



NEW ACCREDITATION COMMITTEE POLICIES

Approved by Accreditation Committee at meetings held on January 20, 2010, and June 23, 2010

Time Limit on Retention of Approved Names

It is the policy of the Accreditation Committee that facilities that have had new names approved must be inspected and opened within 6 months from the date of that approval. Staff may grant extensions of up to 2 months on written request from the facility director/owner; requests for extensions of longer than 2 months will be considered by the Accreditation Committee. In making its decision the Committee will take into account whether or not other requests for the same name have been made since the initial name approval was granted.

After the 6-month (or approved extended) period has passed, the name will no longer be reserved for the proposed facility and may be granted to another applicant. The owner/director of the facility for which the name expired may re-apply for the name, if still desired, if the name is still available. (June 23, 2010)

Facilities Found to be Operating without Accreditation Certificates

Owners/Directors of practices that open and operate facilities (such as mobiles) without first applying to the CVO and undergoing inspection will be considered to have committed professional misconduct by operating a facility without an Accreditation Certificate.

If staff learns of such facilities through a re-inspection application, it will

- advise the inspector to inspect only the already accredited components of the practice
- notify the owner/director of the facility that
 - a) the illegally operating facility(ies) must immediately be shut down;
 - b) the matter will be referred to the Executive Committee for review and possible investigation and disciplinary action; and
 - c) the issue will be referred to the Accreditation Committee for consideration when deliberating its decision to grant or renew an Accreditation Certificate.

If inspectors learn of such facilities on arrival for an inspection, they will not inspect the undisclosed facility but will report their finding(s) to staff, and staff will notify the owner/director of the facility that

- a) the illegally operating facility(ies) must immediately be shut down;
- b) the matter will be referred to the Executive Committee for review and possible investigation and disciplinary action; and
- c) the issue will be referred to the Accreditation Committee for consideration when deliberating its decision to grant or renew an Accreditation Certificate.

(June 23, 2010)

Interim Accreditation Status

a) Changes in Ownership/Facility Address Changes (Moves)

When there is a change in ownership and when facilities move, accreditation certificates expire and accreditation inspections are required. It is the policy of the Accreditation Committee that a facility in either circumstance

- a) must notify the CVO of the effective date of the change; and

- b) will be issued a Waiver of Enforcement and an Undertaking for signature, allowing it to operate for a period of up to 30 days from the effective date (of new ownership/new address) up until the date of inspection (if clean) OR until such time as deficiencies have been fixed or exemptions granted (if deficiencies are identified). (June 23, 2010)

b) Requests to Postpone Re-Inspections

Requests to postpone five-year re-inspections for up to 3 months beyond the current certificate expiry date will be considered by staff and, if deemed reasonable, granted by the Assistant Registrar. The AR will direct that an Undertaking and Waiver of Enforcement be issued and signed/returned to the CVO, confirming that standards will be maintained for the duration of the period.

Requests for a postponement beyond 3 months' time must be presented to the Accreditation Committee for decision. (Jan. 20, 2010)

c) New Facility Inspections

Inspections of new facilities on their day of opening cannot include a review of medical records. Therefore the records of new facilities are inspected no more than 60 days after the initial inspection, on arrangement between the Inspector and the facility, preferably when the Inspector is in the area for other inspections. For facilities that are remote or when the Inspector is not able to revisit the facility within the 60-day period, medical records must be sent to the CVO 60 days after the opening inspection for review by the first Inspector to attend the CVO after receipt.

Certificates of Accreditation cannot be issued to facilities until all Minimum Standards, including records, have been met.

- New facilities meeting all but records requirements will therefore be issued Undertakings to allow them to operate until the Certificate is granted. On the inspection of records, after 30-60 days of operation, the Inspector will submit an Inspection Report (Records Portion only) to the Accreditation Coordinator to complete the process re: issuance of certificate.
- New facilities with non-records deficiencies may be permitted to open at the inspector's discretion if a Waiver of Enforcement and Undertaking are issued, until such time as deficiencies have been fixed and/or exemptions granted.

(Jan. 20, 2010)

Communicating Decisions to Facilities

The Accreditation Committee is responsible for all accreditation-related decisions. The Committee delegates some decision-making to CVO staff, namely the Registrar or Assistant Registrar. Other staff, including coordinators and inspectors, does not have decision-making authority and should not communicate decisions about the outcome of an inspection or the approval to open without the approval of the Assistant Registrar. (Jan. 20, 2010)