

Physician Accreditation Canada Survey Preparation

May 2026



Do you see how your work contributes to meeting Accreditation Canada Standards and the associated Required Organizational Practices (ROP)?

Quality improvement and patient safety happens every day!

Accreditation is everyone's business

Accreditation is provincially legislated (Health System Governance and Accountability Act) and applies to all health care providers including physicians.

May 25th – 29, 2026 is fast approaching and work continues to prepare for the week-long survey. Twenty-six surveyors from across Canada will be travelling throughout our province, visiting health authorities.

Surveyors will engage with staff and physicians and place a strong focus on speaking with patients and families to assess the care provided against national standards of excellence. There is a significant focus on “quality improvement” and “people centred care” i.e., using data / information when working **with** patients and their families to communicate, plan, improve and provide care that is respectful, compassionate, culturally safe, and competent.

Below are examples of interaction surveyors may have with you as a physician.

- 1. Do you attend discharge meetings with patients, families, and staff? If unable, how do you ensure your concerns or advice are addressed during discharge meetings?**

This is part of the Information transfer ROP and is found within most standards.

- 2. Are you engaged in quality improvement initiatives and/or improvement huddles at your site? Which platforms are available to bring forward your concerns surrounding patient safety?**

- 3. How do you share information with on-call physicians about your patients when you are gone?**

This is the information transfer ROP.

- 4. Do you know what is happening within Shared Health? How is important information provided to you?**

The communications department has developed numerous methods to capture staff/physicians/clients/families attention to share important information. Prompt, rolling ads on TV screens, and posters/pamphlets are just a few examples. Communication is a priority process within Accreditation Canada Standards and affects us all.

- 5. We have a diverse population at Shared Health, with many cultures and clients from all over the world who have made Manitoba home. How do you manage language barriers with clients who have English as a second language? Are you speaking in plain language, do you need an interpreter? Is English your second language? Do you find clients**

have difficulty understanding what you are telling them? This criterion is part of all clinical standards to ensure that patients/families understand the care being provided.

6. **How do you ensure that health information is kept private and confidential?** Privacy and confidentiality are legislated under the “*Personal Health Information Act (PHIA)*”. This criterion is found within each standard set.
7. **Do you include patients and their families in all clinical decision making?**
This criterion is within each standard set and should always be a priority for health care providers.
8. **How do you know which medication abbreviations you can use?** Shared Health has a list of do-not-use abbreviations which can be found [here](#)
9. **How does Shared Health ensure a formulary for antimicrobials with approved indications, education, order forms, guidelines, and clinical pathways for utilization?**
Through Antimicrobial Stewardship
10. **How do you ensure an accurate list of the patient’s medications is generated when the client is transferred into or out of your care?** Follow the [350.140.122 Medication Reconciliation Policy](#) to ensure a medication reconciliation forms are completed at appropriate care transitions.
11. **When prescribing High-Alert Medications, how do you support the safe use of these medications?** Be aware of the Safety Controls for High-Alert medications [provincial clinical standard](#), and where available, use predefined order sets and standardized protocols such as the [Treatment and Referral Guidelines for High-Risk and Intermediate-Risk Pulmonary Embolism in Adult Patients](#) with the associated [summary document](#).
12. **How do you screen your patients for VTE risk, and how do you know what prophylaxis to order?** You screen your patients for the risk of VTE on first presentation and initiate VTE Prophylaxis, such as those embedded in standard order sets (e.g., [VTE Prophylaxis – Adult](#)) as part of the [600.105.117 Preventing Venous Thromboembolism](#) policy. Where VTE prophylaxis is not indicated or contraindicated, you document the reason on the client health record.
13. **During surgical procedures, how do you ensure there is communication among all team members to improve the safety of the procedure and reduce the likelihood of complications?** By utilizing the Surgical Safety Checklist for every surgical procedure (in compliance with [350.140.117 Surgical Safety Checklist – Operating Room](#)), patient safety is promoted through reviewing a list of tasks to be completed and/or implemented at various points of care and identifying each team member’s roles and responsibilities.

Consider how your practices contribute to Patient Safety and Quality Care in Shared Health.