REQUIRED ORGANIZATIONAL PRACTICES (ROP)

The ROPs are essential practices defined by Accreditation Canada, which must be in place to improve user safety and minimize risks.

TABLE OF ROP

During the visit in November 2026, 11 ROPs will be assessed.
ALL employees, managers, and physicians must know these.

Categories	Required organizational practices	Leads
Communication Improve the efficiency and coordination of communications among care and services providers, and deliver safer care and services	☐ User Identification	• Jennifer Marandola (DSI)
	☐ Safe Surgery Checklist	• Tara Glover (DSH), Therapist
	☐ Maintain a current and accurate medication list at all care transition points	• Nada Dabbagh (DMSP)
	☐ Information Transfer at Care Transition Points	• Kayla Douglas (DSI)
Working Environment/ Staff Creating a work life and physical environment that supports staff providing care and services	☐ User Trajectories	• Teresa Mack (DSH)
Infection Control Improving hand hygiene practices as part of the infection prevention and control program	☐ Improving hand hygiene	• Adila Zahir (PCI)
Risk Assessments Identifying safety risks that are inherent in the client population	☐ At-Home Risk Assessments	• Michael Kim (DSAD) • Geneviève Lacombe (DSAD)
	☐ Optimizing skin integrity	• Hayet Belaid (DSI) • Jennifer Marandola (DSI)
	☐ Preventing venous thromboembolism	• Csilla Haidu (DMSP) • Jason Trattner (DSI)
	☐ Suicide prevention program	• Julie Marcotte (DSM) • Nathalie Pineda (DSI)
	☐ Using a prevention program to reduce fall-related injuries	• Rachel Landry (DSM) • Stephanie Nouanegue (DSI)

COMMUNICATION

USER IDENTIFICATION

WHAT?

In collaboration with users and informal caregivers, at least two unique personal identifiers are used to ensure that each user receives the intended intervention or service.

WHY?

Prevent harm that could be caused to a user if a team member fails to provide a service or provides the wrong service.

HOW?

- By consulting the policy on user identification.
- By using at least two unique personal identifiers to ensure the user receives the correct care, treatment or service.
- By determining appropriate identifiers for each unit or service setting based on the population served and user preferences.
- By using the following examples of identifiers:
  - The user's full name (on bracelet or "What is your name?");
  - Date of birth;
  - Health file or RAMQ number;
  - Recent photo;
  - If the person is unable to communicate, identify them by consulting the accompanying individual or, if necessary, confirm their identity with regular staff and cross-reference it with the file.

WHO?

Everyone who provide care and services to users.

WHEN?

- When providing care and services to users.
- During transport, admissions, or user transfers.

USEFUL INFORMATION

Intranet > Administrative and Clinical Documents > Directory of Administrative and Clinical Documents > Policy

COMMUNICATION

SAFE SURGERY CHECKLIST

WHAT?

A safe surgery checklist is used in the operating room to verify that all necessary steps for a safe procedure are completed.

WHY?

Surgical procedures involve a substantial risk of harm that, in many cases, may be preventable. The checklist reduces the risk of complications and improves user safety.

HOW?

- By using the three-step safe surgery checklist in the operating room during surgical procedures and by performing the verification:
  - before anaesthesia (with the user's participation);
  - before starting the surgery;
  - after the surgery.
- By using the checklist during each surgical procedure.
- By implementing a verification process that follows the checklist, including regular audits to ensure compliance and improve the process.
- By evaluating use of the checklist and sharing the results with the team.
- By using the evaluation results to refine the checklist's implementation and broaden its application.

WHO?

- Team in the surgical operating theatres.
- The verification is carried out with one member from each of the anaesthesia, surgery, and nursing teams present at the same time.

WHEN?

During all surgical procedures in the operating theatres.

COMMUNICATION

MAINTAIN A CURRENT AND ACCURATE MEDICATION LIST AT ALL CARE TRANSITION POINTS

WHAT?

Maintain an accurate list of the user's medications at care transition points.

WHY?

To reduce the risk of errors and to improve user safety.

HOW?

- By consulting this policy on the intranet.
- By consulting the procedures for each setting.
- By involving physicians, nurses, pharmacists, pharmacy technical assistants (ATP), and other healthcare personnel in the implementation of the medication reconciliation process, because this process is everyone's responsibility.
- By starting medication reconciliation for every patient who is admitted.
- By consulting the various information sources available—including the user, the family, Québec Health Record (DSQ), the community pharmacy, and others—to create the best possible medication history (BPMH).
- By using an AH-223 to declare those cases where the medication reconciliation:
  - was not done;
  - was not done correctly;
  - was not done promptly and could have resulted, or did result, in unnecessary harm to a user.

WHO?

All healthcare professionals: physicians, nurses, pharmacists (PTA), etc.

WHEN?

- At admission, transfers, and discharge.
- At transition points for certain users.

USEFUL INFORMATION

- Intranet > Administrative and Clinical Documents > Directory of Administrative and Clinical Documents > Policies
- Intranet > Clinical practice > Clinical tools > Medication Reconciliation

COMMUNICATION

INFORMATION TRANSFER AT CARE TRANSITION POINTS

WHAT?

Relevant information about the user's care is clearly communicated during care transition points.

WHY?

To ensure accurate and relevant information about the user and their treatment is conveyed accurately and to ensure the continuity of care.

HOW?

- By sharing standardized information during transitions in care (admissions, transfers, discharge) when the user is moved from one team or location to another.
- By using the proper tools to consign information and communication strategies to standardize the transfer of information at transition points:
    - Communication tools, case notes;
    - Transfer forms, DSIE
    - Pre-printed envelopes
    - Checklist used when providing information at care transition points
    - CHAT/SBAR, communication tools for information transfer
- By providing users and their informal caregivers with the necessary information during transitions.
- By holding meetings and clinical discussions with the family to help them make informed decisions about their care.
- By recording the information provided at transitions:
    - Therapeutic nursing plan (PTI), OEMC, IP, IIP
    - Communications—telephone, fax, and email
    - Communication is documented in the file within the required time frame (interventions, copies of faxes, copies of referrals, etc.)
    - Shift handovers
- By improving the effectiveness of communication through feedback, verification tools, consultations, and incident analyses of incidents related to data security.

WHO?

All staff providing care and services.

WHEN?

- Throughout the continuum of care and services, at transition points (admissions, transfers, discharge).
- During consultations.
- During follow-ups with the user.

WORK ENVIRONMENT/STAFF

USER TRAJECTORIES

WHAT?

All the actions that ensure users and their families a smooth and optimal experience at each step in their episode of care.

WHY?

- Improve timely access to care and services within our territory.
- Provide health and social services with a focus on proximity and continuity
- Reduce the obstacles to care and prevent congestion.

HOW?

- By working in partnership with users and their loved ones to develop their service or discharge plans.
- By monitoring performance indicators for user trajectories in real time at our Coordination Command Centres (C3).
- By ensuring the optimal use of contingency plans when called for
- By creating service continuums that need the needs of the community (outpatient services, home care, virtual care unit, etc.)
- By proactively and effectively managing waiting lists for services we provide.
- By maintaining strong working relationships with our internal and external partners to ensure better accessibility to care and services within our territory at all time.
- By having a governance structure that escalates relevant information upward and cascades it downward to continually enhance service trajectory fluidity.

WHO?

- All employees, physicians, professionals, interns, volunteers, and contractually bound individuals who provide services to users.
- All of our partner facilities, both internally and externally (community)

WHEN?

Throughout the user's care trajectory.

INFECTION CONTROL

IMPROVING HAND HYGIENE

WHAT?

Promoting hand hygiene at the appropriate moments using the proper technique, and reinforce the importance of systematically respecting basic practices with all users and in all care settings.

WHY?

Prevent the transmission of microorganisms in care settings and reduce the risk of infection during the provision of care, at all times and in all settings.

HOW?

- By ensuring the availability of the supplies needed to implement these measures and practices at all times.
- By identifying the appropriate IPC indicators, including hand hygiene compliance rates.
- By seeing to the development and implementation of a hand hygiene quality improvement plan in order to achieve an 80% compliance rate in every sector.
- By organizing training and learning activities, providing support to staff, and ensuring follow-up with teams.
- By ensuring that all new employees complete the training on hand hygiene.
- By encouraging clinical personnel to consult hand compliance rates, ensuring their regular participation in improvement plans through visual management boards (VMB), and encouraging them to share their success stories and innovations regarding hand hygiene.
- By participating in conformity audits and taking accountability for the results.
- By ensuring that practices are implemented and maintained in affected sectors.

WHO?

All personnel, including physicians, students, and interns who may have direct or indirect contact with users, as well as informal caregivers, visitors, and volunteers.

WHEN?

At all times

USEFUL INFORMATION

- Intranet > Clinical practice > Infection Prevention and Control (IPC) > Hand Hygiene and Campaigns and Audits - Outils
- Intranet > Administrative and Clinical Documents >Directory of Administrative and Clinical Documents > Protocols

RISK ASSESSMENT

AT-HOME RISK ASSESSMENTS

WHAT?

Assessment of the safety risks for users receiving home care services and ensures follow-up.

WHY?

To identify and reduce safety risks that are specific to this clientele.

HOW?

- By paying attention to risk factors to ensure safety at home.
- By following the home safety procedure and adjusting the intervention plan according to the risks:
  - for each new client;
  - during transitions in care or services;
  - each time it is clinically or legally indicated.
- By ensuring that information is shared with the user or their loved one if applicable.
- By prioritizing child safety when assessing at-home risks.
- By integrating the at-home risk assessment into the intervention plan.
- By identifying the most vulnerable users who could require specific emergency measures.
- By adapting the home environment to ensure it is safe, particularly for those clients whose profile shows a loss of autonomy.

WHO?

All staff providing care and services to clients at home.

WHEN?

At the start of services and throughout the continuum of care and services.

USEFUL INFORMATION

- Intranet > Administrative and Clinical Documents > Directory of Administrative and Clinical Documents > Procedure

RISK ASSESSMENT

OPTIMIZING SKIN INTEGRITY

WHAT?

Strategies and a proactive approach to identifying risks to users' skin integrity.

WHY?

Focus care on optimizing skin integrity—the body's largest organ—to support positive health outcomes and enhance users' quality of life.

HOW?

- By systematically following the organization's procedure and using the clinical screening tools to identify risks to skin integrity.
- By completing a full assessment of users identified as at risk for skin integrity issues. Teams without nursing personnel must refer users identified as at risk for a full assessment (for example, Home Care Services or others).
- By including interventions to support skin integrity in the user's individualized care and service plan.
- By reporting all skin integrity issues—such as stage 2 pressure injuries, tears, injuries resulting from medical adhesives, and trauma—as incidents and accidents that occurred while providing care and services.
- By taking part in continuous learning activities related to the program to optimize skin integument.
- By contributing to program improvements that support skin integrity through audits.
- By completing a full assessment of users identified as at risk for skin integrity issues. Teams without nursing personnel must refer users identified as at risk for a full assessment.

WHO?

All healthcare professionals and staff who work with users.

WHEN?

- Systematic screening: Upon admission or at the beginning of care, when there are changes in the patient's health or the condition of their skin;
- Targeted screening: Based on the healthcare professional's clinical judgment

USEFUL INFORMATION

- Intranet > Clinical practice > Nursing > Skin, Wound and Ostomy Care
- Checklist: Preventing Pressure Injuries
- Intranet> Administrative and Clinical Documents > Directory of Administrative and Clinical Documents > Clinical form
- Braden Scale for Predicting Pressure Injury Risk (Adults)

RISK ASSESSMENT

PREVENTING VENOUS THROMBOEMBOLISM

WHAT?

Strategies for preventing venous thromboembolism (VTE), a condition caused by the formation of blood clots (thrombi) in the veins.

WHY?

To prevent thromboembolism, which is a serious but preventable health issue.

HOW?

- By knowing the principal risk factors, including:
  - a history of thromboembolism;
  - advanced age;
  - obesity;
  - immobilization, for example due to reduced mobility or the use of control measures;
  - congenital factors;
  - presence of a central catheter;
  - the use of certain medications (such as antipsychotic medications and contraceptives);
  - certain health issues, including cancer;
  - pregnancy;
  - all types of interventions, including surgical interventions
- By assessing the risk of venous thromboembolism using tools appropriate to the care setting and documenting the results in the medical file.
- By supporting interventions for venous thromboembolism risk with decision support tools integrated into preprinted individual prescriptions.
- By preventing venous thromboembolism using decision support tools and following medical procedures for preventing VTE.
- By treating a venous thromboembolism that occurs during care as an adverse event and reporting it by completing form AH-223.
- By completing in-person and online (ENA) training on the prevention and prophylaxis of venous thromboembolisms in obstetrics patients, as well as thromboprophylaxis in nursing care.
- By participating in user education on VTE prevention and providing the user and/or their family with an information leaflet before their discharge.
- By helping improve the venous thromboembolism prevention program through audits, result analysis, action planning, and follow-up on AH-223 reports.

WHO?

Physicians, nurses, nursing assistants, CEPI, CEPIA, and externs.

WHEN?

When the user's health status, physical condition, or treatments increase their risk of venous thromboembolism.

USEFUL INFORMATION

- Intranet > Administrative and Clinical Documents > Directory of Administrative and Clinical Documents > Individual prescriptions
- Intranet > Administrative and Clinical Documents > Directory of Administrative and Clinical Documents > Procedure

RISK ASSESSMENT

SUICIDE PREVENTION PROGRAM

WHAT?

Ensure teams are equipped to follow organizational procedures for identifying and assessing suicide risk, implementing appropriate interventions and safety plans, and monitoring users effectively.

WHY?

Timely intervention can prevent death by suicide.

HOW?

- By following the orientations from the CIUSSS tactical group and the suicide prevention committee.
- By consulting the policy, procedure, and tools for suicide prevention, which are available on the intranet.
- By ensuring that each clinical department has a suicide prevention guide tailored to its specific context.
- By having all employees take part in continuous and mandatory training on suicide prevention appropriate to their role.
- By training personnel to detect the warning signs of suicide.
- By training clinical personnel to detect people at risk.
- By directing at-risk users toward qualified professionals for an assessment and to develop a safety plan.
- By recording all interventions and follow-ups in the file, as required by standards.
- By reporting any suicide attempt or suicide occurring during the provision of care or services.

WHO?

- All staff, according to their role with users.
- Loved ones and informal caregivers.

WHEN?

At any point during the care trajectory. All staff members must be able to recognize signs of suicide risk and take appropriate action to prevent it, regardless of the user's reason for seeking services.

USEFUL INFORMATION

- Intranet > Clinical practice > Suicide Prevention
- Sharepoint Suicide Prevention: COMTL - Prévention du suicide - Accueil

RISK ASSESSMENT

USING A PREVENTION PROGRAM TO REDUCE FALL-RELATED INJURIES

WHAT?

Implementation of a fall prevention program to reduce fall-related injuries.

WHY?

To help reduce injuries and consequences related to falls.

HOW?

- By following organizational procedures to provide a safe physical environment.
- By assessing the risk of falls and resulting injuries using the SCOTT Screening for risk of falls.
- By fully assessing a user identified as being at risk of falling or fall-related injuries using the *Évaluation initiale et surveillance post-chute* form (available in FR only).
- By recording and implementing interventions intended to prevent falls in the user's individualized care plan.
- By reporting falls and resulting injuries as incidents and accidents that occurred during the provision of care and services.
- By taking part in continuous learning activities on preventing falls and reducing injuries (ENA digital learning environment and other training).
- By contributing to improvements of the fall prevention program and its outcomes through audits.

WHO?

All staff providing care and services to clients.

WHEN?

- At all times, particularly with regard to the physical environment.
- Screening admitted patients and those considered vulnerable for fall risks. An assessment is done to determine if screening indicates a risk.
- Users not considered at risk of falls if there is a report or if the clinical judgment of staff deems it appropriate.

USEFUL INFORMATION

- Intranet > Administrative and Clinical Documents > Directory of Administrative and Clinical Documents > Clinical Forms
- SCOTT Fall Risk Screening Tool
- *Évaluation initiale et surveillance post-chute*
- Intranet > Clinical practice > Support for Elderly Autonomy > Prevention and Treatment of Deconditioning in Seniors