



Clinic
Accreditation
Consultants

SERVICE EXCELLENCE

Policy & Procedure Manual

2025 January Revision

YOUR CLINIC NAME HERE



INTRODUCTION

SERVICE EXCELLENCE | Policy & Procedure Manual | Your Clinic Name Here
2025 January Revision

Summary

This manual is designed to establish a comprehensive set of policies and procedures that align with our organizational goals and the referenced Accreditation Canada guidelines. It serves as a reference document to guide staff, stakeholders, and management in the consistent and effective implementation of our operational standards. The manual is structured to provide clarity, ensuring that all users can easily navigate and understand the responsibilities, procedures, and expectations outlined herein. Our commitment to transparency, accountability, and excellence is reflected in the meticulous design and organization of this manual.

Rationale

The rationale behind this manual is to provide a clear, structured framework that supports our organization's operational integrity and strategic objectives. By articulating our policies and procedures explicitly, we aim to foster an environment of trust and collaboration, enabling every member of our organization to contribute effectively towards our shared goals. This manual is not only a testament to our commitment to best practices but also a tool to facilitate our journey towards sustainable growth and success.

Reference to Standards

ACCREDITATION CANADA

This document is written to ensure compliance with Accreditation.ca’s Standards and guidelines

PROGRAM:	QMENTUM Program Standards	STANDARDS ORG:	Accreditation Canada
REFERENCE STANDARDS:	SERVICE EXCELLENCE	REFERENCE VERSION:	October 2022
ADMINISTRATOR RESPONSIBLE	CONTACT INFORMATION		



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1 – INVESTING IN QUALITY SERVICES

1.1 – Services are designed collaboratively to meet the needs of clients and the community.

SVEX1.1.1

1.1.1 – The team co-designs its services with its partners and the community.

OBJECTIVE

Your Clinic Name Here is committed to co-designing its services with partners and the community we serve. This policy outlines our approach to collaborative service development, ensuring services are responsive to client and community needs.

POLICY

Core Values of Co-Design

- **Client-Centric:** Clients and families are central to service design and improvement.
- **Partnership-Based:** We collaborate with healthcare providers, community organizations, and advocacy groups.
- **Community-Informed:** We prioritize incorporating the perspectives and needs of the broader community.
- **Needs-Driven:** We identify and address existing service gaps to ensure comprehensive care.
- **Strength-Based:** Service design capitalizes on the strengths and lived experiences of clients and community members.

Benefits of Co-Design

By co-designing services, YOUR CLINIC NAME aims to achieve the following benefits:

- **Increased Client Satisfaction:** Services are more likely to meet client expectations and preferences.
- **Improved Service Delivery:** Co-designed services are more efficient, effective, and address identified service gaps.
- **Enhanced Community Engagement:** Stronger relationships fostered with partners and the community.
- **Sustainability and Growth:** Services are adaptable to changing needs and ensure long-term effectiveness.

Co-Design Strategies

YOUR CLINIC NAME utilizes various approaches to facilitate co-design:

- **Client Experience Surveys:** Regularly gather feedback from clients through surveys to understand their experiences and identify areas for improvement.

- **Client Advocacy Groups:** Establish formal or informal partnerships with client advocacy groups to gain insights and ensure services align with client needs.
- **Community Advisory Committees:** Form advisory committees with representatives from the community, healthcare providers, and social service organizations to foster ongoing dialogue and collaboration.
- **Focus Groups and Workshops:** Organize focus groups and workshops with clients, families, and community stakeholders to gather feedback on specific service areas.
- **Partner Consultation:** Maintain regular communication with healthcare partners and community organizations to identify service gaps and opportunities for collaboration.

Implementation Process

The co-design process will include the following key steps:

1. **Needs Assessment:** Identify service gaps and areas for improvement through data analysis, client feedback, and community consultations.
2. **Stakeholder Engagement:** Engage clients, families, community partners, and staff in the co-design process.
3. **Collaborative Development:** Work collaboratively to develop service models, program content, and delivery strategies that address identified needs.
4. **Pilot Implementation:** Pilot new or improved services to test their effectiveness and gather further feedback.
5. **Evaluation and Refinement:** Continuously evaluate co-designed services and make adjustments based on feedback and ongoing needs assessment.

If clients in the YOUR CLINIC NAME program express a desire/or are in need of mental health support they would receive collaborative and wrap around care involving the following services: Individual therapy sessions with the Director of Clinical Services, access to the Nurse Practitioner, medication management with Mint Pharmacy, individual counseling sessions with their assigned counselor, and access to community resources.

- 1.) Staff will conduct ongoing assessment around mental health through the following areas: Intake screening, Treatment planning, individual counselling sessions, and in classes/group therapy
- 2.) Staff will document the need for mental health support on the client's treatment plan or within case notes
- 3.) Depending on the needs of the client, the client will be connected to the following internal resources: Individual therapy sessions with the Director of Clinical Services, access to the Nurse Practitioner, medication management with Mint Pharmacy, individual therapy sessions with their assigned counselor
- 4.) If the client were in need of external resources for mental health, they would be supported to connect to these while in treatment.

Performance Measure:

All internal services that a client may be connected to will work collaboratively and document on our electronic database, FYI.

SVEX1.2.4 1.2.4 – The team works with the organization to co-design its physical spaces to meet its safety and service needs including confidential and private interactions for clients and families.

OBJECTIVE

YOUR CLINIC NAME is committed to creating safe, supportive, and therapeutic physical spaces that promote client dignity, respect, privacy, confidentiality, accessibility, and recovery. This policy outlines the collaborative approach we take in planning, designing, and utilizing our physical environment to best serve the needs of our clients, families, and staff.

POLICY

1. **Needs Assessment**

- **Client and Family Input:** Regularly solicit feedback from clients and families regarding their needs and preferences for the physical space. This may include focus groups, surveys, or open-ended discussions.
- **Staff Input:** Incorporate staff experiences and perspectives on space utilization and functionality into the planning process.
- **Accessibility Audit:** Regularly conduct accessibility audits to ensure the physical environment is inclusive and meets the needs of individuals with disabilities.

2. **Space Design and Utilization**

- Based on the needs assessment, the team leadership will work with the organization and relevant experts (e.g., architects, designers) to:
 - Designate dedicated spaces for specific activities (e.g., individual counseling, group therapy, relaxation areas, family meetings).
 - Ensure the space fosters a sense of safety and security.
 - Prioritize client privacy by incorporating visual and auditory barriers in common areas as needed.
 - Create a welcoming and comfortable environment that promotes well-being.
 - Adhere to all relevant regulations concerning accessibility, fire safety, and infection prevention and control.

3. **Client and Family Engagement**

- Clients and families may be invited to participate in space design discussions by:
 - Providing feedback on furniture selection, layout preferences, and artwork displays.
 - Participating in pilot testing of new space arrangements.

4. **Services Outside the Facility**

- When services are provided outside the YOUR CLINIC NAME facility (e.g., client homes, partner organizations), the team will:
 - Work collaboratively with clients, families, and partners to ensure the space is safe, confidential, and appropriate for service delivery.
 - Adhere to all relevant privacy regulations and maintain client confidentiality.

Implementation:

- A multidisciplinary Space Planning Committee has been established, including representatives from the client and family population.



- Regular consultations with clients, families, and staff are held to gather feedback on space design and usage.
- Design principles are incorporated that reflect the latest standards in safety, privacy, and infection control.
- Partnerships with external organizations are formed to ensure that services provided off-site meet YOUR CLINIC NAME's standards.

Outcome: The implementation of this policy has resulted in physical spaces that are not only safe and accessible but also respectful and responsive to the needs of our clients and their families, thereby enhancing the overall quality of care and service provided by YOUR CLINIC NAME.



- **Recognition and Appreciation:** Promote a culture of recognition and appreciation for staff contributions to bolster morale and well-being.

Benefits of Well-being and Work-Life Balance

- **Improved Staff Performance:** Well-rested and balanced staff are more productive, focused, and deliver higher quality care.
- **Reduced Absenteeism:** A healthy work environment reduces work-related stress and can lead to lower absenteeism.
- **Increased Staff Retention:** When staff feel supported and valued, they are more likely to stay with the organization.
- **Positive Work Environment:** A focus on well-being fosters a more positive and collaborative work environment.
- **Enhanced Client Care:** Ultimately, staff well-being translates to improved client care delivery.

Leadership Role

Team leadership plays a critical role in promoting staff well-being and work-life balance by:

- **Setting the Tone:** Team leaders model a healthy work-life balance and encourage open communication regarding workload.
- **Regular Check-ins:** Schedule regular conversations with staff to discuss workload challenges and well-being.
- **Advocacy:** Team leaders advocate for resources and support to help staff manage workload and stress.
- **Continuous Improvement:** Work collaboratively with staff to identify areas for improvement regarding workload management and well-being initiatives.

For the comprehensive workload management strategy please see:

- *SIM009 - Employee Handbook V9*
 - *section Hours of Work, Overtime, Holidays & Vacation*
 - *section Leaves of Absence*

SVEX2.3.2

2.3.2 – The team leadership engages with team members to determine work and job design, roles and responsibilities, and assignments.

OBJECTIVE

YOUR CLINIC NAME is committed to creating a dynamic and engaging work environment that optimizes staff well-being, client care delivery, and continuous improvement. This policy outlines a collaborative approach to job design, roles, responsibilities, and workload management, actively engaging team members in the process.

POLICY

Core Principles

- **Collaborative Design:** Team leadership actively engages staff members (including direct care providers, support staff, and administrative personnel) in shaping job design, roles, responsibilities, and workload distribution.
- **Valuing Diverse Perspectives:** Feedback from clients, families (with consent), and staff is solicited to gain a comprehensive understanding of work requirements and potential improvements.
- **Flexibility:** Job design, roles, and assignments are flexible, adapting to the specific needs of service delivery, client populations, and individual staff strengths and preferences.
- **Client-Centered Care:** The ultimate goal is to create a work environment that optimizes the delivery of high-quality client care.

Job Design and Workload Management Approach

1. Needs Assessment:

- Team leadership will conduct regular needs assessments, considering:
 - Service demands.
 - Client needs and acuity levels.
 - Staff skill sets and preferences.
 - Technological advancements.
 - Feedback from clients, families (with consent), and staff.

2. Collaborative Discussions:

- Team leadership will facilitate open discussions with staff to address:
 - Preferred work styles and skillsets.
 - Opportunities for job enrichment or rotation.
 - Workload distribution and potential challenges.
- Team leaders will work with staff to identify solutions that optimize service delivery and staff well-being.

3. Work Design Strategies:

- Job design may be tailored through strategies such as:
 - **Job Enlargement:** Expanding task variety within a role.
 - **Job Rotation:** Rotating staff through different tasks or client groups.
 - **Job Enrichment:** Providing opportunities for increased responsibility and decision-making.



- **Scheduling Flexibility:** Exploring options like compressed workweeks or flexible start/end times.
- **Work Breaks:** Designing schedules with adequate breaks to combat fatigue and promote well-being.
- **Technology Integration:** Leveraging technology to streamline workflows and reduce administrative burdens.
- **Teamwork and Collaboration:** Fostering collaboration and workload sharing within teams.

4. **Communication and Implementation:**

- Agreed-upon changes to job design, roles, and assignments will be clearly communicated to all staff members.
- Implementation will be staged, allowing for adjustments and ongoing feedback.

Continuous Improvement

- The effectiveness of job design and workload management will be monitored through:
 - **Staff feedback surveys.**
 - **Performance metrics.**
 - **Client and family feedback (with consent).**
 - **Regular team discussions.**
- Based on feedback and monitoring, adjustments will be made to continuously refine the system.

Benefits of Collaborative Work Design and Management

- **Enhanced Staff Engagement:** Staff feel empowered and valued when they can contribute to shaping their work environment.
- **Improved Skill Development:** Job rotation and enrichment opportunities can enhance staff skillsets.
- **Increased Job Satisfaction:** A well-designed job with appropriate workload can lead to greater job satisfaction.
- **Reduced Staff Burnout:** Flexible workload management and breaks help prevent staff burnout.
- **Optimized Client Care:** Effective job design and workload distribution allow staff to provide exceptional client care.

Key Considerations When Developing Protocols and Procedures

- **Clarity and Conciseness:** Protocols and procedures will be clearly written, easy to understand, and readily accessible to all staff members.
- **Client-Centeredness:** The needs, preferences, and safety of clients will be prioritized when developing all protocols and procedures.
- **Flexibility:** Protocols and procedures will allow for necessary adaptations based on individual client needs and clinical judgment.
- **Regular Review and Updates:** Protocols and procedures will be reviewed periodically and updated to reflect evolving best practices, client feedback, and new evidence.

Benefits of Standardized Service Delivery

- **Improved Client Outcomes:** Standardized care based on evidence-informed guidelines leads to better client outcomes.
- **Enhanced Client Safety:** Consistent adherence to protocols minimizes risks and promotes client safety.
- **Increased Staff Efficiency:** Clear protocols and procedures improve workflow and staff efficiency.
- **Improved Team Communication:** Standardization fosters better communication and collaboration among team members.
- **Client and Family Satisfaction:** Reduced variations enhance service predictability and contribute to client and family satisfaction.

Team Member Responsibility

All team members are responsible for:

- Following established protocols and procedures consistently.
- Participating in the development and review of protocols and procedures.
- Identifying and reporting any unnecessary variations in service delivery.

Leadership Responsibility

Team leadership will:

- Foster a culture of continuous improvement and quality service delivery.
- Champion the use of evidence-informed guidelines for protocol development.
- Facilitate team discussions and collaboration regarding service variations.
- Implement mechanisms to collect and analyze client and family feedback.
- Champion team member participation in the development and review of protocols.

SVEX4.1.6

4.1.6 – The team follows organizational policy on ethical research practices including when to seek ethics approval.

OBJECTIVE

YOUR CLINIC NAME is committed to conducting research and quality improvement (QI) activities ethically and responsibly. This policy outlines the organization's procedures for ensuring adherence to ethical research principles and obtaining necessary ethics approval when required.

POLICY

Ethical Research Principles

- **Client Autonomy:** Clients have the right to choose whether or not to participate in research or QI activities. Informed consent must be obtained before collecting any personal information.
- **Client Confidentiality:** All personal information obtained through research or QI activities will be kept confidential and secure.
- **Minimizing Risk:** The potential risks associated with research or QI activities must be minimized.
- **Justice and Fairness:** Research and QI activities will be designed and conducted in a fair and equitable manner, ensuring all participants have the opportunity to benefit.

All team members, including staff, clients, and families, are responsible for evaluating the need for ethics approval before undertaking research or QI activities that involve the collection of personal information. This evaluation will consider the following factors:

- **Is personal information being collected?** This includes any data that could potentially identify a specific client, such as name, date of birth, or medical record information.
- **Is data collection linked to a research question or QI initiative?** Even if data collection is part of routine service delivery, if it is being used to answer a specific research question or evaluate a quality improvement initiative, ethics approval may be required.
- **Does the research pose any potential risks to participants?** This includes risks to privacy, confidentiality, or psychological well-being.

YOUR CLINIC NAME has comprehensive policy procedure for research management which is outlined in **IM-003 Research Management**. This Covers topics such as:

- Submission process to conduct research at the organization
- The approval process for research studies at the organization
- Implementation process of research at the organization
- Dissemination of research findings
- Retention of document
- Performance measure process

4.3 – Indicator data is collected and used to guide quality improvement activities.

SVEX4.3.1

4.3.1 – The team collects information and feedback from its members and its partners about the quality of services to guide quality improvement initiatives.

SVEX4.3.2

4.3.2 – The team uses information and feedback about the quality of services to identify opportunities for quality improvement initiatives and set priorities.

SVEX4.3.3

4.3.3 – The team identifies measurable objectives for its quality improvement initiatives including specific timeframes for their completion.

OBJECTIVE

YOUR CLINIC NAME is dedicated to continuously improving the quality of services we provide. This policy outlines a comprehensive approach to gathering feedback from team members, including staff, clients, and families, as well as partners, to identify and prioritize areas for improvement.

POLICY

Core Principles

- **Client-Centered:** Client needs and experiences are central to continuous quality improvement (QI) initiatives.
- **Collaborative Engagement:** All team members, including staff, clients, and families, actively participate in providing feedback and identifying areas for improvement.
- **Data-Driven Approach:** A variety of data sources are used to identify and prioritize QI initiatives.
- **SMART Objectives:** Clear, measurable, and achievable objectives are established for each QI initiative.
 - SMART stands for specific, measurable, achievable, relevant, and time-bound.
 - **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.
 - **Measurable** – Objective includes how the action will be measured. Measuring your objectives helps you determine if you are making progress. It keeps you on track and on schedule.
 - **Achievable** – Objective is realistic given the realities faced in the community. Setting reasonable objectives helps set the project up for success
 - **Relevant** – A relevant objective makes sense, that is, it fits the purpose of the grant, it fits the culture and structure of the community, and it addresses the vision of the project.
 - **Time-bound** – Every objective has a specific timeline for completion.

- **Continuous Improvement:** We foster a culture of continuous learning and adaptation, regularly evaluating the effectiveness of implemented QI initiatives.

Gathering Feedback

We utilize a variety of methods to gather feedback on service quality:

- **Client and Family Satisfaction Surveys:** Regular surveys will be conducted to assess client and family satisfaction with various aspects of service delivery.
- **Focus Groups and Interviews:** Periodic focus groups and interviews with clients and families will provide in-depth feedback on specific service areas.
- **Team Meetings:** Team meetings will be used for open discussion and sharing of observations regarding service quality issues.
- **Complaint Analysis:** All complaints will be thoroughly investigated, and the information used to identify systemic issues requiring improvement.
- **Partner Feedback:** Feedback will be solicited from partnering organizations to identify areas where collaboration can be enhanced to improve service delivery.
- **Data Analysis:** Financial reports, performance metrics, and client outcome data will be analyzed to identify potential areas for improvement.

Identifying and Prioritizing QI Initiatives

Feedback and data will be used collaboratively by the team, including staff, clients, and families, to identify areas for improvement. A standardized prioritization process will be employed, considering factors such as:

- **Expressed Needs of Clients and Families:** Feedback regarding unmet needs and desired service enhancements will be a key consideration.
- **Client-Reported Outcomes:** Data on client outcomes will be used to identify areas where improvement will yield the greatest gains for clients.
- **Risk:** Areas associated with higher risk of incidents or negative client experiences will be prioritized for improvement efforts.
- **Volume and Cost:** Issues impacting a significant number of clients or incurring high costs will be prioritized.

Setting SMART Objectives

For each identified QI initiative, clear and measurable objectives will be established using the SMART criteria:

- **Specific:** Objectives will clearly define the desired improvement, leaving no room for ambiguity.
- **Measurable:** Objectives will include specific, quantifiable metrics to track progress and assess success.
- **Achievable:** Objectives will be challenging but attainable, considering available resources and timeframe.
- **Relevant:** Objectives will directly address the identified area for improvement and align with YOUR CLINIC NAME's overall strategic goals.
- **Time-bound:** Objectives will have a clearly defined timeframe for completion. Team members, including clients and families, will actively participate in determining realistic timeframes for achieving objectives.

Implementation and Evaluation

- Following the establishment of SMART objectives, a clear action plan will be developed for each QI initiative. This plan will outline the specific steps required to achieve the objectives, assign responsibilities to team members, and identify any necessary resources.



- Progress towards achieving objectives will be regularly monitored and evaluated using the established metrics.
- Data collected during evaluation will be analyzed to determine the effectiveness of implemented QI initiatives.
- Based on the evaluation results, adjustments may be made to the initiative or continued as needed.

Team and Leadership Roles

- **All Team Members (Staff, Clients, Families):**
 - Provide honest and constructive feedback through available channels.
 - Participate in discussions and prioritization of quality improvement initiatives.
 - Contribute to the development of SMART objectives.
- **Leadership:**
 - Champion a culture of continuous improvement within YOUR CLINIC NAME.
 - Allocate resources for QI initiatives.
 - Facilitate team discussions and collaboration regarding QI initiatives.
 - Oversee the evaluation and effectiveness of QI activities.

See:

PR-019 Quality Improvement Planning and Assessment