

Appendix 1. The evolution of Accreditation Canada’s Required Organizational Practices (ROPs), with a focus on medication-related ROPs.

	2008	2009	2010	2011
TOTAL NUMBER OF ROPS	25 ROPs in 7 areas	31 ROPs (6 new additions)	31 ROPs (no new additions)	35 ROPs (4 new additions)
NUMBER OF MEDICATION RELATED ROPS	4 ROPs	7 ROPs	7 ROPs	8 ROPs
SPECIFIC MEDICATION RELATED ROPS	<ul style="list-style-type: none"> • Medication reconciliation on admission • Medication reconciliation at referral /transfer • Removal of concentrated electrolytes • Standardize and limit drug concentrations 	<ul style="list-style-type: none"> • Medication reconciliation on admission • Medication reconciliation at referral /transfer • Removal of concentrated electrolytes • Standardize and limit drug concentrations • Dangerous abbreviations • Heparin Safety • Narcotic Safety 	<ul style="list-style-type: none"> • Medication reconciliation on admission • Medication reconciliation at referral /transfer • Removal of concentrated electrolytes • Standardize and limit drug concentrations • Dangerous abbreviations • Heparin Safety • Narcotic Safety 	<ul style="list-style-type: none"> • Medication reconciliation on admission • Medication reconciliation at referral /transfer • Removal of concentrated electrolytes • Standardize and limit drug concentrations • Dangerous abbreviations • Heparin Safety • Narcotic Safety • Prevention of Venous Thrombo-embolism (VTE)

Supplementary data for Miyata M, Munroe J. Tracking Required Organizational Practices related to processes involving medications. *Can J Hosp Pharm* 2011;64(3):212-215.

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Appendix 2. Standard rating scale for implementation of options to attain compliance with Required Organizational Practices.

Rating Scale (to be completed by site)
1 = No actions required to fully comply
2 = Unable to proceed - barriers to address
3 = Active Planning underway
4 = Implementation progress underway
5 = Activity completed and in full compliance

Green: in compliance
Red: obstacles encountered
Yellow: in progress

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Appendix 3. Example of data entry page for a specific Required Organizational Practice (ROP) for Site A (zoom-in view).

DASHBOARD FOR SITE-A
<ROP-8 TAB>

Navigation link back to INDEX tab

Pie-chart summary of compliance status for this ROP

Short description of ROP

Full Accreditation Canada description of ROP

Online instructions and link to full instruction manual

	INDEX	Local MQSC:	SITE-A						
1		Last Updated:	September 1, 2009						
2		Site ROP Rating:	MORPHINE greater than 15 mg/mL - Remove from patient care areas						
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

Pre-approved standardized options for ROP compliance

As required automated commentary

Date that unit was rated

INPUT – rating of ROP for specific unit

Status indicator for specific ROP for EACH UNIT

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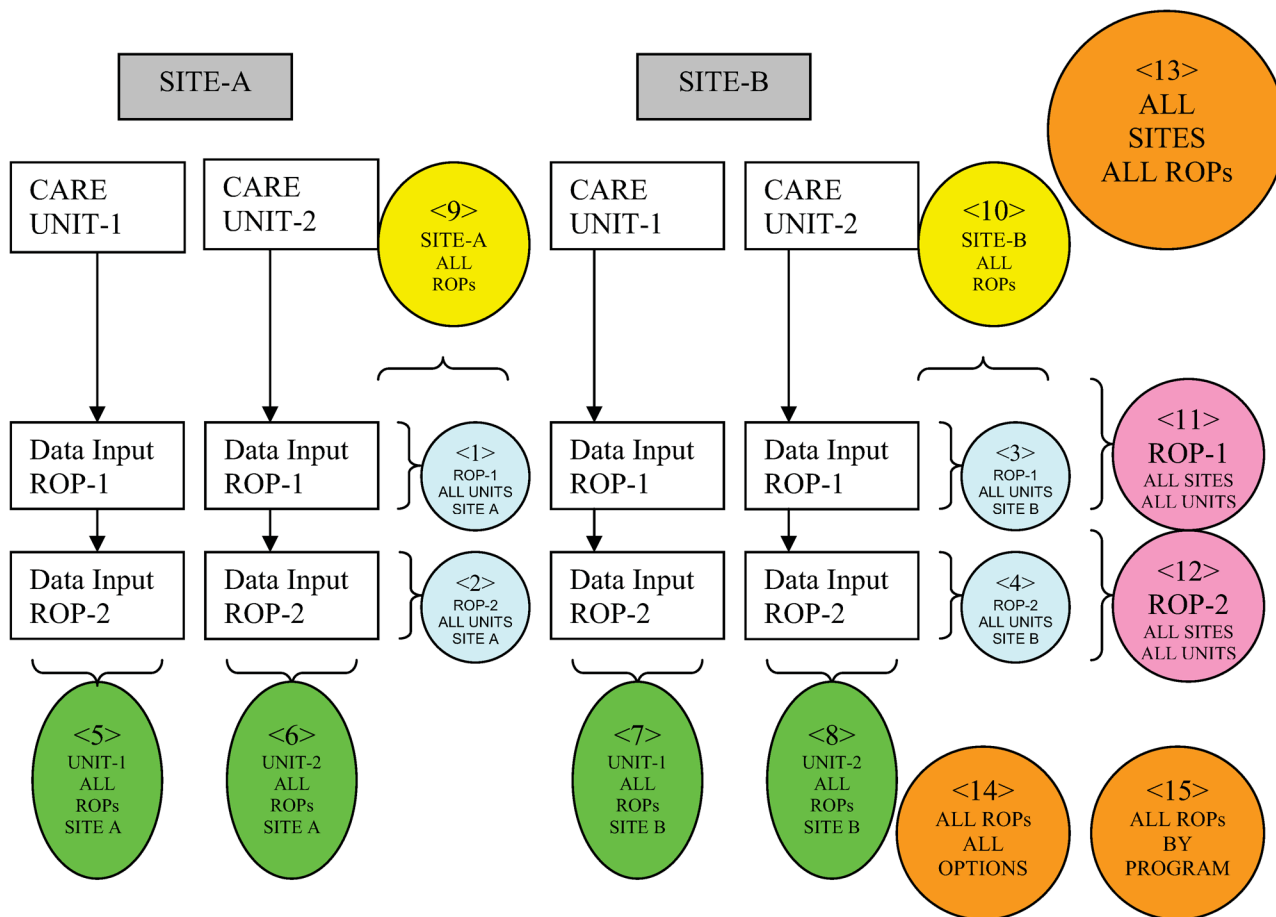
Appendix 4. Example of data entry page for a specific Required Organizational Practice (ROP) for Site A (zoom-out view).

DATA ENTRY SHEET FOR SITE-A
 <zoomed out>

Local MQSC: SITE-A					Responsible for developing, assessing and monitoring to achieve compliance: Janice Pearson												
Last Update: September 1, 2009					Responsible for interpreting the ROP/Standard: Janice Pearson												
Site ROP: MORPHINE greater than 15 mg/mL - Remove from patient					Responsible for medication stewardship: Dr. Chair of MQSC												
Accreditation Canada ROP: Interpretation of ROP/Standard:					Evaluate and limit the availability of narcotic (opioid) products and remove high-dose, high-potency forms												
Rating Scale (to be completed by site MQSC):					Instructions: Interpretation of ROP/Standard:												
1 - No action required to fully comply					1. Review indicated to full compliance to be completed QUARTERLY by the MQSC Co-Chair or delegate. Information to be entered: the date the information is being entered, the rating of each week, and the target date for achieving compliance.												
2 - Unable to proceed - Inactive to address					2. All the evidence for, needed, can be reported using the Rating Scale (RS) and are only to include a SINGLE rating. Please complete ALL evidence and DO NOT leave any evidence blank.												
3 - Active Planning underway					3. Use the Rating Scale to reflect the status of the adverse practice. Enter a rating of "1" in the "FULL COMPLIANCE" column only if the issue is fully completed and no action is required.												
4 - Implementation progress underway					4. Enter a rating of "2" or "3" in the column unless planning or implementation. The indicated target date for achieving compliance must be entered. The options evaluating a "2" or "3" are to be entered in a "2" when completed and the target date updated to reflect completion date.												
5 - Activity completed and in full compliance					5. Approved options for achieving compliance are provided. If a local MQSC identifies a new option, approval must be obtained from the Regional Medication Safety Coordinator prior to being used.												
6 - If unable to comply with the ROP enter the approved option, enter a rating of "2" and provide a brief summary describing the barrier as per 5F. General comments for each week are provided as per 5F.																	
All Patient Care Units/areas					BCC	BCE	BCCB	BCB	BCCBC	BCC	BIBB	BIBB/FM	BIBB/FM	BIBB/FM	BIBB/FM	BIBB	
Unit Description:					PHYSICIAN	NURSE	PHARMACY	OTHER	LABORATORY	OTHER	LABORATORY	OTHER	LABORATORY	OTHER	LABORATORY	OTHER	
Dark Board					0	1	2	3	4	5	6	7	8	9	10	11	
Local Ref. for Barrier Compliance as Ref. of C					Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	Approved 21, 2009	
Approved supporting Tools/Options for compliance. Select only ONE of the options below for each unit.					PLEASE ENTER COMMENTS												
45	0	0	0	0													
FULL COMPLIANCE with the ROP. No action required. Morphine injections in concentration greater than 15 mg/mL are not available in patient care units.					1												
OPTION A - Mix and/or draw-up morphine solutions in Pharmacy upon receipt of an order.					2												
OPTION B - Supply in accordance with the FH High Risk Medication Policy. When stored on patient care units, minimum quantities are provided, it is segregated and labelled (either each unit individually or the storage bin) with a "High Risk warning label."							3			3			3				
Multiple pre-approved options for ROP compliance																	
Additional site-specific option pre-approved regionally																	
Free-text comments field for additional information as appropriate																	
SITE-SPECIFIC ALTERNATIVE AS APPROVED BY REGIONAL MEDICATION SAFETY COORDINATOR																	
COMMENTS IF BARRIERS ENCOUNTERED (MANDATORY) or GENERAL COMMENTS (optional)																	

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Appendix 5. Conceptual design for dashboard reports generated by the Required Organizational Practice (ROP) Tracking Tool (model for 2 sites, 2 care units per site, and 2 ROPs).



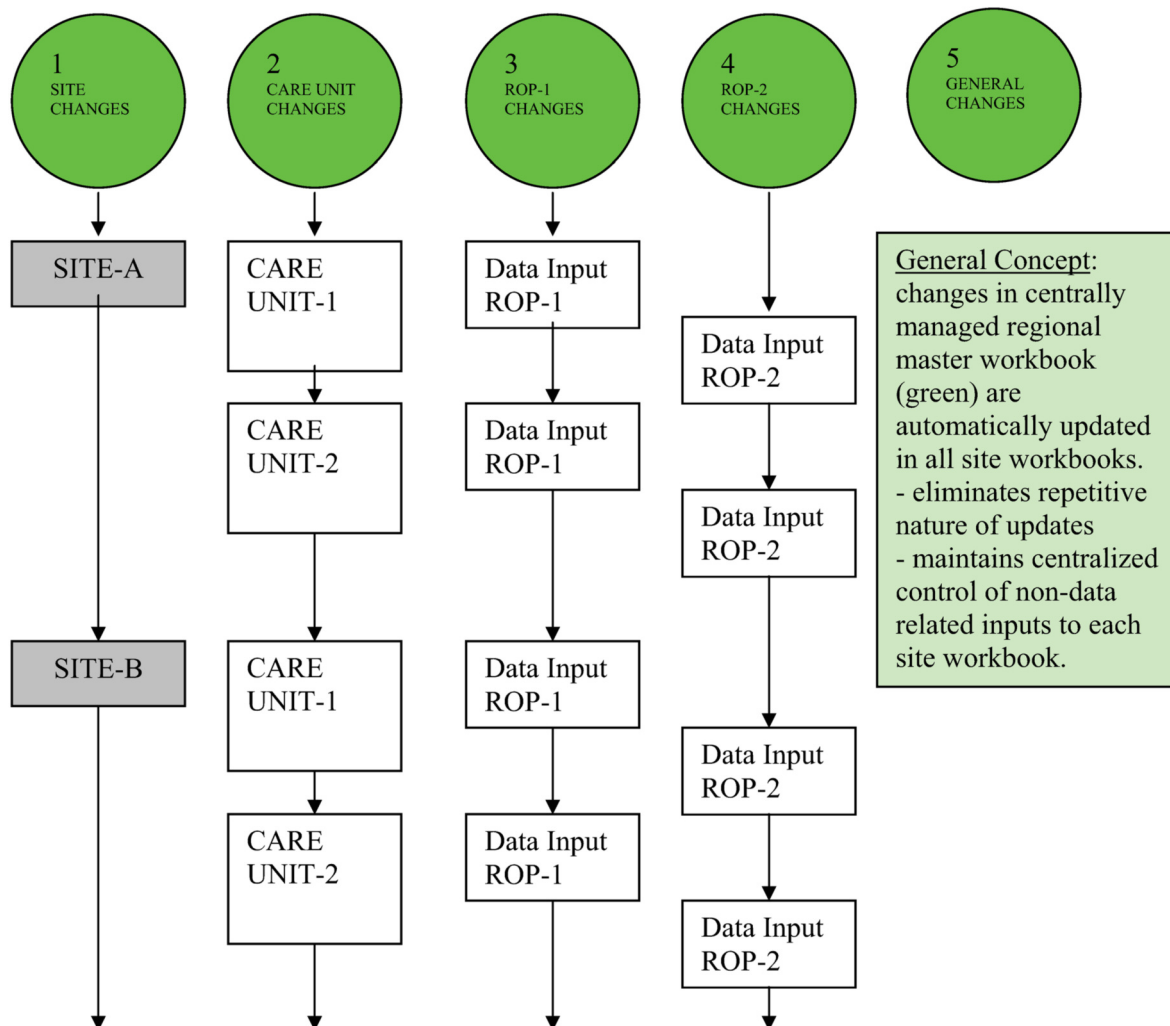
- Roll-up 1: **ROP-1** compliance by **all Care Units** within **Site-A**
- Roll-up 2: ROP-2 compliance by all Care Units within Site-A
- Roll-up 3: ROP-1 compliance by all Care Units within Site-B
- Roll-up 4: ROP-2 compliance by all Care Units within Site-B
- Roll-up 5: ROP compliance by **all ROPs** for **Care Unit-1** within **Site-A**
- Roll-up 6: ROP compliance by all ROPs for Care Unit-2 within Site-A
- Roll-up 7: ROP compliance by all ROPs for Care Unit-1 within Site-B
- Roll-up 8: ROP compliance by all ROPs for Care Unit-2 within Site-B
- Roll-up 9: ROP compliance by **all ROPs** by **all Care Units** for **Site-A**
- Roll-up 10: ROP compliance by all ROPs by all Care Units for Site-B
- Roll-up 11: ROP-1 compliance by **all Care Units** for **all Sites**
- Roll-up 12: ROP-2 compliance by all Care Units for all Sites
- Roll-up 13: ROP compliance by **all ROPs** for **all Sites**
- Roll-up 14: ROP compliance by **all ROPs** by **all Options** for **all Sites**
- Roll-up 15: ROP compliance by **all ROPs** for **all Programs**

- Report Type-1
- Report Type-1
- Report Type-1
- Report Type-1
- Report Type-2
- Report Type-2
- Report Type-2
- Report Type-2
- Report Type-3
- Report Type-3
- Report Type-4
- Report Type-4
- Report Type-5
- Report Type-6
- Report Type-7

See Appendices 8, 9, and 10 for examples of dashboard reports.

Supplementary data for Miyata M, Munroe J. Tracking Required Organizational Practices related to processes involving medications. *Can J Hosp Pharm* 2011;64(3):212-215.

Appendix 6. Conceptual design for centralized updating of Required Organizational Practice (ROP) Tracking Tool (for 2 sites, 2 care units per site, and 2 ROPs).



1. SITE CHANGES: Add new sites, delete existing sites, changes to site names
2. CARE UNIT CHANGES: Add new units, delete existing units, changes to unit names, changes to unit program or function, add new beds, reduce existing beds
3. ROP-1 CHANGES: Add new ROPs, delete existing ROPs, changes ROP definition or ROP interpretation, add new ROP option, modify existing ROP option, delete existing ROP option, change name of coordinator regionally responsible for specific ROP
4. ROP-2 CHANGES: as per ROP-1 changes
5. GENERAL CHANGES: change rating scale (all ROPs, all sites, all units), change thresholds for compliance, change instructions for use

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Appendix 7. Site-specific dashboard for Site A.

DASHBOARD FOR SITE-A
<INDEX TAB>

ACCREDITATION CANADA - REQUIRED ORGANIZATIONAL PRACTICES

SITE-A

TAB	REQUIRED ORGANIZATIONAL PRACTICES	STATUS
ROP-1	POTASSIUM PHOSPHATE - Remove from patient care areas	Green
ROP-2	MAGNESIUM SULFATE - Remove from patient care areas	Green
ROP-3A	SODIUM CHLORIDE injectable vials - Remove from patient care areas	Red
ROP-3B	SODIUM CHLORIDE hypertonic bags - Remove from patient care areas	Green
ROP-3C	SODIUM CHLORIDE oral - Remove from patient care areas	Green
ROP-4A	HEPARIN 10,000 units/mL (1 mL) - Remove from patient care areas	Green
ROP-4B	HEPARIN 10,000 units/mL (5 mL) - Remove from patient care areas	Red
ROP-4C	HEPARIN 1,000 units/mL (10 mL) - Remove from patient care areas	Red
ROP-4D	HEPARIN 1,000 units/mL (30 mL) - Remove from patient care areas	Green
ROP-4E	HEPARIN 25,000 units/mL (2 mL) - Remove from patient care areas	Green
ROP-4F	Low Molecular Weight Heparin - Remove from patient care areas	Red
ROP-5A	STANDARDIZE & LIMIT CONCENTRATIONS - continuous infusions	Green
ROP-5B	STANDARDIZE & LIMIT CONCENTRATIONS- epidural narcotics	Green
ROP-5C	STANDARDIZE & LIMIT CONCENTRATIONS - narcotics	Green
ROP-6	POTASSIUM CHLORIDE - Remove from patient care areas	Green
ROP-7	HYDROMORPHONE greater than 2 mg/mL - Remove from patient care areas	Green
ROP-8	MORPHINE greater than 15 mg/mL - Remove from patient care areas	Green
ROP-9A	Medication Reconciliation at Admission	Red
ROP-9B	Medication Reconciliation at Transfer	Red
ROP-10A	Unsafe Abbreviations - Prohibit use in handwritten orders	Green
ROP-10B	Unsafe Abbreviations - Prohibit use in Pre-Printed Orders and Computer Outputs	Green

GREEN: In compliance with the ROP in accordance with Accreditation Canada standards
 RED: Not in compliance or there is an obstacle to compliance
 YELLOW: Progress underway to eventually achieve compliance

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Appendix 8. Dashboard for each Required Organization Practice (ROP) on each patient care unit at Site A.

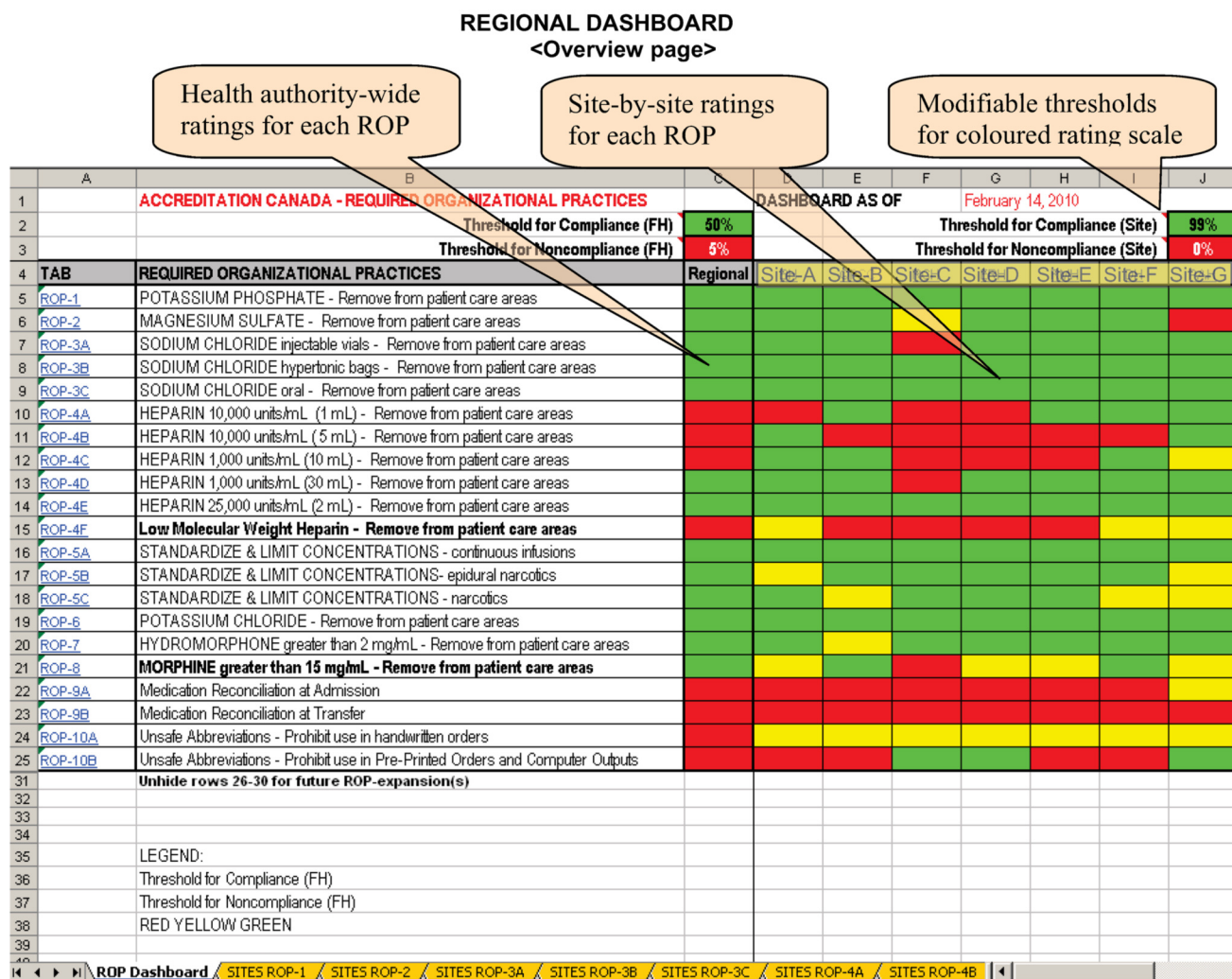
ACCREDITATION CANADA - REQUIRED ORGANIZATIO		SITE-A	H1ER/EHU	H1ER/HU	H1ER/PSY	HMHT	HNICU1	HNICU2	HNICU3	SP1	SP2	T2S	T3M	T3S
TAB	REQUIRED ORGANIZATIONAL PRACTICES	STATUS												
ROP-1	POTASSIUM PHOSPHATE - Remove from patient care area	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-2	MAGNESIUM SULFATE - Remove from patient care area	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-3A	SODIUM CHLORIDE injectable vial - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-3B	SODIUM CHLORIDE hypertonic bag - Remove from patient care area	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-3C	SODIUM CHLORIDE oral - Remove from patient care area	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-4A	HEPARIN 10,000 units/mL (1 mL) - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-4B	HEPARIN 10,000 units/mL (5 mL) - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-4C	HEPARIN 1,000 units/mL (10 mL) - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-4D	HEPARIN 1,000 units/mL (30 mL) - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-4E	HEPARIN 25,000 units/mL (2 mL) - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-4F	Low Molecular Weight Heparin - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-5A	STANDARDIZE & LIMIT CONCENTRATIONS - continuous infusions	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-5B	STANDARDIZE & LIMIT CONCENTRATIONS - epidural narcotic	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-5C	STANDARDIZE & LIMIT CONCENTRATIONS - narcotic	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-6	POTASSIUM CHLORIDE - Remove from patient care area	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-7	HYDROMORPHONE greater than 2 mg/mL - Remove from patient care area	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-8	MORPHINE greater than 15 mg/mL - Remove from patient care area	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-9A	Medication Reconciliation at Admission	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-9B	Medication Reconciliation at Transfer	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-10A	Use of Abbreviations - Prohibit use in handwritten orders	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
ROP-10B	Use of Abbreviations - Prohibit use in Pre-Printed Orders and Computer Output	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Status indicator for each ROP for EACH UNIT within site

- GREEN: In compliance with the ROP in accordance with Accreditation Canada standards
- RED: Not in compliance or there is an obstacle to compliance
- YELLOW: Progress underway to eventually achieve compliance

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Appendix 9. Regional health authority dashboard for each Required Organizational Practice (ROP) by site.



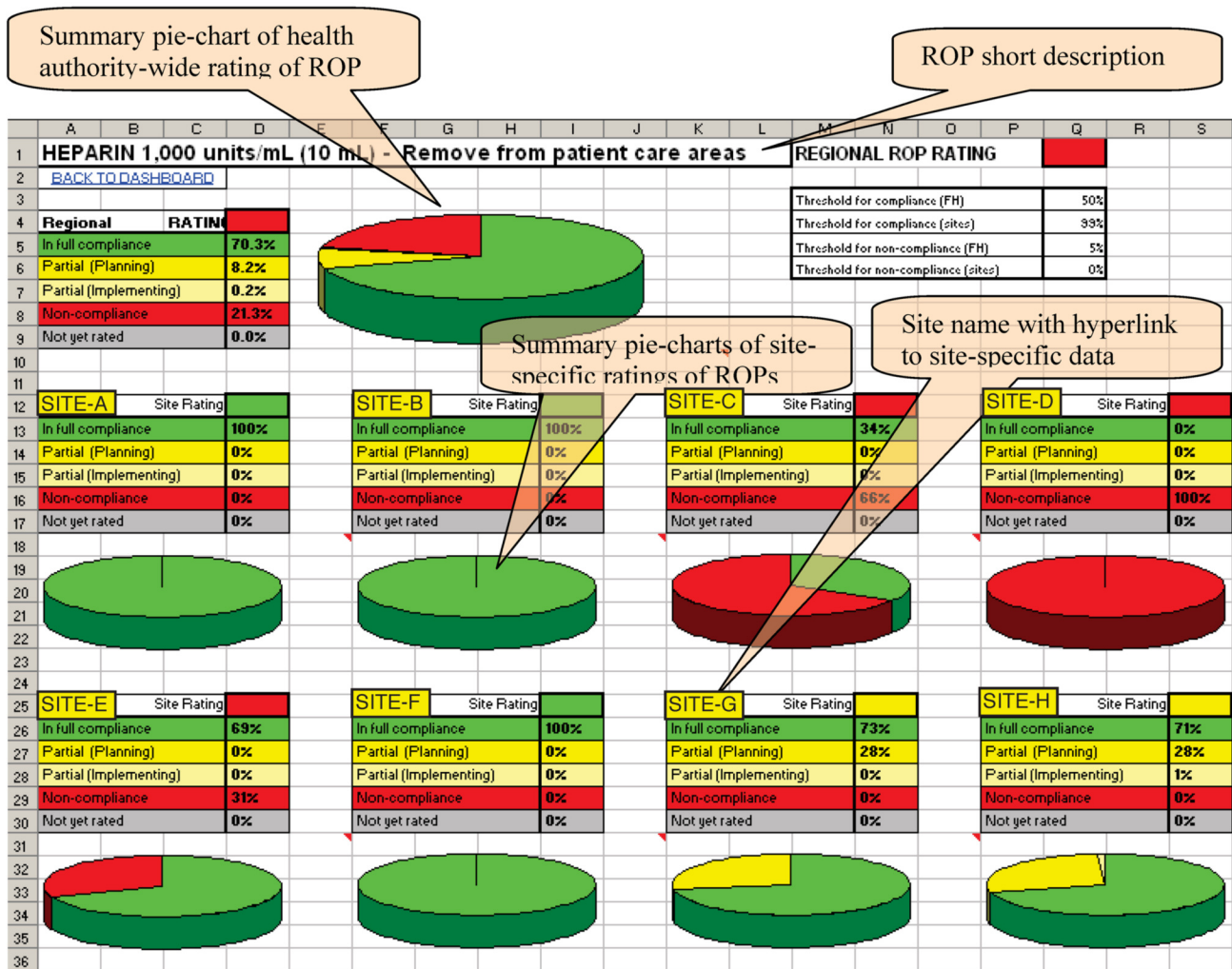
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Appendix 10. Regional health authority quantitative dashboard for a specific Required Organizational Practice (ROP).

REGIONAL DASHBOARD

<ROP Status Page>

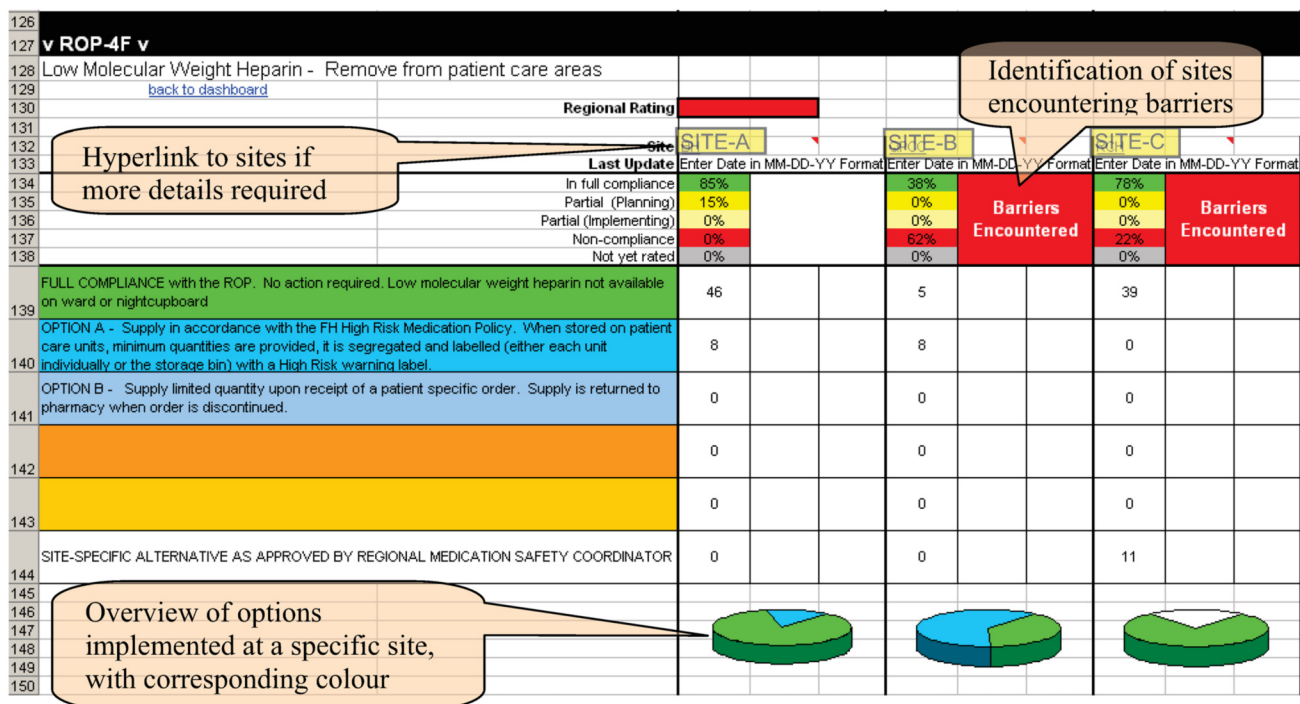


The large pie chart at the top represents the ROP status as a health authority, whereas the smaller pie charts represent the profile of ROP status within specific sites.

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Appendix 11. Regional coordinator's dashboard for a specific Required Organizational Practice (ROP) showing options utilized to attain compliance.

REGIONAL COORDINATOR DASHBOARD



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