tracers-with-amp-sup/sup-2019> Home Care Compliance Assessment Checklist : https://www.jcrinc.com/2019-home-care-compliance-assessment-checklist/?_
- Joint commission website: <https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf> Transition of care: https://www.jointcommission.org/hot_topics_toc/
- Bilan de la mise en œuvre du programme de gestion des risques dans les établissements de santé depuis la diffusion de la circulaire D HOS E2 / E4 n° 176 du 29 mars 2004 relative à la mise en œuvre d'un programme de gestion des risques en établissement de santé [Internet]. Paris : ministère de la Santé et des Sports; 2009. <http://www.sante-sports.gouv.fr> - Rapport général gestion des risques en établissements de sante 2009 - www.has-sante.fr

c. Lois et règlements – Dispositions générales

- Code civil du Québec, L.Q., 1991, C. 64
- Charte de la langue française, L.R.Q., c. C-11
- Charte des droits et libertés de la personne, L.R.Q., c. C-12
- Code des professions, L.R.Q., c. C-26
- Décret concernant la désignation d'établissements en vertu de l'article 508 de la Loi sur les services de santé et les services sociaux, R.R.Q., c. S-4.2, r.9
- Loi médicale L.R.Q., c. M-9
- Loi sur l'assurance maladie, L.R.Q., c. A-29
- Loi sur l'accès aux documents des organismes publics et sur la protection des renseignements personnels, L.R.Q., c. A-2.1
- Loi sur les services de santé et les services sociaux (LSSSS) : , L.R.Q., c. S-4.2
- Règlement sur l'organisation et l'administration des établissements, R.R.Q., c. S-5, r.5
- Règlement d'application de la LSSSS, R.R.Q., c. S-5, r.1
- Loi sur la santé publique, L.R.Q., c. S-2.2 Règlement
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- Loi sur la protection de la santé publique : Règlement d'application de la Loi sur les laboratoires médicaux, la conservation des organes et des tissus et la disposition des cadavres, R.R.Q., c. L-0.2, r.1
- Loi sur les laboratoires médicaux, la conservation des organes et des tissus et la disposition des cadavres, L.R.Q., c. L-0.2
- Loi sur la recherche des causes et circonstances des décès, L.R.Q., c. R-0.2
- Codes de déontologie applicables aux membres des différents ordres professionnels
- Loi sur la protection de la jeunesse, L.R.Q., c. P-34.1
- Loi sur la protection des personnes dont l'état mental présente un danger pour elle-même et pour autrui, L.R.Q., c. P-38.001
- Loi sur la protection des renseignements personnels dans le secteur privé, L.R.Q. c. P-39.1
- Loi sur le protecteur des usagers en matière de santé et de services sociaux, L.R.Q., c. P-31.1
- Loi sur la sécurité civile, L.R.Q., c. S-2.3
- Loi sur le système pour les adolescents : Loi sur le système de justice pénale pour les adolescents, L.C. 2002, ch. 1
- Règlement sur les conditions du recours à l'hébergement en unité d'encadrement intensif, R.R.Q., c. P-34.1, r.6
- Règlement sur la classification des services offerts par une ressource intermédiaire et une ressource de type familial, R.R.Q., c. S-4.2, r.3.1
- Règlement sur la contribution des usagers des établissements de santé et de services sociaux, R.R.Q., c. S-4.2, r.6
- Loi sur l'assurance-hospitalisation, L.R.Q. c. A-28
- Loi santé et sécurité du travail, L.R.Q. c. S-2.1
- Loi favorisant le développement de la main-d'œuvre, L.R.Q., c. D-7.1
- Loi sur le tabac, L.R.Q., c. T 0.01
- Loi sur les archives, L.R.Q., c. A-21.1
- Règlement sur le calendrier de conservation, le versement, le dépôt et l'élimination des archives publiques, R.R.Q., c. A-21.1, r.2
- Loi sur l'équilibre budgétaire du réseau public de la santé et des services sociaux, L.R.Q., c. E-12.0001
- Règlement sur la gestion financière des établissements et des conseils régionaux, R.R.Q., c. S-5, r.3
- Loi sur les contrats des organismes publics, L.R.Q., c. C-65.1
- Loi sur le bâtiment, L.R.Q., c. B-1.1
- Règlement sur les contrats d'approvisionnement des organismes publics, R.R.Q., c. C-65.1, r.2
- Règlement sur les contrats de services des organismes publics, R.R.Q., c. C-65.1, r.4
- Règlement sur les contrats de travaux de construction des organismes publics, R.R.Q., c. C-65.1, r.5
- Règlement sur les montants applicables aux fins de l'autorisation requise de l'agence pour certains travaux relatifs aux immeubles d'un établissement public ou d'un établissement privé conventionné, R.R.Q. c. S-4.2, r.17
- Règlement sur la procédure à suivre pour les projets de construction d'immeubles des agences de la santé et des services sociaux et des établissements publics et privés conventionnés, R.R.Q., c. S-4.2, r.18
- Loi sur la qualité de l'environnement - (L.R.Q., c. Q-2, a. 31, 46, 70, 109.1 et 124.1)
- Plan de développement durable 2015-2020 - MSSS

d. Sécurité et salubrité

- Cadre de référence sur l'organisation d'une unité de réadaptation fonctionnelle intensive en établissement de réadaptation en déficience physique - Association des établissements de réadaptation en déficience physique du Québec
- Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales (ASSTSAS)
- Centre canadien d'hygiène et de sécurité au travail (Lasers - Établissements de santé)



- Centre québécois d'inspection des aliments et de santé animale
- Chaire de déficience intellectuelle et troubles du comportement, UQAM et CRDI Montérégie-Est
- Code sécurité 35
- Commission canadienne des codes du bâtiment et de prévention des incendies (CCCBPI)
- Corporation d'hébergement du Québec, URFI
- Document d'information sur le contrôle des infections, Ordre des dentistes du Québec
- Guide d'aménagement du bloc opératoire, Corporation d'hébergement du Québec
- Guide d'implantation d'une ressource spécialisée pour les personnes présentant des troubles graves du comportement
- Guide d'aménagement imagerie médicale, MSSS
- Guide de gestion des services alimentaires, MSSS
- Guide de la qualité de l'air intérieur dans les établissements du RSSS
- Guide de prévention des infections dans les résidences privées pour aînés, Gouvernement du Québec
- Guide pratique d'accessibilité universelle, par l'IRDPO, le CIRRIS et la Ville de Québec
- Guide pour l'aménagement sanitaire des établissements alimentaires
- Guide d'aménagement des centres d'hébergement et de soins de longue durée, Ministère de la Santé et des Services sociaux du Québec, Direction de l'expertise technique
- L'aménagement de résidences pour personnes multi handicapées présentant une déficience intellectuelle, ASSTSAS
- Les services de désintoxication dans les centres de réadaptation en dépendance, Fédération québécoise des centres de réadaptation pour personnes alcooliques et autres toxicomanies
- Lignes directrices en hygiène et salubrité, MSSS
- Loi sur la qualité de l'environnement, Règlement sur les déchets biomédicaux, chapitre Q-2, r. 12, Gouvernement du Québec
- Loi sur la sécurité dans les édifices publics
- Manuel d'application, Règlement sur la certification des ressources en toxicomanie ou en jeu pathologique, MSSS
- Ministère de l'Agriculture, des Pêcheries et de l'Alimentation (MAPAQ)
- National Fire Protection Association (NFPA, international codes and standards)
- Normes d'aménagement et de sécurité des lieux des ressources intermédiaires
- Normes de conception « sans obstacles », MSSS
- Orientations ministérielles : « Un milieu de vie de qualité pour les personnes hébergées en CHSLD », MSSS
- Régie du bâtiment du Québec, Code de construction
- Loi sur les appareils sous pression/Règlement sur les appareils sous pression, R.R.Q., c. A20.01, r.1
- Santé Canada, Manuel de référence sur les exigences du SIMDUT en vertu de la Loi sur les produits dangereux et du Règlement sur les produits contrôlés
- Santé Canada, Santé de l'environnement et du milieu de travail
- « La sécurité en cas d'incendie pour les personnes à mobilité réduite vivant en milieu résidentiel », Société logique, Rapport remis à la Société canadienne d'hypothèque et de logement et à la Société d'habitation du Québec, Montréal
- Unité de réadaptation en internat, Répertoire des guides de planification immobilière, MSSS
- Système d'identification des matières dangereuses utilisées au travail (SIMDUT)

e. Laboratoires d'imageries médicales

- Code civil du Québec, L.Q., 1991, c. 64
- Charte des droits et libertés de la personne, L.R.Q. c. C-12
- Code des professions, L.R.Q., c. C-26
- Code de déontologie des médecins, c. M-9, r. 17
- Loi sur l'assurance maladie, L.R.Q., c. A-29



- Loi sur les laboratoires médicaux, la conservation des organes et des tissus et la disposition des cadavres, C. L-0.2
- Règlement d'application de la Loi sur les laboratoires médicaux, la conservation des organes et des tissus et la disposition des cadavres, c. L-0.2, r. 1
- Loi sur la protection des renseignements personnels dans le secteur privé (LPRPSP), L.R.Q.,
- Loi sur la santé publique, L.R.Q., c. S-2.2
- Règlement sur la tenue des dossiers, des cabinets ou bureaux des médecins ainsi que des autres effets, c. M-9, r. 28
- Normes de pratiques appliquées en radiodiagnostic - OTIMROEMPQ
- Norme professionnelle en échographie, Ordre des technologues en imagerie médicale et en radio-oncologie du Québec

f. Centres médicaux spécialisés

- Guide pour la conception et la rénovation des blocs opératoires – Collège des médecins - Qc
- Guide-Procédures-Interventions-ExtraHosp-2011 – Collège des médecins - Qc
- Loi sur les activités cliniques et de recherche en matière de procréation assistée, chapitre A-5.01, Gouvernement du Québec
- Règlement sur la transmission de renseignements concernant les personnes ayant reçu une transfusion sanguine ou des produits sanguins, R.R.Q., c. S-4.2, r.26
- Directives pour les modalités de sédation consciente, sédation profonde ou d'anesthésie générale - Barbeau, J. Tanguay, R. Faucher, E. et al. Multiparametric Analysis of Waterline Contamination in Dental Units. Appl Environ Microbiol. 62:3954- 3959, 1996 2 - Whitehouse R.L.S., Peters, E., Lizotte, J. et al. Influence of Biofilms on Microbial Contamination in Dental Unit Water. J. Dent 19:290-295, 1991.
- Règlement sur les déchets biomédicaux

g. Centres dentaires

- Loi sur les dentistes - L.R.Q., c. D-3,
- Règlement sur la tenue des cabinets et des dossiers et la cessation d'exercice des membres de l'Ordre des dentistes du Québec
- Code des professions - (L.R.Q., c. C-26, a. 91) - Décision 04-11-24, 2004 G.O. 2, 5037 _ L.Q. 2008, c. 11, a. 212
- Guide de prévention des troubles musculosquelettiques (TMS) en clinique dentaire, ASSTSAS
- Règlement sur les déchets biomédicaux
- Lignes directrices de l'Association dentaire canadienne concernant l'entretien des conduites d'eau des unités dentaires adoptées par l'Ordre des dentistes du Québec

h. Participation des usagers

- Association médicale canadienne. Faire passer les patients en premier : Soins en collaboration axés sur les patients - Document de discussion, juillet 2007 www.cma.ca <<http://www.cma.ca>>
- Association médicale canadienne. La transformation des soins de santé au Canada - Des changements réels. Des soins durables. Bâtir une culture de soins axés sur les patients. Charte des soins axés sur les patients. 2010 www.cma.ca <<http://www.cma.ca>>
- ASSOCIATION OF PUBLIC HEALTH OBSERVATORIES (APHO) (2008). The Good Indicators Guide: Understanding how to use and choose indicators, NHS Institute for Innovation and Improvement.
- BC PATIENT SAFETY AND QUALITY COUNCIL (2010). Measurement strategies for improving the quality of care: A review of best practice, Vancouver, Colombie-Britannique.
- British Columbia Ministry of Health. Integrated primary and community care patient and public engagement Framework, 2011. www.impactbc.ca <<http://www.impactbc.ca>>
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- Centers for Disease Control and Prevention (2003). Prevention Works: CDC Strategies for a Heart-Healthy and Stroke-Free America, Atlanta, GA: U.S. Department of Health and Human Services. www.cdc.gov <<http://www.cdc.gov>>
- Conseil canadien de la santé. Passer du savoir à l'action : Commentaires à propos du Symposium national sur la participation des patients, 2012. www.healthcouncilcanada.ca <<http://www.healthcouncilcanada.ca>>
- Conseil canadien de la santé. « Quelle part les Canadiens prennent-ils à leurs soins de santé primaires? Résultats du Sondage international 2010 du Fonds du Commonwealth sur les politiques en santé » Les soins de santé au Canada, c'est capital, 2008. Bulletin no 5. www.healthcouncilcanada.ca <<http://www.healthcouncilcanada.ca>>
- Conseil de la qualité des soins oncologiques de l'Ontario. Environnemental Scan: Patient and Family Experience, juin 2013.
- Conseil de la santé du Nouveau-Brunswick. Notre santé. Nos perspectives. Nos solutions. Résultats de notre première initiative d'engagement des citoyennes et des citoyens du Nouveau-Brunswick, 2010. www.nbhc.ca <<http://www.nbhc.ca>>
- Fondation canadienne pour l'amélioration des services de santé. Webinaire « Sur appel », Série sur la participation du patient. www.cfhi-fcass.ca <<http://www.cfhi-fcass.ca>>
- Groupe de travail canadien sur la malnutrition. Outil de dépistage du risque nutritionnel du Groupe de travail canadien sur la malnutrition, juin 2014. www.nutritioncareincanada.ca <<http://www.nutritioncareincanada.ca>>
- Institute for Healthcare Improvement. (IHI) (2012). How to Improve. www.ih.org <<http://www.ih.org>>
- Institute for Healthcare Improvement. Strategies for Leadership: Patient-and Family-Centred Care: A Hospital Self-Assessment Inventory, 2004, www.ih.org <<http://www.ih.org>>
- Instituts de recherche en santé du Canada. Communiqué. Le gouvernement du Canada donne la priorité aux patients grâce à une nouvelle stratégie de recherche, 22 août 2011. www.cihr-irsc.gc.ca <<http://www.cihr-irsc.gc.ca>>
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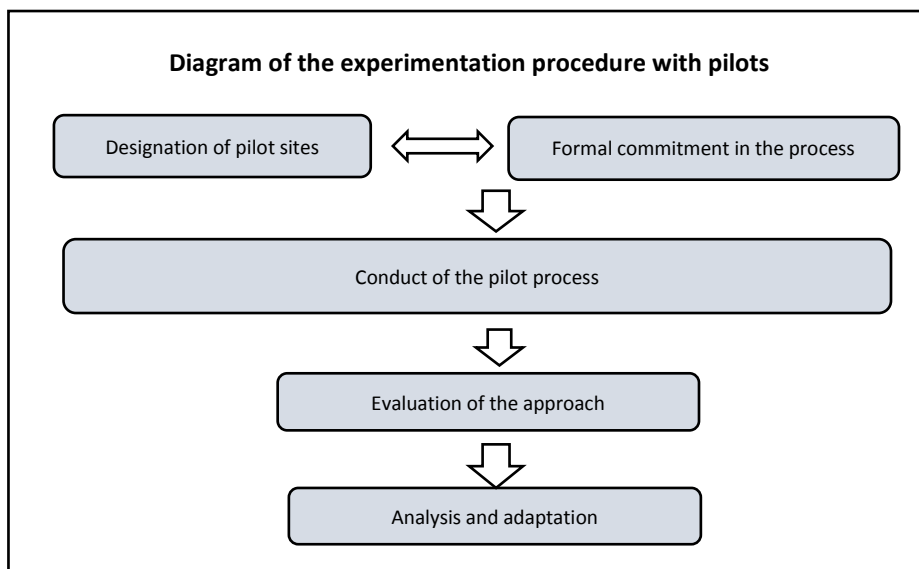
5. Appendix 2: Experimental procedure with pilots

Purpose: This procedure aims to detail the progress of pilot projects set up as part of the development of new quality standards and / or evaluation programs

Objectives : The main objective of this procedure is to ensure that the various steps relating to the establishment, management and evaluation of pilot sites are respected, in relation to the objectives of the procedure for the elaboration and revision of quality standards and / or evaluation programs.

Conduct of the experiment :

<i>Steps</i>	<i>Descriptive</i>
Determination of pilot sites	Choose 1 or 2 organizations that meet the criteria for the experiment and can offer comparable data
Engagement in experimentation	The commitment is voluntary in the experimentation process and its goal is clearly identified as well as the roles and responsibilities of each one in the approach
Conduct of the experiment	Pilots have conditions similar to normal, with the support of the CQA and access to necessary tools
Evaluation of the experiment	At the end of the process, the pilots participate in an evaluation of the approach and share their comments on the subject of experimentation
Analysis and integration	The data collected from the evaluation are processed, analyzed for validation / corrections of quality standards or evaluation programs



Mandates of the pilots in the experimentation :



⇒ Test, by practice:

- Methodology (schedule, support and support)
- Tools (surveys, questionnaires, platform ...)
- Make comments, recommendations to improve them and / or make them more relevant

⇒ Become referents in the deployment to other professional orders

Evaluation of experimentation :

- Validate the relevance of the new equality standards / new evaluation program
- Validate the wording and clarity of the standards
- Identify targets for improvement, both in substance and in form

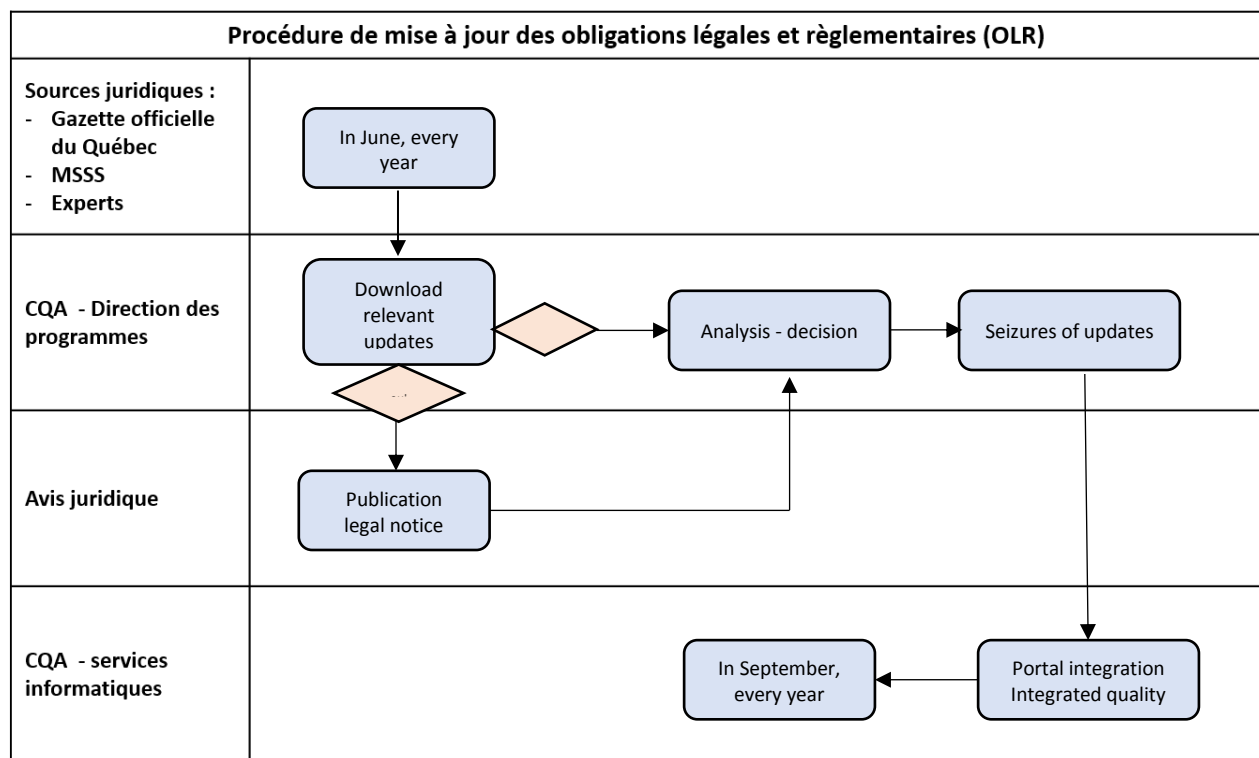


6. Appendix 3: Procedure for reviewing legal and regulatory obligations (OLR)

Purpose: This procedure is intended to specify the steps necessary for the annual review of the legal and regulatory obligations associated with the quality standards of the CQA

Objectives: to ensure that the legal and regulatory obligations supporting the quality standards of the CQA in its evaluation programs are regularly and systematically updated

Progress of the revision :



7. Appendix 4: Diagram of the procedure for the development and revision of quality standards and evaluation programmes (2019)

Appendix 4 : Diagram of the procedure for the development and revision of quality standards and evaluation programmes (2019)

