



Facility Guide SafeCare Standards v5.0 for Certification



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Introduction to SafeCare

Poor healthcare quality in low- and middle-income countries leads to millions of preventable deaths each year. To challenge this and establish health systems that can be trusted, institutions are needed that rate, improve, and incentivize healthcare quality.

In 2009, PharmAccess, the Joint Commission International (JCI) and the Council for Health Service Accreditation South Africa (COHSASA) aimed to fill this gap and developed international quality standards that provide solutions for emerging countries. Built on a comprehensive set of ISQuaEEA accredited (**International Society for Quality in Healthcare External Evaluation Association**) clinical standards, the SafeCare methodology tracks, acknowledges and certifies quality improvement in a stepwise approach.

The standards are solid, secure, and realistic. Most importantly, they involve no compromise: they advocate the same quality standards as other international bodies. SafeCare offers a clear, independent view of a facility's current scale, scope, and quality of clinical services, provides a detailed improvement plan to guide it on its quality improvement journey and allows providers to benchmark themselves against others of a similar size. Ultimately, facilities are equipped to monitor and improve their quality by integrating the principles of continuous quality improvement into their daily business and clinical practice.

Quality improvement efforts are supported by innovative data collection and reporting tools, allowing for real-time online monitoring, quality benchmarking and informed decision making. To achieve significant impact, SafeCare consistently innovates and embraces technology in creating solutions which incentivize and provide a technology powered, scalable, real-time path towards sustainable quality improvement. As such, the SafeCare approach builds momentum towards the goal of improved clinical and patient safety across the globe.



SafeCare Standards

The SafeCare standards cover the full range of medical to non-medical aspects of care, serving small health shops as well as large district hospitals. They enable a holistic view on all required components for safe and efficient healthcare service provision.

The SafeCare standards were designed specifically to target health facilities in low- and middle-income countries. These facilities operate in challenging environments that are often defined by staffing shortages, resource-restrictions, and inadequate infrastructure.

Assessment process & stepwise improvement

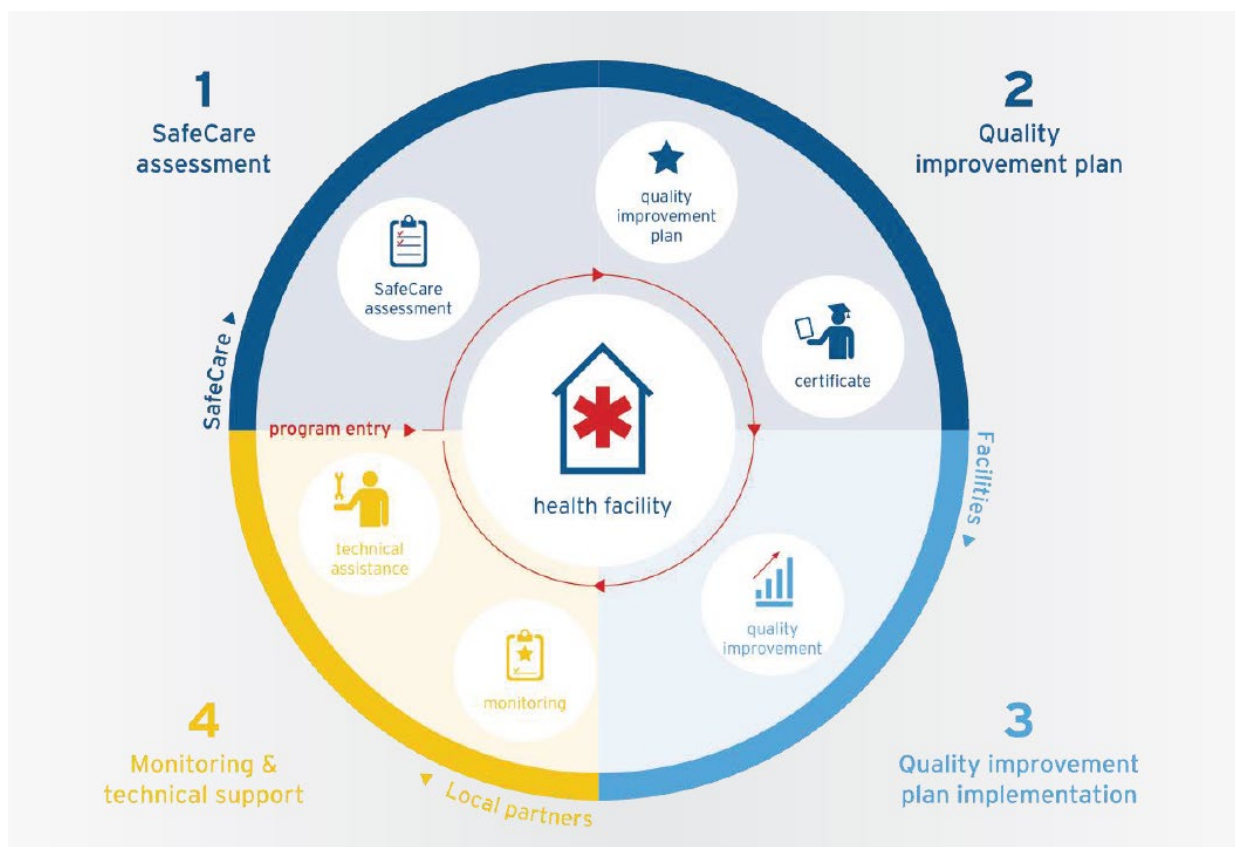
With SafeCare, healthcare facilities gain insight in identified gaps and challenges and plan a stepwise approach towards higher quality.

After each SafeCare assessment, facilities receive an assessment report outlining the facility's overall and service element performance, and the scores for each individual criterion assessed. Non-compliant criteria that represent a high risk in terms of safety, quality, or financial sustainability are identified as the highest priority for resolution.

SafeCare assessments performed with the Rating tool are executed by one qualified assessor. Due to the fully digitalized process, the assessment report, and subsequent Quality Improvement Plan (QIP) based on the identified gaps, are completed, and shared with the facility the same day. This highly efficient approach supports scalability for benchmarking quality throughout networks of providers or within regions or countries.

SafeCare Advanced assessments can be performed for (self)paying facilities, merely relevant for facilities which have moved far on their quality improvement path. These assessments are performed by a team of two qualified senior assessors and follow an increased level of scrutiny for quality assurance purposes. Both the SafeCare Advanced assessment report and the subsequent QIP - which is highly tailored to the facility needs - are reviewed prior to dissemination.

The tailor-made Quality Improvement Plan (QIP) contains a list of actionable and measurable activities for the facility to complete to increase adherence to the standards and address the most urgent quality gaps. The QIP can be used by facilities as a reference to what exactly needs to be implemented in their facility, as well as a tool to monitor progress toward completion of each activity defined in the QIP. The network of certified SafeCare assessors has a proven track record of supporting facilities to improve the safety and quality of the services that they provide.



Digital Technologies

As part of our efforts to make the most of digital technology and innovation, each facility can use our quality management platform to work interactively – and in real-time – on improving its healthcare quality. Through this platform, the facility can communicate with assessors, benchmark against peers, monitor progress and access the online SafeCare library, which houses in-depth and supporting documents designed to aid its progress through its quality improvement plan. The trajectory allows facilities to monitor and improve their performance by integrating the principles of continuous quality improvement into their daily operations.

SafeCare Certificates and level algorithm

SafeCare awards healthcare facilities with Certificates of Improvement. Depending on a facility's performance, it will be awarded a certificate of improvement, reflecting the quality level, ranging from 1 (very modest quality) to 5 (high quality). The certification process aims to introduce a transparent, positive, and encouraging rating system that recognizes each step forward in quality improvement.



The overall assessment score in combination with the number of critical criteria scored minimally partially compliant, determine the SafeCare Certificate level, as indicated in the algorithm below. Critical criteria are considered to have a direct effect on patient safety.

SafeCare Rating and Advanced Assessment						
Legality Criterion (1.1.3.1) NC	Level 0					
Legality Criterion PC or FC	See level distribution below (at least level 1)					
# of Critical criteria at least PC Overall Score	0 to 9	10 to 14	15 to 19	20 to 24	25	OR from all applicable critical criteria NO NC allowed*
0 to 24	1	1	1	1	1	
25 to 39	1	2	2	2	2	
40 to 59	1	2	3	3	3	3
60 to 79	1	2	3	4	4	4
80 to 100	1	2	3	4	5	5



Introduction to the Facility Guide

This **Facility Guide** is a guidance document for healthcare organizations that will be assessed using the SafeCare standards. The structure of the SafeCare standards is explained as well what is needed to prepare for an assessment. For each of the Service Elements, all Performance Indicators (in black), standards (in red) and criteria (in grey) are listed. For quick reference, the next pages list the 13 service elements and underlying performance indicators.

Structure of the SafeCare standards

The SafeCare standard are structured in 4 levels, Service Elements (SE), Performance Indicators (PI), Standards (STD) and Criteria (CRIT). Specifics are defined in the table below.

Structure	Digits	Description
Service Elements (SE)	1	<ul style="list-style-type: none">• 13 SEs describe individual areas of management responsibility within a healthcare facility (visualized above). E.g. Primary Healthcare (outpatient) services, Laboratory services.• SEs are represented by 1 digit.
Performance Indicators (PI)	1.1	<ul style="list-style-type: none">• 59 PIs describe the main sections within the individual Service elements (SEs). E.g. prevention of infection, mother and child care, dental health.• PIs are represented by 2 digits. E.g. 2.1; 6.10; 7.4; 13.3
Standards (STD)	1.1.1	<ul style="list-style-type: none">• 190 STDs describe a particular process within the main sections (PIs). E.g. triaging patients, handling of waste, specimen collection.• STDs are represented by 3 digits. E.g. 6.10.1; 7.4.11; 13.3.1
Criteria (Measurable Elements)	1.1.1.1	<ul style="list-style-type: none">• For each of the 190 STDs, 4 criteria are defined for concrete measurement.• SafeCare assessments are performed with the Rating tool, consisting of the 1st criterion of each standard (total 190 criteria).• SafeCare Advanced assessments are performed with the Advanced tool, consisting of all 4 criteria of each standard (total 760 criteria).• Criteria are represented by 4 digits. E.g. 5.2.3.1; 10.1.3.1

Service Elements (SE)

The SafeCare standards cover the full range of clinical services and management functions, as well as infrastructural aspects and ancillary services (e.g. kitchen, cleaning and laundry), enabling a holistic view on all required components for safe and efficient healthcare service provision. The structure of the SafeCare standards is visualized below. The four broad categories are divided into 13 categories (Service Elements or SEs), linked to separate management responsibilities within the healthcare facility.



Within the standards ten (10) topics are specifically surveyed:

- Accident and Emergency Care
- HIV & TB & Malaria
- Infection Prevention
- Life & Fire Safety
- Mother & Child
- Customer Care
- Business Performance
- Staff & Training
- Stock Management
- Clinical Management.

Performance Indicators (PI)

Overview of all the SafeCare Performance indicators.

<p>SE01 - Governance & Management</p> <ul style="list-style-type: none"> 1.1 - Governance of the healthcare organization 1.2 - Management of the healthcare organization 1.3 - Leadership for clinical quality and patient safety 1.4 - Medical Professional Education 1.5 - Nursing and other health professional education 1.6 - Human Subject Research <p>SE02 - Human Resource Management</p> <ul style="list-style-type: none"> 2.1 - Personnel planning 2.2 - Personnel files and credentials 2.3 - Staff orientation and education <p>SE03 - Patient and Family Rights & Access to Care</p> <ul style="list-style-type: none"> 3.1 - Patient and family rights 3.2 - Access to care 3.3 - Access to integrated care for patients with complex needs and/or chronic disease 3.4 - Access to care for communicable disease patients 3.5 - Access to palliative and end of life care <p>SE04 - Management of Information</p> <ul style="list-style-type: none"> 4.1 - Information planning and usage 4.2 - Patient health records <p>SE05 - Risk Management</p> <ul style="list-style-type: none"> 5.1 - Program planning 5.2 - Safe and secure environment 5.3 - Infection prevention and control (IPC) <p>SE06 - Outpatient Services</p> <ul style="list-style-type: none"> 6.1 - Management and staffing 6.2 - Infrastructure and supplies 6.3 - Infection prevention and control (IPC) 6.4 - Care processes and guiding documents 6.5 - Emergency services 6.6 - Mother and child care 6.7 - TB and HIV services 6.8 - Mental health 6.9 - Specialty health services 6.10 - Outreach and home-based care services 6.11 - Dialysis services 6.12 - Physiotherapy and rehabilitation services 6.13 - Telemedicine (telehealth) services 	<p>SE07 - Inpatient Care</p> <ul style="list-style-type: none"> 7.1 - Management and staffing 7.2 - Infrastructure and supplies 7.3 - Infection prevention and control (IPC) 7.4 - Care processes and guiding documents 7.5 - Critical care/intensive care <p>SE08 - Surgery & Anesthesia Services</p> <ul style="list-style-type: none"> 8.1 - Management and staffing 8.2 - Preoperative care 8.3 - Operative care 8.4 - Postoperative care 8.5 - Infection prevention and control (IPC) 8.6 - Organ and/or Tissue Transplant Services <p>SE09 - Laboratory Services</p> <ul style="list-style-type: none"> 9.1 - Management and staffing 9.2 - Infection prevention and control (IPC) 9.3 - Diagnostic processes and guiding documents <p>SE10 - Diagnostic Imaging Services</p> <ul style="list-style-type: none"> 10.1 - Ultrasound 10.2 - X-ray 10.3 - CT, MRI, PET and other diagnostic imaging services <p>SE11 - Medication Management</p> <ul style="list-style-type: none"> 11.1 - Management and staffing 11.2 - Stock selection and procurement 11.3 - Control and storage of medication 11.4 - Prescribing or ordering, preparing and dispensing of medication 11.5 - Administration of medication <p>SE12 - Facility Management Services</p> <ul style="list-style-type: none"> 12.1 - Buildings and utility systems 12.2 - Equipment <p>SE13 - Support Services</p> <ul style="list-style-type: none"> 13.1 - Food service management 13.2 - Linen service management 13.3 - Cleaning service
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Standards (STD) and criteria (CRIT)

Under each PI several standards are defined that provide more information. Each Standard has 4 individual criteria (measurable elements) of which the first criterion of each standard is used for the Rating assessment.

Each individual criterion is assessed to ascertain the level of compliance with the standards. Each criterion is scored either **Fully Compliant** (FC), **Partially Compliant** (PC), or **Not Compliant** (NC). Criteria related to services which are not provided by the facility, are scored **Not Applicable** (NA) and are excluded from calculations.

Scoring Methodology

The different **scoring sources of compliance information** are defined in the table below.

Capital letter	Description
D	Documentation check - policy, procedure, protocol, etc.
I	Interview with staff or patient
O	Observation
R	Review of files (5 out of 6) - staff, patient, etc.

Preparing for a SafeCare assessment

It is essential that the healthcare organization prepares itself before a SafeCare assessment. There are several aspects that should be prepared organized before the actual assessment.

1. Relevant healthcare staff should be available during the day (s) of the assessment.

The relevant staff of the healthcare organization is dependent on the size of the healthcare organization and the services that are provided. The different service elements can guide you in this. E.g. if you have a laboratory ensure that the laboratory manager is available at the day(s) of the assessment. When you provide delivery services ensure that the midwife is available at the day(s) of the assessment, etcetera.

If all the relevant staff is available during the SafeCare process this will ensure that the process can be efficient and feedback related to the outcome and further steps can be shared onsite immediately, ensuring a good start of the quality improvement journey ahead.

2. Essential documents should be ready for inspection during the days of the assessment.

The assessment process is evidence based. Besides observational activities and interviews with staff and/or patients there are also document review activities that need to be performed. To ensure that the SafeCare assessment process can be performed efficiently a set of documentation needs to be prepared and ready for review.

Therefore, only if already available, ensure that the documents listed below are ready for review at the day the assessment starts.

Documentation related to Governance and Management:

1. Organogram or organizational flowchart illustrating the in-house governance
2. Organizational policy describing responsibilities of governing entity
3. A (copy of the) valid license to operate as a healthcare facility
4. A (copy of the) valid license to provide X-ray services
5. A copy of the most recent (local) Ionizing Radiation regulations
6. Service charter with the care and services provided
7. Utilization data (annual + monthly)
8. Monitoring of resources and supplies, e.g. stock management reports
9. Maintenance records, schedules and contracts
10. Applicable MoH registers
11. Minutes of quality team meetings
12. Any other documentation that is relevant in relation to Governance and Management

Documentation related to Human Resource Management:

1. Staff licenses
2. Job descriptions
3. Staff training records
4. A staff establishment list
5. A checklist for verifying credentials
6. Any other documentation that is relevant in relation to HRM

Documentation related to Finance:

1. Books of accounts containing profit and loss statement, debt and payables and balance sheet
2. Guidelines for cash management practices
3. Fixed Asset Register (FAR)
4. Any other documentation that is relevant in relation to Financial Management

Documentation related to Clinical Guidelines:

1. For screening of sexual transmitted infections (STI)
2. For recognizing and managing common or life-threatening emergencies
3. For post-natal care for mother and baby (incl. emergency care and vaccination)
4. For monitoring child growth
5. For administering oxygen
6. For identify patients before administration of medication
7. For using anesthetic mixtures and conscious sedation
8. The current national guideline for TB treatment
9. The current national guideline for ART
10. A policy on management of in-hospital deaths
11. A pain protocol
12. Any other documentation related to Clinical Guidelines

Complaints

PharmAccess is committed to providing quality services to our clients, guided by our core values of transparency, collaboration and building value. In case of any complaints, incidents and/or enquiries, kindly send an email to:

quality@pharmaccess.org

The Quality Manager shall ensure resources are provided for effective management of complaints as per the PharmAccess procedure on handling incidents, enquiries, and complaints.

SE01 – Governance & Management

1.1 - Governance of the healthcare organization

1.1.1 - The governance structure as well as responsibilities and accountability of the governing body are documented and are known to the healthcare organization's managers.

1.1.1.1 - The governance structure is documented (organogram/chart).

1.1.1.2 - The relationship between the healthcare organization's managers and leaders and governance is documented in the governance structure.

1.1.1.3 - The governance structure, accountability and responsibilities are known to managers.

1.1.1.4 - Organizations (public and private) prepare for and document the results of the routine visits of relevant governmental or regulatory agencies.

1.1.2 - The responsibilities of the governance structure for the operation of the healthcare organization are carried out in accordance with organizational policy.

1.1.2.1 - Those responsible for governance define, approve and monitor the healthcare organization's strategic plans, mission statement, operational plans and policies and establish the organization's ethical framework.

1.1.2.2 - Those responsible for governance approve or provide the healthcare organization's operating budget(s) required to meet the healthcare organization's mission.

1.1.2.3 - Those responsible for governance appoint and periodically evaluate the healthcare organization's manager(s).

1.1.2.4 - Those responsible for governance approve, periodically review and make public the healthcare organization's mission statement.

1.1.3 - The healthcare organization complies with national laws and regulations and operates under a valid current license.

1.1.3.1 - The healthcare organization has a current license, issued by an acknowledged healthcare licensing authority, to operate as a healthcare organization.

1.1.3.2 - The healthcare organization has valid licenses for specific services (e.g. pharmacy, diagnostic imaging, laboratory, dental) issued by an acknowledged authority, according to local legislation.

1.1.3.3 - There is a process that ensures that licenses are renewed within the required timeframe.

1.1.3.4 - There is a dedicated file that has all the license related documentation.

1.2 - Management of the healthcare organization

1.2.1 - A healthcare organization leader(s), a manager or a leadership team is responsible for operating the healthcare organization and complying with applicable laws and regulations.

1.2.1.1 - A healthcare organization leader(s) is appointed and is responsible for operating the healthcare organization and carrying out the healthcare organization's mission.

1.2.1.2 - The healthcare organization's leader(s) has the education and experience to carry out his/her responsibilities.

1.2.1.3 - The healthcare organization's leader(s) is responsible for creating and carrying out the policies and procedures that support the activities of the healthcare organization and guide staff, patients and visitors.

1.2.1.4 - The healthcare organization's leader(s) ensures compliance with policies, applicable laws and regulations.

1.2.2 - The healthcare organization's leader(s) identifies and plans for the type of services required to meet the mission and the needs of the patients served by the healthcare organization.

1.2.2.1 - The healthcare organization's leader(s) defines the care and services to be provided, compliant with national rules and regulations, and documents this in a service charter.

1.2.2.2 - A regular needs assessment is performed to ensure that the services provided are consistent with the healthcare organization's mission and needs of the population served.

1.2.2.3 - The healthcare organization's leader(s) communicates information about its patient care services with key stakeholders in the community.

1.2.2.4 - The healthcare organization's leader(s) is aware of services that are provided by other provider organizations operating in the area and has a current referral list available.

1.2.3 - The healthcare organization's leader(s) ensures that supplies and provisions are ordered, received, safely stored and provided to the clinical care units in time to meet patient needs.

1.2.3.1 - A qualified or experienced individual is designated for procurement and inventory management.

1.2.3.2 - There is a functional procurement and inventory management system to ensure all resources are available to provide safe patient care.

1.2.3.3 - Lockable and secure storage areas are available to meet the healthcare organization's needs.

1.2.3.4 - There is a system regarding the 'first expired first out' principle for stock.

1.2.4 - The healthcare organization's leadership supports a structure for patient safety and quality improvement that includes a team with a qualified manager.

1.2.4.1 - There is a clear organizational structure for quality and patient safety in the healthcare organization that includes a qualified leader and a quality and patient safety team.

1.2.4.2 - The leadership of the healthcare organization (governance and management) approves and monitors the organization's quality and patient safety program.

1.2.4.3 - Quality and patient safety measures are selected, data is collected for the measures including adverse events and near misses, aggregated, validated and analyzed prior to use in a defined improvement process.

1.2.4.4 - Staff and patient satisfaction and opinion surveys are regularly conducted, and the information is used for improvement.

1.2.5 - Books of accounts, utilization data and budgets are kept and used as a source of management information.

1.2.5.1 - Books of accounts are kept in a manner that is appropriate for the size and complexity of the healthcare organization and external financial reporting meets national bookkeeping standards.

1.2.5.2 - There is a system for gathering clinical and administrative utilization data of all (clinical) units.

1.2.5.3 - There is an annual budgeting cycle, and detailed budgets are based on prudent assumptions regarding projected income and expenditures.

1.2.5.4 - Books of accounts, budgets and utilization data are systematically analyzed and reported to leadership to be used as a management information tool.

1.2.6 - The healthcare organization manages its money in an effective manner.

1.2.6.1 - The healthcare organization has developed and implemented cash management practices in Standard Operating Procedures.

1.2.6.2 - The healthcare organization implements standardized banking practices.

1.2.6.3 - There is an effective system for claims submission/invoicing to insurance companies/corporate clients and the monitoring of claims/invoices to ensure that the level of debtors is kept to a minimum.

1.2.6.4 - The healthcare organization actively monitors its cash flows.

1.2.7 - There is evidence that the healthcare organization keeps track of fixed assets and related maintenance activities.

1.2.7.1 - There is a Fixed Asset Register (FAR) which contains the relevant information for all fixed assets in the healthcare organization.

1.2.7.2 - There is a designated staff member who is responsible for the fixed asset register.

1.2.7.3 - There is a maintenance program in place that ensures that fixed assets are kept in good condition and work as designed.

1.2.7.4 - There is a guideline describing the frequency of crosschecks of fixed assets and the FAR, including how and when to update the FAR.

1.2.8 - The healthcare organization regularly audits key business and management processes to understand and continuously improve the performance of management and the financial health of the organization.

1.2.8.1 - The healthcare organization's leadership defines the key business and management processes to be audited.

1.2.8.2 - There are auditing templates available to guide staff in the different auditing processes.

1.2.8.3 - Regular audits of specified business and management processes take place.

1.2.8.4 - The results of audits are recorded, analyzed, discussed and any required improvement planned and implemented.

1.2.9 - There is evidence that the healthcare organization has a strategy and processes in place to reduce the environmental impact of the healthcare services it delivers.

1.2.9.1 - There is an environmental strategy that is part of the governance policy, and it is fully implemented.

1.2.9.2 - There is a risk management plan in which environmental risks are specifically defined, and it is implemented by the person responsible for risk management.

1.2.9.3 - There is a training program to create awareness on climate change and its impact on human health and the healthcare infrastructure.

1.2.9.4 - There is a policy and a system in place to ensure that IDSR (Integrated Disease Surveillance and Response) data is actively collected and analyzed.

1.3 - Leadership for clinical quality and patient safety

1.3.1 - Governance and management jointly provide leadership for quality and patient safety in the healthcare organization.

1.3.1.1 - Leadership for quality and patient safety is clearly present throughout the healthcare organization.

1.3.1.2 - Governance and management jointly approve the healthcare organization clinical quality and patient safety plan and set priorities for healthcare organization improvement actions.

1.3.1.3 - Governance and management seek out best practices from national and international sources.

1.3.1.4 - Governance and management receive regular reports on the clinical quality and patient safety program.

1.3.2 - WHO patient safety strategies are implemented in the healthcare organization.

1.3.2.1 - The healthcare organization develops and implements a process to guarantee the accuracy of patient identification.

1.3.2.2 - The healthcare organization develops and implements processes to ensure safe surgical practices.

1.3.2.3 - The healthcare organization develops and implements a process to reduce the risk of harm to in-patients resulting from falls.

1.3.2.4 - The healthcare organization develops and implements processes to improve the safety of high-alert medications.

1.4 - Medical Professional Education

1.4.1 - The education of medical students and trainees is integrated into the health organization's operations and is consistent with the organization's mission, strategic plans, resources and quality program.

1.4.1.1 - The healthcare organization's leadership - governance and management - approves the medical education program and monitor the participation of the organization in providing medical education.

1.4.1.2 - The healthcare organization's clinical staff, patient population, technology, and organization are consistent with the goals and objectives of the medical education program.

1.4.1.3 - Clinical teaching staff are identified and provide the required frequency and intensity of medical supervision for each type and level of medical student and trainee.

1.4.1.4 - Medical students and trainees comply with all healthcare organization's policies and procedures, and all care is provided within the quality and patient safety parameters of the healthcare organization.

1.5 - Nursing and other health professional education

1.5.1 - The education of nursing and other health professional students and trainees is integrated into the health organization's operations and is consistent with the organization's mission, strategic plans, resources and quality program.

1.5.1.1 - Health organization leadership - governance and management - approves the nursing and other health professional education programs and monitor the participation of the organization in providing education.

1.5.1.2 - The health organization's clinical staff, patient population, technology, and organization are consistent with the goals and objectives of the nursing and other health profession education programs.

1.5.1.3 - Clinical teaching staff are identified and provide the required frequency and intensity of clinical supervision for each type and level of student and trainee.

1.5.1.4 - Nursing students and other health profession students and trainees comply with all hospital policies and procedures, and all care is provided within the quality and patient safety parameters of the hospital.

1.6 - Human Subject Research

1.6.1 - Healthcare organizations that conduct human subject research have processes in place to protect research subjects, provide approval and monitoring of all research activities, and ensure the research is integrated in the quality and patient safety program.

1.6.1.1 - The governance and management (leadership) of the healthcare organization defines the scope of research activities and create and implement structures and processes to protect research participants.

1.6.1.2 - Human subject research is conducted by capable and committed staff (e.g. principal investigators) who do not have conflicts of interest and follow international and national ethical standards for human subject research.

1.6.1.3 - There is a Human Subjects (Institutional) Review Board, or similar structure, within or outside the healthcare organization to monitor all research and ensure the completeness and integrity of the informed consent process for research participants.

1.6.1.4 - Human subject research in the healthcare organization is integrated into the organization's quality and patient safety program.

SE02 – Human Resource Management

2.1 - Personnel planning

2.1.1 - There is a plan for the recruitment of healthcare organization staff.

2.1.1.1 - There is a staffing plan based on accepted national or international norms.

2.1.1.2 - There is a document that defines the recruitment and hiring process.

2.1.1.3 - Utilization data is used to project staffing mix and number.

2.1.1.4 - Staff absenteeism, sickness rates and turnover rates are recorded and analyzed to understand the appropriateness of the staffing plan.

2.1.2 - There is a performance review process for all staff in the healthcare organization.

2.1.2.1 - There is a performance review process to ensure that the skills and performance of the healthcare organization's staff are at expected levels.

2.1.2.2 - All staff members are evaluated at least once a year.

2.1.2.3 - The department or clinical unit service to which the individual is assigned conducts the evaluation.

2.1.2.4 - The evaluation for each staff member is recorded and entered into the staff member's personnel file.

2.2 - Personnel files and credentials

2.2.1 - Each staff member's job responsibilities are defined in a current job description.

2.2.1.1 - Each staff member has a written job description which defines their responsibilities.

2.2.1.2 - Each staff member signs their job description/performance agreement to show that they accept it.

2.2.1.3 - Job descriptions are kept in individual staff files.

2.2.1.4 - Job descriptions/performance agreements are kept current and reviewed according to organizational policy.

2.2.2 - Personnel files are maintained for all staff.

2.2.2.1 - Staff personnel files are standardized and contain all essential information and documents.

2.2.2.2 - A designated staff member is responsible for the storage and retrieval of personnel records.

2.2.2.3 - Only authorized staff has access to the personnel files.

2.2.2.4 - Personnel files are kept current and reviewed annually.

2.2.3 - There is an effective process for gathering, verifying and evaluating the credentials (registration, education, training and experience) of healthcare professionals working in the healthcare organization.

2.2.3.1 - There is a documented process for gathering and verifying the credentials (license, education, training and experience) of nurses and other health professionals (non-physicians) working under supervision in the healthcare organization.

2.2.3.2 - There is a documented process to evaluate the licensure, registration, education, training and experience of nurses and other health professionals (non-physicians) and used to support job descriptions.

2.2.3.3 - There is a documented process for gathering and verifying the credentials (license, education, training and experience) of physicians and other professionals who are permitted by law and healthcare organization policy to practice independently.

2.2.3.4 - There is a documented process for the evaluation of the registration, education, training and experience of physicians and other professionals permitted by law and the healthcare organization to practice independently and used to assign clinical responsibilities.

2.3 - Staff orientation and education

2.3.1 - All staff members are orientated and inducted to the healthcare organization and to their specific job responsibilities at the time of appointment.

2.3.1.1 - New clinical staff members are oriented to the healthcare organization and to their job responsibilities and any specific assignments.

2.3.1.2 - New non-clinical staff members are oriented to the healthcare organization and to their job responsibilities and any specific assignments.

2.3.1.3 - Contract workers, trainees and volunteers are orientated to the healthcare organization, their job responsibilities and their specific assignments.

2.3.1.4 - There are written programs for orientating and inducting staff to the healthcare organization.

2.3.2 - Each staff member receives on-going in-service education and training to maintain or advance his/her skills and knowledge, based on identified needs.

2.3.2.1 - All staff are provided with on-going in-service education/training.

2.3.2.2 - There is a schedule for in-service education.

2.3.2.3 - The healthcare organization uses various sources of data and information to identify the in-service training/education needs of the staff.

2.3.2.4 - The healthcare organization's management actively facilitates and supports Continuous Medical Education (CME) activities for all clinical staff.

SE03 – Patient and Family Rights and Access to Care

3.1 - Patient and family rights

3.1.1 - The healthcare organization's leader(s) implements a patient's rights policy.

3.1.1.1 - The patient and family rights charter is clearly displayed in the healthcare organization and in line with national and international laws and regulations.

3.1.1.2 - There is a policy that defines the patient's rights and related responsibilities of staff.

3.1.1.3 - Staff are aware of patient's rights and related staff responsibilities.

3.1.1.4 - The patients are aware of their rights from the posted rights or by staff explanation of their rights.

3.1.2 - The healthcare organization takes measures to protect patient privacy and confidentiality of health information.

3.1.2.1 - The patient's privacy is protected during registration, clinical interviews, examinations, counselling procedures and treatments.

3.1.2.2 - Policies and procedures are in place to ensure all patient information is confidential.

3.1.2.3 - There is evidence of the implementation of policies and procedures for patient privacy and confidentiality.

3.1.2.4 - Patient satisfaction regarding privacy and confidentiality of information is periodically measured by the healthcare organization.

3.1.3 - The healthcare organization provides (health) education to patients and families.

3.1.3.1 - The healthcare organization plans patient and family health education and health promotion activities in a coordinated manner.

3.1.3.2 - All staff understand their role in providing relevant health education to patients and families and activities are recorded.

3.1.3.3 - The patient and his/her family are educated in a manner and language they can understand.

3.1.3.4 - The healthcare organization identifies and establishes relationships with community resources, which support continuing health promotion and disease prevention education.

3.1.4 - The healthcare organization informs patients about all aspects of their medical care and treatment as well as their rights and responsibilities to refuse or discontinue treatment.

3.1.4.1 - Patients and families are informed about their medical condition, any confirmed diagnosis, the planned care, treatment and any risks.

3.1.4.2 - Patients and families are informed about their right to participate in care decisions to the extent they wish, including the right to refuse or discontinue treatment.

3.1.4.3 - Patients are informed about the consequences of the decision to refuse or discontinue treatment.

3.1.4.4 - Staff are informed of their responsibility to implement and respect the choices of patients.

3.1.5 - The healthcare organization has a clearly defined process for obtaining informed consent in a manner and language that a patient can understand.

3.1.5.1 - There is a policy that guides the process of gaining and recording informed consent from the patient, including for which procedures or treatments this is required.

3.1.5.2 - Policies include specific guidance on gaining and recording informed consent when the patient is unable to give consent for any reason.

3.1.5.3 - Patients learn about the process for granting informed consent in a language and manner they understand.

3.1.5.4 - Evidence of patient consent is documented, when required.

3.1.6 - The healthcare organization has a process to receive and to act on feedback, including complaints, conflicts and differences of opinion.

3.1.6.1 - There is a process to allow feedback, including complaints, to be heard.

3.1.6.2 - Patients are informed about the process of reporting feedback, including complaints, conflicts and differences of opinion.

3.1.6.3 - Feedback, including complaints, conflicts and differences of opinion are investigated and resolved within a specified timeframe.

3.1.6.4 - Patients and families are involved in the process.

3.2 - Access to care

3.2.1 - Patients have access to the healthcare organization based on their identified healthcare needs and the organization's mission and resources.

3.2.1.1 - The opening hours of the healthcare organization are displayed and compliant with country regulations.

3.2.1.2 - Barriers to special patient populations served are identified and reduced or when possible, eliminated.

3.2.1.3 - The healthcare organization has access to functional patient transport services during opening hours.

3.2.1.4 - An appointment system is available for specialized services and communicated to patients.

3.2.2 - Adequate infrastructural arrangements are in place to ensure that patients have access to the healthcare organization.

3.2.2.1 - A clearly visible sign is displayed on-site, showing the name and designation of the healthcare organization, aligned with the services offered.

3.2.2.2 - The road to the healthcare organization allows for unrestricted access.

3.2.2.3 - Direction signs to the healthcare organization are clearly readable and up to date.

3.2.2.4 - Safe access to the building is provided for all patients, including those with a disability.

3.2.3 - Patients are given adequate information about the services provided by the healthcare organization and how to access those services.

3.2.3.1 - Patients are given information about the range of services and related fees.

3.2.3.2 - Information is provided in a way and in a language that is understood by the population served.

3.2.3.3 - The healthcare organization has a publicly available telephone/emergency number for patients to call the healthcare organization for all purposes, including emergencies.

3.2.3.4 - Clear directions to the various clinical service areas are in place through signage throughout the healthcare organization.

3.3 - Access to integrated care for patients with complex needs and/or chronic disease

3.3.1 - Internal and external communication channels support the integration of care for patients with complex needs and those with multiple chronic diseases.

3.3.1.1 - The healthcare organization identifies those patients and populations likely to benefit from improved care integration.

3.3.1.2 - The healthcare organization explores potential processes for the real time exchange of patient care information among the care providers for the identified patients and populations.

3.3.1.3 - The healthcare organization works to integrate the care of the identified patients and populations through an integrated care plan.

3.3.1.4 - The healthcare organization has a process to facilitate continuing care for the identified patients and populations with social, religious and other agencies or resources in the community.

3.4 - Access to care for communicable disease patients

3.4.1 - The healthcare organization implements a program for the identification, segregation and isolation of suspected or confirmed communicable disease patients.

3.4.1.1 - The healthcare organization's leaders, along with infection control experts and community public health, implement a program for the management of individuals or groups with known or suspected communicable diseases.

3.4.1.2 - Policies and procedures based on national or international guidelines support an effective infection prevention program.

3.4.1.3 - Negative-pressure rooms are available, or temporary negative-pressure rooms that follow acceptable guidelines and adhere to building and fire codes are created.

3.4.1.4 - Staff are educated on the care of communicable disease patients, the cleaning of related patient rooms and the use of personal protective equipment.

3.5 - Access to palliative and end of life care

3.5.1 - Palliative services provide dignity and comfort to patients at the end of life by trained staff and in the context of the patient's family cultural and spiritual beliefs.

3.5.1.1 - The healthcare organization provides or arranges for palliative care for patients.

3.5.1.2 - Palliative care is provided by a team of specially trained staff.

3.5.1.3 - The focus of the healthcare organization's palliative care program is to maintain or improve comfort and dignity through symptom management, pain relief, and ways to reduce anxiety and stress in the patient and their family.

3.5.1.4 - Palliative care places the patient in the context of their family, beliefs and culture.

SE04 – Management of Information

4.1 - Information planning and usage

4.1.1 - The healthcare organization meets the data and information needs of those in and outside the organization.

4.1.1.1 - The healthcare organization has a Health Information System (HIS) that contains the data collected on clinical and management services.

4.1.1.2 - The planning and design of the Health Information System (HIS) is based on the healthcare organization's size and complexity and includes all information needs, both from internal (clinical and managerial) and external sources (i.e. national registries).

4.1.1.3 - The Health Information System (HIS) identifies staff permitted access to each category of data and information.

4.1.1.4 - Data for external reference databases are collected and distributed timely and in a correct format when required by laws or regulations.

4.1.2 - Data is used to provide relevant information for improving managerial and clinical practice.

4.1.2.1 - There are regular scheduled meetings, to identify the most frequently diagnosed diseases and morbidities.

4.1.2.2 - Staff have access to the data and information needed to carry out their job responsibilities.

4.1.2.3 - Data is aggregated, analyzed and used to provide relevant information for improving the managerial and clinical service.

4.1.2.4 - The frequency of data analysis meets the requirements for the healthcare organization and its staff.

4.2 - Patient health records

4.2.1 - The healthcare organization maintains a standardized clinical record for each patient assessed and/or treated and determines the record's content, format and location of entries.

4.2.1.1 - Each patient has a health record which has a unique numerical identifier number.

4.2.1.2 - The specific content of entries (assessment and treatment notes) for health records is determined by the healthcare organization.

4.2.1.3 - Patient records are kept in a standardized format.

4.2.1.4 - There is a system that allows rapid retrieval and smooth distribution of health records, so they are readily available for each patient visit.

4.2.2 - Patient records contain the required information to support the diagnosis, justify the treatment, and to document the course and results of treatment.

4.2.2.1 - Patient records contain patients' demographic information.

4.2.2.2 - Patient records contain information about physical findings, assessment and diagnosis.

4.2.2.3 - Patient records contain up-to-date information about care and treatment.

4.2.2.4 - Patient records contain information to document the course and results of treatment including errors/adverse events.

4.2.3 - The healthcare organization has a record keeping system that ensures the reliability of information.

4.2.3.1 - The staff member who enters clinical information to a patient health record signs and dates the entry.

4.2.3.2 - The patient entry records are clearly legible.

4.2.3.3 - There is a process to ensure that only authorized individuals make entries in patient clinical records.

4.2.3.4 - Patient records are reviewed regularly, and results analyzed as part of the quality improvement process.

4.2.4 - There is a 'medical records' storage system that ensures confidentiality and safety.

4.2.4.1 - Storage space, either physical or electronic, for medical records is of sufficient size and secured against unauthorized entry to ensure confidentiality.

4.2.4.2 - A designated individual is responsible for the storage, maintenance and retrieval of health records.

4.2.4.3 - There is provision that ensures authorized access to patient records during all hours of operation.

4.2.4.4 - Guidelines related to health records storage, retention and destruction are available.

SE05 – Risk Management

5.1 - Program planning

5.1.1 - The healthcare organization's managers and leaders develop, implement and maintain an effective risk management program in the organization.

5.1.1.1 - A qualified individual is responsible for risk management.

5.1.1.2 - All risks, both clinical and non-clinical, are identified and recorded in a risk register.

5.1.1.3 - Based on the identified risks corrective and/or preventive actions (CAPA) are defined and implemented.

5.1.1.4 - All staff receive on-going in-service training about risk management.

5.1.2 - The healthcare organization develops and implements a plan(s) to respond to likely internal and external emergencies.

5.1.2.1 - There are documents that describe the organization's emergency plans for internal (fire, floods, IT etc.) and external emergencies and risks (natural disasters, mass casualties etc.).

5.1.2.2 - There is a document that describes the healthcare organization's response to a contagious disease outbreak (e.g. Ebola, Covid-19).

5.1.2.3 - Staff participate in a rehearsal of the emergency plan(s), with community agencies when appropriate.

5.1.2.4 - There is documentation that the emergency plan(s) are reviewed.

5.1.3 - The healthcare organization has an occupational health and safety (OHS) program.

5.1.3.1 - Staff have access to an occupational health and safety (OHS) program that meets applicable legislation and/or regulation.

5.1.3.2 - A designated staff member monitors the staff occupational health and safety (OHS) program.

5.1.3.3 - The healthcare organization has written procedures that guide the staff for occupational health and safety activities defined in the OHS program.

5.1.3.4 - Healthcare organization staff receive continuous occupational health and safety (OHS) training, and this is documented.

5.2 - Safe and secure environment

5.2.1 - Security of staff, volunteers, patients, and visitors is ensured.

5.2.1.1 - There is a security system for limiting access to restricted areas in the healthcare organization.

5.2.1.2 - There is a process to report safety and security issues.

5.2.1.3 - The healthcare organization has a process for protecting patients and staff from assault and a mechanism is available for summoning the assistance of security/police/protection service in the case of an emergency.

5.2.1.4 - Alert systems and signals are in working order and tested every month.

5.2.2 - The healthcare organization ensures that all persons present in the organization are safe from fire and smoke.

5.2.2.1 - Fire detection and firefighting equipment is available and operational according to the healthcare organization's needs and local, regional or national fire regulations.

5.2.2.2 - Firefighting equipment is regularly inspected and serviced.

5.2.2.3 - A floor plan, showing the location of firefighting equipment, electrical distribution board, the location of medical gases and other flammable materials and the evacuation routes and emergency exits, is displayed.

5.2.2.4 - A fire safety program for staff includes information and training on fire prevention and evacuation procedures.

5.3 - Infection prevention and control (IPC)

5.3.1 - The healthcare organization designs and implements an Infection Prevention and Control (IPC) Program to reduce the risk of infections in patients, visitors and healthcare workers.

5.3.1.1 - Policies and procedures on infection prevention control (IPC) are in place and guide the staff in the implementation of the organization-wide program.

5.3.1.2 - A qualified member of staff monitors the infection control program.

5.3.1.3 - Regular in-service training is given to all staff on the subject of infection control.

5.3.1.4 - Data from IPC monitoring is analyzed for internal use and external reporting to the designated external public health agencies.

5.3.2 - The healthcare organization handles, stores and disposes of waste in a safe, and coordinated manner.

5.3.2.1 - Healthcare waste collection assets are available and allow for color-coded segregation.

5.3.2.2 - There is a waste management plan, consistent with current local laws and regulations.

5.3.2.3 - A training program for staff on waste management is available and implemented.

5.3.2.4 - The waste disposal and removal according to the waste management plan is monitored.

SE06 – Outpatient Services

6.1 - Management and staffing

6.1.1 - The outpatient services provided by the healthcare organization have an adequate number and appropriate type of staff to meet patient needs.

6.1.1.1 - The number of staff members corresponds with the patient needs.

6.1.1.2 - A qualified staff member is responsible for managing the outpatient services.

6.1.1.3 - An on-call roster is available for after hours, weekend, holidays, and emergency coverage.

6.1.1.4 - For outpatient services not provided in the healthcare organization, there is a referral mechanism.

6.2 - Infrastructure and supplies

6.2.1 - The infrastructure/layout of the outpatient service is adequate for providing safe, efficient care to patients.

6.2.1.1 - The lay-out of the outpatient service areas of the healthcare organization allows for effective flow of patients.

6.2.1.2 - Designated spaces meet the needs of staff for clinical and non-clinical functions.

6.2.1.3 - There is a designated area for emergency care.

6.2.1.4 - Waiting areas are adequate for the number of patients and services provided.

6.2.2 - The patient and family waiting areas are well maintained and safe.

6.2.2.1 - Patient and family waiting areas are well ventilated, well maintained, well organized, clean, and not congested.

6.2.2.2 - There are enough seats (chairs/benches) for the patients and families in the waiting area(s).

6.2.2.3 - Stretchers and wheelchairs are available and are functioning.

6.2.2.4 - Patient education material is displayed in waiting areas.

6.2.3 - The consultation rooms are adequate to provide safe patient care.

6.2.3.1 - The (number of) consultation rooms are adequate for the number of patients seen and are ventilated, maintained, organized and clean.

6.2.3.2 - The consultation rooms are appropriately furnished.

6.2.3.3 - Equipment and materials for conducting assessments are available within the consulting room or in close proximity.

6.2.3.4 - Consultation rooms provide privacy for patients.

6.3 - Infection prevention and control (IPC)

6.3.1 - Handwashing and sanitary facilities are accessible for patients and staff.

6.3.1.1 - There is access to handwashing facilities, including water, soap and paper towels, hand dryers or alternatives e.g. gel or sanitizers.

The facility manager ensures the availability and maintenance of accessible handwashing facilities at all patient and staff

6.3.1.2 - Posters on hand-hygiene are displayed at handwashing stations.

6.3.1.3 - Sanitary facilities for staff and patients are available.

6.3.1.4 - The sanitary facilities are in working order and are clean.

6.3.2 - Staff and patients are guided in the prevention of person-to-person transmission of infections.

6.3.2.1 - There is continuous availability of essential, functioning personal protective equipment (PPE) and supplies and staff can explain or demonstrate how and when to use PPE.

6.3.2.2 - Assets for safe disposal of contaminated materials or infectious waste are available and used according to the instructions.

6.3.2.3 - Patients are informed on infection prevention and control measures.

6.3.2.4 - Staff can explain PPE guidelines and implementation is observed.

6.3.3 - Staff are guided in cleaning, disinfection and sterilization procedures to prevent infections.

6.3.3.1 - There is (access to) sterilization equipment (autoclave or equivalent) which is functional and meets the demands of the workload.

6.3.3.2 - Materials for the handling of contaminated items and disposal of infectious waste are available.

6.3.3.3 - There is a document to guide staff in handling contaminated items and infectious waste.

6.3.3.4 - Staff implement correct wrapping, handling and checking sterility of packs.

6.3.4 - Where midwifery services are provided, staff are guided in disinfection and sterilization procedures to prevent infections.

6.3.4.1 - Staff wrap, handle and store sterile packs according to guidelines.

6.3.4.2 - There is sufficient storage capacity for sterile packs and the storage area is well ventilated.

6.3.4.3 - Materials for the handling of contaminated items and disposal of infectious waste are available.

6.3.4.4 - There is a guideline for the processing of contaminated items and infectious waste.

6.4 - Care processes and guiding documents

6.4.1 - There is a standardized process for triaging patients at the point of first contact.

6.4.1.1 - The triage process is guided by documents such as checklists/protocols/guidelines.

6.4.1.2 - Designated, qualified staff members are responsible for patient identification, and the triage of patients as they enter the healthcare organization.

6.4.1.3 - The triage process identifies patients who need immediate attention and how to fast track them.

6.4.1.4 - There is a system in place to record triage findings, waiting times and other information to ensure that patients are seen within acceptable time frames and professional standards.

6.4.2 - Assessments in consultation rooms lead to identification of patient's healthcare needs.

6.4.2.1 - Designated, qualified staff members are responsible for conducting patient assessments.

6.4.2.2 - There are national or international clinical guidelines in each consultation room which guide staff in assessing and treating patients.

6.4.2.3 - Relevant information regarding the disease and treatment is given to patients and families in an understandable manner and is supported by educational materials.

6.4.2.4 - Staff can explain how follow up instructions are provided.

6.4.3 - Patients are educated on prevention of communicable and non-communicable diseases.

6.4.3.1 - There is a guideline for sexual transmitted infections (STI) screening, and staff educate patients on prevention, including partner notification.

6.4.3.2 - There is a guideline for prevention of diabetes and cardiovascular disease and staff educate patients on prevention practices including lifestyle changes.

6.4.3.3 - There is a guideline for cancer screening and staff educates patients on when, how and what to screen.

6.4.3.4 - Evidence of patient education and referral is observed.

6.4.4 - Staff are guided in the appropriate use of rapid diagnostic tests (RDTs) and point of care devices.

6.4.4.1 - There are SOPs guiding staff in performing RDTs.

6.4.4.2 - The point-of-care tests are in accordance with the MoH regulations (e.g. national algorithm).

6.4.4.3 - Test kits are correctly stored, are verified, and test results validated using internal controls, and validation results are recorded.

6.4.4.4 - Test results are recorded and authorized (signed and dated) in registers and patient files.

6.4.5 - There is a program for preventing and treating malaria.

6.4.5.1 - Malaria diagnostics are available through microscopy and/or RDT malaria tests.

6.4.5.2 - There is a document which guides staff in recognizing emergency cases or complications of malaria, including the required follow-up actions (e.g. referral).

6.4.5.3 - Malaria medication is in stock and in compliance with current national guidelines.

6.4.5.4 - Staff educates patients on malaria prevention and treatment.

6.4.6 - There are adequate resources and guidelines to provide safe care in the treatment and minor surgery room.

6.4.6.1 - Equipment and materials for the services provided in the treatment room/minor surgery room are available.

6.4.6.2 - Designated, qualified staff members are responsible for procedures in the treatment room/minor surgery room.

6.4.6.3 - The healthcare organization has identified which kind of procedures they offer and protocols/guidelines for specific procedures are available.

6.4.6.4 - Staff can explain relevant guidelines.

6.4.7 - There are adequate resources to provide safe care for patients under observation.

6.4.7.1 - Functional equipment for monitoring vital signs is available.

6.4.7.2 - It is clear who is responsible for patients under observation.

6.4.7.3 - Each patient has access to a nurse call system at all times.

6.4.7.4 - There is privacy for patients under observation.

6.5 - Emergency services

6.5.1 - Staff are guided in the provision of cardiopulmonary resuscitation.

6.5.1.1 - Staff are trained in resuscitation and records are kept of their attendance at such training.

6.5.1.2 - The healthcare organization has a resuscitation guideline.

6.5.1.3 - All applicable cardiopulmonary resuscitation equipment is available and functioning.

6.5.1.4 - Outcomes of incidents of resuscitation are discussed and recorded in a logbook to improve service provision.

6.5.2 - Staff are guided in the provision of emergency services.

6.5.2.1 - Guidelines are available to recognize and manage common life-threatening emergencies.

6.5.2.2 - The healthcare organization has listed which emergencies occur often and which level of care can be provided, or which pre-referral treatment can be given.

6.5.2.3 - Guidelines are available for pediatric emergency triage, assessment and treatment (ETAT).

6.5.2.4 - Implementation of guidelines and outcomes are discussed and reviewed to improve service provision.

6.5.3 - Equipment, drugs and other supplies are readily available to manage emergencies.

6.5.3.1 - There is a tray or trolley with supplies for intravenous therapy, insertion of naso-gastric tubing and drug administration (including pediatric sizes).

6.5.3.2 - The drugs available are in accordance with a specified list, and include those for coma, fits and states of shock (including pediatric doses), and plasma expanders.

6.5.3.3 - There is a document guiding staff in the usage of emergency equipment and drugs.

6.5.3.4 - A designated staff member maintains the required supplies and ensures that emergency materials and drugs are not expired.

6.5.4 - Staff are guided in the safe administration of oxygen.

6.5.4.1 - Oxygen supplies (oxygen cylinders or air enrichers) meet the patient care needs and are stored in accordance with local safety standards.

6.5.4.2 - There are guidelines for staff on when and how to use and administer oxygen.

6.5.4.3 - Cylinder pressures (i.e. contents) are constantly monitored while patients are receiving oxygen.

6.5.4.4 - Oxygen is administered by qualified staff who are trained on guidelines.

6.5.5 - The healthcare organization follows adequate referral processes for enabling continuity of patient care.

6.5.5.1 - The healthcare organization has prepared a list of referral organizations for patients in need of (specialized) services not provided at the healthcare organization.

6.5.5.2 - There are protocols defining the situations in which patients are referred.

6.5.5.3 - There is an established process for referring patients for emergency surgical procedures, including caesarian section.

6.5.5.4 - A copy of the referral letter or a reference of referral is available in the patient's record.

6.5.6 - The healthcare organization provides or has access to ambulance services for emergency referrals.

6.5.6.1 - Medical transport/ambulance vehicles used by the healthcare organization are clean, equipped and in good condition.

6.5.6.2 - The individuals who provide patient care in the ambulance service have the required training and experience.

6.5.6.3 - There is a flowchart which guides staff in ambulance related communication steps.

6.5.6.4 - Ambulance-related activities are monitored and recorded (logbook).

6.6 - Mother and child care

6.6.1 - Where family planning services are provided, sufficient guidance and supplies are available for safe service delivery.

6.6.1.1 - Frequently used contraceptive methods are available.

6.6.1.2 - Qualified staff members provide the contraceptive service.

6.6.1.3 - The chosen method for each patient is recorded.

6.6.1.4 - There is a document/checklist to guide staff in the provision of contraceptive services.

6.6.2 - Where antenatal service is provided, sufficient guidance and supplies are available for safe service delivery.

6.6.2.1 - There is a document/checklist to guide staff in routine tests, observations and examinations to be conducted on pregnant women, and findings are recorded in the patient file.

6.6.2.2 - Qualified staff members provide the antenatal service.

6.6.2.3 - There is a document/checklist guiding staff in counselling pregnant women on nutrition and selfcare during pregnancy, preparation for delivery, family planning and breastfeeding.

6.6.2.4 - There are guidelines for managing complicated pregnancies.

6.6.3 - Where midwifery services are provided, adequate infrastructure and sufficient equipment for safe delivery are in place.

6.6.3.1 - The delivery room has adequate space and privacy, and it's furnished with a suitably positioned delivery table, which allows for use in the Trendelenburg or lithotomy positions.

6.6.3.2 - The delivery room has functional lighting, including an angle-poise lamp, and is ventilated.

6.6.3.3 - Standard surgical/obstetric equipment is available, clean and in good condition.

6.6.3.4 - There is a system for disposing safely of placentas.

6.6.4 - Where midwifery services are provided, staff are adequately guided to ensure safe services for mother and child.

6.6.4.1 - Observations during labor are recorded (and signed) on a partograph.

6.6.4.2 - A registered professional with midwifery training is present at every birth.

6.6.4.3 - There is a document guiding staff in reducing the number of maternal deaths in the labor ward.

6.6.4.4 - Information on cases and the outcome of deliveries are discussed and recorded in a register/logbook.

6.6.5 - Where midwifery services are provided, there are adequate resources for neonatal care and resuscitation.

6.6.5.1 - Neonatal resuscitation equipment and instruments are available and in a good condition.

6.6.5.2 - There is a guideline on neonatal resuscitation and staff are trained in neonatal resuscitation.

6.6.5.3 - There is a system to identify (tag) newborns and to protect them from unauthorized visitors to the maternity ward.

6.6.5.4 - An APGAR-rating is recorded (and signed) for each new-born baby and staff can explain the score.

6.6.6 - Staff use guidelines to ensure appropriate postnatal services to mother and child.

6.6.6.1 - Guidelines for postnatal care for mother and baby (including emergency care and vaccination) are available.

6.6.6.2 - There is a document which guides staff in providing information on breastfeeding (and options for HIV positive mothers).

6.6.6.3 - There is a document which guides staff in follow-up testing of infants born to mothers with HIV infection.

6.6.6.4 - All tests, results, observations, examinations and information regarding postnatal services provided are recorded and signed.

6.6.7 - Immunization services, when provided, are done in accordance with national guidelines.

6.6.7.1 - Immunizations provided are recorded on child's vaccination card and next appointments are scheduled.

6.6.7.2 - There is a document which guides staff in providing immunizations in accordance with national guidelines.

6.6.7.3 - There is an uninterrupted supply of vaccines for which cold-chain and expiry checks are recorded.

6.6.7.4 - There is a dedicated vaccine fridge and temperature logs are kept current.

6.6.8 - Services are provided to monitor the growth of children.

6.6.8.1 - There are guidelines for monitoring child growth and the child health chart is completed and signed after each visit.

6.6.8.2 - Equipment for monitoring growth is available and operational.

6.6.8.3 - Children with nutritional deficiencies are identified, managed or referred.

6.6.8.4 - There are guidelines for educating mothers on weaning off breastfeeding and under-5 nutrition.

6.6.9 - Services are provided to promote the health of children.

6.6.9.1 - Health education about dehydration and oral rehydration is provided to parents.

6.6.9.2 - There is a document which guides staff in integrated management of childhood illnesses (IMCI).

6.6.9.3 - Oral rehydration commodities are available to meet the patient needs.

6.6.9.4 - Guidelines for oral health for children are available.

6.7 - TB and HIV services

6.7.1 - When TB services are provided, staff are guided appropriately for effective service provision.

6.7.1.1 - TB treatment complies with (current) national guidelines.

6.7.1.2 - There is an uninterrupted supply of TB medicine in the healthcare organization.

6.7.1.3 - For each individual who is suspected to have TB, HIV diagnosis is also performed.

6.7.1.4 - The healthcare organization has a TB infection control plan, including a system for early detection (coughing) and collection of sputum.

6.7.2 - When VCT/PITC services are provided, guidance and resources are appropriate for effective service provision.

6.7.2.1 - Materials to provide VCT/PITC services are available.

6.7.2.2 - All staff performing HIV testing and counselling activities are qualified and trained.

6.7.2.3 - The set-up for VCT/PITC services allows for privacy/confidentiality for patients.

6.7.2.4 - There is a document which guides staff through national testing algorithm and counselling sessions.

6.7.3 - When ART services are provided, staff are guided appropriately for effective service provision.

6.7.3.1 - Antiretroviral therapy (ART) complies with (current) national guidelines.

6.7.3.2 - Guidelines for PEP (for patients AND staff) and ART are available.

6.7.3.3 - There are documents which guide staff in provision of appropriate care for HIV-positive obstetric patients.

6.7.3.4 - There is a process that ensures that patients, who are on ART, are monitored.

6.8 - Mental health

6.8.1 - When mental health services are provided, this is done in a coordinated manner.

6.8.1.1 - There is access to mental health expertise, when required (psychiatrist or psychologist.)

6.8.1.2 - All examinations, tests and medications regarding mental health are recorded and signed in the patient file.

6.8.1.3 - Qualified staff manage the mental health service.

6.8.1.4 - There are documents to guide staff in the provision of mental health services.

6.9 - Specialty health services

6.9.1 - There are adequate resources to provide safe and efficient specialty health services to meet patient needs.

6.9.1.1 - There is a qualified specialist practitioner leader and qualified staff consistent with the services provided.

6.9.1.2 - There is a designated facility or space with equipment and supplies to meet the patient needs.

6.9.1.3 - Medication and supplies for local and other anesthesia and sedation are available, and regular expiry checks are recorded.

6.9.1.4 - Assessment, treatment and patient education provided follow guidelines and are recorded in the patient file.

6.9.2 - Staff are guided in measures to prevent infection for safe specialty services.

6.9.2.1 - There is a document which guides staff in the cleaning and disinfection processes in the specialty service areas.

6.9.2.2 - There is a document which guides staff in the correct use of sterilizing equipment.

6.9.2.3 - Personal Protective Equipment (PPE) for safe specialty services is available.

6.9.2.4 - X-ray shielding is available, and protective clothing is worn when radiography services are provided.

6.10 - Outreach and home-based care services

6.10.1 - When outreach and/or home-based care services are provided, they are provided in a coordinated manner.

6.10.1.1 - Home-based care records are kept for each patient and include the type of care, medication and services provided and the identification of who provided the service.

6.10.1.2 - The healthcare organization has prepared a planning/schedule to ensure it reaches the whole community they serve during outreach activities.

6.10.1.3 - Staff, transport and resources are available to provide the outreach and/or home-based care services.

6.10.1.4 - Health promotion and education are in line with the national objectives or policies and records are kept for topics and area covered for outreach.

6.11 – Dialysis services

6.11.1 - Dialysis is a high-risk clinical service that requires standardization of processes, specially trained staff, specialized equipment and close patient monitoring.

6.11.1.1 - The dialysis program is licensed and leadership plan and support the program with policies, procedures, and guidelines.

6.11.1.2 - Staff of the dialysis program are qualified and are trained to care for dialysis patients.

6.11.1.3 - Dialysis equipment is available, functional, well maintained and cleaned according to infection control guidelines, and sterile supplies (including water) are continuously available.

6.11.1.4 - Patients are monitored during dialysis, and for risks such a blood-borne pathogen exposure.

6.12 - Physiotherapy and rehabilitation services

6.12.1 - Physiotherapy and rehabilitation services are available to meet patient needs.

6.12.1.1 - The scope of physiotherapy and rehabilitation services provided by the healthcare organization are planned, identified in policies and procedures and made known to the community.

6.12.1.2 - Physiotherapy and rehabilitation services are supervised by a qualified specialist with advanced training appropriate to the scope of the services provided.

6.12.1.3 - Staff providing physiotherapy and rehabilitation services have the training and experience for the services they provide.

6.12.1.4 - Space, equipment and supplies are available for the scope of physiotherapy and rehabilitation services provided.

6.13 - Telemedicine (telehealth) services

6.13.1 - The healthcare organization provides telemedicine (telehealth) services.

6.13.1.1 - Telemedicine (telehealth) services are provided in compliance with (inter)national legislation.

6.13.1.2 - The telemedicine (telehealth) services provided by the healthcare organization are identified in policies and procedures.

6.13.1.3 - Telemedicine (telehealth) services are provided by qualified staff.

6.13.1.4 - There are reliable telemedicine (telehealth) hardware systems and software platforms that offers features such as video conferencing, appointment scheduling, and patient records management.

SE07 – In-patient Care

7.1 - Management and staffing

7.1.1 - The inpatient services are managed and staffed by qualified care providers.

7.1.1.1 - A duty roster for the relevant caregivers, including weekends and public holidays and after hours is available and known by the inpatient staff members.

7.1.1.2 - A designated qualified staff member is responsible for managing the in-patient services.

7.1.1.3 - The number and qualifications of the in-patient staff members correspond with the scope of services provided and needs of the patients.

7.1.1.4 - New in-patient staff members are oriented to the healthcare organization and to their job.

7.1.2 - Routine care processes are performed in a coordinated manner.

7.1.2.1 - Regular ward rounds lead to an appropriate reassessment of patients and an update of the care plan, and both are documented.

7.1.2.2 - There is an organized system to screen and admit patients.

7.1.2.3 - Patient's assessments lead to an individual care plan for each patient which is reviewed and documented within 24 hours of admission.

7.1.2.4 - Relevant medical information of each patient is documented and exchanged during handovers at the start and end of each shift.

7.1.3 - Patient and staff identification promotes effective communication.

7.1.3.1 - Identification of patients prior to medical procedures is standardized.

7.1.3.2 - All staff wear uniforms and have ID/name badges for easy identification.

7.1.3.3 - Nurses are allocated to patients and patients know who is allocated to them.

7.1.3.4 - Each patient admitted and assigned a bed has access to an effective nurse call system and timely response.

7.2 - Infrastructure and supplies

7.2.1 - The infrastructure/layout is adequate for providing safe care to patients in the ward.

7.2.1.1 - There is adequate space and privacy for patients in the wards.

7.2.1.2 - There is a separate area (scullery/sluice room) for patients' eliminations, waste and laundry.

7.2.1.3 - There is adequate space for staff (e.g. for handovers, administration).

7.2.1.4 - There is a designated area for highly contagious patients, or those with compromised immune systems, in order to isolate them from others.

7.2.2 - There are adequate non-medical resources for providing safe care to patients in the ward.

7.2.2.1 - Number of beds, mattresses and bed linen meets the patient needs.

7.2.2.2 - Patients are informed about any personal hygiene materials they will need to provide.

7.2.2.3 - Hygiene materials for patients confined to bed meet the patient needs.

7.2.2.4 - Number of bed nets meets the patient needs.

7.2.3 - There is adequate access to pharmaceuticals for providing safe care to patients in the ward.

7.2.3.1 - There is 24-hour access for staff to pharmaceuticals within the healthcare organization.

7.2.3.2 - Drug cabinets in the ward are locked and only accessible to authorized staff.

7.2.3.3 - Pharmaceuticals, vaccines and medical consumables stocked meet the patient care needs.

7.2.3.4 - Drug cabinets in the ward are routinely (re)stocked and expiry dates are checked.

7.3 - Infection prevention and control (IPC)

7.3.1 - Staff and patients are guided in prevention of person-to-person transmission of infections.

7.3.1.1 - Hand hygiene stations, including soap and (paper) towels, or alternatives e.g. gel or sanitizers, are available.

7.3.1.2 - Guidelines for hand hygiene are available and reminders (posters) are available at relevant sites.

7.3.1.3 - Personal protective equipment (PPE) is available for staff to prevent person-to-person transmission of infections and is used correctly.

7.3.1.4 - Sanitary and bathing facilities are available in the ward for the patients.

7.3.2 - Staff are guided in management of contaminated equipment and infectious waste.

7.3.2.1 - There is a guideline for the handling and processing of contaminated materials and infectious waste.

7.3.2.2 - Materials for the handling of contaminated materials and disposal of infectious waste are available (e.g. body fluids, contaminated linen).

7.3.2.3 - Sterilization equipment (autoclave or equivalent) is available, functional and sufficient for the workload.

7.3.2.4 - Staff are aware of correct wrapping, handling and checking the sterility of packs.

7.4 - Care processes and guiding documents

7.4.1 - Staff are guided in adequate monitoring of vital signs.

7.4.1.1 - Vital signs are regularly monitored, recorded and signed.

7.4.1.2 - Equipment for monitoring patients' vital signs is available.

7.4.1.3 - There is a document that guides staff in early recognition of deteriorating vital parameters.

7.4.1.4 - Staff can explain 'how to call for assistance'.

7.4.2 - Staff are guided in identifying patients who need special care.

7.4.2.1 - There is a document that guides staff in the assessment and management of pain.

7.4.2.2 - Staff can explain how to recognize and manage altered cognitive state (e.g. delirium) and mental disorders.

7.4.2.3 - Staff can explain how to recognize patients at risk for nutritional problems and how to obtain nutrition assessment and therapy for the patient.

7.4.2.4 - Staff are orientated on how to identify patients who require special care.

7.4.3 - Staff are guided in the provision of invasive procedures.

7.4.3.1 - Qualified staff (e.g. nurses) follow protocols and checklists for invasive procedures.

7.4.3.2 - Equipment for the provision of invasive procedures meets the patient care needs.

7.4.3.3 - The staff are trained in performing invasive procedures and guidelines on professional development are available.

7.4.3.4 - Wound care standard operating procedures (SOPs) are available.

7.4.4 - Staff are guided in resuscitation to provide safe patient care in the ward.

7.4.4.1 - Resuscitation equipment and supplies meet the patient care needs and are regularly checked.

7.4.4.2 - There is a document guiding staff in the usage of resuscitation equipment, supplies and drugs, and when/how to alert trained staff.

7.4.4.3 - Designated staff are trained on the use of resuscitation guidelines.

7.4.4.4 - Implementation of guidelines and outcomes are monitored and evaluated to improve processes where needed.

7.4.5 - Staff are guided in safe administration of oxygen to patients in the ward.

7.4.5.1 - There is a document guiding staff on how to administer oxygen.

7.4.5.2 - Oxygen supplies in the ward meet the patient care needs and are stored in accordance with local safety standards.

7.4.5.3 - Cylinder pressures (i.e. contents) are constantly monitored while patients are receiving oxygen.

7.4.5.4 - Correct implementation of guidelines can be observed in the ward.

7.4.6 - A system is used to ensure safe medication practices in the healthcare organization.

7.4.6.1 - Patients are identified before the medications are administered.

7.4.6.2 - Only those permitted by the healthcare organization and by relevant laws and regulations administer medications.

7.4.6.3 - Medications are verified against the prescription or order prior to administration.

7.4.6.4 - Adverse medication reactions are monitored and reported in the patient's record and in the healthcare organization according to the national requirements.

7.4.7 - Patient care is guided by clinical practice guidelines.

7.4.7.1 - Clinical practice guidelines, from recognized authoritative sources, are present and used to guide care for the services provided by the healthcare organization.

7.4.7.2 - Staff are orientated and can explain how and when to use the clinical practice guidelines.

7.4.7.3 - Guidelines are reviewed and kept current and new guidelines reviewed and adopted.

7.4.7.4 - Actual guideline use is monitored, and the results used for continuous improvement in clinical services.

7.4.8 - Patients and their family are actively involved in their care and recovery process.

7.4.8.1 - Patients and their families are educated about financial implications of their decisions.

7.4.8.2 - The patient and their family are actively involved in care decisions and are educated on the health implications of their decisions.

7.4.8.3 - Information regarding the patient's condition and any relevant high health risks is given to the patient and family in an understandable manner.

7.4.8.4 - Information given to the patient and family and their active involvement in care decisions is recorded and signed in the patient's record.

7.4.9 - The safe mobility of the patient is facilitated, when appropriate, to enable a rapid recovery.

7.4.9.1 - Number and availability of devices for facilitating patients' mobility meets patient needs.

7.4.9.2 - Number and availability of devices to prevent patients' falling meets patient needs.

7.4.9.3 - There is a guideline that describes how to promote mobility of patients in order to prevent complications.

7.4.9.4 - Patients receive professional physiotherapy care and assistance with rehabilitation if required.

7.4.10 - There is an organized process for appropriately discharging patients.

7.4.10.1 - Discharge instructions are recorded in the patient's record by the medical practitioner.

7.4.10.2 - There is a documented process for discharging patients.

7.4.10.3 - There is a list of referral organizations and staff can explain how continuation of care is organized.

7.4.10.4 - The patients (and their families when applicable) understand the discharge and follow-up instructions.

7.4.11 - Healthcare organization policy and procedures guide staff in safe and ethical measures to manage deceased patients, and in the operation of a morgue unit.

7.4.11.1 - There is a policy and procedures on the management of deceased patients in the social, spiritual and cultural context of the deceased and their family or significant others.

7.4.11.2 - Where there is a morgue unit, it has enough body storage capacity, and it has direct access from the healthcare organization.

7.4.11.3 - Where there is a morgue unit, infection prevention and control measures are in place.

7.4.11.4 - Where there is a morgue unit, it offers security for bodies and personal belongings of the deceased.

7.5 - Critical care/intensive care

7.5.1 - Critical care patients receive appropriate care in a designated unit.

7.5.1.1 - There is a policy or protocol that identifies which patients with critical care needs will receive care and which will be transferred to a healthcare organization with an appropriate critical care unit to meet the patient's needs.

7.5.1.2 - Guidelines and/or protocols guide staff throughout the organization and in the critical care unit in recognizing and providing care to critical patients.

7.5.1.3 - Medical equipment and medications are available in the critical care unit and meet national and professional standards.

7.5.1.4 - The number of trained nurses and physicians to manage critical care patients meets the national and professional staffing guidelines.

SE08 – Surgery & Anesthesia Services

8.1 - Management and staffing

8.1.1 - The surgery and anesthesia services are managed and performed by qualified care providers.

8.1.1.1 - Anesthesia is administered by a qualified anesthesiologist, who operates within their in-country accepted scope of practice.

8.1.1.2 - The theatre and recovery area are managed by a designated professional, who is suitably qualified and/or experienced.

8.1.1.3 - Individuals who perform surgery and individuals who assist in surgery are qualified and function within their designated in-country accepted scope of practice.

8.1.1.4 - Recovery room care is provided by authorized qualified staff who operate within their in-country accepted scope of practice.

8.1.2 - Surgical services are planned and coordinated.

8.1.2.1 - Operating theatre rosters ensure that qualified staff is present for theatre duties and anesthetic assistance.

8.1.2.2 - Surgery is planned and communicated with the relevant caregivers.

8.1.2.3 - The recovery room nurses are allocated for the entire recovery period.

8.1.2.4 - There is an on-call roster for emergency surgery with set response time frame.

8.2 - Preoperative care

8.2.1 - Prior to surgery, all relevant information is recorded to ensure safe practices.

8.2.1.1 - A medical assessment is done by the responsible surgeon prior to surgery.

8.2.1.2 - Informed consent is obtained prior to surgery and anesthesia.

8.2.1.3 - A standardized anesthesia assessment by the anesthesiologist is done prior to surgery.

8.2.1.4 - A standardized nursing assessment is done prior to surgery.

8.2.2 - Appropriate care is provided to patients awaiting surgery.

8.2.2.1 - There is a preoperative area (surgery preparation room) for patients awaiting surgery.

8.2.2.2 - The preoperative area is suitably equipped.

8.2.2.3 - There is a document guiding staff in preoperative monitoring of vital signs.

8.2.2.4 - The preoperative monitoring of vital signs is recorded.

8.2.3 - Staff are guided through an appropriate verification process for all patients prior to sedation and/or anesthesia.

8.2.3.1 - There is a document guiding staff in identifying patients, checking informed consent, and verifying nature and site of operation prior to sedation.

8.2.3.2 - Any allergies and administered preoperative medication is verified.

8.2.3.3 - The last oral intake is verified prior to sedation.

8.2.3.4 - A designated nurse/nurse in charge completes a checklist to ensure all staff and equipment is ready for surgery.

8.3 - Operative care

8.3.1 - There is adequate equipment in the operating theatre for providing safe care.

8.3.1.1 - There is a functional operating theatre table.

8.3.1.2 - There is a good theatre lamp with a system that ensures continuous power supply.

8.3.1.3 - There is ventilation and temperature control in the operating theatre.

8.3.1.4 - Equipment to cool patients or minimize heat loss is available.

8.3.2 - There is adequate access to medication and supplies in each theatre.

8.3.2.1 - The healthcare organization has emergency trolley supplies in each operating theatre for the exclusive use of the anesthesiologist.

8.3.2.2 - There is safe and adequate storage space for pharmaceutical and surgical supplies in the operating theatre.

8.3.2.3 - Medications in the operating theatre are kept at the temperature as described by manufacturer.

8.3.2.4 - Expiry dates of medication and supplies are checked regularly.

8.3.3 - Staff are guided in the provision of anesthetic drugs and mixtures.

8.3.3.1 - There is a document which guides staff in the preparation and use of anesthetic mixtures and in procedural sedation (previously referred to as conscious sedation).

8.3.3.2 - The procedures used comply with the current guidelines of a professional society or similar reputable professional body.

8.3.3.3 - Staff are orientated/can explain the anesthetic mixtures and procedural sedation guidelines.

8.3.3.4 - All anesthetic agents and mixtures are documented in the patient's record.

8.3.4 - Staff are guided in the use of anesthesia delivery systems and breathing circuits.

8.3.4.1 - A breathing system (oxygen) is available to meet the patient needs and is clean and in good condition.

8.3.4.2 - There is a document or instructions for the use of breathing system equipment, including cleaning procedures.

8.3.4.3 - The breathing system is included in the general maintenance activities or program.

8.3.4.4 - Records of maintenance activities are available.

8.3.5 - Staff are guided in the use of ancillary equipment.

8.3.5.1 - Ancillary equipment is available to meet patient needs and is clean and in good condition.

8.3.5.2 - The ancillary equipment is in compliance with current national or international guidelines or recommendations of a professional society.

8.3.5.3 - There are instructions to guide staff in the use and cleaning of the ancillary equipment.

8.3.5.4 - Staff are trained and can explain the guidelines.

8.3.6 - Staff are guided in the process of monitoring patients during surgery.

8.3.6.1 - The anesthesia/sedation used, and the results of monitoring are entered in the patient's anesthetic record and signed.

8.3.6.2 - A qualified individual monitors the patient during the entire period of sedation and/or anesthesia.

8.3.6.3 - Monitoring equipment is available to meet the patient needs and is clean and in good condition.

8.3.6.4 - There is a document/instruction which guides the staff in the use of the monitoring equipment, including cleaning procedure.

8.3.7 - Routine procedures during and post-surgery are implemented and documented.

8.3.7.1 - A count of surgical swabs, needles and sharps is performed before incision and prior to cavity closure.

8.3.7.2 - There is a system for obtaining blood from and sending specimens to the clinical laboratory from the theatre and responses are timely.

8.3.7.3 - A summary of the surgery is recorded in the patient's file immediately after surgery.

8.3.7.4 - A summary of the post-surgical plan is recorded in the patient file.

8.3.8 - Staff are guided in pre-surgical emergency situations including resuscitation procedures.

8.3.8.1 - Emergency resuscitation equipment and supplies are available.

8.3.8.2 - Emergency and resuscitation equipment and supplies have clearly defined instructions for use and staff are trained.

8.3.8.3 - Emergency resuscitation equipment is in working order and regularly checked.

8.3.8.4 - There is a way to communicate with persons outside the anesthetizing location.

8.3.9 - When radiation is used, sufficient safety measures are implemented.

8.3.9.1 - PPE is available to protect staff from radiation.

8.3.9.2 - There is a document guiding staff when and how to use PPE in the presence of radiographic equipment.

8.3.9.3 - Staff can explain the use of radiation-related PPE.

8.3.9.4 - Hazard or warning notices are displayed.

8.4 - Postoperative care

8.4.1 - There are adequate equipment/resources in the recovery area for providing safe care.

8.4.1.1 - Recovery room equipment is available to meet the patient needs and appears clean and in good condition.

8.4.1.2 - Recovery bed(s) and bedlinen are available for the patients coming from the operating theatre.

8.4.1.3 - There is a document/instruction which guides staff in the use of the equipment, including cleaning procedures.

8.4.1.4 - Staff are oriented/can explain guideline.

8.4.2 - Patients are monitored during recovery and discharged when appropriate.

8.4.2.1 - Monitoring findings during recovery period are recorded and signed.

8.4.2.2 - There is a standardized format that guides staff in monitoring patients during the recovery period.

8.4.2.3 - Established criteria are used to make decisions regarding the patient's discharge from the recovery room.

8.4.2.4 - The anesthesiologist approves and signs discharge forms.

8.5 - Infection prevention and control (IPC)

8.5.1 - The design and access control of the surgery suite are adequate for preventing infections.

8.5.1.1 - The design of the operating theatre and surrounding areas provides space for reception, anesthesia, surgery and recovery of patients.

8.5.1.2 - Access to the operating theatre suite is controlled.

8.5.1.3 - Changing rooms are provided with wash and shower stations and places where personal belongings can be stored safely.

8.5.1.4 - There is a disinfection area, with stainless steel sinks, running water, and a sewage system.

8.5.2 - Staff are guided in adequate prevention of inter-personal transmission of infections.

8.5.2.1 - Theatre staff are guided in the use of theatre clothing and PPE.

8.5.2.2 - Clean theatre clothes and PPE are available, are in good condition and are used correctly by theatre staff.

8.5.2.3 - Hand hygiene stations and guidelines (including scrub) are available.

8.5.2.4 - Staff are orientated/can explain the handwashing processes and there is monitoring of correct handwashing.

8.5.3 - Staff are guided in adequate cleaning and disinfection measures for the surgical theatre suite.

8.5.3.1 - There is a procedure that describes cleaning and disinfection practices for all equipment and surfaces in the operating theatre and related areas and staff are aware.

8.5.3.2 - A cleaning schedule is available and kept current.

8.5.3.3 - Cleaning materials are available and stored appropriately.

8.5.3.4 - Staff (including cleaning staff) are orientated and trained in the cleaning and disinfection procedures.

8.5.4 - The design and equipment of the sterilization area are adequate.

8.5.4.1 - The sterilization area(s) enables a workflow from clean to dirty and areas for dirty, clean and sterile equipment/materials are clearly demarcated.

8.5.4.2 - There is access to sterilization equipment (autoclave or equivalent) which is functional and sufficient for the workload.

8.5.4.3 - There is sufficient storage capacity for sterilized materials.

8.5.4.4 - The area where sterilized materials are stored is well ventilated.

8.5.5 - Staff are guided in sterilization procedures to prevent infections.

8.5.5.1 - Staff are aware of the correct wrapping, handling and checking sterility of packs.

8.5.5.2 - The date of sterilization is recorded on the sterile pack.

8.5.5.3 - Autoclave sterility is tested daily, and the results are recorded.

8.5.5.4 - All relevant staff are orientated and trained in disinfection and sterilization procedures.

8.6 - Organ and/or Tissue Transplant Services

8.6.1 - There is an organized program, led by an experienced team, for transplant services that meets local and national laws and regulations, including criteria to select donors and recipients, a consent process and evidence based clinical practices/protocols.

8.6.1.1 - Organ and/or tissue transplant programs are organized around the patient needs, have clear and capable leadership, and comply with national laws and regulations and international standards of practice ethical norms.

8.6.1.2 - The transplant program is staffed by a team experienced in the delivery of transplant services.

8.6.1.3 - Criteria guide the selection of living donors and transplant recipients.

8.6.1.4 - Transplantation services are guided by clinical practice guidelines, protocols, pathways and other tools to improve outcomes and reduce variation.

SE09 – Laboratory Services

9.1 - Management and staffing

9.1.1 - The laboratory is managed by qualified care providers.

- 9.1.1.1 - A designated qualified staff member is responsible for managing the laboratory.
- 9.1.1.2 - The qualifications of the laboratory staff members correspond with the scope of practice.
- 9.1.1.3 - New laboratory staff members are orientated on relevant topics.
- 9.1.1.4 - Records are kept of the training (CME) provided.

9.1.2 - Laboratory services are managed and performed in a coordinated manner.

- 9.1.2.1 - The number of laboratory staff members meets the patient needs.
- 9.1.2.2 - Emergency laboratory services are available, including after-hours services.
- 9.1.2.3 - Weekly and/or monthly overviews are prepared with total number of tests performed, including positivity rates (HIV, STI, TB etc.).
- 9.1.2.4 - Weekly/monthly overviews are shared with relevant staff members in the healthcare organization for review.

9.2 - Infection prevention and control (IPC)

9.2.1 - The infrastructure of the laboratory is adequate for preventing infections.

- 9.2.1.1 - The design of the laboratory service meets in-country regulations.
- 9.2.1.2 - The size and bench space of the laboratory is appropriate for the services provided.
- 9.2.1.3 - Materials used for floors, benches and sinks are in line with the in-country regulations.
- 9.2.1.4 - Dedicated handwashing stations with water are available in the laboratory.

9.2.2 - Adequate precautions are taken to prevent infections for staff and patients in the laboratory.

- 9.2.2.1 - Personal Protective Equipment (PPE) is available for the laboratory staff (gloves, lab coats, etc.).
- 9.2.2.2 - Access to the laboratory is controlled.
- 9.2.2.3 - The laboratory area is well ventilated, enabling safe laboratory practices.
- 9.2.2.4 - Soap and single use (paper) towels are available for handwashing.

9.2.3 - Staff are guided in procedures to prevent infection.

9.2.3.1 - There is a document guiding staff in waste segregation and disposal.

9.2.3.2 - Staff can explain the use of PPE.

9.2.3.3 - Staff can explain the cleaning and decontaminating processes.

9.2.3.4 - Staff can explain the measures after exposure to infectious agents.

9.3 - Diagnostic processes and guiding documents

9.3.1 - Staff are guided in the process of safe specimen collection.

9.3.1.1 - Supplies are available in the specimen collection area to enable safe practices.

9.3.1.2 - There are guiding documents for safe handling of specimens.

9.3.1.3 - Specimens are processed (centrifuged and stored) according to the Standard Operating Procedures (SOPs).

9.3.1.4 - Laboratory request forms are available and contain relevant information.

9.3.2 - Staff are guided on proper patient and specimen identification processes.

9.3.2.1 - There are guiding documents for the labelling of specimens throughout the specimen processing activities and these guidelines are followed.

9.3.2.2 - Patients are identified during the specimen collection and reporting process.

9.3.2.3 - Specimens information and results are registered in an organized manner.

9.3.2.4 - Relevant patient information and results are registered in an organized manner.

9.3.3 - Staff are guided to correctly perform the appropriate laboratory test.

9.3.3.1 - There is an SOP for each assay/test performed in the laboratory.

9.3.3.2 - There are kits, reagents and materials to perform the laboratory assays/tests required to meet patient needs.

9.3.3.3 - Staff can explain the procedures for the laboratory services provided.

9.3.3.4 - There is an organized laboratory manual in which SOPs and related documentation are filed and kept up to date.

9.3.4 - Essential laboratory equipment is available and used appropriately.

9.3.4.1 - Laboratory equipment is available to meet patient needs and are clean and in good condition.

9.3.4.2 - There are documents/instructions which guide the staff in the usage of the laboratory equipment.

9.3.4.3 - There are documents/instructions which guide the staff in the cleaning and/or maintenance of the laboratory equipment.

9.3.4.4 - Cleaning schedule, maintenance and control logs (where relevant) are kept current (incl. fridge).

9.3.5 - A stock management system is in place that guarantees efficient and quality laboratory services.

9.3.5.1 - All laboratory reagents and products are stored and labelled according to manufacturers' instructions/directives or guiding documentation.

9.3.5.2 - The laboratory listed all reagents, chemicals, kits and other consumables that are required for the projected services.

9.3.5.3 - Staff monitors and records the status of current stock in the laboratory.

9.3.5.4 - Records of regular expiry checks are kept current, and items expiring shortly are marked.

9.3.6 - Quality control/assurance activities regarding assays/test are performed.

9.3.6.1 - Internal quality controls (IQC) are performed and recorded for each assay/test to verify reagent/kit quality.

9.3.6.2 - There is a documented quality control program in which all quality control aspects are defined.

9.3.6.3 - The laboratory participates in an external quality control (EQC), like a proficiency-testing program or an alternative, for all (specialized) laboratory tests.

9.3.6.4 - The laboratory keeps and maintains records of all the results of the internal quality assurance (IQA) and external quality assurance (EQA) activities and the related corrective actions (CA).

9.3.7 - Reporting of reliable results is performed appropriately and timely.

9.3.7.1 - Results are registered in a logbook in an orderly manner.

9.3.7.2 - Results are reviewed and validated according to assay specific SOPs.

9.3.7.3 - The laboratory has established reference ranges and critical values for all relevant tests.

9.3.7.4 - Turn-a-round times for in-house laboratory tests, as well as those for referral services, are established.

9.3.8 - Referral services are available and appropriately arranged.

9.3.8.1 - A referral register for the referred specimens is kept.

9.3.8.2 - Referral forms are available and used.

9.3.8.3 - There are guiding documents for packaging specimens and transporting them to the referral laboratories.

9.3.8.4 - A list of referral laboratories and laboratory services is available.

9.3.9 - Staff are guided in providing safe blood transfusion services.

9.3.9.1 - There is a dedicated and functioning refrigerator for blood and blood products and back-up power is arranged.

9.3.9.2 - Temperature control measures are in place and logs are kept current.

9.3.9.3 - There is a process in place for accessing blood and blood products in planned and emergency situations.

9.3.9.4 - There is a dedicated management process related to blood transfusion products.

SE10 – Diagnostic Imaging Services

10.1 - Ultrasound

10.1.1 - Staff and referral arrangements are adequate for safe provision of Ultrasound (US) services.

10.1.1.1 - Ultrasound procedures are only performed by individuals with specific training.

10.1.1.2 - Ultrasound services are available for the level of care provided at the healthcare organization.

10.1.1.3 - The number of qualified/trained staff meets the patients' needs for Ultrasound services.

10.1.1.4 - Referral Ultrasound services are available, also for services to be provided outside normal operating hours.

10.1.2 - Ultrasound system and supplies are adequate for safe Ultrasound service delivery.

10.1.2.1 - Ultrasound system and supplies are available to meet patient needs.

10.1.2.2 - There is an SOP or checklist to guide staff in correctly operating the Ultrasound equipment.

10.1.2.3 - Ultrasound equipment is maintained in accordance with manufacturer's instructions.

10.1.2.4 - Ultrasound equipment is tested and calibrated in accordance with manufacturer's instructions.

10.1.3 - Staff are guided on how to deliver safe and efficient Ultrasound services.

10.1.3.1 - Ultrasound requests contain the required information.

10.1.3.2 - There is an SOP or checklist to guide staff in recording and reporting of ultrasound results.

10.1.3.3 - An ultrasound safety manual describing potential safety risks and hazards is available.

10.1.3.4 - Results of ultrasound examinations are included in patient files and contain a clear conclusion.

10.2 - X-ray

10.2.1 - Staffing and referral arrangements are adequate for safe provision of X-ray services to meet patient needs.

10.2.1.1 - X-ray services are available for the level of care provided at the healthcare organization.

10.2.1.2 - The X-ray department is managed by a qualified individual with specific training.

10.2.1.3 - The number of qualified/trained staff meets the patients' needs for X-ray services.

10.2.1.4 - Referral X-ray services are available, also for services to be provided outside normal operating hours.

10.2.2 - Infrastructure and equipment is adequate for safe X-ray service delivery.

10.2.2.1 - X-ray equipment and supplies are available to meet patient needs.

10.2.2.2 - The design and size of the X-ray facility enables safe service provision.

10.2.2.3 - X-ray equipment is maintained in accordance with manufacturer's instructions.

10.2.2.4 - X-ray equipment is tested and calibrated in accordance with manufacturer's instructions.

10.2.3 - X-Ray supplies are adequate for safe and efficient service delivery.

10.2.3.1 - Supplies (films, other reagents) are available to provide X-ray services to meet the patient needs.

10.2.3.2 - All reagents and solutions are stored and labelled as described in the manufacturer's instructions.

10.2.3.3 - Expiry checks are performed on X-ray supplies and results recorded.

10.2.3.4 - The healthcare organization has prepared a list with essential supplies for X-ray services.

10.2.4 - Radiation safety measures are in place.

10.2.4.1 - A copy of the local rules related to the Ionizing Radiation Regulations is available and these rules are followed.

10.2.4.2 - Personal Protective Equipment (PPE) is available for staff and patients to reduce safety risks.

10.2.4.3 - A radiation safety manual (describing potential safety risks and hazards, including waste disposal) is available.

10.2.4.4 - A copy of the most recent radiation safety report is available.

10.2.5 - Staff are guided on how to deliver safe and efficient X-ray services.

10.2.5.1 - There is an SOP or checklist to guide staff in correctly operating the X-ray equipment.

10.2.5.2 - There is an SOP or checklist for quality and safety controls for the X-ray department and records of results are kept.

10.2.5.3 - Staff are oriented to all relevant procedures and practices and receive continuous relevant medical education.

10.2.5.4 - Quality and safety control outcomes are used for corrective and preventive actions.

10.2.6 - The interpretation of radiographs, the reporting of findings, and the storage of the X-rays is efficient and standardized.

10.2.6.1 - X-ray requests contain the required information.

10.2.6.2 - X-ray films are interpreted by qualified staff and findings are included in the patient's clinical file.

10.2.6.3 - X-ray reports contain a clear conclusion.

10.2.6.4 - The healthcare organization has a system to contact experts in specialized diagnostic imaging areas when needed.

10.3 - CT, MRI, PET and other diagnostic imaging services

10.3.1 - Staffing and referral arrangements are adequate for safe provision of CT, MRI, PET and other diagnostic imaging services to meet patient needs.

10.3.1.1 - CT, MRI, PET and other diagnostic imaging services are available for the level of care provided at the healthcare organization.

10.3.1.2 - The diagnostic imaging department is managed by a qualified individual with specific training.

10.3.1.3 - The number of qualified/trained staff meets the patient needs for CT, MRI, PET and other diagnostic imaging services.

10.3.1.4 - Referral CT, MRI, PET and other diagnostic imaging services are available, also for services to be provided outside normal operating hours.

10.3.2 - Infrastructure and equipment is adequate for safe CT, MRI, PET and other diagnostic imaging services delivery.

10.3.2.1 - CT, MRI, PET and other diagnostic imaging services equipment and supplies are available to meet patient needs.

10.3.2.2 - The design and size of the CT, MRI, PET and other diagnostic imaging services facility enables safe service provision.

10.3.2.3 - CT, MRI, PET and other diagnostic imaging equipment is maintained in accordance with manufacturer's instructions.

10.3.2.4 - CT, MRI, PET and other diagnostic imaging equipment is tested and calibrated in accordance with manufacturer's instructions.

10.3.3 - CT, MRI, PET and other diagnostic imaging services supplies are adequate for safe and efficient service delivery.

10.3.3.1 - Supplies are available to provide CT, MRI, PET and other diagnostic imaging services to meet the patient needs.

10.3.3.2 - All reagents and solutions are stored and labelled as described in the manufacturer's instructions.

10.3.3.3 - Expiry checks are performed on CT, MRI, PET and other diagnostic imaging supplies and results recorded.

10.3.3.4 - The healthcare organization has prepared a list with essential supplies for CT, MRI, PET and other diagnostic imaging services.

10.3.4 - Radiation safety measures are in place.

10.3.4.1 - A copy of the local rules related to the Ionizing Radiation Regulations is available and these rules are followed.

10.3.4.2 - Personal Protective Equipment (PPE) is available for staff and patients to reduce safety risks.

10.3.4.3 - A radiation safety manual (describing potential safety risks and hazards, including waste disposal) is available.

10.3.4.4 - A copy of the most recent radiation safety report is available.

10.3.5 - Staff are guided on how to deliver safe and efficient X-ray services.

10.3.5.1 - There is an SOP or checklist to guide staff in correctly operating the CT, MRI, PET and other diagnostic imaging equipment.

10.3.5.2 - There is an SOP or checklist for quality and safety controls for the imaging department and records of results are kept.

10.3.5.3 - Staff are oriented to all relevant procedures and practices and receive continuous relevant professional education.

10.3.5.4 - Quality and safety control outcomes are used for corrective and preventive actions.

10.3.6 - The interpretation of imaging results, the reporting of findings, and the storage of the results is efficient and standardized.

10.3.6.1 - CT, MRI, PET and other diagnostic imaging services requests contain the required information.

10.3.6.2 - CT, MRI, PET and other diagnostic imaging tests are interpreted by qualified staff and findings are included in the patient's clinical file.

10.3.6.3 - CT, MRI, PET and other diagnostic imaging reports contain a clear conclusion.

10.3.6.4 - The healthcare organization has a system to contact experts in specialized diagnostic imaging areas when needed.

SE11 – Medication Management

11.1 - Management and staffing

11.1.1 - Medication use is organized and managed to meet patient needs, in compliance with applicable laws and regulations, and under the direction of a qualified individual.

11.1.1.1 - A designated, licensed individual directly supervises the activities of the pharmacy or pharmaceutical service.

11.1.1.2 - Job descriptions clearly define scope and limitations to the responsibilities and activities of the staff who manage medications.

11.1.1.3 - A written document identifies how medication use is organized and managed throughout the healthcare organization in keeping with applicable laws, regulations and professional practices.

11.1.1.4 - Key members of staff regularly meet to discuss medication management.

11.2 - Stock selection and procurement

11.2.1 - An appropriate selection of medications is in continuous supply or readily accessible at all times.

11.2.1.1 - The leadership of the healthcare organization ensures the availability of medications to meet all patients' needs including emergency and essential drugs.

11.2.1.2 - There is an up-to-date list of medications that are kept in stock.

11.2.1.3 - There is a manual or automated stock management system to ensure that minimum and maximum stock levels are maintained.

11.2.1.4 - There is a process for healthcare workers to obtain medicines within the healthcare organization during the night or when the pharmacy is closed.

11.2.2 - Medications are procured according to guidelines that ensure safety and effectiveness.

11.2.2.1 - A procurement guideline is available and conforms to country-specific requirements regarding a secure supply chain, and regarding specific agents and preferred/approved suppliers.

11.2.2.2 - There are guidelines in place to ensure medications are transported according to manufacturers' instructions and country regulations.

11.2.2.3 - There is a system implemented which allows for the effective recall of drugs and medical devices.

11.2.2.4 - The medication supply chain is monitored and there is evidence that medications are procured from preferred, low risk, suppliers.

11.3 - Control and storage of medication

11.3.1 - Adequate storage area(s) and equipment are available for the safe and effective storage of medications, medical devices and consumable medical supplies.

11.3.1.1 - The main storage area is protected from heat and light and the temperature is monitored and effectively regulated.

11.3.1.2 - Medications are stored in a lockable storage area or cabinet, which is accessible only to authorized staff.

11.3.1.3 - The size and layout of the storage area(s) is appropriate for the services provided and is well ventilated.

11.3.1.4 - Where necessary, a dedicated refrigerator for medication is available and the temperature is monitored.

11.3.2 - Hazardous and controlled medications are properly stored and are properly labelled.

11.3.2.1 - Medications are labelled with essential information according to national regulations.

11.3.2.2 - When DDA (dangerous drug act) medications are present, they are clearly labelled and controlled.

11.3.2.3 - Hazardous and flammable solutions and chemicals are clearly labelled and safely stored.

11.3.2.4 - All pharmaceuticals, vaccines or medical consumables are regularly checked for expiry dates and checks are recorded.

11.4 - Prescribing or ordering, preparing and dispensing of medication

11.4.1 - Medications are prescribed or ordered by qualified individuals according to healthcare organization policy.

11.4.1.1 - Prescriptions or orders contain all relevant information according to hospital policy and national guidelines.

11.4.1.2 - The healthcare organization has identified those staff members that are authorized to prescribe or order medications.

11.4.1.3 - Prescription pads and order books are accessible to authorized persons only.

11.4.1.4 - When verbal/telephone medication orders are used, they are written down and verified according to legislation and/or healthcare organization policy.

11.4.2 - The healthcare organization prepares and dispenses medications in a safe and controlled environment and according to patient needs.

11.4.2.1 - There is a clean, well ventilated, designated area with good lighting for preparing and dispensing medication.

11.4.2.2 - The preparation and dispensing area(s) is furnished and allows for privacy for patients.

11.4.2.3 - Prescriptions are securely stored to protect patient confidentiality and avoid abuse.

11.4.2.4 - Dispensing staff informs the patient of available generic equivalents.

11.4.3 - A system is used to dispense the correct medication in the right dose to the right patient.

11.4.3.1 - Medications dispensed are clearly labelled with the name of the medication, dose, name of the patient, date and instruction for use.

11.4.3.2 - There is a uniform medication dispensing and distribution system in the healthcare organization that supports accurate and timely dispensing.

11.4.3.3 - A standard operating procedure (SOP) guides dispensing staff in the process of reviewing all medication prescriptions and orders prior to dispensing.

11.4.3.4 - Dispensing staff have quick access to patient information and resource databases to check for allergies, drug interactions or contra-indications for particular medications.

11.5 - Administration of medications

11.5.1 - There is a policy and procedure for the safe administration of medications and the monitoring of patients receiving medications.

11.5.1.1 - Staff are guided in the recording and reporting of medication errors, including near misses, and adverse drug events in accordance with healthcare organization policy.

11.5.1.2 - Medications are administered by qualified staff and guided by policy or procedure on safe medication administration.

11.5.1.3 - Adverse drug reactions and medication errors are discussed in medical meetings.

11.5.1.4 - There is evidence that active follow up is performed in relation to adverse drug reactions and medication errors.

SE12 – Facility Management Services

12.1 - Buildings and utility systems

12.1.1 - The healthcare organization and compound are managed to ensure safe and effective services.

12.1.1.1 - The building is appropriate as a healthcare organization in terms of size, lay-out, and accessibility.

12.1.1.2 - Utility systems are maintained in good condition and do not pose hazards to patients and staff.

12.1.1.3 - Ventilation permits effective air flow and temperature control mechanisms are provided and maintained in areas where this is critical.

12.1.1.4 - All relevant areas have mesh windows and doors.

12.1.2 - The healthcare organization has established maintenance and repair services to ensure safe and effective healthcare services.

12.1.2.1 - The healthcare organization ensures technical backup services, either through on-call staff or through contracted maintenance services.

12.1.2.2 - A designated, competent individual is responsible for supervising preventive maintenance and repairs of the healthcare organization buildings, equipment, and utility systems.

12.1.2.3 - Basic maintenance equipment, tools, and spare parts are available.

12.1.2.4 - Maintenance activities to the building, plant and installations are recorded in a maintenance record book.

12.1.3 - The healthcare organization implements a preventive maintenance program for infrastructure.

12.1.3.1 - Inspections of the infrastructure are regularly conducted and documented.

12.1.3.2 - The organization plans and budgets for the refurbishing and/or upgrading of the infrastructure.

12.1.3.3 - There are site and floor plans that depict the locations and layout of the main ancillary services (e.g. water, sanitation, and electricity supply) and medical gas shut off valves.

12.1.3.4 - The healthcare organization established and documented a preventive maintenance plan for the physical infrastructure.

12.1.4 - The healthcare organization has an adequate electrical supply system.

12.1.4.1 - Electrical power is guaranteed for critical equipment from regular or back-up (emergency) sources.

12.1.4.2 - Sufficient light sources (natural or electrical) are available to provide adequate light.

12.1.4.3 - Electrical socket outlets are provided in all areas to avoid overloading of individual outlets and minimize fire risks.

12.1.4.4 - Emergency (backup) power systems are regularly tested and maintained.

12.1.5 - The healthcare organization has an adequate water supply system for regular and emergency situations.

12.1.5.1 - Clean water supplies are assured, from regular or emergency sources, for all essential areas and functions.

12.1.5.2 - Where water is collected from natural water sources, water filters are used to remove mud and dust particles.

12.1.5.3 - The healthcare organization has identified which areas are to be prioritized when water is scarce.

12.1.5.4 - Water derived from natural sources, which is used for drinking, is tested and the results are documented.

12.1.6 - The healthcare organization has an adequate and effective sewerage system which is regularly inspected and maintained.

12.1.6.1 - The healthcare organization has an enclosed sewerage system.

12.1.6.2 - Where there is a septic tank(s), the system is functioning.

12.1.6.3 - All drains and manholes are appropriately covered.

12.1.6.4 - The sewerage system is well maintained.

12.1.7 - Functional and clean toilet facilities and washrooms are available for patients and staff.

12.1.7.1 - Toilet/washroom facilities are clean and in good working order.

12.1.7.2 - The number of toilets and washrooms meets the needs of staff and patients.

12.1.7.3 - There are handwashing facilities with water, soap and single use (paper) towels in the toilets.

12.1.7.4 - There are separate toilets for males and females to provide privacy.

12.2 - Equipment

12.2.1 - Biomedical equipment is inspected, tested, and maintained.

12.2.1.1 - The healthcare organization keeps records of age, physical condition, and maintenance performed on all biomedical equipment.

12.2.1.2 - The biomedical equipment is available in appropriate numbers to efficiently meet the needs of patients.

12.2.1.3 - A designated and qualified individual supervises the management of biomedical equipment in the healthcare organization.

12.2.1.4 - Policies and procedures guide the management of biomedical equipment including procurement, testing, preventive maintenance, and repair of defective equipment.

12.2.2 - The healthcare organization has adequate and safe medical gas equipment that is regularly inspected and well maintained.

12.2.2.1 - Safe medical gas supplies (oxygen, nitrous oxide and medical air) and ancillary equipment are available to meet the needs of the healthcare organization.

12.2.2.2 - Emergency supplies of medical gas are available to meet the needs of the healthcare organization and are strategically positioned to enable rapid access.

12.2.2.3 - In healthcare organizations with piped gas, the healthcare organization ensures maintenance and cleaning of all elements of the system.

12.2.2.4 - Where piped gas systems are used, the medical gas system is regularly tested, and all tests and corrective actions are documented.

12.2.3 - The healthcare organization has adequate and safe medical vacuum equipment which is regularly inspected, tested, and maintained.

12.2.3.1 - Vacuum/suction equipment and supplies are available to meet the needs of the patients.

12.2.3.2 - Alternative suction devices are available in case electrical power is lost.

12.2.3.3 - Where a piped vacuum system is used, it provides suction to all piped vacuum points in the healthcare organization.

12.2.3.4 - Where piped vacuum systems are used, they are regularly tested, and all tests and corrective actions are documented.

12.2.4 - ICT (Information Communication Technology) equipment is adequate to meet the needs of the healthcare organization and is properly maintained.

12.2.4.1 - The supply of ICT equipment meets the operational requirements of the healthcare organization.

12.2.4.2 - A designated individual is responsible for the management of ICT equipment or appointed to liaise with an external ICT maintenance company.

12.2.4.3 - All desktop and server computers are attached to an uninterrupted power supply (UPS) with surge protection.

12.2.4.4 - Timely back-ups are performed to ensure that all relevant data are safeguarded.

SE13 – Support Services

13.1 - Food service management

13.1.1 - The food service is managed and staffed to ensure safe and effective provision of services.

13.1.1.1 - A qualified individual is responsible for the day-to-day operation of the food service.

13.1.1.2 - Access to the food preparation area is limited to individuals who are preparing or serving food.

13.1.1.3 - Kitchen staff implements general food hygiene, health, and safety precautions.

13.1.1.4 - A kitchen manual describes overall food preparation processes to guide the staff in food service.

13.1.2 - The food service area allows for safe food preparation.

13.1.2.1 - There are separate handwashing stations in the food preparation area, with soap, water, single-use (paper) towels.

13.1.2.2 - The food preparation area is ventilated, and the temperature is monitored.

13.1.2.3 - Windows in the food preparation area have insect screens or alternative measures for insect control.

13.1.2.4 - The food preparation area is inspected and approved by the regulatory authority to ensure adherence to health and safety regulations.

13.1.3 - Basic food service hygiene measures are in place.

13.1.3.1 - Food service equipment, floors, and walls are cleaned daily.

13.1.3.2 - Staff are constantly reminded of the importance of effective handwashing.

13.1.3.3 - The number of changing rooms and washrooms meets the needs of the food-handlers.

13.1.3.4 - There is a procedure that guides staff to report infectious diseases in the facility.

13.1.4 - Food products and meals are hygienically prepared and served.

13.1.4.1 - Potentially high-risk food is kept separately.

13.1.4.2 - Separate cutting boards are used for different food preparation processes and different types of food.

13.1.4.3 - Food is kept for a minimal amount of time after cooking and before serving.

13.1.4.4 - Food waste is put in covered containers and removed without delay from places where food is prepared.

13.1.5 - Food is stored in an appropriate and safe manner.

13.1.5.1 - Foods are covered and stored off the ground on shelves of impenetrable material.

13.1.5.2 - Food is stored at the correct temperature.

13.1.5.3 - Different types of food (supplies) are stored in separate and clearly marked areas.

13.1.5.4 - Stock is rotated using the “First Expiry, First Out” principle.

13.2 - Linen service management

13.2.1 - The linen service is managed and staffed to ensure safe and effective services.

13.2.1.1 - Laundry staff are orientated and aware of general hygiene, infection control, and safety precautions.

13.2.1.2 - A designated and qualified individual is responsible for the day-to-day operation of the linen service.

13.2.1.3 - A linen manual describes the overall processes regarding linen management.

13.2.1.4 - Laundry staff training records are kept.

13.2.2 - The area(s) where laundry activities are performed support proper hygiene and infection control.

13.2.2.1 - The laundry area(s) provides a clear flow of laundry with clearly demarcated areas for soiled and clean linen.

13.2.2.2 - There is a designated space for laundry to manage the workload.

13.2.2.3 - The washing equipment (e.g. machines, presses) meets the needs of the healthcare organization.

13.2.2.4 - The clean linen is securely stored to maintain hygiene.

13.3 - Cleaning service

13.3.1 - The cleaning service is staffed, equipped, and managed to ensure safety and effectiveness of the services provided in the healthcare organization.

13.3.1.1 - Cleaning staff are aware of general hygiene, infection control, and safety precautions.

13.3.1.2 - A qualified individual is responsible for the day-to-day operation of cleaning/housekeeping service.

13.3.1.3 - A housekeeping manual describes the overall housekeeping processes.

13.3.1.4 - A cleaning roster is available, and activities are logged.

13.3.2 - The cleaning area(s) within the healthcare organization supports hygiene and infection control.

13.3.2.1 - Mops and brooms are cleaned and dried before being stored.

13.3.2.2 - Adequate storage space is available for cleaning equipment (e.g. mops, brooms).

13.3.2.3 - Chemicals for cleaning are safely stored out of reach of patients, children and visitors.

13.3.2.4 - Cleaning cupboards are ventilated.

13.3.3 - The waste disposal system supports infection control.

13.3.3.1 - The healthcare organization has implemented standard operating procedures for the safe segregation, collection and transportation of all types of waste.

13.3.3.2 - Bags/containers are color-coded or clearly labelled to indicate the type of waste.

13.3.3.3 - Prior to incineration or collection, waste is stored in a dedicated and secure location.

13.3.3.4 - Waste is collected regularly, within the different departments/units within the healthcare organization, to prevent hazardous overfilling of containers.

Terms

Accessibility	Means that access to healthcare services is unrestricted by geographic, economic, social, cultural, organizational or linguistic barriers.
Accountability	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
Accreditation	A determination by an accrediting body that an eligible organization is in compliance with applicable, predetermined standards. (See also <i>certification</i> , <i>licensure</i> .)
Accreditation survey	An external evaluation of an organization to assess its level of compliance with standards and to make determinations regarding its accreditation status. The survey includes evaluation of documentation provided by personnel as evidence of compliance; verbal information concerning the implementation of standards, or examples of their implementation, that will enable a determination of compliance to be made; and on-site observations by surveyors.
Adverse event	An adverse event may be defined as any event or circumstance arising during a stay in hospital that leads to unintended or unexpected physical or psychological injury, disease, suffering, disability or death not related to the natural cause of the patient's illness, underlying condition or treatment.
Advocacy	Representation of individuals who cannot act on their own behalf and/or promoting individual rights and access to the resources that will allow them to fulfil their responsibilities.
Ambulatory care	Healthcare services that do not require the hospitalization of a patient, such as those delivered at a physician's office, clinic, casualty or outpatient facility.
Appraisal system	The evaluation of the performance of individuals or groups by colleagues using established criteria.
Appropriateness	The extent to which a particular procedure, treatment, test or service is effective, clearly indicated, not excessive, adequate in quantity, and provided in the setting best suited to the client's needs.
Assessment	Process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed. The assessment forms the basis of a plan for services or action.

Audit	<ol style="list-style-type: none"> 1. Systematic inspection of records or accounts by an external party to verify their accuracy and completeness. 2. Periodic in-depth review of key aspects of the organization's operations. An audit provides management with timely information about specific topics and/or the cost-effectiveness of operations, addressing both quality and resource management issues. 3. In performance measurement, regular systematic, focused inspections by an external party of organization records and data management processes to ensure the accuracy and completeness of performance data. 4. See also clinical audit.
Benchmarking	A method of improving processes by studying the processes of organizations that have achieved outstanding results and adapting these processes to fit the particular needs and capabilities of the healthcare facility concerned.
Biohazard	Biohazards are infectious agents or hazardous biological materials that present a risk or potential risk to the health of humans, animals or the environment. The risk can be direct (through infection) or indirect (through damage to the environment). Biohazardous materials include certain types of recombinant DNA; organisms and viruses infectious to humans, animals or plants (e.g. parasites, viruses, bacteria, fungi, prions, rickettsia); and biologically active agents (i.e. toxins, allergens, venoms) that may cause disease in other living organisms or cause significant impact to the environment or community. Biological materials not generally considered to be biohazardous may be designated as biohazardous materials by regulations and guidelines.
Cardiopulmonary resuscitation (CPR)	The administration of artificial heart and/or lung action in the event of cardiac and/or respiratory arrest. The two major components of cardiopulmonary resuscitation are artificial ventilation and closed-chest cardiac massage.
Certification	The procedure and action by which a duly authorized body evaluates and recognizes (certifies) an individual, institution or program as meeting predetermined requirements, such as standards. Certification differs from accreditation in that certification can be applied to individuals (e.g. a medical specialist), whereas accreditation is applied only to institutions or programmes (e.g. a hospital or a training programme). Certification programmes may be non-governmental or governmental and do not exclude the uncertified from practice, as do licensure programmes. While licensing is meant to establish the minimum competence required to protect public health, safety and welfare, certification enables the public to

	identify those practitioners who have met a standard of training and experience that is set above the level required for licensure.
Clinical audit	A clinically led initiative that seeks to improve the quality and outcome of patient care through structured peer review, in terms of which clinical personnel examine their practices and results against agreed standards and modify their practice where indicated.
Clinical practice guideline	A tool for the management of patient procedures or diagnosis based on the most current scientific findings, and research, as reviewed and approved by an authoritative source and used to reduce variation in patient care, procedures, and outcomes.
Clinical practice pathway	The optimal sequence and timing of interventions by physicians, nurses and other disciplines for a particular diagnosis or procedure, designed to minimize delays and resource utilization and to maximize the quality of care. Clinical pathways differ from practice guidelines, protocols, and algorithms as they are used by a multidisciplinary team and focus on quality and co-ordination of care.
Clinical privileges	Authorization granted by the governing body to clinical personnel to provide specific patient care services in the organization within defined limits, based on an individual practitioner's registration, education, training, experience, competence, health status and judgement. (See also privileging)
Clinical waste	Clinical waste is waste arising from medical, dental, or veterinary practice or research, which has the potential to transmit infection. Other hazardous waste, such as chemical or radioactive, may be included in clinical waste, as well as waste such as human tissues, which requires special disposal for aesthetic reasons.
Compliance	To act in accordance with predetermined requirements, such as standards.
Confidentiality	The assurance of limits on the use and dissemination of information collected from individuals.
Continuity	The provision of coordinated services within and across programmes and organizations, and during the transition between levels of services, across the continuum, over time, without interruption, cessation or duplication of diagnosis or treatment.
Continuing education	1. Activities designed to extend knowledge to prepare for specialization and career advancement and to facilitate personal development.

	2. Education beyond initial professional preparation that is relevant to the type of client service delivered by the organization that provides current knowledge relevant to the individual's field of practice, and that is related to findings from quality improvement activities.
Contracted service	A service that is obtained by the organization through a contract with an agency or business. The contracted service is monitored and coordinated by the organization's staff and complies with national regulations and organizational policies.
Credentialing	The process of obtaining and reviewing the clinical training, experience, certification, and registration of a healthcare professional to ensure that competence is maintained and consistent with privileges.
Criterion	A descriptive statement that is measurable and that reflects the intent of a standard in terms of performance, behaviour, circumstances or clinical status. A number of criteria may be developed for each standard.
Data	Unorganized facts from which information can be generated.
(a) Longitudinal data	Implies that it is for a given time span.
(b) Comparative data	When a data set is compared with like data sets or with a given time, usually of the previous month or year.
Data retention	Guidelines on how long an organization should keep information on various media.
Delegation	Act or function for which the responsibility has been assigned to a particular person or group. The ultimate accountability for the act remains with the original delegating person or group.
Discharge note	The discharge note provides the patient and the patient's caretakers with written follow-up instructions, including medication, any specific dietary and medical orders and when to return for follow-up treatment, or where the patient must go to obtain further treatment.
Discharge summary	<p>Follow-up instructions recorded in writing in the patient's record by the medical practitioner. The discharge summary includes:</p> <ul style="list-style-type: none"> • the reason for admission; • significant findings; • final diagnosis; • the results of investigations that will influence further management; • all procedures performed; • medications and treatments administered; • the patient's condition at discharge; • discharge medications and follow-up instructions.

Effectiveness	Successfully achieving or attaining results (outcomes), goals or objectives.
Efficiency	Refers to how well resources (inputs) are brought together to achieve results (outcomes) with minimal expenditure.
Ethics	Standards of conduct that are morally correct.
Evaluation	<ol style="list-style-type: none"> 1. The process of determining the extent to which goals and objectives have been achieved. Actual performance or quality is compared with standards in order to provide a feedback mechanism that will facilitate continuing improvement. 2. For the purposes of accreditation, an assessment of the performance of an organization based on accreditation standards, without or before rendering an accreditation decision. The results of the assessment can be used to determine an accreditation decision or simply be made available to the subject organization or a requesting third party. The evaluation may be identical to an accreditation survey or may be customized to meet the requester's needs.
Function	A goal-directed, interrelated series of processes, such as patient assessment, patient care and improving the organization of care.
Governance	The function of determining the organization's direction, setting objectives and developing policy to guide the organization in achieving its mission.
Governing body	Individuals, group or agency with ultimate authority and accountability for the overall strategic directions and modes of operation of the organization, also known as the council, board, etc.
Guidelines	Principles guiding or directing action.
Health professionals	Medical, nursing, or allied health professional personnel who provide clinical treatment and care to clients, having membership of the appropriate professional body and, where required, having completed, and maintained registration or certification from a statutory authority. (See also <i>clinical personnel</i> .)
Health promotion	Process that enables people to increase control over and to improve their health (World Health Organisation, 1986).
Health record	Compilation of pertinent facts of a patient's life and health history, including past and present needs and interventions, written by team members contributing to the care and

	treatment of the patient. Also referred to as a patient record. The record can be paper based, electronic or a combination.
High-risk	Refers to aspects of service delivery which, if incorrect, will place clients at risk or deprive them of substantial benefit.
High-volume	Refers to aspects of service delivery that occur frequently or affect large numbers of clients.
Human resource planning	Process designed to ensure that the personnel needs of the organization will be constantly and appropriately met. Such planning is accomplished through the analysis of internal factors such as current and expected skill needs, vacancies, service expansions and reductions, and factors in the external environment such as the labor market.
Integrity of data	Relates to the completeness and accuracy of a set of data required to fulfil a particular information need. This data is protected from unauthorized additions, alterations, or deletions.
Indicator	<ol style="list-style-type: none"> 1. A measure used to determine, over time, performance of functions, systems, or processes. 2. A statistical value that provides an indication of the condition or direction, over time, or performance of a defined process or achievement of a defined outcome. 3. The measurement of a specific activity that is being carried out in a healthcare setting, e g weight for age is a measurement of a child's nutritional status.
Induction programme	Learning activities designed to enable newly appointed staff to function effectively in a new position.
Information	Data that is organized, interpreted, and used. Information may be in written, audio, video, or photographic form.
Information management	Planning, organizing, and controlling data. Information management is an organization-wide function that includes clinical, financial, and administrative databases. The management of information applies to computer-based and manual systems.
Informed consent	<p>Informed consent is a process whereby a patient is provided with the necessary information/education to enable him/her to evaluate a procedure with due consideration of all the relevant facts. This will enable the patient to make an appropriate decision when determining whether to consent to or refuse the proposed treatment.</p> <p>The patient or the guardian should be informed about the patient's condition in as much detail as possible and in simple, non-medical language. The proposed service should be described and, if an invasive procedure is envisaged, it should</p>

	<p>be clearly explained. Facility staff must confirm that the patient or guardian has understood every detail.</p> <p>Should the procedure or treatment have risks or side-effects, these should be described, making sure they are understood. In the same way, the benefits and possible outcomes should be discussed. Alternative treatments should be offered and discussed. If the patient/guardian should refuse the procedure/treatment, the consequences of such decision should be made clear and, if a second opinion is sought, the patient/guardian should be apprised of the consequences of the delay and be assisted to obtain a second opinion.</p>
Information system	Network of steps to collect and transform data into information that supports decision-making.
In-service training	Organized education designed to enhance the skills of the organization's staff members or teach them new skills relevant to their responsibilities and disciplines.
Isolation	Keeping people who are infected with a contagious illness away from those who are not infected. Isolation can take place at home or at a hospital or care facility. Special personal protective equipment (PPE) will be used to care for these patients in healthcare settings.
Job description	Details of accountability, responsibility, formal lines of communication, principal duties, and entitlements. It is a guide for an individual in a specific position within an organization.
Leadership	The ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision, aligning people, and motivating and inspiring people to overcome obstacles.
Licensing	The process whereby a governmental authority grants a healthcare organization permission to operate following an on-site inspection to determine whether minimum health and safety standards have been met.
Mission statement	A statement that captures an organization's purpose, customer orientation and business philosophy.
Monitoring and evaluation	A process designed to help organizations effectively use their quality assessment and improvement resources by focusing on high-priority, quality-of-care issues. The process includes identifying the most important aspects of the care the organization (or department/service) provides, using indicators to systematically monitor these aspects of care; evaluating the care at least when thresholds are approached or reached to identify opportunities for improvement or problems; taking

	action(s) to improve care or solve problems; evaluating the effectiveness of those actions; and communicating findings through established channels.
Multidisciplinary	The combination of several disciplines working towards a common goal.
Organization	Comprises all sites/locations under the governance of and accountable to the governing body/owners.
Organizational chart	A graphic representation of responsibility, relationships, and formal lines of communication within the facility.
Orientation programme	<ol style="list-style-type: none"> 1. Activities designed to introduce new personnel to the work environment. 2. The process by which an individual becomes familiar with all aspects of the work environment and responsibilities, or the process by which individuals, families, and/or communities become familiar with the services and programmes offered by the organization.
Outcome	Refers to the results of the healthcare provided, expressed in terms of the patient's health status or physical or social function.
Performance appraisal	The continuous process by which a manager and a staff member review the staff member's performance, set performance goals, and evaluate progress towards these goals.
Performance measure	A quantitative tool or instrument that provides an indication of an organization's performance regarding a specified process or outcome.
Personal protective equipment	Commonly referred to as "PPE", is equipment worn to minimize exposure to biological and physical hazards that can cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with infectious disease patients, and contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as masks, gloves, safety glasses or shields, shoe protectors, earplugs, hard hats, respirators, coveralls, vests and full body suits. Appropriate protective equipment depends on the hazards present which determines the selection, maintenance, and use of PPE, the training of employees, and monitoring to ensure ongoing effective use.
Policy	Written statements that act as guidelines and reflect the position and values of the organization on a given subject.
Primary Health Care	The first level of contact of individuals, the family and community with the public health system, bringing health care

	as close as possible to where people live and work. Primary health care includes health education, promotion of proper nutrition, maternal and child health care (including family planning), immunization against the major infectious diseases, appropriate treatment of common diseases and injuries, and the provision of essential drugs.
Privileging	Delineation, for each member of the clinical staff, of the specific surgical or diagnostic procedures that may be performed and the types of illness that may be managed independently or under supervision.
Procedure	A mode of action. A procedure outlines the detailed steps required to implement a policy.
Process	A sequence of steps through which inputs (from healthcare facilities) are converted into outputs (for patients).
Protocol	A formal statement. May include written policies, procedures, or guidelines.
Quality	Degree of excellence, extent to which an organization meets clients' needs and exceeds their expectations.
Quality improvement	The actions undertaken throughout the organization to increase the effectiveness and efficiency of activities and processes, in order to bring added benefits to both the organization and its customers.
Quality improvement programme	<ol style="list-style-type: none"> 1. A planned, systematic use of selected evaluation tools designed to measure and assess the structure, process and/or outcome of practice against established standards, and to institute appropriate action to achieve and maintain quality. 2. A systematic process for closing the gap between actual performance and desirable outcomes. 3. Continuous quality improvement is a management method that seeks to develop the organization in an orderly and planned fashion, using participative management, and has at its core the examination of process.
Quarantine	The separation of persons (or communities) who have been exposed to an infectious disease.
Recruitment and retention	The process used to attract, hire, and retain qualified staff. Retention strategies may include reward and recognition programmes.

Rehabilitation	A dynamic process that allows disabled people to function in their environment at an optimal level. This requires comprehensively planned care and service for the total person.
Research	Critical and exhaustive investigation of a theory or contribution to an existing body of knowledge aimed at the discovery and interpretation of facts.
Responsibility	The obligation that an individual assumes when undertaking delegated functions. The individual who authorizes the delegated function retains accountability.
Risk	Exposure to any event that may jeopardize the client, staff member, physician, volunteer, reputation, net income, property, or liability of the organization.
Risk management	A systematic process of identifying, assessing, and taking action to prevent or manage clinical, administrative, property and occupational health and safety risks in the organization in accordance with relevant legislation.
Safety	The degree to which potential risks and unintended results associated with health care are avoided or minimized.
Staff	All individuals employed by the facility – this includes full-time, part-time, casual or contract, clinical and non-clinical personnel.
Staff development	The formal and informal learning activities that contribute to personal and professional growth, encompassing induction, in-service training and continuing education.
Stakeholder	Individual, organization or group that has an interest or share in services.
Standards	<ol style="list-style-type: none"> 1. The desired and achievable level of performance corresponding with a criterion, or criteria, against which actual performance is measured. 2. For the purposes of accreditation, a predetermined expectation set by a competent authority that describes the acceptable level of performance of an organization or individual in relation to structures in place, conduct of a process, or measurable outcome achieved.
Standards-based evaluation	An assessment process that determines a healthcare organization's or practitioner's compliance with pre-established standards.
Surveyor	A physician, nurse, administrator, or any other healthcare professional who meets selection criteria, evaluates standard compliance, and provides consultation regarding standard compliance to surveyed organizations.

System	The sum total of all the elements (including processes) that interact to produce a common goal or product.
Team	A number of people with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short-term or permanent basis. Examples include project, problem-solving, quality improvement and self-managed teams. (See also <i>multidisciplinary team</i> and <i>professional team</i> .)
Timeliness	The degree to which care is provided to the patient at the most beneficial or necessary time.
Triage	The process of sorting people based on their need for immediate medical treatment. The French verb “trier” means to sort.
User	Someone who uses or could use the services offered by the facility.
Utilization management	Proactive process by which an organization works towards maintaining and improving the quality of service through the effective and efficient use of human and material resources.
Vision	A short, succinct statement of what the organization intends to become and to achieve at some point in the future.
Waste management	Collection, treatment, storage, transportation, and disposal of waste material, including biomedical, household, clinical, confidential and other waste.
Workload measurement	Manual or computerized tool for assessing and monitoring the volume of activity provided by a specific team in relation to the needs for the care and treatment, or service they are providing.

Abbreviations

Abbreviation	Explanation
ABC	Airway, Breathing, Circulation
ADR	Adverse Drug Reaction
AERB	Atomic Energy Regulatory Board
AFB	Acid- Fast Bacilli
AIDS	Acquired Immune Deficiency Syndrome
AIIR	Airborne Infection Isolation Room
ALS	Advanced Life Support
AMBU	Artificial Manual Breathing Unit
ANC	Antenatal Care
APGAR	American Pediatric Gross Assessment Record
ART	Antiretroviral Therapy
AVS	Automatic Voltage Stabilizer
BLS	Basic Life Support
BP	Blood Pressure
BSL	Basic Life Support
C	Celsius
CA	Corrective Action
CAPA	Corrective and/or Preventive Action
CJD	Creutzfeldt-Jakob disease
CME	Continuous Medical Education
CO2	Carbon Dioxide
CPD	Continuous Peritoneal Dialysis
CPR	Cardiopulmonary Resuscitation
CRRT	Continuous Renal Replacement Therapies
CRS	Congenital Rubella Syndrome
CT	Computed Tomography
D	Documentation
DBS	Dried Blood Spot
DDA	Dangerous Drug Act
DDC	Dangerous Drug Cabinet
DNR	Do-Not-Resuscitate
DOB	Date of Birth
DTC	Diagnostic Testing and Counselling
e.g.	exempli gratia = for example
ECG	Electrocardiogram
EpiPen	Epinephrine (auto injection of adrenaline)
EQA	External Quality Assurance
EQC	External Quality Control
ET	Endotracheal Tube
ETAT	Emergency Triage Assessment and Treatment
etc	etcetera

FAR	Fixed Asset Register
FC	Fully Compliant
FEFO	First Expired First Out
FIFO	First In First Out
FP	Family Planning
GHS	Globally Harmonized System
GTN	Nitroglycerine
Hb	Hemoglobin
HEPA	High-Efficiency Particulate Air
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HR	Human Resources
hr	hour
HTC	HIV testing and counselling
I	Interview
i.e.	id est = that is
ICT	Information Communication Technology
ID	Identifier
IHD	Intermittent Hemodialysis
IMCI	Integrated Management of Childhood Illnesses
IPC	Infection Prevention and Control
IPD	In Patient Department
IQA	Internal Quality Assurance
IQC	Internal Quality Control
IRB	Institutional Review Board
IT	Information Technology
ITN	Insecticide-Treated Net
IUD	Intra-Uterine Device
IV	Intravenous
kg	kilogram
KPI	Key Performance Indicator
MCH	Maternal and Child Health
MFI	Model for Improvement
ml	milliliter
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
MUAC	Mid-Upper Arm Circumference
NA	Not Applicable
NC	Not Compliant
NPO	Non Per Os or Nil/Nihil Per Os = nothing by mouth
O	Observation
OBGYN	Obstetrics and Gynecology
OHS	Occupational Health and Safety
OPD	Out-Patient Department
ORS	Oral Rehydration Service

OSSF	Onsite Sewage Facility
OT	Operation Theatre
PC	Partially Compliant
PDSA	Plan-Do-Study-Act
PEP	Post-Exposure Prophylaxis
PET	Positron Emission Tomography
PITC	Provider-Initiated Testing and Counseling
PM	Planned Maintenance
PMTCT	Prevention of Mother-to-Child Transmission
PoP	Plaster of Paris
PPE	Personal Protective Equipment
PVC	Polyvinyl Chloride
QC	Quality Control
QPI	Quality Performance Indicator
R	Review
RDT	Rapid Diagnostic Test
RTA	Road Traffic Accident
SE	Service Element
SGBV	Sexual and Gender Based Violence
SIB	Self-inflating bag
SOP	Standard Operation Procedure
STI	Sexually Transmitted Infection
T	Trace
TAT	Turnaround Times
TB	Tuberculosis
TNPI	Temporary Negative-Pressure Isolation
TTH	To Take Home
UPS	Uninterrupted Power Supply
US	Ultrasound
v	Version
VCT	Voluntary Counselling and Testing
VIP	Ventilated Improved Pit
vs.	versus = against, opposed to, in contrast to
WHO	World Health Organization
X-ray	Roentgen Ray