



## Accreditation Report

Chhabieh health center  
South, Lebanon

On-site Survey Dates: 09/08/2014 - 09/08/2014



ACCREDITATION CANADA  
AGRÉMENT CANADA

*Driving Quality Health Services  
Force motrice de la qualité des services de santé*

## About the Accreditation Report

As part of **Chhabieh health center** (referred to hereafter as “the organization”) participation in accreditation process, an on-site survey was conducted in August 2014. Information from the on-site survey as well as other data obtained from the organization were used to produce this report.

This Accreditation Report contains a summary of the Accreditation results.

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 to produce the Accreditation Report.

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

## Confidentiality

This report is confidential and is provided by Accreditation Canada to the Ministry/organization only. Accreditation Canada does not release the report to any other parties.

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



## About the Accreditation Process

Accreditation is a cornerstone of quality improvement and patient safety initiatives, enabling an organization to regularly and consistently assess and improve its services.

Organizations take part in a self-assessment, and undergo an on-site survey during which peer surveyors assess their services against standards of excellence. The survey itself includes a review of documentation, team interviews, facility tours and focus group meetings with various stakeholders.

The comments and recommendations in this report guide the organization as it incorporates the principles of accreditation into its programs and improves the quality of care and services provided to clients and the community.

## Assessing Compliance

During the visit surveyors will evaluate compliance with each of the measures of performance within the standards. Surveyors collect information during the tracer activities and then check the appropriate response for each question. For each question, there are four possible rating options: **Not in place (N)**, **In development (D)**, **In place (I)** and **Leading practice (L)**.

## Leading Practices

*Recognizing innovation and creativity in health care delivery:*

Leading Practices are noteworthy practices carried out by the organization and tied to the standards. Whereas strengths are recognized for what they contribute to the organization, Leading Practices are notable for what they could contribute to the field.

Leading Practices are defined as:

- Creative and innovative;
- Demonstrate efficiency in practice;
- Linked to the primary care standards;
- Adaptable by other organizations.



## Accreditation Summary

### Chhabieh health center

---

**On-site survey dates:** 09/08/2014 - 09/08/2014

**Accreditation Decision:** N/A

#### Sites

The following locations were visited during this survey visit:

- Chhabieh health center

#### Evaluation Team

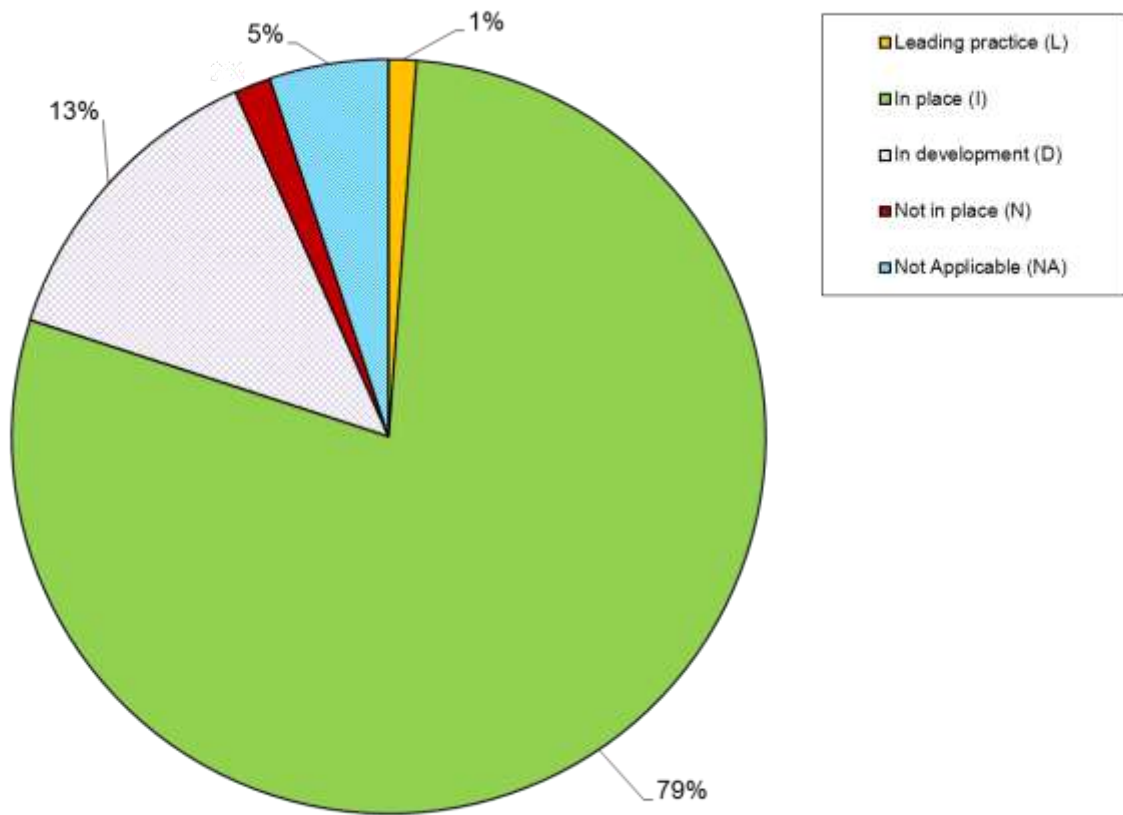
This report reflects the views and recommendations of the evaluation team.

#### Team Members

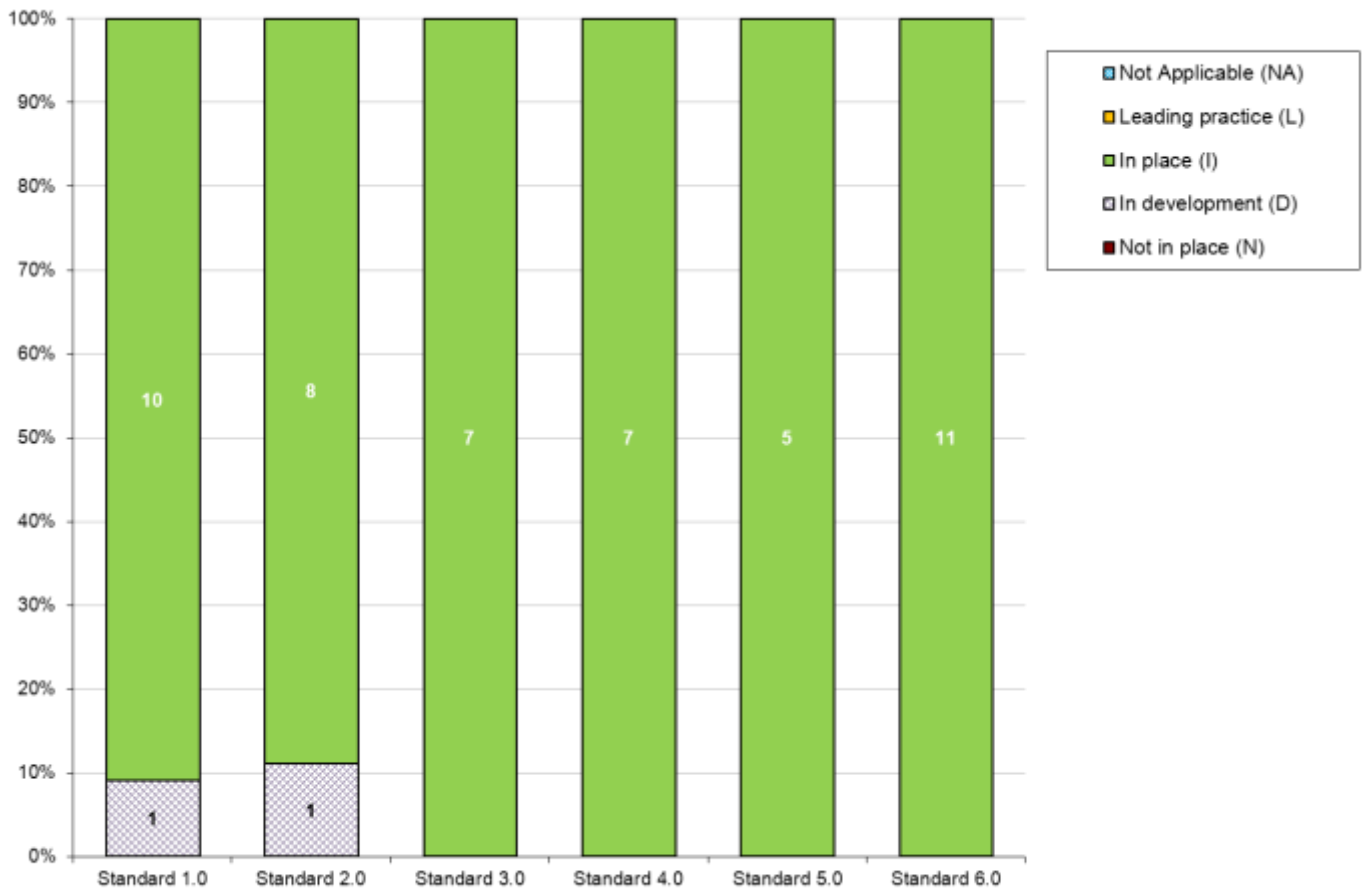
- Ms. Claire Ann Brodie (Team Leader)
- Ms. Genevieve Corbin (Team Member)



Overall:



## BUILDING AN EFFECTIVE PRIMARY CARE CLINIC



### Strengths:

This organization has been in place for many years and as a result has a corporate structure that is there to support the sites. There are well established systems for planning, service delivery HR, infection control, and quality improvement. Vision, mission, values, strategic plan, client rights and responsibilities are all in place. It is evident that this organization truly lives by its values in care provision. The functioning of this organization is an example of leading practice.

### Areas For Improvements:

A more formal needs assessment as well as a formalized review annually of management practices would be beneficial.

Measures of Quality	Rating
1.1 The clinic has a license to offer primary care services.	In place (I)
1.2 The clinic clearly displays for clients a description of the primary care services it is authorized to provide.	In place (I)
1.3 The clinic is managed by an appropriately qualified and experienced person.	In place (I)
1.4 The clinic manager meets with staff on a regular basis.	In place (I)
1.5 The clinic's staff and service providers are able to access the clinic	In place (I)



Measures of Quality	Rating
<b>manager between meetings for decision-making purposes.</b>	
<b>1.6 The clinic has an organizational chart with clear lines of responsibility and authority.</b>	In place (I)
<b>1.7 The clinic demonstrates financial accountability to its funders through annual reporting.</b>	In place (I)
<b>1.8 The clinic distributes an annual report to all key stakeholders.</b>	In place (I)
<b>1.9 The clinic manager monitors, evaluates and modifies its management practices to improve cost performance.</b>	In place (I)
<b>1.10 The clinic evaluates its management practices annually.</b>	In development (D)
<b>1.11 The clinic improves its management processes based on the results of the evaluation.</b>	In place (I)
<b>2.1 The clinic has written mission and vision statements.</b>	In place (I)
<b>2.2 The clinic collects information about the health care needs of its clients and community.</b>	In development (D)
<b>2.3 The clinic analyzes and uses the information it collects about its community for planning and designing services.</b>	In place (I)
<b>2.4 The clinic has a strategic plan based on identified community needs.</b>	In place (I)
<b>2.5 The clinic's strategic plan includes measurable long-term goals and objectives.</b>	In place (I)
<b>2.6 The clinic develops annual operating plans to guide day-to-day operations.</b>	In place (I)
<b>2.7 The clinic has a committee made up of members of the broader community to provide input on services.</b>	In place (I)
<b>2.8 The clinic involves its clients and community when developing its operating plans.</b>	In place (I)
<b>2.9 The clinic has written policies for client and community participation principles.</b>	In place (I)
<b>3.1 The clinic establishes a strong relationship with the Ministry of Public Health.</b>	In place (I)
<b>3.2 The clinic collects and uses information about existing primary health care initiatives in its community.</b>	In place (I)
<b>3.3 The clinic establishes partnerships with other primary health care providers or programs based on the health needs of its clients.</b>	In place (I)
<b>3.4 The clinic establishes partnerships with local schools in order to deliver health education.</b>	In place (I)
<b>3.5 With its partners, the clinic collaborates with hospitals and other levels of care including specialized service providers or consultants.</b>	In place (I)
<b>3.6 The clinic follows a process to transfer and refer client information and records to and from other health care providers.</b>	In place (I)
<b>3.7 The clinic distributes information on its services and programs to its partners, served community and stakeholders through at least one method annually.</b>	In place (I)
<b>4.1 The clinic prepares annual operating and capital budgets according to recognized financial policies and procedures.</b>	In place (I)
<b>4.2 The clinic monitors its budgets and generates regular reports on its financial performance.</b>	In place (I)
<b>4.3 The clinic meets legislative requirements for managing its financial resources and producing financial reports.</b>	In place (I)

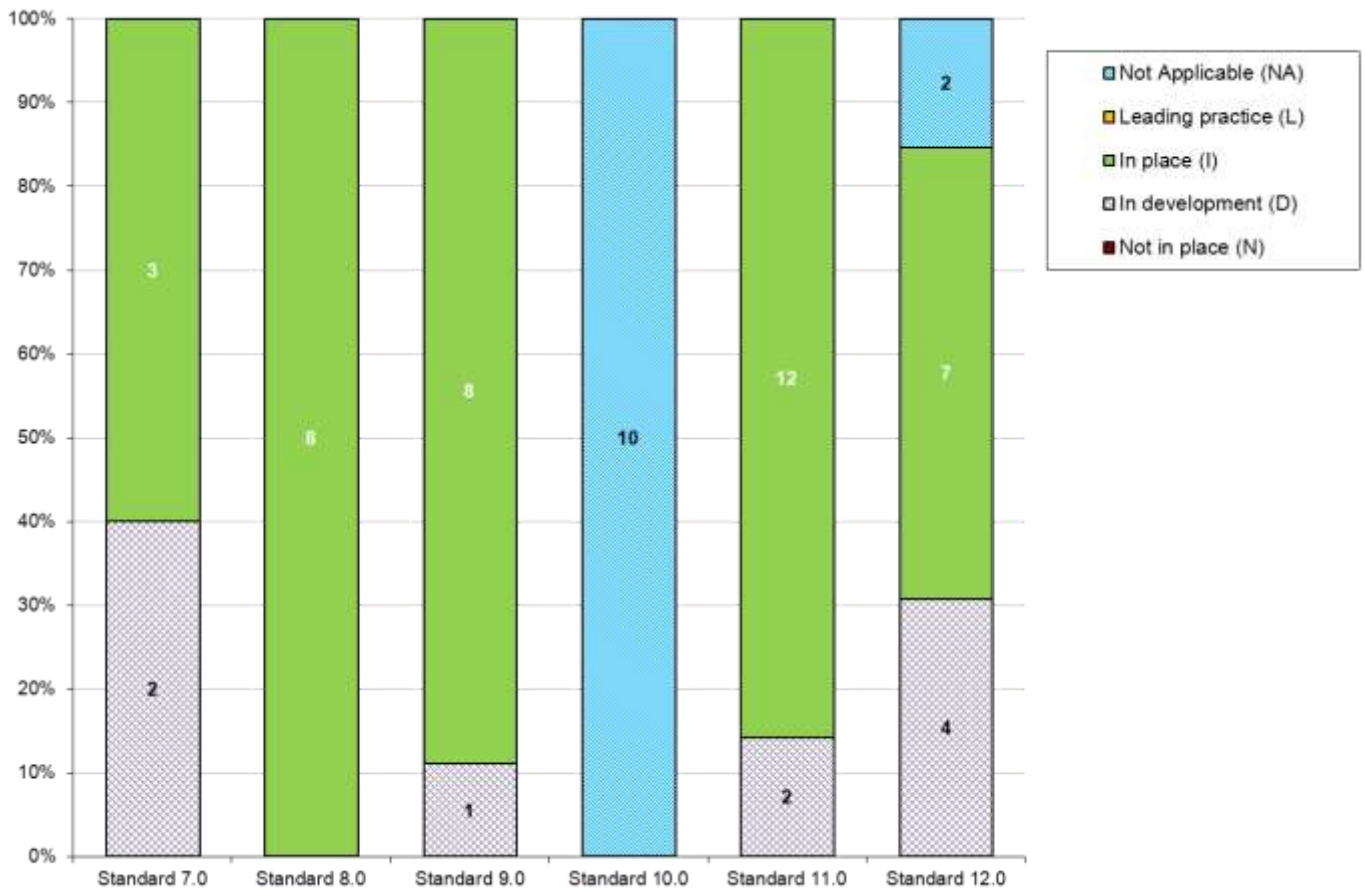


Measures of Quality		Rating
4.4	The clinic clearly assigns responsibility and authority for managing its financial transactions.	In place (I)
4.5	The clinic has or adopts a human resources plan that assists the clinic achieve its strategic and operational plans.	In place (I)
4.6	The clinic has a sufficient number and mix of physicians, other health care providers, and clerical and information technology staff to enable work to be completed in a safe and efficient manner.	In place (I)
4.7	The clinic implements recruitment and retention strategies to attract and keep the staff needed to meet the needs of clients.	In place (I)
5.1	The clinic carries out regular community outreach and health education campaigns.	In place (I)
5.2	The clinic uses a diverse range of evidence-based health promotion models to modify behaviour as part of its community outreach and health education campaigns.	In place (I)
5.3	The clinic uses interactive learning strategies that acknowledge and value participants' experience when conducting community outreach and health education campaigns.	In place (I)
5.4	The clinic provides information and skills development sessions to members of the community about health issues and staying healthy.	In place (I)
5.5	The clinic periodically monitors the impact of its interventions on the health status of its community members.	In place (I)
6.1	The clinic informs clients and staff of their rights and responsibilities.	In place (I)
6.2	The clinic delivers services based on codes of ethics.	In place (I)
6.3	The clinic has policies and procedures in place to prevent financial and other conflicts of interest.	In place (I)
6.4	The clinic complies with the relevant professional and legislative confidentiality requirements.	In place (I)
6.5	The waiting and admitting areas for clients are clean and comfortable and laid out in a way that maintains client privacy and confidentiality.	In place (I)
6.6	The clinic's physical workspace maintains the comfort, privacy and confidentiality of clients.	In place (I)
6.7	The clinic gathers and uses input from clients and families about the physical environment.	In place (I)
6.8	The clinic's staff are considerate to individual diversity including gender, culture, age, socioeconomic status, religion and disability.	In place (I)
6.9	The clinic informs clients and stakeholders about how to place complaints.	In place (I)
6.10	The clinic has systems in place to process verbal or written complaints from clients and stakeholders.	In place (I)
6.11	The clinic promptly investigates and responds to complaints from clients and stakeholders.	In place (I)





## MAINTAINING A SAFE PRIMARY CARE CLINIC



### Strengths:

There is no lab or DI at the site.

The facility is well maintained.

Fire prevention is in place and includes training as well as drills and evacuation plans.

Staff have knowledge as to how to manage aggressive behaviors and security staff are available.

Incident reporting and analysis is in place including root cause analysis for the incidents.

There is a designated infection control lead. MOH guidelines are followed; hand washing training and audits are completed.

The pharmacy is secured and medications are well organized.

A list of high alert medications is in place.

Policies and procedures on the roles and functions of the pharmacy are in place including processes and procedures for dealing with adverse reactions to medications.



Vaccines are properly stored and accessible and the viability of the vaccine is continuously monitored through temperature audits twice daily.

A no abbreviations policy is in place.

### Areas For Improvements:

Formalization of a policy for aggressive behaviors and disclosure is needed.

A separate room for sterilization is needed.

Masks should be available at the entrance for easy access when needed for staff or clients.

A policy and process to ensure that all medications are reviewed and that there is a double check of the prescription prior to the medication being dispensed is recommended to mitigate the potential for medication errors as there is no full time pharmacist on site.

Measures of Quality	Rating
7.1 The clinic's team members are trained to identify and manage risk.	In place (I)
7.2 The clinic's staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.	In place (I)
7.3 The clinic monitors and investigates trends in rates of sentinel events, near misses, and adverse events.	In development (D)
7.4 The team follows the clinic's policy and process to report and disclose adverse events to clients and families.	In development (D)
7.5 The clinic takes steps to prevent sentinel events, adverse events, and near-misses from occurring again and makes improvements to safety as required.	In place (I)
8.1 The clinic's physical space meets applicable legislation and regulations.	In place (I)
8.2 The clinic has back-up systems for water, electricity and heating.	In place (I)
8.3 The clinic's leaders schedule and document regular inspections, testing, and maintenance of fire detection, warning and extinguishing systems to reduce the risk of fire.	In place (I)
8.4 The clinic educates staff and clients about fire safety and prevention.	In place (I)
8.5 The clinic's leaders train staff on how to evacuate through regular fire drills.	In place (I)
8.6 The clinic regularly maintains the physical facility.	In place (I)
8.7 The clinic properly controls the temperature and ventilation of the facility.	In place (I)
8.8 The clinic functions in a manner that supports conservation of and minimizes damage to the environment.	In place (I)
9.1 The clinic has a process for selecting the medical equipment.	In place (I)
9.2 The clinic follows a documented process for setting-up, validating, and calibrating all new equipment.	In place (I)
9.3 The clinic trains staff on how to use new or specialized equipment.	In place (I)
9.4 The clinic has a schedule for preventative maintenance for all equipment.	In place (I)
9.5 The clinic follows a schedule for upgrading and replacing medical	In place (I)



Measures of Quality	Rating
equipment.	
9.6 The clinic has systems to verify that the equipment it uses complies with the appropriate standards and manufacturer instructions.	In place (I)
9.7 The clinic maintains contracts with external maintenance service providers.	In place (I)
9.8 The clinic follows documented procedures to manage medical equipment incidents including adverse events or cases involving misuse.	In development (D)
9.9 The clinic's staff have access to an equipment resource person who they can consult when they are having problems.	In place (I)
10.1 The clinic's laboratory and diagnostic services meet applicable laws, regulations and standards of practice.	Not Applicable (NA)
10.2 The clinic's laboratory has adequate equipment and supplies to carry out its lab services safely and efficiently.	Not Applicable (NA)
10.3 The clinic's laboratory regularly maintains, calibrates, and inspects instruments and equipment.	Not Applicable (NA)
10.4 The clinic's laboratory safely labels and uses supplies, reagents, and media.	Not Applicable (NA)
10.5 The layout of the laboratory makes it easy to wash, clean, and disinfect work areas, equipment, and floors.	Not Applicable (NA)
10.6 The clinic's laboratory work areas, including floors and walls, are clean and well-maintained.	Not Applicable (NA)
10.7 The clinic carries out diagnostic procedures in areas separate from client care areas.	Not Applicable (NA)
10.8 The clinic posts safety warnings at the entrance of diagnostic and examination procedure rooms and restricts access when they are in use.	Not Applicable (NA)
10.9 The clinic's laboratory and diagnostic services have a quality control program.	Not Applicable (NA)
10.10 The clinic's laboratory keeps records of quality control results, identified problems, and actions taken to fix the problems.	Not Applicable (NA)
11.1 The clinic limits access to medications to authorized staff.	In place (I)
11.2 The clinic limits access to medications by storing them away from client service areas in a cabinet, drawer or closet that is locked.	In place (I)
11.3 The clinic's medication storage areas are clean and orderly.	In place (I)
11.4 The clinic limits access to prescription pads to authorized staff only.	In place (I)
11.5 The clinic maintains an up-to-date inventory of available medications and medications that have been dispensed.	In place (I)
11.6 The clinic's medication labels are distinctive, use clear abbreviations, and contain only essential information.	In development (D)
11.7 The clinic keeps track of all medications it dispenses.	In place (I)
11.8 The clinic defines and lists available high-risk/high-alert medications.	In place (I)
11.9 The clinic has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the practice.	In development (D)
11.10 The clinic has an up-to-date list of medications covered by the National Social Security Fund.	In place (I)
11.11 The clinic annually updates its list of vaccinations based on the	In place (I)



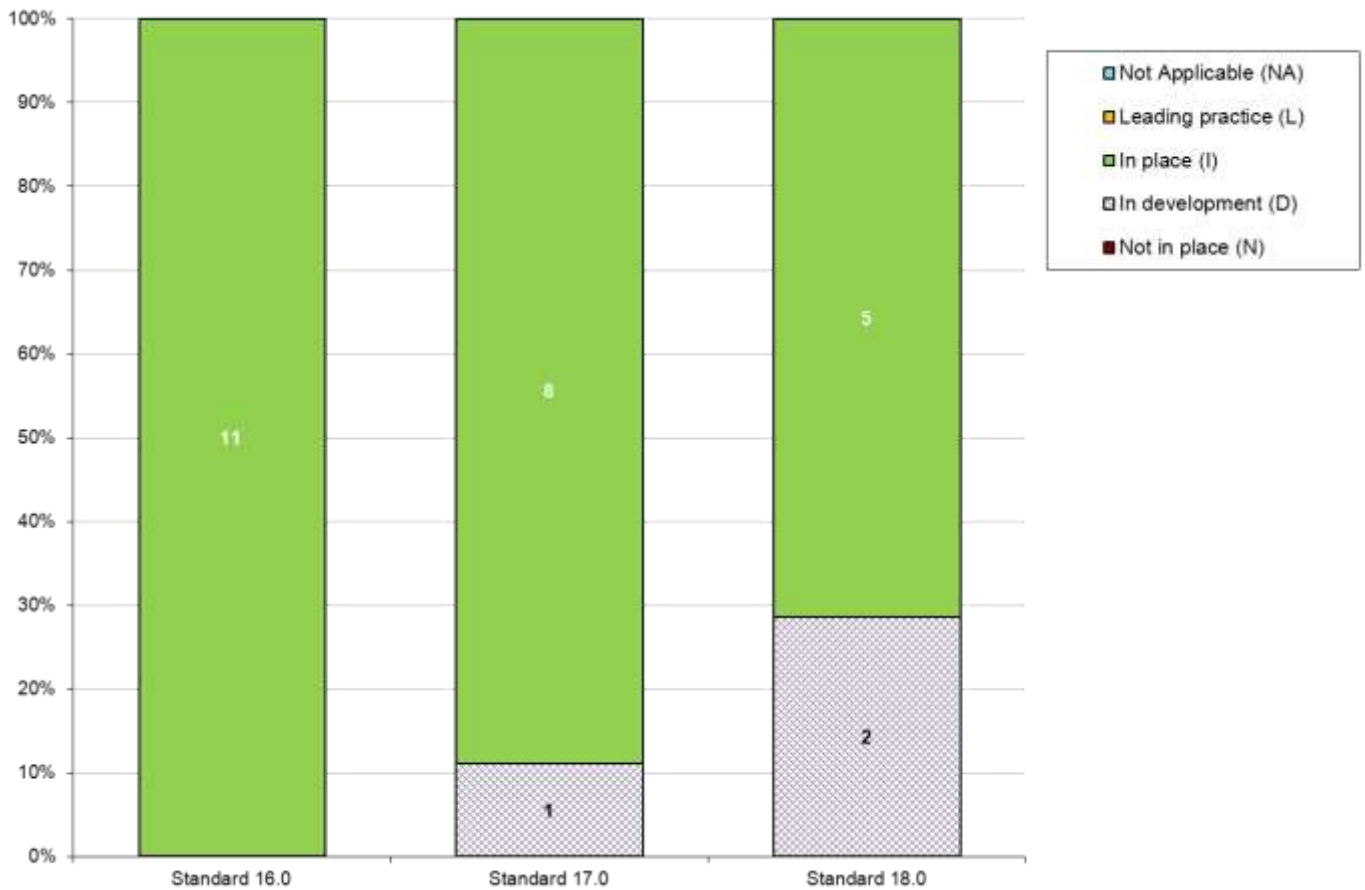
Measures of Quality	Rating
<b>national agenda.</b>	
<b>11.12 The clinic stores vaccines and medications properly in fridges at the appropriate temperature.</b>	In place (I)
<b>11.13 The clinic has a process to monitor, and adheres to, expiry dates on medications and vaccines.</b>	In place (I)
<b>11.14 The clinic promptly discards outdated medications and returns expired vaccines to their source.</b>	In place (I)
<b>12.1 The clinic's staff have access to medication-related information and tools.</b>	In place (I)
<b>12.2 The clinic's staff have access to current protocols, guidelines, dosing recommendations, and checklists for medications.</b>	In development (D)
<b>12.3 The clinic's staff clearly writes prescription orders.</b>	In place (I)
<b>12.4 The clinic's pharmacy establishes criteria for acceptable medication orders.</b>	In place (I)
<b>12.5 The clinic's pharmacy reviews prescriptions or medication orders for accuracy and appropriateness.</b>	In development (D)
<b>12.6 The clinic's pharmacy contacts the prescribing medical professional when medication orders are incomplete, illegible, or unclear.</b>	In place (I)
<b>12.7 The clinic develops policies and procedures to ensure medications are prepared safely.</b>	Not Applicable (NA)
<b>12.8 The clinic's pharmacy maintains accurate and up-to-date records of all medications prepared in the pharmacy.</b>	Not Applicable (NA)
<b>12.9 The clinic's pharmacy develops policies and procedures to ensure medications are dispensed safely.</b>	In development (D)
<b>12.10 The clinic develops and follows a process to maintain clinically accurate, known adverse drug reactions for each client in the ongoing medication profile.</b>	In development (D)
<b>12.11 The clinic has a policy and procedure on how to administer vaccines.</b>	In place (I)
<b>12.12 The policy on how to administer vaccines includes checking expiry dates prior to administering vaccines.</b>	In place (I)
<b>12.13 The clinic educates its staff about the side effects of vaccines.</b>	In place (I)
<b>13.1 The clinic has policies and procedures for infection prevention and control (IPAC).</b>	In place (I)
<b>13.2 The clinic has a designated person responsible for infection prevention and control.</b>	In place (I)
<b>13.3 The clinic regularly educates staff about infection prevention and control.</b>	In place (I)
<b>13.4 The clinic trains staff and service providers on how to safely handle, store, use, and dispose of hazardous materials.</b>	In place (I)
<b>13.5 The clinic follows procedures to properly dispose of biomedical and hazardous waste.</b>	In place (I)
<b>13.6 The clinic regularly educates and trains staff and service providers on hand hygiene.</b>	In place (I)
<b>13.7 Staff, service providers, and clients have access to hand soap and water at the point of care.</b>	In place (I)
<b>13.8 Staff, service providers, and clients have access to alcohol-based hand rubs at the point of care.</b>	In place (I)
<b>13.9 The clinic monitors compliance with accepted hand hygiene practices.</b>	In place (I)



Measures of Quality	Rating
14.1 The clinic stores and handles linen, supplies, medical devices, and equipment in a manner that protects them from contamination.	In place (I)
14.2 The clinic stores medical devices and instruments in a clean and sterile manner.	In place (I)
14.3 Work areas, including floors and walls, are easy to clean and maintain.	In place (I)
14.4 The clinic's staff and service providers use aseptic techniques when preparing, handling, and administering vaccines, medications and other injections.	In place (I)
14.5 The clinic's staff and service providers use universal precautions to prevent exposure to blood and bodily fluids.	In place (I)
14.6 Staff members, service providers, and clients wear appropriate personal protective equipment when delivering client care and handling contaminated materials and equipment.	In place (I)
14.7 The clinic removes and disposes of sharps at the point of use in appropriate puncture, leak and spill-resistant sharps containers, prior to transportation.	In place (I)
14.8 The clinic places sharps containers out of reach of children.	In place (I)
14.9 The clinic removes and replaces sharps containers when they are three-quarters full.	In place (I)
14.10 The clinic makes arrangements for the proper disposal of sharps and other biomedical and hazardous waste.	In place (I)
15.1 The clinic properly cleans all surfaces including floors, walls, windows, and ceilings and maintains general tidiness.	In place (I)
15.2 The clinic has policies and procedures for properly cleaning, disinfecting, and sterilizing equipment and facilities.	In place (I)
15.3 The clinic changes examination table covers or disinfects examination tables between clients.	In place (I)
15.4 The clinic prevents the reprocessing or sterilization of single-use devices.	In place (I)
15.5 The clinic has designated and trained a person responsible for cleaning and disinfecting instruments and devices.	In place (I)
15.6 The clinic has a designated area for cleaning and disinfecting instruments and devices that is separate from the kitchen and client care areas.	Not in place (N)
15.7 If reprocessing and sterilization are contracted to external providers, the clinic establishes and maintains a contract with each provider and monitors the quality of services provided.	Not Applicable (NA)



## HAVING THE RIGHT PEOPLE WORK TOGETHER TO DELIVER CARE



### Strengths:

The corporate department is responsible for all HR activities but does so in collaboration with the site to ensure the special requirements of the site are considered.

Policies and processes are fully implemented.

There is a very positive environment and teamwork is evident.

### Areas For Improvements:

Development of a formal team evaluation process would be beneficial including how to avoid duplication and enhance the team functioning ability.

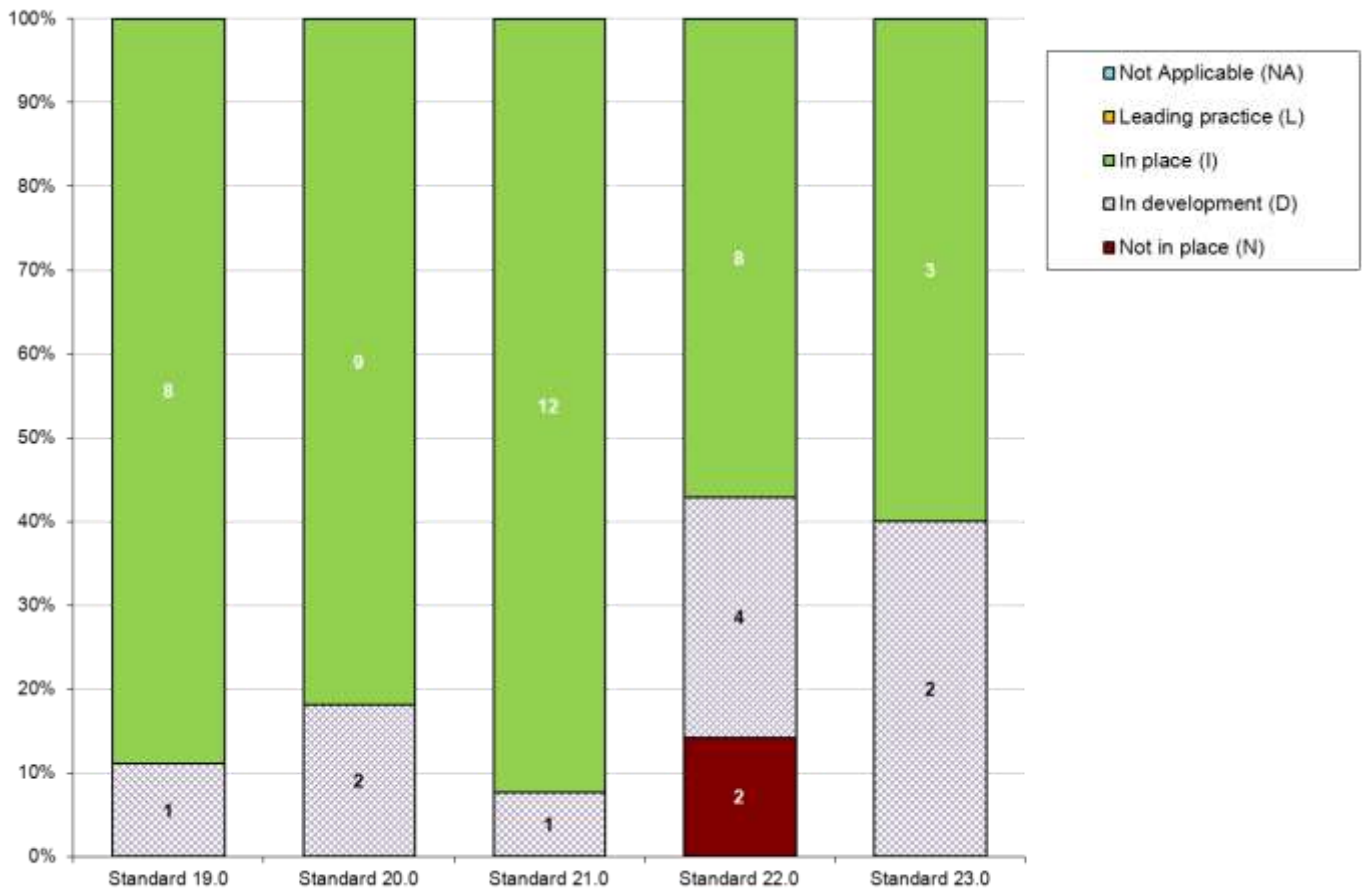
Measures of Quality	Rating
16.1 The clinic maintains an up-to-date, comprehensive personnel file for each staff member.	In place (I)
16.2 The clinic has current job descriptions that outline the education, qualifications, skills, and competencies required for each staff member and service provider.	In place (I)
16.3 The clinic regularly updates its job descriptions.	In place (I)
16.4 Each team member has the necessary credentials to deliver primary	In place (I)



Measures of Quality	Rating
<b>care services.</b>	
16.5 The clinic orients new staff, service providers, contract workers, and volunteers to the clinic, their roles, and responsibilities.	In place (I)
16.6 The clinic regularly educates and trains each staff member.	In place (I)
16.7 Each staff member has a documented professional development plan.	In place (I)
16.8 The clinic has a documented process that includes standards and performance objectives for staff and service provider performance evaluations.	In place (I)
16.9 The clinic regularly evaluates and documents each staff or service provider's performance in an objective, interactive, and positive way.	In place (I)
16.10 The evaluation includes a demonstration of competence.	In place (I)
16.11 The clinic confidentially and securely stores personnel files including performance evaluations.	In place (I)
17.1 The clinic complies with relevant occupational health and safety legislation and regulations.	In place (I)
17.2 The clinic identifies and addresses workplace health and safety issues to reduce workplace illness and injury.	In place (I)
17.3 The clinic has an incident and accident reporting system in place.	In place (I)
17.4 The clinic uses the incident and accident reporting system to improve health and safety.	In place (I)
17.5 Physicians working in the clinic have malpractice insurance to cover legal liability related to delivering primary care.	In place (I)
17.6 The clinic monitors staff and service providers' immunization status and recommends specific immunizations, if required.	In place (I)
17.7 The clinic has a policy on how to address situations involving violent or aggressive behaviour.	In development (D)
17.8 The clinic has a confidential process for staff and service providers to bring forward complaints, concerns, and grievances.	In place (I)
17.9 The clinic carries out exit interviews and uses this information to improve retention and its work environment.	In place (I)
18.1 The clinic delivers primary care services using an interdisciplinary approach.	In place (I)
18.2 Team members work together to develop goals and objectives and plan the services for each client.	In place (I)
18.3 The clinic provides education and training on how to work together across disciplines.	In place (I)
18.4 The clinic's staff works to their full scope of practice when delivering primary care services.	In place (I)
18.5 The clinic has standard processes and procedures to improve teamwork and minimize duplication.	In development (D)
18.6 The team communicates regularly to coordinate services, roles and responsibilities.	In place (I)
18.7 The team has a process to regularly evaluate its team functioning and identify areas to improve.	In development (D)



## DELIVERING AND COORDINATING PRIMARY HEALTH CARE



### Strengths:

The primary care programs and services are delivered by an interdisciplinary, competent and well-functioning team. The leadership and staff continue to develop and delivery programs to meet the emergent needs of the community and its constituents.

Strong collaboration was observed between the physician and the nurse. The nurse assesses the client and the physician confirms the assessment, provides the diagnosis and develops the care plan which is communicated to the nurse verbally and documented in the client record. The process supports a comprehensive assessment, continuity of the care plan and support for the client by the nurse.

Allergies are documented during the assessment process and where allergies are observed the entry is accentuated in red at multiple points on the client record.

Access is supported through the availability of multiple specialties, an appointment system and a home visiting program which provides outreach services to clients and patients who are not able to physically or otherwise attend appointments at the Chhabieh Centre.

The assessment process is comprehensive and includes an assessment of the social determinates of health.

There is an effective medication reconciliation process in place.





The Chhabieh Centre has a mental health program which includes direct counseling.

There is a vaccination program in place which includes community outreach and health promotion.

### Areas For Improvements:

There is no formal triage process, policy or referral procedure to support the practice of dealing with medical emergencies by the staff of the Chhabieh Centre. Formalization of policy and procedures for handling emergencies to support standardization, documentation and follow up for clients is encouraged.

The development of an informed consent policy is required.

Further development and formalization of the mental health program to include roles and functions for all staff is encouraged.

Measures of Quality	Rating
19.1 The clinic has clear signage so that members of the community can easily identify it and the services it offers.	In place (I)
19.2 The clinic maintains full physical access to all of its facilities for clients who are ambulatory, non ambulatory, and those that are physically challenged.	In place (I)
19.3 The clinic posts and provides information to clients and potential clients about services, schedules and fees in the appropriate language and format.	In place (I)
19.4 The clinic has written policies that outline its principles of equal access.	In place (I)
19.5 The clinic has an intake system to triage all clients at the point of contact and identify clients with urgent needs in a timely manner.	In development (D)
19.6 The clinic annually reviews access to services and identifies barriers to accessing services for current and potential clients.	In place (I)
19.7 The clinic uses information about barriers to improve access for current and potential clients.	In place (I)
19.8 The clinic works with its community partners to provide clients with access to off-site or outreach primary health care services.	In place (I)
19.9 The clinic educates clients about how and when to access acute care or referral and specialty services.	In place (I)
20.1 The clinic identifies clients at risk for preventable health conditions.	In place (I)
20.2 The clinic has a process for carrying out health risk assessments for all clients.	In development (D)
20.3 The clinic screens clients at risk for preventable health conditions and provides timely follow-up on the results.	In place (I)
20.4 The clinic plans screening exams and tests based on international evidence-based protocols and standards.	In development (D)
20.5 The clinic informs all clients of examination dates.	In place (I)
20.6 The clinic screens clients for mental health issues and conditions.	In place (I)
20.7 Where mental health issues or conditions are suspected, the clinic connects clients with the appropriate service providers.	In place (I)
20.8 The clinic educates its clients and families about staying physically	In place (I)



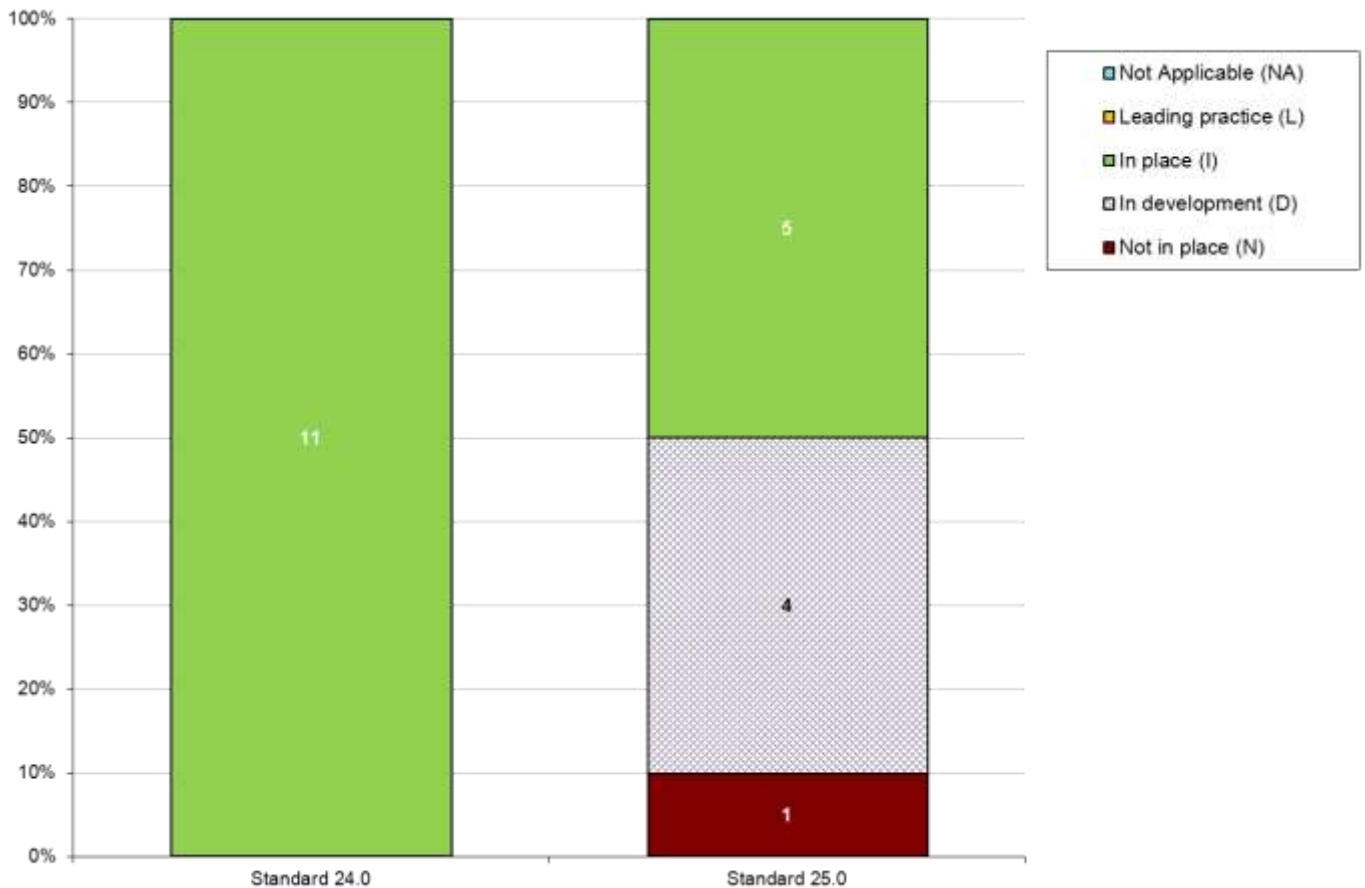
Measures of Quality	Rating
and mentally healthy and the risk of developing a health condition.	
20.9 The clinic informs and educates clients about mental health including how to recognize problems and access the appropriate programs and support services.	In place (I)
20.10 The clinic provides information and skills development sessions to clients and families about health issues and staying healthy.	In place (I)
20.11 The clinic periodically monitors the impact of its interventions on the health status of its clients and their families.	In place (I)
21.1 The clinic's staff complete a comprehensive medical assessment for each client.	In place (I)
21.2 The clinic minimizes duplication in the assessment process.	In place (I)
21.3 The clinic's assessment includes a detailed review of the client's current and past medications.	In place (I)
21.4 As a part of the assessment, the clinic's staff collects each client's social health history.	In place (I)
21.5 When assessing the client and their family, the clinic considers the socio-economic, environmental and cultural factors that may influence health status.	In place (I)
21.6 When assessing the client and their family, the clinic coordinates the efforts of all service providers involved in the client's care, including those outside the primary care team, e.g. consultant physicians.	In place (I)
21.7 The clinic uses information gathered from the assessment to direct the appropriate physical examination, further investigation, and decisions about future treatment.	In place (I)
21.8 The clinic has access to appropriate and timely diagnostic tests to complete the assessment.	In place (I)
21.9 The clinic flags those diagnostic tests that are critical and follows a process that is distinct from the routine process to make sure the physician immediately receives those results.	In development (D)
21.10 The clinic tracks the completion of diagnostic tests and informs the client and family about how they will follow-up on both abnormal and normal results.	In place (I)
21.11 The clinic provides timely follow up to abnormal diagnostic test results.	In place (I)
21.12 The clinic's staff share the results of the assessment with the client and their family in a timely, accurate, and easy-to-understand way.	In place (I)
21.13 The clinic's staff members review the assessment at each visit and update it if the client's health status changes significantly.	In place (I)
22.1 The clinic has a process for obtaining informed consent from clients prior to carrying out treatments or procedures.	Not in place (N)
22.2 The clinic creates individualized care plans for clients, where appropriate, and updates the care plans as required.	In place (I)
22.3 A designated person or navigator is responsible for managing and coordinating the care and follow up for each client.	Not in place (N)
22.4 The team has a process to manage and coordinate the care for clients with complex health needs or multiple co-morbidities.	In place (I)
22.5 The clinic has access to a set of evidence-based clinical practice guidelines for delivering care to clients with complex health needs or	In development (D)



Measures of Quality	Rating
<b>multiple co-morbidities.</b>	
22.6 The clinic trains staff on how to use the evidence-based clinical practice guidelines.	In development (D)
22.7 The clinic uses the evidence-based clinical practice guidelines when delivering care to clients with complex health needs or multiple co-morbidities.	In development (D)
22.8 The clinic monitors the use of evidence-based clinical practice guidelines.	In development (D)
22.9 The clinic works with other organizations or health care providers to deliver services to clients with complex health needs or multiple co-morbidities.	In place (I)
22.10 The clinic develops and follows a policy to maintain accurate allergy information for each client.	In place (I)
22.11 The team writes or electronically enters complete medication orders, reorders, or reassessments upon admission, end of service, or transfer to another level of care.	In place (I)
22.12 When prescribing any medication, the team reconciles the client's list of medications.	In place (I)
22.13 The clinic educates clients about the medications prescribed for them, the delivery devices, and ways to prevent errors.	In place (I)
22.14 The clinic educates clients about their role in self-care and self-management of their health.	In place (I)
23.1 The clinic monitors and records whether clients and families achieve their goals and expected results.	In development (D)
23.2 The clinic maintains and regularly updates a medication profile for each client.	In place (I)
23.3 When completing the encounter, the clinic completes and places a summary of the care and services provided in the client's record in a timely way.	In place (I)
23.4 The clinic informs the client and their family about referrals and what arrangements have been made for the client's continuing care needs.	In place (I)
23.5 Following discharge from hospital or consultation services, the clinic provides follow-up visits.	In development (D)



## MAINTAINING ACCESSIBLE AND EFFICIENT HEALTH INFORMATION SYSTEMS



### Strengths:

Records are secured.

Documentation processes are comprehensive.

### Areas For Improvements:

The Chhabieh Health Centre has not as yet fully implemented the information system of the Ministry of Public Health. Capacity is therefore limited in clinical risk management. For example, the current level of implementation does not support a comprehensive management of the appointment system to support follow up for missed appointments.

Currently tracking of diagnostic tests is paper based with no capacity to log referral information. The full and timely implementation of the information system of the Ministry is recommended. Full implementation will support the excellence of the clinical practice observed at the centre.

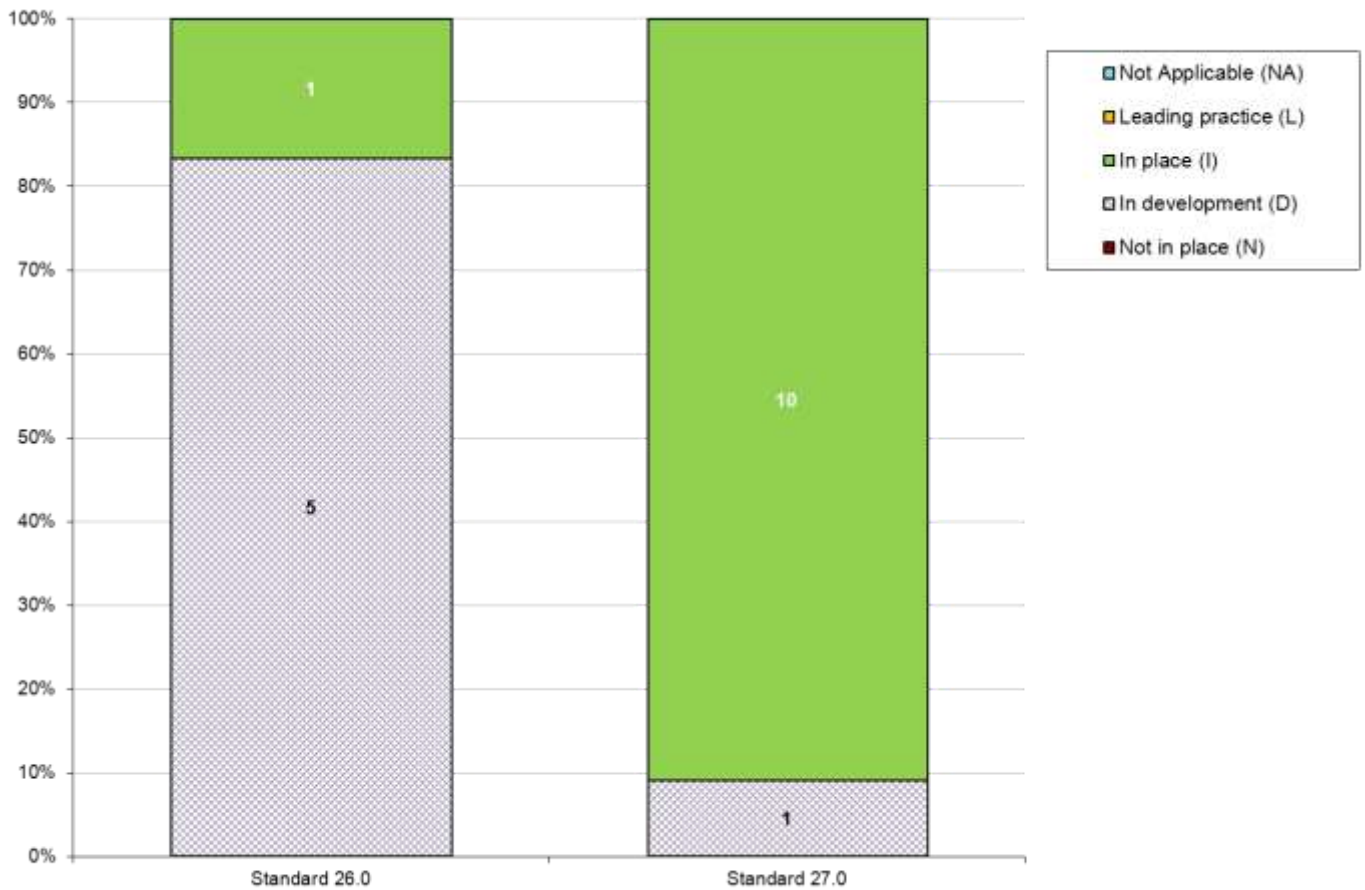
Measures of Quality	Rating
24.1 The clinic maintains an up-to-date medical record for each client.	In place (I)
24.2 The clinic's staff have timely access to accurate client information.	In place (I)
24.3 The clinic assigns each client a unique file number.	In place (I)
24.4 The clinic has a standard process to collect and store client	In place (I)



Measures of Quality	Rating
information.	
24.5 The clinic keeps client records confidential and secure.	In place (I)
24.6 Every entry in the client record is dated and signed and includes the name of each staff member providing a service.	In place (I)
24.7 Every entry in the client record is legible.	In place (I)
24.8 Documentation in the client record is comprehensive, factual and sequential.	In place (I)
24.9 Each page of the client record has client identifying information.	In place (I)
24.10 The clinic respects the client's privacy when sharing clinical information and coordinating its flow among other health care providers.	In place (I)
24.11 The clinic provides clients with the opportunity to access information in their health record.	In place (I)
25.1 The clinic's managers select health information systems based on staff needs and with innovation in mind to support high-quality primary care services.	In place (I)
25.2 The clinic's staff receive education and training on the health information systems.	In place (I)
25.3 The clinic uses health information systems to support decisions about client care and services.	In place (I)
25.4 The clinic has a registry of clients and families who access the team's primary care services.	In place (I)
25.5 The clinic uses a shared registry in which the designation for coordination of care for a client is specified where there are multiple providers of service.	In development (D)
25.6 The designated person is clearly identified in the client's record and is known to all team members as well as the client.	Not in place (N)
25.7 The clinic records any changes in responsibility from one service provider to another in the client record.	In place (I)
25.8 The clinic has access to information tools that provide them with reminders about clients needing follow-up services.	In development (D)
25.9 The clinic has information systems, a policy or process to transfer adequate documentation and information for referrals.	In development (D)
25.10 The clinic has information systems, a policy or process to effectively follow-up on cancelled appointments.	In development (D)



## MONITORING QUALITY AND ACHIEVING POSITIVE OUTCOMES



### Strengths:

The organization has a well developed QI program that effectively provides the base for data gathering and analysis which leads to effective changes and planning within the organization. Staff see the benefit of accreditation as providing a framework for the organization.

### Areas For Improvements:

Start trending of indicators, including sentinel events.

Measures of Quality	Rating
26.1 The clinic has a process to access, review, and select which evidence-based guidelines it will use.	In development (D)
26.2 The clinic follows a detailed process to deal with and decide among conflicting evidence-based guidelines, multiple recommendations, or the application of more than one guideline for clients with co-morbidities.	In development (D)
26.3 The team follows a process to monitor the consistent use of guidelines in the delivery of primary care services.	In development (D)
26.4 The clinic regularly reviews the selected evidence-based guidelines and its policies and protocols to make sure they are up to date and reflect current research and best practice information.	In development (D)



Measures of Quality	Rating
26.5 The clinic collects and uses other research and best practice information to improve its services.	In development (D)
26.6 The clinic communicates the use of evidence-based guidelines, research, and best practice information to its clients.	In place (I)
27.1 The clinic educates staff and service providers on quality improvement in general as well as the quality improvement plan.	In place (I)
27.2 The clinic has designated a person responsible for quality improvement.	In place (I)
27.3 The clinic has a quality improvement plan.	In place (I)
27.4 The clinic annually reviews the quality improvement plan and updates it as necessary.	In place (I)
27.5 The clinic monitors the achievement of the quality improvement plan.	In place (I)
27.6 The clinic holds bi-annual quality improvement meetings.	In development (D)
27.7 The clinic identifies and monitors process and outcome measures.	In place (I)
27.8 The clinic obtains feedback from clients about their safety and the quality of the primary care services.	In place (I)
27.9 The clinic compares its results with other similar interventions, programs, or organizations.	In place (I)
27.10 The clinic uses the information it collects about the quality of its services to identify successes and opportunities for improvement and makes improvements in a timely way.	In place (I)
27.11 The clinic shares evaluation results with staff, clients, and families.	In place (I)

