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# First Nations and Inuit Health Services Accreditation Policy Framework

December 2009



Canada

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# V I S I O N

First Nations and Inuit manage accredited health services that meet their needs



# M I S S I O N

Promote continuous quality improvement  
through accreditation in First Nations and  
Inuit health services

# Goals

Strengthen service delivery and address quality care issues.

- Improve the quality and safety of services
- Provide optimum care in a respectful environment through the development of culturally responsive competencies in health services
- Improve organizational accountability
- Add value by building on Indigenous health practices and world views
- Facilitate organizations to strive for excellence and promote organizational growth and self-sufficiency
- Strengthen and build linkages with other organizations to ensure a continuum of care



# Guiding Principles

In First Nations and Inuit communities, health care service organizations are often seen as an extension of the community. The provision of health care services may be its primary function, but it may also serve as a safe haven, provide individual social support or community support during times of crisis. This interconnectedness impacts how health services accreditation is undertaken and affects the underlying principles of the process.

- **Client and Community Responsive**
- **Culturally Appropriate** — processes are developed in an inclusive manner and are validated to ensure alignment with organizational and community dynamics, decision-making and consultative practices
- **Community Paced** — responds to organizations at varying stages of readiness, recognizing that organizations may have varying health priorities
- **Community Based** — standards reflect risks and unique situations of communities
- **An Honouring Process** — respect for community-specific protocols
- **A Sustainable, Viable and Enhancing Process** — regardless of organization size
- **Inclusive and Empowering** — citizens, organization and community
- **Respectful** — cultural and spiritual integrity of the organization and the community
- **A Voluntary Process**
- **Collaborative**



# Key Definitions

**ACCREDITATION** promotes and supports continuous quality improvement using pre-determined standards. It is an ongoing quality management process that organizations use to assess and improve the quality of their services.

**QUALITY MANAGEMENT** is a method for ensuring that all the activities necessary to design, develop and implement a service are effective and efficient with respect to the system and its performance. Quality management can be considered to have three main components: quality control, quality assurance and quality improvement.

**QUALITY CONTROL** is a system to maintain a desired standard of quality in a product or process.

**QUALITY ASSURANCE** refers to the planned and systematic production processes that provide confidence in a product's suitability for its intended purpose. It is a set of activities intended to ensure that products (goods and/or services) satisfy customer requirements in a systematic, reliable fashion.

**CONTINUOUS QUALITY IMPROVEMENT** (CQI) is a management approach to improving and maintaining quality that emphasizes internally-driven and relatively continuous assessments of potential causes of quality defects, followed by action aimed either at avoiding a decrease in quality or correcting it at an early stage.

**CERTIFICATION** validates the authenticity of something or someone, and confirms certain characteristics of an object, person or organization. This confirmation is often provided by "external review, education, or assessment. Professional certification refers to a person being certified to competently complete a job or task, usually through an examination process. Product certification refers to processes intended to determine if a product meets minimum standards, similar to quality assurance.

It is important to note the difference between accreditation and certification. Certification refers to quality assurance against minimum standards, or relates to the professional assessment of a person's competency to do a job. Accreditation refers to quality management against standards of excellence for the purpose of quality improvement and organizational growth.




# Introduction

The September 2000 First Ministers' Accord provided a vision, set of principles and action plan for health system renewal, including a commitment to improve the quality, accessibility and sustainability of the Canadian health care system. The 2003 First Ministers' Accord on Health Care Renewal further defined these principles by committing that health care services available to Canadians be of high quality, effective, patient-centred and safe.

## Accreditation

Health services accreditation is the nationally and internationally recognized process to ensure a standardized level of quality in health planning, management and delivery of health services. Accreditation enables organizations to strive for excellence through participation in a continuous process that leads them from a self-assessment to an action plan for improving all aspects of health care leadership, management and service delivery. Organizations are able to measure their service and operational performance against set standards, which provides them with a clear picture of their strengths and areas to be improved. A literature review conducted by Accreditation Canada states:

*“I really believe in accreditation, it is raising the bar for our people across the country. It is...a peer process...a sharing process...a helping process...a good process.”* 

—Focus Group Participant

Accreditation is based on the premise that adherence to evidence-based standards will reliably produce higher quality health services, in a safer environment, than would be the case without them. The resultant decreased variation in administrative and clinical structures and processes, similar to the contribution of clinical practice guidelines, is thus a powerful mechanism to improve the quality of health care and ultimately health care outcomes.

The identified benefits of accreditation are often viewed as:

- enhancing patient safety by effectively managing and mitigating clinical and safety-related risks;
- ensuring an acceptable level of quality among health care providers, stimulating sustainable quality improvement (QI) and continuously raising the bar with regards to QI initiatives;
- enhancing organizations' understanding of the continuum of care by focusing on performance improvement and outcomes of care;
- increasing reputation among end-users and enhancing their awareness and perception of quality care;
- promoting capacity-building and organizational learning; and
- providing a framework that assists in the creation and implementation of systems and processes which improve operational effectiveness and enhance positive health outcomes.<sup>1</sup>

<sup>1</sup> Nicklin, W., Dickson, S. (2008). The Value and Impact of Accreditation in Health Care: A Review of the Literature. Accreditation Canada. Retrieved from: [http://www.accreditation-canada.ca/upload/files/pdf/Value%20of%20Accreditation\\_EN.pdf](http://www.accreditation-canada.ca/upload/files/pdf/Value%20of%20Accreditation_EN.pdf)

## National and International Trends in Accreditation

A 2008 environmental scan revealed that the quality improvement requirements for provincial and territorial health services varied across Canada. Although Quebec and Alberta are the only provinces that have made accreditation mandatory for all provincial health services, a developing trend of government support can be observed in the quality improvement activities across Canada. Most provinces and territories have regional health authorities that have achieved accreditation or are involved in the accreditation process. In addition to the health authorities, each province or territory has other health services (private and/or non government organizations) that have received accreditation status.

As more provinces and territories become engaged in accreditation, First Nations and Inuit organizations providing health services will be able to observe the benefits of accreditation and demand it for their own organizations. Role modelling by successful First Nations and Inuit organizations serves as a motivator for accreditation far more effectively than enforcing it as a requirement.

To better align health care delivery in Canada, federal services for First Nations and Inuit will become more integrated with provincial/territorial systems. Accreditation is a key lever for integration as it ensures First Nations and Inuit health services are based on the same rigorous standards as provincial and territorial services. Accreditation also establishes key partnerships between First Nations/Inuit and regional health authorities/provincial-territorial health services that result in improved continuity of care for First Nations and Inuit.



The International Society for Quality in Health Care (ISQua) is a not-for-profit, independent organisation with members in over 70 countries, setting benchmark standards as it accredits the accrediting bodies around the world. ISQua works to provide services to guide health professionals, providers, researchers, agencies, policy makers and consumers to achieve excellence in health care delivery to all people, and to continuously improve the quality and safety of care.

ISQua claims that, “Across the world, the external assessment of health care services is being increasingly used to regulate, improve and promote health care services.” Models of external evaluation include accreditation, peer review, inspection, International Organization for Standardization (ISO) certification and evaluation using ‘business excellence’ or other frameworks. Each of these models is evolving to meet changing demands, which include public accountability, clinical effectiveness and improving the quality and safety of services and their outcomes. The worldwide trend is moving towards the measurement of processes and outcomes that clearly leads to performance improvements.

## Enhancing Client Safety

The Health Council of Canada highlights patient safety as “a crucial component of a quality health care system” and recognizes accreditation as “a powerful lever that can move care organizations towards improved quality and safety.”

While there is a need for further research on the impact of health services accreditation, it continues to be recognized as an enabling process for quality improvement and client safety.

## Quality Worklife

Evidence has shown a clear linkage between high quality health care services and healthy workplaces. Healthy workplaces make physical, mental and cultural wellbeing a priority for its staff, management and clients, and ensures quality health care delivery and safe, effective, client-centred services. To effectively address health human resources issues the organization must ensure and continuously improve upon the quality of the health care work environment.

## First Nations and Inuit Health Branch (FNIHB)

FNIHB acknowledges the benefits of health service accreditation for First Nations and Inuit organizations and provides funding to assist those that engage in the accreditation process. Since the late 1990's, FNIHB has been providing support for the process within the First Nations and Inuit health care system.

In 1996, Health Canada made accreditation mandatory for the Youth Solvent Abuse Program (YSAP treatment centres. Centres had to be in operation at least one year before applying for accreditation, and in February 1998, YSAP treatment centres, through the Youth Solvent Addictions Committee, invited the Canadian Council on Health Services Accreditation (CCHSA)<sup>2</sup> to discuss options. In November 1999, two pilot treatment centres completed the accreditation process and provided recommendations for revisions to CCHSA.



Following a program review of the National Native Alcohol and Drug Abuse Program (NNADAP), accreditation was integrated into the program as a concrete quality care improvement measure.

Beginning in 2000, an advisory group was formed to guide the development and pilot testing of accreditation standards for Community Health Services. The 2005 evaluation of these pilots produced very promising results.

Since that time, awareness of accreditation and its benefits among First Nations and Inuit has increased as more organizations experience pride in their successes. What started as a grassroots movement has gained momentum and is now seen as the standard to aim for.


## The First Nations and Inuit Accreditation Policy Framework

First Nations and Inuit communities have expressed the desire to have a health system that supports access, quality care, community commitment and engagement. FNIHB has developed the First Nations and Inuit Health Services Accreditation Policy Framework which will guide the accreditation initiative by promoting partnerships and linkages between communities and provincial organizations, regional health authorities and non-government organizations, and will support a health system continuum of care.

<sup>2</sup> Since 2008, CCHSA has been called Accreditation Canada

# Governance

Governance is considered a critical element of all health systems in that quality health care delivery depends on effective and sustainable management and administrative structures. Health care services provided by First Nations and Inuit organizations are intrinsically linked to governance and other community systems. FNIHB and First Nations and Inuit organizations currently engage in a number of activities to facilitate and support quality performance and management of health services provided to First Nations and Inuit.

*“You cannot underestimate the value of obtaining the same recognition as the larger [mainstream] system and the doors it opens [for other partnerships, funding and programs].”* 

—Focus Group Participant



# Roles and Responsibilities

Nationally, regionally and at the community level, there are various roles and responsibilities for ensuring success in quality improvement and accreditation efforts. Ultimately, all levels involved in the process will work towards improving health services for First Nations and Inuit in Canada.

Accreditation is voluntary. The accreditation process itself will be initiated and driven by the individual First Nations and Inuit organizations, and done by an accrediting body at arm's length from Health Canada.

## Accrediting Body

The role of the accrediting body includes:

- developing standards based on leading practices and expertise;
- working with client groups to ensure relevance of standards and processes;
- providing information and education to organizations;
- supporting organizations as they move through the accreditation process;
- granting accreditation awards;
- obtaining and maintaining their own accreditation; and
- raising the bar for quality in health organizations.



## First Nations and Inuit Organizations

The role of the First Nations and Inuit health service delivery organizations includes:

- working within the organization and with community members and leadership to assess and facilitate an interest and readiness for accreditation;
- meeting accountability requirements;
- initiating discussions with the health services accrediting body;
- engaging in accreditation with an accreditation body;
- establishing and maintaining a working relationship with the accrediting body;
- developing and implementing the quality improvement plan to meet the processes required of accreditation;
- maintaining standards to ensure accreditation and quality improvement; and
- participating in mentorship and networking activities with other First Nations and Inuit organizations.

## First Nations and Inuit Health (FNIH) Regional Offices

The role of FNIH Regions continues to evolve in response to community needs and may include:

- providing funding support and assisting with capacity building;
- providing networking and mentoring opportunities;
- participating in focus groups and/or teams of stakeholders;
- funding management to support the accreditation process;
- locating and disseminating resources/information;

- identifying links with community health planning;
- facilitating awareness building, developing linkages and processes for strategic planning and information sharing across program areas within FNIH;
- establishing linkages to provincial quality improvement bodies where appropriate;
- keeping abreast of developments in accreditation; and
- managing the accreditation process in Health Canada nursing stations in remote communities.

## FNIHB Headquarters

The primary role of FNIHB Headquarters is to support the development of a sustainable national system of First Nations and Inuit health services accreditation that responds to the needs of First Nations and Inuit. Headquarters is responsible for the development and implementation of policy including the preparation of Treasury Board submissions; attaining and allocating sustainable funding; managing accountability and evaluation activities of the initiative; maintaining communications with the regions; and orienting new regional accreditation managers in their responsibilities and ensuring they have sound knowledge about health services accreditation. Headquarters also promotes accreditation as a basic element of primary health care reform to strengthen the continuum of care and create linkages with the provinces.

While accreditation is voluntary, programs may choose to require accreditation; however, that will remain a program decision. FNIHB's health services accreditation initiative is managed within the Primary Health Care and Public Health Directorate (PHCPHD). All programs within the Branch will work closely with PHCPHD to ensure an integrated and coordinated approach to quality improvement and client safety.



FNIHB may enter into contracts with accrediting bodies for the purpose of providing strategic direction on the accreditation process and ensuring that adequate support is available to the First Nations and Inuit health system. Examples of additional support could include tools specific to First Nations and Inuit clients and specialized education programs to better meet the needs of First Nations and Inuit clients.

Other key roles of FNIHB Headquarters include:

- supporting and funding the training of regional accreditation managers;
- advocating for quality improvement in Branch operational planning and programs;
- establishing networks with other national professional and health organizations to facilitate an improved understanding of the need for health services that are responsive to First Nations and Inuit;
- advocating for the engagement of First Nations and Inuit in providing input into the development of the accreditation process; and
- developing linkages and sharing best practices with other federal departments involved in accreditation (Indian and Northern Affairs, Correctional Services, Canadian Forces and Veterans Affairs).

The Branch maintains an arm's length relationship with the accrediting body and accreditation process to maintain the independence of the accreditation body and First Nations and Inuit

organizations. FNIHB does not accredit health services but rather supports organizations who are engaged in the process with an accrediting body.

## Supportive Structures

There are structures at the national level that share a common role of promoting quality improvement, but also have unique responsibilities related to the integration of accreditation into health programming.

### BRANCH QUALITY REFERENCE GROUP (BQRG)

The BQRG is a Branch forum that supports a collaborative approach to quality improvement including accreditation and identifies opportunities to coordinate activities related to continuous quality improvement within FNIHB. Quality improvement must be woven into existing services and programs being provided by the Branch, and as new programs are implemented, quality improvement will be included in their design.<sup>3</sup>

Through the BQRG, headquarters works in partnership with various Branch programs to identify opportunities for the integration of quality improvement principles and resources into the processes already in place. With improved alignment, many FNIHB planning and reporting systems will complement the health services accreditation process. Eliminating duplication will decrease the reporting burdens for First Nations and Inuit organizations while still meeting accountability requirements with respect to standards, applicable legislation, stewardship and funding agreements. Within FNIHB, there are several program and service areas that have been identified as areas for linkages and integration of quality improvement principles.



### PROCESS REVIEW WORKING GROUP

A sub-group to BQRG, the Process Review Working Group compares FNIHB programs and processes with accreditation standards and processes and identifies ways to align and reduce duplication.

### REGIONAL NETWORKS

Regional accreditation networks support community accreditation coordinators through the coordination and/or provision of training, mentoring and opportunities to share resources and leading practices. The role and mandate of the regional networks are determined within each region.

### ABORIGINAL HEALTH QUALITY COUNCIL (TO BE EXPLORED)

Health quality councils are independent provincial agencies that encourage open dialogue to share knowledge and best practices, promote patient safety and increase awareness of the benefits of quality improvement. Similarly, an Aboriginal Health Quality Council could be established that would work in collaboration with the provincial health quality councils and Aboriginal organizations to support quality health care for Aboriginal people.

<sup>3</sup> BQRG representation includes: Primary Health Care and Public Health Directorate (Accreditation Policy, e-Health, Home and Community Care, Aboriginal Health Human Resources, Core Competencies, Primary Care Strategy, Public Health), Community Programs Directorate, Business Planning and Management Directorate, Office of Community Medicine, Office of Nursing Services, Non-Insured Health Benefits Directorate, Strategic Policy, Planning and Analysis Directorate, and Regional Accreditation Managers.

# Health Services Accrediting Bodies Criteria

The following criteria will be used by FNIHB to identify recognized accreditation bodies for the purposes of accrediting First Nations and Inuit health services organizations.

## Standards

- are developed with leaders in the field with opportunity for input from stakeholders\*<sup>4</sup>
- are accepted nationally or provincially/territorially
- are focused on the client\*
- cover the functions or systems of a whole organization or service\*
- address the dimensions of quality and support quality\*
- address a population health (holistic) perspective
- increase public safety and reduce risks\*
- involve stakeholders in standards development committees and working groups\*
- are reviewed regularly and updated to reflect the latest and best practices
- respects cultural practices

## Process

- encompasses both an internal (collaborative) and external review
- recognizes how varying governance structures may impact the process
- engages peer surveyors for the external review
- allows for flexibility
- respects culture
- engages and empowers the community
- supports organizational readiness
- encourages reciprocal learning between organization and accrediting body

## Program

- incorporates feedback from pilot testing to improve standards and the process\*
- respects cultural
- includes culturally appropriate learning and development programs and supports
- allows for comparison or benchmarking between like health services

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<sup>4</sup> \*Indicates criteria used by the International Society for Quality in Healthcare (ISQua)



## Organization

- maintains independent, non-government status\*
- undergoes its own accreditation or quality improvement process
- explores alternative formats to meet the needs of clients
- includes First Nations and Inuit representation on its Board and Advisory committees\*
- is recognized nationally and/or provincially/territorially
- is certified by the International Society for Quality in Healthcare (ISQua) (desirable)

## Other considerations

- transparency
- evaluation systems/indicators

# Funding

FNIHB funding for accreditation will help support First Nations and Inuit health organizations engaged in the accreditation process. An eligible organization that is approved by the accrediting body will begin to receive funding upon entering the process. Funds will be transferred from Headquarters to the FNIH regional offices, and then Regions will forward funding to organizations in the process<sup>5</sup>. These allocations will cover the costs that are paid to the accrediting body<sup>6</sup> as well as provide additional resources to assist with the process costs of accreditation.

## Funding Principles

The following key principles have guided the development of a new funding formula. The formula will be:

- Equitable:** the funding formula will provide relative equity across services and regions
- Scalable:** the funding formula will account for universal/core costs as well as variable costs that represent diverse conditions such as: organizational size, complexity of services, location (i.e. remote, isolated) etc.
- Adaptable:** the funding formula will be flexible and adapt to system changes over time
- Sustainable:** the funding formula will be supported over time

## Eligibility

Organization eligibility requirements and conditions for FNIHB funding:

- must be a First Nations or Inuit organization receiving health funding from FNIHB;
- must provide evidence of engaging in an accreditation process (letter of registration from an accreditation body);
- must have recipient resolution supporting accreditation;
- must be in good financial standing (as determined by each region);
- must engage with a recognized health services accreditation body that fulfils the Branch policy criteria; and
- must remain in the process and, in the event of receiving a ‘non-accreditation’ award, continue to make improvements towards reaching “accredited” status.

FNIHB accreditation funding will not cover the cost of compliance with accreditation recommendations. Costs to comply with recommendations are the responsibility of the relevant program areas of the Branch.

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<sup>5</sup> Youth Solvent Abuse Centres — amounts for accreditation are included in funding allocations.

<sup>6</sup> i.e. Membership fees, readiness assessment, education sessions and surveyor visits

# Accountability

Accountability requirements for organizations to receive funding will include documentation that they are registered with a recognized accrediting body and evidence that they are fully engaged in the accreditation process. However, some regional FNIH managers may require work plans from organizations as part of their funding agreement reporting.

Regardless of accreditation status, funding and accountability will remain in effect provided the organization remains actively engaged in the accreditation process. However, for organizations that withdraw from or disengage in active participation, funding is discontinued.<sup>7</sup>

*“Accreditation propels us into action...  
you have to walk the talk.”* 

—Focus Group Participant



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<sup>7</sup> Note: NNADAP health funding agreements for transferred centres require accreditation

# Expected Outcomes

## Immediate Outcomes

- Awareness of accreditation and its benefits is increased
- Overlaps are identified within FNIHB processes
- Linkages are made between First Nations and Inuit communities and Regional Health Authorities and provincial health services
- Leading practices are shared between communities

## Intermediate Outcomes

- Number of organizations engaged in accreditation is increased
- FNIHB integrates continuous quality improvement into programs
- FNIHB requirements are streamlined and complement accreditation
- Continuum of care is supported through improved linkages

## Long-Term Outcomes

- First Nations and Inuit deliver and access quality health services based on standards of excellence

## Indicators

Formal indicators will be established through collaboration with communities, stakeholders, regional and headquarters representatives. The accreditation initiative will be evaluated according to Treasury Board funding authority requirements.

# Accreditation Framework — Logic Model

## VISION

First Nations and Inuit manage accredited health services that meet their needs

## MISSION

Promote continuous quality improvement through accreditation in First Nations and Inuit health services

## LONG-TERM OUTCOMES

First Nations and Inuit deliver and access quality health services based on standards of excellence

## INTERMEDIATE OUTCOMES

Increased number of organizations engaged in accreditation

FNIHB integrates CQI into programs

Streamlined FNIHB requirements complement accreditation

Continuum of care is supported through improved linkages

## IMMEDIATE OUTCOMES

Increased awareness of accreditation and its benefits

Overlaps are identified within FNIHB processes

First Nations and Inuit communities link with RHAs and provincial health services

Leading practices are shared between communities

## KEY LEVERS

Partnerships and Linkages

## OUTPUTS

Culturally relevant standards and processes

Strong networks

Accreditation awards and increased community readiness

Training and education sessions, quality resources and tools

## ACTIVITIES/ INPUTS

Working with accrediting body to ensure standards and processes respond to needs

Supportive infrastructure

Community readiness activities and assessments

Knowledge exchange, education and training

# Appendix 1

## Key Success Factors in Achieving Accreditation

In order for an organization to be successful in the accreditation process, there are specific factors that need to be met at both the system level as well as within the community.

### System (External)

- relevant education and direct support
- accreditation tools and resources
- consistent messaging and education on the process
- accreditation surveyors who understand First Nations and Inuit organizations, the governance models and programs
- effective communication between accreditation specialists and organizations
- mentoring networks with other First Nations and Inuit organizations in accreditation
- recognizing and celebrating successes
- integrated communication protocols — communities, FNIH regions, headquarters, provinces
- dedicated resources for regional accreditation managers in FNIH regions
- dedicated funding and supportive policies
- leadership support
- recognition by FNIHB programs that accreditation provides value and may reduce reporting burdens

### Community (Internal)

- an understanding of the benefits of accreditation
- financial capacity
- community networks
- willingness to take risk to improve services
- access to an accreditation process with relevant standards that are recognized by mainstream organizations
- a stable workforce and work environment
- governance policies which insulate staff from changes when political changes occur
- effective change management processes
- commitment and engagement of community members and leadership
- an organizational goal for quality improvement
- motivation to embrace and incorporate quality improvement
- cooperative working relationships in the community and linkages to outside partners
- celebrations to recognize successes

# Glossary

**ARM'S LENGTH** — of or relating to dealings between two parties who are not related or not on close terms and who are presumed to have roughly equal bargaining power

**CONTINUUM OF CARE** — an integrated and seamless system of settings, services, service providers and service levels to meet the needs of clients or defined populations

**GOVERNANCE** — encompasses the processes, values and rules of how an organization is administered and may also refer to levels of power or authority

**INDICATOR** — a performance measurement used in evaluation that provides a baseline for meeting the strategic goals and objectives of a process

**LEADING PRACTICE** — a creative initiative undertaken by an organization that successfully contributes to the health care field and can be adapted for use by other organizations

**ON-SITE SURVEY** — surveyors look for evidence of compliance and identify areas for improvement by reviewing documentation, conducting interviews and focus groups

**STANDARDS** — a tool that measures compliance of the tasks, duties, processes and policies required to achieve accreditation

**SURVEYOR** — a peer-reviewer that assesses a health care organization's performance against national standards of excellence by conducting on-site surveys