

3.2.4 Standards Set: Customized Medication Management for Aboriginal Health Services

Usual Criteria	High Priority Criteria
Priority Process: Medication Management	

1.6 The organization has a policy and process to manage the availability of sample medications.

Surveyor comments on the priority process(es)
Priority Process: Medication Management

The nursing staff have recognized the need for removing prescription pads from the clinic offices. Doctors are encouraged to store prescription pads in the cupboard in the out patient department.

The staff who administer medications within the organization have access to pharmacist's advice at the Anna Laberge Hospital. This is a contracted service. Other tools such as the CPS are readily available to staff who need information on medications in a timely manner.

Infusion pumps are used rarely. It has been acknowledged that policies and procedures are required and need to be communicated to all affected staff.

When administering high risk medications such as Heparin, there is a process in place in which two nurses verify the correct dosage.

The organization tracks and monitors medication errors and has analyzed results. Omission of medication is the major reason for medication errors. Measures such as additional training have been instituted to decrease the omission rates throughout the organization.



June 20, 2012

Ms. Lynda Delisle
Interim Executive Director
Kateri Memorial Hospital Centre
P.O. Box 10
Kahnawake, Quebec
J0L 1B0

Dear Ms. Delisle:

The Accreditation Decision Committee is pleased to inform you that Kateri Memorial Hospital Centre is Accredited under the Qmentum accreditation program. Your Accreditation Report can be found on your client organization portal. This is a milestone to be celebrated, and we congratulate you and your team for your commitment to providing safe, high quality health services.

There is, however, required follow-up (formerly referred to as conditions) that must be met within the specified timelines to maintain your status:

By November 06, 2012, please submit evidence that your organization has met the following criteria:

Required Organizational Practices:

Major tests for compliance:

- Medicine Services (7.4.1 ,7.4.2 ,7.4.4)

By May 06, 2013, please submit evidence that your organization has met the following criteria:

Required Organizational Practices:

All remaining tests for compliance.

Also, it is possible that your accreditation decision could be improved if, by November 06, 2012, your organization meets the criteria outlined in the appendix.

Evidence of compliance is to be submitted via your Quality Performance Roadmap located on the client organization portal under the ROP follow-up filter.

We at Accreditation Canada are pleased to work with you on your quality improvement efforts and look forward to continuing to provide you with guidance and support. If you have any questions or would like to discuss your next steps, contact Hélène Tassé, your Accreditation Specialist, at 1-800-814-7769, ext. 292.

Sincerely,

Suzanne Larocque
Chair, Accreditation Decision Committee

c.c.: Ms. Lidia Desimone, Quality Improvement Coordinator

Appendix

ACCREDITED WITH COMMENDATION

To achieve the decision of Accredited with Commendation you must meet the following requirements by November 06, 2012:

Required Organizational Practices:

Meet 2 major tests for compliance from the following list:

- Medicine Services (7.4.1 ,7.4.2 ,7.4.4)

OR

ACCREDITED WITH EXEMPLARY STANDING

To achieve the decision of Accredited with Exemplary Standing you must meet the following requirements by November 06, 2012:

Required Organizational Practices:

Meet all major and minor tests for compliance.

In order to improve your Accreditation Decision by two levels from Accredited to Accredited with Exemplary Standing your organization may need to undergo a focused visit to confirm the changes and improvements put in place.



November 14, 2012

Ms. Lynda Delisle
Interim Executive Director
Kateri Memorial Hospital Centre
P.O. Box 10
Kahnawake, Quebec
JOL 1B0

Dear Ms. Delisle:

The Accreditation Decision Committee has reviewed the evidence submitted by Kateri Memorial Hospital Centre as a follow-up to your recent accreditation decision.

As a result of this review, we are pleased to advise you that the decision awarded to your organization has been changed to Accredited with Commendation. Your Quality Performance Roadmap has been updated to reflect compliance with the evaluated criteria.

Congratulations! This achievement demonstrates your organization's determination and commitment to ongoing quality improvement. We applaud your leadership, staff, and accreditation team members for their efforts and dedication to the provision of safe, quality health services.

Please be reminded that your organization is still required to provide evidence of compliance with the following criteria:

Required Organizational Practices:
Minor tests for compliance:
Medicine Services (7.4.3), (7.4.5)

In order to maintain your new accreditation status, it is important to note that evidence describing compliance with these criteria must be submitted via your Quality Performance Roadmap by May 06, 2013.

Should you have any questions or wish to discuss the scheduling of your next on-site survey, feel free to contact Hélène Tassé, Accreditation Specialist at 1-800-814-7769 ext. 292.

Sincerely,

Suzanne Larocque
Chair, Accreditation Decision Committee

c.c.: Ms. Lidia Desimone, Quality Improvement Coordinator