

**The Canadian Board for Certification of Prosthetists and
Orthotists**

ACCREDITATION OF FACILITY

GUIDELINES

FOR
APPLICATION



**CBCPO
CCCPO**

Canadian Board
Certification
of
Prosthetist and Orthotists

Effective May 30, 1994

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ACCREDITATION OF FACILITIES GUIDELINES FOR APPLICATION

1.0 General

The Board accredits facilities, which meet its standards in order:

1. To give assurance that such facility will provide the highest quality of patient care and services.
2. To give public recognition to Orthotic and/or Prosthetic facilities that maintain the highest standards of professional competency and service, as verified by their display of this Board's certificate and listing in its official annual REGISTRY.
3. To ascertain that the physical environment and working conditions meet acceptable standards of safety by minimizing health hazards.

2.0 BASIC REQUIREMENTS FOR FACILITY ACCREDITATION

The Board awards its certificate to organizations that:

1. Engage in all aspects of services, assessing for, measuring, designing, fabricating and fitting orthotic and/or prosthetic devices.
2. Maintain a sufficient staff of full-time practitioners to provide adequate orthotic and/or prosthetic care to patients on prescription from physicians according to the patients' needs.
3. Have developed a reputation for quality service within the medical community.
4. Maintain complete and accurate patient files.
5. Meet the Board's minimum requirements as to facility lay-out, appearance, equipment and safety standards. Evidence should be supplied that the facility complies with all local health, safety, building and fire regulations.
6. Meet the Board's annual requirements with respect to submission of data concerning patient satisfaction survey and medical record report.
7. Maintain their good standing by paying their annual dues. Facility Accreditation is valid for five (5) full years where a year is defined as a 12 month period from the first day of March and ending on the

last day of February. A complete application must be submitted for re-accreditation.

3.0 WHO EVALUATES QUALIFICATIONS

3.1 Official Appraisers

By authority of the Board, the Council may designate practitioners who are certified in the discipline(s) in which the Applicant seeks accreditation to inspect the facility and report in writing about its condition in relation to the Board's requirements.

3.2 The inspection will include:

1. a review of the facility's patient file audit to determine that a baseline has been established or improvement to the baseline has occurred.
2. ensure that the annual patient satisfaction survey has been completed.
3. a review of evidence that 20 clients have been selected at random for the C.B.C.P.O. client satisfaction survey.
4. ensure that the facility has a refund and warranty policy.
5. determine that there is sufficient safety equipment for the amount of staff.
6. determine that staff members know what WHMIS is (Workplace Hazardous Materials Information Systems).
7. determine that adequate provisions have been made for patient safety e.g. cuts to patients, cardiac arrest.
8. determine what is the overall physical condition of the facility e.g. condition of floors and walls.

3.3 Inspectors will be chosen from the following:

1. elected C.B.C.P.O. representatives
2. F.C.B.C. persons
3. designate certifier appointed by facility chairperson

3.4 Coordination of Inspection

This task will be under the management of the central office, with approval/supervision by the chair of facility accreditation.

3.5 Arms Length

The coordinator will try to select an inspector that is at “arms length” to the facility. The facility will also be asked if the volunteer inspector is suitable.

The facility may also notify the coordinator that an “arms length” certifier is willing to inspect their facility, simply by calling Central Office.

3.6 The Committee on Facilities

The Committee on Facilities receives and evaluates the data provided by the Applicant and/or collected by facility appraiser(s) about the Applicant’s qualifications for accreditation, and determines whether it meets the Board’s requirements. If the decision is favourable, the Committee awards accreditation in the name of the Board.

3.7 Appeals

The Board considers and decides upon Appeals from Facility Applicants, who have not met requirements as determined by the Committee on Facilities.

4.0 FACILITY TITLES

4.1 Definition of Facility

The term “Facility” means the staff, patient files and physical resources, including offices, reception-waiting areas, fitting rooms, workshops, washrooms, storage rooms, parking space and equipment which are related to the providing of quality orthotic and/or prosthetic patient care in a safe environment.

4.2 Accreditation Titles

The Board accredits facilities which meet its requirements and provide:

1. Prosthetic patient care (P)
2. Orthotic patient care (O)
3. Prosthetic and Orthotic patient care (PO)

5.0 WHEN ACCREDITATION BECOMES EFFECTIVE

5.1 Filing of Application

Facilities seeking accreditation may file application therefore at any time after they are prepared to provide patient care.

5.2 Effective Date of Accreditation

Accreditation is effective when the Committee of Facilities, on behalf of the Board, determines that an applicant meets all requirements for facility accreditation.

A facility will be awarded provisional accreditation until the facility inspection occurs and data collected is subsequently evaluated. Inspection is required for initial accreditation. Facilities applying for re-accreditation will be inspected once during their award period. The inspector will be an individual selected by the Chairperson and approved by the facility to be inspected.

5.3 Accreditation Term

The accreditation is valid for a full five (5) year period which will coincide with the dates on the yearly C.B.C.P.O. Registry.

6.0 INSTRUCTIONS FOR APPLICANTS

6.1 Forms of Application

Facilities seeking accreditation must submit a complete application on the form supplied by the Board.

Included with the completed application is :

1. A description of patient files evidencing that the facility has medical records that indicate assessment of the problem, appropriate consultation, resolution of the problem, and the dates of service.
2. Evidence that an annual patient file audit has been conducted.
3. Evidence that a client satisfaction survey has been implemented.
4. Evidence that a warranty and refund policy has been established.
5. Evidence that the facility complies with all local, safety, building and fire regulations.
6. Three references, one of whom must be an orthopaedic surgeon or doctor of physical medicine.
7. Application fee.

6.2 Completeness of Application

All information required on the application must be furnished. Incomplete application packages will be returned without processing.

6.3 Application Fee

The Board will set the application fee for facility accreditation from time to time. The amount stated on the application must accompany it when filed with the Central Office. Applications not accompanied by the fee will be returned.

7.0 QUALIFICATION FOR APPLICANTS

7.1 General

Applicants for facility accreditation must demonstrate that their practice is of the nature the Board is authorized to accredit and that they meet the minimum requirements of the Board relating to the availability of certified practitioners, professional competency, ethical practice, patient records, quality assurance and minimum physical and safety requirements.

7.2 Nature of Practice

To qualify for facility accreditation, the certified practitioner(s) upon whom facility accreditation is based must be actively engaged on a day-to-day basis in the providing of orthotic and/or prosthetic patient care.

(a) Performance of Service

To qualify for facility accreditation, applicants must perform a substantial portion of the care and treatment of patients in their own facilities.

(b) "Farming Out" Patients

Applicants who accept the obligation to treat patients, then refer them to other practitioners or facilities to perform the service, and accept the fee as if they had originally performed the service are not considered to be engaged in the practice of Orthotics and/or Prosthetics. Facilities operating in such manner are not entitled to accreditation and, if already accredited, to have accreditation continued.

(c) Central Fabrication

Applicants may be considered as performing a substantial portion of patient care in their own facilities even though they may use "central fabrication" resources if their facilities are staffed with certified personnel, equipped, and supplied to provide care and actually do so when called upon.

7.3 Certified Practitioner Requirement

(a) Basic Requirement

Applicants for facility accreditation must maintain a full time staff of certified practitioners to assure a high level of patient care.

The listing of accredited facilities in the annual Registry of this Board shall include the name of the principal certified practitioner for each discipline for which the facility is accredited.

Facilities that are accredited in one discipline but dispense services in the second discipline not having appropriately certified individual of that second discipline on staff, are

liable to investigation by the Ethics Committee that may lead to having their facility accreditation terminated.

(b) Number of Certified Practitioner Required

- Full Accreditation

An applicant to qualify for full accreditation must employ at least one full-time practitioner who is certified in each discipline that the Applicant offers on an accredited basis.

- Principal and Branch Offices

Each facility, whether it is a principal or a branch office, must have a full-time certified practitioner on its staff for each discipline that it offers on an accredited basis.

(c) Loss of Certified Practitioner

- Basic Requirement

A facility, once accredited, must inform the Central Office of the Board in its Annual Renewal application of the identity of the principal practitioner associated with it, and must immediately notify the Central Office in writing of the loss of any certified practitioner.

- Failure to Report

The failure to report the loss of the principal practitioner shall be deemed the commission of a fraud on the Council through concealment of a fact essential to the maintenance of facility accreditation. Such concealment can lead to suspension or revocation of accreditation, at the discretion of the council, following character and fitness procedures provided by its rules.

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Grace Period

Accredited facilities which no longer have a certified practitioner for the discipline(s) they offer on an accredited basis because of resignation, discharge, or other wise, and who have notified the Central Office of the loss, shall retain their accreditation for 180 days. If a certified practitioner is not employed during that period, accreditation shall terminate.

Accredited facilities which employ a replacement certified practitioner during the 180 day grace period are required immediately to notify the Board in writing at its Central Office of his identity. If they fail to provide such notification, accreditation terminates on the basis that a certified practitioner has not been employed, and the procedure for reinstatement must be followed as provided hereafter.

(d) Certified Practitioner Not in Good Standing

A facility cannot qualify or maintain accreditation based on a certified practitioner who has lost, or loses, his good standing and in such cases reaccreditation is required.

7.4 Required Minimum Physical Standards

(a) Tools and Equipment

To warrant accreditation as a Prosthetic/Orthotic Facility, the applicant must possess appropriate tools in good working order.

(b) Statement of Minimum Physical Standards for Accreditation

Facilities applying for accreditation must demonstrate that they meet the following physical requirements as a minimum:

- The exterior and interior of the facility must be professional in appearance.
- An office, reception, and waiting-room area adequate for the facilities patient load must be provided together with accommodations for orderly maintenance of patient's records.
- The area for providing patient care must be separated from other non-related commercial activities.

- Private fitting-rooms equipped for taking measurements, casts and accomplishing fittings shall be provided.
- An area shall be provided that is permanently equipped with parallel bars, a full length mirror, and other standard equipment to permit static and dynamic alignment of various systems.
- The laboratory area shall be separate and closed off from the reception, waiting and fitting areas.
- Ramps, and/or elevators shall be provided where required for the comfort of patients.
- Lavatory facilities shall be wheelchair accessible and equipped with transfer bars.
- Applicants shall comply with all local health, safety, building and fire regulations. A report is required to substantiate the above. For example an approved building permit would be acceptable. Other examples are a report from the Ministry of Labour, report from Occupational Health and Safety, city licenses to operate a business, etc. Documentation is not limited to the above stated sources.

7.5 References

The Board requires an applicant for facility accreditation to provide three references to verify its professional competency.

Applicants for facility accreditation must furnish with their applications three references, one of whom must be an orthopaedic surgeon or doctor of physical medicine. The other two references may come from physicians or allied health care professionals. At least one of the references will be contacted and asked the following questions:

- (1) Have you referred to the facility?
- (2) Do you have any comments (good/bad) regarding the referral?
- (3) Does the facility provide service in that the patient receives the device within an expected time frame?
- (4) Does the facility meet your expectations in the case of adjustments to the device?
- (5) Does the facility handle patient complaints in a satisfactory manner?
- (6) Are there any comments, both positive/negative that you would like to make to C.B.C.P.O.?

DOCUMENTATION TO PATIENT'S FILE

The following is a method of audit for an individual patient file.

SAMPLE AUDIT

Audit Date (May 1, 19xx)

Patient File Ref. (Smith, John Amos)

Auditor Jimmy Jones, C.P. (c)

	YES	NO*	N/A*
Written Referral is on File	X		
Assessment of Patient Prior to Service is Documented	X		
Problem Identification & Interventions is Documented	X		
Outcome of Care is Documented	X		
Education of Patient and Family is Evident		X	
Instructions for Follow-up Care is Evident		X	
Communication with Referring Party is Evident	X		
Comments <i>Good clean file, strong evidence of problem identification and communication with referring party.</i>			
Deficiencies Noted <i>Education of Patient/Family was done verbally. Follow up instructions were also verbal.</i>			
Follow Up Date and Comments <i>Responsible Prosthetist was made aware of weaknesses in file and indicated he will make suitable notations in the future. As instruction was given verbally no further follow up is planned.</i>			

Applicants for facility accreditation shall submit with their applications the following:

- (1) A video tape or 6 photographic prints (minimum size 4"x5') which shows:
 - The exterior view of the facility and a view of the parking area.
Note: A city parking space designated for disabled persons, located directly adjacent to the facility will be acceptable.
 - Separate view or views of the facility's reception area, waiting area, and fitting rooms;
 - Sufficient views of the laboratory (shop) area to indicate that the facility possesses the necessary equipment;
 - A view of the lavatory facility with an adult wheelchair in the doorway;
 - Such other photographic views of the facility as the Applicants consider will be helpful in evaluating their qualifications.

- (2) A readable floor plan with dimensions showing the facility's physical lay-out and placement of equipment.

7.7 Audit of Patient Files by Facility

Each facility will be required to conduct an annual audit on a reasonable percentage of their patient files. The facility will establish a compliance baseline. The objective will be improved compliance in successive years.

Evidence that an audit has occurred will be required. This evidence will be submitted to the Program along with the annual dues.

A facility may utilize any format of its choosing for the patient file audit.

7.8 C.B.C.P.O. Client Quality Assurance Survey

It has always been a requirement that the Board demonstrate client satisfaction of its members. A means to evaluate whether the standards it has set are being achieved by its members will be served through a client satisfaction survey.

The Board has decided to introduce a mechanism of Quality Assurance which will be included in the application package for accreditation and reaccreditation of facilities.

The Chairperson of facility accreditation will enclose in the facility's application package 20 surveys and return envelopes addressed to the chair. Each facility will choose at random 20 clients to take part in the survey. The clients will fill out the survey in confidence and return it to the Chairperson.

The client satisfaction survey will address the following questions:

1. Were you treated respectfully and professionally?
2. Was the clinical area clean and tidy?
3. Was the prosthesis/orthosis completed to your satisfaction?
4. Was your appointment time on schedule?
5. Given a choice would you return to this facility?

The Board recognizes that the facility cannot guarantee that all 20 surveys will be returned, however a minimum number of 7 should be achievable. The survey's simple questions set against the standards of the C.B.C.P.O. and facility accreditation will be reviewed by the chair. Should the chair discover that the response contained in a particular facility's survey indicate a standard is not appearing to be met, the facility will be informed so that it has the opportunity to take appropriate action. Where facilities have been informed that a certain standard has not been upheld, and give no indication as to removal of concerns, the chair will advise the executive of the Board via the President. The executive will reserve the right to consider any actions within its authority to promote compliance to its standards.

7.9 Patient Satisfaction Survey by Facility

Each accredited facility will be required to conduct an annual patient satisfaction survey. A facility may utilize a format of its choosing. Evidence that a survey has been conducted will be required. This evidence will be submitted to the Accreditation program along with the annual dues.

Submissions will include the type of format utilized, questions asked, number of persons surveyed, date of survey and who conducted the survey.

A sample survey should include questions such as:

Are you using your orthosis/prosthesis?

If not, why?

Are you satisfied with the way in which your device works?

Are you satisfied with the way you are treated by the staff?

And ask for comments.

7.10 Warranty and Refund Policy

Facilities will be required to develop their own warranty and refund policy. A statement of this policy will be submitted at the time of application or re-application.

- Samples
1. ADP or other provincial policy
 2. write your own

Policy should address:

1. length of time device is covered for mechanical defects
2. labour costs once warranty is over
3. exceptions to the general policy e.g. pathological changes
4. whether or not a cash refund is ever given
5. whether or not refunds will be given if the device does not meet the prescription criteria

8.0 RESERVATION OF RIGHT TO APPRAISE

Through its appointed representative the Board reserves the right to an appraising visit of the facility that is applying for or has received accreditation. This may occur at any time, without notice, to ascertain that the facility meets or maintains the requirements for accreditation.

Prior to awarding facility accreditation, the Committee on Facilities is authorized to request information, about discrepancies which appear to exist in the Applicant's qualification for accreditation.

9.0 NOTIFICATION OF RESULTS OF APPLICATION

The Board will notify Applicants as to whether or not they have been granted facility accreditation.

The notification will:

1. Be in writing;
2. Be mailed within 20 days of the conclusion of action on the application by the Committee on Facilities. Copy of the correspondence is forwarded to the Secretariat in order to issue the official parchment;
3. State the reason or reasons for not granting accreditation, if that should be the decision of the Committee.

10.0 RIGHT OF APPEAL

Applicants are entitled to appeal the determination of the Committee on Facilities that they shall not be granted accreditation.

10.1 When Appeal can be Taken

Appeals can be taken from determinations not to award accreditation when facility applicants believe that the reasons stated for such determination, as set out in the letter of notification, are contrary to the facts contained in their applications.

10.2 When Appeal must be Filed

Appeals from determinations not to award facility accreditation must be mailed not later than 30 days after receipt of notification to that effect.

10.3 To Whom Appeal is Addressed

Appeals under this provision must be addressed to the Secretariat for referral to the Council for determination.

10.4 Form of Appeal

Appeals from determinations of the Committee on Facilities not to award facility accreditation must:

1. Be in writing
2. Contain any written data, other evidence, and reasons which the Applicant.

10.5 Decision on Appeal

Notification of the decision on appeal shall be given to applicants. It will:

1. Be in writing;
2. Be mailed not later than 30 days after the decision of the Council is made and notification provided to the Secretariat;
3. Set forth the reasons for the decision.

11.0 MAINTENANCE OF GOOD STANDING

The initial accreditation is valid for five years from date of being granted.
A facility is in good standing:

1. When it meets current requirements for accreditation. Effective May 30, 1994. The patient file audit report and evidence of a patient satisfaction survey must be submitted.

And

2. When current annual renewal fees are paid (1st of May each year)

11.1 Re-Evaluation and Re-Appraisal

- (a) The Board shall evaluate and may re-appraise accredited facilities every five years.
 - To determine whether it is maintaining current requirements for facility accreditation;
 - If it has lost good standing, for the purpose of determining whether it is entitled to be restored to that status.

- (b) If it is determined that accredited facilities are not, on an ongoing basis, meeting current standards, the Council shall immediately notify them in writing of the deficiencies noted, specifying a period of time within which the deficiencies must be corrected.
- (c) If deficiencies are not corrected within the period of time allowed, or if the failure to correct them is not adequately justified in the opinion of the Board, it shall suspend or revoke accreditation at its discretion, suspendue.

11.2 Failure to pay Annual Renewal Fees

The failure of accredited facilities to pay their annual renewal fee by the prescribed date may result in the revocation of accreditation and termination of all services provided by the Board, and they may not be listed in the Registry that year.

12.0 RE-QUALIFICATION FOR ACCREDITATION

12.1 General

Accredited facilities may encounter situations that cause their accreditation to terminate, lapse, or otherwise be affected adversely without the fault of the ownership and/or management. In such cases, re-qualifying action must be taken to regain accreditation.

12.2 Situations Requiring Re-Qualifying Action

(a) Voluntary Discontinuance of Accreditation

Since the Facility Accreditation program is voluntary, an accredited facilities ownership or management may discontinue its status at any time by notifying the Board of its intention to do so by discontinuing payment of annual renewal fees. In order to regain accredited status, the facility must:

1. Submit an application for re-accreditation with the prescribed fee;
2. Be re-appraised and approved by Committee on Facilities.

(b) Involuntary Discontinuance of Accreditation

Facility Accreditation is based, in the first instance, on the determination that a facility meets the requirements relating

to certified personnel, physical lay-out, type of practice, and so on. When any or all of those factors change, even though the purpose may be to improve the facility's ability to serve the public, the basis in which accreditation was originally granted also changes. The Board has the obligation to determine in such cases that the facility is still entitled to be accredited.

Changes Requiring Re-Accreditation:

1. Move to New Location

When an accredited facility moves to a new location, it must:

- Notify the Board in writing of the date of the move, the address of the new location, and any changes in certified personnel the move may have caused;
- Submit a new application for facility accreditation for which 50% of the current application fee will be charged to cover cost of processing;
- Pay any accrued annual renewal fees.

2. Change in Senior Management

Notification in writing must be provided to the Board of a change in senior management of an accredited facility within 30 days of its occurrence, and the Board reserves the right to re-appraise the facility.

3. Substantial or Total Destruction of Accredited Facility

In the event of substantial or total destruction of an accredited facility, the status shall continue until the facility is replaced or repaired. At that time, the Committee in facilities will evaluate the facility to determine whether or not the certified status shall continue.

The Facility must file an application, when the damage has been repaired, together with 50% of the current regular application fee.

13.0 EXTENSION OF TITLE

The Board extends a facility's accreditation to include both orthotics and prosthetics when, being in good standing and accredited in one discipline, it applies for and meets the requirements of the other discipline.

14.0 REQUESTS FOR INFORMATION

The Canadian Board for Certification of Prosthetist and Orthotists reserves the right to request Applicants for facility accreditation to furnish such information and/or reference, and to make such additional inquiries about their qualification, as it considers necessary.

15.0 RELEASE FROM LIABILITY

Applicants for facility accreditation, by signing and filing their application forms, thereby releases the Board, its Secretariat, its committees, and their members, jointly and severally, from any and all liability for delay or otherwise in the processing of their applications.

16.0 EFFECT OF SIGNING APPLICATION

16.1 General

When an authorized representative of a facility signs its application for accreditation and files it with the Central Office of this Board, for processing, attestation is thereby made as to the truth and accuracy of the statements it contains.

16.2 Effect of Falsification of Application

The discovery that false statements have been made in an application for facility accreditation with intent to deceive the Board is grounds for:

1. Discontinuing processing of the application at any stage;
2. Instituting action to revoke accreditation if the discovery is made after it has been awarded.

