

General Electronic Application (E-App) for Accreditation Checklist

The E-App Checklist is designed to help you organize your information. Before you begin filling out the Electronic Application for Accreditation (E-App), we encourage you to go through the following checklist.

- The first time navigating through the E-App requires you to complete the pages/tabs in sequential order (Guided Navigation). It is important to note that this is only required for the first submission. During subsequent submissions, you will be able to move freely throughout the application and make appropriate updates.
- There are various resources available to help you with completing the new E-App, such as FAQs, helpful hints, and a page level glossary. Stay on the look-out for these resources on the right-hand side of the screen as you complete the E-App.

Now you are ready to start gathering your E-App data!

Tab 1: Organization

- ☐ Organizational Chart (in English)
- ☐ Financial information:
 - Tax ID
 - PO/other ID

Tab 2: Programs

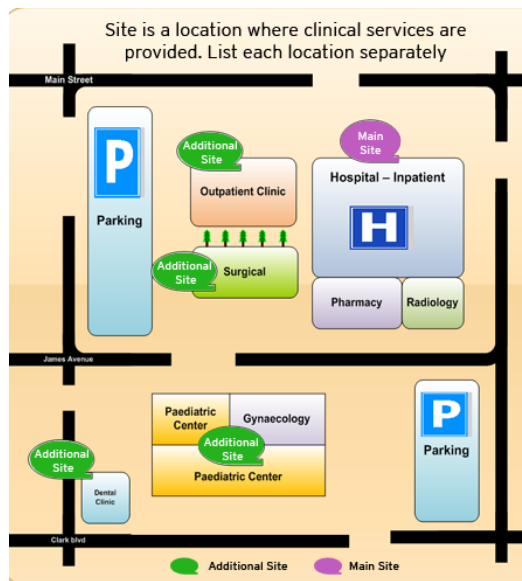
- ☐ Non-Clinical Departments or services (such as human resources, housekeeping, dietary, etc.)
- ☐ Contracted Services (services being provided through a written agreement with another organization, agency or individual)
- ☐ Number of medical, dental, undergraduate, postgraduate, nursing, and allied health students Any research and clinical trials involving patients currently occurring

Tab 3: Regulations/Licenses

- ☐ All applicable copies of each permit or license. If the license is not in English, please upload a copy of the translated license as well. The application cannot be accepted until all documentation is received.

Tab 4: Sites/Services

- ☐ Upload the most current Organizational Site Map(s).
Please include building names on the site map. Building names and descriptions must be translated into English.
 - A site can be defined as a building that is not connected to the main site by corridors or an external walkway.
 - A site may also be a building located elsewhere within the city/province/country



Sites/Services continued:

☐ Site details

- All sites and locations where clinical services are provided
- Building and Fire Safety code requirements
- Age of building in years
- Area of building in square meters

Inpatient Information:

☐ Volume (be prepared with one year of volume data)

- Inpatient Information
 - Total number of inpatient beds
 - Total number of "licensed" inpatient beds
 - The average number of inpatient beds that are occupied daily
 - Total number of "non-emergency" holding beds
- Emergency Department
 - Total number of emergency department beds
 - Total number of "emergency" holding beds (located within emergency department or another designated location in the organization)
 - Total emergency department visits per year
- Total number of beds dedicated to the "observation" of patients who are not admitted to inpatient beds
- Units/Wards
 - Name
 - Beds occupied
 - Type of Care given
 - Floor number
 - If anesthesia/sedation is given

☐ Operating theatres

☐ List of inpatient clinical services

Outpatient Information

- ☐ Volume (be prepared with one year of volume data)
 - Total number of outpatient visits for the last full year
 - Total number of beds dedicated to the “observation” of patients
 - Total number of outpatient surgical procedures for the last full year
- ☐ Outpatient Clinics – list all outpatient clinics separately
 - Clinic Name
 - Number of Annual Visits
 - Type of Care Given
 - Floor number
 - If anesthesia/sedation is administered
- ☐ Day/Outpatient Surgery Operating Theatres
- ☐ List of outpatient clinical services
- ☐ Top 5 Primary Patient Diagnosis
- ☐ Top 5 Primary Surgical/Invasive Procedures
- ☐ Medical transport—number of patients transported per year
- ☐ Home care—number of visits per week and total per year
- ☐ Potential changes in the next 12 months; Clinical Services, Organization Management, Patient Care Buildings

Tab 5: Scheduling

- ☐ Hours of Operation
- ☐ Five preferred weeks of survey
- ☐ Entry/Exit requirements or forms for surveyors, if required
- ☐ Preferred accommodations
- ☐ Preferred airport
- ☐ Ground transport instructions
 - Directions/map from airport to accommodation
 - Directions/map from accommodation to organization

Tab 6: Submission

- ☐ Complete Missing Information
- ☐ Programs Summary – confirm submitted data
- ☐ Submit Application