



Practice Facility Accreditation Committee Policy: Post-Accreditation Decision Review of Records and Logs

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Preamble

The Practice Facility Accreditation Committee encounters facilities due for accreditation/reaccreditation where inspectors note significant or chronic deficiencies in medical records or in drug logs. The Registrar's staff works with the Designated Registrants (DR) to remedy these deficiencies prior to an accreditation/reaccreditation decision being made. Specifically, CVBC staff provide concrete, tailored instructions to bring medical records and drug logs up to CVBC standards and require the DR to demonstrate compliance by providing new samples of records and/or logs.

When a DR does not demonstrate sufficient compliance after both inspector feedback on-site and subsequent CVBC instruction, the Committee is increasingly reticent to grant reaccreditation for a five-year period without an interim follow up to ensure the deficiency remedy has appropriate longevity.

Policy

When the Registrar or Deputy Registrar reports to the Committee that the first CVBC instruction results in little or no substantive improvement to medical records and/or controlled drug dispensing and audit logs, the Committee may direct the Registrar or Deputy Registrar to perform follow up reviews of records/logs within 12 months following an accreditation or re-accreditation decision. The follow up is designed to test continued compliance with medical record and drug log standards. In the event of the follow up demonstrating inadequate compliance, the Registrar or Deputy Registrar will return the matter to the Committee's attention with the possibility of ordering a new inspection of the facility, pursuant to a. 3.18(1).

Inspections of accredited practice facilities

- 3.18 (1) The committee may direct that the practice or facility be inspected by an inspector to ascertain if it meets the accreditation standards.

Authority

CVBC Bylaw s. 1.50(2)(d):

1.50 (2) The practice facility accreditation committee has the applicable statutory responsibilities set out in sections 3 and 70 of the Act, including:

(d) to prepare policies and procedures for approval by the council for the effective administration of the practice facility inspection and accreditation sections of Part 3 of the bylaws;

CVBC Bylaws, Schedule D – Accreditation Standards

Section 4 – Medical Records; standards 21-38

Section 9 – Pharmacy Area; standard 78(c)