College of Veterinarians of British Columbia

Guide to the Practice Facility Accreditation Committee Policy: Accreditation of Non-Typical Facilities

Published October 26, 2023

Introduction

The Practice Facility Accreditation Committee (PFAC) is increasingly being asked to accredit veterinary facilities that are not typical when compared to the commonly seen facility types for which the CVBC Schedule D-Accreditation Standards were developed. Recognizing the diversifying nature of veterinary medicine, rapid growth of patient loads and potentially limited real estate options for veterinary businesses in some communities, the PFAC has approved a policy to outline steps a facility may take to accredit alternate set-ups (non-typical facilities). This is recognized as an approach to ensure registrants can practice from an accredited facility, while ensuring minimum standards for the facility are met.

Currently, five scenarios are most commonly presented to PFAC for consideration. The following guidelines will aid registrants in determining what they may need to present to PFAC before this non-typical facility will be considered for accreditation.

Scenario #1: A single accredited facility that is located in two non-adjoining self-standing spaces

Many facilities are outgrowing their space and being challenged to provide adequate levels of care as a result. Most choose to relocate their practice to a larger space, but for some registrants, the options in their community are extremely limited, or the process will take longer than they can wait. Some have approached PFAC requesting the ability to have their facility exist in two spaces that are physically separate (referred for the purpose of this document as "non-adjoining"). Part 3 of the By-laws and the Accreditation Standards do not provide a regulatory framework for satellite facilities; two non-adjoined spaces have been considered separate facilities, even if one facility supports the scope of practice of the other (e.g., a larger facility in a more populous area supporting the scope of a facility in a smaller community). This is also different from where two non-adjoined areas may exist due to

differences in the species seen (i.e., a mixed animal facility that has a confinement/treatment area for large animals separate from their small animal area).

Examples of "non-adjoining spaces" seen to date are new spaces acquired to house extra exam space or a subset of the practice scope. They are usually within a short walking distance of the accredited facility. They may also be considered for more physically distant non-adjoining spaces if there are compelling reasons, such as biosecurity concerns, to justify the separation of components of the facility.

PFAC has identified the following considerations when reviewing whether the secondary space can be accredited as part of the existing facility, or whether it should be accredited as a separate facility. These may or may not apply dependent on scope of practice:

- Patient Safety:
    - How would transport of patients between the two spaces be done to ensure no additional risk to patient safety.
    - How will they be housed, if required.
    - Is there an increased risk of escape from the secondary space and how is that mitigated.
- Emergency Care: In the event of an emergency in the secondary space, how would that be addressed. Consideration for a crash cart and supplemental oxygen may be warranted.
- Biosecurity: Will use of the two spaces enhance or detract from the biosecurity of the facility.
- Controlled Drug Security:
    - How will controlled drugs be stored and transported for the secondary location.
    - Will the existence of the secondary space cause confusion/security issues with delivery of controlled drugs for the facility.
- Public Understanding:
    - Is there likely to be confusion as to which space the client should visit.
    - In an emergency, will they understand which part of the facility they should visit.
    - Will there be informed consent, if applicable, that their animal may be transported from the secondary space to the main facility and vice versa.
- Is this secondary space an extension of the existing facility, housing lower risk activities, or will there be more complex procedures being done in the space that would necessitate more support.

If considering such a set-up, the following steps will occur:

1. Review the above and write a "letter of intent" explaining:
   a. The need for a secondary space
   b. What the proposed secondary space will entail, including scope of practice it will house, the distance to the main facility and any other factors that PFAC should consider.
2. Submit the letter to facilities@cvbc.ca. It will be reviewed by staff, and feedback provided regarding the feasibility of the plan. Fees and scheduling of an inspection may also be discussed.
3. Based on feedback, create a plan that addresses the above list and incorporates any additional feedback from CVBC staff.
4. That will be provided to the PFAC for review at their next regularly scheduled meeting. They will provide any additional feedback and a general opinion of whether this plan is likely to be accredited as a non-adjacent space under one accreditation.
5. The CVBC office will update the registrant of the PFAC's decision.

NOTE: The final accreditation decision will be decided based on the inspector's findings and may be subject to change if the above concerns are not adequately addressed. In that case, the secondary space may need to be accredited as a separate facility.

Unless the registrant is prepared to accredit the secondary space as a separate facility, it is recommended they await the PFAC feedback before proceeding with the plan.

Scenario #2: A public fixed facility sharing space with another non-veterinary business

Sharing space with another business is a common approach for many small businesses to split overhead costs and provide a space for a small business to succeed where they may otherwise not be viable. However, given the nature of our patients, the veterinary profession is unique. Careful consideration must be taken when considering whether a veterinary facility may co-exist with another business.

Although many more businesses are accepting pets on premise, food services and health care settings have not generally adopted that approach. Biosecurity and safety must meet a higher standard in these areas. To accredit a facility that co-exists with another business, the PFAC would expect that **no services being provided in the accredited veterinary facility are catered to humans.**

Scenarios where a veterinary facility may share space with another business:

1. More than one veterinary facility may exist in the same physical location if they have both been inspected and meet the Accreditation Standards related to their scope of practice.
2. Another non-human animal service may share space with an accredited veterinary facility, including, but not limited to grooming, boarding, pet/livestock/equine supply sales, training classes. In those cases, the following considerations apply:
    a. Every effort should be made to locate the secondary business in a separate part of the physical space.
    b. Ideally there would be no access to the rest of the facility and a separate entrance.
    c. If (b) is not possible, then limiting access to the public (including non-facility employees of the other business) should be made.
    d. Special consideration should be made for:
        i. Biosecurity
        ii. Public Safety
        iii. Patient Safety
        iv. Client Confidentiality/Security of Medical Records
        v. Controlled Drug and Prescription Drug Security
        vi. Advertising/Signage
3. If a business offering services targeted to people and a veterinary facility share the same physical location, then the PFAC expects that there is complete physical and functional separation between the 2 businesses. Non-advertised, point of sale small businesses (sale of toys, artwork, pet supplies) are acceptable within the facility.

If any of the scenarios above are being considered, the registrant should contact the CVBC office at facilities@cvbc.ca for guidance as to whether the PFAC should review the plan. In that case, a letter of intent and plan similar to Scenario #1 will be requested.

Scenario #3: A small animal mobile clinic: non-surgical or surgical

Traditionally, the ambulatory/mobile part of a facility was used to attend to the patient where it is housed (house, farm). Mobile “clinics” are another option that registrants frequently ask about. These are not defined in the By-laws or standards, but would be considered anywhere veterinary services are offered to a group of animals owned by different clients, and not occurring at an accredited fixed facility. Often, one of the clients or a separate third party, is hosting the clinic.

Examples include, but are not limited to:

- An equine vet sees patients at a stable where horses from another farm are trucked in.
- A small animal specialist vet seeing animals at a dog show to provide OFA screening exams.
- A small animal vet provides exams and microchips at a community shelter.
- A mixed animal veterinarian travelling to an underserviced community and seeing patients at the local Legion Hall or Fairgrounds for basic wellness care.
- A small animal vet outfitting a trailer to house a surgery to travel to remote communities to provide elective surgeries to a rescue group (both for profit and non-profit).

It is accepted that for offering services to animals that may not otherwise have easy access to veterinary care, these non-traditional mobile services can improve animal welfare, reduce stress and travel barriers for their owners. Given the current staffing shortages faced by the profession, offering basic veterinary services in a group setting may also allow more animals to receive care.

The PFAC agrees that routine care can be offered in these third space locations as a "clinic", with special consideration for the following:

- Biosecurity
- Safety of the Public
- Patient Safety
- Emergency Care
- Medical Records
- Referral for additional Care

Ensuring adequate liability insurance is in place and informed consent of both the client and the owner of the space/property being used are additional considerations outside of the Accreditation Standards.

Although field surgery is commonly accepted as standard practice for large animals, and to a lesser extent, for minor procedures/castration in the equine species, small animal surgery usually occurs in a fixed facility. Whenever possible, this would still be the ideal approach.

If a registrant is to consider major[a] small animal surgery, there would be 3 options:

1. A "standing facility on wheels", such as a trailer, that meets the accreditation standards as written for fixed facilities. Although considered mobile, as a dedicated

space only used for major surgery it can be designed to meet the accreditation standards.

2. One or more self-standing spaces used infrequently in another location for major surgery (for-profit model)
    a. If there is a compelling reason, and there is a space that can be dedicated solely for the veterinary services, PFAC may consider extension of the accreditation of the main facility, as outlined in Scenario #1.
    b. PFAC will consider the proposal after receipt of a letter of intent and plan and may direct virtual inspection of the space(s) by an inspector.
    c. The ability to intubate and provide oxygen to the patient is required as per Standard 86.
    d. A dedicated surgery space with appropriate surfaces must be available (Standard 92).
    e. Protocols should be provided to show how biosecurity is maintained/achieved if the spaces are not dedicated to veterinary use only. If a facility plans to use multiple locations, the PFAC will direct how these are to be approved for use.
    f. Costs of inspection (full, off-cycle, no charge) and the accreditation decision (full, limited, philanthropic) will be determined individually.

3. Philanthropic surgery clinics (non-profit, underserviced area), involving vets volunteering their time, may allow some standards to be met in alternate ways. More information on that can be found here: https://www.cvbc.ca/resources/practice-facilities/philanthropic-practices/ As much as possible, minimum standards as outlined in Schedule D should be met for patient confinement, anesthesia, surgery and controlled and prescription drugs.

In all of the above, biosecurity, patient safety/emergency care, after care for patients, controlled drug security and informed consent are of special consideration.

a. Major surgery is defined in Schedule D: "includes but is not limited to an invasive orthopedic manipulation, an incision made into the thoracic or abdominal cavity or other body cavity or any procedure that involves significant invasion or manipulation of tissues."

Scenario #4: A facility that is very limited in scope

Increasingly, more registrants are becoming board certified specialists and/or narrowing the services they offer. The public is aware of and requesting those services. In many

cases, the narrow scope is not enough to support a fixed facility. The business plan that often works best for these facilities is to be able visit other accredited facilities and be supported by their larger scope of practice (SOP). Alternatively, it may be a mobile or fixed facility with a limited scope and supplies that offers a service that may not be otherwise available (house call euthanasia, alternative and complementary medicine).

Given the fact these registrants have their own equipment and interact directly with patients, and often clients as well, there are accreditation standards that must be met. Offering these services as a locum would not be practical as they often only see one, or a few, patients. In these cases, the recommendation is to accredit as a mobile facility with limited SOP. This is different from limited accreditation, a condition placed on a facility by the PFAC that limits their terms.

Considerations for these facilities:

- The facility must be named and accredited as per Part 3 of the CVBC Bylaws and the relevant Professional Practice Standards, Protocols and Rules.
- All facilities must meet Standards 1-45, unless the inspector and PFAC agree their scope of practice does not warrant it. This includes the ability to offer emergency resuscitation at a level commensurate with their SOP.
- If they have a strong working relationship with one or two facilities, they should have a letter of agreement that outlines the SOP that facility supports them with. If they visit multiple facilities with no set schedule, then they should have a standard operating procedure to ensure their required supports are in place at that facility before offering services.
- The facility must keep their own records and logs as required under the Standards and retrieve and provide a copy to the facility where they offered services, another facility requesting one as authorized by the animal's owner and/or the CVBC. This is even if the owner did not pay the limited SOP facility directly for the services performed.
- If a mobile facility, there is an expectation of a non-public home office where records and supplies may be housed. This space will be inspected as part of the inspection process for the facility.
- Although not assessed by the PFAC, special consideration should be given to advertising that does not cause public confusion, and ensuring informed consent as to what services are offered and who is performing them.

Scenario #5: A facility that supports a component of their facility from a veterinary practice located in another province or territory

There are certain areas of the province where it may be expected to be easier to access veterinary services from registrants whose primary residence is another province or territory, with Alberta being the one most commonly seen, and used for reference. If a registrant of the CVBC and practicing from a CVBC accredited facility, the By-laws and Standards do not prohibit this activity. Three scenarios are outlined:

1. The registrant has a mobile-only facility that is accredited and provides services in BC, with a non-public home office in Alberta. This scenario, except for the mailing address being in Alberta, is no different than a strictly mobile facility in BC and the CVBC accreditation standards and PPS would apply.

2. A mobile facility that travels into BC and provides services, and a public office in Alberta. That facility may support parts of the SOP of the mobile BC facility. In these cases, the DR of the BC facility should expect to:
    a. Provide the certificate of accreditation for the Alberta facility as part of the application for accreditation and confirm the facility is in compliance with the standards of the ABVMA.
    b. Identify which scopes of practice will be supported by the Alberta facility.
    c. Provide a signed and witnessed undertaking that if anything related to the location or accreditation of the Alberta facility changes, the DR will update the CVBC.
    d. Maintain patient medical records and facility logs separate from the Alberta facility that meet the CVBC Standards, including controlled drug logs.
    e. Ensure all veterinarians offering services from this CVBC accredited facility are registrants of the CVBC.

3. A fixed facility in BC that has part of their scope met by an Alberta based facility. This has primarily been seen for shipment of controlled drugs to the less frequently used facility in BC. In these cases, the DR of the BC facility should expect to:
    a. Provide the certificate of accreditation for the Alberta facility as part of the application for accreditation and confirm the facility is in compliance with the standards of the ABVMA.
    b. Identify which SOPs will be supported by the Alberta facility.
    c. Ensure the BC facility, if transporting controlled drugs from Alberta, has mobile accreditation as part of their SOP and proper methods of transport.
    d. Provide a signed and witnessed undertaking that if anything related to the location or accreditation of the Alberta facility changes, the DR will update the CVBC.
    e. Maintain patient medical records and facility logs separate from the Alberta facility that meet the CVBC Standards, including controlled drug logs.